



Health Benefits Enrollment/Waiver

For Retirees or Benefit Recipients
Tiers II & III (with system-paid medical)

FOR OFFICE USE ONLY

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alaska.gov/drb

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SECTION I. PERSONAL INFORMATION

NAME	SOCIAL SECURITY NUMBER
Please indicate your retirement system: <input type="checkbox"/> PERS <input type="checkbox"/> TRS	

SECTION II. DENTAL-VISION-AUDIO BENEFITS

To enroll into the DVA plan, you must select which DVA Plan (Standard or Legacy) and the coverage level (coverage for myself vs coverage for myself and dependents). If you have multiple retirement systems, your DVA coverage level can vary, but the DVA plan type (Standard or Legacy) applies to all retirement systems in which you are paying DVA premiums.

I elect the following Dental-Vision-Audio plan option:

No DVA coverage Standard DVA Plan Legacy DVA Plan

DVA coverage for myself (retiree) only

DVA coverage for myself and my spouse

DVA coverage formyself, my spouse, and children

DVA coverage for myself and children

SECTION III. LONG-TERM CARE BENEFITS

I elect the following Long-Term Care (LTC) option:

No Long-Term Care (LTC) coverage

Individual (Member) coverage:

Silver Gold Platinum

Spouse coverage (may elect only if member is electing individual coverage):

Silver Gold Platinum

Spouse's date of birth: _____

Spouse's SSN: _____

I am covered under my spouse's LTC plan.

SECTION IV. CERTIFICATION AND SIGNATURE

I acknowledge that I have been offered the two health plans available: Dental-Vision-Audio and Long-Term Care. I understand that this is my only opportunity to enroll in these plans and that by not electing coverage at this time under either plan, I waive my right to future participation in the DVA and LTC plan.

I authorize the deduction of premiums from my benefit check for any insurances elected above.

SIGNATURE	DATE

Health Benefits Enrollment/Waiver Form

For Retirees or Benefit Recipients

This form is for retirees and other benefit recipients who were first hired under the Public Employees' Retirement System (PERS) Defined Benefit plan after June 30, 1986 and before July 1, 2006, or under the Teachers' Retirement System (TRS) Defined Benefit plan after June 30, 1990 and before July 1, 2006, and are eligible for system-paid medical coverage at retirement.

To compare the Standard and Legacy DVA plans, refer to the Dental Benefit Comparison Guide located on the AlaskaCare website, Alaska.gov/drb/alaskaCare/retiree/AKCare-DVA-BenefitComparison.pdf.

If you are already covered under your spouse's LTC plan, you cannot be covered under a second plan. Please provide your spouse's Social Security number so we may move your LTC coverage to your retirement benefit.

Your form must be postmarked or received in our office before your retirement date. This is your only opportunity to enroll in these plans. If you do not enroll at this time, you waive your right to participate in the future.

You may decrease or terminate your coverage at any time by notifying this office in writing. You may only increase DVA coverage within 120 days of the date you are married or have your first child.

LTC coverage may be added for your spouse within 120 days of marriage.

If you elect coverage, the premiums will be deducted from your benefit check each month. If your check is insufficient to deduct the premiums, we will contact you to make payment arrangements. The chart in the next column shows the monthly premiums for each option.

DVA Coverage for:	Standard	Legacy
Individual only	\$ 66	\$ 73
Individual and spouse	\$ 131	\$ 145
Individual and child(ren)	\$ 119	\$ 132
Individual, spouse, and child(ren)	\$ 187	\$ 207

Long-Term Care Benefits—Premium Rates by Age			
Age at Retirement	Silver Option \$400,000 max No inflation protection	Gold Option \$300,000 max Simple inflation protection	Platinum Option \$300,000 max Compound inflation protection
40*	\$26	\$76	\$148
41	\$27	\$77	\$150
42	\$28	\$78	\$153
43	\$30	\$79	\$155
44	\$31	\$81	\$158
45	\$33	\$82	\$161
46	\$35	\$84	\$164
47	\$37	\$85	\$167
48	\$39	\$89	\$170
49	\$41	\$92	\$172
50	\$44	\$96	\$175
51	\$46	\$100	\$177
52	\$49	\$103	\$180
53	\$52	\$109	\$184
54	\$56	\$114	\$188
55	\$60	\$120	\$192
56	\$63	\$126	\$195
57	\$67	\$131	\$199
58	\$75	\$143	\$212
59	\$84	\$156	\$225
60	\$92	\$168	\$237
61	\$100	\$181	\$250
62	\$108	\$193	\$263
63	\$123	\$212	\$281
64	\$137	\$231	\$300
65	\$151	\$250	\$319
66	\$166	\$269	\$338
67	\$180	\$288	\$357
68	\$201	\$313	\$381
69	\$222	\$339	\$404
70	\$244	\$364	\$428
71	\$265	\$389	\$451
72	\$286	\$414	\$475
73	\$314	\$444	\$502
74	\$343	\$474	\$529
75	\$371	\$503	\$556
76	\$399	\$533	\$584
77	\$427	\$563	\$611
78	\$471	\$609	\$654
79	\$515	\$654	\$698
80	\$559	\$700	\$741
81	\$603	\$746	\$784
82	\$646	\$791	\$828
83	\$731	\$887	\$923
84	\$815	\$982	\$1,018
85**	\$900	\$1,078	\$1,113

* and under
** and over