

2024 ELECTRIC BOAT RETIREE PLAN ELECTION CHANGE FORM

THIS FORM IS REQUIRED IN ORDER TO EXECUTE ANY CHANGE IN PLAN ELECTION for JANUARY 1, 2024

Please place an "X" next to your new plan election:

Option #	Change to:	EB Retiree Medical Plans ONLY	2024 Monthly Rate
1		United American Group Retiree Plan G	\$216.50
2		Anthem HIGH Option Medicare Preferred PPO	\$152.76
3		Anthem BASE Option Medicare Preferred PPO	\$108.37
4		Anthem LOW Option Medicare Preferred PPO	\$82.39
Option #	Change to:	EB Retiree Medical Plan and Medicare Part D Prescription Drug Plan Combinations	2024 Monthly Rate
5		United American Group Retiree Plan G & Express Scripts VALUE Rx	\$305.50
6		United American Group Retiree Plan G & Express Scripts LIMITED Rx	\$343.50
7		United American Group Retiree Plan G & Express Scripts UNLIMITED Rx	\$421.50
8		Anthem HIGH Option Medicare Preferred PPO & Express Scripts VALUE Rx	\$241.76
9		Anthem HIGH Option Medicare Preferred PPO & Express Scripts LIMITED Rx	\$279.76
10		Anthem HIGH Option Medicare Preferred PPO & Express Scripts UNLIMITED Rx	\$357.76
11		Anthem BASE Option Medicare Preferred PPO & Express Scripts VALUE Rx	\$197.37
12		Anthem BASE Option Medicare Preferred PPO & Express Scripts LIMITED Rx	\$235.37
13		Anthem BASE Option Medicare Preferred PPO & Express Scripts UNLIMITED Rx	\$313.37
14		Anthem LOW Option Medicare Preferred PPO & Express Scripts VALUE Rx	\$171.39
15		Anthem LOW Option Medicare Preferred PPO & Express Scripts LIMITED Rx	\$209.39
16		Anthem LOW Option Medicare Preferred PPO & Express Scripts UNLIMITED Rx	\$287.39

You will need to complete this form to execute any change in plan for 2024. Please refer to the back of this form for more details on what additional forms you may need. Certain rules and restrictions apply. We will contact you if there are any issues with your request.

Name: _____ Phone: _____ Last 4 digits of SSN _____

Signature _____ Email: _____ Date: _____

Your current 2023 plan	Your Desired 2024 Plan	Necessary Forms	When you can make the change
<ul style="list-style-type: none"> • Anthem Plan G • Anthem High Option PPO • Anthem Base Option PPO • Anthem Low Option PPO 	<p style="text-align: center;">Any medical plan change</p> <ul style="list-style-type: none"> • High Option to Base/Low Option • Base Option to High/Low Option • Low Option to High/Base Option • Plan G to any PPO Plan • Any PPO plan to Plan G 	<p style="text-align: center;">2024 EB Plan Election Change Form</p> <p style="text-align: center;"><i>If you are moving from the Plan G to a PPO plan, and need to add a drug plan, a 2024 Express Scripts Enrollment Form is needed</i></p>	<p style="text-align: center;">During Any Open Enrollment</p>
<ul style="list-style-type: none"> • Express Scripts Limited Rx • Express Scripts Value Rx 	<ul style="list-style-type: none"> • Limited Rx to Value Rx • Value Rx to Limited Rx 	<p style="text-align: center;">2024 EB Plan Election Change Form</p>	<p style="text-align: center;">During Any Open Enrollment</p>
<p style="text-align: center;">Express Script Medicare Unlimited Rx Prescription Drug Plan</p>	<ul style="list-style-type: none"> • Unlimited Rx to Value Rx • Unlimited Rx to Limited Rx 	<ul style="list-style-type: none"> • 2024 EB Plan Election Change Form • Express Scripts Opt Down Form 	<p style="text-align: center;">During Any Open Enrollment</p>

All forms should be returned to:
Beacon Retiree Benefits Group LLC
710 Main Street, Suite #10
Plantsville, CT 06479
Phone: 1.888.484.0414

Forms can be emailed to RSVP@BeaconMedicare.com.

Forms can be faxed to (860) 621-5074.

Visit us at www.BeaconMedicare.com where most forms are available for printing.

The deadline for pension deduction changes for January 1, 2024 is December 10, 2023. In order to ensure the correct pension deduction, we will need to receive your change form by December 7, 2023.