



Dear ICUBA Retiree:

ICUBA's Open Enrollment for benefits begins February 25, 2024, and ends March 2, 2024. **If you are not making changes to your benefits, no action is required to maintain your current elections.**

If you are making changes to your benefits, download the Enrollment Changes Form at <https://www.icubabenefits.info/icuba-retirees> and return to Ameriflex at the address below.

Please note, the COBRA form is used for changes to COBRA **and Retiree coverage** at Ameriflex.

To view ICUBA's Annual Notices and for more information about retiree benefits visit ICUBA's iHUB at www.icubabenefits.info.

ICUBA PREMIUM FOR THE PLAN YEAR BEGINNING APRIL 1, 2024

BCBS MEDICAL	COVERAGE TIER	MONTHLY RATES	ANNUAL ENROLLMENT INFORMATION	
PREFERRED PPO PLAN	Individual	\$816.00	<p>During annual enrollment you can make changes to benefits you have already elected, such as switching from one medical insurance plan to another, but you can't make new elections for benefits you are not currently enrolled in.</p> <p>For more information about your rights visit the Department of Labor website online at https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra#employees.</p> <p>To view this document and plan summaries for the 2024-2025 plan year visit ICUBA's iHUB online at www.icubabenefits.info/documents.</p> <p>If you are not making any changes to your current elections, your coverage will carry forward with the new premium in the table to the left effective April 1, 2024.</p> <p>To view your current elections, including your eligibility period login to your Ameriflex account online at myameriflex.com/resources/ or email cobra@myameriflex.com.</p>	
	Individual+Spouse	\$1,740.00		
	Individual+Child(ren)	\$1,471.00		
	Family	\$2,291.00		
HIGH DEDUCTIBLE PPO PLAN	Individual	\$810.00		
	Individual+Spouse	\$1,725.00		
	Individual+Child(ren)	\$1,171.00		
	Family	\$1,960.00		
DELTA DENTAL	COVERAGE TIER	MONTHLY RATES		
PPO BASE PLAN	Individual	\$24.28		
	Individual+1	\$56.43		
	Family	\$93.42		
PPO BUY UP PLAN	Individual	\$42.52		
	Individual+1	\$84.70		
	Family	\$142.44		
HMO PLAN	Individual	\$12.07		
	Individual+1	\$24.20		
	Family	\$37.59		
EYEMED VISION	COVERAGE TIER	MONTHLY RATES		
PPO BASE PLAN	Individual	\$4.83		
	Family	\$12.39		
PPO BUY UP PLAN	Individual	\$7.53		
	Family	\$19.25		

If you have any questions, please contact Ameriflex by calling (888)-868-3539, emailing cobra@myameriflex.com, or by visiting the Ameriflex resource page online at myameriflex.com/resources/.

Warm regards,

The ICUBA Benefits Team
www.icubabenefits.info

Company Name: _____ | Date: _____
 Applicant Name (first, middle, last): _____
 Member ID (which may be your SSN): _____
 Address: _____
 City: _____ | State: _____ | Zip+4: _____ | Tel: _____
 Gender: M F DOB: _____ | Marital Status: Single Married
 HRA Enrolled: Email: _____

APPLICANT COVERAGE

Coverage: Add Remove Decline Keep Same
 Plan Name: Medical _____ | Dental _____ | Vision _____

SPOUSE COVERAGE

Applicant Name (first, middle, last): _____
 Address (if different from applicant): _____
 City: _____ | State: _____ | Zip: _____ | SSN: _____ | DOB: _____
 Coverage: Add Remove Decline Keep Same
 Plan Name: Medical _____ | Dental _____ | Vision _____ | Rx _____

DEPENDENT COVERAGE: Son Daughter

Applicant Name (first, middle, last): _____
 Address (if different from applicant): _____
 City: _____ | State: _____ | Zip: _____ | SSN: _____ | DOB: _____
 Coverage: Add Remove Decline Keep Same
 Plan Name: Medical _____ | Dental _____ | Vision _____ | Rx _____

DEPENDENT COVERAGE: Son Daughter

Applicant Name (first, middle, last): _____
 Address (if different from applicant): _____
 City: _____ | State: _____ | Zip: _____ | SSN: _____ | DOB: _____
 Coverage: Add Remove Decline Keep Same
 Plan Name: Medical _____ | Dental _____ | Vision _____ | Rx _____

I verify that the information given is true and correct.

Applicant Signature

Date

Please mail, fax, or email: Ameriflex COBRA Department 7 Carnegie Plaza, Suite 200, Cherry Hill, NJ 08003
Fax: 609.257.0136 **Email:** COBRA@myameriflex.com