

Effective October 1, 2020 thru September 30, 2021, Retirees and Spouses over 65 with Medicare A/B may choose from one (1) Kaiser Permanente Senior Advantage plan (KPSA) or two (2) Blue Shield PPO options. (Retirees/Spouses under 65 must complete a different election form.) Your choices are listed below.

NOTE - If Retiree is over 65 w/Medicare A/B, but spouse or dependent(s) are still UNDER 65, all parties must remain on an 'UNDER 65' plan (Co-Premium may apply.)

Review the information packet provided for each plan for details, limitations and exclusions to help you choose the benefits that best meet the needs of you and/or your family. Please make your choice by checking the box and initialing under the plan in which you wish to enroll.

If you are not making any changes, you do not need to return this form.

SELECT PLAN(S) FROM CHOICES BELOW

MEDICAL PLAN OPTIONS - ACTION REQUIRED

Medical Plan:

Calendar Year Individual/Family Deductible(s):
Calendar Year Co-Insurance Maximum:
Office Visit Co-Pay & B.S. Behavioral Hlth Co-Pay
Treatment Co-Insurance after deductible is met:
Prescription - Retail
Retail Network (up to 30 day supply)
Retail Out-of-Network (10 day supply)
Retail Network (extended supply 31-60 days)
Retail Network (extended supply 61-90 days)
Network Mail Order (up to 90 days)
Deductible (Brand Name Drugs ONLY)

Other information:

KPSA - Senior Advantage	
	Not Applicable
	Med/RX: \$1,500/\$3,000
	\$30 Co-Pay
	Not Applicable
	Kaiser Pharmacy Only
	\$10 Generic / \$30 Brand
	n/a
	\$10 Generic / \$30 Brand
	\$10 Generic / \$30 Brand
	\$10 Generic / \$30 Brand
	Not Applicable
	Includes Vision Coverage

Blue Shield 100-G \$20 CoPay	
	\$500 / \$1,000
	Med \$1,000/\$3,000
	\$20 Co-Pay
	No Charge After Deductible
	Medicare Part D:
	\$0 Generic / \$ 35 Brand
	\$0 Generic / \$ 35 Brand
	\$0 Generic / \$ 70 Brand
	\$0 Generic / \$105 Brand
	\$0 Generic / \$ 90 Brand
	\$200 Single / \$500 Family
	\$0 Generic available at all participating pharmacies

Blue Shield 100-A \$0 CoPay	
	None
	Med \$1,000/\$3,000
	\$0 Co-Pay
	No Charge
	Medicare Part D:
	\$0 Generic / \$ 35 Brand
	\$0 Generic / \$ 35 Brand
	\$0 Generic / \$ 70 Brand
	\$0 Generic / \$105 Brand
	\$0 Generic / \$ 90 Brand
	\$200 Single / \$500 Family
	\$0 Generic available at all participating pharmacies

MONTHLY PREMIUM

☐ Refer to Retiree Rate Sheet
CK & INITIAL

☐ Monthly: \$0.00 single & 2-party
CK & INITIAL

☐ Monthly: \$16.00 single, \$32.00 2-party
CK & INITIAL

IMPORTANT! If you are changing from Kaiser to Blue Shield OR from Blue Shield to Kaiser, you must also complete the corresponding enrollment form.

DENTAL & VISION OPTIONS

If you are not already signed up for Vision or Dental, you may NOT enroll now.

If you wish to **change** dental plans, please mark your selection here.

If you wish to **remove/add** a dependent, a SISC III CHANGE FORM is also required.

VSP Vision Plan	
CK	www.vsp.com
<input type="checkbox"/>	Single - \$12.40/month
<input type="checkbox"/>	2-Party - \$24.80/month
<input type="checkbox"/>	Family - \$37.20/month

Delta Dental Premier/Incentive	
CK	www.deltadentalins.com
<input type="checkbox"/>	Single - \$62.20/month
<input type="checkbox"/>	2 Party - \$125.00/month
<input type="checkbox"/>	Family - \$182.40/month

Delta Dental PPO Plan	
CK	www.deltadentalins.com
<input type="checkbox"/>	Single - \$57.00/month
<input type="checkbox"/>	2-Party - \$114.00/month
<input type="checkbox"/>	Family - \$150.00/month

Retiree and Covered Participants

PRINT PLEASE

Retiree Name: _____ DOB: _____ SSN: _____

Medicare A/B Effective: _____ Age: _____

PRINT PLEASE

Spouse Name: _____ DOB: _____ SSN: _____

Medicare A/B Effective: _____ Age: _____

PRINT PLEASE

Dependent Name: _____ DOB: _____ SSN: _____

Medicare A/B Effective: _____ Age: _____

Documentation is required for enrollment of dependents: Marriage certificate for Spouse, Birth certificate for children.

I understand that the only time that I may change from one plan to another plan is during the district's designated Open Enrollment Period for an effective date of October 1. If I gain a new dependent (i.e. marriage, birth or adoption), I can add those dependents by completing a SISC Membership Change Form within 31 days of event date, provide proper documentation, and submit to the YCCD Benefits Office.

IMPORTANT! >>

**THIS FORM IS ONLY FOR RETIREE
(+ SPOUSE/DEP) OVER AGE 65
with Medicare A & B**

PRINT NAME

SIGNATURE

☐ Classified
☐ Management
☐ Faculty

DATE

You will not receive new cards unless you are changing health plans. Please contact the customer service number on your ID card to order additional ID cards. You do not receive cards for Dental or Vision.

This form will be placed in your personnel file.