



ACTIVE CLASSIFIED EMPLOYEES
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	-\$92.00	-\$101.00
NOTE: Monthly pro-rated for less than 100% FTE				
Medical Election - Initial Elected Plan				
Active Classified Group Number	40816A	40816B	40816C	225543-1035

* 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

 EMAIL

 EMPLOYEE ID #

 CAMPUS

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