



Berkeley Unified School District

**Retiree Guide to
Health and Dental Benefits**

IMPORTANT: This guide is provided as a convenience, and is only intended to act as an informational overview of your benefits. Be sure to read your union's collective bargaining agreement and relevant group benefit plan contract for exact provisions, protocols, rights and obligations. Those matters presented as District policy are subject to change at any time, with or without notice.

And of course, federal and state laws are always subject to change.

In the event of any conflict between the language or provisions of this guide and that of the collective bargaining agreements or group benefit plan contracts, the latter will control.

This summary guide is not a substitute for your collective bargaining agreement. You should always keep a copy of your current agreement and understand its terms.

BUSD recommending that employees begin researching the retirement process in the six months before you plan to retire.

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INTRODUCTION

In an era of rapidly escalating costs, employer-provided group medical and dental benefits can serve as a vital component of overall financial security. This statement is especially true for those individuals fortunate enough to have access to these programs into their retirement years.

Eligible classified and certificated employees of the Berkeley Unified School District (BUSD) who take a retirement under one of the state's public retirement plans (and meet other qualifying criteria) are among that group.

BUSD currently offers "Early Retiree" Medical and Dental benefits thru the CalPERS system. In this context, the term "Early Retiree" refers to anyone retiring prior to age 65 or Medicare eligibility. The retiree may be eligible for a district subsidy depending on eligibility outlined in your union contract.

This guide provides an introduction to the "Early Retiree" benefits currently available through BUSD/CalPERS, pursuant to specific collective-bargaining agreements between the District and the Unions representing its employees.

Please note that these plans are subject to change at any time, with or without notice, and that they are controlled by contractual language between the District and its unions, as well as contracts between the District and CalPERS.

While every attempt has been made to provide the most accurate and up-to-date information possible, you are advised to obtain copies of your union's current collective bargaining agreement and familiarize yourself with all of its terms.

The District's Benefits Office is staffed by employees who can assist you with questions you might have and, where appropriate, refer you to outside resources.

You can reach the Benefits Office through the Benefits Help Line at: (510) 644-6666; (510) 644-4812(Retiree Specialist) or benefits@berkeley.net

GUIDING PRINCIPLES

Understanding your collective bargaining agreement and carefully reading this guide are your first steps towards a smooth transition into retirement.

Throughout this process, you should keep the following critical points in mind:

- You must keep the District informed of your current address, phone number and any changes in dependent status. Failure to do so may endanger your eligibility for participation in these plans.
- You may be responsible for some or all of your group plan premiums. Timely payment of your share of premiums is required to avoid benefit cancellation and forfeiture of any future eligibility.
- The District's current benefit carrier is CalPERS. CalPERS requires that the retiree's medical premium be pulled from their monthly retirement check in its entirety. You will be reimbursed by District for any contributions you are eligible for, by the District's third party administrator. Reimbursements will be made by the end of the month in which the premium is deducted from your retirement check.
- When you or your dependent spouse/domestic partner become eligible for enrollment in Medicare, you should contact Social Security and enroll in Medical A and B. Timely enrollment in Medicare provides not only for continued medical coverage through the CalPERS plans, but also avoids Medicare late enrollment penalties. Per CalPERS policy, failure to enroll in Medicare once you become eligible will result in termination of your coverage.

- Understanding your rights and obligations under Medicare is one of the most important things a retiree can do to secure their financial future. This guide includes some important overview information about Medicare, but cannot provide definitive information about this critical, and evolving, medical benefit. For that, retirees must contact their local Social Security Administration office.

The rules limiting changes in your health plan enrollments are derived from a variety of federal and state laws, as well as current policy of CalPERS/District.

The District will do its best to keep you informed, but you are ultimately responsible for keeping yourself up-to-date on the current rules and how they apply to your situation. The District Benefits Office, your union and retiree membership groups can act as resources towards that end.

OVERVIEW

What exactly are "Early Retiree benefits"?

The phrase "Early Retiree benefits" refers to the voluntary continuation of certain core group health and dental benefits enjoyed by active employees of the District.

It is important to note that vision, life, flexible spending and employee assistance program (EAP) benefits are not included in the Early Retiree benefit program. Those benefits terminate for retiring employees in the same manner as they do for any other active employee who separates from the District.

More precisely, Early Retiree benefits refer to the range of District subsidies that qualified retirees are eligible for to offset some or all of their medical and dental premium expenses.

Qualified retirees who take their retirement prior to age of 65 (or age 67, with sufficient qualifying years of service) are eligible for subsidies based on those provided by the District to its active employees.

Similar to active employees, "Early Retirees" are responsible for all premium costs that exceed the District's subsidy, plus an administrative fee discussed later in this guide.

Dealing with benefits outside of the Early Retiree program

The District's Early Retiree benefit plan only covers medical and dental insurance.

At the time of retirement from the District, if an employee is participating in the Vision Service Plan (VSP), or supplemental life insurance plans, separate arrangements will have to be made to continue those coverages.

For VSP coverages, the retiring employee will receive COBRA notification and election materials directly from the third-party administrator who handles this task for the district. For supplemental life insurance plans, arrangements would need to be handled directly with the vendor.

Life insurance coverages, both "basic" (the amount provided by the District at no cost to active employees) and "Optional Life" (additional amounts paid for entirely by active employees who make the necessary election during eligible periods), can be converted into individual plans under procedures set up by the relevant carriers.

If you wish to convert your basic group life insurance policy, or any additional life you purchased on a voluntary basis, contact the BUSD Benefits Office for the conversion forms.

Conversion or portability must take place within 31 days of retirement from the District's plan, and it is the retiree's responsibility to complete the paperwork and submit it to the carrier in a timely manner.

If you wish to continue dental coverage, please contact the Benefits Office.

Transitioning from "Early Retiree" to "Self-Pay" status

Under current District policy, qualified retirees, their spouses/domestic partners and other eligible dependents may remain participants in the CalPERS/BUSD group insurance plans for the rest of their lives, so long as they make timely payment of all premiums owed.

During the initial period when a qualified individual is receiving premium subsidies from the District, they are referred to as "Early Retirees."

In most cases, eligibility for those subsidies ends when the retiree turns 65 or 67, depending on their years of service with the District and the bargaining unit/union they belonged to when they retired.

When those subsidies end, the Early Retiree (then becomes "Self Pay Retiree

Participant) may elect to continue participating in these plans by agreeing to pay 100% of the applicable premium.

Self-Pay Retiree participation can continue indefinitely, as the participant makes timely payment of all premiums, and the District's benefit carriers continue to permit their enrollment.

IMPORTANT:

If a participant leaves one of the District's plans at the time of their retirement, or at any future date (either voluntarily or Involuntarily - as for nonpayment of premium) both they and their dependents will have no future eligibility for participation in these BUSD plans. This does not apply to the medical as long as the District remains with CalPERS. **CalPERS will allow retirees to sign up for benefits again at open enrollment or any other covered loss, as long as they have met the 120 day rule.**

120 DAY RULE:

When you arrange to start receiving your retirement checks with STRS or PERS is entirely up to you as the beneficiary, however if you do not notify PERS or STRS within **120 days** of separation from the district, you will lose eligibility to participate in the medical insurance with CalPERS.

IMMEDIATE CONCERNS FOR CURRENT RETIREES AND THOSE CONSIDERING RETIREMENT

CalPERS Specifics

Once you give notice that you are leaving the district, your benefits as an active employee will terminate the last day of the month that you separate, so it is important that you contact CalPERS immediately at **(888)225-7377**.

To make arrangements to sign up for your medical benefits in order avoid coverage lapses. CalPERS will take care of sending you all the medical forms and assisting you with the enrollment process.

NOTE:

- CalPERS will only bill for retiree medical benefits by directly withholding the premiums from the retiree's STRS or PERS retirement check. That means, if you are not receiving a retirement check from STRS or PERS you will not be able to participate in the CalPERS's retirement medical benefits plans.
- For BFT and 10-month employee's leaving the district at the end of June. The insurance premium will not be withheld from your July and August paychecks so that you will not be double charged for insurance.

Collective Bargaining Agreements

The first, and perhaps most important thing, a current or prospective retiree needs to do is obtain a copy of the current collective bargaining agreement between BUSD and their union.

Each of these collective bargaining agreements contains a section entitled "Retirement/Early Retirement" (or similar) which clarifies eligibility, subsidy levels and their durations.

Thus, health plan benefits and available health plans themselves may vary somewhat over the years. You and your eligible dependents may remain participants in the CalPERS/BUSD health plan system as long as premiums are collected by CalPERS and to the District's third party administrator.

Geographic Restrictions on Group Plan Enrollments

It is important that you begin studying your health plan options early in your retirement planning process. The District will make every attempt to provide options for retirees both inside and outside of the Greater Bay Area for health insurance purposes.

It is suggested that you check your health plan's website or call to investigate the service areas covered. It should also be noted that when you become eligible for Medicare, your health plan may have additional service area restrictions. It is important you familiarize yourself with what is available.

If you get to know clearly what BUSD health plan(s) would await you in your new location, you can better balance the health care benefit and eventual premium factor into your immediate and long-term financial and geographical planning.

If you move out of the Bay Area, you may not qualify for coverage under your current health plan or other plans offered through BUSD. If you are contemplating such a move, please contact the District's Benefit Office to determine what your rights are as to out-of-area coverage and your coverage options. If your current health plan has health care providers in your new (or contemplated) location, you may continue your current coverage but may need to select a new primary care physician. It is advised that you contact your health plan. If other BUSD health plans have providers in your new area and your BUSD current health plan does not, you should contact the District's Benefit Office to determine your options.

When you have made your decision on what you would like to accomplish, if it involves change, be sure to contact the District's Benefits Office and the health plan to find the most direct way of handling any transition papers and to double-check that you can do what you wish to do when you wish to do it.

"Aging Out" of All District Subsidies

"Qualifying events" are those significant life changes that the law recognizes as valid reasons to switch or drop coverage's (consistent with those changes) outside of the normal Open Enrollment period, in the middle of a plan year.

Although "aging in" to Medicare eligibility is a "qualifying event" for the District's group plans, the loss of District subsidies is not.

Based on their birthdays, most retirees will lose their subsidies in the middle of a plan year, when it is not possible to make plan changes.

This means that it is vitally important for retirees who are within a year or two of losing their subsidies to carefully review the total premium costs of the plans they are enrolled, to ensure that either (1) they can afford those full Premiums beginning the month following their birthday the year they lose subsidy; or (2) they switch to a more affordable plan (if available) at the prior Open Enrollment.

OPEN ENROLLMENT AND PLAN CHANGES

Open Enrollment (held each year in October) is the one opportunity each year for retirees and their covered dependents to freely change medical or dental plans. Changes made during open enrollment are effective January 1.

Prior to the Open Enrollment period, benefit summaries and plan rates are mailed to eligible retirees. If you do not receive information and believe you are still eligible, call the District's Benefits Office to confirm your correct address is on file.

You can reach the Benefits Office through the Benefits Help Line at: (510) 644-6666 or Benefit Specialist (510) 644-4812 or benefits@berkeley.net

Plan Changes

Retirees are eligible to participate in Open Enrollment and may enroll in any District sponsored plan that they are qualified for. As with active employees, open enrollment changes are effective for the entire plan year (January through December), and may not be changed until the next open enrollment period, unless the retiree or their dependent experiences a "qualifying event" (death, divorce, etc.)

There are a few exceptions, however, that allow a retiree to make mid-year changes that aren't generally available to active employees: these include "aging in" to Medicare eligibility, and moving out of a plan's service area.

The rules governing these types of changes can be complicated and are subject to change. Retirees are advised to not automatically assume that they can make any change they desire.

When in doubt, and certainly when planning to make a significant life move, retirees should contact the District's Benefits Office for guidance regarding their options.

You can reach the Benefits Office through the Benefits Help Line at: (510) 644-6666, or Benefits Specialist (510) 0644-4812, or benefits@berkeley.net

Dropping Coverage for Eligible Dependents

Retirees may drop coverage for any of their eligible dependents by notifying the District, in writing, of their intention to do so.

Any dependent so dropped, however, will not be eligible to re-enroll in the District's plans, or benefit from their subsidies.

Death of a Retiree

Under current District policy, upon the death of a BUSD retiree, a surviving spouse or domestic partner must notify BUSD and the state retirement plans (STRS/PERS) of the death within 30 days.

The surviving spouse or domestic partner may continue their medical and/or dental coverage on a "self-pay" basis (i.e. by paying the full premiums for elected coverage.)

The group benefit plan may require a new enrollment form. Contact the District's Benefits Office.

You can reach the Benefits Office through the Benefits Help Line at: (510) 644-6666 or, Benefits Special (510)644-4812, or benefits@berkeley.net

MEDICARE

As you approach Medicare eligibility age, you should receive information from the Social Security Administration regarding the Medicare options available to you. You will also receive numerous solicitations from outside vendors, broker agencies, carriers, and others interested in selling Medigap and Part D plans. These are individual policies, and enrolling in them will jeopardize you and your spouse's enrollment in the District's plans. In addition, your Medicare enrollment decisions may impact options available to you through the District's plans, including your monthly premium for coverage provided through the District.

Whenever possible and as long as available, the CalPERS/District's carriers will provide Medicare Part D coverage (prescriptions). Enrolling in an individual Part D

Plan will jeopardize your CalPERS/District provided health plan. DO NOT ENROLL IN A MEDICARE PART D PLAN OUTSIDE OF THE CalPERS/DISTRICT UNLESS YOU PLAN ON CANCELLING CalPERS/DISTRICT SPONSORED COVERAGE.

What is Medicare?

Medicare is health insurance for people age 65 or older, and those under age 65 with certain disabilities, including End Stage Renal Disease (ESRD).

Retirees with sufficient work credit in the Medicare system are allowed to enroll in “Part A” coverage (see below) with no premium. A retiree may also be eligible due to their spouse’s work history. However, retirees without sufficient credit either through their own work history or their spouse’s will be required to pay some premium to the federal government. You should contact your local Social Security Administration office for details.

In contrast, all retirees are required to pay a premium to the federal government for Medicare’s “Part B” coverage (i.e. physician and other outpatient services). Contact your local Social Security Administration office for details.

Summary of the Distinct “Parts” of Medicare

Medicare Part A (Hospital Insurance)
<ul style="list-style-type: none">▪ Helps cover inpatient care in hospitals▪ Helps cover skilled nursing facility, hospice, and home health care
Medicare Part B (Medical Insurance))
<ul style="list-style-type: none">▪ Helps cover doctors’ services and outpatient care▪ Helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse

Medicare Advantage Plans (like an HMO or PPO)

- A health coverage choice run by private companies approved by Medicare
Includes Part A, Part B, and usually other coverage including prescription drugs

Medicare Part D (Medicare Prescription Drug Coverage)

- Helps cover the cost of prescription drugs
- May help lower your prescription drug costs and help protect against higher costs in the future

How do Medicare elections affect coverage through the District's group health plans

In order to enroll in the Medicare Plans offered by CalPERS, please contact them directly @ (888) 225-7377.

- If you enroll in an individual Medicare Part D plan (Medicare Prescription Drug Coverage) outside of the CalPERS/BUSD plans you may jeopardize continued coverage.

Where to Find More Information about Medicare

Medicare has a very user-friendly website at www.medicare.gov that not only discusses Medicare Parts A, B, and D, but also gives you tools to compare benefits and premiums for Medicare Part D drug plans, Medicare Supplements and Medicare Advantage plans in whatever area you reside. The plans described on the Medicare website are individual plans and not tied to the District.

You can contact the California Department of Aging at: 1300 National Drive, Suite 200, Sacramento, CA 95834-1992; at (916) 419-7500; or at <http://www.aging.ca.gov>

For general Medicare information, you can call 1-800-MEDICARE (1-800- 633-4227) 24 hours a day, 7 days a week.

For questions regarding the District's healthcare plans, please contact the District's Benefit Office.

MEDICARE PREMIUMS: RULES FOR HIGHER-INCOME BENEFICIARIES

Income Related Medicare Adjustment Amount (IRMAA)

A majority of people will pay the standard premium amount for Part B and Part D coverage. However, if your modified adjusted gross income as reported on your IRS tax return is above a certain amount, you may pay more. This additional amount is referred to the Income-Related Monthly Adjustment Amount. You may contact Social Security if you should disagree with the adjusted gross income level that was provided.

Please note, if you do not pay these fees as charged by Social Security, you will be canceled from your District sponsored plan.

For additional information regarding IRMAA please refer to:

<http://www.ssa.gov/pubs/EN-05-10536.pdf> or
<http://medicare.gov/Pubs/pdf/11579.pdf>

Copies of the documents are made available upon request.

MEDICARE PART B REIMBURSEMENT

Retirees may be eligible for Medicare Part B subsidy reimbursement if:

1. Retiree must be at the age of 65.
2. Provide proof of enrollment into Medicare Part B
3. Provide statement from Medicare indicating proof of billing
4. Provide proof of payment through a copy of the front and back of a cancelled check or a statement from the Social Security office verifying that payment was made.
5. Enrollment into the CalPERS/District's Medicare program.

The subsidy reimbursement process must be completed on a quarterly basis.

APPENDIX A – RETIREMENT CHECK LIST

- _____ Know what your STRS-PERS retirement income will be compared to your current active salary.
- _____ Examine your financial affairs. For instance, if your STRS pension falls to 85% of its original purchasing power, can you cover living expenses and the cost of medical and dental insurance when the BUSD contribution to benefits ceases?
- _____ Keep a copy of the collective bargaining agreement currently in effect.
- _____ Do you have access to information on maintaining good health in retirement?
- _____ As you retire from an active status, your District-paid life insurance ceases. Investigate converting that policy to a self-paid policy.
- _____ After retirement, do you plan to move out of state? If so, inquire as to what BUSD health coverage may be available at your proposed location.
- _____ When your BUSD-paid health and dental coverage ends, do you plan to continue coverage with one of the BUSD policies for you and your spouse?
- _____ Know when your BUSD-paid medical premium subsidies end for you.
- _____ Know when your BUSD-paid medical premium subsidies end for your spouse, domestic partner, and/or dependents.
- _____ Know when your BUSD-paid dental premium subsidies end for you.
- _____ Know when your BUSD-paid dental premium subsidies end for your spouse, domestic partner, and/or dependents.
- _____ Do you qualify for Medicare A? (Consult with your local Social Security Office)

- _____ If you do not qualify for Medicare A on your own, can you qualify through work done by your spouse?
 - _____ If you do not qualify for Medicare A, are you working toward getting the necessary credits/quarters to qualify?
 - _____ If you do not qualify for Medicare A on your own, review the cost based on earned quarters.
 - _____ Do you know when and how to apply for Medicare A? (Consult with your local Social Security Office)
 - _____ Do you know what Medicare B covers? (Consult with your local Social Security Office)
 - _____ Do you know when and how to apply for Medicare B? (Consult with your local Social Security Office)
 - _____ Do you know how to get reimbursement from BUSD if you purchase Medicare B while still on BUSD-paid health coverage? (Consult with BUSD Health Benefits Department)
 - _____ Are you aware you may be severely penalized if you apply for Medicare A, B and D if you are retired and are over the age of 65? (Consult with your local social security office)
 - _____ Review your options both through the District's health plans and as an individual once you reach Medicare eligibility. Compare expense versus benefits by understanding what Medicare will and will not cover.
 - _____ Keep BUSD, STRS/PERS, CalPERS Medical, and Social Security advised of your correct.
 - _____ It is a recommendation to create a MyCalSTRS account and meet with a STRS counselor.
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Additional Resources

Health Plan Directory

It is advisable that you speak with the carriers directly or visit their websites to be sure that your preferred medical providers are covered under the plan. Below are the CalPER's retiree medical plans and their contact information to help you select the right health plan that is right for you and your family.

Anthem Blue Cross HMO (855) 839-4524 www.anthem.com/ca/calpers/hmo	Kaiser Permanente (800) 464-4000 www.kp.org/calpers
Blue Shield of California (800) 334-5847 www.blueshieldca.com/calpers	PERS Select, PERS Choice, PERS Care Administered by Anthem Blue Cross (877) 737-7776 www.anthem.com/ca/calpers
Health Net SmartCare (888) 926-4921 www.healthnet.com/calpers	Supplement to Medicare (877) 737-7776 Retiree Member Services www.anthem.com/ca/calpers/retiree
United Healthcare Active Member Services (877) 359-3714 Retiree Member Services (888) 867-5581 www.uhc.com/calpers	