

**RETIREE Plan Election Form**

Effective October 1, 2017 thru September 30, 2018, 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 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. Behaviors/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 Not Applicable Med/RX: \$1,500/\$3,000 \$30 Co-Pay Not Applicable \$10 Generic / \$30 Brand Not Applicable Refer to Retiree Rate Sheet <input type="checkbox"/> Initial	NOTE: if you are changing from Kaiser to Blue Shield or from Blue Shield to Kaiser - you must also complete the corresponding enrollment form (available on our website).	Blue Shield PPO 80%-G Plan \$500 / \$1,000 Med \$2,000/\$4,000, Rx \$2,500/\$5,000 \$30 Co-Pay 20% after deductible \$10 Generic / \$35 Brand \$200 Single / \$500 Family (January 1 thru December 31) Refer to Retiree Rate Sheet <input type="checkbox"/> Initial
Medical Plan: Calendar Year Individual/Family Deductible(s): Calendar Year Co-insurance Maximum: Office Visit Co-Pay & B.S. Behaviors/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 \$200 / \$500 Med \$1,000/\$3,000, Rx \$2,500/\$5,000 \$20 Co-Pay 20% after deductible \$10 Generic / \$35 Brand \$200 Single / \$500 Family (January 1 thru December 31) Refer to Retiree Rate Sheet <input type="checkbox"/> Initial	Blue Shield PPO 80%-G \$500 / \$1,000 Med \$1,000/\$3,000, Rx \$2,500/\$5,000 \$20 Co-Pay 10% after deductible \$9 Generic / \$35 Brand Not Applicable Refer to Retiree Rate Sheet <input type="checkbox"/> Initial	Blue Shield PPO 100%-D \$300 / \$800 Med \$1,000/\$3,000, Rx \$2,500/\$5,000 \$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 <input type="checkbox"/> Initial
DENTAL & VISION OPTIONS			
If you wish to change dental plans, please complete the SISC III Change Form available on the Benefits WebSite.	VSP Vision Plan www.vsp.com Single - \$12.40/month 2 Party - \$24.80/month Family - \$37.20/month	Delta Dental Premier/Incentive www.deltadentalins.com Single - \$84.00/month 2 Party - \$128.00/month Family - \$168.00/month	Delta Dental PPO Plan www.deltadentalins.com Single - \$80.00/month 2 Party - \$120.00/month Family - \$158.00/month
Retiree and Covered Participants			

Retiree Name: _____ DOB: _____ SSN: _____
Spouse Name: _____ DOB: _____ SSN: _____
Dependent Name: _____ DOB: _____ SSN: _____

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.

PRINT NAME	<input type="checkbox"/> Classified <input type="checkbox"/> Management <input type="checkbox"/> Faculty	DATE
SIGNATURE		

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.

02/01/17-18 plan election RETIRED.pdf rev 07/26/2017