



**ACTIVE CLASSIFIED, MANAGEMENT AND
CLASSIFIED CONFIDENTIAL EMPLOYEE GROUPS
Medical Plan Election Form**

10/1/2018 to 9/30/2019 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	\$1,302.00	\$1,302.00	\$1,302.00	\$1,302.00
Employee Contribution (12 thly) Month	\$198.00	\$0.00	-\$101.00	-\$127.00

NOTE: Monthly pro-rated for less than 100% FTE

Click box below to select which classification group applies to you:

Active Classified EE Group

Active Management EE Group

**Medical Election
Initial Box for Elected Plan**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40816A	40816B	40816C	225543-1035
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40817A	40817D	40817E	225543-1036

* 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

Forms are due to the campus Human Resources Office in order to process in a timely manner. Thank you