



San Juan  
Unified School District

# WELCOME TO RETIREMENT

## Retirement Health Benefits Booklet

San Juan Unified School District, Carmichael, Ca.



***“Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails.***

***Explore. Dream. Discover.***

**— Mark Twain**

***Revised 01/01/2020***

## **RETIRING SOON? HERE IS A CHECKLIST TO GET YOU STARTED!**

- Visit CalSTRS/CalPERS web sites for information specific to planning your retirement.
- Attend a benefits planning session with CalSTRS/CalPERS or make an appointment with one of their benefits counselors.
- CalSTRS members: Six months before retiring, submit your Service Retirement Application and other required forms online through myCalSTRS account.
- CalPERS members: Six months before retiring, fill out and mail the Retirement Allowance Estimate Request. Three months before retiring, submit your completed retirement application and required documents to CalPERS online through myCalPERS account.
- If you are 65 or older: Three months prior to retirement, contact the Social Security Administration to begin the Medicare activation process. This is extremely important prior to enrolling in a Senior Advantage health plan.
- One month prior to retirement, contact the District Employee Benefits Department to discuss retiree benefit options in retirement. You'll need to discuss medical plan options, dental plan options, vision plan continuation for up to 18-months with COBRA (see page 16 for a description of COBRA) and life insurance options.
- 403(b)/457 Savings Accounts: If you have a 403(b) or 457(b) account, contact NBS to discuss your options.
- Submit your SJUSD Voluntary Resignation Form for Retirement to Human Resources.
- Verify that your contact information (address and telephone number) is correct with SJUSD

Important: This is not meant to be an all exhaustive list of what employees should be doing to plan for retirement. It is highly recommended you review requirements by visiting the pension system web sites and talking to a benefits counselor. For information regarding post-retirement employment options with the District, talk to Human Resources staff prior to retirement.

<b>San Juan Employee Benefits</b> Website: <a href="http://www.Sanjuan.edu/Page/23675">www.Sanjuan.edu/Page/23675</a> Phone: (916) 971-7662 Email: <a href="mailto:benefitshelpdesk@sanjuan.edu">benefitshelpdesk@sanjuan.edu</a>	<b>CalPERS</b> Website: <a href="http://www.calpers.gov">www.calpers.gov</a> Phone: 888-CalPERS (888-225-7377)
<b>San Juan Employee Human Resources</b> Website: <a href="http://www.sanjuan.edu/HumanResources">www.sanjuan.edu/HumanResources</a> Phone: (916) 971-7171	<b>CalSTRS</b> Website: <a href="http://www.calstrs.com">www.calstrs.com</a> Phone: 800-228-5453 or 916-414-1099
<b>NBS: 403(b) &amp; 457(b)</b> Website: <a href="http://www.nbsbenefits.com">www.nbsbenefits.com</a> Phone: 800-274-0503 option 5	<b>Social Security Administration</b> Website: <a href="http://www.ssa.gov">www.ssa.gov</a> Phone: 800-772-1213

# Congratulations on your Retirement!

It is a pleasure to welcome you to the San Juan Unified School District Retirement Program. This booklet is designed to give you information concerning health benefits after you retire. Medical, dental, and vision coverage for an active employee and coverage for his/her dependents will end at the end of the month in which the employee retires. The exception to this is if the employee retires in June or July, than coverage will end on August 31<sup>st</sup>.

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This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of the plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Evidence of Coverage, Group Agreement, Group Insurance Certificate, Booklet-Certificate, and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.

## **UNDER AGE 65 –EARLY RETIREE MEDICAL & DENTAL PLAN ELIGIBILITY**

The District will provide paid medical and dental coverage for a retiree under age 65 who meets all of the following eligibility requirements:

1. The retiree was enrolled or was eligible for District-sponsored medical and dental benefits plans immediately preceding retirement, and
2. The retiree receives a monthly service retirement benefit from the California Public Employees' Retirement System (CalPERS) or the California State Teachers' Retirement System (CalSTRS), and
3. The retiree met one of the following criteria with San Juan:
  - **Certificated/Management - Five years of service with the District**
  - **Classified/Transportation - Age 55 plus ten years of service with the District; a disability retirement granted by PERS shall exempt the age requirement**
  - **Management/Confidential - Five years of service with the District**
  - **Supervisors - Ten years of service with the District**

Employees who meet the above criteria and are waiving medical coverage because they are covered under a spouse's plan may subsequently enroll in the San Juan Retiree Group Plan if a qualifying event occurs. This enrollment must be completed within 30 days of the qualifying event along with proof of such event. A qualifying event as defined under IRS regulation which would apply to retiree medical benefits are:

- Change in marital status - divorce or legal separation, death of spouse
- Loss of coverage under spouse's plan

If retiree becomes entitled to other medical and dental benefits (state, federal or other employment) as a primary beneficiary, the District shall be relieved from any and all payments.

A retiree that does not meet the eligibility requirement for the Early Retiree medical and dental plan will be offered the option to pay for continued coverage under COBRA law (COBRA rates are on page 12 and provisions on page 16).

## **EARLY RETIREE - SPOUSE AND DEPENDENTS' MEDICAL COVERAGE OPTIONS**

1. Medical coverage for the early retiree's spouse may be continued under the Early Retiree Plan at the retiree's expense until coverage terminates or the retiree's spouse reaches the age of 65, whichever is sooner. Medical coverage for enrolled children may be continued under the Early Retiree plan at the retiree's expense until coverage terminates or dependent reaches age 26, whichever is sooner; a disabled child may be carried longer with proof of disability provided to the medical carrier upon request. **Dependent coverage may be deleted, but not added at the time of retirement.**
2. Medical coverage can be continued for the retiree's spouse and/or dependent children under the active employee group through COBRA up to 18 months by the retiree paying the monthly premium directly to the medical provider. Please refer to page 12 for COBRA rates and page 16 for COBRA provisions.

## RETIRING UNDER 65 “EARLY RETIREE” – MEDICAL COVERAGE

### KAISER

The Kaiser Early Retiree Group Plan is not identical to the plan as provided to active employees. Retirees under 65 have a \$500 deductible for some services, a \$20 per visit co-payment and prescription drugs will be \$10 generic/\$30 brand name for a 30 day supply. Hearing Aids are not included in the Early Retiree Plan.

### WESTERN HEALTH ADVANTAGE

The Western Health Advantage Early Retiree Group Plan is not identical to the plan provided to active employees. Retirees have a \$20 per visit co-payment and prescription drugs will be \$10 generic/\$30 brand/\$50 non-formulary for a 30 day supply. Hearing Aids are not included in the Early Retiree Group Plan.

**An Evidence of Coverage may be viewed for both plans on the Employee Benefits/Retirement webpage.**

### EARLY RETIREE MEDICAL ENROLLMENT PROCESS

The retiree must complete an enrollment form to transfer from the San Juan Active Plan to the San Juan Early Retiree Plan. The District will pay the monthly premium to the applicable Insurance Provider until the 1<sup>st</sup> day of the retiree’s 65<sup>th</sup> birthday month.

If the retiree wishes to continue his/her dependent’s coverage in retirement, the retiree must list his/her spouse/dependents on the Early Retiree enrollment form. Medical premiums for dependents are due monthly and need to be paid in advance; therefore the premium for the retiree’s spouse and/or dependents will need to be paid to the District’s Employee Benefits Office by the 25<sup>th</sup> of each month for the following month’s coverage. The check should be made payable to San Juan Unified School District. The District will mail a monthly billing invoice to the retiree. **Monthly premiums are specified below.**

If coverage is to continue under the active employee group through COBRA, the spouse and/or dependent needs to complete and sign the COBRA enrollment form as the subscriber. COBRA premiums are paid directly to the insurance provider. **See COBRA rates on page 12 and COBRA provisions on page 16.**

### MEDICAL RATES (12THLY) FOR THE “EARLY RETIREE” PLAN

<u>MEDICAL PLAN</u>	<u>TOTAL AMOUNT</u>
<b>Kaiser Permanente</b>	
Retiree Rate (paid by SJUSD)	\$1073.45
*One Dependent	\$1073.45
*Two or more Dependents	\$1964.42
<b>Western Health Advantage</b>	
Retiree Rate (paid by SJUSD)	\$1151.71
*One Dependent	\$1151.71
*Two or more Dependents	\$2303.45
<b>*Paid by retiree</b>	

### MOVING OUT OF THE AREA

Retirees that move out of the area need to contact their group health plan provider to determine if they are no longer within their provider’s service area. If a retiree moves out of the group health plan service area, the retiree will need to purchase his/her own medical coverage in the new location. The District will pay a monthly **Out-of -Area** premium amount to the retiree equal to the monthly rate of the lowest retiree group plan (\$1073.45 for 2020). In order to receive the Out -of -Area amount, the retiree will need to provide the San Juan Unified School District with evidence of medical coverage. The retiree will be required yearly to update his/her insurance information with the district. Please contact the Employee Benefits Office for more information.

## OPEN ENROLLMENT

Open Enrollment is annually every November, with the effective date of January 1st. Retirees are eligible to change plans at that time but it is the retiree's responsibility to contact the Employee Benefits Office to make the change. The District does not send Employee Benefit Open Enrollment information to retirees.

## QUALIFYING EVENT- SPECIAL ENROLLMENT

Another way to make changes to your benefits is due to a "Qualifying Event." A "Qualifying Event" is defined by internal revenue code as a change in family life status which warrants changes to an individual's healthcare benefits. Examples of a "Qualifying Event" are: Marriage, Divorce, Birth, Adoption, Legal Custody (Court-appointed Guardianship), loss of other coverage, newly acquired other coverage. You have 30 days from the event date to make a change to your benefits due to a "Qualifying Event." To make the change you need to bring proof of your "Qualifying Event", and any other required documents (Marriage License, Birth Certificates) into the Benefits Office, along with completing our Benefits Enrollment/Change form.

## MEDICAL COVERAGE: RETIRING OVER 65 OR EXISTING RETIREES TURNING 65

For active employees that are retiring over the age of 65 and for existing retirees who will be turning 65, it is recommended that you go to the Social Security Office at least 90 days before your benefits end to begin the Medicare activation process. When you first enroll in Medicare and during certain times of the year, you can choose how you get your Medicare coverage. There are two main ways to get Medicare:

1. **Original Medicare** includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) and if you want drug coverage, you can join a separate Part D plan.



**Medicare Part A (Hospital Insurance)** helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care



**Medicare Part B (Medical Insurance)** helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment and supplies)
- Many preventive services (like screenings, shots, and yearly "Wellness" visits)



**Medicare Part D (Prescription drug coverage)** helps cover:

- Cost of prescription drugs

Part D plans are run by private insurance companies that follow rules set by Medicare.

2. **Medicare Advantage (also known as Part C)**

- Medicare Advantage is an "all in one" alternative to Original Medicare. These "bundled" plans include Part A, Part B, and usually Part D.
- Some plans may have lower out-of-pocket costs than Original Medicare.
- Some plans offer extra benefits that Original Medicare doesn't cover-like vision, hearing, or dental.

## **RETIRING OVER 65 OR EXISTING RETIREES TURNING 65: MEDICAL COVERAGE**

If you are already 65 and have Medicare (Part A) and delayed your Part B, you will now need to activate your Part B effective with the date your benefits end as an active employee. Once you have your Medicare Card with both Parts A & B effective, you will be able to sign up for a Medicare supplement or Senior Advantage plan. **We suggest you explore your options for health coverage. On the next page are some resources to help with your decision. Also refer to the Medicare Q & A on page 8.**

### **Kaiser Senior Advantage Plans**

If your coverage is with *Kaiser* and you wish to remain with Kaiser after age 65, you must enroll in one of the Kaiser Senior Advantage Group Plans or one of the Kaiser Senior Advantage Individual Plans. An Evidence of Coverage booklet for each of the District sponsored group plans may be viewed on the District's Employee Benefits – Retirement web page. You may also view a comparison chart for the four plans offered through Kaiser on the District's Retirement page. **Please note that you are only eligible to enroll in the Group Senior Advantage Plan during your initial eligibility period.** If you choose to enroll in an individual Senior Advantage Plan, you will not be eligible to later switch to the group plan.

The District does not enroll retirees into the Senior Advantage Plans and does not handle the processing of your Senior Advantage Plan payments. Enrollment into a Kaiser plan is processed on-line at [www.KP.org/medicare](http://www.KP.org/medicare). You will need to select if you are enrolling in a group or individual plan. Please note that if enrolling in a group plan, you need to designate the applicable group number (205-266 or 205-267). If you have any questions regarding enrollment, please contact the applicable member services department:

- Senior Advantage Group plan (877) 251-1532
- Senior Advantage Individual plan (877) 588-5739
- 

Once enrolled in a Kaiser Senior Advantage Plan you will receive a welcome kit within 30 days of your enrollment which explains your payment options. You may pay Kaiser directly by sending in a check or you may set up for an automatic bank draft. Kaiser does not permit payments deducted from STRS or PERS retirement warrants.

### **United Healthcare Senior Plans**

If your coverage is with *Western Health Advantage*, **please note that presently they do not offer a senior advantage plan**, however, there are some choices with United Healthcare that would allow you to keep your doctor and the same services you currently have. An Evidence of Coverage booklet for each of the District sponsored group plans may be viewed on the District's Employee Benefits – Retirement web page. You may also view a comparison chart for the two plans offered through United Healthcare on the District's Retirement page. Below are contact numbers for the two different United Healthcare plans, make sure to review and choose the best one for your needs:

- United Healthcare Group Medicare Advantage (HMO) #518729 (877) 714-0178
- United Healthcare Senior Supplement #05417 (800) 698-0822

Payments are made to United Healthcare through deductions your retirement warrant or you may arrange to pay United Healthcare for the Medicare Advantage HMO plan.

**RETIREES AGE 65 AND OVER: SPOUSE AND DEPENDENTS' MEDICAL COVERAGE  
OPTIONS**

1. The retiree's spouse/dependents can enroll as a subscriber in the District's "Early Retiree" Group plan (see page 4 for a brief description of coverage and the current premium rates). A spouse's medical coverage may be continued until the spouse reaches age 65. Enrolled children may be continued until the dependent reaches age 26; a disabled child may be carried longer with proof of disability provided to the medical carrier upon request. If electing the "Early Retiree" plan for the dependent(s), the retiree will be billed each month by San Juan for their spouse/dependent(s) until they are no longer eligible or canceled by the retiree. Retiree medical premiums are due monthly and need to be paid in advance; therefore the premium for the retiree's spouse and/or dependents will need to be paid to the District's Employee Benefits Office by the 25<sup>th</sup> of each month for the following month's coverage. The check should be made payable to San Juan Unified School District.
  
2. The retiree's spouse/dependents can enroll in the active employee group through COBRA for a period of 36 months by paying a monthly premium. **See COBRA rates on page 12 and COBRA provisions on page 16.**

**MEDICARE RESOURCE INFORMATION**

**California Health Advocates** is a non-profit organization dedicated to Medicare advocacy and education for Californians. Their website provides accurate and unbiased information about Medicare benefits and long-term care for people who live in California. [www.cahealthadvocates.org](http://www.cahealthadvocates.org)

**HICAP – The Health Insurance Counseling and Advocacy Program** provides free and objective information and counseling about Medicare. HICAP is a program of the California Department of Aging and is supported by California Health Advocates.

Volunteer counselors can help you understand your specific rights and health care options. HICAP also offers free educational presentations to groups of Medicare beneficiaries, their families and/or providers on a variety of Medicare and other health insurance related topics.

HICAP counselors do not sell, recommend, or endorse any insurance product, agent, insurance company, or health plan.

**HICAP** **1-800-434-0222**

**Medicare** [www.medicare.gov](http://www.medicare.gov)  
**1-800-633-4227**

**AARP** [www.aarp.org](http://www.aarp.org)  
**1-888-687-2277**

**Social Security Administration** [www.ssa.gov](http://www.ssa.gov)  
**1-800-772-1213**

## Social Security Office Locations

### Sacramento

2424 Arden Way, Suite 200  
Sacramento, CA 95825

8581 Folsom Blvd., Suite A  
Sacramento, CA 95826

### Sacramento

1000 825 Riverside Pkwy,  
West Sacramento, CA 95605

### Roseville

910 Cirby Way  
Roseville, CA 95661

### Placerville

4355 B Golden Center Drive  
Placerville, CA 95667

11855 Edgewood Rd.  
Auburn, CA 95603

## MEDICARE Q & A

### **Where do I find out about my medical benefits with Medicare?**

The best resource for finding out about Medicare is the official publication, “Medicare & You”, published annually by The Centers for Medicare and Medicaid Services (CMS). You can find this publication and other valuable information at [www.Medicare.gov](http://www.Medicare.gov).

### **How do I enroll in Medicare?**

About three (3) months before your 65<sup>th</sup> birthday, the Social Security office will send you information about enrolling in Medicare. You must enroll in both Medicare Part A (hospital coverage) and Part B (Outpatient coverage). Once you are enrolled in Medicare, you have the option to enroll in a supplement Medicare Plan or an “Advantage” Medicare Plan. You have many choices in the marketplace.

### **What is a supplement to Medicare plan?**

In a supplement to Medicare plan, the benefits and care you receive are coordinated with Medicare. This means that claims will first be submitted to Medicare for payment and then the supplement plan will pay as a secondary insurance, based on plan benefits.

### **What is an “Advantage” plan?**

An Advantage plan is a managed care or HMO plan in which you “assign” your Medicare. Assigning your Medicare means that you are enrolled in Medicare through the plan (Kaiser Senior Advantage or United Healthcare-Medicare Advantage Plan). So, when you choose to enroll in Kaiser Senior Advantage or United Healthcare Medicare Advantage Plan, your Medicare is assigned to the insurance plan. This means that the Kaiser or United Healthcare-Medicare Advantage Plans provide your Medicare Parts A and B coverage.

### **Do I need to pay Part B premiums as a retiree on a District Senior Advantage plan?**

Yes. Part B premiums are set every year by the social security office. In order to remain on a District Senior Advantage Medicare plan, you must pay your Part B premiums to the Social Security Office.

### **What if my spouse turns 65 before me?**

If your spouse turns 65 before you, your spouse will need to go to the Social Security Office three months before his/her 65th birthday and apply for his/her Medicare card. Once the card is received, your spouse will need to enroll in a senior plan. Your spouse will then pay his/her monthly premium to the provider for his/her supplemental plan, and to Medicare for his/her Part B. You will continue to stay on the Early Retiree plan until the 1<sup>st</sup> day of the month you turn 65, at which point you will need to do all of the aforementioned.



## CREDITABLE COVERAGE DISCLOSURE – MEDICARE PART D NOTICE About Your Prescription Drug Coverage and Medicare

*Please read this notice carefully and keep it where you can find it. If you have Medicare or will become eligible for Medicare in the next 12 months, you have more choices regarding prescription drug coverage. This notice explains your resulting choices. The following is a legal notice that San Juan Unified School District is required to send each year. It does not require any action or response on your part.*

This notice has information about your current prescription drug coverage with San Juan Unified School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. San Juan Unified School District has determined that the prescription drug coverage offered by the San Juan Unified Plans are on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join a Medicare Drug Plan?

Individuals who are eligible for Medicare should compare their current coverage, including which drugs are covered, with the coverage and costs of the plans offering Medicare prescription drug coverage in their area. Your medical benefits brochure contains a description of your current prescription drug benefits.

If you decide to join a Medicare drug plan, your current San Juan Unified School District coverage will be affected. **If you do decide to join a Medicare drug plan and drop your current San Juan Unified School District Plan, be aware that you and your dependents will not be able to get this coverage back.**

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with San Juan Unified School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the Department listed below for further information. **NOTE: You'll get this notice each year.** You will also get it before the next period you can join a Medicare drug plan, and if this coverage through San Juan Unified School District changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).**

Date:	October 2019
Name of Entity/Sender:	San Juan Unified School District
Contact--Position/Office:	Employee Benefits Department
Address:	3738 Walnut Ave., Carmichael, CA 95608
Phone Number:	916-971-7662

## DENTAL COVERAGE

### RETIRING UNDER THE AGE OF 65

Dental coverage as an active employee and coverage for his/her dependents will end at the end of the month in the month in which the employee retires. If the employee retires in June or July, coverage will end on August 31<sup>st</sup>. The District will pay the premium each month to the applicable Insurance Provider until the 1<sup>st</sup> day of the retiree's 65<sup>th</sup> birthday month. The District will continue dental coverage for the retiree up to the **last day of the month PRIOR to the retiree's 65<sup>th</sup> birthday month.**

Dependents may not continue on the retiree's policy. A dependent may continue dental coverage for 18 months under COBRA. Please refer to page 12 for the current COBRA rates and page 16 for COBRA provisions.

#### ***For Delta Dental:***

The retiree will be automatically transferred from the San Juan Active Plan to the San Juan Retiree Plan. The retiree does not need to complete an enrollment form. **The policy number changes to 6689-12.** Please notify your dentist of the change.

#### ***For Delta Care:***

The retiree will need to complete an enrollment form for the Delta Care Early Retiree dental plan.

### RETIRING OVER THE AGE OF 65

If you are 65 or older, you may continue dental coverage at your own expense through COBRA for an additional 18 months. A COBRA enrollment form needs to be completed to enroll you and/ or dependents. Payment for COBRA Dental coverage is made directly to San Juan Unified School District and due by the 5<sup>th</sup> of the month. **Please refer to page 12 for the current COBRA rates and page 16 for COBRA provisions.**

Under COBRA, if coverage is just for the dependent, he/she will be the **Subscriber**, and will be listed on the enrollment form as such. **It is important to tell your dentist to use the Subscriber's Social Security Number** on all forms when submitting claims for payment.

## VISION COVERAGE

Vision coverage is **not** a retiree benefit paid for by the District. The retiree's vision coverage ends at the end of the month in the month of retirement. Employees who retire in June or July will have coverage through the end of August. The retiree may continue vision coverage at his/her own expense through COBRA for **up to 18 months**. Premiums are paid directly to the San Juan Employee Benefits Office and due by the 5<sup>th</sup> of the month. Please refer to page 12 for COBRA premium rates and page 16 for COBRA provisions.

## FLEXIBLE SPENDING ACCOUNT – FSA

If you participated in a FSA immediately preceding your retirement, you may be reimbursed for qualified health care expenses incurred in the year in which your retirement occurs and before your retirement date. ***If you have a positive FSA balance at the time of retirement, you may elect to continue participation with after tax contributions through COBRA which allows you to claim expenses incurred after your retirement date. Please contact American Fidelity to discuss your options at (800) 365-8306.*** You have online access to view your FSA balance, check on a reimbursement status and more at [www.americanfidelity.com](http://www.americanfidelity.com)

**COBRA RATES (12thly)**

**DENTAL AND VISION CARE PREMIUM RATES**

Effective January 1, 2020

<b><u>CARRIER</u></b>	<b><u>SUBSCRIBER RATE*</u></b>
<b>Kaiser</b> (For Dependents of Retirees) <b><u>Billed by Kaiser</u></b>	
1 Dependent	\$ 809.76
2 Dependents	\$1,619.52
Family (2+ Dependents)	\$2,291.63
<b>WHA</b> (For Dependents of Retirees) <b><u>Billed by WHA</u></b>	
1 Dependent	\$ 647.96
2 Dependents	\$1,291.80
Family (2+ Dependents)	\$1,935.60
<b>Delta Dental</b> (For Retirees over 65 or dependents)	
Subscriber Only	\$60.34
Subscriber + 1 Dependent	\$115.60
Subscriber + 2 or more dependents	\$176.80
<b>DeltaCare USA</b>	
Subscriber + family	\$53.24
<b>Vision Service Plan</b> –Basic Employee Only	\$7.71
<b>Visions Service Plan – Enhanced Plan</b>	
Subscriber Only	\$9.63
Subscriber + 1 Dependent	\$21.73
Subscriber + 2 or more dependents	\$34.98

*\*Rates are subject to change on January 1<sup>st</sup> of each year.*

All checks are to be made payable to **SAN JUAN UNIFIED SCHOOL DISTRICT** and sent to:

**San Juan Unified School District**  
ATTN: Employee Benefits Office  
3738 Walnut Avenue  
Carmichael, CA 95608

**RELIANCE STANDARD LIFE INSURANCE**

**Life insurance is not a retiree benefit.** Your life insurance coverage ends on your last day of work. You may convert your policy to an individual plan within 30 days of separation. **The rates for an individual plan are different than a group plan and are provided below.** If you wish to convert to an individual policy, you will need to complete the group life conversion application which may be obtained in the Employee Benefits Office.

<b>RELIANCE STANDARD CONVERSION RATES</b>					
<b>(These rates may change without prior notice)</b>					
<b>Conversion rates per \$1,000 per year</b>					
<b>Issue Age</b>	<b>Rate</b>	<b>Issue Age</b>	<b>Rate</b>	<b>Issue Age</b>	<b>Rate</b>
50	49.08	67	139.50	84	435.22
51	51.74	68	149.68	85	466.82
52	54.50	69	156.00	86	499.98
53	57.75	70	156.06	87	534.31
54	61.56	71	167.08	88	569.45
55	65.09	72	179.28	89	608.70
56	69.00	73	192.12	90	644.27
57	73.09	74	206.37	91	680.55
58	77.97	75	222.60	92	715.39
59	82.14	76	240.06	93	750.11
60	87.60	77	258.80	94	781.68
61	93.53	78	279.82	95	810.35
62	99.94	79	302.24	96	829.35
63	106.22	80	325.90	97	829.35
64	113.23	81	351.11	99	829.35
65	121.68	82	377.34	100	829.35
66	130.19	83	405.32		

## **VOLUNTARY RETIREMENT PLANS: 403(b) AND 457 PLAN DISTRIBUTIONS**

Legislation requires that San Juan Unified School District, as plan sponsor, monitor and handle all IRS compliance activities. This includes any minimum distribution requirements, transfers, exchanges, and loans. These rules require you to seek our assistance when working with your current 403(b) and 457 provider for certain transactions, even if you are retired or separated from service.

Because you are no longer employed by the district, you have the right to make changes to your account such that our monitoring and compliance will not be necessary. In fact, we urge you to consider transferring from the district-sponsored plan to an individual one, such as an IRA. This change will allow you individual control of your account and not require any oversight by us going forward; additionally, it will limit our liability from IRS penalties and impact on current employees.

To assist you in this decision, it is recommended that you consult your financial advisor. If you do not have one you may contact our plan administrator, NBS, who is responsible for overseeing compliance on the district sponsored 403(b) plan and 457 plan. NBS provides ongoing compliance for your 403(b) and/or 457 account, and they can answer your questions regarding rules and regulations affecting your plan. Additionally, any forms or documents needed to utilize these funds are signed by NBS.

If you would like to contact NBS for assistance or additional information please call them directly at 1-800-274-0503. NBS will assist you and ensure that the San Juan Unified School District Voluntary Retirement plans are IRS compliant.



**8523 S. Redwood Road  
West Jordan, UT 84088  
(800) 274-0503**

**[www.nbsbenefits.com](http://www.nbsbenefits.com)**

**PEHP**  
**POST EMPLOYMENT HEALTH PLAN**

If you were employed in a San Juan Teachers Association represented position prior to November 1, 2018, the District set aside funds into a post-employment health plan saving account on your behalf. Upon separation of service from SJUSD, your PEHP funds can be used to provide for reimbursement of qualified post-employment expenses for health care. Examples of eligible expenses: (a) Medical co-pay, (b) Health care premiums, (c) Dental care, (d) Eye care, (e) Hearing care, (f) Prescription drugs.

Contact Nationwide Retirement Solutions Service Center at 1-877-677-3678 for PEHP Claim Forms.

**APPLE**  
**ACCUMULATION PROGRAM FOR PART-TIME AND LIMITED-SERVICE EMPLOYEES –**

If you worked for the District in a part-time and/or limited service assignment and were not eligible to be enrolled in the CalPERS or CalSTRS retirement system, you were enrolled in the APPLE Retirement Plan. Employees are eligible to take distribution from the APPLE account once they separate employment. Employees may request a distribution by completing a Request for Settlement of Account Form (RSA). You may obtain the RSA Form from the APPLE Plan Website at [www.keenan.com](http://www.keenan.com) or by contact APPLE Plan Customer Service by dialing 1-800-634-1178.

**IMPORTANT TELEPHONE NUMBERS**

<b>KAISER PERMANENTE (Member Services)</b>	<b>(800) 464-4000</b>
<b>KAISER SENIOR ADVANTAGE GROUP PLANS</b>	<b>(877) 251-1532</b>
<b>KAISER SENIOR ADVANTAGE INDIVIDUAL PLANS</b>	<b>(877) 588-5739</b>
<b>UNITED HEALTHCARE GROUP MEDICARE ADVANTAGE (HMO)</b>	<b>(877) 714-0178</b>
<b>UNITED HEALTHCARE GROUP SENIOR SUPPLEMENT</b>	<b>(800) 698-0822</b>
<b>WESTERN HEALTH ADVANTAGE (Member Services)</b>	<b>(888) 563-2251</b>
<b>DELTA DENTAL</b>	<b>(866) 499-3001</b>
<b>VISION SERVICE PLAN</b>	<b>(800) 877-7195</b>
<b>PEHP (Post Employment Health Plan)</b>	<b>(877) 677-3678</b>
<b>SJUSD Employee Benefits Office</b>	<b>(916) 971-7662</b> <b>(916) 971-7663</b> <b>(916) 971-7664</b>

## Important Information about COBRA Continuation Coverage and other Health Coverage Alternatives

This notice has important information about your right to continue your health care coverage, as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Please read the information in this notice very carefully before you make your decision.

### Why am I getting this notice?

You're getting this notice because your coverage under the San Juan Unified School District's Plan ("Plan") will end on the date listed above due to one of the following: end of employment, reduction in hours of employment, death of employee, divorce or legal separation, entitlement to Medicare or loss of dependent child status.

Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage through COBRA continuation coverage when there's a "qualifying event" that would result in a loss of coverage under an employer's plan.

### What's COBRA continuation coverage?

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

### Who are the qualified beneficiaries?

Each person ("qualified beneficiary") in the categories below can elect COBRA continuation coverage: employee or former employee, spouse or former spouse, dependent children covered under the Plan on the day before the event that caused the loss of coverage, or child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan.

### Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

### If I elect COBRA continuation coverage, when will my coverage begin and how long will the coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued for up to a total of 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to

Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries. Contact your Employee Benefits Representative for specific start and end dates for COBRA coverage.

Continuation coverage may end before the date noted above in certain circumstances, like failure to pay premiums, fraud, or the individual becomes covered under another group health plan.

### Can I extend the length of COBRA continuation coverage?

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify the San Juan Unified School District's Benefits Office of a disability or a second qualifying event within a certain time period to extend the period of continuation coverage. If you don't provide notice of a disability or second qualifying event within the required time period, it will affect your right to extend the period of continuation coverage.

For more information about extending the length of COBRA continuation coverage visit <http://www.dol.gov/ebsa/publications/cobraemployee.html>.

### How much does COBRA continuation coverage cost?

Please see the attached rate sheets for the costs of COBRA continuation coverage. Each qualified beneficiary will be required to pay for each option per month of coverage and any other permitted coverage periods.

Other coverage options may cost less. If you choose to elect continuation coverage, you don't have to send any payment with the Election Form. Additional information about payment will be provided to you after the election form is received by the Plan. Important information about paying your premium can be found at the end of this notice.

**You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.** You can learn more about the Marketplace below.

### What is the Health Insurance Marketplace?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#). You can access the Marketplace for your state at [www.HealthCare.gov](http://www.HealthCare.gov).

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

### When can I enroll in Marketplace coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit [www.HealthCare.gov](http://www.HealthCare.gov).

**If I sign up for COBRA continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA continuation coverage?**

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a “special enrollment period.” But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you’ve exhausted your COBRA continuation coverage and the coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

**Can I enroll in another group health plan?**

You may be eligible to enroll in coverage under another group health plan (like a spouse’s plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you’re eligible, you’ll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

**What factors should I consider when choosing coverage options?**

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse’s plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you’re currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you’re currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Severance payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- **Service Areas:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

**For More Information**

This notice doesn’t fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact the San Juan Unified School District’s Benefits Office.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assistant in your area who you can talk to about the different options, visit [www.HealthCare.gov](http://www.HealthCare.gov).

**Keep Your Plan Informed of Address Changes**

To protect your and your family’s rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator.

**Important Information About Payment**

**First payment for continuation coverage.** You must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked). If you don’t make your first payment in full no later than 45 days after the date of your election, you’ll lose all continuation coverage rights under the Plan. You’re responsible for making sure that the amount of your first payment is correct. You may contact the San Juan Unified School District’s Benefits Office to confirm the correct amount of your first payment.

**Periodic payments for continuation coverage.** After you make your first payment for continuation coverage, you’ll have to make payments for each coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The payments can be made on a monthly basis. Under the Plan, each of these payments for continuation coverage is due for that coverage period. If you make a payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. The Plan will send notices of payments due for these coverage periods.

**Grace periods for periodic payments.** Although payments are due as indicated, you’ll be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. You’ll get continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period. If you pay a periodic payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you don’t make a periodic payment before the end of the grace period for that coverage period, you’ll lose all rights to continuation coverage under the Plan.

Your first payment and all periodic payments for continuation coverage should be sent to the San Juan Unified School District’s Benefits Office for dental and/or vision coverage and to the group health plan provider for medical coverage.