

Yosemite Community College District

RETIREE Plan Election Form - ALL OVER 65

Effective October 1, 2021 thru September 30, 2022, Retirees and Spouses over 65 with Medicare A/B may choose from one Kaiser Permanente Senior Advantage plan (KPSA) or three 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:	Kaiser (KPSA) - Senior Advantage	Blue Shield 100-A \$20 CoPay; RX \$200/\$0-35	Blue Shield 100-A \$0 CoPay; Rx \$0-35	Blue Shield CompanionCare
Calendar Year Individual/Family Deductible(s):	Not Applicable	\$500 / \$1,000	None	None
Calendar Year Co-Insurance Maximum:	Med/RX: \$1,500/\$3,000	Med \$1,000/\$3,000	Med \$1,000/\$3,000	See Plan Sheet
Office Visit Co-Pay & B.S. Behavioral Hlth Co-Pay	\$30 Co-Pay	\$20 Co-Pay	\$0 Co-Pay	See Plan Sheet
Treatment Co-Insurance after deductible is met:	Not Applicable	No Charge After Deductible	No Charge	See Plan Sheet
Prescription - Retail	Kaiser Pharmacy Only	Medicare Part D:	Medicare Part D:	Medicare Part D:
Retail Network (30-90 day supply)	\$10 Generic / \$30 Brand	\$0 Generic / \$ 35 Brand	\$0 Generic / \$35-105 Brand	See Plan Sheet
Retail Out-of-Network (10 day supply)	n/a	\$0 Generic / \$ 35 Brand	\$0 Generic / \$ 35 Brand	See Plan Sheet
Network Mail Order (up to 90 days)	\$10 Generic / \$30 Brand	\$0 Generic / \$ 90 Brand	\$0 Generic / \$ 90 Brand	See Plan Sheet
Deductible (Brand Name Drugs ONLY)	Not Applicable	\$200 Single / \$500 Family	None	See Plan Sheet
Other information:	Includes Vision Coverage	\$0 Generic available at all participating pharmacies	\$0 Generic available at all participating pharmacies	\$0 Generic available at all participating pharmacies
MONTHLY PREMIUM	<input type="checkbox"/> Refer to Retiree Rate Sheet CK & INITIAL	<input type="checkbox"/> Refer to Retiree Rate Sheet CK & INITIAL	<input type="checkbox"/> Refer to Retiree Rate Sheet CK & INITIAL	<input type="checkbox"/> Refer to Retiree Rate Sheet 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.	VSP Vision Plan	Delta Dental Premier/Incentive Plan	Delta Dental PPO Plan	If you wish to remove/add a dependent, a SISC III CHANGE FORM is also required.
CK <input type="checkbox"/>	www.vsp.com	CK <input type="checkbox"/> www.deltadentalins.com	CK <input type="checkbox"/> www.deltadentalins.com	
If you wish to change dental plans, please mark your selection here.	<input type="checkbox"/> Single - \$12.40/month	<input type="checkbox"/> Single - \$62.20/month	<input type="checkbox"/> Single - \$57.00/month	
	<input type="checkbox"/> 2-Party - \$24.80/month	<input type="checkbox"/> 2-Party - \$125.00/month	<input type="checkbox"/> 2-Party - \$114.00/month	
	<input type="checkbox"/> Family - \$37.20/month	<input type="checkbox"/> Family - \$174.40/month	<input type="checkbox"/> Family - \$150.00/month	

Retiree and Covered Participants

PRINT PLEASE

Retiree Name: _____ DOB: _____ SSN: _____
Medicare A/B Eff: _____ Age: _____

PRINT PLEASE

Spouse Name: _____ DOB: _____ SSN: _____
Medicare A/B Eff: _____ Age: _____

PRINT PLEASE

Dependent Name: _____ DOB: _____ SSN: _____
Medicare A/B Eff: _____ 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.