



Faculty Retiree Group 65+ w/ Medicare A & B**

ALL persons enrolled are 65+ with Medicare Parts A & B
Medical Plan Election Form

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 Human Resources Benefits Office as soon as possible in order to be processed in a timely manner.**

Retiree 65+ Medical Plan Election

| SISC Pool Plans | Anthem PPO 100-A \$0, Rx 0-20 EGWP | Anthem PPO 100-G \$20, Rx 0-25 EGWP | Kaiser HMO* Trad HMO \$10, Rx 10 |
|-------------------|--|---|--|
| Single Rate | \$554 | \$526 | \$229 |
| Two-Party Rate | \$1,108 | \$1,052 | \$458 |
| Family Rate | \$1,433 | \$1,359 | |
| KCCD Contribution | \$1,381.00 | \$1,381.00 | \$1,381.00 |

Retiree 65+ Cost Above District Contribution

Single Rate- cost to retiree (on Medicare)

Two-Party Rate - cost to retiree (both Medicare)

Family Rate - cost to retiree (ALL ON MEDICARE)

Click box below for rate that applies to you:

| | | |
|-------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> \$0 | <input type="checkbox"/> \$0 | <input type="checkbox"/> \$0 |
| <input type="checkbox"/> \$0 | <input type="checkbox"/> \$0 | <input type="checkbox"/> \$0 |
| <input type="checkbox"/> \$52 | <input type="checkbox"/> \$0 | N/A |

Click box below to make selection: (ALL must be 65+ w/Medicare A&B)

Faculty Retiree 65+ Group

Retiree 65+ Medical Election - Initial Box for Elected Plan

| | | |
|---------------|---------------|-------------|
| | | |
| 4R001A-63537C | 4R002G-63537C | 225543-0311 |

**** If enrolled in Medicare Parts A & B, you will automatically enroll in Medicare Part D**

* 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

PRINT FULL LEGAL NAME

SIGNATURE

DATE

ADDRESS (Include: City, State & Zip code)

PHONE NUMBER

RETIREE SOCIAL SECURITY NUMBER

RETIREE EMAIL ADDRESS (Optional)

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