



2012 Retiree/Spouse Benefit Change Form

Cancel Coverage – I wish to cancel or waive out of the City of Winston-Salem medical coverage.

Retiree/Retiree Spouse Information			
<input type="checkbox"/> Retiree <input type="checkbox"/> Retiree Spouse	Name (Last, First, Middle Int):	Social Security Number	
Residence Address		City, State	Zip
Date of Birth (mm/dd/yy)	Telephone (include Area Code):	Retirement Date (if applicable)	City Retiree Name:

Response Required from Retiree Only (Retiree Spouse is excluded from Tobacco or Wellness Discount eligibility)

If you are a City Retiree, your response is required below to enroll in the City of Winston-Salem 2012 Health Insurance Plans. By checking the appropriate box below, you acknowledge you have read and understand the terms of your election.

Do you use Tobacco Products?

No, I certify that I am not currently using, and have not used, any tobacco products in any form (cigarettes, cigars, pipes, oral tobacco products, etc.) prior to electing coverage. I certify that if this information changes at any time in the future, while I have health insurance coverage through the City's group plan, I will notify Human Resources of such change within 30 days. I certify that this information is true and correct to the best of my knowledge. I understand that if it is determined that I have used tobacco products prior to electing coverage or if I start using tobacco products subsequent to the date of this certification without notifying Human Resources, I will be subject to penalties including, but is not limited to, an increase to my monthly health premium and reimbursement to the City of Winston-Salem for difference in monthly premiums retro-effective date of coverage and for claims paid to providers on my or dependent(s), if applicable, behalf.

Yes, I declare that I use tobacco products in some form or that I chose not to disclose my status as it relates to tobacco use. I acknowledge that I will pay the Tobacco-User Premium and that I am only eligible to participate in the Basic Plan. I further understand that, if I do not make an election, I am choosing to pay the Tobacco-Use Premium. I understand if I use tobacco products I have the option to enroll in a Tobacco Cessation Program offered through Employee Medical Services and/or Blue Cross Blue Shield. I further understand if I complete a Tobacco Cessation Program by June 30, 2012 and remain tobacco-free, I may be eligible for the tobacco-free premium after June 30, 2012, if documentation of completed program is submitted to Human Resources by July 15, 2012. I understand that all premium changes will be prospective. I will not be refunded any part of the Tobacco-Free premiums I have already paid.

Coverage Tier		Plan	Wellness Eligible
Retiree Coverage <input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree/Child <input type="checkbox"/> Retiree/Spouse <input type="checkbox"/> Retiree/Children <input type="checkbox"/> Retiree/Family	Retiree Spouse Coverage <input type="checkbox"/> Retiree Spouse Only <input type="checkbox"/> Retiree Spouse/Child <input type="checkbox"/> Retiree Spouse /Children <input type="checkbox"/> Retiree Spouse/Family	If you checked yes above, you are not eligible to enroll in the Basic Plus plan (excludes retiree spouse) <input type="checkbox"/> Basic <input type="checkbox"/> Basic Plus	Are you currently participating in the wellness program (excludes retiree spouse)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Monthly Premium and Premium Discount Eligibility Guidelines are listed on the back of this form

COBRA DENTAL: If you are currently enrolled in COBRA Dental for you and/or dependent(s), do you wish to continue?

Yes No *If you wish to make changes to your current election, you will need to contact HR directly.*

Please List Dependent(s) to be covered below

Dependent Name(s)	Gender	Date of Birth (mm/dd/yy)	Social Security #	Enrolled in Medicare/Medicaid*	Covered by other insurance?*
Spouse	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	
Dependent	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Dependent	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Dependent	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

***Other Coverage - If you answered "yes" to either of the questions above for having other coverage, please complete the following:**

Primary Policy Holder	Social Security #	Date of Birth	Gender
Date of Birth	Gender	Other Company's Name and Phone Number	
SPECIAL MEDICARE NOTIFICATION: If you or your dependent(s) become eligible and/or enrolled in MEDICARE prior to age 65, your Pre-65 medical insurance will change and Medicare will become your primary insurance. To provide maximum health benefits, the City offers a Medicare Advantage Plan to City Retirees, which provides coverage for additional services that are not provided under the standard Medicare insurance. Timely enrollment is required. For enrollment information, please contact the Human Resources Department at (336) 747-6807.			
Other Company's Policy Number and Effective Date			
Medicare Number	Part A Effective Date	Part B Effective Date	

Signature: _____ Date: _____

Premium Discounts

All eligible retirees, excluding spouses of retirees, will receive a \$30 wellness discount on their monthly premium. Retirees who are currently participating in the wellness discount can continue their eligibility for plan year 2012 by completing the following:

Biometric Screening

- ❖ *Biometric screening must have been completed in September 2011. Your biometric screening results will be used to determine eligibility for the non-tobacco rate and discount.*

Health Risk Assessment (HRA)

- ❖ *located on the BlueCross and BlueShield of NC website at www.bcbsnc.com. You must update your HRA between **January 1, 2012 – March 31, 2012** if you are a current wellness participant; otherwise your premium will be adjusted to the non-wellness monthly premium.*

Annual Physical Examination

- ❖ *must be completed by **December 31, 2011**. Physical must be completed by your physician during plan year (Jan 1, 2011 – Dec 31, 2011). Human Resources may require documentation from your physician.*

Wellness Education Class

- ❖ *You must complete at least one wellness education class during the plan year (Jan 1 – Dec 31, 2012). You may attend a class offered by the City’s Employee Health Services or BCBSNC Member Health Services, or Wake Forest Best Health. Contact the City’s Health Services Coordinator at (336) 748-3866 if you have questions.*

Tobacco-Free Discount

Effective January 1, 2012, retirees, excluding spouses of retirees, who are enrolled in the Basic Plan and have not used tobacco products prior to electing coverage are eligible to receive a \$20 tobacco-free discount on their monthly premium. If you are not currently eligible to receive the discount, but have an interest in being tobacco-free, you can enroll in a tobacco cessation program through the City’s Employee Medical Services or BCBSNC. Retirees who successfully complete a tobacco cessation program by **June 30, 2012** and remain tobacco-free, can request eligibility for the tobacco-free discount after June 30th, if documentation of completed program is provided to Human Resources by **July 15, 2012**.

Consequences of providing inadequate information about your tobacco use status will result in an increase to your monthly health premium and reimbursement to the City of Winston-Salem for the difference in monthly premiums retro-effective date of coverage.

2012 Retiree Monthly Premiums

BASIC PLAN			RETIREE MONTHLY PREMIUM			
Level of Coverage	City Cost	City \$200 Contribution For Retirees	Retiree or Spouse Monthly Premium*	Tobacco User Wellness Discount \$30	Tobacco-Free Discount \$20	Tobacco-Free Discount \$20 + Wellness Discount \$30
Retiree Only	\$392	\$200	\$192	\$162	\$172	\$142
Retiree/Child	\$637	\$200	\$437	\$407	\$417	\$387
Retiree/Spouse	\$747	\$200	\$547	\$517	\$527	\$497
Retiree/Children	\$1,003	\$200	\$803	\$773	\$783	\$753
Retiree/Family	\$1,129	\$200	\$929	\$899	\$909	\$879
Retiree Spouse Only	\$392	-	\$392	-	-	-
Retiree Spouse/Child	\$637	-	\$637	-	-	-
Retiree Spouse/Children	\$1,003	-	\$1,003	-	-	-
Retiree Spouse/Family	\$1,129	-	\$1,129	-	-	-

* This premium applies to retirees who are not participating in wellness and use tobacco products including, but is not limited to smoking (cigarettes, cigars, pipes, etc) and smokeless (snuff, chewing, etc). *Retiree Spouse is not eligible for the wellness and/or tobacco-free discounts.*

BASIC PLUS PLAN			RETIREE MONTHLY PREMIUM	
Level of Coverage	City Cost	City \$200 Contribution For Retirees	Retiree or Spouse Monthly Premium	Wellness Discount \$30
Retiree Only	\$467	\$200	\$267	\$237
Retiree/Child	\$850	\$200	\$650	\$620
Retiree/Spouse	\$951	\$200	\$751	\$721
Retiree/Children	\$1,270	\$200	\$1,070	\$1,040
Retiree/Family	\$1,449	\$200	\$1,249	\$1,219
Retiree Spouse Only	\$467	-	\$467	-
Retiree Spouse/Child	\$850	-	\$850	-
Retiree Spouse/Children	\$1,270	-	\$1,270	-
Retiree Spouse/Family	\$1,449	-	\$1,449	-

NOTE: Only tobacco-free retirees may enroll in Basic Plus Plan. Tobacco-free discount does not apply. *Retiree Spouse is not eligible for wellness discount.*

Return completed form to: City of WS Human Resources Dept, PO Box 2511, Winston-Salem, NC 27102