

Retiree/Dependents - Under 65* Election Form

(*Includes Retiree with Medicare A/B with a spouse or dependent without Medicare A/B)

Effective October 1, 2020 thru September 30, 2021, **EMPLOYEES (Retirees?)** may choose between one (1) Kaiser HMO and four (4) Blue Shield PPO medical options. Your choices are listed below. You should 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 you wish to enroll.

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

MEDICAL PLAN OPTIONS - ACTION REQUIRED

SELECT A PLAN FROM CHOICES BELOW

Medical Plan:

Calendar Year Individual/Family Deductible(s):

Calendar Year Co-Insurance Maximum:

Office Visit Co-Pay & B.S. Behavioral Health Co-Pay

Treatment Co-Insurance after deductible is met:

Prescription - Retail

Prescription Drug/Calendar Year/Brand Name

Deductible- Not Applicable to Generic Drugs

MONTHLY PREMIUM

Kaiser HMO	
604352-0132/0034/0033	
Not Applicable	
Med/RX: \$1,500/\$3,000	
\$30 Co-Pay	
Not Applicable	
\$10 Generic / \$30 Brand	
Not Applicable	

Refer to Retiree Rate Sheet

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This form is NOT for retirees when
ALL parties are Medicare A/B eligible

**If changing from Kaiser to Blue Shield,
or Blue Shield to Kaiser,
you must also complete the appropriate
enrollment form.**

Blue Shield PPO 80%-G Plan	
SISC - 0P021004/005/006	
\$500 / \$1,000	
Med \$2,000/\$4,000, Rx \$2,500/\$3,500	
\$30 Co-Pay	
20% after deductible	
\$10 Generic / \$35 Brand	
\$200 Single / \$500 Family (January 1 thru December 31)	

Refer to Retiree Rate Sheet

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Medical Plan:

Calendar Year Individual /Family Deductible(s):

Calendar Year Co-Insurance Maximum:

Office Visit Co-Pay & B.S. Behavioral Health Co-Pay

Treatment Co-Insurance after deductible is met:

Prescription - Retail

Prescription Drug/Calendar Year/Brand Name

Deductible- Not applicable to Generic Drugs

MONTHLY PREMIUM

Blue Shield PPO 80%-C	
SISC BSC - 0P031004/005/006	
\$200 / \$500	
Med \$1,000/\$3,000, Rx \$2,500/\$3,500	
\$20 Co-Pay	
20% after deductible	
\$10 Generic / \$35 Brand	
\$200 Single / \$500 Family (January 1 thru December 31)	

Refer to Retiree Rate Sheet

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Blue Shield PPO 90%-G	
SISC BSC - 0P041004/005/006	
\$500 / \$1,000	
Med \$1,000/\$3,000, Rx \$2,500/\$3,500	
\$20 Co-Pay	
10% after deductible	
\$9 Generic / \$35 Brand	
Not Applicable	

Refer to Retiree Rate Sheet

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Blue Shield PPO 100%-D	
SISC BSC - 0P011004/005/006	
\$300 / \$600	
Med \$1,000/\$3,000, Rx \$2,500/\$3,500	
\$30 Co-Pay	
No Charge after deductible	
\$10 Generic / \$35 Brand	
\$200 Single / \$500 Family (January 1 thru December 31)	

Refer to Retiree Rate Sheet

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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,

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 - \$174.40/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

a SISC III CHANGE FORM is also required.

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.

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

PRINT NAME

SIGNATURE

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Classified

Management

Faculty

SOCIAL SECURITY NUMBER

DATE

After enrollment changes, you will receive new ID cards in the mail. Please contact the customer service number on your ID card to order additional ID cards.

This form will be placed in your personnel file.

2020-21 Under 65 OE Election Form 10/01/2020