Los Angeles Unified School District
Benefits Administration
RETIREE BENEFITS CHANGE FORM
2027 Open Enrollment (October 26 – November 17, 2026)

MetLife PDP Plus PPO will replace Aetna Dental PPO effective 2027 plan year.
If you are currently enrolled in Aetna, you will be automatically enrolled in MetLife PDP Plus PPO plan.

Complete this form ONLY IF you are changing your medical, dental, or vision plans.

Employee Number	Last Name	First Name

Email Address	Phone Number

MEDICAL

Under 65 / Pre-Medicare Retiree:

- ☐ Anthem Blue Cross Select HMO
- ☐ Anthem Blue Cross EPO
- ☐ Health Net HMO
- ☐ Kaiser Permanente HMO
- ☐ No Medical Coverage

Over 65 / Medicare-Eligible Retiree:

- ☐ Anthem Medicare Preferred (PPO)
- ☐ Anthem Blue Cross EPO
- ☐ Health Net Seniority Plus
- ☐ Kaiser Permanente Senior Advantage
- ☐ No Medical Coverage

DENTAL

- ☐ MetLife PDP Plus PPO
- ☐ Western Dental DHMO
- ☐ DeltaCare® USA DHMO
- ☐ No Dental Coverage

VISION*

- ☐ EyeMed Vision Care
- ☐ No Vision Coverage
- ☐ VSP® Vision Care

*You must be enrolled in your current vision plan for two years before you can elect a new one.

THIS FORM WILL NOT BE PROCESSED UNLESS SIGNED AND DATED

I want to enroll myself and my dependents listed above for participation in the plans elected. I understand this election will remain in effect as long as I remain eligible, or until I make another election during an annual enrollment period. I hereby authorize any insurance company, organization, employer, hospital, physician, surgeon, or pharmacist to release any information requested to pay any claim under the plan selected. I understand that I am responsible for notifying the District of any change in the eligibility of my dependents and am responsible for premiums and claims incurred on behalf of ineligible dependents. I also understand that I must abide by the provisions of the plan in which I enroll and that any controversy between any HMO plan member and such HMO (including its agents, staff physicians, employees, and providers) is subject to binding arbitration. I certify under penalty of perjury that the above information is true and accurate to the best of my knowledge and belief.

Signature		**Date**	

(continued on the back of this page)

Important Medicare Information

Anthem Medicare Preferred (PPO):

- Medicare Parts A & B are required to enroll.
- If you are enrolled in Medicare Part B only, you will automatically be enrolled in the Anthem Blue Cross EPO plan instead.

Anthem Blue Cross EPO:

- Medicare Part B is required to enroll if you are age 65 and older / Medicare-eligible.
- If you are enrolled in both Medicare Parts A & B, you will automatically be enrolled in the Anthem Medicare Preferred (PPO) plan instead.

Health Net Seniority Plus:

- Medicare Parts A & B are required to enroll.
- You and your Medicare-eligible dependent(s) must complete the plan's required Medicare enrollment application to Health Net before December 31, 2026. Contact Health Net to obtain group enrollment materials or visit benefits.lausd.org/forms.

Kaiser Permanente Senior Advantage:

- Medicare Part B is required to enroll.
- Medicare Part A is also required if you reside in Hawaii, Oregon, or Washington.

Please return this form via mail, fax, or email by November 17, 2026.

Fax: (213) 241-4247
Email: benefits@lausd.net

Mailing Address:
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Los Angeles, CA 90051-1307