

RETIREE Plan Election Form - ALL OVER 65

Effective October 1, 2018 thru September 30, 2019, Retirees and Spouses over 65 with Medicare A/B may choose 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 AB, but spouse or dependent(s) are still UNDER 65, all parties must remain on an UNDER 65 plan.

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.

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 31-60days)
Retail Network (extended supply 61-90 days)
Network Mail Order (up to 90 days)
Deductible (Brand Name Drugs ONLY)

Other information:

MONTHLY PREMIUM

Kaiser HMO 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

Refer to Retiree Rate Sheet

Blue Shield 100-G \$20 CoPay Formerly 80G & 80-C Plans

\$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

Refer to Retiree Rate Sheet

Blue Shield 100%-A \$0 CoPay Formerly 90% & 100-D% plan

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
\$0 Generic available at all participating pharmacies

Refer to Retiree Rate Sheet

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

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

If you wish to **remove/add** a member a SISC CHANGE FORM is required.

VSP Vision Plan

CK www.vsp.com
Single - \$12.40/month
2 Party - \$24.80/month
Family - \$37.20/month

Delta Dental Premier/Incentive

CK www.deltadentalins.com
Single - \$ 64.00/month
2 Party - \$128.00/month
Family - \$168.00/month

Delta Dental PPO Plan

CK www.deltadentalins.com
Single - \$ 60.00/month
2 Party - \$120.00/month
Family - \$158.00/month

Retiree and Covered Participants

PRINT PLEASE

Retiree Name: _____ DOB: _____ SSN: _____

PRINT PLEASE

Spouse Name: _____ DOB: _____ SSN: _____

PRINT PLEASE

Dependent Name: _____ DOB: _____ SSN: _____

Age: _____

Age: _____

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 and does not need to be sent to SISC.