



HEALTH PLAN

October 2024

November is Open Enrollment Month!

It will NOT be necessary for you to come to the Health Plan office - in person - to make any changes during Open Enrollment (OE).

There are three (3) actions you can take during Open Enrollment *and the changes you make will be effective January 1, 2025:*

- 1) Medical Plan
There are 2 medical plans offered: Personal Choice PPO and Keystone HMO, both through Independence Blue Cross. During OE you can change from one medical plan to the other. Forms to change from one plan to another are available on the Health Plan's website at www.local22healthplan.org.
- 2) Dental Plan
There are 2 dental plans offered: a PPO and a DMO, both through Aetna. During OE you can change from one dental plan to the other. Forms to change from one plan to another are available on the Health Plan's website at www.local22healthplan.org.
- 3) Eligible Dependent(s)
You can add your spouse or dependent child(ren) to the Health Plan. The Health Plan's Dependent Form is available on our website at www.local22healthplan.org.

Comparisons of the 2 medical plans and the 2 dental plans, to help you make an informed decision for you and your family, are available on the Health Plan's website at www.local22healthplan.org. Just go to the home page and you'll see the Open Enrollment announcement.

There is 1 prescription drug plan and 1 vision plan, so there are no elections you need to make there.

If you do not wish to change your medical or dental plan, and if you have no changes to your eligible dependents, there is no action required on your part.

If you do make changes, simply fax (215-440-4417) or email (Lclark@iaff22.org or Lfinnerty@iaff22.org) the forms back to the Health Plan. We will confirm receipt of your documents within 24 hours of the next business day. **All forms must be received by November 30th.** IF YOU DO NOT GET CONFIRMATION FROM THE HEALTH PLAN THAT YOUR DOCUMENTS WERE RECEIVED YOU MUST CONTACT US. **WITHOUT CONFIRMATION THAT DOCUMENTS WERE RECEIVED WE WILL NOT GUARANTEE THAT YOUR CHANGES WILL BE MADE FOR JANUARY 1.**



OPEN ENROLLMENT FALL 2024

After reviewing the Open Enrollment materials provided to me by the Health Plan, I wish to make the following plan changes. I understand these changes will be effective for me and (if applicable) my eligible dependents on January 1, 2025

MEDICAL

I am currently enrolled in the Keystone Health Plan East HMO (KHPE) and am changing my enrollment to the Personal Choice PPO (PC)

I am currently enrolled in the Personal Choice PPO (PC) and am changing my enrollment to the Keystone Health Plan East HMO (KHPE)

DENTAL

I am currently enrolled in the Aetna DMO plan and am changing my enrollment to the Aetna PPO plan

I am currently enrolled in the Aetna PPO plan and am changing my enrollment to the Aetna DMO plan**

** I understand that the Aetna DMO Dental plan *does not* include coverage for dental implants.

Name (please print)

PR #

LAST 4 OF SSN

Signature

Date

This form is available on www.local22HealthPlan.org. On the Home Page – scroll down to “FORMS