

You can carry health, dental, vision, and life insurance on yourself and your dependents.

The health, dental, and life coverage that you take into retiree/vested status is the only coverage you can have through your retirement years. If you do not keep coverage now, you cannot add it later. Plan changes can be made during the annual Option Period.

If you are insuring one dependent, you must insure all eligible dependents (for any given coverage) unless they are covered by other group insurance, or Indian or military benefits. Children who have Indian or military benefits or other group insurance may be required to show proof of coverage.

Following your retirement, dependents can be added only within 30 days of one of the following events: birth, adoption or guardianship, marriage or loss of other group insurance.

*** DEFER** If your spouse has separate coverage through EGID at the time you terminate employment, you can transfer your individual health, dental, and/or vision coverage to dependent coverage under your spouse's coverage. Your spouse must contact their employer to add you as a dependent. You must elect to transfer coverage within 30 days of your termination of employment. Any 30-day break in coverage voids your eligibility to keep coverage in the future. Life insurance cannot be deferred and must be carried as a primary retiree/vested member. When you are ready to return to retiree/vested status, you must again complete this form and mark the box on page 1 of your form to cancel your deferment.

THINGS TO CONSIDER AS A RETIREE WHEN YOU BECOME MEDICARE ELIGIBLE

IMPORTANT: If you are under age 65 and eligible for Medicare, you must notify EGID and provide your Medicare ID# as it appears on your Medicare card. Medicare supplement coverage is effective the date you become eligible for Medicare, or the 1st day of the month following notification of your Medicare eligibility, whichever is later.

When you turn age 65, if you are enrolled in HealthChoice pre-Medicare health coverage, you will be automatically enrolled in the HealthChoice Employer PDP High Option Medicare Supplement Plan With Part D. If you are on an HMO, you can enroll in their Medicare Advantage Prescription Drug (MA-PD) plan, if you live in their service area.

All Medicare supplement plans (except HealthChoice) and all MA-PD plans offered through EGID require you to have both Medicare Part A and Medicare Part B.

If you are eligible and do not enroll in Medicare Part B, there are four plans available to you: HealthChoice Employer PDP High and Low Option Medicare Supplement Plans With Part D and HealthChoice High and Low Option Medicare Supplement Plans Without Part D. All medical benefits under these Plans are paid as if you are enrolled in both Medicare Parts A and Part B. If you are not enrolled in Medicare Part B, the Plan will estimate Medicare's benefits and provide supplemental coverage as if Medicare is the primary carrier. This means HealthChoice pays secondary, and you are responsible for the primary share of the claim.

If you didn't enroll in Part B when you first became eligible, your monthly premium amount for Part B may be higher due to a late enrollment penalty. The Part B premium is separate from your HealthChoice premium, and it is taken out of your Social Security check.

For information concerning HMO, MA-PD, dental, or vision plans, contact their customer service numbers.

For information regarding HealthChoice plans, contact:

Employees Group Insurance Division

3545 N.W. 58th St., Ste. 110, Oklahoma City, OK 73112

1-405-717-8780 or toll-free 1-800-752-9475 or TDD 1-405-949-2281 or toll-free 1-866-447-0436.