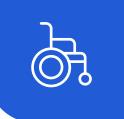
# 2025 Benefits Guide

Retirees











































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#### **IMPORTANT NOTICE**

Los Rios Community College District (Los Rios) has made every attempt to ensure the accuracy of the information described in this enrollment guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs) or any other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to those documents. Any examples, such as infographics provided in this guide are purely illustrative in nature, and actual plan costs and coverage will differ based on coverage selected. Los Rios reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Los Rios share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Los Rios.



### Welcome

Los Rios truly appreciates your contribution to making our community one of learning and success. We strive to provide a comprehensive, competitive benefits package that offers you and your family flexibility and security each year.

For further details about the benefits outlined in this guide, please visit the Employee Benefits website at **employees.losrios. edu/employee-groups/retirees** or contact the Employee Benefits Department at **916.568.3070** or **retirees@losrios.edu.** 

#### **ELIGIBILITY**

You can participate in the medical and dental benefits described in this guide if you are a retiree who qualified for retiree health benefits. (Refer to the individual collective bargaining agreements or District policies for specific qualification requirements.) Eligible dependents include your:

- Spouse or domestic partner
- Unmarried child(ren) to age 26 for dental insurance, regardless of student status; child(ren) to age 26 regardless of student or marital status for all other plans
- Unmarried child(ren) of any age if they are incapable of self-support due to mental or physical disability

 If you predecease your spouse/domestic partner or other eligible dependent(s), they may remain on the Los Rios plan provided they maintain eligibility; however, family members are not entitled to the District contribution.
 The District contribution is for the retiree only.

Contact the Employee Benefits Department for more information.

#### PROOF OF DEPENDENT ELIGIBILITY

You are required to provide proof of eligibility for your dependents. Attempting to enroll an ineligible dependent could lead to discipline. If your dependent becomes ineligible for coverage during the year, you must contact the Employee Benefits Department within 31 days.



### UNDERSTANDING HEALTH INSURANCE

Insurance can be complex, watch this <u>quick video</u> and learn more about some commonly used terms and how they apply to your coverage.

#### TRUHU BENEFITS PORTAL

Get access to your benefits information 24/7 with our new TruHu Benefits Portal. Visit <a href="https://bit.ly/4gcf0pU">https://bit.ly/4gcf0pU</a> or save it on your mobile device for easy access on the go.

#### **TERMS TO KNOW**



Plan Year: The period of time when your coverage is active (January 1 - December 31).



**Premium:** The amount of money that's paid for your health insurance every month. For those eligible for the District contribution, Los Rios pays a portion of the premium and you pay the rest.



**Deductible:** The amount of money you need to pay out-of-pocket before your insurance begins contributing money to your health care costs.



**Network:** A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.



**Copay:** A predetermined dollar amount you pay for visits to the doctor, prescriptions and other health care (as specified by your plan).



**Coinsurance:** The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 10%, you would pay 10% of the cost of the service and your insurance would pay the remaining 90%.



**Out-of-Pocket Maximum:** The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.



### **Enrolling And Making Changes To Benefits**

There are three opportunities to enroll in or make changes to your benefits.

#### WHEN YOU RETIRE

If you did not enroll in a medical plan at retirement, you may only enroll when obtaining Medicare eligibility (usually at age 65). NOTE: Please see the Medicare Eligibility section at the bottom of this page for more information.



#### **DURING OPEN ENROLLMENT**

Each year during open enrollment (held in the fall), you can enroll in or make changes to your benefits effective January 1 - December 31.

You must be enrolled in a medical and/or dental plan at the time of open enrollment in order to participate in open enrollment. If you do not elect a change during Open Enrollment, you will remain on the plan you are currently in.

Your first payment for the new premium amounts will occur on the January 2025 bank transaction. (Bank transactions usually occur on or around the 2nd of the month.)



### IF YOU HAVE A CHANGE IN STATUS

Your elections will remain in effect throughout the plan year unless you experience a change in status that affects eligibility for benefits or another qualified status change event (in accordance with Internal Revenue Code rules). You must request an election change and submit associated forms to the Employee Benefits Department within 31 days.

Examples of qualified status change events include (but are not limited to) a change in:

- Marital status, including marriage, death of a spouse, divorce, annulment, or legal separation
- Domestic partnership status, including establishment or termination of the partnership
- Number of your eligible children, including by birth, adoption, placement for adoption, or death
- Eligibility status of your children (e.g., due to age)

#### **HOW TO ENROLL**

Enroll in benefits following these simple steps:

- Visit the Employee Benefits website at employees.losrios.edu/employeegroups/retirees for all necessary enrollment forms
  - » Additional Forms: Required if you're making election changes during open enrollment https://employees.losrios. edu/hr-and-benefits/employeebenefits/benefits-forms-retiree

Action	Form
Enrolling in a new plan or adding a dependent	Enrollment/change form for each plan
Additional paperwork required for spouse/domestic partner	<ul> <li>Copy of marriage license/certificate</li> <li>Affidavit of domestic partnership or copy of domestic partner registration with state (whichever is applicable)</li> </ul>
Dropping a dependent from coverage	Enrollment/change form for each plan
Canceling coverage	• Written statement requesting cancellation

- Submit completed original signature forms to the Employee Benefits Department
  - » For 2025 open enrollment period: All completed forms must be postmarked by Monday, October 28th
  - » As a new retiree: within 31 days of your date of retirement

Medicare Eligibility: If you are an early retiree or have a dependent who becomes Medicare eligible and wish to remain on a Los Rios sponsored plan, contact the Employee Benefits Department two to three months prior to your Medicare effective date. The Employee Benefits Department will review your insurance options and provide you all the required paperwork for your transition to a Medicare plan. Do NOT complete paperwork sent to you directly from a carrier. If you complete and return their application, it may result in the loss of your Los Rios coverage and placement in an individual plan. Original enrollment forms for the Medicare plan must be received by the Employee Benefits Department before the last working day of the month prior to your Medicare effective date. For example: if your Medicare is effective November 1, 2024, forms must be received no later than October 31, 2024. Carriers cannot retroactively enroll you in a Medicare plan due to Center for Medicare and Medicaid Services (CMS) guidelines. Late paperwork may result in a significantly higher insurance premium being assessed for each month you are Medicare eligible but are not enrolled in a Medicare plan.



The information below is a summary of coverage only.

	KAISER	HMO PLANS		
General Plan Provisions	Kaiser	НМО	Kaiser	DHMO
Calendar Year Deductible	No	ne		al: \$1,000 \$2,000
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000		Family:	al: \$3,000 \$6,000 deductible)
Lifetime Maximum	No	ne	No	one
Outpatient Services				
Doctor Office Visit	\$25 c	opay	\$30/\$40 copay (d	eductible waived)
Preventive Care	No ch	narge	No cl	narge
Well-Baby & Well-Child Care	No ch	narge	No cl	narge
Most Lab & X-ray	No ch	narge	\$10 copay (ded	luctible waived)
Chiropractic	Not co	overed	Not co	overed
Acupuncture	\$25 c	opay <sup>1</sup>	\$30 c	opay <sup>1</sup>
Outpatient Surgery	\$25 copay pe	er procedure	20% coinsurance	(after deductible)
Inpatient Services				
Hospitalization	No charge		20% coinsurance	(after deductible)
<b>Emergency Services</b>				
Emergency Room	\$250 copay (wai	ved if admitted)	20% coinsurance	(after deductible)
Ambulance	No ch	narge	\$150 per trip (de	ductible waived)
Mental Health Services				
Inpatient	No charge		20% coinsurance	(after deductible)
Outpatient	\$25 copay per individual visit \$12 copay per group visit		\$15 copay pe	individual visit er group visit le waived)
<b>Durable Medical Equipment (DM</b>	ИE)			
DME	No ch	narge	20% (deduc	tible waived)
Prescription Drugs				
Generic	Up to 30-day supply: \$10 Up to 100-day supply (mail order): \$20			oly (mail order): \$20
Brand - Formulary	Up to 30-day supply: \$25 Up to 100-day supply (mail order): \$50		Up to 100-day supp	y supply: \$30 oly (mail order): \$60
Specialty Medications	Up to 30-day supply: 20% coinsurance not to exceed \$150		not to exc	y: 20% coinsurance ceed \$250
Your Monthly Premium	Los Rios	Retiree	Los Rios	Retiree
Retiree Only	\$367.00	\$1,939.03	\$367.00	\$1,706.97
Retiree + Dependent	n/a	\$3,878.06	n/a	\$3,413/94
Family	\$367.00	\$5,487.46	\$367.00	\$4,830.72

<sup>&</sup>lt;sup>1</sup> Typically provided only for the treatment of nausea or chronic pain.



The information below is a summary of coverage only.

KAISER HMO PLANS				
General Plan Provisions Kaiser HDHP HMO (HSA Compatible)				
Calendar Year Deductible	Individual: \$1,800 Individual with Family: \$3,300 Family: \$3,600			
Calendar Year Out-of-Pocket Maximum	Individual: \$3,700 Individual with Family: \$3,700 Family: \$7,400 (includes deductible)			
Lifetime Maximum	No	one		
Outpatient Services				
Doctor Office Visit	No charge (af	ter deductible)		
Preventive Care	No charge (dec	ductible waived)		
Well-Baby & Well-Child Care	No charge (dec	ductible waived)		
Most Lab & X-ray	No charge (af	ter deductible)		
Chiropractic	Not co	overed		
Acupuncture	No charge (after deductible) <sup>1</sup>			
Outpatient Surgery	No charge (after deductible)			
Inpatient Services				
Hospitalization	No charge (after deductible)			
Emergency Services				
Emergency Room	No charge (after deductible)			
Ambulance	No charge (after deductible)			
Mental Health Services				
Inpatient	No charge (after deductible)			
Outpatient	No charge (af	ter deductible)		
<b>Durable Medical Equipment (DM</b>	E)			
DME	No charge (af	ter deductible)		
Prescription Drugs				
Generic	Up to 30-day supply: \$10 (after deductible) Up to 100-day supply (mail order, after deductible): \$20			
Brand - Formulary	Up to 30-day supply: \$30 (after deductible) Up to 100-day supply (mail order, after deductible): \$60			
Specialty Medications	Up to 30-day supply: \$50 (after deductible)			
Your Monthly Premium	Los Rios Retiree			
Retiree Only	\$367.00	\$1,432.83		
Retiree + Dependent	n/a	\$2,865.66		
Family	\$367.00	\$4,054.90		

<sup>&</sup>lt;sup>1</sup> Typically provided only for the treatment of nausea or chronic pain.



The information below is a summary of coverage only.

	SUTTER HEALTH F	PLUS (SHP) HMO	Plans	
General Plan Provisions	SHP ML	29 HMO	SHP HDHP HMO	(HSA Compatible)
Calendar Year Deductible	None		Individual with	al: \$1,650 Family: \$3,300 \$3,300
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000		Individual with Family:	al: \$3,300 Family: \$3,300 \$6,600 deductible)
Lifetime Maximum	No	ne	No	one
Outpatient Services			İ	
Doctor Office Visit	\$20 c	copay	No charge (aft	ter deductible)
Annual Adult Physical Exams	No ch	narge	No charge (dec	ductible waived)
Well-Baby & Well-Child Care	No ch	narge	No charge (dec	ductible waived)
Most Lab & X-ray	X-ray: No charge	, Lab: \$20 copay	No charge (aft	ter deductible)
Chiropractic	\$15 copay (up to	20 visits/cal. yr)	Not co	overed
Acupuncture	\$15 copay (up to	20 visits/cal. yr)	No charge (aft	er deductible)¹
Outpatient Surgery	\$20 c	copay	No charge (aft	ter deductible)
Inpatient Services				
Hospitalization	No charge		\$50 copay per admitta	ance (after deductible)
<b>Emergency Services</b>				
<b>Emergency Room</b>	\$100 copay (wai	ved if admitted)	No charge (aft	ter deductible)
Ambulance	\$50 c	copay	No charge (aft	ter deductible)
Mental Health Services				
Inpatient	No charge		\$50 per admittanc	e (after deductible)
Outpatient	\$20 copay		No charge (aft	ter deductible)
<b>Durable Medical Equipment (DI</b>	ME)			
DME	No ch	narge	No charge (aft	ter deductible)
Prescription Drugs				
Tier 1	Up to 30-day supply: \$10 Up to 100-day supply (mail order): \$20			
Tier 2	Up to 30-day		: \$30 Up to 30-day supply or 100-day su	
Tier 3	Up to 30-day	supply: \$60 ly (mail order): \$120	: \$60	
Specialty Medications	Up to 30-day supply: 20%, up to a \$250 max copay		(after de	ipply: no charge ductible)
Your Monthly Premium	Los Rios	Retiree	Los Rios	Retiree
Retiree Only	\$367.00	\$844.20	\$367.00	\$737.10
Retiree + Dependent	n/a	\$1,688.50	n/a	\$1,474.20
Family	\$367.00	\$2,364.30	\$367.00	\$2,063.90

 $<sup>^{\</sup>rm 1}$  Typically provided only for the treatment of nausea or chronic pain.



The information below is a summary of coverage only.

WESTERN HEALTH ADVANTAGE (WHA) HMO PLANS				
General Plan Provisions	WHA Premi	ier 20 HMO	WHA 1800/0 HDHP H	MO (HSA Compatible)
Calendar Year Deductible	None		Individual with	al: \$1,800 Family: \$3,300 \$3,600
Calendar Year Out-of-Pocket Maximum		al: \$1,500 \$3,000	Individual with Family:	al: \$3,600 Family: \$3,600 \$7,200 deductible)
Lifetime Maximum	No	one	No	one
Outpatient Services				
Doctor Office Visit	\$20 0	copay	No charge (aft	er deductible)
Annual Adult Physical Exams	No cl	narge	No charge (dec	luctible waived)
Well-Baby & Well-Child Care	No cl	narge	No charge (ded	luctible waived)
Most Lab & X-ray	No cl	narge	No charge (aft	er deductible)
Chiropractic	\$15 c (up to 20 visits	copay /calendar year)		er deductible) /calendar year)
Acupuncture	(up to 20 visits	copay /calendar year)	No charge (after deductible) (up to 20 visits/calendar year)	
Outpatient Surgery	Office Setting: \$20 copay Outpatient Facility: \$100 copay		No charge (after deductible)	
Inpatient Services				
Hospitalization	No charge		No charge (aft	er deductible)
Emergency Services				
Emergency Room	\$100 copay / waived if admitted		No charge (aft	er deductible)
Ambulance	No charge		No charge (aft	er deductible)
Mental Health				
Inpatient	No cl	harge	No charge (after deductible)	
Outpatient		copay	No charge (after deductible)	
<b>Durable Medical Equipmer</b>			I	
DME	20% coii	nsurance	No charge (aft	er deductible)
Prescription Drugs				100
Tier 1	Up to 30-day supply: \$10 Up to 100-day supply (mail order): \$20		1	
Tier 2				
Tier 3	Up to 30-day supply: \$50 Up to 100-day supply (mail order): \$100		Up to 30-day supply: \$50 (after deductible Up to 100-day supply (mail order): \$100 (after deductible Up to 100-day supply (mail order): \$100 (after deductible Up to 100-day supply (mail order): \$100 (after deductible Up to 100-day supply)	
Specialty Medications (Tier 4)	, ,	supply: \$100		\$100 (after deductible)
Your Monthly Premium	Los Rios	Retiree	Los Rios	Retiree
Retiree Only	\$367.00	\$814.97	\$367.00	\$619.53
Retiree + Dependent	n/a	\$1,629.95	n/a	\$1,239.05
Family	\$367.00	\$2,306.37	\$367.00	\$1,753.27



### **HDHP Spotlight**

If you enroll in the HDHP, you'll have access to a health savings account (HSA). Think of an HSA as a medical IRA for your health care dollars—you choose how much to contribute from each paycheck to save for qualified health care expenses, such as deductibles, coinsurance, prescriptions and dental/vision care. For a complete list of eligible expenses, visit <a href="https://www.irs.gov/pub/irs-pdf/p502.pdf">https://www.irs.gov/pub/irs-pdf/p502.pdf</a>.

#### **HSA ELIGIBILITY**

There are eligibility requirements to be aware of, you may not participate in an HSA if you are:

- Covered as a dependent on another health plan or have any other health coverage (e.g., under a military or college health plan)
- Age 65 or older and enrolled in Medicare or Social
   Security (if you enrolled in an HSA prior to retirement, you may continue to use saved HSA funds after your retire for qualified expenses, but you cannot contribute more money to the account).
- Enrolled in or covered by a flexible spending account (FSA) for health expenses (dependent care and limited purpose FSA are excluded)

#### **HSA MAXIMUM CONTRIBUTIONS**

Each year, the IRS sets limits on how much you can contribute to an HSA. This means that the combination of your paycheck contributions and Los Rios' contributions can't exceed the following amounts in 2025:

Single: \$4,300Family: \$8,550

Catch up Contribution (age 55 and older): \$1,000

### KEY HSA BENEFITS IT'S TRIPLE TAX ADVANTAGED

Pay no taxes on what you contribute, on interest you earn or when you withdraw money.

#### **THE HSA IS 100% YOURS**

Take funds with you if you retire or switch jobs.

#### **LOWERS YOUR TAXABLE INCOME**

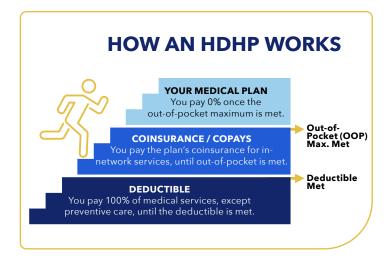
Because money is added before taxes are taken out, you save money on what you would have paid in taxes.\*

To complete or make changes to your HSA enrollment or to manage your investment options, visit www.netbenefits.com.





To learn more about the tax-advantaged HSA take a look at this <u>quick video</u>.



\*HSA contributions are not deductible for California state income tax.









### **Retiree Medical Plans**

#### **MEDICARE PLANS**

Medicare plans are available to Los Rios retirees over the age of 65 or otherwise Medicare eligible, and require enrollment in Medicare Part A and B.

If you elect a Medicare HMO plan, you must reside in the plan's service area in order to be eligible for coverage. The Centers for Medicare and Medicaid Services (CMS) monitors your residence and will instruct the carrier to cancel coverage if you are living outside the service area. You may not be enrolled in two Medicare plans at the same time, and CMS monitors enrollment. If you have more than one Medicare plan, CMS will automatically dis-enroll you from the plan you enrolled in first.

All of the Los Rios Medicare plans have Medicare Part D (prescription drug coverage) associated with them, so it is not necessary to enroll in a separate supplemental Part D plan; doing so will result in the cancellation of your Los Rios Medical Plan by CMS. Please note that high income earners may have a Medicare Part D Income Related Monthly Adjustment Amount (IRMAA) in addition to the premium for the Los Rios Medicare plan. Failure to pay the IRMAA premium will result in cancellation of the plan by CMS.

## RETIREES OR DEPENDENTS WHO BECOME COVERED BY MEDICARE IN 2024

Just prior to turning 65, you may begin receiving information from various carriers offering Medicare plans. Paperwork you receive directly from any carrier is NOT for the Los Rios group plans. If you complete and return their application, it WILL result in the loss of your Los Rios coverage and placement in an individual plan. Please contact the Los Rios Employee Benefits Department for an application approximately 2 months prior to turning 65, if you want to remain enrolled in a Los Rios group plan. There

are strict timelines set by CMS for submitting forms. Failure to complete paperwork within the required timelines can result in a significant premium increase for the months without Medicare coverage.

Individual plans may have different premiums as well as different coverage, even if the name is the same as the Los Rios plan name. For example, Los Rios offers a Kaiser Senior Advantage plan and there is an individual Senior Advantage plan available directly through Kaiser. If you cancel your Los Rios Medicare plan or elect not to enroll in a Los Rios Medicare Plan, you may not enroll in the Los Rios group plan at a later date. Eligible retirees will still receive the Los Rios contribution upon providing proof of their premium.

#### **RETIREE ONLY COVERAGE:**

At the time you turn age 65 or otherwise become eligible for Medicare, you will have the choice of Kaiser Senior Advantage or one of the United Healthcare (UHC) plans when you enroll in Medicare. Sutter Health Plus (SHP) and Western Health Advantage (WHA) do not have Medicare plans.

### RETIREE PLUS SPOUSE/DOMESTIC PARTNER COVERAGE:

If you cover a spouse or domestic partner on your plan, your choices when you or your spouse/domestic partner turns age 65 are as follows:

- Kaiser: The individual under age 65 would remain in the Kaiser HMO, DHMO, or HDHP HMO plan and the Medicare-eligible individual would enroll in Kaiser Senior Advantage.
- Sutter Health Plus & Western Health Advantage: The individual under age 65 would remain in the SHP or WHA plan and the Medicare-eligible individual could choose between the UHC Medicare Advantage HMO and PPO plans. If the retiree chooses to enroll in Kaiser, both the retiree and dependent must be in Kaiser.

#### IMPORTANT INFORMATION REGARDING THE KAISER NETWORK

When you join the Los Rios sponsored Kaiser plan, you are enrolling in Northern California Kaiser. When visiting southern California, you can receive care as a visiting member. If you move to southern California, you may remain in the Los Rios sponsored plan under an "inter-regional transfer." Contact the Los Rios Employee Benefits Department and they will coordinate the necessary paperwork.

Kaiser coverage for retirees residing outside of California in a state in which Kaiser is an option, such as Oregon, requires disenrollment from the Los Rios sponsored plan and enrollment in an individual Kaiser plan in the state where the retiree resides. The Kaiser plan would no longer be the Los Rios group plan, therefore premiums and coverage may differ from the Los Rios plan and premiums would be paid by the retiree directly to Kaiser. You may be eligible to re- enroll in a Los Rios plan once you cancel your coverage (see page 4 for eligibility requirements). If you elect an outside insurance plan, you will need to provide annual proof of your premium to continue receiving the District contribution.



### **Medicare Advantage Plans**

Kaiser Senior Advantage HMO				
General Plan Provisions				
Calendar Year Deductible	None			
Calendar Year Out-of-Pocket Limit	\$1,500 / \$	\$3,000		
Lifetime Maximum	Non	е		
Outpatient Services				
Doctor Office Visit Co-Pay	\$25 per	rvisit		
Annual Adult Physical Exams and Preventative Care	No cha	arge		
Most Lab & X-ray	No cha	arge		
Chiropractic	Not Cov	vered		
Outpatient Surgery	\$25 per	rvisit		
Inpatient Services				
Hospitalization	\$500 per admission			
<b>Emergency Services</b>				
Emergency Room	\$50 (waived if admitted)			
Ambulance	\$50 per trip			
<b>Durable Medical Equipment (DME)</b>				
DME	No cha	arge		
Prescription Drugs	Up to a 30-d	ay supply		
Generic	\$10 for up to 30	O-day supply		
Brand - Formulary	\$25 for up to 30-day supply			
Brand - Non-formulary	\$30 for up to 30-day supply			
Mail Order	Generic: \$10 for up to a 30-day supply; \$20 for 31-100-day supply Brand: \$25 for up to a 30-day supply; \$50 for 31-100-day supply			
Your Contributions	Los Rios	Retiree		
Retiree Only	\$367.00	\$261.08		
Retiree +Dependent	\$367.00 \$522.16			





### **Medicare Advantage Plans**

United Healthcare	Medicare Advantage HMO			licare age PPO	
General Plan Provisions					
Calendar Year Deductible	No	ne	None		
Calendar Year Out-of-Pocket Limit	\$6,7	'00	N	I/A	
Lifetime Maximum	No	ne	Ne	one	
Outpatient Services					
Doctor Office Visit Co-Pay	\$!	5	No c	harge	
Annual Adult Physical Exams	No ch	arge	No c	harge	
Most Lab & X-ray	No ch	arge	No c	harge	
Chiropractic	\$!	5	Not c	overed	
Acupuncture	Not co	vered	Not c	overed	
Outpatient Surgery	No ch	arge	No c	harge	
Inpatient Services					
Hospitalization	No charge		No charge (up to 365 lifetime additional reserve days)		
<b>Emergency Services</b>	Emergency Services				
Emergency Room	\$50 (waived if admitted)		No c	harge	
Ambulance	No charge		No c	harge	
Durable Medical Equipment (DME)					
DME	No ch	arge	No c	harge	
Prescription Drugs			Up to a 30	-day supply	
Tier 1	\$5 for up to a 3	30-day supply	\$7 for up to a	30-day supply	
Tier 2	\$15 for up to a 30-day supply		\$15 for up to a	a 30-day supply	
Tier 3 & 4	\$30 for up to a 30-day supply		\$30 for up to a 30-day supply		
Mail Order	Tier 1: \$10, Tier 2: \$30, and Tier 3 & 4: \$60 for up to a 90-day supply			30, and Tier 3 & 4: \$60 90-day supply	
Your Contributions	Los Rios	Retiree	Los Rios	Retiree	
Retiree Only	\$367.00	\$593.99	\$367.00	\$597.71	
Retiree +Dependent	\$367.00	\$1,187.98	\$367.00	\$1,195.42	









### **Medical Savings and Discounts**

#### KAISER AND WHA DISCOUNTS FOR EARLY RETIREES

Kaiser members have access to gym memberships for \$28 per month, plus a \$28 enrollment fee through Active&Fit Direct. To learn more about this and other great discounts available as a Kaiser member, visit **choosehealthy.com**. Members may be eligible for additional discounts on Fitbits, Sketchers shoes, acupuncture, chiropractic and massage services, Vitamixes, BodyBoss 2.0 and more!

WHA has teamed up with 12,700+ fitness centers to make exercise convenient. WHA members can enjoy working out at any gym in the Active&Fit Direct network for a \$28 per month and \$0 enrollment fee with code FITFORFALL (valid through 11/30/2024). Participants will have access to one-on-one health coaching, ability to enroll their spouse (or domestic partner), and digital workout library of on-demand workout videos. Learn more at <a href="https://www.activeandfitdirect.com/fitness/WHA">www.activeandfitdirect.com/fitness/WHA</a>.

#### **KAISER DISCOUNTS FOR RETIREES OVER AGE 65**

Kaiser Senior Advantage plan (KPSA) members have access to gym memberships through Silver&Fit. The Silver&Fit Exercise and Healthy Aging Program can help you stay active and thrive, at no additional cost. Choose the exercise plan that best matches your lifestyle:

#### FITNESS FACILITY MEMBERSHIP

Select a fitness facility from Silver&Fit's broad network of participating fitness facilities. Where available, you can:

- Work out with cardiovascular and strength-training equipment
- Access features such as saunas, pools, and whirlpools
- Attend Silver&Fit classes, including yoga, swimming, strength and cardio training, and more

#### **HOME FITNESS PROGRAM**

We make it easy to fit fitness into your day – right where you're most comfortable. With the home fitness program, you'll get:

- Up to 2 home fitness kits each calendar year
- A choice of various fitness topics, such as Pilates, stress management, and Chair Dancing
- Healthy Aging materials to help you find the right exercise program

To learn more about this and other great discounts available as a KPSA member, visit SilverandFit.com or call 1-877-750-2746.

#### **GENERIC PRESCRIPTIONS**

Each medical plan has tiered copays for prescription drugs, so it's important to know which will save you the most money for the same quality medication.

Generic and Tier 1 drugs always have the lowest copays, so when prescribed a medication, always ask your doctor if there's a generic version available. Non-formulary brand name and Tier 2/3 drugs always have the highest copays.

#### UNDERSTAND WHAT YOU'LL PAY

Be sure you know what your deductibles, copays and coinsurance will be before receiving care. Visit your medical carrier's website for access to a cost estimator tool.

### PREPARE FOR EMERGENCIES Evaluate the impact of out of packet expanses to

Evaluate the impact of out-of-pocket expenses to prepare for emergency care if needed.

#### PREVENTIVE CARE

Take advantage of free preventive care, such as your annual medical and dental exams, vaccines and screenings to stay as healthy as possible - and to detect any potential risks. When you catch preventable diseases early, it can save you money and keep you well.









### **Dental**

With our Delta Dental plan, you can access a network of dental care providers with discounted services. You have the freedom to see any dental provider you choose, but you'll typically save money with a PPO dentist.

There is no Los Rios contribution toward retiree dental coverage. This benefit is paid entirely by the retiree. Please note, if you drop the plan, you cannot re-enroll.

The dental plan features a network of dental care providers whose services you can access at a discounted rate. When you go to a PPO dentist, you'll typically save money. This is also an incentive plan that requires at least one visit per year to be eligible for an increased benefit of 10% coverage (lower copay) each calendar year.

The information below is a summary of coverage only.

Delta Dental PPO Plan			
General Plan Provisions	PPO	Premier/Non-Delta	
Calendar Year Deductible	None		
Calendar Year Plan Maximum	\$2,200	\$2,000	
Diagnostic & Preventive Care	Covered a	t 70-100%	
Basic Care	Covered at 70-100%		
Crowns, Inlays, Onlays & Cast Restoration Benefits	Covered at 70-100%		
Prosthodontic Benefits	Covered at 50%		
Dental Accident Benefits	Covered at 100% (calendar year maximum of \$1,000 per enrollee)		
Orthodontic Care	Not covered		
Monthly Contributions	Retiree		
Retiree Only	\$114.77		
Retiree plus Dependent	\$205.06		
Retiree plus Family	\$224.97		





### **Dental DHMO**

The Delta Dental HMO plan works just like a medical HMO in that you must go to an in-network provider in California. Although the network of HMO dentists is relatively small, Los Rios added this program as an alternative to the PPO plan for retirees who would like dental insurance coverage, are okay with choosing an in-network dentist, and like the idea of lower premiums offered by this HMO plan.

This plan offers services at a set co-pay depending on the services performed, materials used, etc. The table below is a brief summary of some of the benefits.

Delta Dental DHMO			
Sample Fee Schedule	Your Cost		
Diagnostic	\$0		
Cleaning 1 per 6 month period	\$0		
Additional cleaning within 6 months	\$45		
Amalgam filling	\$0		
Resin-based composite filling	\$35-\$85		
Crown	\$50 - \$240		
Complete dentures - maxillary	\$145		
Per Patient Per Calendar Year Maximum Benefit	None		
Your Contributions	Retiree		
Retiree Only	\$26.23		
Retiree plus Dependent	\$46.41		
Retiree plus Family	\$50.45		



### **Retirement Planning**

#### **403(B) AND 457 RETIREMENT SAVINGS PLAN**

As a retiree of an educational institution, you had the option of participating in a tax-deferred retirement savings program as authorized by Sections 403(b) and 457 of the Internal Revenue Code. If you participated in these programs, you sheltered a portion of your compensation otherwise subject to Federal and State income tax to purchase supplemental retirement benefits. Your 403(b) and 457 contributions, with accumulated interest and dividends, are not subject to Federal or State income taxes until the funds are withdrawn. There are restrictions and you may have significant penalties on early withdrawals. There is also an element of risk associated with the 403(b) and 457 programs, as your funds are not insured and are subject to earnings (or losses) based on your investment choices and market performance.

#### **DISTRIBUTION OF FUNDS**

Your money is always 100% yours and can be left where it is or rolled into an IRA or to your new retirement plan when you leave employment. If you withdraw your money, taxes will be due on the distribution. In most cases, withdrawal can be made without incurring an IRS penalty if you retire at 55 (or later) or if you become disabled. If you retire before age 55, you may be eligible to receive a series of periodic payments. There are several options:

- Transfer the money into your new employer's retirement savings plan
- Roll it into an IRA
- Leave it where it is
- Take a lump sum payment (penalties, taxes and other fees may apply)

To withdraw funds, obtain the distribution form from your investment company, complete an Envoy Transaction Request Form, and fax (or mail) both forms to Envoy. Envoy will sign the investment company's form on behalf of Los Rios, and will send it back to them to process the distribution. Just like life insurance, when you open your retirement savings plan, you designate a beneficiary. Be sure to keep your beneficiary up-to-date. Contact Envoy or the Employee Benefits Department if you have any questions or need additional details.

### SPECIAL PAY PLAN (SPP) (NOT INCLUDING LRCFT MEMBERS)

If you accrued vacation while working for Los Rios, your unused, accrued vacation hours were payable to you when you retired. Beginning January 1, 2012, vacation hours for retirees age 55 and older are paid into the Special Pay Plan, which is a retirement plan for special forms of compensation paid to employees in a tax-advantaged manner. Contributions to the Special Pay Plan permanently save payroll taxes, including 7.65% Social Security and Medicare taxes, on the money placed into the plan. Envoy and MidAmerica administer the Los Rios Special Pay Plan. If your accrued vacation hours were paid into the plan, MidAmerica established an account on your behalf. Your account balance is 100% yours. Your account earns a guaranteed fixed interest rate of 1.80%. Assets can remain in the Special Pay Plan or you may withdraw the funds (at which point they will be subject to income tax), take multiple distributions, or rollover funds to an IRA or other retirement plan.









### **Contacts**

EMPLOYEE BENEFITS DEPARTMENT					
Employee Benefits Department 916.568.3070 retirees@losrios.edu					
Nicole Keller, Supervisor 916.568.3197 kellern@losrios.edu					

PLAN	GROUP#	TELEPHONE	WEBSITE		
MEDICAL					
Kaiser Permanente	233	800.464.4000	www.kp.org		
Sutter Health Plus	030007	855.315.5800	www.sutterhealthplus.org		
Western Health Advantage	107423	888.563.2250	www.westernhealth.com		
DENTAL					
Delta Dental PPO Plan	6632	888.335.8227	www.deltadentalins.com		
HEALTH SAVINGS ACCOUNT					
Fidelity Investments	Los Rios	800.544.3716	www.NetBenefits.com		
PET INSURANCE					
MetLife	-	800.GET.MET8	www.metlife.com/getpetquote		
403(b), 457 & SPECIAL PAY PLAN (	SPP)				
Envoy Plan Services - 403(b) & 457	Los Rios	866.873.4240 800.248.8858	https://envoy.tsacg.com/index.php?e=3835		
MidAmerica - Special Pay Plan	Los Rios	800.430.7999	www.midamerica.biz		
OTHER BENEFITS					
BenefitsHub	7L98M6	866.664.4621	losrios.benefithub.com/app/home		
Claims Issues & Plan Questions - EPIC	Los Rios	877.374.2151	csr@epicbrokers.com 877.374.2151		
Long Term Care Insurance & Caregiver Resources - Unum	145431	800.227.4165	www.LosRiosLTC.com		



### **Notes**




### **Notes**

















