

**BOARD OF EDUCATION OF WICOMICO COUNTY  
HEALTH INSURANCE ENROLLMENT FORM FOR RETIREES**

*In addition to completing this enrollment form, you must also complete  
and attach a CareFirst membership application to this form.*

A Retiring Employee will be eligible for a contribution toward his/her individual health insurance plan providing that the employee meets the following criteria:

1. He/she has completed at least **ten (10)** years of employment with the Board.
2. He/she enters retirement directly from service with the Board: and
3. He/she was enrolled in the group health insurance program immediately prior to the time of retirement.

**September 1, 2009**

**Option 1 PPN**

**With \$5/25/40 Prescription Drug Program**

<b>Retiree Health Insurance Rates without a Board Contribution</b>		
<b>CHOOSE ONE</b>	<b>2009-2010 MONTHLY RATE</b>	<b>2009-2010 ANNUAL COST</b>
<input type="checkbox"/> Individual Coverage	\$ 550.00	\$ 6,600.00
<input type="checkbox"/> Retiree/Child Coverage	\$ 992.00	\$ 11,904.00
<input type="checkbox"/> Retiree/Spouse Coverage	\$1,270.00	\$ 15,240.00
<input type="checkbox"/> Family Coverage	\$1,464.00	\$ 17,568.00
<input type="checkbox"/> 65 or Older	\$ 405.00	\$ 4,860.00

**September 1, 2009**

**Option 2 EPO-No Reimbursement from CareFirst if Treated by Out of Network Doctor**

**With \$5/25/40 Prescription Drug Program**

<b>Retiree Health Insurance Rates without a Board Contribution</b>		
<b>CHOOSE ONE</b>	<b>2009-2010 MONTHLY RATE</b>	<b>2009-2010 ANNUAL COST</b>
<input type="checkbox"/> Individual Coverage	\$ 515.00	\$ 6,180.00
<input type="checkbox"/> Retiree/Child Coverage	\$ 929.00	\$ 11,148.00
<input type="checkbox"/> Retiree/Spouse Coverage	\$1,189.00	\$ 14,268.00
<input type="checkbox"/> Family Coverage	\$1,371.00	\$ 16,452.00

**Vision and Dental Coverage**

If you have enrolled in the medical plan above, you may also elect to enroll in the Vision and Dental Program for the same level of coverage selected in Option 1 PPN and Option 2 EPO

<b>Retiree Health Insurance Rates without a Board Contribution</b>		
<b>CHOOSE ONE</b>	<b>2009-2010 MONTHLY RATES</b>	<b>2009-2010 ANNUAL COST</b>
<input type="checkbox"/> Individual Coverage	\$ 25.00	\$ 300.00
<input type="checkbox"/> Retiree/Child Coverage	\$ 44.00	\$ 528.00
<input type="checkbox"/> Retiree/Spouse Coverage	\$ 57.00	\$ 684.00
<input type="checkbox"/> Family Coverage	\$ 66.00	\$ 792.00

Payments are due monthly for a total of 12 payments each year.

Total cost of benefits you selected (sum of Option 1 or Option 2 plus Vision/Dental if selected).

\$ \_\_\_\_\_

I understand the above selection(s) may not be modified from 09/01/09 through 8/31/10.

\_\_\_\_\_

**Date**

**NOTE: Rates pending final budget review**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

Print Name