



CLASSIFIED RETIREES 65+ w/MEDICARE A & B

(All persons enrolled are 65+ with Medicare A & B)

Open Enrollment

Medical Plan Election Form

November 1, 2017 - September 30, 2018 Plan Year

INSTRUCTIONS:

PLEASE NOTE: Form MUST be returned to KCCD District Benefits Office, Human Resources (benefitsDOHR@kccd.edu) on or before September 25, 2017. These changes will be effective November 1, 2017.

Review the medical plan options below, select your medical plan option, then sign and date the form.
Scan and email the signed form to benefitsDOHR@kccd.edu.

Medical Plan Election				
SISC Pool Plans	Anthem PPO	Anthem PPO	Anthem PPO	Kaiser HMO*
Effective November 1, 2017	100-A \$20, Rx 5-20	90-G \$20, Rx 7-25	80-G \$30, Rx 7-25	Kaiser Senior Advantage Rx 10
Single Premium Rate	\$653	\$608	\$608	\$205
Two-Party Premium Rate	\$1,306	\$1,216	\$1,216	\$410
Family Premium Rate	\$1,625	\$1,514	\$1,514	\$866
KCCD Contribution	\$1,302.00	\$1,302.00	\$1,302.00	\$1,302.00
Retiree Cost Above KCCD Contribution				
Single Rate- cost to retiree	\$0	\$0	\$0	\$0
Two-Party Rate - cost to retiree (both Medicare)	\$4	\$0	\$0	\$0
Family Rate - cost to retiree (all Medicare)	\$323	\$212	\$212	N/A
Note: Cost share for rates above KCCD Contribution is due by the first of the month of coverage beginning.				
Medical Election - Initial Elected Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Classified RETIREE 65+ Group Number	40816R	40816S	40816T	225543-0311

Circle which tiered rate below applies to your plan:

*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

PRINT FULL LEGAL NAME

SIGNATURE

DATE

ADDRESS

PHONE

RETIREE SOCIAL SECURITY NUMBER

EMAIL

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