# 2027 RETIREE

# OPEN ENROLLMENT

## FORMS KIT

**FOR MEDICARE-ELIGIBLE PARTICIPANTS**

**OPEN ENROLLMENT FOR BENEFITS EFFECTIVE JANUARY 1, 2027 IS NOVEMBER 2 - 30, 2026**

If you are not making changes to your current plan, you do not need to return an enrollment form.

**https://www.alexandriava.gov/human-resources/retirees-corner**

# In this Kit

## FORMS DUE BY NOVEMBER 30, 2026

• **Retiree Medical Plan Change Form:** return only if you are changing coverage, enrolling or canceling a plan, or changing Aetna Vital Savings.
• **Retiree Information Form:** return only if your demographic, spouse, or emergency contact information has changed.

## FORM DUE BY JANUARY 4, 2027

• **Retiree Medical Insurance Reimbursement Plan Form:** return this form to claim reimbursement for premiums you pay toward non-City-sponsored coverage, such as Medicare Part B, Medicare Part D, or an outside Medicare Advantage plan.

Forms not included in this kit are available online at Retiree's Corner, https://www.alexandriava.gov/human-resources/retirees-corner.

## HOW TO SUBMIT FORMS

| | |
|---|---|
| **EMAIL** | Forms must be timestamped by 5:00 p.m. ET on the applicable due date. benefits.retirees@alexandriava.gov |
| **MAIL** | Specific forms must be postmarked by the applicable due date. City of Alexandria, Department of Human Resources, Benefits Division 2331 Mill Road, Room 301, Alexandria, VA 22314 |
| **DROP-OFF** | Deliver to the Department of Human Resources by 5:00 p.m. ET on the applicable due date (2331 Mill Road, 3rd Floor, Alexandria, VA 22314) |

## QUESTIONS?

Call 703-746-3100 or email benefits.retirees@alexandriava.gov

# Department of Human Resources
# 2027 Retiree Medical Plan Change Form

**RETIREES WHO DO NOT WISH TO MAKE ANY CHANGES DO NOT NEED TO COMPLETE AND SUBMIT THIS FORM!**

If you are making any changes, complete and return this form by **November 30, 2026**.

## HEALTHCARE PLAN SELECTION – Check the Appropriate Boxes Below

Note: You must submit a separate Medicare Advantage application for the plan selected below. If both the retiree and spouse are enrolling, each person must submit a separate application. Applications are available on Retiree's Corner at https://alexandriava.gov/human-resources/retirees-corner.

| **SECTION 1 – Plan Selection** | **SECTION 2 – Coverage Level Selection** |
|---|---|
| ☐ No change in health plan option | ☐ Retiree |
| ☐ Enroll in Kaiser Permanente Medicare Advantage Plan | ☐ Retiree + Spouse |
| ☐ Enroll in UnitedHealthcare Medicare Advantage PPO Plan | ☐ Spouse Only |
| ☐ Enroll in Medical Insurance Reimbursement Plan* | |
| ☐ Cancel current Medicare Advantage coverage | |

**You must also submit the Retiree Medical Insurance Reimbursement Plan form.*

## AETNA VITAL SAVINGS PROGRAM ELECTION – Check the Appropriate Box Below

| **SECTION 1 – Plan Selection** | **SECTION 2 – Coverage Level Selection** |
|---|---|
| ☐ Enroll in Aetna Vital Savings Program | ☐ Retiree ($2.20/month) |
| ☐ Cancel Aetna Vital Savings Program | ☐ Retiree + 1 or More ($3.75/month) |

## AUTHORIZATION

I certify that the information on this form is accurate and authorize the requested election change(s).

| | |
|---|---|
| **PRINT NAME** | **DATE** |
| **SIGNATURE** | **PHONE NUMBER** |
| **EMAIL** | **DATE OF BIRTH** |

City of Alexandria, Department of Human Resources, Benefits Team

2331 Mill Road, 3rd Floor, Alexandria, VA 22314

703-746-3100 | benefits.retirees@alexandriava.gov

Updated 10/6/2026

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# City of Alexandria
# Retiree Information Form

| | | |
|---|---|---|
| Retiree Name | | |
| Retirement Date | Department Retired from | Sworn staff? Yes ☐ No ☐ |
| SSN | Comments: | |

## Retiree Information

| | | | |
|---|---|---|---|
| Current Address: Street | | | Home Phone |
| City | State | Zip code | Cell Phone |
| Date of Birth | Gender | Marital Status | Email |

## Spouse Information (if Applicable)

| | | | |
|---|---|---|---|
| Spouse Name | | | |
| Current Address: Street | | Same as above ☐ | Home Phone |
| City | State | Zip code | Work/Cell Phone |
| Date of Birth | Gender | SSN | |

## Emergency Contact Information

| | | | |
|---|---|---|---|
| Contact Name | | | |
| Address: Street | | | Phone |
| City | State | Zip code | Relation |

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FOR OFFICE USE ONLY:

Employee ID: _____

**DEPARTMENT OF HUMAN RESOURCES**

2331 Mill Road, Room 301
Alexandria, Virginia 22314
Phone: 703.746.3777

# RETIREE MEDICAL INSURANCE REIMBURSEMENT PLAN

**NAME OF RETIREE** _____
**(PLEASE PRINT)**

**DATE OF BIRTH** _____

**ADDRESS** _____

**TELEPHONE Home:** _____ **Cell:** _____

**EMAIL ADDRESS** _____

**Insurance Plan Name:** _____

**Is your spouse the subscriber? Yes** _____ **No** _____

**Effective date of coverage (Month/Year):** _____

**You must attach at least one of the following as proof of coverage (please check all that apply):**

_____**Statement of monthly premiums from plan carrier, employer, or Medicare.**

_____**Copies of payment coupons and cancelled checks.**

_____**Copies of payroll check stubs reflecting payroll deductions for health insurance coverage.**

**I request to be reimbursed for the cost of healthcare premiums I have paid as shown above. I understand that I must notify the Department of Human Resources immediately if my premiums change or if I am no longer qualified for this program.**

**Date** _____ **Signature** _____

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# NOTICE OF CREDITABLE COVERAGE

## Important Notice from City of Alexandria

## About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Alexandria and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Alexandria has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Alexandria coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current City of Alexandria coverage, be aware that you and your dependents will not be able to get this coverage back.

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**When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with City of Alexandria and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice or Your Current Prescription Drug Coverage…**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Alexandria changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage…**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

| | |
|---|---|
| **Date:** | **July 01, 2026** |
| **Name of Entity/Sender:** | **City of Alexandria** |
| **Contact—Position/Office:** | **Holly Schumann – Deputy Director, DHR** |
| **Office Address:** | **2331 Mill Road, 3rd Floor** |
| | **Alexandria, Virginia 22314** |
| **Phone Number:** | **703 746 3777** |



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