

# VENTURA COUNTY SCHOOL BUSINESS SERVICES AUTHORITY

## RETIREE HEALTH PLAN ELECTION FORM

Plan Year October 1, 2022 -September 30, 2023

I, \_\_\_\_\_, understand that as a retiree of the Ventura County School Business Services Authority, I am eligible to continue JPA coverage on a retiree plan. I also understand that should I decline JPA coverage; I will not have the option to select JPA coverage in the future.

I have chosen to enroll in the following product(s) for me and my eligible dependent(s) effective 10/01/2022:

(Please check one)

<b>Blue Cross</b>	<b>Single</b>	<b>2 Party</b>	<b>Family</b>
Retiree <65 (90-G \$20; Rx 9-35)	<input type="checkbox"/> \$748.00	<input type="checkbox"/> \$1,447.00	<input type="checkbox"/> \$2,025.00
Retiree <65 (Minimum Value PPO)	<input type="checkbox"/> \$473.00	<input type="checkbox"/> \$933.00	<input type="checkbox"/> \$1,324.00
Retiree <65 (80-L \$30; Rx 200/10-35)	<input type="checkbox"/> \$588.00	<input type="checkbox"/> \$1,132.00	<input type="checkbox"/> \$1,581.00
Retiree <65 (80-G \$20; Rx 9-35)	<input type="checkbox"/> \$689.00	<input type="checkbox"/> \$1,329.00	<input type="checkbox"/> \$1,857.00
Retiree <65 (100-D \$20; Rx 9-35)	<input type="checkbox"/> \$802.00	<input type="checkbox"/> \$1,555.00	<input type="checkbox"/> \$2,179.00
Retiree 65+ W/A&B (100-A \$0; Rx 0-35 EGWP)	<input type="checkbox"/> \$535.00	<input type="checkbox"/> \$1,070.00	<input type="checkbox"/> \$1,411.00
Retiree 65+ W/A&B (100-A \$0; Rx 200/0-35 EGWP)	<input type="checkbox"/> \$516.00	<input type="checkbox"/> \$1,032.00	<input type="checkbox"/> \$1,369.00
<b>CompanionCare</b>			
Retiree 65+ W/A&B (Medicare Supp; Rx 9-35 EGWP) Direct Bill	<input type="checkbox"/> \$384.00		
<b>Kaiser Permanente</b>			
<b>1w/Mcare</b> Retiree <65 (\$10 OV, \$10 Rx)	<input type="checkbox"/> \$193.00	<input type="checkbox"/> \$864.00	<input type="checkbox"/> \$1,387.00
Retiree <65 (\$10 OV, \$10 Rx)	<input type="checkbox"/> \$671.00	<input type="checkbox"/> \$1,308.00	<input type="checkbox"/> \$1,831.00
<b>Senior Advantage</b> Retiree (Ret&Sps 65+)	<input type="checkbox"/> \$193.00	<input type="checkbox"/> \$386.00	

☐ **I decline all medical coverage offered.** By declining coverage, I understand that I give up my right to enroll in any JPA medical coverage at any subsequent date. I further understand that my decision is irrevocable.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For JPA use only*

# VENTURA COUNTY SCHOOL BUSINESS SERVICES AUTHORITY

## RETIREE DENTAL PLAN ELECTION FORM

Plan Year October 1, 2022 -September 30, 2023

I, \_\_\_\_\_, understand that as a retiree of the Ventura County School Business Services Authority, I am eligible to continue JPA coverage on a retiree plan. I also understand that should I decline JPA coverage; I will not have the option to select JPA coverage in the future.

I have chosen to enroll in the following product(s) for me and my eligible dependent(s) effective 10/01/2022:

*(Please check one)*

Delta Dental	Single	2 Party	Family
Retiree (DD 1000; 3rd Cleaning)	<input type="checkbox"/> \$51.30	<input type="checkbox"/> \$102.60	<input type="checkbox"/> \$135.90

☐ **I decline all dental coverage offered.** By declining coverage, I understand that I give up my right to enroll in any JPA dental coverage at any subsequent date. I further understand that my decision is irrevocable.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For JPA use only*

# VENTURA COUNTY SCHOOL BUSINESS SERVICES AUTHORITY

## RETIREE VISION PLAN ELECTION FORM

Plan Year October 1, 2022 -September 30, 2023

I, \_\_\_\_\_, understand that as a retiree of the Ventura County School Business Services Authority, I am eligible to continue JPA coverage on a retiree plan. I also understand that should I decline JPA coverage; I will not have the option to select JPA coverage in the future.

I have chosen to enroll in the following product(s) for me and my eligible dependent(s) effective 10/01/2022:

*(Please check one)*

Vision Service Plan	Single	2 Party	Family
Retiree (Signature C \$20/\$25)	<input type="checkbox"/> \$10.40	<input type="checkbox"/> \$20.80	<input type="checkbox"/> \$31.20

☐ **I decline all vision coverage offered.** By declining coverage, I understand that I give up my right to enroll in any JPA vision coverage at any subsequent date. I further understand that my decision is irrevocable.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date