



CLASSIFIED DISTRICT PAID EARLY RETIREES
 (Retirees with at least one person under the age 65)
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	Trad HMO Rx 10
Medical - Monthly Composite Rate	\$1,512.00	\$1,302.00	\$1,210.00	\$1,201.00
KCCD Monthly Contribution	\$1,302.00	\$1,302.00	\$1,302.00	\$1,302.00
Employee Monthly Contribution (12 months)	\$210.00	\$0.00	\$0.00	\$0.00
NOTE: Monthly pro-rated for less than 100% FTE				
Medical Election - Initial Elected Plan				
Classified Early Retiree Group Number	40816M	40816N	40816P	225543-3035

* 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

For Pre-tax deduction on premiums you must also complete the Salary Redirection/Reduction form and submit

 PRINT FULL LEGAL NAME

 SIGNATURE

 DATE

 ADDRESS

 PHONE

 RETIREE SOCIAL SECURITY #

 EMAIL

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