

Plan Information: CSU's Umbrella Rx Plan (administered by EBMS) is a third-party prescription plan which reimburse out-of-pocket expenses for prescriptions processed through PERACare's Medicare prescription plan (UnitedHealthcare/Optum Rx). Once a claim has been processed, Umbrella Rx will reimburse the cost, minus the following co-pays:

- **Retail Service:** A \$10 co-pay for a retail 31-day supply of each qualifying prescription processed through Optum Rx.
- **Mail Service:** A \$20 co-pay for up to a 90-day supply of each qualifying prescription obtained through the Optum Rx mail service program.

Eligibility: Academic Faculty and Administrative Professional PERA retirees, age 65 or older, with five or more years of CSU service and enrolled in Medicare and PERACare's Medicare Advantage medical plan; and their eligible spouse and dependent(s).

Open Enrollment: You may add or delete eligible dependent(s) during the annual open enrollment period with changes effective January 1st of the following year.

Premiums: Human Resources will bill you for quarterly premiums, due the first of January, April, July and October. You may also pay on a semi-annual or annual basis. Please make checks payable to **Colorado State University** and remit to: **CSU Human Resources, 555 S Howes Street, 6004 Campus Delivery, Fort Collins, CO 80523-6004.**

Medicare Status	Retirees with 10 or more years of CSU service	Retirees with 5 to 9 years of CSU service	Eligible dependents
Enrolled in Medicare (Part A and/or B)	\$0.00 (Paid 100% by CSU)	\$132/quarter	\$132/quarter
Not Enrolled in Medicare	Not eligible	Not eligible	\$297/quarter

Enrollment Information

Retiree:		Last 4 of Social Security #: XXX-XX-_____	
Mailing Address:			
City:	State:	Zip:	
Phone: ()	Birth Date:	Enrolled in Medicare?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

You may enroll your dependent(s) if the plan eligibility requirements are satisfied.

Name	Social Security #	Birth Date	Relationship	Enrolled in Medicare
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that, as is the case with all such programs, The Board of Governors of the Colorado State University System reserves the right to amend or terminate the Umbrella Rx Plan at its sole discretion at any time.

Signature: _____ **Date:** _____

<input checked="" type="checkbox"/> Open Enrollment <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Delete Dependent(s) Change Reason: _____ Premium \$ _____ <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually Effective <u>1/1/2022</u> YOS _____ Posted _____
