

Effective October 1, 2019 thru September 30, 2020, 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. (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:	KPSA - Senior Advantage	Blue Shield 100-G \$20 CoPay	Blue Shield 100-A \$0 CoPay
Calendar Year Individual /Family Deductible(s):	Not Applicable	\$500 / \$1,000	None
Calendar Year Co-Insurance Maximum:	Med/RX: \$1,500/\$3,000	Med \$1,000/\$3,000	Med \$1,000/\$3,000
Office Visit Co-Pay & B.S.Behavioral Hlth Co-Pay	\$30 Co-Pay	\$20 Co-Pay	\$0 Co-Pay
Treatment Co-Insurance after deductible is met:	Not Applicable	No Charge after deductible	No Charge
Prescription - Retail	Kaiser Pharmacy Only	Medicare Part D:	Medicare Part D:
Retail Network (up to 30 day supply)	\$10 Generic / \$30 Brand	\$0 Generic / \$ 35 Brand	\$0 Generic / \$ 35 Brand
Retail Out of Network (10 day supply)	n/a	\$0 Generic / \$ 35 Brand	\$0 Generic / \$ 35 Brand
Retail Network (extended supply 31-60days)	\$10 Generic / \$30 Brand	\$0 Generic / \$ 70 Brand	\$0 Generic / \$ 70 Brand
Retail Network (extended supply 61-90 days)	\$10 Generic / \$30 Brand	\$0 Generic / \$105 Brand	\$0 Generic / \$105 Brand
Network Mail Order (up to 90 days)	\$10 Generic / \$30 Brand	\$0 Generic / \$ 90 Brand	\$0 Generic / \$ 90 Brand
Deductible (Brant Name Drugs ONLY)	Not Applicable	\$200 single / \$500 family	\$200 single / \$500 family
Other information:	Includes Vision Coverage	\$0 Generic available at all participating pharmacies	\$0 Generic available at all participating pharmacies
MONTHLY PREMIUM	<input type="checkbox"/> Refer to Retiree Rate Sheet <div style="text-align: center;">CK & INITIAL</div>	<input type="checkbox"/> Monthly: \$0.00 single & 2 party <div style="text-align: center;">CK & INITIAL</div>	<input type="checkbox"/> Monthly: \$16.00 single, \$32.00 2-party <div style="text-align: center;">CK & INITIAL</div>

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	Delta Dental PPO Plan
CK <input type="checkbox"/> www.vsp.com 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.	CK <input type="checkbox"/> Single - \$12.40/month <input type="checkbox"/> 2 Party - \$24.80/month <input type="checkbox"/> Family - \$37.20/month	CK <input type="checkbox"/> www.deltadentalins.com Single - \$ 65.20/month 2 Party - \$131.00/month Family - \$182.40/month	CK <input type="checkbox"/> www.deltadentalins.com Single - \$ 60.00/month 2 Party - \$120.00/month Family - \$158.00/month

Retiree and Covered Participants

PRINT PLEASE Retiree Name: _____ PRINT PLEASE Spouse Name: _____ PRINT PLEASE Dependent Name: _____	DOB: _____ Medicare A/B Effective: _____ DOB: _____ Medicare A/B Effective: _____ DOB: _____ Medicare A/B Effective: _____	SSN: _____ Age: _____ SSN: _____ Age: _____ SSN: _____ Age: _____
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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! >>

PRINT NAME _____ SIGNATURE _____	<div style="display: flex; align-items: center;"> <input type="checkbox"/> Classified <input type="checkbox"/> Management <input type="checkbox"/> Faculty </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> THIS FORM IS ONLY FOR RETIREE (+ SPOUSE/DEP) OVER AGE 65 with Medicare A & B </div> <div style="text-align: right; margin-top: 10px;"> DATE _____ </div>
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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.