



CLASSIFIED, MANAGEMENT & CLASS. CONFIDENTIAL

**Retiree Groups 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 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*
	100-A \$0, Rx 0-20 EGWP	100-G \$20, Rx 0-25 EGWP	Trad HMO \$10, Rx 10
Single Rate	\$586	\$558	\$220
Two-Party Rate	\$1,172	\$1,116	\$440
Family Rate	\$1,529	\$1,455	N/A
KCCD Contribution	\$1,488.00	\$1,488.00	\$1,488.00

**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 the 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 checked="" type="checkbox"/> \$41	<input checked="" type="checkbox"/> \$0	N/A

**Click box below to select which retiree 65+ classification group applies to you:**  
 (ALL must be 65+ w/Medicare A&B)

**Classified** Retiree 65+ Group  
 **Management** Retiree 65+ Group

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
4R001A-63537L	4R002G-63537L	225543-0311
<input type="text"/>	<input type="text"/>	<input type="text"/>
4R001A-63537M	4R002G-63537M	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

**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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