



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-A \$0, Rx 0-25 EGWP	Kaiser HMO* Trad HMO \$10, Rx 10
Single Rate	\$555	\$543	\$193
Two-Party Rate	\$1,110	\$1,086	\$386
Family Rate	\$1,450	\$1,423	
KCCD Contribution	\$1,463.86	\$1,463.86	\$1,463.86

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"/> \$69	<input type="checkbox"/> \$42	<input type="checkbox"/> 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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