



FACULTY ACTIVE EMPLOYEE GROUP
Medical Plan Election Form
10/1/18 to 9/30/19 Plan Year

INSTRUCTIONS:

Plan changes are only allowed during the regular Open Enrollment period effective October 1 unless you have a mid-year qualifying event and notify the Benefits Office within 31-days of the qualifying event.

Review the plan options available, elect your plan by initialing the box below the plan you are electing then sign and date. **Forms are due to the campus Human Resources Office in order to process in a timely manner.**

Medical Plan Election				
SISC Pool Plans	Anthem PPO	Anthem PPO	Anthem PPO	Kaiser HMO*
	100-A \$20, Rx 5-20	90-G \$20, Rx 7-25	80-G \$30, Rx 7-25	Trad HMO \$10, Rx 10
Medical - Monthly Composite Rate	\$1,500.00	\$1,302.00	\$1,201.00	\$1,175.00
KCCD Contribution	\$1,337.00	\$1,337.00	\$1,337.00	\$1,337.00
Employee Contribution (12 thly) Month	\$163.00	-\$35.00	-\$136.00	-\$162.00
<small>NOTE: Monthly pro-rated for less than 100% FTE</small>				
Click box below to make selection:	Medical Election Initial Box for Elected Plan			
<input type="checkbox"/> Active <u>Faculty</u> EE Group	<input style="width: 100px; height: 20px;" type="text"/> 40818A	<input style="width: 100px; height: 20px;" type="text"/> 40818D	<input style="width: 100px; height: 20px;" type="text"/> 40818E	<input style="width: 100px; height: 20px;" type="text"/> 225543-1037

* Kaiser Enrollees must live or work in Kaiser Service Area to be eligible to enroll. You must submit a Kaiser Enrollment Form with this Election Form

For Pre-tax deduction on premiums you must also complete the pre-tax form and submit

PRINT FULL LEGAL NAME	SIGNATURE	DATE
ADDRESS (Include: City, State & Zip code)	PHONE NUMBER	
EMPLOYEE ID or S.S.N.	CAMPUS	

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Thank you