

SCHENECTADY CITY SCHOOL DISTRICT

2017-2018 RETIREE HEALTH INSURANCE BILLING IMPORTANT NOTES

Mail check or money order (payable to Schenectady City School District) with insurance name in the memo section and the invoice stub to: 108 Education Drive, Schenectady, NY 12303. Attention: Business Office

Insurance Plan				
	Patriot Blue,		Medicare Advantage	
	Patriot Red, CDPHP,		CDPHP	
	and MVP		MVP	
Coverage	Invoice Mailed	Payment Due	Invoice Mailed	Payment Due
July to December	June	July 15 th	June	July 15 th
January to June	June	January 15 th	December	January 15 th

As always the option of paying *One or Both Invoices* on July 15th is available.

NEW: Insurance that was called BlueShield is now being called Patriot Blue, only the name changed not the plan.

NONPAYMENT WILL CAUSE YOUR INSURANCE TO BE TERMINATED.

A termination letter will be mailed if necessary

OPEN ENROLLMENT TO CHANGE PLANS (Non Medicare Advantage Plans): During the month of September, retirees can change health insurance plans. The benefit change will be effective October 1. If you would like to change health insurance plans, please be sure to complete the following paperwork:

1. An Enrollment Application/Change form for your CURRENT insurance company for termination.
 2. An Enrollment Application/Change form for the NEW insurance company for starting the new coverage.
- Application/Change forms can be found at the following link on the District's web site, www.schenectady.k12.ny.us under Depts/Human Resources/Employee Benefits/Health Insurance Information Please submit **BOTH** forms to the Human Resource Office no later than **September 21, 2017.**

MEDICARE: If you will be 65 within the next year, be sure to apply for Part A and Part B. Please send the Human Resource Office a copy of your Medicare card.

CONTACT INFORMATION

- Please notify the Human Resource Office at 518-370-8100, ext. 40133, if there is a death of the enrollee or spouse.
- To make changes to your plan contact the Human Resource Office at 518-370-8100, ext. 40133.
- For billing questions contact Patty Gibbons in the Business Office at 518-370-8100, ext. 40144.
- For benefit questions contact BCG at 877-492-9422, extensions 492 or 493.

INFORMATION UPDATE: Please submit this part of the form with your payment **only** if you have changes.

Retiree Name: _____

Current Address: _____

Phone Number: _____ E-mail Address: _____
(Optional)

Third Party Notification Option: You can designate a relative, friend or other third party to receive a notice from us whenever payment is not received by the designation date. Please complete the information below:

Retiree Name: _____

Third Party Name: _____ Relationship: _____

Third Party Address: _____

Third Party Phone Number: _____ E-Mail Address: _____
(Optional)