



# Self Paid Faculty Retiree Group 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 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*             |
|                             | 100-A \$20,<br>Rx 5-20 | 90-G \$20,<br>Rx 7-25 | 80-G \$30,<br>Rx 7-25 | Trad HMO \$10,<br>Rx 10 |
| Monthly Composite Rate (12) | \$1,762                | \$1,551               | \$1,413               | \$1,423                 |

Click box below to make selection:

#### Early Retiree Medical Election - Initial Elected Plan

|   |                                |                                |                                |                                     |
|---|--------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Faculty Early Retiree Group Number | <input type="text"/><br>40818M | <input type="text"/><br>40818Q | <input type="text"/><br>40818Y | <input type="text"/><br>225543-3037 |
|---|--------------------------------|--------------------------------|--------------------------------|-------------------------------------|

### 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                       | Kaiser HMO*                    |
| Click on box below for tier rate that applies to you:                     | 100-A \$0,<br>Rx 0-20 EGWP       | 100-A \$20,<br>Rx 0-25 EGWP      | Kaiser Senior<br>Advantage     |
| <input type="checkbox"/> Single Rate- cost to retiree (on Medicare)       | <input type="checkbox"/> \$608   | <input type="checkbox"/> \$596   | <input type="checkbox"/> \$188 |
| <input type="checkbox"/> Two-Party Rate - cost to retiree (both Medicare) | <input type="checkbox"/> \$1,216 | <input type="checkbox"/> \$1,192 | <input type="checkbox"/> \$376 |
| <input type="checkbox"/> Family Rate - cost to retiree (ALL ON MEDICARE)  | <input type="checkbox"/> \$1,605 | <input type="checkbox"/> \$1,578 |                                |

Click box below to make selection: (ALL must be 65+ w/Medicare A&B)

#### Retiree 65+ with Medicare A&B Medical Election Initial Elected Plan

|  |                                       |                                       |                                     |
|--|---------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Faculty Retiree 65+ Group | <input type="text"/><br>4R001A-63537C | <input type="text"/><br>4R002G-63537C | <input type="text"/><br>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

**Note: Premium payment for enrollment in coverages above are due by the 1st of each month of coverage**

PRINT FULL LEGAL NAME

SIGNATURE

DATE

ADDRESS (include: City, State & Zip Code)

PHONE

RETIREE SOCIAL SECURITY NUMBER

RETIREE EMAIL ADDRESS (Optional)

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