Open Enrollment Period
May 1, 2022 – May 31, 2022
Effective July 1, 2022
SHANTÉ BURKE
Manager, Wellness Program
The Illinois Department of Central Management Services (CMS) launched a comprehensive wellness program, Be Well Illinois in 2021, to expand access to wellness opportunities and features educational resources, webinars, motivational messages and engaging events.

Be Well Illinois focuses on:

- Physical
- Mental
- Financial
- Social wellbeing

Visit the Be Well Illinois website to access the latest wellness information. Also, follow us on Facebook to join special challenges and to engage with a community of your peers looking to strive to live healthier.
• The Benefit Choice annual Open Enrollment Period for the College Insurance Program (CIP) and the Teachers’ Retirement Insurance Program (TRIP) is May 1, 2022 – May 31, 2022.

• The Benefit Choice Booklets were mailed on April 22nd and you should have received your booklet on/after May 1st.

• If you have not received it, you can access the electronic version through the Benefit Choice tile on the MyBenefits website.
DO YOU NEED TO UPDATE YOUR ADDRESS?

• This can only be done by contacting your Group Insurance Representative (GIR) at your Retirement System.

• If you do not know who your GIR is, please contact the MyBenefits Call Center (toll-free) at 1-844-251-1777, or 844-251-1778 (TDD/TTY).
IS YOUR DEPENDENT’S ADDRESS DIFFERENT?

If you need to add a different address for your dependent(s) due to them living separate from you, contact the MyBenefits Call Center (toll-free) at 1-844-251-1777, or 844-251-1778 (TDD/TTY) to have this done.
THINGS TO REMEMBER

• After the Benefit Choice Open Enrollment Period ends, you will only be able to change your benefits if you have an enrollment opportunity.

• You must report an enrollment opportunity at MyBenefits.illinois.gov within 60 days of the event to be eligible to make benefit changes outside of the Benefit Choice Period.

• Also note that it is required to report important events to the MyBenefits Service Center, including, a change in Medicare status, marriage or divorce.

• To report a financial or medical power of attorney, contact your retirement system.
The State of Illinois implemented a healthcare program called **Total Retiree Advantage Illinois (TRAIL)** which is a **Medicare Advantage Prescription Drug (MAPD)** plan. Each benefit recipient must contact the Social Security Administration and apply for Medicare benefits upon turning age 65. Retirees are encouraged to enroll in Medicare Parts A&B in order to receive a reduced premium rate.

Please contact your Retirement System or the CMS-MCOB Unit at 217-782-7007.
TERMINATING COVERAGE

• To terminate coverage at any time, contact the MyBenefits Service Center by calling (toll-free) 1-844-251-1777.

• The cancellation of coverage will be effective the first of the month following receipt of the request.

• Benefit recipients and dependent beneficiaries who terminate coverage may re-enroll during an open enrollment period or other qualifying enrollment opportunity.

• Please refer to program’s Benefit Handbook for other qualifying enrollment opportunities.
FY23 OPEN ENROLLMENT PERIOD
NO NEW PLAN
ADMINISTRATORS
OR CHANGES IN
PLAN
AVAILABILITY
College Insurance Program

Benefit Choice Period • May 1 - May 31, 2022
Effective July 1, 2022
CIP HEALTH PLAN ADMINISTRATORS

**HMO**
- Aetna HMO
- BlueAdvantage HMO
- BCBS HMO Illinois
- Health Alliance HMO

**OAP**
- Aetna OAP
- Blue Cross Blue Shield OAP
- HealthLink OAP

**PPO**
- College Choice Health Plan(CCHP) - Aetna PPO
### COLLEGE INSURANCE PROGRAM (CIP)
### BENEFIT RECIPIENT AND DEPENDENT RATES

<table>
<thead>
<tr>
<th>Type of Participant</th>
<th>Type of Plan</th>
<th>Not Medicare Primary</th>
<th>Not Medicare Primary</th>
<th>Not Medicare Primary</th>
<th>Medicare Primary*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Under Age 26</td>
<td>Age 26-64</td>
<td>Age 65 and Older</td>
<td>All Ages</td>
</tr>
<tr>
<td>Benefit Recipient</td>
<td>Managed Care Plan (OAP and HMO)</td>
<td>$158.10</td>
<td>$395.23</td>
<td>$549.60</td>
<td>$152.15</td>
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<td></td>
<td>College Choice Health Plan (CCHP)</td>
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<td>$137.86</td>
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<td>Dependent Beneficiary</td>
<td>Managed Care Plan (OAP and HMO)</td>
<td>$575.43</td>
<td>$1,369.22</td>
<td>$2,000.46</td>
<td>$530.98</td>
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<td>College Choice Health Plan (CCHP)</td>
<td>$649.17</td>
<td>$1,472.18</td>
<td>$2,316.06</td>
<td>$501.81</td>
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</table>

* This rate applies to benefit recipients enrolled in Medicare Part A only and whose Part B benefits are reduced. If you, or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit (see page 7).

Open Enrollment May 1, 2022 – May 31, 2022, to be effective July 1, 2022.
Co-payments

- **HMO**
  - Plan year Out of Pocket Max:
    - $3,000 Individual
    - $6,000 Family
  - **In-Network**
    - Physician Office Visit, Specialist & Home Health Care Visit $30
    - ER Services $200
    - Inpatient Hospitalizations $250
  - **Out-of-Network**
    - ER Services $200
    - No other coverage options

- **OAP**
  - **Tier I**
    - Same as HMO
  - **Tier II Plan $300 Year Deductible/Enrollee**
    - Physician & Specialist 80%
    - ER Services $200/visit
    - Inpatient Hospitalizations Services 80% after $300 copay
    - Outpatient Surgery 80% after $200 copay
  - **Tier III Plan $400 Year Deductible/enrollee**
    - Physician & Specialist 80%
    - ER Services $200
    - Inpatient Hospitalizations Services 60% after $400 copay
    - Outpatient Surgery Services 60% after $200 copay

- **PPO**
  - **In-Network**
    - Physician & Specialist visits 80%
    - ER Services $400
    - Inpatient Hospitalizations Services 80% after $250
    - Outpatient Surgery 80%
  - **Out-of-Network**
    - Physician & Specialist 60%
    - ER Services $400
    - Inpatient Hospitalizations Services 60% after $500
    - Outpatient Surgery 60%

Open Enrollment May 1, 2022 – May 31, 2022, to be effective July 1, 2022.
**Dental**

- College Choice Dental Plan (CCDP) offers a comprehensive range of benefits and is available to all members.
- The plan is administered by Delta Dental of Illinois.

**Vision**

- Vision coverage is provided at no cost to all benefit recipients enrolled in a CIP health plan.
- The plan is administered by EyeMed.

*Open Enrollment May 1, 2022 – May 31, 2022, to be effective July 1, 2022.*
### Contact Information

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Administrator Name and Address</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Customer Service</td>
<td>MyBenefits Service Center (MBSC)</td>
<td>844-251-1777</td>
<td>mybenefits.illinois.gov</td>
</tr>
<tr>
<td></td>
<td>134 N. LaSalle Street, Suite 2200, Chicago, IL 60602</td>
<td>844-251-1778 (TDD/TTY)</td>
<td></td>
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<tr>
<td>Health Plan</td>
<td>Aetna HMO (Group Number 285657)</td>
<td>855-339-9731</td>
<td>aetnastateofillinois.com</td>
</tr>
<tr>
<td></td>
<td>Aetna OAP (Group Number 285653)</td>
<td>800-628-3323 (TDD/TTY)</td>
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<tr>
<td></td>
<td>College Choice Health Plan (CCHP) - Aetna PPO</td>
<td>Fax: 859-455-8650 attn. Claims</td>
<td></td>
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<tr>
<td>Prescription Plan</td>
<td>Mail Order Rx: CVS Caremark®</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PO Box 94467, Palatine, IL 60094-4467</td>
<td></td>
<td></td>
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<tr>
<td>Vision Plan</td>
<td>EyeMed Out-of-Network Claims</td>
<td></td>
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<td></td>
<td>PO Box 8504, Mason, OH 45040-7111</td>
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<td>Dental Plan</td>
<td>Delta Dental of Illinois (Group Number 20242)</td>
<td></td>
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<tr>
<td></td>
<td>PO Box 5402, Lisle, IL 60532</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Universities Retirement System</td>
<td>1901 Fox Drive Champaign, IL 61820</td>
<td></td>
<td>surs.org</td>
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</table>
FY 2023

benefit choice

Teachers’ Retirement Insurance Program

Benefit Choice Period • May 1 - May 31, 2022
Effective July 1, 2022
TRIP HEALTH PLAN ADMINISTRATORS

HMO
- Aetna HMO
- BlueAdvantage HMO
- BCBS HMO Illinois
- Health Alliance HMO

OAP
- Aetna OAP
- Blue Cross Blue Shield OAP
- HealthLink OAP

PPO
- Teachers’ Choice Health Plan (TCHP) - Aetna PPO
## TEACHERS’ RETIREMENT INSURANCE PLAN (TRIP)

### BENEFIT RECIPIENT AND DEPENDENT RATES

<table>
<thead>
<tr>
<th>Benefit Recipient</th>
<th>Type of Plan</th>
<th>Not Medicare Primary</th>
<th>Not Medicare Primary</th>
<th>Not Medicare Primary</th>
<th>Medicare Primary*</th>
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<tbody>
<tr>
<td></td>
<td>Managed Care Plan (OAP and HMO)</td>
<td>Under Age 26</td>
<td>Age 26-64</td>
<td>Age 65 and Older</td>
<td>All Ages</td>
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<td>$101.38</td>
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<td>TCHP when managed care is not available in your county</td>
<td>$131.55</td>
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<th>Managed Care Plan (OAP and HMO)</th>
<th>Not Medicare Primary</th>
<th>Not Medicare Primary</th>
<th>Not Medicare Primary</th>
<th>Medicare Primary*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Under Age 26</td>
<td>Age 26-64</td>
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<td>All Ages</td>
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<td></td>
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<td>$405.68</td>
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<td>Teachers Choice Health Plan (TCHP)</td>
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<td>$526.24</td>
<td>$1,469.91</td>
<td>$2,233.75</td>
<td>$442.67</td>
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</tbody>
</table>

* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit (see page 6).

** Medicare Primary Dependent Beneficiaries enrolled in a managed care plan, or in TCHP when no managed care plan is available, receive a premium subsidy.

Open Enrollment May 1, 2022 – May 31, 2022, to be effective July 1, 2022.
Co-payments:

- **HMO**
  - Plan year Out of Pocket Max:
    - $3,000 Individual
    - $6,000 Family
  - **In-Network**
    - Physician & Specialist Office Visit $20
    - Home Health Care Visit $15
    - ER Services $200
    - Inpatient Hospitalizations $250
    - Outpatient Surgery $150
  - **Out-of-Network**
    - ER Services $200
    - No other coverage options

- **OAP**
  - **Tier I**
    - Same as HMO
  - **Tier II Plan $300 Year Deductible/Enrollee**
    - Physician & Specialist 80%
    - ER Services $200/visit
    - Inpatient Hospitalizations Services 80% after $300 copay
    - Outpatient Surgery 80% after $150 copay
  - **Tier III Plan $400 Year Deductible/enrollee**
    - Physician & Specialist 60%
    - ER Services $200
    - Inpatient Hospitalizations Services 60% after $400 copay
    - Outpatient Surgery Services 60% after $150 copay

- **PPO**
  - **In-Network**
    - Physician & Specialist visits 80%
    - ER Services $400
    - Inpatient Hospitalizations Services 80% after $200
    - Outpatient Surgery 80%
  - **Out-of-Network**
    - Physician & Specialist 60%
    - ER Services $400
    - Inpatient Hospitalizations Services 60% after $400
    - Outpatient Surgery 60%

Open Enrollment May 1, 2022 – May 31, 2022, to be effective July 1, 2022.
THERE IS NO DENTAL/VISION COVERAGE OPTION FOR TRIP MEMBERS

You can contact the Illinois Retired Teachers Association for possible coverage details. 1-800-728-4782 or www.irtaonline.org
## Contact Information

### Enrollment Customer Service
- **Administrator Name and Address**: MyBenefits Service Center (MBSC)
  134 N. LaSalle Street, Suite 2200, Chicago, IL 60602
- **Phone**: 844-251-1777, 844-251-1778 (TDD/TTY)
- **Website**: mybenefits.illinois.gov

### Health Plan
- **Administrator Name and Address**: Aetna HMO (Group Number 285655)
- **Phone**: 855-339-9731
- **Website**: aetna.stateofillinois.com

### Prescription Drug Plan
- **Administrator Name and Address**: Group Numbers: (TCHP 1402TD3)
  (Aetna OAP 1402TCH)
  (BCBSIL OAP TRIP=1402TCJ)
  (HealthLink OAP 1402TCF)
- **Paper Claims**: CVS Caremark®
  PO Box 52136, Phoenix, AZ 85072-2136
- **Mail Order Rx**: CVS Caremark®
  PO Box 94467, Palatine, IL 60094-4467
- **Phone**: 800-231-4403 (TDD/TTY)

### Teachers’ Retirement System (TRS)
- **Administrator Name and Address**:
  2815 West Washington Street
  PO Box 19253, Springfield, IL 62794-9253
- **Phone**: 877-927-5877 (877-9-ASK-TRS), 866-326-0087 (TDD/TTY)
- **Website**: trsil.org
MyBenefits WEB PORTAL
MyBenefits

HOME PAGE

- Home screen allows members to select which state group they are under and view basic benefit info.
- Users can Register and/or Login.
• Login using Login ID and existing password.
• Use the Forgot my login ID or Forgot my password links for assistance.
• Register for the first time.
REGISTERING FOR THE FIRST TIME

• Enter a series of information to secure access for the first time to the MyBenefits web portal.

• Check the box to complete the security challenge.

Please answer the following questions to register the user.

LAST 4 DIGITS OF SSN (9999)

DATE OF BIRTH (MM/DD/YYYY)

LAST NAME

FIRST TWO LETTERS OF FIRST NAME

MAILING ZIP CODE (99999)
Secure account access with security questions & password.
Welcome TestFirst002

TestFirst002, here are some things you may do next:

- Call-to-Action Bar
- Self-Service Tools
- Benefit Choice Options
- Ask Ava
- Informational Tiles
The tiles under the Recommended For Me section provide information related to members current benefits, eligibility and optional coverage choices.

Each tile will expand providing specific information and helpful tools related to current coverage and employment status.
• The site is designed with a Call-to-Action Bar. This bar will notify users of any actions that need to be taken regarding their benefits.

• Enrollment opportunities, pending documentation and request for updates, such as email address, will be displayed front and center on the Call-to-Action bar.
EMAIL COLLECTION

• Ability to update email address and designate communication preferences.

• Email collection is encouraged for all members through the Call-to-Action bar.
Members have access to several self-service tools.

Self service tools allow completion of variety of changes, view current coverage and upload required documentation.
FY2023 BENEFIT CHOICE TILE

- All members eligible for the Benefit Choice enrollment, will see a tile specifically designed to provide information regarding the FY23 plan year.

- Inside the tile, members can read through what’s changing for the upcoming year, link to the Benefit Choice booklets and obtain provider information.
AVA has been trained on several topics with the focus around information on the Benefits Enrollment Website. Here are some sample questions that you can ask AVA:

- Do I have benefit coverage for orthodontics?
- What is my benefits policy number?
- Who are my dependents on file?
- Where can I find the benefits guide?
- When is benefits enrollment?
BENEFIT CHOICE
ENROLLMENT EVENT

TestFirst002, here are some things you may do next:

BENEFIT CHOICE
- Start
- Modify
- Cancel

VERIFY YOUR EMAIL
TestFirst005, here are some things you may do next:

**BENEFIT CHOICE**
You have 41 days to complete this event.
- Start
- Modify
- Cancel

**VERIFY YOUR EMAIL**

**STARTING THE ENROLLMENT PROCESS**

- Use the *Start* or *Modify* button to begin making elections for the FY23 Benefit Choice period.

- **Start**: Make all elections for the first time with a blank slate.

- **Modify**: Make changes to last saved elections.
The first step in the benefit enrollment process is to review and update information.

On this screen, you will see member and any benefit-eligible dependents.
Use +Add Family Member to add dependents.

Pop-up window will appear to prompt member to add family information.

Use the Tip Tools as a guide to understand requested information.
Family

Please review your family members currently on file. You may add or update family members if the information displayed is not accurate. Family members must be listed below to be eligible for coverage.

• After successful addition of dependents, the family screen will display all family members added to your profile.

• Select Next or the Health and Dental Tab.

TestFirst005
TestLast005

Relationship
Myself
D.O.B
Jul 9, 1949

View Details

TestChild TestLast005

Relationship
Child
D.O.B
Mar 9, 2020

View Details
• The next step is selecting medical and dental options.

• Dependents are displayed on the side of the benefits making it easy to select who is covered.

• If a dependent is ineligible, they will be marked with an “/” instead of a “✓”.

Health and Dental Plans

Retiree Medical

Select who is covered
- TestFirst005 TestLast005
- TestChild TestLast005
- TestChild TestLast005

Blue Advantage HMO
- $271.00
- Your monthly cost
- Select

Aetna HMO
- $334.00
- Your monthly cost
- Select

Aetna OAP
- $319.00
- Your monthly cost
- Select

Health Alliance HMO

HealthLink OAP

HMO Illinois

Your pre-tax deductions: $467.00
Your post-tax deductions: $741.60
See all benefits and costs
• Upgraded enrollment tool allows members the ability to see all plans they are eligible for.

• Tiles display each plan available along with the monthly cost.
You have selected an OAP please review the elected plans provider directory to ensure your provider is covered in the desired Tier level.
If an HMO plan is selected, members will be prompted to assign their primary care physician.
The compare plan option gives the member an opportunity to view details on medical plans side by side.

The tool displays plan details to assist the member in making a decision on a health plan election.
ADDITIONAL FEATURES

• Shopping cart at the bottom of the screen allowing members to see their monthly pre and post tax costs.
• See all benefits and costs
• Cost summary will display in a pop-up window with a breakdown of monthly and annual, as well as employee and employer costs.

Recalculate button is at the bottom of the screen.
The last step is to complete the enrollment.

Members will have an opportunity to review:

- All personal information and selections.
- Monthly costs for the benefits selected.
- Employer contribution amounts.
- Elections that have changed will be displayed in blue and marked with a star.

Below is a summary of your benefit selections. Take a moment to review your choices before completing your enrollment.

### Family Members

Below is a summary of the dependents you have on file.

**TestFirst002 TestLast002**
- Relationship: Myself
- D.O.B: Aug 10, 1957

**TestSpouse TestLast002**
- Relationship: Spouse
- D.O.B: Aug 9, 1962
- Coverage: No Coverage

### Your coverage

All benefits are effective as of July 1, 2022 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage Options</th>
<th>Coverage Details</th>
<th>Your Cost</th>
<th>Employer Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Dental Plans</td>
<td>College Choice Health Plan</td>
<td>Retrieve City</td>
<td>$445.89</td>
<td>-</td>
</tr>
</tbody>
</table>

**Total**
- $445.89
- $0.00
**Cost Summary**

<table>
<thead>
<tr>
<th></th>
<th>Monthly Amount</th>
<th>Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your pre-tax deductions:</td>
<td>$220.00</td>
<td>$2,640.00</td>
</tr>
<tr>
<td>Your post-tax deductions:</td>
<td>$180.00</td>
<td>$2,160.00</td>
</tr>
<tr>
<td>Total Employer cost:</td>
<td>$1,164.00</td>
<td>$12,400.00</td>
</tr>
</tbody>
</table>

**Notes**

- Please review the companion Health Savings Account section to determine your contribution options.
- For additional Supplemental Medical coverages, such as Critical Illness, Hospital Indemnity and Accident Insurance please check out MyBenefits Plus at the end of your enrollment. These programs can help provide coverage in addition to your group medical plan but are not considered major Medical insurance plans.
- You have applied for Upright and/or Spouse Life and you are required to complete the Statement of Health application. A link to complete the Statement of Health application will be provided on your enrollment confirmation page at the end of your enrollment. The Statement of Health application must be completed with MetLife and the selected benefit level must be approved prior to coverage taking effect. Your Monthly Cost shown is assuming approval of your selected coverage option.
- If you do not complete your Statement of Health by using the link at the end of the enrollment, you must do so within 60 days of your election. You can complete this form at a later date by using the link under Self-Service Tools, View Required Documents. Your coverage will not take effect until approved by MetLife.
- Please reference your handbook for additional clarification of how Employer Contributions are provided.

**Terms and Conditions**

I hereby declare that I have completed my enrollment or modified my coverage, my contribution rate, or other information because of Benefit Choice. I understand that the modifications made during this session are effective 7/1/2021, subject to the approval of any required documentation and evidence of insurability. I understand that I cannot change or stop my elections during the plan year unless I experience a qualifying change in status as permitted by the Program.

I certify that I have reviewed the information in this section and understand that I cannot change or stop my elections during the plan year unless I experience a qualifying change in status as permitted by the Program.

I understand that I cannot change or stop my elections during the plan year unless I experience a qualifying change in status as permitted by the Program.

I consent to the collection, use, and exchange of my personal information by and between:

- Read full terms and conditions

Go back and make changes

Complete Enrollment
• Once elections have been successfully submitted, members will have a green check mark display.

• To print the summary of elections, click Download my Enrollment Summary.

• If documentation is required, members will see a message indicating what is required.
• When the Benefit Choice enrollment is complete, the icon on the Call-to-Action Bar will display in green indicating completion.

• The Benefit Choice event will remain on the Call-to-Action Bar until the end of the enrollment period allowing members to make additional changes.
MANAGE FORMS & DOCUMENTS

• **Uploading Documentation**
  • Enhancement provides more documentation options to upload (ie: picture, word document, etc.)

• **Required Forms**
  • Enrollment tool will display any documentation that is required for benefit changes.
  • Reflects what has been processed and what remains outstanding.
  • Must be uploaded by June 10th.
MyElections History Page

- Additional Features
  - The display of information under Self Service Tools has been enhanced.
  - Ability to update coverage through the "start new event" button at the bottom of the page.

Current Coverage
Apr 27, 2022

Today's Coverage | Personal Information | Dependents
--- | --- | ---

Your coverage
All benefits are effective as of April 27, 2022 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage Options</th>
<th>Coverage Details</th>
<th>Your Cost</th>
<th>Employer Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Dental Plans</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Retiree Medical</td>
<td>Waive</td>
<td>Waive</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
• Initiate Qualifying Life Events.
  • Outside of the Benefit Choice Open Enrollment Period.
• Provides description of life events the member is eligible for.
• Displays eligibility period for each event.