

PRINT FULL LEGAL NAME

Faculty Retiree Group 65+ w/ Medicare A & B**

ALL persons enrolled are 65+ with Medicare Parts A & B

Medical Plan Election Form

INSTRUCTIONS:

Plan changes are only allowed during the regular Open Enrollment period effective October 1 unless you have a mid-year qualifying event and notify the Benefits Office within 31-days of the qualifying event.

Review the plan options available, elect your plan by initialing the box below the plan you are electing then sign and date. Forms are due to Human Resources Benefits Office as soon as possible in order to be processed in a timely manner.

Retiree 65+ Medical Plan Election				
SISC Pool Plans	Anthem PPO	Anthem PPO	Kaiser HMO*	
	100-A \$0,	100-A \$0,	Trad HMO \$10,	
	Rx 0-20 EGWP	Rx 0-25 EGWP	Rx 10	
Single Rate	\$608	\$596	\$188	
Two-Party Rate	\$1,216	\$1,192	\$376	
Family Rate	\$1,605	\$1,578	\$901	
KCCD Contribution	\$1,739.44	\$1,739.44	\$1,739.44	
Retiree 65+ Cost Above District Contribution	Click box	Click box below for rate that applies to you:		
Single Rate- cost to retiree (on Medicare)	\$0	\$0	\$0	
Two-Party Rate - cost to retiree (both Medicare)	\$0	\$0	\$ 0	
Family Rate - cost to retiree (<u>ALL ON MEDICARE</u>)	\$0	\$0	N/A	
Click box below to make selection: (ALL must be 65+ w/Medicare A&B)	Retiree 65+ Medical Election - Initial Box for Elected Plan			
Faculty Retiree 65+ Group				
	4R001A-63537C	4R002G-63537C	225543-0311	
** If enrolled in Medicare Parts A & B, you will automatically enroll in Medicare Part D				
* 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				

RETIREE SOCIAL SECURITY NUMBER	RETIREE EMAIL ADDRESS (Optional)
Forms are due to Human Resources Benefits Office	as soon as possible in order to be processed in a
timely ma	anner.

ADDRESS (Include: City, State & Zip code)

SIGNATURE

DATE

PHONE NUMBER

RETIREE EMAIL ADDRESS (Optional)