

WHAT HAPPENS AFTER RETIREMENT

*Working after Retirement, Health
Insurance, Social Security and
Medicare*



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WORKING AFTER RETIREMENT

Many Los Rios Employees elect to return to work, as adjunct and/or ESA assignments, after retiring from full time service. If you elect to return to work, there is additional paperwork that must be completed through Human Resources. Also, there are limitations on the amount of money you may earn before your STRS/PERS benefit will be affected.

So what is the impact on your STRS/PERS retirement benefit if you do elect to return to work?

Both STRS and PERS have a 180 *calendar* day waiting period before you can return to STRS or PERS employment. You can continue to receive your full retirement benefit, with no earnings limitation, if you take a job outside of STRS or PERS covered employment.

STRS

- The limit you may earn from all STRS covered employment is adjusted each July. For 2018-2019, the limit is \$45,022.
 - If the earnings limit is exceeded, STRS will reduce your pension check by every dollar that you are over the limit.
- For additional questions, please contact CalSTRS at 800-228-5453.

PERS

- You **must** follow the laws and regulations governing working in retirement because it can otherwise result in an *involuntary reinstatement into active employment* with the PERS employer who hires you. **This would stop your retirement benefits.**
 - Your assignment with the PERS employer must be temporary—it cannot be a “permanent” position.
 - You may not work more than 960 hours in a fiscal year for a PERS employer.
 - You cannot be paid by a PERS employer at a higher rate of pay than what you were earning when you retired.
- For additional questions, please contact PERS at 888-225-7377.

If you elect to return to the District as an adjunct or on an ESA, you will need to contact Human Resources and you may be required to obtain medical clearance and/or complete the fingerprinting process.

SOCIAL SECURITY

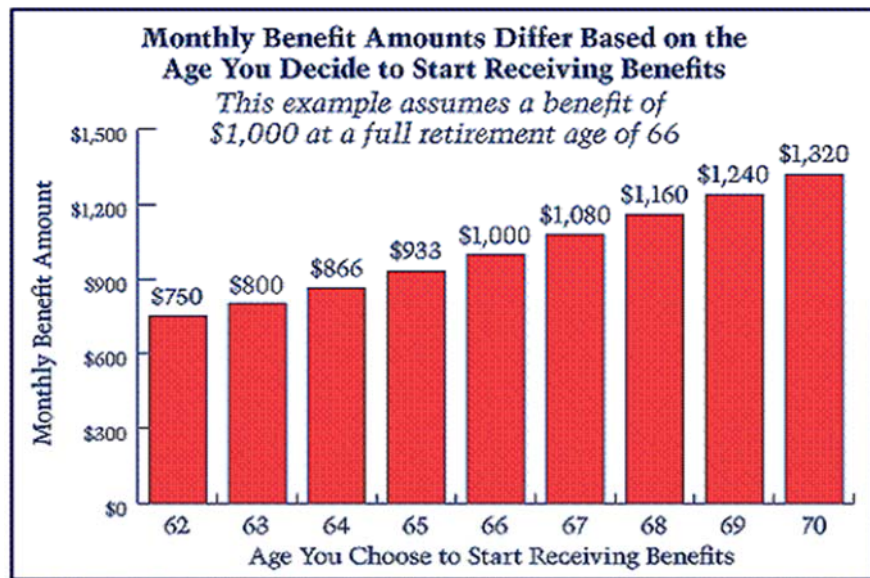
There is often a lot of confusion between Social Security *Retirement* benefits and *Medicare*, which are two separate benefits. The Retirement Benefit is the income you receive, whereas Medicare is health insurance. You may elect or be eligible for one benefit without having the other.

Social Security Retirement Benefits

There are some factors to consider when deciding the best time to begin collecting your Retirement Benefit:

- Your current cash needs
- Your health and family longevity
- Whether you plan on continuing to work
- Other retirement income
- Your age

Age will play a factor in the amount of your benefit. The following is an example if your full retirement age is 66 and the full benefit amount is \$1,000.



See the chart below for your full retirement age, i.e. “normal retirement age.”

Age To Receive Full Social Security Benefits (Called “full retirement age” or “normal retirement age.”)	
Year of Birth*	Full Retirement Age
1937 or earlier	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943—1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

**If you were born on January 1st, you should refer to the previous year. (If you were born on the 1st of the month, SS figures your benefit (and your full retirement age) as if your birthday was in the previous month.)*

If you decide to continue working once you begin collecting benefits, there is a maximum amount you can earn if you have not reached full retirement age.

If you are younger than full retirement age during the entire 2018 calendar year, the maximum you can earn is \$17,040. For each \$2 earned over the maximum, \$1 will be deducted from your benefit.

If you reach full retirement age *during* the 2018 calendar year, the maximum you can earn is \$45,360. For each \$3 earned over the maximum, \$1 will be deducted from your benefit until the month you reach full retirement age.

You can use Social Security’s online Retirement Estimator at www.socialsecurity.gov/estimator to help determine the amount of your benefit.

To begin collecting your benefit, you can apply online at www.socialsecurity.gov or call 1-800-772-1213. You can also make an appointment at your local Social Security office.

You may be asked to supply the following information when applying for your benefit:

- Social Security number
- Birth certificate
- W-2
- Military discharge papers if you had military service
- Proof of U.S. Citizenship or lawful alien status if you were not born in the United States
- The name of your financial institution, routing and account number for direct deposit or you may go to www.GoDirect.org to receive your payments on a prepaid debit card.

For more information on Social Security benefits, visit www.socialsecurity.gov, call 1-800-772-1213 or contact your local Social Security office.

Social Security Medical Benefits (Medicare)

Medicare is health insurance for the following:

- People 65 or older
- People under 65 with certain disabilities
- People of any age with End Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

There are four separate parts of Medicare: Part A, B, C, and D. Each part helps cover specific services.

Part A (Hospital Insurance)

Medicare Part A is hospital insurance that helps cover inpatient care in hospitals, skilled nursing facilities, hospice and home health care.

Cost:

Most people don't pay a premium for Part A because they paid Medicare taxes while working. This is called "premium free Part A."

Employees who continually worked for Los Rios since the early 1980s had the option of opting out of paying Medicare taxes. Employees hired as of April 1986 or later were required to pay Medicare taxes. If you did not pay into Medicare while working, you may be able to purchase part A if you are 65 or older, are also enrolling in Medicare Part B and meet the citizenship or residency requirements.

If you are not eligible for premium-free Part A and you do not purchase it when you first become eligible, in addition to the regular premium, you may be assessed a penalty charge for late enrollment. The premium for those who do not qualify for premium free Part A pay up to \$422 per month in 2018.

Deductibles & Coinsurance 2018:

Hospital or skilled nursing facility costs per benefit period are listed below. The benefit period begins the day you enter the hospital or skilled nursing facility and ends when you haven't received any inpatient care for 60 consecutive days.

Hospital Care:

\$1,316 deductible per benefit period

Days 1–60: \$0 coinsurance for each benefit period in 2018.

Days 61–90: \$335 coinsurance per day of each benefit period in 2018.

Days 91 and beyond: \$670 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).

Beyond lifetime reserve days: all costs are your responsibility.

Skilled Nursing Facility Care (SNF):

Days 1–20: \$0 for the first 20 days each benefit period.

Days 21-100: \$167.50 per day each benefit period.

All costs are your responsibility for each day after day 100 in a benefit period.

Note:

- If you stop receiving skilled care in the SNF, or leave the SNF altogether, your SNF coverage may be affected depending on how long your break in SNF care lasts.
- If your break in skilled care lasts more than 30 days, you need a new 3-day hospital stay to qualify for additional SNF care. The new hospital stay doesn't need to be for the same condition that you were treated for during your previous stay.
- If your break in skilled care lasts for at least 60 days in a row, this ends your current benefit period and renews your SNF benefits. This means that the maximum coverage available would be up to 100 days of SNF benefits.

Enrollment:

In most cases, if you are receiving Social Security benefits, you will automatically get Part A on the first day of the month in which you turn 65. If you are not going to receive Social Security Benefits at age 65, but you want Medicare Part A, you will need to complete the enrollment process with Social Security. You will want to start this process by contacting Social Security 3 months before you turn 65 either by phone at 1-800-772-1213 or online at <https://secure.ssa.gov/iClaim/rib>.

If you do not enroll in Part A when you turn 65, you may enroll during the "General Enrollment Period" of January 1st through March 31st with a July 1st effective date.

If you are still working and covered by an employer group health plan, you DO NOT need to enroll in Medicare when you turn 65. If you are contributing to an HSA plan, you cannot enroll in Medicare. You will be eligible for a “Special Enrollment Period” which is the 8-month period that begins the month after the employment ends or the group health plan coverage ends, whichever happens first.

Part B (Medical Insurance)

Medicare Part B is medical insurance that helps cover doctors’ services, hospital outpatient care and home health care. Part B helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse.

Cost:

The *standard* premium for Medicare Part B in 2018 is \$134. Retirees with higher incomes may pay a higher premium. Your modified adjusted gross income as reported on your IRS tax return from 2 years prior determines your cost.

If you are single and filed an individual tax return or are married and filed a joint return, your cost would be as follows:

If your yearly income in 2016 (for what you pay in 2018) was			You pay each month (in 2018)
File individual tax return	File joint tax return	File married & separate tax return	
\$85,000 or less	\$170,000 or less	\$85,000 or less	\$134
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	Not applicable	\$187.50
above \$107,000 up to \$133,500	above \$214,000 up to \$267,000	Not applicable	\$267.90
above \$133,500 up to \$160,000	above \$267,000 up to \$320,000	Not applicable	\$348.30
above \$160,000	above \$320,000	above \$85,000	\$428.60

Deductibles 2018:

\$183 per year

Enrollment:

Eligibility for Part B begins when you turn age 65. If you wish enroll in Part B at age 65, you should contact Social Security 3 months prior to turning 65. The eligibility period for enrolling begins 3 months prior to turning 65, includes the month you turn 65 and continues for another 3 months after the month you turn 65.

If you or your spouse is still working and you are covered under a group sponsored health plan, such as one of the Los Rios health plans for **active** employees, you may want to delay in enrolling not only in Part A but also in Part B until that employment ends or you lose or otherwise cancel your health insurance coverage. If you enroll in Part B but remain covered by the Los Rios plan, the Los Rios health plan would be primary and you would be unable to utilize your Part B. If you have group health insurance under another employer, such as a spouse's employer, you may want to verify with that employer how their insurance works with Medicare. Since there is a premium associated with Medicare Part B, it may not benefit you to pay for this coverage while still on an employer's group plan.

If you delayed in enrolling in Part B due to coverage in an employer group sponsored health plan, you will need to obtain a Request for Employment Information form from the employer's benefits department 3 months prior to the end of your employment. This form certifies that you have been working and were covered under the employer's health plan. This will allow you a Special Enrollment period and will waive any penalties for delayed enrollment in Part B. The Special Enrollment period is the 8-month period that begins the month after the employment ends or the group health plan coverage ends, whichever happens first.

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	2. Date [] [] / [] [] / [] [] [] []	
3. Employer's Address <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>		
City <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	State [] []	Zip Code [] [] [] [] [] []
4. Applicant's Name <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	5. Applicant's Social Security Number [] [] [] [] - [] [] - [] [] [] []	
6. Employee's Name <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	7. Employee's Social Security Number [] [] [] [] - [] [] - [] [] [] []	

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. If yes, give the date the applicant's coverage began. (mm/yyyy) [] [] / [] [] [] []		
3. Has the coverage ended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. If yes, give the date the coverage ended. (mm/yyyy) [] [] / [] [] [] []		
5. When did the employee work for your company?		
From: (mm/yyyy) [] [] / [] [] [] []	To: (mm/yyyy) [] [] / [] [] [] []	Still Employed: (mm/yyyy) [] [] / [] [] [] []
6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.		
From: (mm/yyyy) [] [] / [] [] [] []	To: (mm/yyyy) [] [] / [] [] [] []	

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If yes, does the applicant have hours remaining in reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Date reserve hours ended or will be used? (mm/yyyy) [] [] / [] [] [] []	

All Employers:

Signature of Company Official <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	Date Signed [] [] / [] [] / [] [] [] []
Title of Company Official <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	Phone Number ([] [] []) [] [] [] - [] [] [] []

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

Part C (Medicare Advantage)

A Medicare Advantage Plan is a health plan offered by private companies, approved by Medicare. The plan provides all of your hospital and medical care. It may also provide drug coverage.

Medicare pays a fixed amount for your care every month to the companies that offer Medicare Advantage plans. These companies must follow rules established by Medicare. Each Medicare Advantage plan can charge different out-of-pocket costs.

The types of Medicare Advantage Plans are:

HMO - Health Maintenance Organization: You utilize doctors and other providers or hospitals that are on the plan's list.

PPO-Preferred Provider Organization: You can utilize any doctor or provider, but you may pay more if you use doctors/providers outside the network.

PFFS-Private Fee for Service: Offered by private insurance companies and Medicare pays that plan a set amount every month. The plan, not Medicare, determine how much it will pay doctors and other providers.

SNP- Special Needs Plans: Enrollment is limited to people with specific diseases or characteristics. The plan tailors the benefits, provider choices and drug formularies to meet those specific needs.

HMOPOS-HMO Point of Service Plans: An HMO plan that may allow you to get some services out-of-network for a higher cost.

MSA-Medical Savings Account: A plan that combines a high deductible health plan with a bank account. Medicare deposits money into the account (usually less than the deductible). You can use the money to pay for health care services during the year.

Costs:

The premiums for Medicare Advantage Plans vary depending on the plan you choose. This premium is *in addition* to your Medicare Part B premium.

Enrollment:

You must have Medicare A **and** B in order to be eligible for a Medicare Advantage Plan.

If you are enrolled in a Los Rios retiree health plan, you do not need to enroll in Part C. In some cases, enrollment in Part C may *jeopardize* your Los Rios sponsored plan.

If you want to enroll in Part C, your eligibility period for enrolling begins 3 months prior to turning 65, includes the month you turn 65 and continues for another 3 months after the month you turn 65. You may also enroll during the annual open enrollment period from October 15 – December 7, with a January 1 effective date.

Part D (Medicare Prescription Drug Coverage)

Medicare Part D is a prescription drug option run by private insurance companies approved by Medicare. It helps cover the cost of prescription drugs. Plans can vary in cost and drug coverage.

Costs:

The premiums for Medicare Part D plans vary depending on the plan you choose. There may be an income-related adjustment in addition to your drug plan premium.

If your filing status and yearly income in 2016 was			
File individual tax return	File joint tax return	File married & separate tax return	You pay each month (in 2018)
\$85,000 or less	\$170,000 or less	\$85,000 or less	your plan premium
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	not applicable	\$13.00 + your plan premium
above \$107,000 up to \$133,500	above \$214,000 up to \$267,000	not applicable	\$33.60 + your plan premium
above \$133,500 up to \$160,000	above \$267,000 up to \$320,000	not applicable	\$54.20 + your plan premium
above \$160,000	above \$320,000	above \$85,000	\$74.80 + your plan premium

If you do not join a Medicare drug plan when you are first eligible and you ***do not*** have other creditable coverage (if you are covered under a Los Rios sponsored plan, you have creditable coverage), you will be charged a late enrollment penalty.

Enrollment:

If you are enrolled in a Los Rios retiree health plan, you do not need to enroll in Part D. This is because the Los Rios sponsored plans have drug coverage incorporated which is “creditable” coverage, meaning it offers benefits at least as good as Medicare Part D’s prescription benefits.

You must have Medicare A **or** B in order to be eligible for Part D.

If you want to enroll in Part D, your eligibility period for enrolling begins 3 months prior to turning 65, includes the month you turn 65 and continues for another 3 months after the

month you turn 65. You may also enroll during the annual enrollment period from October 15 – December 7, with a January 1 effective date.

You may be eligible for an additional enrollment period if one of the following occurs:

- You move out of your plan’s service area.
- You lose creditable prescription drug coverage.
- You live in an institution, such as a nursing home.

For additional information or to ask questions regarding Medicare, please contact Medicare’s website at www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

LOS RIOS RETIREE MEDICAL & DENTAL PROGRAM

District Contribution

As of July 1, 2017, for retirees who meet the eligibility criteria for their bargaining agreement, a contribution of up to \$280 per month will be made toward the cost of their medical premium. This contribution is evaluated every two years. This contribution is for the **retiree’s medical coverage only**—spouses do not receive a contribution and there is no District contribution toward the cost of dental coverage.

Eligible retirees may select a Los Rios retiree medical plan or they may sign up for a different plan outside of Los Rios. Either way, the retiree is eligible for the District contribution of up to \$280 per month, depending on the cost of the coverage.

Eligibility

Under the LRCFT bargaining agreement, employees hired prior to June 30, 1990, must be at least age 55 and have 10 years of full time service with the District and employees hired after June 30, 1990, must be at least age 55 and have 15 years of full time service with the District to qualify for the Retiree Medical Program with the District contribution.

Regular faculty with the *equivalent* of 10 years full time service with the District and adjunct faculty who have participated in a medical plan the 5 years immediately prior to retirement, are eligible to continue a Los Rios sponsored *medical* plan. They are ineligible to continue the dental plan and are ineligible for the District contribution.

Faculty who retire before age 65 may a health plan other than a District sponsored plan without forfeiting their ability to enroll in a District plan upon turning age 65 or otherwise becoming Medicare eligible. If the retiree does not elect the District plan upon turning Medicare eligible they will not receive another opportunity to enroll in a District sponsored plan. It is the **Retiree’s** responsibility to contact the Employee Benefits Department to enroll. The open enrollment period to contact the Employee Benefits Department and complete the enrollment process is the same enrollment period for Medicare: the three months prior to turning 65, the month of the 65th birthday and three months after turning 65.

Eligible retirees who elect to obtain insurance outside of a District plan are still entitled to the District contribution, as long as they provide documentation of their premium on an annual basis.

Open enrollment is held annually from mid-April to mid-May, with a July 1st effective date. During open enrollment, retirees enrolled in a District sponsored medical and/or dental plan may elect to change to a different District sponsored plan. Retirees may also add eligible dependents during open enrollment. Retirees not enrolled in a District sponsored plan may not enroll in one during open enrollment; again, they must enroll at the time of retirement in order to be eligible to participate in a Los Rios plan.

Retirement workshops are held at the District office each semester which provide detailed information regarding the Retiree Medical Program. Information announcing the workshops is sent via e-mail. In addition, information can also be obtained at any time by accessing the Employee Benefits website at: <http://www.losrios.edu/business/benefits.php> or by contacting the Employee Benefits Department.

Early Retiree Plans (Retirees/Dependents Under Age 65):

Retirees and dependents must be in the same plan *except* when one member is under age 65 and the other member is age 65 or older. The plans coordinate as follows:

Kaiser - The individual under age 65 would be enrolled in the Kaiser Traditional or DHMO Plan and the individual age 65 or older would be enrolled in the Kaiser Senior Advantage Plan.

Sutter Health Plus – The individual under age 65 would be enrolled in the Sutter Health Plus and the individual age 65 or older could choose between UHC Medicare Advantage and UHC Senior Supplement. If the retiree chooses to enroll in Kaiser, both the retiree and dependent must enroll in Kaiser.

Western Health Advantage – The individual under age 65 would be enrolled in the Western Health Advantage Plan and the individual age 65 or older could choose between UHC Medicare Advantage and UHC Senior Supplement. If the retiree chooses to enroll in Kaiser, both the retiree and dependent must enroll in Kaiser.

2018-19 Medical Plans, Premiums & Co-Pays:

Early Retirees (Retirees/Dependents under age 65)

- Kaiser DHMO
- Kaiser Traditional Plan HMO
- Kaiser High Deductible Health Plan (HDHP)
- Sutter Health Plus (SHP) HMO
- Sutter Health Plus High Deductible Health Plan (SHP HDHP)
- Western Health Advantage (WHA) HMO
- Western Health Advantage 1800 High Deductible Health Plan

Kaiser:

In order to continue with the Los Rios Kaiser plans at the time of retirement, you must reside within the Kaiser service area. The service area is determined by your zip code. To determine if your zip code is located within a covered service area, please visit contact Kaiser Member Services at 800-464-4000.

The Kaiser Traditional Plan and HDHP mirror the active employee plans. However, the retiree Kaiser DHMO plan includes co-pays that differ from those of the active plan.

The DHMO is a deductible HMO plan. With a deductible (DHMO) plan, office visits, lab tests, radiology services and prescriptions are covered by a co-payment or co-insurance. Hospital-related care requires that you meet an annual deductible before the services are covered by a co-payment or co-insurance. Annual deductibles are based on a *calendar* year.

With the HDHP plan, the retiree is responsible for all costs until the calendar year deductible is met.

All three plans have a limit on your annual out-of-pocket expenses. Once that maximum has been met, Kaiser will pay the full cost of most covered services for the remainder of the calendar year.

When you join the Los Rios sponsored plan, you are enrolling in northern California Kaiser. When visiting southern California, you can receive care as a visiting member. If you live in southern California, you will still need to be enrolled in the northern California (Los Rios) plan and then apply for an inter-regional transfer.

Kaiser coverage for retirees residing outside the state of California in another state in which Kaiser is an option requires disenrollment from the Los Rios sponsored plan and enrollment in the state in which the retiree resides. The Kaiser plan would no longer be a Los Rios group plan, meaning that premiums and coverage may differ from the Los Rios group plan. The retiree is still entitled to the District contribution, provided proof of premium amount is submitted on an annual basis.

If you have a medical emergency, you may go to the nearest hospital and Kaiser will cover emergency care anywhere in the world. Once your condition is deemed stable by the physician, “post stabilization care” from a non-plan provider requires prior authorization.

If you are outside your service area and have an urgent care need due to an unforeseen illness or injury, Kaiser will cover medically necessary services to prevent serious deterioration of your health.

MONTHLY PREMIUM TRADITIONAL HMO PLAN

	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 1,223.14	$(\$1,223.14 - \$280) = \$ 943.14$
DEPENDENT	\$ 1,223.14	\$1,223.14
RETIREE & DEPENDENT	\$ 2,446.28	\$2,166.28

MONTHLY PREMIUM DHMO

	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 1,146.98	$(\$1,146.98 - \$280) = \$ 866.98$
DEPENDENT	\$ 1,146.98	\$1,146.98
RETIREE & DEPENDENT	\$ 2,293.96	\$2,013.96

MONTHLY PREMIUM HDHP

	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 948.50	$(\$948.50 - \$280) = \$ 668.50$
DEPENDENT	\$ 948.50	\$ 948.50
RETIREE & DEPENDENT	\$ 1,897.00	\$1,617.00

General Plan Provisions	HMO	Deductible HMO
Calendar Year Deductible Individual / Family	None	\$500 / \$1,000
Calendar Year Out-of-Pocket Limit Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000 (includes deductible)
Lifetime Maximum	None	None
Outpatient Services		
Doctor Office Visit Co-Pay	\$15 copay	\$20 (deductible waived)
Annual Adult Physical Exams	No Charge	No Charge
Most Lab & X-ray	No Charge	\$10 (deductible waived)
Chiropractic	Not Covered	Not Covered
Acupuncture	\$15 copay ¹	\$10 copay ¹
Outpatient Surgery	\$15 copay per procedure	10% coinsurance (after deductible)
Inpatient Services		
Hospitalization	No Charge	10% coinsurance (after deductible)
Emergency Services		
Emergency Room	\$100 copay/ waived if admitted	10% coinsurance (after deductible)
Ambulance	No Charge	\$150 per trip (deductible waived)
Mental Health		
Inpatient	No Charge	10% coinsurance (after deductible)
Outpatient	\$15 copay per individual visit \$7 copay per group visit	\$20 per individual visit / \$10 per group visit (deductible waived)
Durable Medical Equipment (DME)		
DME	No Charge	20% coinsurance (deductible waived)
Prescription Drugs (Up to a 30-day supply)		
Generic	\$10	\$10 (deductible waived)
Brand – Formulary	\$20	\$30 (deductible waived)
Brand - Non-Formulary	n/a	n/a
Specialty Medications	10% coinsurance not to exceed \$100 (up to a 30-day supply)	10% coinsurance not to exceed \$100 (up to a 30-day supply)
Mail Order	\$20 Generic / \$40 Brand Name (up to 100-day supply)	\$20 Generic / \$60 Brand Name (up to 100-day supply)

General Plan Provisions	Kaiser HDHP HMO (HSA Compatible)
Calendar Year Deductible Individual / Family	Self only: \$1,800 Individual w/Family coverage: \$2,700 Family coverage: \$3,600
Calendar Year Out-of-Pocket Limit Individual / Family (includes deductible)	Self only: \$3,600 Individual w/Family coverage: \$3,600 Family coverage: \$7,200
Lifetime Maximum	None
Outpatient Services	
Doctor Office Visit Co-Pay	No Charge (after deductible)
Preventive Care	No Charge (deductible waived)
Well-Baby & Well-Child Care	No Charge (deductible waived)
Most Lab & X-ray	No Charge (after deductible)
Chiropractic	Not Covered
Acupuncture	No Charge (after deductible; referral required) ¹
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	
Inpatient	No Charge (after deductible)
Outpatient	No Charge (after deductible)
Durable Medical Equipment (DME)	
DME	No Charge (after deductible)
Prescription Drugs	
	Up to a 30-day supply
Generic	\$10 (after deductible)
Brand – Formulary	\$30 (after deductible)
Brand – Non-formulary	N/A
Specialty Medications	\$50 (after deductible, up to a 30-day supply)
Mail Order	\$20 Generic / \$60 Brand Name (after deductible, up to 100-day supply)

Sutter Health Plus:

In order to continue with the Los Rios SHP HMO or SHP HDHP plan, you must reside within the service area at the time of retirement. This consists of Sacramento, Yolo, Solano, Stanislaus, San Joaquin counties and some areas within Sutter, Placer and El Dorado counties. To verify whether you are in the SHP service area, call Sutter Health Plus at 855-315-5800.

Members select a primary care physician who is a member of the Sutter Physicians Alliance (SPA) Network. The network consists of the following medical groups:

- Sutter Independent Physicians
- Sutter Medical Foundation
- Sutter Medical Group
- Gould Medical Center
- Sutter Gould Medical Group

MONTHLY PREMIUM HMO PLAN

	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 653.59	(\$653.59 - \$280) = \$ 373.59
DEPENDENT	\$ 653.59	\$ 653.59
RETIREE & DEPENDENT	\$1,307.18	\$ 1,027.18

MONTHLY PREMIUM HDHP PLAN

	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 537.71	(\$537.71 - \$280) = \$ 257.71
DEPENDENT	\$ 537.71	\$ 537.71
RETIREE & DEPENDENT	\$1,075.42	\$ 795.42

General Plan Provisions	SHP MLS2 HMO	SHP HDHP HMO (HSA Compatible)
Plan Year Deductible Individual / Family	None	Self only: \$1,500 Individual w/Family coverage: \$2,700 Family coverage: \$3,000
Plan Year Out-of-Pocket Limit Individual / Family	\$1,500 / \$3,000	Self only: \$3,000 Individual w/Family coverage: \$3,000 Family coverage: \$6,000 (includes deductible)
Lifetime Maximum	None	Unlimited
Outpatient Services		
Doctor Office Visit Co-Pay	\$15 copay	No Charge (after deductible)
Annual Adult Physical Exams	No Charge	No Charge (deductible waived)
Well-Baby & Well-Child Care	No Charge	No Charge (deductible waived)
Most Lab & X-ray	No Charge	Lab / X-ray: No Charge (after deductible)
Chiropractic	Not Covered	Not Covered
Acupuncture	\$15 copay ¹	No Charge (after deductible) ¹
Outpatient Surgery	\$15 copay	No Charge (after deductible)
Inpatient Services		
Hospitalization	No Charge	\$50 copay per admittance (after deductible)
Emergency Services		
Emergency Room	\$35 copay/ waived if admitted	No Charge (after deductible)
Ambulance	No Charge	No Charge (after deductible)
Mental Health		
Inpatient	No Charge	No Charge (after deductible)
Outpatient	\$15 copay	No Charge (after deductible)
Durable Medical Equipment (DME)		
DME	No Charge	No Charge (after deductible)
Prescription Drugs Up to 30-day supply		
Tier 1	\$10	No Charge (after deductible)
Tier 2	\$20	No Charge (after deductible)
Tier 3	\$35	No Charge (after deductible)
Specialty Medications	20% coinsurance not to exceed \$100 (up to a 30-day supply)	No Charge (after deductible) (up to 30-day supply)
Mail Order	\$20 Tier 1/ \$40 Tier 2 / \$70 Tier 3 (up to 90-day supply)	No Charge (after deductible) (up to 100-day supply)

Western Health Advantage (WHA):

In order to continue with the Los Rios WHA HMO or HDHP plan at the time of retirement, you must reside within the service area. To determine if your zip code is in a covered service area, visit WHA's website at: <https://www.westernhealth.com/service-area-maps>.

The network consists of the following medical groups:

- Hill Physicians Medical Group
- Dignity Health
- Meritage Medical Network
- NorthBay Healthcare: Center for Primary Care
- Woodland Clinic Medical Group

MONTHLY PREMIUM

HMO	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 673.29	$(\$673.29 - \$280) = \$ 393.29$
DEPENDENT	\$ 673.29	\$ 673.29
RETIREE & DEPENDENT	\$1,346.58	\$ 1,066.58

MONTHLY PREMIUM

HDHP	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 494.08	$(\$494.08 - \$280) = \$ 214.08$
DEPENDENT	\$ 494.08	\$ 494.08
RETIREE & DEPENDENT	\$ 988.16	\$ 708.16

General Plan Provisions	Premier 15 HMO		1800/0 HDHP HMO (HSA Compatible)	
Calendar Year Deductible Individual / Family	None		Self only: \$1,800 Individual w/ Family coverage: \$2,700 Family coverage: \$3,600	
Calendar Year Out-of-Pocket Limit Individual / Family	\$1,500 / \$2,500		Self only: \$3,600 Individual w/ Family coverage: \$3,600 Family coverage: \$7,200 (includes deductible)	
Lifetime Maximum	None		None	
Outpatient Services				
Doctor Office Visit Co-Pay	\$15 copay		No Charge (after deductible)	
Annual Adult Physical Exams	No Charge		No Charge (deductible waived)	
Most Lab & X-ray	No Charge		No Charge (after deductible)	
Chiropractic & Acupuncture	\$15 copay (up to 20 visits/calendar year)		No Charge (after deductible) (up to 20 visits/calendar year)	
Outpatient Surgery	Office Setting: \$15 copay Outpatient Facility: \$100 copay		No Charge (after deductible)	
Inpatient Services				
Hospitalization	No Charge		No Charge (after deductible)	
Emergency Services				
Emergency Room	\$100 copay / waived if admitted		No Charge (after deductible)	
Ambulance	No Charge		No Charge (after deductible)	
Mental Health				
Inpatient	No Charge		No Charge (after deductible)	
Outpatient	\$15 copay		No Charge (after deductible)	
Durable Medical Equipment (DME)				
DME	20%		No Charge (after deductible)	
Prescription Drugs				
	Up to a 30-day supply		Up to a 30-day supply	
Tier 1	\$10		No Charge (after deductible)	
Tier 2	\$30		No Charge (after deductible)	
Tier 3	\$50		No Charge (after deductible)	
Self-injectables	20% coinsurance not to exceed \$100 (30-day supply)		No Charge (after deductible) (up to a 30-day supply)	
Mail Order	\$25 Tier 1 / \$75 Tier 2 / \$125 Tier 3 (up to 90 day supply)		No Charge Tier 1/\$75 Tier 2/\$125 Tier 3 (after deductible) (up to 90 day supply)	
Monthly Contributions*				
	Los Rios	Retiree	Los Rios	Retiree
Retiree Only	\$280.00	\$393.29	\$280.00	\$214.08
Dependent	n/a	\$673.28	n/a	\$494.07
Retiree plus Dependent	\$280.00 (for retiree)	\$1,066.57	\$280.00 (for retiree)	\$708.15

Medicare Advantage/Supplement Plans (Retirees/Dependents Age 65 +):

Just prior to turning 65, you may begin receiving information regarding Medicare supplement/advantage plans. Unless the information comes from Los Rios, the information you receive may not be for the Los Rios group plan. **Completing the application and returning it directly to an insurance carrier may result in your coverage being dropped from the Los Rios group plan and placed in an individual plan.** We can't always fix these types of errors, so please be very careful when completing paperwork—you're welcome to call the Employee Benefits Department if you have questions about any paperwork you receive.

The Los Rios group Medicare advantage/supplement plans have Medicare D (prescription drug coverage) associated with the plan, so it is not necessary to enroll in a separate supplemental Part D plan.

You may not be enrolled in two Medicare health plans at the same time. The Centers for Medicare and Medicaid Services (CMS) monitors enrollment. **If you have more than one Medicare plan, CMS will automatically disenroll you from one of the plans.**

Los Rios offers the following Medicare plans:

- Kaiser Senior Advantage (HMO)
- United HealthCare Medicare Advantage (HMO)
- United HealthCare Medicare Advantage (PPO)

The following information briefly describes your health insurance plans and your options to enroll. All benefits, including your eligibility for benefits, are subject to the terms and conditions of the benefit plans. This includes group insurance contracts and employment contracts or policies. This guide is not intended to be a complete description of the benefit plans and it is not a summary plan description or plan document. In the event of any discrepancy between this guide and the plan documents, the plan documents will govern.

Kaiser Senior Advantage:

In order to continue with the Los Rios Kaiser Senior Advantage plan, you must reside within the Kaiser service area at the time of retirement. The service area is determined by your zip code. To determine if your zip code is located within a covered service area, please contact Kaiser Member Services at 800-464-4000. Your residence is monitored by CMS and if they determine you are out of the service area, they will contact Kaiser and your coverage will be terminated. Once coverage is terminated, you will be unable to re-enroll.

Senior Advantage requires enrollment in Medicare Parts A and B. For each month you are age 65 or over and are not enrolled in Senior Advantage, Kaiser will charge \$1,872.40 per person if you are enrolled in the DHMO plan and \$1,770.87 per person if you are enrolled in the Traditional plan.

MONTHLY PREMIUM

	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$268.45	(\$268.45 - \$280) =* \$ -11.55
DEPENDENT	\$268.45	\$268.45
RETIREE & DEPENDENT	\$512.14	\$256.90

*Since the District contribution exceeds the Senior Advantage premium, the District will contribute \$11.55 toward the Medicare Part B premium.

General Plan Provisions	
Calendar Year Deductible Individual / Family	None
Calendar Year Out-of-Pocket Limit Individual / Family	\$1,500 / \$3,000
Lifetime Maximum	None
Outpatient Services	
Doctor Office Visit Co-Pay	\$25 per visit
Annual Adult Physical Exams and Preventative Care	No Charge
Most Lab & X-ray	No Charge
Chiropractic & Acupuncture	Not Covered
Outpatient Surgery	\$25 per visit
Inpatient Services	
Hospitalization	\$500 per admission
Emergency Services	
Emergency Room	\$50 (waived if admitted)
Ambulance	\$50 per trip
Durable Medical Equipment (DME)	
DME	No Charge
Prescription Drugs	
Generic	\$10 for up to 30-day supply
Brand – Formulary	\$25 for up to 30-day supply
Brand – Non-formulary	N/A
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

United Healthcare Options:

United Healthcare also offers two plans for retirees and their dependents who are over age 65: Medicare Advantage HMO and Medicare Advantage PPO. Both plans require enrollment in Medicare Parts A & B, and United Healthcare does not offer a plan for those without Medicare A & B. Both the retiree and dependent must be enrolled in the same plan. In addition, there is not a plan for retirees or dependents under age 65.

Participants in Medicare Advantage HMO must reside within the service area. To determine if you reside within the service area, contact United Healthcare’s Member Services at 1-877-596-3258. Your residence is monitored by CMS and if they determine that you are out of the service area, they will contact Kaiser and your coverage will be terminated. Once coverage is terminated, you will be unable to re-enroll.

The participants in Medicare Advantage sign over their Medicare to United Healthcare. All care must go through the primary care physician, and services with other plan providers or specialists require a referral from your primary care physician.

Participants in Medicare Advantage PPO may see any doctor in the continental United States who accepts Medicare.

MONTHLY PREMIUMS MEDICARE ADVANTAGE HMO

	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 536.67	$(\$536.67 - \$280) = \$ 256.67$
DEPENDENT	\$ 536.67	\$ 536.67
RETIREE & DEPENDENT	\$ 1,037.34	\$ 793.34

MONTHLY PREMIUMS MEDICARE ADVANTAGE PPO

	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 572.62	$(\$572.62 - \$280) = \$ 292.62$
DEPENDENT	\$ 572.62	\$ 572.62
RETIREE & DEPENDENT	\$1,145.24	\$ 865.24

General Plan Provisions	
Calendar Year Deductible Individual / Family	None
Calendar Year Out-of-Pocket Limit Individual / Family	\$1,500 / \$3,000
Lifetime Maximum	None
Outpatient Services	
Doctor Office Visit Co-Pay	\$25 per visit
Annual Adult Physical Exams and Preventative Care	No Charge
Most Lab & X-ray	No Charge
Chiropractic & Acupuncture	Not Covered
Outpatient Surgery	\$25 per visit
Inpatient Services	
Hospitalization	\$500 per admission
Emergency Services	
Emergency Room	\$50 (waived if admitted)
Ambulance	\$50 per trip
Durable Medical Equipment (DME)	
DME	No Charge
Prescription Drugs	
Generic	\$10 for up to 30-day supply
Brand – Formulary	\$25 for up to 30-day supply
Brand – Non-formulary	N/A
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

PLAN COMPARISONS

For plan comparison for “Early Retirees”, visit the My Benefits Site at:
https://pcms.plansource.com/entities/12463/plans?pubnode_id=16988

All Years

Medical

Benefit Summaries

Click here to Compare

 2017-2018 Kaiser HMO - Early Retirees	Ended on: 2018-07-01	<input type="checkbox"/>
 2017-2018 Kaiser Deductible HMO - Early Retirees	Ended on: 2018-07-01	<input type="checkbox"/>
 2017-2018 Sutter Health Plus HMO - Early Retirees	Ended on: 2018-07-01	<input type="checkbox"/>
 2017-2018 Sutter Health Plus HDHP HMO - Early Retirees	Ended on: 2018-07-01	<input type="checkbox"/>
 2017-2018 WHA Premier 15 HMO - Early Retirees	Ended on: 2018-07-01	<input type="checkbox"/>
 2017-2018 WHA 1800/0 HDHP HMO - Early Retirees	Ended on: 2018-07-01	<input type="checkbox"/>
 2017-2018 Kaiser Senior Advantage - Retirees over 65	Ended on: 2018-07-01	
 2017-2018 United Healthcare Medicare Advantage (HMO) - Retirees over 65	Ended on: 2018-07-01	
 2017-2018 United Healthcare Medicare Supplement - Retirees over 65	Ended on: 2018-07-01	
 2018-2019 Kaiser HMO - Early Retirees		<input type="checkbox"/>
 2018-2019 Kaiser Deductible HMO - Early Retirees		<input type="checkbox"/>
 2018-2019 Sutter Health Plus HMO - Early Retirees		<input type="checkbox"/>
 2018-2019 Sutter Health Plus HDHP - Early Retirees		<input type="checkbox"/>
 2018-2019 WHA Premier 15 HMO - Early Retirees		<input type="checkbox"/>
 2018-2019 WHA 1800/0 HDHP HMO - Early Retiree		<input type="checkbox"/>
 2018-2019 Kaiser Senior Advantage - Retirees over 65		
 2018-2019 United Healthcare Medicare Advantage (HMO) - Retirees over 65		
 2018-2019 United Healthcare Medicare Advantage (PPO) - Retirees over 65		

Due to Medicare regulations, we are unable to compare Medicare plans on our website. Below is a comparison chart for your review.

	KAISER SR. ADVANTAGE	UHC MEDICARE ADVANTAGE HMO	UHC MEDICARE ADVANTAGE PPO
PREMIUM (does not include District contribution)	\$268.45/person	\$536.67/person	\$572.62/person
YEARLY OUT OF POCKET MAXIMUM	\$1,500	\$6,700	-----
DOCTOR OFFICE VISITS	\$25	\$5	\$0
LABS, X-RAYS	\$0	\$0	\$0
URGENT CARE	\$25	\$5	\$0
EMERGENCY ROOM	\$50 (waived if admitted)	\$50 (Medicare covered ER visit-waived if admitted)	\$0
AMBULANCE	\$50/trip	\$0	\$0
HOSPITALIZATION	\$500/admission	\$0	\$0
DURABLE MEDICAL EQUIPMENT	\$0	\$0	\$0
SKILLED NURSING FACILITY	No charge up to 100 days	No charge up to 100 days	No charge up to 100 days
EYE EXAMS	\$25	\$5	\$0
EYEWEAR	\$150 every 24 mos.	\$130 every 24 mos.	No coverage

KAISER SR. ADVANTAGE	UHC MEDICARE ADVANTAGE	UHC SENIOR SUPPLEMENT
GENERIC - 30 day supply \$10 31-60 day supply \$20 61-100 day supply \$30	TIER 1: Preferred Generic Drugs \$5 - 31 day supply TIER 2: Preferred Brand Name Drugs \$15 - 31 day supply TIER 3: Non-Preferred Brand Name Drugs \$30 - 31 day supply TIER 4: Specialty Tier Drugs \$30 - 31 day supply	TIER 1: Preferred Generic Drugs \$5 - 31 day supply TIER 2: Preferred Brand Name Drugs \$15 - 31 day supply TIER 3: Non-Preferred Brand Name Drugs \$30 - 31 day supply TIER 4: Specialty Tier Drugs \$30 - 31 day supply
GENERIC MAIL ORDER 30 day supply \$10 31-100 day supply \$20	TIER 4: Specialty Tier Drugs \$30 - 31 day supply	TIER 4: Specialty Tier Drugs \$30 - 31 day supply
BRAND - 30 day supply \$25 31-60 day supply \$50 61-100 day supply \$75 BRAND MAIL ORDER 30 day supply \$25 31-100 day supply \$50	MAIL ORDER - Thru Optum RX TIER 1: Preferred Generic Drugs \$10 - 90 day supply TIER 2: Preferred Brand Name Drugs \$30- 90 day supply TIER 3: Non-Preferred Brand Name Drugs \$60 - 90 day supply TIER 4: Specialty Tier Drugs \$60 - 90 day supply	MAIL ORDER -Thru Optum RX TIER 1: Preferred Generic Drugs \$10 - 90 day supply TIER 2: Preferred Brand Name Drugs \$30- 90 day supply TIER 3: Non-Preferred Brand Name Drugs \$60 - 90 day supply TIER 4: Specialty Tier Drugs \$60 - 90 day supply

2018-19 Dental Plans, Premiums & Co-Pays:

There are two dental plans available to retirees:

- Delta Dental PPO
- DeltaCare HMO

These plans are different than the Los Rios active employee plan. You must be enrolled in the dental plan at the time of retirement in order to be eligible for the plan in retirement.

If your Los Rios dental plan is cancelled for any reason, you ***may not*** re-enroll in a Los Rios sponsored dental plan. In addition, the District does not give a contribution toward the cost of dental premiums.

Delta Dental PPO:

The PPO plan allows you to receive services from any dentist in California. If you see a dentist who is contracted with Delta Dental, you are using an “in-network” provider. If you see a dentist who is not contracted with Delta Dental, you are using an “out of network” provider.

Monthly Premium

Retiree:	\$114.77
Retiree + 1 dependent:	\$205.06
Family:	\$224.97

Maximum per person/calendar year	\$1,700	\$1,500
Diagnostics & Preventive	70-100%	70-100%
Crowns & Cast Restorations	70%	70%
Prosthodontics	50/50	50/50

*Percentage attained in active employee dental plan will carry over to retiree plan, as long as there is not a break in service with the PPO plan.

DeltaCare HMO:

DeltaCare is an HMO plan offered through Delta Dental. With this plan, you must choose a dentist from a list of providers.

Monthly Premium

Retiree:	\$25.72
Retiree + 1 dependent:	\$45.50
Family:	\$49.46

Benefits are paid according to a set schedule. For example:

Diagnostics:

X-Rays (subject to specific time frames) No Cost

Preventive:

Cleanings every 6 months No cost

Additional cleanings \$45

Restorative

Amalgam Fillings	No Cost
Resin-based filling posterior)	\$0 - 85(3 surfaces,
Crown, resin-based composite	\$50
Prosthodontics	
Dentures	\$145 – 210

To have services covered, you must visit a dentist within the HMO network. Visit <http://www.deltadentalins.com>, click “Find a Dentist,” and select “DeltaCare USA” to find a participating dentist. For a complete outline of plan benefits, visit the Employee Benefits website.

Visit our Website at: www.losrios.edu/business/benefits.php

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Wellness Program

WELCOME TO THE EMPLOYEE BENEFITS DEPARTMENT WEBSITE

Los Rios Community College District offers a wide range of benefits to its employees.

Please select an employee group to review benefits available to that group.

[LRCFT FT/PT Tenured - Los Rios College Federation of Teachers](#)

[LRCFT Adjunct Faculty](#)

[LRCEA - Los Rios Classified Employees Association](#)

[SEIU - Service Employees International Union](#)

[Confidential Employees](#)

[LRSA - Los Rios Supervisors Association](#)

[Managers](#)

[Retirees - Current & Future](#)



 [Have a suggestion?](#)

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Wellness Program

RETIRES (CURRENT & FUTURE)

HEALTH INSURANCE

- [2017-2018 Open Enrollment Memo and Benefits Guide for Retirees on a Los Rios Medical Plan](#)
 - [Eligibility for Los Rios Retiree Medical Program](#)
 - [District Contribution](#)
 - [Los Rios Insurance Benefits for Qualified Retirees - General Information](#)
- For information on Los Rios sponsored plans, click the specific link below:**
[Kaiser \(Retirees/Dependents under age 65 & 65+\)](#)
[Sutter Health Plus \(Retirees/Dependents under age 65\)](#)
[Western Health Advantage \(Retirees/Dependents under age 65\)](#)
[United Healthcare \(Retirees/Dependents age 65+\)](#)
[Delta Dental](#)
[COBRA](#)
 For plan comparisons, visit [My Benefits Site](#)

APPLYING FOR RETIREMENT

- [How to Apply for Retirement](#)
- [Resignation/Retirement \(P-104\) Form](#)



• [CalSTRS Website](#)



- [CalPERS Website](#)

SOCIAL SECURITY

- [Medicare](#)



- [Social Security Website](#)

LONG TERM CARE

- [Continuing Coverage at Retirement](#)
- [What You Should Know About Long Term Care](#)
- [Newsletter](#)
- [Highlights \(Class 4\)](#)
- [Personal Worksheet](#)
- [Enrollment Guide](#)
- [Checklist](#)
- [Enrollment Form](#)
- [Medical Questionnaire](#)
- [Authorization for Automatic Payments](#)
- [Protection Against Unintentional Lapse](#)
- [UNUM Checklist of Delivered Forms](#)
- [LTC Webinar Part 1](#)
- [LTC Webinar Part 2](#)

MISCELLANEOUS

- [Retiree Health Benefits Trust Oversight Committee Minutes](#)
 - [Your Role as a Fiduciary](#)
- [Sick Leave](#)
- [Vacation](#)
- [Special Pay Plan \(Payout of Accrued Vacation\)](#)

RETIREMENT GUIDES

- [What Happens After Retirement](#)
- [PERS Retirement Workshop Book - Fall 2016](#)
- [STRS Retirement Workshop Book - Fall 2016](#)

RESOURCES

NAME	PHONE	WEBSITE	SERVICES
HICAP Services of No. CA	800.434.0222	www.hicapservices.net	Health Insurance Counseling Advocacy Program – provides information and assistance with insurance and Medicare problems
Centers for Medicare & Medicaid Services (CMS)		www.cms.hhs.gov	Online resource for Medicare participants
Medicare Rx-Connect		www.maprx.info	Websites w/links to info about Medicare D
Medicare.gov	800 Medicare	www.medicare.gov	Official website w/latest Medicare info
Social Security Administration	916.381.9410	www.ssa.gov	Official website for Social Security benefits
BenefitsCheckUp		http://benefitscheckup.org	Online service for exploring drug coverage options & assistance with medication costs
California Health Advocates	916.231.5113	http://cahealthadvocates.org	Helps with questions regarding Medicare
Health Access California	916.497.0923	http://health-access.org	Info on federal health programs. Monthly informational mtgs, forums and conferences for the public
Congress of California Seniors	916.442.2272	www.seniors.org	Focuses attention on legislative & consumer issues – health section offers info on how to be in charge of your health & wellness
CA Department of Aging	916.419.7500	www.aging.ca.gov	Links to local resources

EMPLOYEE BENEFITS DEPARTMENT

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