



CLASSIFIED, MANAGEMENT & CLASS. CONFIDENTIAL
Self Paid All Retiree Groups
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 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)	\$1,631	\$1,427	\$1,305	\$1,286
Click box below to select which classification group applies to you:				
<input type="checkbox"/> <u>Classified</u> Early Retiree Group	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	40816M	40816N	40816P	225543-3035
<input type="checkbox"/> <u>Management</u> Early Retiree Group	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	40817M	40817Q	40817Y	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"/> \$586	<input type="checkbox"/> \$558	<input type="checkbox"/> \$220
Two-Party Rate - cost to retiree (both Medicare)	<input type="checkbox"/> \$1,172	<input type="checkbox"/> \$1,116	<input type="checkbox"/> \$440
Family Rate - cost to retiree (<u>ALL ON MEDICARE</u>)	<input type="checkbox"/> \$1,529	<input type="checkbox"/> \$1,455	<input type="checkbox"/> N/A

Retiree 65+ with Medicare A&B Medical Election		
Initial Box for Elected Plan		
<input type="checkbox"/> <u>Classified</u> Retiree 65+ Group Number	<input type="text"/>	<input type="text"/>
	4R001A-6353L	4R002G-63537L
<input type="checkbox"/> <u>Management</u> Retiree 65+ Group Number	<input type="text"/>	<input type="text"/>
	4R001A-63537M	4R002G-63537M

*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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