



Providence School Department

Retiree Option Form

Administrators & Teachers – Age 65+

In accordance with Federal Law Medicare Parts A and B will be the primary carrier and Blue Cross Blue Shield of Rhode Island will be the secondary carrier. If you choose Plan 65, you must have Medicare Parts A and B. If you have specific questions about the coverage, please contact Blue Cross and Blue Shield of Rhode Island.

Please make checks/money orders payable to the Providence School Department and include your Account # on each check.

Retiree Information

Name	_____	Date of Birth	_____
Address	_____	Social Security #	_____
	_____	Account #	_____
Email	_____	Phone #	_____

Retiree Options	Monthly Cost	Select (√)
Plan 65 only	\$0.00	
Plan 65 with Dental \$1,200 Max	\$37.88	
Plan 65 with Dental \$1,800 Max	\$39.77	
Blue Chip for Medicare only	\$0.00	
Blue Chip for Medicare with \$1,200 Max Dental	\$37.88	
Blue Chip for Medicare with \$1,800 Max Dental	\$39.77	
HealthMate Coast to Coast PPO for Medicare only	\$115.34	
HealthMate Coast to Coast PPO for Medicare only with \$1,200 Max Dental	\$153.22	
HealthMate Coast to Coast PPO for Medicare only with \$1,800 Max Dental	\$155.11	
Dental Only \$1,200 Max	\$37.88	
Dental Only \$1,800 Max	\$39.77	

Retiree Signature

Date

Spouse Information

Name	_____	Date of Birth	_____
Address	_____	Social Security #	_____
	_____	Phone #	_____

Spouse Options	Monthly Cost	Select (√)
Plan 65 only	\$173.66	
Plan 65 with \$1,200 Max Dental	\$211.54	
Plan 65 with \$1,800 Max Dental	\$213.43	
Blue Chip for Medicare only	\$176.00	
Blue Chip for Medicare with \$1,200 Max Dental	\$213.88	
Blue Chip for Medicare with \$1,800 Max Dental	\$215.77	
HealthMate Coast to Coast PPO for Medicare only	\$289.00	
HealthMate Coast to Coast PPO for Medicare only with \$1,200 Max Dental	\$326.88	
HealthMate Coast to Coast PPO for Medicare only with \$1,800 Max Dental	\$328.77	
Dental Only \$1,200 Max	\$37.88	
Dental Only \$1,800 Max	\$39.77	

Spouse Signature

Date