

PLAN YEAR 1/1/2017 THROUGH 12/31/2017
DENTAL AND VISION APPLICATION FOR BALTIMORE COUNTY GOVERNMENT RETIREES

Return to:
 BALTIMORE COUNTY INSURANCE DIVISION
 400 WASHINGTON AVE, RM 111, TOWSON, MD 21204

Phone # 410-887-2568
1-800-274-4302
FAX # 410-887-3820

FOR INS. USE ONLY: Effective date: _____ Completed by: _____ Date processed: _____

RETIREE PERSONAL INFORMATION

Retiree Name		Street				
Retiree SSN		City		State		Zip
Phone #		DOB		Retiree Dentist Name & ID #: (IF SELECTING CIGNA HMO)		

DEPENDENT(S) BEING ADDED OR REMOVED

Name	Relationship	SSN	Gender	Date of Birth	Primary Care Dentist Name & ID # (IF SELECTING CIGNA DHMO)
					Dentist ID #
					Dentist Name:
					Dentist ID #
					Dentist Name:
					Dentist ID #
					Dentist Name:

BENEFIT PLAN OPTIONS

PLEASE PLAN DESIRED AND CIRCLE LEVEL OF COVERAGE

NON-MEDICARE RETIREES

<input type="checkbox"/> CareFirst Traditional Dental	Individual \$32.97	Parent/Child \$49.43	Employee/Spouse \$65.92	Family \$98.92
<input type="checkbox"/> CareFirst Preferred Dental PPO	Individual \$6.67	Parent/Child \$9.46	Employee/Spouse \$12.62	Family \$18.94
<input type="checkbox"/> Cigna Dental Care HMO	Individual \$4.95	Parent/Child \$9.18	Employee/Spouse \$9.89	Family \$14.91
<input type="checkbox"/> CareFirst BCBS Davis Vision	Individual \$.27	Parent/Child \$.40	Employee/Spouse \$.54	Family \$.81

**MEDICARE RETIREES/ NON- MEDICARE SPOUSE OF MEDICARE RETIREE
 OVER AGE 65 RETIREES & SPOUSES**

<input type="checkbox"/> CareFirst Traditional Dental	Individual \$32.97	Parent/Child \$49.43	Employee/Spouse \$65.92	Family \$98.92
<input type="checkbox"/> CareFirst Preferred Dental PPO	Individual \$26.70	Parent/Child \$37.86	Employee/Spouse \$50.51	Family \$75.79
<input type="checkbox"/> Cigna Dental Care HMO	Individual \$19.82	Parent/Child \$36.73	Employee/Spouse \$39.58	Family \$59.66
<input type="checkbox"/> CareFirst BCBS Davis Vision	Individual \$2.70	Parent/Child \$4.06	Employee/Spouse \$5.40	Family \$8.10

Retiree Signature _____

Date _____