



**CLASSIFIED, MANAGEMENT & CLASS. CONFIDENTIAL**

**Self Paid All Retiree Groups  
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 AND DEPENDENTS UNDER AGE 65**

(At least one person enrolled is under age 65. Enrollees over age 65 must have Medicare Parts A & B but will remain on the under 65 group enrollment)

SISC Pool Plans	Anthem PPO 100-A \$20, Rx 5-20	Anthem PPO 90-G \$20, Rx 7-25	Anthem PPO 80-G \$30, Rx 7-25	Kaiser HMO* Trad HMO \$10, Rx 10
Monthly Composite Rate (12)	\$1,500	\$1,302	\$1,201	\$1,175
Click box below to select which classification group applies to you:				
<input type="checkbox"/> <u>Classified</u> Early Retiree Group	<input type="text"/> 40816M	<input type="text"/> 40816N	<input type="text"/> 40816P	<input type="text"/> 225543-3035
<input type="checkbox"/> <u>Management</u> Early Retiree Group	<input type="text"/> 40817M	<input type="text"/> 40817Q	<input type="text"/> 40817Y	<input type="text"/> 225543-3036

**RETIREE AGE 65+ with MEDICARE PARTS A & B**

(The rates below are applicable if all persons enrolled have Medicare Parts A & B)

SISC Pool Plans	Anthem PPO 100-A \$0, Rx 0-20 EGWP	Anthem PPO 100-G \$20, Rx 0-25 EGWP	Kaiser HMO* Kaiser Senior Advantage
Retiree 65+ Cost Above District Contribution	Click box below for the rate that applies to you:		
Single Rate- cost to retiree (on Medicare)	<input type="checkbox"/> \$554	<input type="checkbox"/> \$526	<input type="checkbox"/> \$225
Two-Party Rate - cost to retiree (both Medicare)	<input type="checkbox"/> \$1,108	<input type="checkbox"/> \$1,052	<input type="checkbox"/> \$450
Family Rate - cost to retiree ( <u>ALL ON MEDICARE</u> )	<input type="checkbox"/> \$1,433	<input type="checkbox"/> \$1,359	<input type="checkbox"/> \$907
KCCD Contribution	\$1,302.00	\$1,302.00	\$1,302.00
Click box below to select which retiree 65+ classification group applies to you: (ALL must be 65+ w/Medicare A&B)			
<input type="checkbox"/> <u>Classified</u> Retiree 65+ Group Number	<input type="text"/> 40816R	<input type="text"/> 40816S	<input type="text"/> 225543-0311
<input type="checkbox"/> <u>Management</u> Retiree 65+ Group Number	<input type="text"/> 40817R	<input type="text"/> 40817V	<input type="text"/> 225543-0311

\*Enrollees must live in Kaiser Senior Advantage Service Area and complete a Kaiser Enrollment Form and a Kaiser Plan Election Form to assign Medicare to Kaiser

**Note: Premium payment for enrollment in coverages above are due by the 1st of each month of coverage**

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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Thank you**