



**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	<b>Anthem PPO</b> 100-A \$20, Rx 5-20	<b>Anthem PPO</b> 90-G \$20, Rx 7-25	<b>Anthem PPO</b> 80-G \$30, Rx 7-25	<b>Kaiser HMO*</b> Trad HMO \$10, Rx 10
Monthly Composite Rate (12)	\$1,719	\$1,512	\$1,377	\$1,341
<b>Click box below to select which classification group applies to you:</b>				
<input type="checkbox"/> <b>Classified</b> Early Retiree Group	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	40816M	40816N	40816P	225543-3035
<input type="checkbox"/> <b>Management</b> 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	<b>Anthem PPO</b> 100-A \$0, Rx 0-20 EGWP	<b>Anthem PPO</b> 100-A \$20, Rx 0-25 EGWP	<b>Kaiser HMO*</b> Kaiser Senior Advantage
Retiree 65+ Cost Above District Contribution	<b>Click box below for the rate that applies to you:</b>		
Single Rate- cost to retiree (on Medicare)	<input type="checkbox"/> \$555	<input type="checkbox"/> \$543	<input type="checkbox"/> \$193
Two-Party Rate - cost to retiree (both Medicare)	<input type="checkbox"/> \$1,110	<input type="checkbox"/> \$1,086	<input type="checkbox"/> \$386
Family Rate - cost to retiree ( <u>ALL ON MEDICARE</u> )	<input type="checkbox"/> \$1,450	<input type="checkbox"/> \$1,423	<input type="checkbox"/> N/A

**Retiree 65+ with Medicare A&B Medical Election**  
 Initial Box for Elected Plan

<input type="checkbox"/> <b>Classified</b> Retiree 65+ Group Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4R001A-6353L	4R002G-63537L	225543-0311
<input type="checkbox"/> <b>Management</b> Retiree 65+ Group Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4R001A-63537M	4R002G-63537M	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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