



**Office of Human Resources & Employee Relations
AVC HEALTH PLAN ELECTION FORM**

FACULTY RETIREE UNDER 65

OPEN ENROLLMENT DEADLINE FRIDAY SEPTEMBER 4th, 2018

PLEASE SELECT YOUR PLAN CHOICE FROM THE LIST BELOW FOR THE 10/2018-9/2019 SCHOOL YEAR:

EMPLOYEE NAME: _____

SSN: _____

Print Clearly

NOTE: 12 months deductions. Cost reflected is monthly for 12 months. Please complete all enrollment forms and provide all required documents (see #2)

NOTE: If changing plans from PPO to Kaiser or Kaiser to PPO, you MUST complete SISC III/Kaiser enrollment forms and provide required documents (See #2 below). If just changing from a PPO to PPO or Kaiser to Kaiser plan ONLY complete this form (AVC Health Plan Election Form).

Remaining on Plan selected below (ONLY need to complete and submit this form) no additional paperwork required.

Changing plan to plan selected below and attached required enrollment form SISC III PPO or Kaiser HMO

Self-Insured Schools of California Plan Choices Retiree District Cap \$14,00.00		Retiree ONLY Dental 1		Retiree + 1 with Dental Plan 1		Retiree + Fam. Dental 1		Retiree ONLY Dental 2		Retiree + 1 With Dental Plan 2		Retiree + Fam with Dental 2
Additional benefits offered beyond the medical plans for Retirees under 65 include Delta Dental1#7079 2300, Plan 2 #7079 2350, VSP Vision #2606682A, and Term Life Insurance Group # G000AMP6 Class Code A001.	✓		✓		✓		✓		✓		✓	
40463K , Blue Cross PPO 100% A, \$20 CP, Rx 5-20, \$0 Deductible		\$0		\$564.93		\$553.13		\$0		\$540.93		\$525.83
40463L , Blue Cross PPO 100% B, \$20 CP, Rx 5-20, \$100 Ind./\$300 Family Ded.		\$0		\$538.93		\$527.13		\$0		\$514.93		\$499.83
40463M , Blue Cross PPO 80% C, \$20 CP, Rx 5-20, \$200 Ind./\$500 Family Ded.		\$0		\$399.93		\$388.13		\$0		\$375.93		\$360.83
40463N , Blue Cross PPO 80% K, \$30 CP, Rx 9-35, \$1000 Ind./\$2000 Family Ded.		\$0		\$177.93		\$163.13		\$0		\$153.93		\$135.83
225543-3018 , Kaiser w/Chiro & Acup, \$10 CP, Rx 10-10, \$0 Deductible		\$0		\$108.93		\$93.13		\$0		\$84.93		\$65.83
225543-3019 , Kaiser w/Chiro & Acup, \$20 CP, Rx 10-20, \$0 Deductible		\$0		\$85.93		\$69.13		\$0		\$61.93		\$41.83

PLEASE CHECK CORRESPONDING BOX: I wish to continue medical, dental and vision coverage as a Retiree under age 65. I wish to cancel medical, dental and vision coverage as a Retiree under age 65

Employee Signature (required): _____ Date: _____

IMPORTANT: Please provide your contact information to Human Resources.

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Home phone: _____ Cell phone: _____ Date of birth: _____

BENEFIT PAYMENTS: I understand that the monthly Retiree Cost applicable to the Plan I have selected will be due the **1st day of the month**. If payments are not made on time insurance coverage will be terminated. **Please make checks payable to Antelope Valley College and submit payment to the Human Resources Office Attention Vicky Remp**

- NOTES:**
- Kaiser, as an HMO, does not coordinate benefits with indemnity (Blue Cross) policies.** Spouses not primarily covered on an HMO are limited to the use of their own plans. Dependents of parents having both an indemnity plan and an HMO are provided primary coverage based on the parent whose birthdate falls earliest in the calendar year, as is the case with both parents having indemnity plans.
 - A new Enrollment form must be completed for any changes** of plan, addition or removal of dependents, etc. If applicable must provide required document (adding spouse: 2017 tax return, dependents birth certificate, if spouse outside of open enrollment need divorce decree). **All changes apply to dental, vision and life coverage**