



# PSGIP COVERAGE CHANGE REQUEST FORM

## RETIREE HEALTH AND DENTAL COVERAGE

EFFECTIVE APRIL 1, 2019

Under the terms of the Public Sector Group Insurance Plan (PSGIP) Retiree Health and Dental Care, you are eligible to change your level of coverage each year effective April 1<sup>st</sup> without being subject to medical evidence of insurability.

If you wish to change your current Health and/or Dental Plan Option, please complete the information outlined below and return this form to our office **no later than Monday, March 11, 2019** to allow Johnson Inc. time to make necessary premium changes for your April deductions. Please note, any forms received after April 30<sup>th</sup> will make you ineligible for changes in 2019.

**NOTE: If you are not making changes to your current Option, please do not return this form to Johnson Inc.**

### COVERAGE CHANGE REQUEST

I hereby authorize my current Option to be changed to the Option I have requested below and authorize any necessary premium deduction adjustments required as a result of this change.

Name (please print): \_\_\_\_\_

Date of birth: \_\_\_\_\_

DD/MM/YYYY

Address: \_\_\_\_\_

Street

City/Province

Postal code

Place an "X" in the box for the new coverage you are enrolling for effective April 1, 2019.

	Coverage			
	Under age 65		Over age 65 Seniors DCAP drugs are <u>not</u> <u>covered</u> under the over 65 health plans	
	SINGLE	FAMILY	SINGLE	FAMILY
<b>HEALTH</b>				
<b>Option # 1</b>				
<ul style="list-style-type: none"> <li>Health coverage, <u>excluding</u> semi-private hospital coverage</li> <li>Prescription drug co-payment of 20%, to a maximum of \$30/prescription for eligible prescriptions</li> </ul>	<input type="checkbox"/> \$177.06	<input type="checkbox"/> \$377.08	<input type="checkbox"/> \$161.08	<input type="checkbox"/> \$342.99
<b>Option # 2</b>				
<ul style="list-style-type: none"> <li>Health coverage, <u>excluding</u> semi-private hospital coverage</li> <li>Prescription drug co-payment of 20%, to a maximum of \$30/prescription for eligible prescriptions, after an annual deductible has been satisfied – \$200 Single/\$400 Family</li> </ul>	<input type="checkbox"/> \$154.07	<input type="checkbox"/> \$331.69	<input type="checkbox"/> \$125.45	<input type="checkbox"/> \$267.26
<b>Option # 3</b>				
<ul style="list-style-type: none"> <li>Health coverage, <u>excluding</u> semi-private hospital coverage</li> <li>Retiree pays the first \$50 of each eligible prescription drug</li> </ul>	<input type="checkbox"/> \$107.09	<input type="checkbox"/> \$228.04	<input type="checkbox"/> \$88.67	<input type="checkbox"/> \$188.87
<b>Option # 4</b>				
<ul style="list-style-type: none"> <li>Health coverage, <u>including</u> semi-private hospital coverage</li> <li>No prescription drug coverage</li> </ul>	<input type="checkbox"/> \$21.58	<input type="checkbox"/> \$45.99	<input type="checkbox"/> \$21.58	<input type="checkbox"/> \$45.99
<b>DENTAL</b>	<b>SINGLE</b>		<b>FAMILY</b>	
Retirees are eligible to change their dental benefit option annually effective April 1 <sup>st</sup> .				
<b>Plan A</b>				
<ul style="list-style-type: none"> <li>Basic services only</li> </ul>	<input type="checkbox"/> \$28.34		<input type="checkbox"/> \$64.12	
<b>Plan B</b>				
<ul style="list-style-type: none"> <li>Basic and Major services</li> </ul>	<input type="checkbox"/> \$33.13		<input type="checkbox"/> \$74.95	

Signature

Date (DD/MM/YY)

Return form no later than Monday, March 11, 2019 to:

Johnson Inc., 201 Buchanan Drive (Buchanan Plaza), Charlottetown, PEI C1E 2E4 / Fax: (902) 368-8941/email: [pei@johnson.ca](mailto:pei@johnson.ca)