



P.O. Box 15610
Little Rock, AR 72231-5610

State & Public-School Retiree Opt-Out Form for ARBenefits Group Medicare Advantage (PPO) Plan

As a Medicare eligible retiree of the State of Arkansas currently enrolled in the group health care plan; effective January 1, 2023, you will be automatically enrolled in the ARBenefits Group Medicare Advantage (PPO) Plan administered by UnitedHealthcare.

If you do not want to participate in the ARBenefits Medicare Advantage (PPO) Plan and wish to remain in your current ARBenefits coverage you must complete this form and return it to the Employee Benefits Division between November 1 through November 30, 2022. If you opt-out of the ARBenefits Group Medicare Advantage (PPO) Plan you will not have another opportunity to enroll until Retiree Open Enrollment next Fall 2023.

You may return this form to the Employee Benefits Division by fax (501.683.0983), email (Ask.EBD@arkansas.gov), dropping it off at the our Office or by mailing it to P.O. Box 15610, Little Rock, AR 72231-5610.

You can only be enrolled in one Medicare Advantage Plan or one Medicare Prescription Drug Plan at a time. In addition, with limited exceptions, you cannot be enrolled in a Medicare Advantage Plan and a stand-alone Medicare Prescription Drug Plan at the same time. If you enroll in any other Medicare Advantage Plan or Medicare Prescription Drug Plan, you may be dis-enrolled from the ARBenefits Group Medicare Advantage (PPO) administered by UnitedHealthcare.

Part 1: Employee Information					
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number
Home Address			City	State	Zip Code
Event	Event Date	Home Phone	Cell Phone	Email	

Part 2: Action Requested	
Type of Action <input type="checkbox"/> Opt-Out of MAPD	Retirement System <input type="checkbox"/> APERS (State) 998 <input type="checkbox"/> APERS (School) 059002 <input type="checkbox"/> APERS Judicial 021 <input type="checkbox"/> Highway Dept. 091 <input type="checkbox"/> ATRS (School) 059001 <input type="checkbox"/> ATRS (State) 999 <input type="checkbox"/> VALIC/TIFF- Alternate Retirement- (Bank Draft)

Part 3: Subscriber Certification

I understand by signing this Opt-Out Form, I elect not to participate in the ARBenefits Group Medicare Advantage (PPO) Plan and wish to remain in my current ARBenefits plan. I verify the information provided by me is accurate and complete.

I authorize deductions of the required contributions (if applicable). I understand that my elections can only be changed if I have a qualifying status change event as defined in the ARBenefits Summary Plan Description. I understand I must request such changes within 30 days of the qualifying event. On behalf of myself and anyone enrolled on or added to this form, I authorize any health care professional or entity to give the health plan/insurer or any of their designees, any and all records or information pertaining to medical history or services rendered to the health plan/insurer, for any administrative purpose, including evaluation of an application or a claim. I also authorize on behalf of health plan/insurer the use of a Social Security Number for the purpose of identification. A photocopy of this authorization will be as valid as the original. Please note that falsifying documents, misrepresenting dependent status or using other fraudulent actions to gain coverage may be criminal acts and can lead to permanent termination of coverage. I understand by signing the election form, it means I have read and agree with the attached instruction page and understand the options I chose on the election form.

Employee Signature	Date	Email Address:
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Please note: United Healthcare team members may not submit this form to EBD. All enrollment materials should come directly to EBD.

Instruction Page

ALL PORTIONS OF THE ELECTION FORM MUST BE COMPLETED OR IT WILL BE RETURNED FOR COMPLETION PRIOR TO PROCESSING TO ENSURE ACCURACY.

NOTE: As a Medicare eligible retiree of the State of Arkansas you will be enrolled in the ARBenefits Group Medicare Advantage Plan (MAPD) with the option to opt-out and enroll the Medicare Primary Premium Plan option. Currently, United Health Care is the carrier for the MAPD plan and Health Advantage is the carrier for the Medicare Primary Premium Plan. Each Member is required to maintain Medicare Part A and Part B coverage. A copy of the Medicare card is required for any subscriber and/or spouse/dependent.

ARBenefits Medicare Primary Premium Plan for Retirees will coordinate as if Medicare Part A and Part B are both in force at the time of service. If the member does not have Part B, the plan will pay as though the member does have Part B, and the member will have full financial responsibility for incurred claims.

Public School Retirees that opt-out of the ARBenefits Group MAPD plan and choose the Medicare Primary Premium Plan will not have pharmacy benefits through this plan. You will be required to obtain a Medicare

Part D plan for your pharmacy needs.

Bank Draft Authorization Form, with VOIDED check attached, is needed if your retirement annuity is not large enough for your premium deduction. WE CANNOT PROCESS WITHOUT A VOIDED CHECK.

Your premiums are post-tax.

If you cancel your retirement insurance to leave the plan, other than gaining employment with a state or public-school agency, the decision is final and you cannot come back to the plan.

RECIPROCITY SERVICE

- A retiree who is fully vested as a state employee AND fully vested as a public-school employee (a participating member under both APERS and ATRS and drawing a retirement annuity from each) may choose to enroll in either the ASE or PSE retiree health plan.
- A retiree who is not fully vested under either system but has enough time between the two systems to be eligible for reciprocity service will be enrolled in the retiree health plan of the system with the most service.

VESTING

- State and Public-School retirees changed from a ten (10) year vesting to five (5) years vesting effective 7/01/1997.
- Retirees with service prior to 7/01/1997 are still held to the ten (10) year vesting.
- Non-teaching school retirees that are paid under Arkansas Public Employees Retirement System (APERS) have school rates.
- Most College employed retirees and County retirees are not eligible under the State & Public-School Retirement Health Insurance. Reciprocity services from these agencies do not make a retiree eligible for the health insurance.

Proof of dependent eligibility is required. Examples of required documentation are: birth certificates, marriage licenses, court documents and Certificate of Credible Coverage for loss of coverage. The effective date is the first of the month following the date on the Election Form.

Please mail or fax your completed and signed Health Insurance Election Form to:

ARBenefits
P.O. Box 15610
Little Rock, AR 72231-5610
Fax: 501-682-1200

For assistance, contact ARBenefits at 1/877/815/1017 Monday through Friday, from 8:00 a.m. to 4:30 p.m. CST.

Learn more about plans, costs, and providers at www.transform.ar.gov/employee-benefits