

# PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)



Employee Benefits Department Los  
Rios Community College District  
September 2019

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## HOW TO APPLY FOR RETIREMENT

The following is a *recommended* guideline to assist in a smooth transition into retirement.

### ☐ **Step 1: 7 Months Before Retiring**

If you are age 65 or older and are contributing to an HSA, you must contact Employee Benefits to stop your contributions. Contributions must be stopped 6 months prior to retirement to avoid potential IRS penalties.

### ☐ **Step 2: 4 Months Before Retiring**

Complete *Form P-104* and return it to the Los Rios Human Resources Department. This is your official notification to the District that you are retiring on a specific date. Make certain that your college administrator has signed the form. As indicated on the back of the *P-104* form, vacation cannot be used to extend your retirement date.

### ☐ **Step 3: 4 Months Before Retiring**

Obtain the *Service Retirement Election Application* and begin working on it.

- **For PERS**, the application can be obtained online or by contacting CalPERS at 1-888-225-7377. This publication contains step-by-step retirement application instructions and includes the forms needed to apply for your CalPERS retirement benefits.
- **For STRS**, the application can be obtained online or by contacting CalSTRS at 1-800-228-5453. This publication contains step-by-step retirement application instructions and includes the forms needed to apply for your CalSTRS retirement benefits. The Express Benefit form must be brought to Employee Benefits for completion.

### ☐ **Step 4: 3 Months Before Retiring**

Send your completed *Service Retirement Election Application* form, in addition to any other applicable forms, to CalPERS/STRS to the address shown on the form. If you are married, CalPERS/STRS will also require that you provide them with a photocopy of your marriage license/certificate.

### ☐ **Step 5: 3 Months Before Retiring**

If you will be age 65 or older at the time of your retirement, you may be eligible for Medicare. Please contact a local Social Security Administration office to ascertain whether you are eligible for Medicare Parts A & Part B. If you are eligible for Medicare Part B, you will need to apply and then provide evidence to the Employee Benefits Department that you are enrolled in Parts A & B. This can be in the form of a photocopy of your Medicare card or a validation letter from the Social Security Administration. If you have any questions regarding the impact of Medicare on your retiree medical benefits, the Employee Benefits Department can assist you.

### ☐ **Step 6: 2 Months Before Retiring**

Contact Kris Kurk in the Employee Benefits Department to schedule an appointment to discuss your health insurance options. She can be reached by telephone at (916) 568-3060 or by email at [kurkk@losrios.edu](mailto:kurkk@losrios.edu).

Los Rios Community College District

Resignation / Retirement

Date: \_\_\_\_\_

Employee ID # \_\_\_\_\_

Employee Classification:  Classified  Management  Faculty

Location:  ARC  CRC  FLC/EDC  FM  Ethan Way  SCC  Other \_\_\_\_\_

Part I – Resignation / Retirement (Submit Form to Human Resources)

I, \_\_\_\_\_, wish to resign / retire from my position as \_\_\_\_\_  
Please print your name

My supervisor is \_\_\_\_\_.

It is necessary for me to request this resignation / retirement for the following reason:

- Retirement  Career Change  To further education/training
 Health Reasons  Schedule Conflict  Personal
 Relocation  Other (please specify) \_\_\_\_\_

Last day worked: \_\_\_\_\_

If applicable, my forwarding address will be: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
(effective date of new address: \_\_\_\_\_)

In signing below, I confirm the above information to be accurate and have read and understand page 2 of this form.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Appropriate Vice President / Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources / Payroll Use Only:
Date of Board Action: \_\_\_\_\_
Record # \_\_\_\_\_ Completed by: \_\_\_\_\_
Effective date of resignation / retirement / other: \_\_\_\_\_
Bargaining Unit:
 LRCEA  LRCFT  LRSA  SEIU  Confidential  Manager

Note: The Board of Trustees authorizes the Chancellor to accept an employee's resignation/retirement and such acceptance shall be binding at the time of receipt by the Chancellor or designee except where otherwise provided in a collective bargaining agreement.

Upon completion of Part I:
Distribution: Original - Human Resources Copy - Employee Benefits

Part II – Administrative Use (Part II – To Be Completed on Last Day of Employment)

- Yes  No  NA Identification Badge (ID) collected and destroyed (if applicable)
 Yes  No  NA College Police notified that the employee no longer has building access effective \_\_\_\_\_
 Yes  No  NA Keys / entry devices collected
 Yes  No  NA Equipment collected (technology provided for ADA compliance, computers (if checked out), library books, curriculum materials, police officers' equipment / uniform, pagers, etc.) specify \_\_\_\_\_
 Yes  No  NA IT notified of the termination date
 Yes  No  NA Final absence report submitted
 Yes  No  NA Parking pass collected

Supervisor / Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Appropriate Vice President / Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon completion of Part II:
Distribution: Copy - Campus Copy - Employee
J:\forms\forms(adopted)\employment\resignation - retirement (P104)

Rev. 03/13

## Los Rios Community College District

### Purpose

To report resignations/retirements and document the exit process for employees ending employment with Los Rios Community College District (i.e. resignation, retirement, termination, etc.)

### Process

Employee completes Part I to announce resignation / retirement as early as possible and routes form to Supervisor for signature. Supervisor then forwards to the appropriate Vice President/Administrator for signature for Part I.

Original and one copy is forwarded to Human Resources as soon as possible to calculate final pay. Two copies are retained by the Supervisor for completion of Part II on the employee's last day of work.

On the employee's last day of work, Part II is completed and signed by the Supervisor. A copy is given to the employee and is signed by the Supervisor and forwarded to the appropriate Vice President. The Vice President will sign part II and retain a copy.

## Important Information for All Employees

### Retirement Disability

If you are retiring due to an injury or illness and participate in either CalPERS or CalSTRS, you are encouraged to contact CalPERS (1-888-225-7377) or CalSTRS (1-800-228-5453) regarding disability retirement and the options available to you.

### Termination of Benefits

Medical, dental, and vision coverage ends on the last day of the month in which your separation is effective. Other benefits, such as life insurance, end on your last day of employment. Additional premiums may be due based on the number of days worked in the last month per your collective bargaining agreement.

### Retiree Medical

If you are at least 55 years of age (or at least 50 years of age if you are receiving disability income under the District's long-term disability plan) and have the qualifying years of full-time service with Los Rios with no break in service, you may be eligible for Los Rios retiree medical benefits. Contact the Employee Benefits Department at (916) 568-3070 to set up an appointment. For more detail, visit their website at <http://www.losrios.edu/business/benefits.html> and click on the appropriate employee group and then on Retiree Medical Benefits.

### COBRA

COBRA continuation benefits may be available if you and your covered dependents lose medical, dental, vision, flexible spending account, and Employee Assistance Program (EAP) coverage due to separation of employment. You will receive notification from Custom Benefits Administrators (CBA) and you need to elect COBRA in writing within sixty (60) days of the date coverage ceases if COBRA coverage is desired. COBRA continuation coverage would begin on the first day of the month following your separation date. If you would like information regarding the possibility of continued benefit coverage, please contact Employee Benefits at (916) 568-3070.

### Unemployment Insurance

Although you received information regarding this upon employment, we can gladly provide an additional pamphlet. Please visit Human Resources or call us at (916) 568-3112.

### CalPERS (California Public Employees' Retirement System) / CalSTRS (California State Teachers' Retirement System)

If you are retiring, please ensure you submit appropriate paperwork directly with CalPERS (1-888-225-7377) and CalSTRS (1-800-228-5453). If you contributed into CalPERS or CalSTRS, you will need to contact your retirement system directly to find out all options available to you in regard to your funds on deposit. Vested retirees will need to provide your highest compensation to your CalPERS/CalSTRS retirement system's counselor, which may be other than your last year (i.e., Interim positions, final off salaries due to retro payments, etc.). It is your responsibility to work with the CalPERS/CalSTRS retirement system's counselor in order to get your highest retirement calculation; retiring from Los Rios does **not** retire you from PERS/STRS.

### PARS (Public Agency Retirement Services)

If you contributed into PARS and are retiring from CalPERS or CalSTRS, you will need to contact PARS (1-800-540-6369) to request a distribution of your funds.

## Supplemental Information for Classified and Management Employees

### Vacation

Vacation **cannot** be used to extend your retirement / resignation date. If you are due a payment for your balance of accrued vacation, it will be paid out as follows: Employees younger than age 55: vacation hours will be paid on the next payroll *following receipt of your final absence report* and will be issued in the same manner as the final paycheck. Employees age 55 or over: vacation payouts will be made through the Special Pay Plan (SPP) 403b account permanently saving you 7.65% FICA taxes and delaying income taxes until withdrawal. Payouts to the SPP will be made by the next check run *following receipt of your final absence report*. Special rules apply for contributions in excess of the annual maximum.

# *VACATION* & *SICK LEAVE*



## Vacation Leave

**Employees may not use their vacation to extend out their retirement date.** A retiree may not convert their accrued vacation leave to service credit.

For employees age 55 and older, any remaining vacation balance will be paid to the employee via the Special Pay Plan after their final absence report has been processed. The funds will be sent to MidAmerica to be placed into a 403(b) account. MidAmerica will send a packet outlining your options. You may leave the funds in the Special Pay Plan, you may make one or more scheduled withdrawals or you may transfer the funds to an IRA or other qualified account. Depositing payment for your vacation hours into this plan allows you to save on Social Security and Medicare taxes for those funds. Income tax is deferred to the year in which the funds are distributed.

## Sick leave

A retiree may use accrued sick leave to convert to service credit. The District's Employee Benefits Department will report to CalPERS, via online access, any unused sick leave after the last absence report has been processed.

Leave balances are reported on your paycheck stub, which can be accessed through Employee Self Service.

### NON - NEGOTIABLE

Pay Group: 0400/2019 Pay Begin Date: 04/30/2019 Pay End Date: 04/30/2019		Business Unit: Advice # 976477 Advice Date: 04/30/2019							
Mickey Moses 1 Main St Disneyland, CA	Employee ID: xxxxxxx Department: Location: Job Title:	<b>TAX DATA:</b> Federal CA State Marital Status: Married Married (one income) Allowances: 4 4 Adtl. Per: Adtl. Amt:							
HOURS AND EARNINGS									
Description	Rate	Hours	Earnings	Hours	Earnings				
Regular	23.518253	176.00	3,674.66	836.00	21,367.30				
Personal Inconven			0.00	16.00	-				
Full time sick leave usage			0.00	4.00	-				
Vacation			0.00	40.00	0.00				
<b>1</b>			0.00		0.00				
<b>TOTAL:</b>		<b>176.00</b>	<b>3,674.66</b>	<b>916.00</b>	<b>21,367.30</b>				
TAXES									
Description	Current	YTD	Description	Current	YTD				
Fed Withholding	163.41	655.65	Fed MED/FDI	53.29	208.93				
Fed OASDI/FEI	227.83	1,235.41	CA Withholding	0.12	31.89				
<b>TOTAL:</b>	<b>394.65</b>	<b>2,211.08</b>							
BEFORE-TAX DEDUCTIONS		AFTER-TAX DEDUCTIONS		EMPLOYER PAID BENEFITS					
Description	Current	YTD	Description	Current	YTD				
PERC	257.23	1,652.84	SEIU	63.94	371.78				
Delta	0.00	4.99	Delta	133.00	665.00				
VSI*	0.00	69.46	PERC	663.72	3,346.75				
Cancer	0.00	794.52	Kaiser	0.00	4,934.52				
<b>2</b>			<b>3</b>						
<b>TOTAL:</b>	<b>257.23</b>	<b>2,281.75</b>	<b>TOTAL:</b>	<b>63.94</b>	<b>371.78</b>				
				*TAXABLE					
TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY	
Current:	3,674.66	3,417.43	394.65	321.17	2,963.84				
YTD:	21,367.30	18,473.10	2,211.08	2,553.53	16,502.69				
VALUATION	YTD	SICK LEAVE	YTD	COMP/SICK	RETIREMENT	YTD	NET PAY DISTRIBUTION		
Start Balance	55.0	Start Balance	0.0	0.0					
+ Earned	96.0	+ Earned	72.0	0.0	PERC	2,961.29	Advice #	976477	2,960.84
- Taken	25.80	- Taken	60.0	0.0	STRS	4.00			
- Sick	0.0	- Adjustments	0.0						
+ Adjustments	0.0								
<b>5</b>		<b>6</b>		<b>7</b>					
<b>End Balance</b>	<b>125.0</b>		<b>31.0</b>	<b>0.0</b>			<b>TOTAL:</b>		<b>2,960.84</b>


Vacation

Sick Leave





# ***RETIREE MEDICAL PROGRAM & DISTRICT CONTRIBUTION***



There are two aspects to the Retiree Medical Program-

- Ability to continue with a Los Rios Medical/Dental Plan
- A District contribution toward the cost of your medical plan

## ELIGIBILITY FOR THE RETIREE MEDICAL PROGRAM

In order to maintain a District sponsored medical and/or dental plan and receive the District contribution for your medical insurance, upon retirement from Los Rios, the employee must meet the following criteria:

- The employee must retire from STRS/PERS and the District.
- The employee must also be at least age 55.
- Have the required years of service, based on the bargaining unit enrolled in at the time of retirement.

Employees are also eligible for the District's Retiree Medical Program if between the ages of fifty and fifty-five, at the time of retirement, and receiving disability income under the District's disability income protection plan just prior to retirement, and meet the qualifying years of service.

### LRCFT (Regular Faculty)

LRCFT members with the *equivalent* of 10 years of full time service with the District may continue a District sponsored **medical** plan. To qualify for the District contribution and or participate in a retiree **dental** plan, employees must meet the following criteria:

Date of Hire	Qualifications for the District Contribution <i>and</i> a District Medical Plan
Prior to 6/30/90	10 years <i>full time</i> service with the District.
After 6/30/90	15 years <i>full time</i> service with the District.

### LRCFT (Adjunct Faculty)

Adjunct faculty are not eligible for the District contribution, but can elect to continue a District **medical plan**, if they have the equivalent of 10 years of full time service and participated in a medical plan the last 5 years prior to retirement. Adjuncts are not eligible to continue a dental plan.

## LRCEA

LRCEA members with the *equivalent* of 10 years of full time service with the District may continue a District sponsored *medical* plan. To qualify for the District contribution and or participate in a retiree **dental** plan, employees must meet the following criteria:

Date of Hire	Qualifications for the District Contribution
Between 2/1/89 & 6/30/89	7 prior years of <i>full time</i> * service with the District.
Between 6/30/90 & 9/1/93	12 prior years of <i>full time</i> * service with the District.
After 9/1/93	15 prior years of <i>full time</i> * service with the District.

\*Full time = 40 hour week, 9 or more work months.

## LRSA

LRSA members must meet the following requirements to participate in a District medical/dental plan and to receive the District contribution.

Date of Hire	Qualifications for the District Contribution <i>and</i> a District Medical Plan
Prior to 6/30/90	10 prior years of full time service with the District.
After 6/30/90	15 prior years of full time service with the District.

## SEIU

SEIU members with the *equivalent* of 10 years of full time service with the District may continue a District sponsored *medical* plan. To qualify for the District contribution and or participate in a retiree **dental** plan, employees must meet the following criteria:

Date of Hire	Qualifications for the District Contribution
Prior to 6/30/90	7 prior years of <i>full time</i> service with the District.
After 6/30/90	15 prior years of <i>full time</i> service with the District.

## MANAGERS & CONFIDENTIAL

Managers and Confidential employees with 10 years of full time service with the District may continue a District sponsored *medical* plan. To qualify for the District contribution and or participate in a retiree *dental* plan, employees must meet the following criteria:

Date of Hire	Qualifications for the District Contribution
Prior to 6/30/84	3 prior years of full time service with the District.
Between 7/1/84 & 6/30/90	7 prior years of full time service with the District.
Between 6/30/90 & 1/1/13	10 prior years of full time service with the District.
After 1/1/13 or hired into a Manager or Confidential position after 1/1/13	15 prior years of full time service with the District.

## DISTRICT CONTRIBUTION

A District contribution will be made toward the premium cost of medical insurance (including Medicare A, B & D) for the *retiree only*. As of July 2019, the District contribution is \$306 per month. Retirees on a Los Rios medical plan have the \$306 applied to the monthly premium. Retirees on an outside plan are reimbursed their premium costs, up to \$306 per month.

The District does not give a contribution toward the cost of dental premiums.

## MEDICARE PART B PREMIUMS

Medicare premiums can vary depending on each individual's circumstances. The standard premium for Medicare Part B for 2019 is \$135.50. Premiums can be higher depending on the retiree's income. Retirees will be reimbursed for their Medicare premiums based on their individual premium, and annual verification is required.

## OPEN ENROLLMENT

You may change your Los Rios Health Insurance Plan during open enrollment (April/May) of each year, with changes taking effect July 1<sup>st</sup>. For example: during open enrollment, you can add your spouse, or switch from one District medical or dental plan to another.

## CANCELLATION OF DISTRICT MEDICAL/DENTAL PLAN

If your Los Rios medical or dental plan is cancelled for any reason, you **may not** re-enroll in a Los Rios sponsored medical or dental plan, with one exception.

In order to allow retirees access to the Health Insurance Marketplace (Exchange) and possible subsidy under the Affordable Care Act, employees who retire before the age of 65 may choose a **medical** plan other than a District **medical** plan without forfeiting their ability to enroll in a District health plan upon turning age 65. **This does not apply to dental.**

The retiree must elect a District medical plan upon turning 65, or otherwise becoming Medicare eligible. The retiree will have a seven month window to contact the Employee Benefits Department to obtain the appropriate enrollment forms and return them. The seven month period includes the three months prior to the 65 birthday, the month of the birthday, and the three months after the 65<sup>th</sup> birthday. **It is the retiree's responsibility** to contact the Employee Benefits Department within the specified time frame if they wish to enroll in a District sponsored health plan.

## PAYMENT OF PREMIUMS AND DISTRICT CONTRIBUTION

A retiree may cover a spouse/domestic partner, eligible dependent children or a disabled child on his/her retiree medical coverage for an additional cost. The District contribution will not apply to the cost of the dependent's insurance. Surviving spouses/domestic partners may remain on the plan, but again will not be eligible for the District contribution.

The retiree's portion of insurance premiums for Los Rios insurance plans are electronically deducted by the District from your bank account and paid to the carrier on your behalf. Deductions are generally taken on the 2<sup>nd</sup> of each month. **Please note, however, that this transaction may occur on a different date depending on your banking institution, weekends, and holidays.** Please understand, once the information is submitted to the bank, the transactions are automatic and out of Los Rios' direct control. It is the responsibility of the retiree to make sure the funds are available for the retiree's portion of the insurance premium on the date the deduction actually occurs. **If there are insufficient funds or the deduction failed to process** for any reason (e.g. the retiree failed to notify the District of any changes in his/her bank information such as banking institution, routing numbers or account numbers) and the District is unable to collect the retiree's portion of the insurance premiums, **it could result in the cancellation** of the retiree's insurance plan or in the deposit of the District contribution.

Every attempt will be made to contact the retiree; however, it is the retiree's responsibility to ensure that accurate bank account information is on file with Los Rios and that funds are available for transfer. For retirees who are receiving the District contribution toward an outside plan, if deposits cannot be made to the retiree's account and they are stopped by Los Rios, they will start up again only prospectively – retroactive payments will **not** be made.

**LOS RIOS COMMUNITY COLLEGE DISTRICT  
RETIREE AUTHORIZATION FOR TRANSFER OF FUNDS**

All retiree Health Insurance Deductions/Contributions must be made by Electronic Money Transfer. Please complete this form if you have changed your financial institution and/or account number, or if you are a new retiree.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Please deposit my Retiree Health Insurance Contribution at:

(ATTACH A VOIDED CHECK)

The voided check you attach must have *your* name, address and account number encoded on it. If you have any questions regarding this, please call the Employee Benefits Department at 568-3070.

Authorizations must be received by the District Office Employee Benefits Department by the twenty-fifth of a month for contributions made the first of the following month.

It is the retiree's responsibility to make sure funds are available for deduction. **Two failed attempts to withdraw funds will result in cancellation of the retiree's insurance.** Once a District plan is canceled, the retiree will be unable to re-enroll.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to:  
Los Rios Community College District  
Employee Benefits Department  
1919 Spanos Court  
Sacramento, Ca 95825



# *MEDICAL PLANS*



***PLAN OPTIONS FOR  
RETIREES/DEPENDENTS  
UNDER THE AGE OF 65  
(EARLY RETIREE PLANS)***





## OVERVIEW

The following plans are available to retirees/dependents under age 65.

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

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** – If the individual under age 65 enrolled in a Kaiser plan, the individual age 65 or older would be enrolled in the Kaiser Senior Advantage Plan.

**Sutter Health Plus** – If the individual under age 65 enrolled in a Sutter Health Plus plan, the individual age 65 or older would choose between UHC Medicare Advantage HMO or Medicare Advantage PPO.

**Western Health Advantage** – If the individual under age 65 enrolled in a Western Health Advantage plan and the individual age 65 or older could choose between UHC Medicare Advantage HMO or Medicare Advantage PPO.

The following information briefly describes your health insurance plans and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including 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. For a complete plan summary, visit the My Benefits Site at: [https://pcms.plansource.com/entities/12463/pub\\_nodes/1019](https://pcms.plansource.com/entities/12463/pub_nodes/1019).

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 in a covered service area, contact the Kaiser Member Services Department at 800-464-4000.

When you join the Los Rios sponsored plan, you are enrolled 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. Therefore, 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.

**MONTHLY PREMIUMS  
2019-2020**

<b>TRADITIONAL PLAN</b>	<b>W/O DISTRICT CONTRIBUTION</b>	<b>W/DISTRICT CONTRIBUTION</b>
<b>RETIREE</b>	\$1,332.24	$(\$1,332.24 - \$306) = \$1,026.24$
<b>DEPENDENT</b>	\$1,332.24	\$1,332.24
<b>RETIREE &amp; DEPENDENT</b>		\$2,358.48

<b>DHMO</b>	<b>W/O DISTRICT CONTRIBUTION</b>	<b>W/DISTRICT CONTRIBUTION</b>
<b>RETIREE</b>	\$1,249.28	$(\$1,249.28 - \$306) = \$ 943.28$
<b>DEPENDENT</b>	\$1,249.28	\$1,249.28
<b>RETIREE &amp; DEPENDENT</b>	\$2,498.56	\$2,192.56

<b>HDHP</b>	<b>W/O DISTRICT CONTRIBUTION</b>	<b>W/DISTRICT CONTRIBUTION</b>
<b>RETIREE</b>	\$ 948.50	$(\$948.50 - \$306) = \$ 642.50$
<b>DEPENDENT</b>	\$ 948.50	\$ 948.50
<b>RETIREE &amp; DEPENDENT</b>	\$1,897.00	\$1,591.00

## BENEFIT SUMMARY

2019-2020

	TRADITIONAL HMO	DHMO	HDHP
<b>CALENDAR YEAR DEDUCTIBLE INDIVIDUAL/FAMILY</b>	NONE	\$500/\$1,000	\$1,800/\$3,600
<b>CALENDAR YEAR OUT-OF-POCKET INDIVIDUAL/FAMILY</b>	\$1,500/\$3,000	\$3,000/\$6,000 (includes deductible)	\$3,600/\$7,200 (includes deductible)
<b>PREVENTIVE CARE</b>	No Charge	No Charge (deductible waived)	No Charge (deductible waived)
<b>PRIMARY &amp; SPECIALTY CARE VISITS</b>	\$15 per visit	\$20 per visit (deductible waived)	No Charge (after deductible)
<b>URGENT CARE VISITS</b>	\$15 per visit	\$20 per visit (deductible waived)	No Charge (after deductible)
<b>X-RAYS &amp; LABS</b>	No Charge	\$10 lab/x-ray (deductible waived)	No Charge (after deductible)
<b>AMBULANCE</b>	No Charge	\$150 per trip (deductible waived)	No Charge (after deductible)
<b>EMERGENCY ROOM</b>	\$100 (waived if admitted)	10% Coinsurance (after deductible)	No Charge (after deductible)
<b>OUTPATIENT SURGERY</b>	\$15 per visit	10% Coinsurance (after deductible)	No Charge (after deductible)
<b>HOSPITALIZATION</b>	No Charge	10% Coinsurance (after deductible)	No Charge (after deductible)
<b>HOME HEALTH CARE (100 VISITS/CALENDAR YR)</b>	No Charge	No charge (deductible waived)	No Charge (after deductible)
<b>SKILLED NURSING FACILITY (100 DAYS/BENEFIT PERIOD)</b>	No Charge	10% Coinsurance (deductible waived)	No Charge (after deductible)
<b>HOSPICE</b>	No Charge	No charge (deductible waived)	No Charge (after deductible)

PRESCRIPTIONS	TRADITIONAL HMO	DHMO	HDHP
<b>GENERIC –</b>			After Deductible
Retail (30 day supply)	\$10	\$10	\$10
Mail Order (100 day supply)	\$20	\$20	\$20
<b>BRAND –</b>			After Deductible
Retail (30 day supply)	\$20	\$30	\$30
Mail Order (100 day supply)	\$40	\$60	\$60
<b>SPECIALTY DRUGS up to \$100 max (30 day supply)</b>	10% coinsurance	10% coinsurance	After Deductible \$50

## SUTTER HEALTH PLUS (SHP)

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In order to continue with the Los Rios SHP plan at the time of retirement, you must reside within the service area. To verify if 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 PREMIUMS 2019-2020

HMO	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
<b>RETIREE</b>	\$ 682.15	(\$682.15 - \$306) = \$ 376.15
<b>DEPENDENT</b>	\$ 682.15	\$ 682.15
<b>RETIREE &amp; DEPENDENT</b>	\$1,364.30	\$ 1,058.30

HDHP	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
<b>RETIREE</b>	\$ 561.21	(\$561.21 - \$306) = \$ 255.21
<b>DEPENDENT</b>	\$ 561.21	\$ 561.21
<b>RETIREE &amp; DEPENDENT</b>	\$ 1,122.42	\$ 816.42

**BENEFIT SUMMARY 2019-2020**

	<b>HMO</b>	<b>HDHP</b>
<b>CALENDAR YEAR DEDUCTIBLE INDIVIDUAL/FAMILY</b>	NONE	\$1,500/\$3,000
<b>CALENDAR YEAR OUT-OF- POCKET INDIVIDUAL/FAMILY</b>	\$1,500/\$3,000	\$3,000/\$6,000 (includes deductible)
<b>PHYSICAL EXAMS</b>	No Charge	No Charge (deductible waived)
<b>PREVENTIVE CARE</b>	No Charge	No Charge (deductible waived)
<b>PRIMARY &amp; SPECIALTY CARE VISITS</b>	\$15 per visit	No Charge (after deductible)
<b>URGENT CARE VISITS</b>	\$15 per visit	No Charge (after deductible)
<b>X-RAYS &amp; LABS</b>	No Charge	No Charge (after deductible)
<b>AMBULANCE</b>	No Charge	No Charge (after deductible)
<b>EMERGENCY ROOM</b>	\$35 (waived if admitted)	No Charge (after deductible)
<b>OUTPATIENT SURGERY</b>	\$15 per visit	No Charge (after deductible)
<b>HOSPITALIZATION</b>	No Charge	\$50 (after deductible)
<b>HOME HEALTH CARE (100 VISITS/CALENDAR YR)</b>	No Charge	No Charge (after deductible)
<b>SKILLED NURSING FACILITY (100 DAYS/BENEFIT PERIOD)</b>	No Charge	No Charge (after deductible)
<b>HOSPICE</b>	No Charge	No Charge (after deductible)
<b>PRESCRIPTION DRUGS</b>		
<b>TIER 1</b>		No Charge (after deductible)
Retail (30 day supply)	\$10	
Mail order (90 day supply)	\$20	
<b>TIER 2</b>		No Charge (after deductible)
Retail (30 day supply)	\$20	
Mail order (90 day supply)	\$40	
<b>TIER 3</b>		No Charge (after deductible)
Retail (30 day supply)	\$35	
Mail order (90 day supply)	\$70	
<b>SPECIALTY DRUGS – (30 day supply)</b>	20% coinsurance up to \$100 max	No Charge (after deductible)

## WESTERN HEALTH ADVANTAGE (WHA)

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In order to continue with the Los Rios WHA 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 PREMIUMS 2019-2020

PREMIER 15 HMO	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 682.44	(\$682.44 - \$306) = \$ 376.44
DEPENDENT	\$ 682.44	\$ 682.44
RETIREE & DEPENDENT	\$ 1,364.88	\$ 1,058.88

1800 HDHP	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 518.78	(\$518.78 - \$306) = \$ 212.78
DEPENDENT	\$ 518.78	\$ 518.78
RETIREE & DEPENDENT	\$ 1,037.56	\$ 731.56

### BENEFIT SUMMARY 2019-2020

	HMO	HDHP
<b>CALENDAR YEAR DEDUCTIBLE INDIVIDUAL/FAMILY</b>	NONE	\$1,800/\$3,600
<b>CALENDAR YEAR OUT-OF-POCKET INDIVIDUAL/FAMILY</b>	\$1,500/\$2,500	\$1,800/\$3,600 (includes deductible)
<b>PHYSICAL EXAMS</b>	No Charge	No Charge (deductible waived)
<b>PREVENTIVE CARE</b>	No Charge	No Charge (deductible waived)
<b>PRIMARY &amp; SPECIALTY CARE VISITS</b>	\$20 per visit	No Charge (after deductible)
<b>URGENT CARE VISITS</b>	\$35 per visit	No Charge (after deductible)
<b>X-RAYS &amp; LABS</b>	No Charge	No Charge (after deductible)
<b>AMBULANCE</b>	No Charge	No Charge (after deductible)
<b>EMERGENCY ROOM</b>	\$100 (waived if admitted)	No Charge (after deductible)
<b>OUTPATIENT SURGERY</b>	Office setting: \$20 Outpatient facility: \$100	No Charge (after deductible)
<b>HOSPITALIZATION</b>	No Charge	No Charge (after deductible)
<b>HOME HEALTH CARE (100 VISITS/CALENDAR YR)</b>	No Charge	No Charge (after deductible)
<b>SKILLED NURSING FACILITY (100 DAYS/BENEFIT PERIOD)</b>	No Charge	No Charge (after deductible)
<b>HOSPICE</b>	No Charge	No Charge (after deductible)
<b>PRESCRIPTION DRUGS</b>		
<b>TIER 1- Retail (30 day supply)</b>	\$10	No Charge (after deductible)
<b>Mail Order (90 day supply)</b>	\$25	No Charge (after deductible)
<b>TIER 2 - Retail (30 day supply)</b>	\$30	\$30 (after deductible)
<b>Mail Order (90 day supply)</b>	\$75	\$75(after deductible)
<b>TIER 3 - Retail (30 day supply)</b>	\$50	\$50 (after deductible)
<b>Mail Order (90 day supply)</b>	\$125	\$50 (after deductible)
<b>SPECIALTY DRUGS</b>	20% coinsurance up to \$100 max (30 day supply)	No Charge (after deductible)

	Kaiser HMO	Kaiser DHMO	Kaiser HDHP	SHP HMO	SHP HDHP	WHA Premier 15	WHA HDHP
<b>Monthly Premium</b>	\$1,332.24 per person*	\$1,249.28 per person*	\$948.50 per person*	\$682.15 per person*	\$561.21 per person*	\$682.44 per person*	\$518.78 per person*
<b>Deductible (individual/family)</b>	None	\$500/\$100	\$1,800/\$3,600	None	\$1,500/\$3,000	None	\$1,800/\$3,600
<b>Out of Pocket Max (individual/family)</b>	\$1,500/\$3,000	\$3,000/\$6,000	\$3,600/\$7,200	\$1,500/\$3,000	\$3,000/\$6,000	\$1,500/\$2,500	\$3,600/\$7,200
<b>Office Visits</b>	\$15	\$20 (deductible waived)	No charge after deductible	\$15	No charge after deductible	\$20	No charge after deductible
<b>Preventive Care</b>	No charge	No charge (deductible waived)	No charge (deductible waived)	No charge	No charge (deductible waived)	No charge	No charge (deductible waived)
<b>X-ray &amp; Labs</b>	No charge	\$10 (deductible waived)	No charge after deductible	No charge	No charge after deductible	No charge	No charge after deductible
<b>Emergency Room</b>	\$100 (waived if admitted)	10% after deductible	No charge after deductible	\$35 (waived if admitted)	No charge after deductible	\$100 (waived if admitted)	No charge after deductible
<b>Urgent Care</b>	\$15	\$20 (deductible waived)	No charge after deductible	\$15	No charge after deductible	\$35	No charge after deductible
<b>Ambulance</b>	No charge	\$150 per trip (deductible waived)	No charge after deductible	No Charge	No charge after deductible	No charge	No charge after deductible
<b>Home Health Care</b>	No charge (up to 100 days per calendar yr.)	No charge (up to 100 days per calendar yr. deductible waived)	No charge after deductible (up to 100 visits per calendar yr.)	No charge (up to 100 days per plan year)	No charge after deductible (up to 100 visits per calendar yr.)	No charge (up to 100 days per calendar yr.)	No charge after deductible (up to 100 visits per calendar yr.)
<b>Skilled Nursing Facility</b>	No charge (up to 100 days per benefit period)	10% after deductible (up to 100 days per benefit period; deductible waived)	No charge after deductible (up to 100 visits per calendar yr.)	No charge (up to 100 days per benefit period)	No charge after deductible (up to 100 visits per calendar yr.)	No charge (up to 100 days per calendar yr.)	No charge after deductible (up to 100 visits per calendar yr.)

\*For up to two individuals, for a family of more than two, contact the Employee Benefits Department for family.



	Kaiser HMO	Kaiser DHMO	Kaiser HDHP*	SHP HMO	SHP HDHP*	WHA Premier 15	WHA HDHP*
<b>GENERIC</b>							
<b>Retail</b>	\$10 (30 day supply)	\$10 (30 day supply)	\$10 (30 day supply)	-	-	-	-
<b>Mail Order</b>	\$20 (100 day supply)	\$30 (30 day supply)	\$20 (100 day supply)				
<b>BRAND</b>							
<b>Retail</b>	\$20 (30 day supply)	\$20 (30 day supply)	\$30 (30 day supply)	-	-	-	-
<b>Mail Order</b>	\$40 (100 day supply)	\$60 (100 day supply)	\$60 (100 day supply)				
<b>TIER 1</b>							
<b>Retail</b>	-	-	-	\$10 (30 day supply)	\$0 (30 day supply)	\$10 (30 day supply)	\$0 (30 day supply)
<b>Mail Order</b>				\$20 (100 day supply)	\$0 (100 day supply)	\$20 (100 day supply)	\$0 (90 day supply)
<b>TIER 2</b>							
<b>Retail</b>	-	-	-	\$20 (30 day supply)	\$0 (30 day supply)	\$20 (30 day supply)	\$30 (30 day supply)
<b>Mail Order</b>				\$40 (100 day supply)	\$0 (100 day supply)	\$40 (100 day supply)	\$75 (90 day supply)
<b>TIER 3</b>							
<b>Retail</b>	-	-	-	\$35 (30 day supply)	\$0 (30 day supply)	\$35 (30 day supply)	\$50 (30 day supply)
<b>Mail Order</b>				\$75 (100 day supply)	\$0 (100 day supply)	\$75 (100 day supply)	\$125 (90 day supply)
<b>SPECIALTY DRUGS</b>							
<b>Retail</b>	30 day supply 10% up to \$100 max	30 day supply 10% up to \$100 max	\$50 (30 day supply)	-	-	-	-
<b>Mail Order</b>	10% up to \$100 max	10% up to \$100 max	\$50 (30 day supply)				

\*Kaiser HDHP, SHP HDHP & WHA HDHP - Co-pays applied after deductible is met.



***PLAN OPTIONS FOR  
RETIREES/DEPENDENTS  
AGE 65 OR OLDER***



The following plans are available to retirees/dependents age 65 or older.

- Kaiser Senior Advantage - HMO
- United HealthCare Medicare Advantage - HMO
- United HealthCare Medicare Advantage – PPO

These plans require enrollment in Medicare A & B. Kaiser members who do not enroll in Medicare and subsequently Senior Advantage, at age 65, will remain in the same Kaiser Early Retiree plan at a premium in excess of \$1,900.

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 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.**

The following information briefly describes your health insurance plans and your options to enroll through Los Rios. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including 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 PERMANENTE SENIOR ADVANTAGE WITH PART D**

Senior Advantage requires enrollment in Medicare Parts A and B.

In order to enroll in Senior Advantage, you must reside within the Kaiser service area. The service area is determined by your zip code. To determine if your zip code is in a covered service area, contact the Kaiser Member Services Department at 800-464-4000.

**MONTHLY PREMIUMS  
2019-2020**

	<b>W/O DISTRICT CONTRIBUTION</b>	<b>W/DISTRICT CONTRIBUTION</b>
<b>RETIREE</b>	\$275.14	(\$275.14 - \$306) = \$-30.86
<b>DEPENDENT</b>	\$275.14	\$275.14
<b>RETIREE &amp; DEPENDENT</b>	\$550.28	\$244.28

**BENEFIT SUMMARY  
2019-2020**

<b>SERVICES</b>	<b>COPAY</b>
<b>Calendar Year Deductible – Individual/Family</b>	NONE
<b>Calendar Year Out-of-Pocket – Individual/Family</b>	\$1,500/\$3,000
<b>Physical Exams</b>	\$25 per visit
<b>Eye Exams for Refraction &amp; Glaucoma Screening</b>	\$25 per visit
<b>Hearing Tests</b>	\$25 per visit
<b>Primary and Specialty Care Visits</b>	\$25 per visit
<b>Urgent Care Visits</b>	\$25 per visit
<b>X-rays &amp; Lab Tests</b>	No Charge
<b>Ambulance Service</b>	\$50 per trip
<b>Outpatient Surgery</b>	\$25 per visit
<b>Hospitalization</b>	\$500 per admission
<b>Home Health Care (part-time, intermittent)</b>	No Charge
<b>Skilled Nursing Facility Care (100 days/benefit period)</b>	No Charge
<b>Eyewear purchased from plan optical sales office every 24 months</b>	\$150 allowance

<b>PRESCRIPTION</b>	<b>COPAY</b>
<b>GENERIC</b>	
Retail	\$10 (30 day supply)
Mail Order	\$20 (100 day supply)
<b>BRAND</b>	
Retail	\$25 (30 day supply)
Mail Order	\$50 (100 day supply)

## United Healthcare

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United Healthcare is only available to retirees age 65 or over, who have both Medicare A and B. Retirees have a choice of two plans: Medicare Advantage HMO or Medicare Advantage PPO.

### Medicare Advantage HMO

In order to enroll in United Healthcare Medicare Advantage HMO plan, you must reside within the service area. To determine if you reside within the service area, contact United Healthcare's Member Services department at 1-877-596-3258 or visit their website at <https://www.uhmedicareolutions.com/>.

Upon enrolling in Medicare Advantage HMO, you must choose a primary care physician. Visit <https://www.uhmedicareolutions.com/health-plans/find-medicare-providers.html> to find a provider. To receive services from other plan providers or specialists, you must receive a referral from your primary care physician.

Medicare Advantage HMO does not have annual deductibles or out-of-pocket maximums.

### Medicare Advantage PPO

Individuals covered by the Medicare Advantage PPO Plan can receive services from any doctor or hospital that accepts Medicare, regardless of whether or not they contract with United Healthcare.

#### MONTHLY PREMIUMS

2019-2020

MEDICARE ADVANTAGE HMO	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 547.41	(\$547.41 -\$306) = \$ 241.41
DEPENDENT	\$ 547.41	\$ 547.41
RETIREE & DEPENDENT	\$ 1,094.82	\$ 788.82

MEDICARE ADVANTAGE PPO	W/O DISTRICT CONTRIBUTION	W/DISTRICT CONTRIBUTION
RETIREE	\$ 598.39	(\$598.39 -\$306) = \$ 292.39
DEPENDENT	\$ 598.39	\$ 598.39
RETIREE & DEPENDENT	\$ 1,196.78	\$ 890.78

**BENEFIT SUMMARY  
2019-2020**

	<b>MEDICARE ADVANTAGE HMO</b>	<b>MEDICARE ADVANTAGE PPO</b>
<b>CALENDAR YEAR DEDUCTIBLE INDIVIDUAL/FAMILY</b>	NONE	NONE
<b>CALENDAR YEAR OUT-OF-POCKET INDIVIDUAL/FAMILY</b>	\$6,700	NONE
<b>PHYSICAL EXAMS</b>	No Charge	No Charge
<b>PREVENTIVE CARE</b>	No Charge	No Charge
<b>PRIMARY &amp; SPECIALTY CARE VISITS</b>	\$5 per visit	No Charge
<b>URGENT CARE VISITS</b>	\$5 per visit	No Charge
<b>X-RAYS &amp; LABS</b>	No Charge	No Charge
<b>AMBULANCE</b>	No Charge	No Charge
<b>EMERGENCY ROOM</b>	\$50 (waived if admitted)	No Charge
<b>OUTPATIENT SURGERY</b>	No Charge	No Charge
<b>HOSPITALIZATION</b>	No Charge	No Charge
<b>HOME HEALTH CARE (100 VISITS/CALENDAR YR)</b>	No Charge	No Charge
<b>SKILLED NURSING FACILITY (100 DAYS/BENEFIT PERIOD)</b>	No Charge	No Charge
<b>PRESCRIPTION DRUGS</b>	<b>MEDICARE ADVANTAGE HMO</b>	<b>MEDICARE ADVANTAGE PPO</b>
<b>TIER 1</b>		
Retail – 30 day supply	\$5	\$7
Mail Order – 90 day supply	\$10	\$14
<b>TIER 2</b>		
Retail – 30 day supply	\$15	\$15
Mail Order – 90 day supply	\$30	\$30
<b>TIER 3 &amp; 4</b>		
Retail – 30 day supply	\$30	\$30
Mail Order – 90 day supply	\$60	\$60

## MEDICARE PLANS – COMPARISON CHART

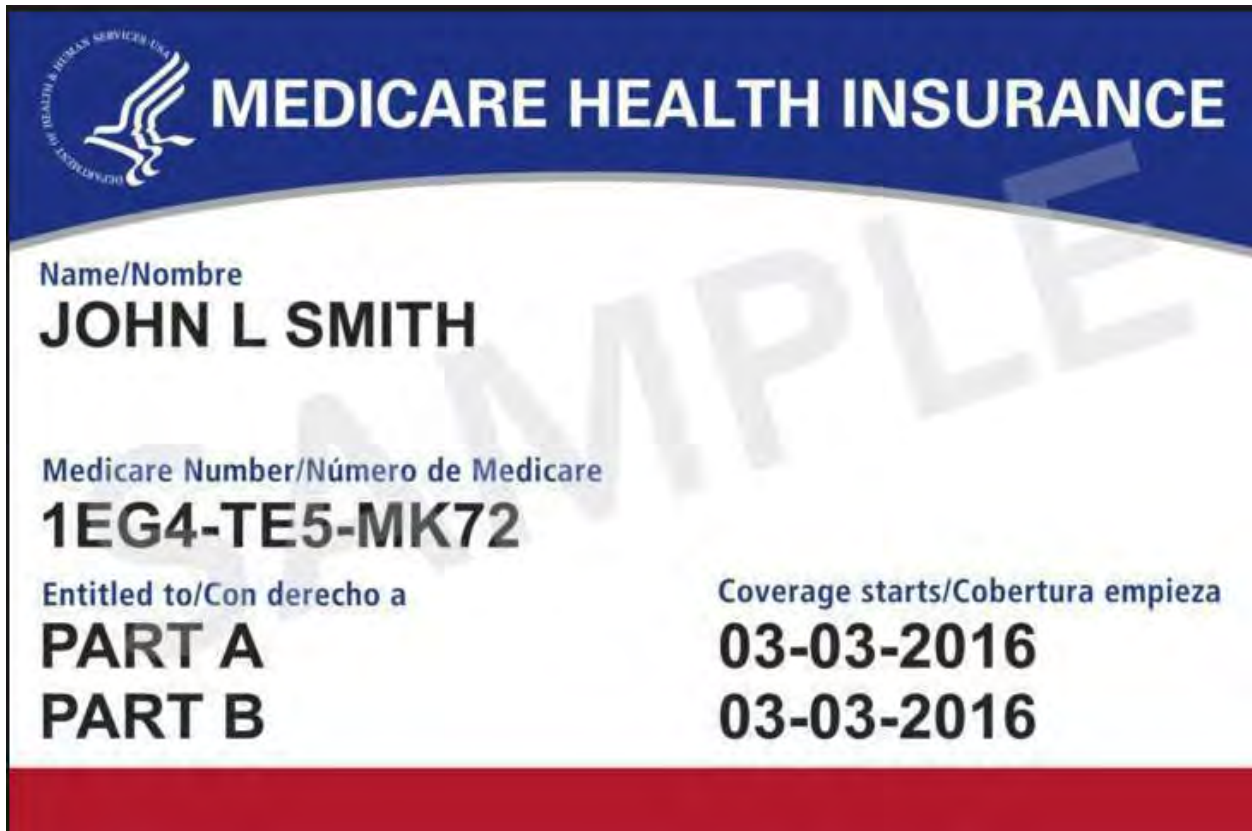
### SERVICES

	KAISER SR. ADVANTAGE	UHC MEDICARE ADVANTAGE HMO	UHC MEDICARE ADVANTAGE PPO
<b>PREMIUM</b> (does not include District contribution)	\$275.14/person	\$547.41/person	\$598.39/person
<b>YEARLY OUT OF POCKET MAXIMUM</b>	\$1,500	\$6,700	-----
<b>DOCTOR OFFICE VISITS</b>	\$25	\$5	\$0
<b>LABS, X-RAYS</b>	\$0	\$0	\$0
<b>URGENT CARE</b>	\$25	\$5	\$0
<b>EMERGENCY ROOM</b>	\$50 (waived if admitted)	\$50 (Medicare covered ER visit-waived if admitted)	\$0
<b>AMBULANCE</b>	\$50/trip	\$0	\$0
<b>HOSPITALIZATION</b>	\$500/admission	\$0	\$0
<b>DURABLE MEDICAL EQUIPMENT</b>	\$0	\$0	\$0
<b>SKILLED NURSING FACILITY</b>	No charge up to 100 days	No charge up to 100 days	No charge up to 100 days
<b>EYE EXAMS</b>	\$25	\$5	\$0
<b>EYEWEAR</b>	\$150 every 24 mos.	\$130 every 24 mos.	No coverage

### PRESCRIPTIONS

	KAISER SR. ADVANTAGE	MEDICARE ADVANTAGE HMO	MEDICARE ADVANTAGE PPO
<b>GENERIC</b>			
Retail	\$10 (30 day supply)	-	-
Mail Order	\$20 (100 day supply)		
<b>BRAND</b>			
Retail	\$25 (30 day supply)	-	-
Mail Order	\$50 (100 day supply)		
<b>TIER 1</b>			
Retail	-	\$5 (30 day supply)	\$7 (30 day supply)
Mail Order		\$10 (90 day supply)	\$14 (90 day supply)
<b>TIER 2</b>			
Retail	-	\$15 (30 day supply)	\$15 (30 day supply)
Mail Order		\$30 (90 day supply)	\$30 (90 day supply)
<b>TIER 3 &amp; 4</b>			
Retail	-	\$30 (30 day supply)	\$30 (30 day supply)
Mail Order		\$60 (90 day supply)	\$60 (90 day supply)

# ***MEDICARE***



The image shows a Medicare Health Insurance card. At the top left is the Department of Health & Human Services logo. The title 'MEDICARE HEALTH INSURANCE' is prominently displayed in a blue banner. The cardholder's name is John L. Smith. The Medicare number is 1EG4-TE5-MK72. The card indicates entitlement to Part A and Part B, both of which begin coverage on 03-03-2016. A large 'SAMPLE' watermark is visible across the center of the card.

<b>DEPARTMENT OF HEALTH &amp; HUMAN SERVICES USA</b>	
<b>MEDICARE HEALTH INSURANCE</b>	
Name/Nombre <b>JOHN L SMITH</b>	
Medicare Number/Número de Medicare <b>1EG4-TE5-MK72</b>	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
<b>PART A</b>	<b>03-03-2016</b>
<b>PART B</b>	<b>03-03-2016</b>



*The following information was obtained in January 2019 from various Social Security publications and is provided as a courtesy to Los Rios employees and retirees. It is the responsibility of the retiree to confirm information directly with Social Security.*

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) or ALS (Lou Gehrig's Disease)

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

## **Part A (Hospital Insurance)**

### **Description:**

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." If you did not pay into Medicare while working, you may be able to purchase part A if you are 65 or older, enrolling in Medicare Part B and meet the citizenship or residency requirements. You can pay up to \$437 for Medicare Part A for 2019.

### **Deductibles & Coinsurance 2019:**

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:

\$1,364 deductible per benefit period

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

Days 61–90: \$341 coinsurance per day of each benefit period in 2018.

Days 91 and beyond: \$682 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: \$170.50 per day each benefit period.

Days 101 and beyond: All costs.

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 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://www.ssa.gov/benefits/medicare/>.

\*Note: If you are still working and contributing to a HSA, you cannot be enrolled in Part A. You must stop all contributions to your HSA 6 months prior to retiring and enrolling in Part A to avoid a tax penalty. *Premium-free Part A coverage begins six months before eligibility for Medicare.*

If you do not enroll in Part A when you turn 65, you may enroll during the “General Enrollment Period” January 1 – March 31 with a July 1 effective date. You may also be eligible for a “Special Enrollment Period.” If you or a spouse are working and covered by a group health plan, your “Special Enrollment Period” would be the 8 months after employment ends or the group health coverage ends, whichever happens first.

**If you are not eligible for premium-free Part A and you do not purchase it when you first become eligible, you may be assessed a penalty charge.**

## **Part B (Medical Insurance)**

**Description:**

Medicare Part B is medical insurance that helps cover doctor's 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 individuals enrolling in Medicare Part B in 2019 is \$135.50; however beneficiaries with higher incomes may pay more. 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 married and filed a joint return, your cost would be as follows:

If your yearly income in 2017 (for what you pay in 2019) was			You pay each month (in 2019)
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	\$135.50
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	Not applicable	\$189.60
above \$107,000 up to \$133,500	above \$214,000 up to \$267,000	Not applicable	\$270.90
above \$133,500 up to \$160,000	above \$267,000 up to \$320,000	Not applicable	\$352.20
above \$160,000 and less than \$500,000	above \$320,000 and less than \$750,000	above \$85,000 and less than \$415,000	\$433.40
\$500,000 or above	\$750,000 and above	\$415,000 and above	\$460.50

*If your income is less than the MAGI range above, you may qualify for a discount to the Medicare Part B premium.*

**Deductible 2019:** \$185 per year

**Enrollment:**

Eligibility for Part B begins when you turn age 65. If you wish to enroll in Medicare 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 enrolling in Part B until that employment ends or you cancel your health coverage. Your Los Rios health plan would cover your medical expenses and you would be **unable** to utilize your Part B. If you have a 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.

If you delay 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 Employee Benefits Office 3 months prior to the end of your employment, certifying that you have been working and were covered under the employer's health plan. **This will allow you a Special Enrollment period and waive any penalties for delayed enrollment in Part B.** The Special Enrollment period lasts for 8 months after the employment ends or the health insurance ends, whichever happens first.

## **Part C (Medicare Advantage)**

If you are enrolled in the Los Rios sponsored plan, you are enrolling in a Medicare Part C plan. Enrolling in Part C directly with an insurance carrier will jeopardize your Los Rios sponsored plan.

### **Description:**

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, and in return you sign over your Medicare Parts A and B to the insurance carrier. It may also provide drug coverage.

Medicare pays a fixed amount every month to the companies that offer Medicare Advantage plans for your care. 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 Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Private Fee for Service (PFFS), or Special Needs Plans (SNP).

### **Costs:**

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

### **Enrollment:**

You must have Medicare Parts A **and** B in order to be eligible for a Medicare Advantage 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. Keep in mind, however, if you are enrolling in a Los Rios plan, you must enroll at the time of retirement even though your eligibility under the Medicare rules extends 3 months after losing your active employee coverage.

## Part D (Medicare Prescription Drug Coverage)

Medicare Part D is a prescription drug option run by private insurance companies approved by Medicare and helps cover the cost of prescription drugs. Plans can vary in cost and drug coverage. If you enroll in a Medicare Advantage plan through Los Rios, you do not need to enroll in a separate Part D plan (you may still be responsible for an Income Related Monthly Adjustment Amount – IRMAA).

Social Security may notify you about paying a higher amount for Part D IRMAA, even if you have a Los Rios medical plan. If you receive this notice, you are required by law to pay, or you will lose your Part D coverage. If your Part D coverage is associated with a Los Rios medical plan, and you lose the Part D coverage, it will result in the cancellation of your entire medical plan.

### **Costs:**

The premiums for *individual* Medicare Part D plans vary depending on the plan you choose. See the chart below for 2019 Part D IRMAA rates.

If your filing status and yearly income in 2017 was			
File individual tax return	File joint tax return	File married & separate tax return	You pay each month (in 2019)
\$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	\$12.40 + your plan premium
above \$107,000 up to \$133,500	above \$214,000 up to \$267,000	not applicable	\$31.90 + your plan premium
above \$133,500 up to \$160,000	above \$267,000 up to \$320,000	not applicable	\$51.40 + your plan premium
above \$160,000 and less than \$500,000	above \$320,000 and less than \$750,000	above \$85,000 and less than \$415,000	\$70.90 + your plan premium
\$500,000 or above	\$750,000 and above	\$415,000 and above	\$77.40 + 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:**

Again, 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 Parts A **and/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](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227).

If you are age 65 or older at the time of retirement, you will need to submit an Employer Verification form to Social Security. Contact the Employee Benefits Department to have the form completed.

**\*\*IMPORTANT INFORMATION REGARDING HSA CONTRIBUTIONS AND MEDICARE\*\***

The following information is from Centers for Medicare & Medicaid Services publication “Enrolling in Medicare Part A & B.

“You can’t contribute to your HSA once you’re enrolled in Medicare. If you contribute to your HSA after your Medicare enrollment date, you have to pay a tax penalty. If you’d like to continue contributing to your HSA, you shouldn’t apply for Medicare, Social Security, or Railroad Retirement Board (RRB) benefits. Because your enrollment date for Medicare (i.e., when your coverage starts will generally be 6 months before your application date, you must stop contributing to your HSA 6 months before applying for Medicare.

Premium free Part A coverage begins 6 months back from the date you apply for Medicare (or Social Security/RRB benefits), but no earlier than the first month you were eligible for Medicare.

To avoid tax penalty you should stop contributing to your HSA at least 6 months before you apply for Medicare.”

**What this means to you-**

- You cannot be enrolled in Medicare A or B while contributing to an HSA (if you are collecting Social Security, this requires mandatory enrollment in Part A).
- If you are 65 or older at the time of retirement, you must stop contributions to your HSA 6 months prior to retirement you may be subjected to a tax penalty.

For questions about stopping your HSA contributions contact the Employee Benefits Department at 568-3070.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved  
OMB No. 0938-0787

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**REQUEST FOR EMPLOYMENT INFORMATION**

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

1. Employer's Name \_\_\_\_\_ 2. Date \_\_\_\_\_  
 [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

3. Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 [ ]

4. Applicant's Name \_\_\_\_\_ 5. Applicant's Social Security Number \_\_\_\_\_  
 [ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

6. Employee's Name \_\_\_\_\_ 7. Employee's Social Security Number \_\_\_\_\_  
 [ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

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**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?  Yes  No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)  
 [ ] [ ] / [ ] [ ] [ ] [ ]

3. Has the coverage ended?  Yes  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) [ ] [ ] / [ ] [ ] [ ] [ ]

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**For Hours Bank Arrangements ONLY:**

1. Is (or was) the applicant covered under an Hours Bank Arrangement?  Yes  No

2. If yes, does the applicant have hours remaining in reserve?  Yes  No

3. Date reserve hours ended or will be used? (mm/yyyy)  
 [ ] [ ] / [ ] [ ] [ ] [ ]

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**All Employers:**

Signature of Company Official \_\_\_\_\_ Date Signed \_\_\_\_\_  
 [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Title of Company Official \_\_\_\_\_ 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.

Form CMS-L564 (CMS-R-297) (09/16) 2



# ***DENTAL INSURANCE***





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 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. The District does not give a contribution toward the cost of dental premiums.

### Delta Dental PPO

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

### MONTHLY PREMIUMS 2019-2020

	MONTHLY PREMIUM
<b>RETIREE</b>	\$114.77
<b>RETIREE &amp; DEPENDENT</b>	\$205.06

	IN NETWORK	OUT OF NETWORK
<b>Maximum per person/calendar year</b>	\$1,700	\$1,500
<b>Diagnostics &amp; Preventive</b>	70-100%	70-100%
<b>Crowns &amp; Cast Restorations</b>	70%	70%
<b>Prosthodontics</b>	50/50	50/50

\*Percentage attained in active employee dental plan will carry over to retiree plan so 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, the retiree must choose a dentist from a list of providers.

### MONTHLY PREMIUMS 2019-2020

	MONTHLY PREMIUM
RETIREE	\$25.72
RETIREE & DEPENDENT	\$45.50

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 \$0 – 85 (3 surfaces, posterior)

Crown, resin-based composite \$50

#### Prosthodontics

Dentures \$145 – 210

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

# COBRA/CAL-COBRA

Under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), a retiring employee may elect to continue the same coverage benefits they were enrolled in as an active employee. This includes medical, dental, vision, flexible spending accounts and the employee assistance program (EAP). This coverage can only be extended for 18 months. Medical can be extended an additional 18 months under Cal-COBRA. Once the COBRA period expires, the coverage will be cancelled and the retiree will be responsible for finding alternate coverage.

There is not a District contribution for the retiree electing COBRA. **Retirees may not enroll in a retiree medical plan once COBRA has expired.** However, they may be eligible for a District contribution toward the cost of their medical premium, once COBRA has expired. (The only exceptions are for early retirees who can enroll in a District medical plan at age 65, and employees with an active Long Term Disability claim who are eligible for the LTD medical subsidy provided they retire from the District and elect retiree medical benefits prior to the expiration of the LTD medical subsidy.)

COBRA is administered through our third party administrator, BASIC pacific. If COBRA is elected, BASIC pacific will provide the appropriate enrollment forms and payment information.

## 2019 – 2020 COBRA Monthly Premiums:

Delta Dental	\$ 135.66
Kaiser HMO	\$1,522.16
Kaiser DHMO	\$1,407.55
Kaiser HDHP	\$ 999.76
Sutter Health Plus HMO	\$1,488.87
Sutter Health Plus HDHP	\$1,224.87
Western Health Advantage HMO	\$1,327.91
Western Health Advantage HDHP	\$1,005.91
VSP Basic Plan - Single	\$ 9.65
Double	\$ 14.11
Family	\$ 25.29
VSP Buy Up-Plan - Single	\$ 16.17
Double	\$ 23.54
Family	\$ 42.23

If you are currently enrolled in COBRA or have questions about your enrollment, please contact BASIC pacific at 800-574-5448 or via e-mail at [customerservice@basicpacific.com](mailto:customerservice@basicpacific.com). You can also visit their website at <https://www.basicpacific.com>.

# ***LIFE INSURANCE***



“If I die, why do I  
need money?”

You don't -- but your family, your business  
or your favorite charity might.

LIFE INSURANCE

At retirement, you have the option of converting the Los Rios-paid \$50,000 life insurance policy to a “Whole Life” policy and you will be notified of your conversion rights for any supplemental plans you are enrolled. These policies will be at your cost without a contribution from Los Rios.

Upon retiring, you will receive a Notice of Continuation of Coverage letter mailed directly to your home address. If you are interested in continuing your policy, follow the directions to request more information, including the cost of the continuation of coverage.

# ***LONG TERM CARE INSURANCE***

At retirement, you also have the option of continuing your long term care plan through UNUM at the same rate. At that time, you would pay your premium directly to UNUM.

Upon retiring, you will receive a Long Term Care Coverage Continuation form mailed directly to your home address. If you are interested in continuing your policy, complete the form and mail it to Unum. The continuation of coverage must be elected within 60 days of the date the group coverage would otherwise end. Unum will then send bills directly to your home address, and you will submit payment directly to Unum.

# LOS RIOS COMMUNITY COLLEGE DISTRICT EMPLOYEE BENEFITS DEPARTMENT POINTS OF CONTACT

<p><b>*Kris Kurk</b> <i>Employee Benefits Technician</i></p>	<p>☎ 916-568-3060 ✉ kurkk@losrios.edu</p>
<p><b>Nicole Keller</b> <i>Employee Benefits Supervisor</i></p>	<p>☎ 916-568-3197 kellern✉@losrios.edu</p>
<p><b>Dawn Woltkamp</b> <i>Employee Benefits Specialist</i></p>	<p>☎ 916-286-3623 ✉ woltkad@losrios.edu</p>
<p><b>Vickie Weaver-Owens</b> <i>Employee Benefits Technician</i></p>	<p>☎ 916-568-3051 ✉ weaverv@losrios.edu</p>
<p><b>Socorro Molina</b> <i>Administrative Assistant</i></p>	<p>☎ 916-568-3087 ✉ molinas@losrios.edu</p>
<p><b>Main Information Line</b></p>	<p>☎ 916-568-3070</p>

*\*Kris Kurk is the primary point of contact for Retiree Benefits.*

All information contained in the booklet and additional information can  
be found on our website:

**[employees.losrios.edu/employee-groups/retirees](http://employees.losrios.edu/employee-groups/retirees)**