



**MANAGEMENT and CLASSIFIED CONFIDENTIAL
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, Rx 10 |
| Effective October 1, 2017 | 100-A \$20, Rx 5-20 | 90-G \$20, Rx 7-25 | 80-G \$30, Rx 7-25 | |
| Monthly Composite Rate (12) | \$1,512.00 | \$1,302.00 | \$1,210.00 | \$1,201 |
| Medical Election - Initial Elected Plan | | | | |
| Mgmt & Classified Conf EARLY RETIREE Group Number | 40817M | 40817Q | 40817Y | 252543-3036 |

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, Rx 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 | |
| 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"/> |
| Mgmt & Classified Conf. RETIREE 65+ Group Number | 40817R | 40817V | 40817W | 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