



# Airline Retiree Benefit Plan 2018 Benefit Change Form

If you are **not** making any plan changes for 2018, you do **not** need to complete or return this form. You will automatically be re-enrolled in your current options.

To make changes in your 2018 plans, please use ink to complete the information below. Check the appropriate boxes for your new coverage elections, sign where indicated, and return this form.

<b>MEDICAL PLAN OPTIONS</b> – coverage through Transamerica Premier Life Insurance Company		
<input type="checkbox"/> I would like to waive Medical coverage.		
<b>Medical “High” Plan – Select the appropriate age bracket</b>	<input type="checkbox"/> Retiree Age 65 – 69     \$147.63	<input type="checkbox"/> Spouse Age 65 – 69     \$147.63
	Age 70+     \$205.49	Age 70+     \$205.49
<b>Medical “Low” Plan – Select the appropriate age bracket</b>	<input type="checkbox"/> Retiree Age 65 – 69     \$109.39	<input type="checkbox"/> Spouse Age 65 – 69     \$109.39
	Age 70+     \$146.09	Age 70+     \$146.09
<b>PRESCRIPTION DRUG COVERAGE</b> – coverage through Express Scripts Medicare™. Enrollees in Prescription Drug Coverage must continue to pay their Medicare Part B premium.		
<input type="checkbox"/> I would like to waive Prescription Drug coverage.		
<b>Choice Plan</b>	<input type="checkbox"/> Retiree Only Coverage	\$144.67
	<input type="checkbox"/> Spouse Only or Surviving Spouse Only Coverage	\$144.67
	<input type="checkbox"/> Retiree & Spouse Coverage	\$289.34
<b>DENTAL PLAN OPTIONS</b> – coverage through MetLife Dental PPO		
<input type="checkbox"/> I would like to waive Dental coverage.		
<b>Dental Plan WITH Medical Coverage</b>	<input type="checkbox"/> Retiree Only Coverage <input type="checkbox"/> Spouse Only or Surviving Spouse Only Coverage \$47.74 per month	<input type="checkbox"/> Retiree & Spouse Coverage \$91.36 per month
	<input type="checkbox"/> Retiree Only Coverage <input type="checkbox"/> Spouse Only or Surviving Spouse Only Coverage \$49.08 per month	<input type="checkbox"/> Retiree & Spouse Coverage \$94.47 per month
<b>VISION PLAN OPTIONS</b> – coverage through Superior Vision. You must be enrolled in the medical plan in order to elect vision coverage.		
<input type="checkbox"/> I would like to waive Vision coverage.		
<b>Vision Plan</b>	<input type="checkbox"/> Retiree Only Coverage	\$7.62
	<input type="checkbox"/> Spouse Only or Surviving Spouse Only Coverage	\$7.62
	<input type="checkbox"/> Retiree & Spouse Coverage	\$14.68

**Note:** There is an additional \$0.25 VEBA Trust Fee per person in addition to the rates quoted above.

**Over for Signature**

