



**MANAGEMENT and CLASSIFIED CONFIDENTIAL 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](mailto: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
<b>Circle which tiered rate below applies to your plan:</b>				
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
<b>Note: Cost share for rates above KCCD Contribution is due by the first of the month of coverage beginning October 1, 2017</b>				
<b>Medical Election - Initial Elected Plan</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mgmt and Classified Conf. RETIREE 65+ Group Number	40817R	40817V	40817W	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