



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

ALL persons enrolled are 65+ with Medicare Parts A & B

### 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 nearest campus Human Resources Office available to you in order to process 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	\$225
Two-Party Rate	\$1,108	\$1,052	\$450
Family Rate	\$1,433	\$1,359	\$907
KCCD Contribution	\$1,337.00	\$1,337.00	\$1,337.00

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

Faculty Retiree 65+ Group

**Click box below for rate that applies to you:**

\$0                       \$0                       \$0

\$0                       \$0                       \$0

\$96                       \$22                       N/A

**Retiree 65+ Medical Election - Initial Box for Elected Plan**

40818R	40818V	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)

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