

# YCCD - RETIREE - Monthly Premium Rate Sheet

Revised 10/04/18

Effective October 1, 2018 through September 30, 2019

## Retiree Beyond 65/70 -- Tiered Contribution

### No longer receiving District Contribution - Retiree/Spouse pays full premium

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.

**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 - BOTH must remain on the "UNDER" plan.**

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 SISC/SELF PAY PLANS: You have the option of paying directly to SISC, however, you must convert ALL coverages to them.

Tier 1 (Hired prior to 7/01/04) To age 70		Kaiser *see KPSA note	Kaiser Senior Advantage *(KPSA)	Blue Shield 100-G (prev: 80G & 80-C)	Blue Shield 100A (prev: 90% & 100D)	VSP & DELTA DENTAL	SELF PAY Kaiser Senior Advantage	SELF PAY Companion Care	SelfPay VSP \$20-C (N/A for KPSA)	SelfPay Delta Dental Premier+
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										
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 & Dependent (ALL w Medicare A/B)		\$1,121	**	\$1,280	\$1,328		na	na	\$36.90**	\$168
Other circumstances such as surviving spouse, etc.	Kaiser - Ret Pays	BS 80G \$30 Ret Pays	BS 80-C \$20 Ret Pays	BS 90-G \$20 Ret Pays	BS 100-D \$30 Ret Pays	Number Covered				
1-Party Over 65 w/Medicare AB	\$374	see 100G	see 100A	see 100G	see 100A	Single				
1-Party Under 65 (No Medicare A/B)	\$933	\$1,058	\$1,177	\$1,177	\$1,253	Single				
2 party - both under 65 (no MC A/B)	\$1,372	\$1,484	\$1,648	\$1,655	\$1,751	2-party				
Family coverage - all under 65 (no A/B)	\$1,745	\$1,886	\$2,095	\$2,104	\$2,225	Family				
1-P Over w/ AB, 1-P Under (no MC A/B)	\$1,307	\$1,484	\$1,648	\$1,655	\$1,751	2-party				
Retiree over, Spouse + Dependents UNDER 65	\$1,680	\$1,886	\$2,095	\$2,104	\$2,225	Family				

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.	Delta Dental Premier/Incentive Plan	Delta Dental PPO Plan	Vision Service Plan
	Single \$64 2-Party \$128 Family \$168	Single \$60 2-Party \$120 Family \$158	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: Fiscal Services, 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.