



FACULTY - RETIREES 65+ w/MEDICARE A & B
 (All persons enrolled are 65+ with Medicare A & B)
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		Kaiser Senior Advantage
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
Circle which tiered rate below applies to your plan:							
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 October 1, 2017							
Medical Election - Initial Elected Plan	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Faculty RETIREE 65+ Group Number	40818R		40818V		40818W		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

 PRINT FULL LEGAL NAME

 SIGNATURE

 DATE

 ADDRESS

 PHONE

 RETIREE SOCIAL SECURITY NUMBER

 EMAIL