



**FACULTY
ACTIVE EMPLOYEES
Medical Plan Election Form
October 1, 2017 - September 30, 2018 Plan Year**

INSTRUCTIONS:

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 October 1, 2017	100-A \$20, Rx 5-20	90-G \$20, Rx 7-25	80-G \$30, Rx 7-25	Trad HMO \$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
<small>NOTE: Monthly pro-rated for less than 100% FTE</small>				
Medical Election - Initial Elected Plan	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Faculty Group Number	40818A	40818D	40818E	225543-1037

* 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	