



Self Paid Faculty Retiree 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 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	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
Monthly Composite Rate (12)	\$1,500	\$1,302	\$1,201	\$1,175
Click box below to make selection:				
Early Retiree Medical Election Initial Elected Plan				
<input type="checkbox"/> Faculty Early Retiree Group Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	40818M	40818Q	40818Y	225543-3037

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	Anthem PPO	Kaiser HMO*
Click on box below for tier rate that applies to you:	100-A \$0, Rx 0-20 EGWP	100-G \$20, Rx 0-25 EGWP	Kaiser Senior Advantage
<input type="checkbox"/> Single Rate- cost to retiree (on Medicare)	\$554	\$526	\$225
<input type="checkbox"/> Two-Party Rate - cost to retiree (both Medicare)	\$1,108	\$1,052	\$450
<input type="checkbox"/> Family Rate - cost to retiree (<u>ALL ON MEDICARE</u>)	\$1,433	\$1,359	\$907
KCCD Contribution	\$1,337.00	\$1,337.00	\$1,337.00
Click box below to make selection: (ALL must be 65+ w/Medicare A&B)			
Retiree 65+ with Medicare A&B Medical Election Initial Elected Plan			
<input type="checkbox"/> Faculty Retiree 65+ Group	<input type="text"/>	<input type="text"/>	<input type="text"/>
	40818R	40818V	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	
RETIREE SOCIAL SECURITY NUMBER	RETIREE EMAIL ADDRESS (Optional)	

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