



FACULTY - SELF PAID RETIREES

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.

RETIREE AND DEPENDENTS UNDER AGE 65
 (At least one person enrolled is under age 65. Enrollees over age 65 must have Medicare Parts A & B but will remain on the under 65 group enrollment)

SISC Pool Plans	Anthem PPO	Anthem PPO	Anthem PPO	Kaiser HMO* Trad HMO \$10,
Effective October 1, 2017	100-A \$20, Rx 5-20	90-G \$20, Rx 7-25	80-G \$30, Rx 7-25	Rx 10
Monthly Composite Rate (12)	\$1,512.00	\$1,302.00	\$1,210.00	\$1,201
Medical Election - Initial Elected Plan				
Faculty EARLY RETIREE Group Number	40818M	40818Q	40818Y	252543-3037

RETIREE AGE 65+ with MEDICARE PARTS A & B
 (The rates below are applicable if all persons enrolled have Medicare Parts A & B)

SISC Pool Plans	Anthem PPO	Anthem PPO	Anthem PPO	Kaiser HMO* Trad HMO \$10,
Circle which tiered rate below applies to your plan.	100-A \$20, Rx 5-20	90-G \$20, Rx 7-25	80-G \$30, Rx 7-25	Rx 10
Single Rate	\$653	\$608	\$608	\$205
Two-Party Rate	\$1,306	\$1,216	\$1,216	\$410
Family Rate	\$1,625	\$1,514	\$1,514	\$866
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 under age 65 must complete a Kaiser Enrollment Form. For retirees or dependents over age 65 with Medicare 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

Retirees 65+ with Medicare Parts A & B interested in a Medicare Supplemental Plan - Companion Care, please contact HR for details.

Note: Premium payment for enrollment in coverages above is due by the 1st of the month of coverage beginning October 1, 2017.

PRINT FULL LEGAL NAME	SIGNATURE	DATE
ADDRESS	PHONE	