

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.

Name	Date of Birth	-	
Address Email	Social Security #		
	Account #		
	Phone #		
Retiree Options		Monthly Cost	Select (1
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 wit	h \$1,200 Max Dental	\$153.22	
HealthMate Coast to Coast PPO for Medicare only wit	:h \$1,800 Max Dental	\$155.11	
Dental Only \$1,200 Max		\$37.88	
•	Date	\$37.88 \$39.77	
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information	Date Date		
Dental Only \$1,200 Max Dental Only \$1,800 Max Letiree Signature pouse Information Name			
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information Name	Date of Birth		
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information Name Address	Date of Birth Social Security #		Select (
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information Name Address Spouse Options	Date of Birth Social Security #	\$39.77	Select (
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information Name Address Spouse Options Plan 65 only	Date of Birth Social Security #	\$39.77 Monthly Cost	Select (
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information Name Address Spouse Options Plan 65 only Plan 65 with \$1,200 Max Dental	Date of Birth Social Security #	\$39.77 Monthly Cost \$173.66	Select (
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information Name Address Spouse Options Plan 65 only Plan 65 with \$1,200 Max Dental Plan 65 with \$1,800 Max Dental	Date of Birth Social Security #	\$39.77 Monthly Cost \$173.66 \$211.54	Select (
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information Name Address Spouse Options Plan 65 only Plan 65 with \$1,200 Max Dental Plan 65 with \$1,800 Max Dental Blue Chip for Medicare only	Date of Birth Social Security #	\$39.77 Monthly Cost \$173.66 \$211.54 \$213.43	Select (
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information Name Address Spouse Options Plan 65 only Plan 65 with \$1,200 Max Dental Plan 65 with \$1,800 Max Dental Blue Chip for Medicare only Blue Chip for Medicare with \$1,200 Max Dental	Date of Birth Social Security #	\$39.77 Monthly Cost \$173.66 \$211.54 \$213.43 \$176.00	Select (
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information Name Address Spouse Options Plan 65 only Plan 65 with \$1,200 Max Dental Plan 65 with \$1,800 Max Dental Blue Chip for Medicare only Blue Chip for Medicare with \$1,200 Max Dental Blue Chip for Medicare with \$1,800 Max Dental Blue Chip for Medicare with \$1,800 Max Dental	Date of Birth Social Security #	\$39.77 Monthly Cost \$173.66 \$211.54 \$213.43 \$176.00 \$213.88	Select (
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information Name Address Spouse Options Plan 65 only Plan 65 with \$1,200 Max Dental Plan 65 with \$1,800 Max Dental Blue Chip for Medicare only Blue Chip for Medicare with \$1,200 Max Dental Blue Chip for Medicare with \$1,800 Max Dental HealthMate Coast to Coast PPO for Medicare only	Date of Birth Social Security # Phone #	\$39.77 Monthly Cost \$173.66 \$211.54 \$213.43 \$176.00 \$213.88 \$215.77	Select (
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature pouse Information Name Address Spouse Options Plan 65 only Plan 65 with \$1,200 Max Dental Plan 65 with \$1,800 Max Dental Blue Chip for Medicare only Blue Chip for Medicare with \$1,200 Max Dental Blue Chip for Medicare with \$1,800 Max Dental Blue Chip for Medicare with \$1,800 Max Dental Blue Chip for Medicare with \$1,800 Max Dental HealthMate Coast to Coast PPO for Medicare only HealthMate Coast to Coast PPO for Medicare only with	Date of Birth Social Security # Phone #	\$39.77 Monthly Cost \$173.66 \$211.54 \$213.43 \$176.00 \$213.88 \$215.77 \$289.00	Select (
Dental Only \$1,200 Max Dental Only \$1,800 Max etiree Signature	Date of Birth Social Security # Phone #	\$39.77 Monthly Cost \$173.66 \$211.54 \$213.43 \$176.00 \$213.88 \$215.77 \$289.00 \$326.88	Select (