

YCCD - RETIREE - Monthly Premium Rate Sheet

Revised 08/30/18

Page 1 of 2

Effective October 1, 2018 through September 30, 2019

IMPORTANT CHANGE - Effective 10/1/18: Blue Shield 80-G, 80-C and 90% plans are no longer available for Retirees (& Spouses) with Medicare A/B. If both parties on these plans are Medicare Eligible, they must choose a different plan or be converted as shown in pink below.

NOTE: For purposes of Clarification of information presented below, "spouse" can include registered domestic partner and "Dependent" means legal dependent/child under age 26, or permanently disabled child over age 26 with MD certification.

Retirees must meet "Rule of 70" as outlined in contract language to be eligible for District Health Benefits.

Retiree UNDER age 65	Kaiser - YCCD Pays	Kaiser - Ret Pays	BS 80G \$30CD Pays	BS 80G \$30 Ret Pays	BS 80-C \$20 YCCD Pays	BS 80-C \$20 Ret Pays	BS 90-G \$20 - YCCD Pays	BS 90-G \$20 Ret Pays	BS 100-D \$30 YCCD Pays	BS 100-D \$30 Ret Pays
Single	\$933	\$0	\$1,058	\$0	\$1,058	\$119	\$1,058	\$119	\$1,058	\$195
Retiree + Spouse	\$1,372	\$0	\$1,484	\$0	\$1,484	\$164	\$1,484	\$171	\$1,484	\$267
Retiree + Spouse over 65 w/Medicare A/B	\$1,372	\$0	\$1,484	\$0	\$1,484	\$164	\$1,484	\$171	\$1,484	\$267
Retiree + Spouse with Dependents	\$1,745	\$0	\$1,886	\$0	\$1,886	\$209	\$1,886	\$218	\$1,886	\$339

Retiree OVER Age 65 w/Medicare A&B NOTE: by age 65, retiree &/or spouse must obtain Medicare A/B or be subject to penalties listed below.	Kaiser KPSA - YCCD Pays	Kaiser Perm Senior Adv - Ret Pays	BS 100-G \$20 (formerly 80G & 80C) YCCD pays	BS 100-G \$20 Retiree Pays	BS 80G plan converts to <- 100-G \$20	BS 80-C plan converts to <- 100- G \$20	BS 90% & BS 100-D convert to 100-A \$0 ->	BS 100-A \$0 (formerly 90% & 100%) YCCD pays	BS 100-A \$0 Retiree Pays
Retiree with Medicare A/B	\$374	\$0	\$490	\$0	<- tnsf to 100G	<- tnsf to 100G	transf to 100-A ->	\$490	\$16
Retiree + Spouse - both w.Medicare A/B	\$748	\$0	\$980	\$0	<- tnsf to 100G	<- tnsf to 100G	transf to 100-A ->	\$980	\$32
Retiree + Spouse + Dependand ALL w.Medicare A/B	\$980	\$141	\$980	\$300	<- tnsf to 100G	<- tnsf to 100G	transf to 100-A ->	\$980	\$348
Retiree with Medicare A/B PLUS Spouse under 65 (no Medicare)	\$980	\$327	Must remain on "UNDER 65" plan. See rates in green section (Ret + Sps rates)						
Retiree with Medicare A/B PLUS Spouse & Dependent under 65	\$980	\$700	Must remain on "UNDER 65" plan. See rates in green section (Ret + Sps + Dep rates)						

If you have NOT ALREADY selected Dental & Vision, you may NOT add these plans at this time. If you currently have dental coverage and wish to change at this time, you may do so by completing the appropriate form.

Delta Dental Premier/Incentive Plan
Single \$64
2-Party \$128
Family \$168

Delta Dental PPO Plan
Single \$60
2-Party \$120
Family \$158

Vision Service Plan
Single \$12.40
2-Party \$24.80
Family \$37.20

Retirees responsible for a monthly premium amount must submit payments by the first of each coverage month to:

YCCD - Fiscal Services, Attn: Controller, PO Box 4065, Modesto, CA 95352

Retirees who do not keep current with premium payments may be dropped without notice, and will not be eligible for re-enrollment.

Retiree or Spouse over age 65 without Medicare A and/or B will be responsible for the non-refundable penalty listed:

NOTE - Penalty is in ADDITION to rates listed in table above: Missing A only = \$550/mo. Missing B only = \$750/mo. Missing A & B = \$1300/mo.

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Page 2 of 2

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IMPORTANT CHANGE -- Effective 10/1/18: Blue Shield 80G, 80-C and 90% plans are no longer available for Retirees when BOTH PARTIES have Medicare A/B. Retirees on these plans who are Medicare Eligible will be enrolled in the plan listed below.

If one party is OVER 65 w/AB and one party is UNDER 65 (no Medicare) - BOTH must remain on the "UNDER" plan.

Retiree Beyond 65/70 -- Tiered Contribution

The District contributes to Retiree Health Benefits according to the tiers outlined below. After these ages, the Retiree must pay the full premium in order to remain on YCCD's plans. Retiree MAY continue Dental and Vision (if selected at time of retirement), even if they no longer have Medical coverage through YCCD.

NOTE: For purposes of Clarification of information presented below, "spouse" can include registered domestic partner and "Dependent" means legal dependent/child under age 26, or permanently disabled child over age 26 with MD certification.

* Kaiser Members over the age of 65 MUST enroll in Kaiser Senior Advantage. KPSA Enrollment Forms are required for each enrollee. Members under age 65 would remain on regular Kaiser.

**Kaiser Senior Advantage Plan INCLUDES Vision Care for the retiree (see plan outline for details).

REGARDING SELF PAY PLANS: You have the option of paying directly to SISC, however, you must convert ALL coverages to SISC and cannot remain with YCCD.

Tier 1 (Hired prior to 7/01/04) To age 70 Tier 2 (Hired between 7/01/04-6/30/13) To age 65 Tier 3 (Hired on/after 7/01/13) \$1361/mo to 65	Kaiser *see KPSA note	Kaiser Senior Advantage *(KPSA)	Blue Shield 100-G \$20 (formerly 80G & 80C)	Blue Shield 100-A \$0 (formerly 90% & 100%)	VSP & DELTA DENTAL	SELF PAY Kaiser Senior Advantage	SELF PAY Blu Shield Companion Care	SelfPay VSP \$20-C (N/A for KPSA)	SelfPay Delta Dental Premier+
Retiree w Medicare A/B	\$374	\$374 *	\$490	\$506	see rates below	\$374 *	\$386	\$12.30**	\$64
Retiree + Spouse (both w Medicare A/B)	\$748	\$748 *	\$980	\$1,012		\$748 *	\$772	\$24.60**	\$128
Retiree, Spouse & Dependant (ALL w Medicare A/B)	\$1,121	**	\$1,280	\$1,328		na	na	\$36.90**	\$168
Retiree w/Medicare A/B + Spouse under 65	\$1,307	**	\$1,484	\$1,751		na	na	na	na
Retiree w Medicare A/B + Spouse & Dep. under 65	\$1,680	**	\$1,886	\$2,225		na	na	na	na

After the age listed by the tiers above, the retiree may continue health coverage at the retiree's expense. Upon death of the retiree, surviving spouse/domestic partner may continue coverage at own expense until the surviving spouse/domestic partner's death or remarriage.

If you have NOT ALREADY selected Dental & Vision, you may NOT add these plans at this time. If you currently have dental coverage and wish to change at this time, you may do so by completing the appropriate form.

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NOTE - Penalty is in ADDITION to rates listed in table above: Missing A only = \$550/mo. Missing B only = \$750/mo. Missing A & B = \$1300/mo.