



Retiree Plan Election Form (Medicare Eligible)

Classification: CSEA 262 CSEA 651 Auxiliary Confidential Management Executive

Benefit Year: October 1, 2023 – September 30, 2024

Dependent Verification must be provided to the Human Resources Office at the time the enrollment form is submitted for any new dependent added during this enrollment period.

- ❖ Dependent Verification documents for adding spouse or domestic partner include; Filed Tax return showing joint filing.
- ❖ Dependent verification documents for children include: Birth Certificate, Adoption Paperwork or Document Granting Legal Guardianship by the court, up until age 18.

| ACTION REQUESTED | | | |
|--|---|--|---|
| <input type="checkbox"/> Qualifying Life Event <input type="checkbox"/> Open Enrollment | Please Select a Qualifying Life Event | | |
| | <input type="checkbox"/> Marriage/Domestic Partner <input type="checkbox"/> Divorce <input type="checkbox"/> Birth/Adoption | <input type="checkbox"/> Death <input type="checkbox"/> Gain/loss Coverage <input type="checkbox"/> Retirement | Medicare <input type="checkbox"/> Other (specify): |
| RETIREE INFORMATION | | | |
| Legal Last Name | | Legal First Name | |
| Street Address | | City | State |
| Birthdate (mm/dd/yyyy) | | Email Address | Social Security Number |
| Date of Event | | Effective Date | If surviving spouse, list retiree name |
| Middle Initial | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Phone Number |
| Zip | | | |

HEALTH BENEFIT PLANS SELECTION

If you are eligible for District paid lifetime medical benefits, premiums will be paid accordingly.

| | Benefit Plan Monthly Rates | | |
|---|--|-------------------------------------|-------------------------------------|
| Medical Plan (Verify eligibility with Benefits Specialist) | Single-Party | Two-Party | Family |
| HMO | | | |
| Kaiser Permanente Senior Advantage \$15 (1 person with Medicare) <small>234480-0089RLN_1WM:CL/Aux 234480-0089RMN_1WM: CO/MA</small> | <input type="checkbox"/> \$188.00 | <input type="checkbox"/> \$981.00 | <input type="checkbox"/> \$1,456.00 |
| Kaiser Permanente Senior Advantage \$0 (1 person with Medicare) CLASSIFIED ONLY <small>234480-0088RLN_1WM:CL/Aux</small> | <input type="checkbox"/> \$188.00 | <input type="checkbox"/> \$1,036.00 | <input type="checkbox"/> \$1,545.00 |
| Kaiser Permanente Senior Advantage \$10 (2 persons with Medicare) <small>234439-0002RBN_2WM:CL/Aux CO/MA</small> | <input type="checkbox"/> \$188.00 | <input type="checkbox"/> \$376.00 | <input type="checkbox"/> \$867.00 |
| Blue Shield of California HMO 65 \$10 - 701071H011004 | <input type="checkbox"/> \$666.00 | <input type="checkbox"/> \$1,332.00 | <input type="checkbox"/> \$1,659.00 |
| Blue Shield 65 Plus \$20- 521390M011000 064824 | <input type="checkbox"/> \$321.00 per individual | | |
| PPO | | | |
| Employer Group Waiver Plans (EGWP) 100A <small>669746P01101064824L: CL/Aux 669746P01101064824M: CO/MA</small> | <input type="checkbox"/> \$608.00 | <input type="checkbox"/> \$1,216.00 | <input type="checkbox"/> \$1,605.00 |
| Companion Care - 40003A064824 | <input type="checkbox"/> \$406.00 per individual | | |
| Dental Plan (Retiree Paid Premiums) Failure to elect coverage at time of retirement will forfeit your eligibility for future enrollment. | | | |
| Delta Care HMO - 71691 06010:CL/Aux 71691 06012: CO/MA | <input type="checkbox"/> \$29.58 | <input type="checkbox"/> \$52.22 | <input type="checkbox"/> \$56.81 |
| Delta Dental PPO Plan 1500; \$2,000 Orthodontics - 7079 3007: CL/Aux 7079 3002:CO/MA | <input type="checkbox"/> \$54.60 | <input type="checkbox"/> \$110.00 | <input type="checkbox"/> \$158.20 |
| Delta Dental PPO Plan Unlimited; \$2,000 Orthodontics <small>7079 3008:CL/Aux 7079 3003:CO/MA</small> | <input type="checkbox"/> \$79.60 | <input type="checkbox"/> \$160.00 | <input type="checkbox"/> \$224.20 |
| Vision Plan (Retiree Paid Premiums) Failure to elect coverage at time of retirement will forfeit your eligibility for future enrollment. | | | |
| VSP Signature Plan C, Single \$0 Copay - 2978579A:CL/Aux 2978582A:CO/MA | <input type="checkbox"/> \$14.30 | <input type="checkbox"/> \$28.60 | <input type="checkbox"/> \$42.90 |
| RETIREE PAID: Total Monthly Premium Amount | \$ | | |

Retiree Signature (Required) _____

Print Name _____

Date _____

RETURN COMPLETED FORM(S) via email at hrbenefits@mtsac.edu

Internal Human Resources Use Only: SISC Banner Log Payroll Banner ID#: A _____

Lifetime Medical Eligibility: Single Party Two Party Management: Academic Classified