VENTURA COUNTY SCHOOLS BUSINESS SERVICES AUTHORITY

RETIREE HEALTH PLAN ELECTION FORM

Plan Year October 1, 2026 -September 30, 2027

I, _____, understand that as a retiree of the Ventura County Schools 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 10/01/2026:

(Please check one)

Blue Cross	***Single***	***2 Party***	***Family***
Retiree <65 (90-G $20; Rx 9-35)	☐ $1,022.00	☐ $1,983.00	☐ $2,777.00
Retiree <65 (HSA 5000; Rx HSA 5000)	☐ $656.00	☐ $1,252.00	☐ $1,739.00
Retiree <65 (80-L $30; Rx 200/10-35)	☐ $809.00	☐ $1,563.00	☐ $2,182.00
Retiree <65 (80-G $20; Rx 9-35)	☐ $940.00	☐ $1,819.00	☐ $2,543.00
Retiree <65 (100-D $20; Rx 9-35)	☐$1,096.00	☐ $2,131.00	☐ $2,988.00
Retiree 65+ W/A&B (100-A $0; Rx 0-35 EGWP)	☐ $687.00	☐ $1,374.00	☐ $1,805.00
Retiree 65+ W/A&B (100-A $0; Rx 200/0-35 EGWP)	☐ $668.00	☐ $1,336.00	☐ $1,763.00
CompanionCare	***Single***	***2 Party***	
Retiree 65+ W/A&B (Medicare Supp; Rx 9-35 EGWP) Direct Bill	☐ $510.00	☐ $1,020.00	
Kaiser Permanente	***Single***	***2 Party***	***Family***
Retiree <65 ($10 OV, $10 Rx)	☐ $907.00	☐ $1,768.00	☐ $2,476.00
1w/Mcare Retiree 65+ W/A&B ($10 OV, $10 Rx/KPSA $10)	☐ $243.00	☐ $1,150.00	☐ $1,858.00
2 w/Mcare Retiree 65+ W/A&B (KPSA $10)	☐ $243.00	☐ $486.00	☐ $1,197.00

☐ **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.

_____

Name

_____ _____

Signature Date

VENTURA COUNTY SCHOOLS BUSINESS SERVICES AUTHORITY

RETIREE DENTAL PLAN ELECTION FORM

Plan Year October 1, 2026 -September 30, 2027

I, _____, understand that as a retiree of the Ventura County Schools 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 10/01/2026:

(Please check one)

Delta Dental	***Single***	***2 Party***	***Family***
Retiree (DD 1000; 3rd Cleaning)	☐ $50.30	☐ $100.60	☐ $132.90

☐ **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.

_____

Name

_____ _____

Signature Date

VENTURA COUNTY SCHOOLS BUSINESS SERVICES AUTHORITY

RETIREE VISION PLAN ELECTION FORM

Plan Year October 1, 2026 -September 30, 2027

I, _____, understand that as a retiree of the Ventura County Schools 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 10/01/2026:

Please note, you may only select one vision plan.

Vision Service Plan	***Single***	***2 Party***	***Family***
Retiree (Signature C $20/$25)	☐$10.20	☐$20.40	☐$30.60

XP Health Vision	***Single***	***2 Party***	***Family***
Retiree (Signature C $20/$25)	☐$10.60	☐$21.20	☐$31.80

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

_____

Name

_____ _____

Signature Date