

2027 PRE-65 MEDICAL ENROLLMENT

STEP 1 OF 3

DSRA BT Retirees | Complete all applicable fields

A. Member information

Use one form per individual when enrolling

Retiree

FIRST NAME

MIDDLE

LAST NAME

GENDER

SSN

DOB (MM/DD/YYYY)

Spouse / domestic partner / surviving spouse

FIRST NAME

MIDDLE

LAST NAME

GENDER

SSN

DOB (MM/DD/YYYY)

Dependent

FIRST NAME

MIDDLE

LAST NAME

GENDER

SSN

DOB (MM/DD/YYYY)

B. Contact and coverage information

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

REQUESTED START DATE

MEDICARE INFORMATION

☐ Eligible for Medicare - Yes

☐ No

☐ Currently enrolled in Part A

☐ Part B

MEDICARE ID NUMBER (IF APPLICABLE)

MEDICARE EFFECTIVE DATE

☐ Waiting for Medicare number

C. Enrollment request

☐ Enroll bundled Medical, Rx, Dental and Vision or selected pairings

☐ Enroll non-bundled plans

☐ Enroll Dental / Vision only

☐ Address change

☐ Add dependent

☐ Terminate coverage

☐ Other

SELECT COVERAGE

STEP 2 OF 3

Choose the enrollee type and one desired plan action

D. Who is enrolling?

- ☐ Eligible retiree ☐ Spouse / domestic partner / surviving spouse
- ☐ Eligible retiree and spouse / domestic partner ☐ Dependent
- ☐ Eligible retiree and family (3+)

IMPORTANT

Enroll separately and each person may select different coverage.

E. Medical plan options

Check Enroll or Terminate for the selected plan

Bundled: Medical + Rx + High Dental + Vision

	ENROLL	TERMINATE
Copper	☐	☐
Bronze	☐	☐
Silver	☐	☐
Gold	☐	☐

Bundled: Medical + Rx + Low Dental + Vision

	ENROLL	TERMINATE
Copper	☐	☐
Bronze	☐	☐
Silver	☐	☐
Gold	☐	☐

F. Non-bundled medical pairings

Medical + High Dental

	ENROLL	TERMINATE
Copper	☐	☐
Bronze	☐	☐
Silver	☐	☐

Medical + Low Dental

	ENROLL	TERMINATE
Copper	☐	☐
Bronze	☐	☐
Silver	☐	☐

Medical + Vision

	ENROLL	TERMINATE
Copper	☐	☐
Bronze	☐	☐
Silver	☐	☐

Medical only

	ENROLL	TERMINATE
Copper	☐	☐
Bronze	☐	☐
Silver	☐	☐

AUTHORIZATION AND SUBMISSION

STEP 3 OF 3

Review, sign and return the completed form

G. Other coverage

- ☐ Medicare eligible - complete the Medicare Eligible Enrollment Form
- ☐ Enroll High Dental Plan ☐ Terminate High Dental Plan ☐ Enroll Low Dental Plan
- ☐ Terminate Low Dental Plan

H. Signature

By signing below, you agree to the terms and conditions on this page.

SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

Terms and conditions

Application and coverage

The information on this form and the following conditions are part of my contract with Blue Cross Blue Shield of Michigan and/or The Hartford. I am applying for coverage for myself and/or the family member identified on this application under my group or association contract. Coverage begins on the date determined by the carrier. When the carrier accepts my application, I and covered members of my family are bound by the terms of the policy and this application. False or misleading information, or omission of material information, may result in rejection of enrollment or retroactive termination of coverage.

Proof of eligibility

I agree to provide proof of my dependent eligibility for coverage when requested by Blue Cross Blue Shield of Michigan and/or The Hartford.

Authorization

I appoint my group or association to handle all matters of coverage. I am responsible for reporting changes in my status or my family status that affect coverage, including marriage, divorce, birth, Medicare entitlement or death. I authorize Blue Cross, The Hartford and/or my primary care physician to obtain medical records necessary for coordination of care, administration of coverage, and fulfillment of contractual and statutory obligations.

Release of information

I acknowledge that Blue Cross and/or The Hartford requires my Social Security number. In applying for coverage, I and/or enrolled family members permit providers and others to release protected health information, as defined by the Health Insurance Portability and Accountability Act of 1996, as amended, for administration of coverage.

Instructions for completion and submission

Complete all applicable fields, select coverage, sign the form, and return it using one of the methods below.

Questions and electronic submission

Benistar: 1-800-236-4782

Email: memelig@benistar.com

Fax: 1-860-408-7025

Do not email sensitive information unless secured.

Mail completed forms to

Benistar Service Center

10 Tower Lane, Suite 100

Avon, CT 06001

BCBSM Bundled Medical Plans

Pre 65 Plans / 2027 Rates

An administration fee is included in all rates below for Bundled Medical and Standalone Dental/Vision Plans

Bundled Medical + HIGH Dental Plans

Bundled Plans include Medical, RX, HIGH Dental and Vision

Plan / Benefit ID	Coverage	Rate
Gold Bundled	One person	\$2,636.30
	Family	\$7,870.76
Silver Bundled	One person	\$2,335.85
	Family	\$6,969.41
Bronze Bundled	One person	\$1,829.65
	Family	\$5,450.78
Copper Bundled	One person	\$1,454.89
	Family	\$4,326.52

Bundled Medical + LOW Dental Plans

Bundled Plans include Medical, RX, LOW Dental and Vision

Plan / Benefit ID	Coverage	Rate
Gold Bundled	One person	\$2,627.60
	Family	\$7,840.31
Silver Bundled	One person	\$2,327.15
	Family	\$6,938.96
Bronze Bundled	One person	\$1,820.95
	Family	\$5,420.33
Copper Bundled	One person	\$1,446.19
	Family	\$4,296.07

BCBSM Standalone Dental Plans

Pre 65 Plans / 2027 Rates

Dental Only Plans

Plan	Coverage	Rate
High Dental Only	One person	\$ 82.26
	Two person	\$ 160.26
	Family	\$ 277.27
Low Dental Only	One person	\$ 73.56
	Two person	\$ 142.86
	Family	\$ 246.82

Dental + Vision Plans

Plan	Coverage	Rate
High Dental + Vision	One person	\$ 91.28
	Two person	\$ 178.29
	Family	\$ 307.20
Low Dental + Vision	One person	\$ 82.58
	Two person	\$ 160.89
	Family	\$ 276.75

BCBSM MEDICARE Disabled

An administration fee is included in all rates below for Medical and Dental/Vision Plans

BCBSM MEDICARE Eligible Medical Plan

The rates below only apply to **pre-65 Medicare disabled** members. You may qualify for a DSRA-BT Subsidy. Application information is found on the website www.DSRABenefitTrust.net

SILVER	Medical / High Dental / Vision	Medical Only
Single	\$ 3,809.74	\$ 3,728.45

Dental Only Plans

Plan	Coverage	Rate
High Dental Only	One person	\$ 78.23
Low Dental Only	One person	\$ 73.56

Dental + Vision Plans

Plan	Coverage	Rate
High Dental + Vision	One person	\$ 85.54
Low Dental + Vision	One person	\$ 80.87

MetLife Insurance Plans

MEDICARE Eligible / 2027 Rates



The rates below do NOT include the \$3.50 administration fee. A Fee is only added for the Retiree or Surviving Spouse if they elect to continue coverage.

Amount	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+
\$10k	\$ 2.51	\$ 4.44	\$ 6.99	\$ 13.31	\$ 21.95	\$ 36.40	\$59.14	\$ 97.58	\$ 158.09	\$ 256.11
\$20k	\$5.02	\$ 8.88	\$ 13.98	\$ 26.62	\$ 43.90	\$ 72.80	\$ 118.28	\$ 195.16	\$ 316.18	\$ 512.22
\$30k	\$ 7.53	\$ 13.32	\$ 20.97	\$ 39.93	\$ 65.85	\$ 109.20	\$ 177.42	\$ 292.74	\$ 474.27	\$ 768.33
\$40k	\$ 10.04	\$ 17.76	\$ 27.96	\$ 53.24	\$ 87.80	\$ 145.60	\$ 236.56	\$ 390.32	\$ 632.36	\$ 1,024.44
\$50k	\$ 12.55	\$ 22.20	\$ 34.95	\$ 66.55	\$ 109.75	\$ 182.00	\$ 295.70	\$ 487.90	\$ 790.45	\$ 1,280.55
\$60k	\$ 15.06	\$ 26.64	\$ 41.94	\$ 79.86	\$ 131.70	\$ 218.40	\$ 354.84	\$ 585.40	\$ 948.54	\$ 1,536.66
\$70k	\$ 17.57	\$ 31.08	\$ 48.93	\$ 93.17	\$ 153.65	\$ 254.80	\$ 413.98	\$ 683.06	\$ 1,106.63	\$ 1,792.77
\$80k	\$ 20.08	\$ 35.52	\$ 55.92	\$ 106.48	\$ 175.60	\$ 291.20	\$ 473.12	\$ 780.64	\$ 1,264.72	\$ 2,048.88
\$90k	\$ 22.59	\$ 39.96	\$ 62.91	\$ 119.79	\$ 197.55	\$ 327.60	\$ 532.26	\$ 878.22	\$ 1,422.81	\$ 2,304.99
\$100k	\$ 25.10	\$ 44.40	\$ 69.90	\$ 133.10	\$ 219.50	\$ 364.00	\$ 591.40	\$ 975.80	\$ 1,580.90	\$ 2,561.10
\$110k	\$ 27.61	\$ 48.84	\$ 76.89	\$ 146.41	\$ 241.45	\$ 400.40	\$ 650.54	\$ 1,073.38	\$ 1,738.99	\$ 2,817.21
\$120k	\$ 30.12	\$ 53.28	\$ 83.88	\$ 159.72	\$ 263.40	\$ 436.80	\$ 709.68	\$ 1,170.96	\$ 1,897.08	\$ 3,073.32

Spousal coverage only available up to \$50,000.

-Voluntary life plan rates change in five year increments, i.e. 40, 45, 50, etc. The new rate becomes effective 1/1 after the insured enters a new age category.

-Spouse costs are based on the retiree's age.

IMPORTANT – Spouse of retiree has the option of remaining in the plan at the same rate they paid based on retiree's age until age 80 then move to a whole life plan.