

SOMIS UNIONSCHOOL DISTRICT

RETIREE HEALTH PLAN ELECTION FORM

Plan Year October 1, 2020 -September 30, 2021

I, _____, understand that as a retiree of the Somis Union School District, I am eligible to continue district coverage on a retiree plan. I also understand that should I decline district coverage; I will not have the option to select district coverage in the future.

I have chosen to enroll in the following product(s) for me and my eligible dependent(s):

(Please check one)

| Provider | Single | 2 Party | Family |
|--|-------------------------------------|--------------------------------------|-------------------------------------|
| Blue Cross | | | |
| Ret 65+ W/A&B (100-A \$0; Rx 0-35 EGWP) | <input type="checkbox"/> \$557.00 | <input type="checkbox"/> \$1,114.00 | <input type="checkbox"/> \$1,465.00 |
| Ret 65+ W/A&B (100-G \$20; Rx 0-35 EGWP) | <input type="checkbox"/> \$541.00 | <input type="checkbox"/> \$1,082.00 | <input type="checkbox"/> \$1,417.00 |
| Ret 65+ W/A&B (100-G \$20; Rx 200/0-35 EGWP) | <input type="checkbox"/> \$522.00 | <input type="checkbox"/> \$1,044.00 | <input type="checkbox"/> \$1,376.00 |
| Ret<65 (100-D \$20; Rx 9-35) | <input type="checkbox"/> \$1,093.00 | <input type="checkbox"/> \$1,537.00 | <input type="checkbox"/> \$1,951.00 |
| Ret<65 (90-G \$20; Rx 9-35) | <input type="checkbox"/> \$1,012.00 | <input type="checkbox"/> \$1,425.00 | <input type="checkbox"/> \$1808.00 |
| Ret<65 (80-L \$30; Rx 200/10-35) | <input type="checkbox"/> \$793.00 | <input type="checkbox"/> \$1,119.00 | <input type="checkbox"/> \$1,420.00 |
| Ret<65 (80-G \$20; Rx 9-35) | <input type="checkbox"/> \$930.00 | <input type="checkbox"/> \$1,313.00 | <input type="checkbox"/> \$1,666.00 |
| Ret<65 (Minimum Value PPO) | <input type="checkbox"/> \$684.00 | <input type="checkbox"/> \$932.00 | <input type="checkbox"/> \$1,80.00 |
| Kaiser Permanente | | | |
| Ret<65 (\$10 OV, \$10 Rx) | <input type="checkbox"/> \$908.00 | <input type="checkbox"/> \$1289.00 | <input type="checkbox"/> \$1,616.00 |
| 1w/Medicare Ret<65 (\$10 OV, \$10 Rx) | <input type="checkbox"/> \$220.00 | <input type="checkbox"/> \$ 1,128.00 | <input type="checkbox"/> \$1,455.00 |
| Senior Advantage Retiree (Ret & Sps 65+) | <input type="checkbox"/> \$220.00 | <input type="checkbox"/> \$440.00 | N/A |

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

Print Name

Signature

Date

For district use only