

YCCD - RETIREE - MONTHLY PREMIUM RATE SHEET

Effective October, 1, 2019 - September 30, 2020

IMPORTANT - for Blue Shield Retirees & Spouses/Dependents who are all covered under Medicare A/B - you must elect & enroll in one of two Blue Shield 100A (EGWP) plans. See below as noted. If one party IS Medicare eligible and the other is NOT eligible, both must remain on the "UNDER/No Medicare" plan.

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

Retiree UNDER age 65 / Not Medicare Eligible	Kaiser YCCD Pays	Kaiser Ret Pays	BS 80G YCCD Pays	BS 80G Ret Pays	BS 80-C YCCD Pays	BS 80-C Ret Pays	BS 90-G YCCD Pays	BS 90-G Ret Pays	BS 100-D YCCD Pays	BS 100-D Ret Pays
Single	\$1,021	\$0	\$1,145	\$0	\$1,145	\$130	\$1,145	\$141	\$1,145	\$212
Retiree + Spouse (without MC A/B)	\$1,500	\$0	\$1,606	\$0	\$1,606	\$177	\$1,606	\$199	\$1,606	\$290
Retiree, Spouse + Dep (all without MC A/B)	\$1,908	\$0	\$2,041	\$0	\$2,041	\$226	\$2,041	\$254	\$2,041	\$368
Retiree (no MC A/B) + Spouse <u>with</u> MC A/B *	\$1,369	\$ 0 (KPSA*)	\$1,606	\$0	\$1,606	\$177	\$1,606	\$199	\$1,606	\$290
Retiree <u>with</u> MC A/B * + Spouse <u>without</u> MC A/B	\$980	\$389 (KPSA*)	\$1,606	\$626	\$980	\$803	\$980	\$825	\$980	\$916
Retiree <u>with</u> MC A/B *, Sps &/or Dep <u>w/out</u> MC	\$980	\$797 (KPSA*)	\$2,041	\$1,061	\$980	\$1,287	\$980	\$1,315	\$980	\$1,429
Retiree + Spouse + Dep - all w/ MC A/B*	See KPSA information below		see Medicare Eligible plans listed below							

Retiree Medicare Eligible w/Medicare A&B*	KPSA YCCD Pays	KPSA Ret Pays	BS 100 G YCCD Pays	BS 100 G Ret Pays	BS 80G plan	BS 80-C plan	BS 90G plan	BS 100D plan	BS 100A YCCD Pays	BS 100A Ret Pays
* Retiree/Spouse must obtain Medicare A & B as soon as they are eligible, or they will be subject to penalties listed below. This does not include penalties imposed by Medicare.	\$30 OV	\$30 OV	\$20 OV	\$20 OV					\$0 OV	\$0 OV
Retiree with Medicare A/B	\$348	\$0	\$490	\$0	These plans are not available when all participants have Medicare A & B				\$490	\$16
Retiree + Spouse - Both with Medicare A/B	\$696	\$0	\$980	\$0					\$980	\$32
Retiree + Spouse + Dependent, ALL w/MC A/B *	\$980	\$64	\$980	\$300					\$980	\$348
Retiree w/MC A/B* + Spouse: any without MC A/B	Must remain on one of the plans listed in the "Under 65/Not Medicare Eligible" section									
Retiree w/MC A/B* + Sps & Dep: any w/o MC A/B										

*** IMPORTANT NOTES regarding above plans:**

**** KAISER MEMBERS:** Once any covered party is eligible for Medicare, they must enroll in both A & B **and** enroll in Kaiser's Senior Advantage program by completing KPSA forms and returning them to YCCD, along with a copy of their Medicare A/B card. The KPSA plan DOES include some Vision Coverage. See plan outline at www.yosemite.edu/benefits for more details.

MEDICARE CARVE-OUT RATES: Once the retiree is eligible for Medicare eligible, Medicare A&B enrollment is required. YCCD will then pay the Following Medicare Carve-Out rates (retiree/single=\$490/mo, retiree/spouse/2p = \$980/mo.) Retiree must pay the difference between the cost of the chosen plan and the Medicare Carve-Out rate.

SPOUSE/DEPENDENT: For purposes of clarification of information presented here, "spouse" can include registered domestic partner; and "Dependent" means legal dependent/child under age 26, or

Abbreviations: Medicare A/B = MC or MC A/B or A/B; KPSA = Kaiser Permanente Senior Advantage

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 plans, you may do so by completing the appropriate form

Delta Dental Premier/Incentive Plan	
Single	\$65.20
2-party	\$131.00
Family	\$182.40

Delta Dental PPO Plan	
Single	\$60.00
2-party	\$120.00
Family	\$158.00

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

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

NOTE - These penalties are in ADDITION to rates listed in table above when retiree/spouse/dependent is Medicare eligible and does NOT have Medicare coverage:

Missing A only = \$550/month; Missing B only = \$550/month; Missing A & B = \$1100/mo

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RETIREE BEYOND 65/70 (INCLUDES SURVIVING SPOUSE) -- 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 elected at time of retirement, even if they no longer have Medical coverage through YCCD.

IMPORTANT - for Blue Shield Retirees & Spouses/Dependents who are all covered under Medicare A/B - you must elect & enroll in one of two Blue Shield 100A (EGWP) plans. See below as noted. If one party IS Medicare eligible and the other is NOT eligible, both must remain on the "UNDER/No Medicare" plan.

Regarding Self-Pay plans: You have the option of paying directly to SISC, however - ALL coverages must be transferred to them.

TIER 1 Hired prior to 7/01/04: YCCD contributes to Medical plan until Retiree is age 70 TIER 2 Hired 7/01/04 thru 6/30/13: YCCD contributes to Med. plan until Ret. Medicare eligible TIER 3 Hired on/after 7/01/13: YCCD pays \$1361/mo toward Med Plan until Ret. is age 65	Kaiser Sr. Advantage Plan	Blue Shield 100G	Blue Shield 100-A	Self Pay KPSA w/ Vision Plan	Self Pay Companion Care	Self Pay VSP (N/A for KPSA)	Self Pay Delta Dental Retiree PPO
Retiree with Medicare A/B	\$348	\$490	\$506	\$348	\$386	\$12.40	\$64.00
Retiree + Spouse (both with Medicare A/B)	\$696	\$980	\$1,012	\$696	\$772	\$24.80	\$128.00
Retiree, Spouse & Dependent (ALL with Medicare A/B)	\$1,044	\$1,280	\$1,328	\$1,044	\$1,158	\$37.20	\$168.00

After the age listed by the tiers above, the retiree may continue health coverage at 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.

Other circumstances such as Surviving Spouse, etc. These are self-pay rates.	Kaiser Survivor Pay	BS 80G Survivor Pay	BS 80-C Survivor	BS 90-G Survivor Pay	BS 100-D Survivor Pay	Number Covered
1-Party Medicare A/B	\$348	must choose 100 G or 100 A above				Single
1-Party UNDER 65 (no Medicare A/B)	\$1,021	\$1,145	\$1,275	\$1,286	\$1,357	Single
2-Party - both without Medicare A/B	\$1,500	\$1,606	\$1,783	\$1,805	\$1,896	2-Party
Family Coverage - all without Medicare A/B	\$1,908	\$2,041	\$2,267	\$2,295	\$2,409	Family
1-Party with MC A/B, 1-Party without MC A/B	\$1,369	\$1,606	\$1,783	\$1,805	\$1,896	2-Party
Ret w/ MC A/B, Spouse + Dependents w/out MC	\$1,777	\$2,041	\$2,267	\$2,295	\$2,409	Family

*** IMPORTANT NOTES regarding above plans:**

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