

# YCCD - RETIREE - 2024-25 MONTHLY PREMIUM RATES

October 1, 2024 - September 30, 2025

**IMPORTANT - Blue Shield Retirees and Spouses/Dependents who are all covered under Medicare A/B must elect and enroll in one of two Blue Shield 100 (EGWP) plans (see below). If one party IS Medicare eligible and the other party is NOT Medicare eligible, both parties must remain on the "UNDER 65/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<br>YCCD Pays  | Kaiser<br>Ret Pays | BS 80-G<br>YCCD Pays                     | BS 80-G<br>Ret Pays  | BS 80-C<br>YCCD Pays  | BS 80-C<br>Ret Pays | BS 90-G<br>YCCD Pays | BS 90-G<br>Ret Pays | BS 100-D<br>YCCD Pays | BS 100-D<br>Ret Pays |
|--|--|--------------------|--|----------------------|---|---------------------|----------------------|---------------------|-----------------------|----------------------|
| Single   | \$1,391  | \$0                | \$1,409                                  | \$0                  | \$1,409   | \$160               | \$1,409              | \$177               | \$1,409               | \$285                |
| Retiree + Spouse without Medicare A/B  | \$1,962  | \$0                | \$1,973                                  | \$0                  | \$1,973   | \$220               | \$1,973              | \$249               | \$1,973               | \$391                |
| Retiree, Spouse + Dep all without Medicare A/B   | \$2,491  | \$0                | \$2,507                                  | \$0                  | \$2,507   | \$280               | \$2,507              | \$316               | \$2,507               | \$497                |
| Retiree without Medicare A/B + Spouse with Medicare A/B*   | \$1,720  | \$ 0 (KPSA*)       | \$1,973                                  | \$0                  | \$1,973   | \$220               | \$1,973              | \$249               | \$1,973               | \$391                |
| Retiree <u>with</u> Medicare A/B* + Spouse <u>without</u> Medicare A/B   | \$1,120  | \$600 (KPSA*)      | \$1,120                                  | \$853                | \$1,120   | \$1,073             | \$1,120              | \$1,102             | \$1,120               | \$1,244              |
| Retiree <u>with</u> Medicare A/B*, Spouse &/or Dep: any w/o Medicare A/B   | *  | *                  | \$1,120                                  | \$1,387              | \$1,120   | \$1,887             | \$1,120              | \$1,703             | \$1,120               | \$1,884              |
| Retiree + Spouse + Dep - all with Medicare A/B*  | *See KPSA information below  |                    | See Medicare Eligible plans listed below |                      |   |                     |                      |                     |                       |                      |
| Retiree Medicare Eligible w/Medicare A/B*  | KPSA   | KPSA               | BS 100-A                                 | BS 100-A             | BS 80-G plan  | BS 80-C plan        | BS 90-G plan         | BS 100-D plan       | BS 100-A              | BS 100-A             |
| *Retiree/Spouse must obtain Medicare A and 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            | Rx \$200D/<br>\$0-35                     | Rx \$200D/<br>\$0-35 |   |                     |                      |                     | Rx \$0-35             | Rx \$0-35            |
|  | YCCD Pays  | Ret Pays           | YCCD Pays                                | Ret Pays             |   |                     |                      |                     | YCCD Pays             | Ret Pays             |
| Retiree with Medicare A/B  | \$329  | \$0                | \$560                                    | \$0                  | These plans are not available when all participants have Medicare A & B |                     |                      |                     | \$560                 | \$19                 |
| Retiree + Spouse - Both with Medicare A/B  | \$658  | \$0                | \$1,120                                  | \$0                  |   |                     |                      |                     | \$1,120               | \$38                 |
| Retiree + Spouse + Dependent, ALL with Medicare A/B*   | *  | *                  | \$1,120                                  | \$361                |   |                     |                      |                     | \$1,120               | \$403                |
| Retiree <u>with</u> Medicare A/B* + Spouse <u>without</u> Medicare A/B   | Must remain on one of the plans listed in the "UNDER 65/Not Medicare Eligible" section |                    |  |                      |   |                     |                      |                     |                       |                      |
| Retiree <u>with</u> Medicare A/B*, Spouse &/or Dep: any w/o Medicare A/B   |  |                    |  |                      |   |                     |                      |                     |                       |                      |

**IMPORTANT NOTES regarding above plans:**

**\*KAISER MEMBERS:** Once any covered party is eligible for Medicare, they must enroll in both Medicare A and B **and** enroll in Kaiser's Senior Advantage program (KPSA) 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](http://www.yosemite.edu/benefits) for more details.

**MEDICARE CARVE-OUT RATES:** Once the **retiree** is eligible for Medicare, enrollment in Medicare A and B is **required**. YCCD will then pay the following Medicare Carve-Out rates (retiree/single=\$560/mo, retiree/spouse/2p = \$1120/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; "dependent" means legal dependent/child under age 26, or medically dependent adult child (medical certification required annually).

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

**If you have not already selected Dental and 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                              | \$59.20  |
| 2-party                             | \$119.00 |
| Family                              | \$167.40 |

| Delta Dental PPO Plan |          |
|-----------------------|----------|
| Single                | \$53.00  |
| 2-party               | \$106.00 |
| Family                | \$139.00 |

| Vision Service Plan |         |
|---------------------|---------|
| Single              | \$10.50 |
| 2-party             | \$21.00 |
| Family              | \$31.50 |

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

**YCCD - Fiscal Services, Attn: Retiree Benefits, PO Box 4065, Modesto, CA 95352**

**Retiree or Spouse over age 65 without Medicare A and/or B will be 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.

Missing Part A = \$625/month;    Missing Part B = \$625/month;    Missing Parts A and B = \$1250/month

# YCCD - RETIREE - 2024-25 MONTHLY PREMIUM RATES

October 1, 2024 - September 30, 2025

## RETIREE BEYOND 65/70 -- Tiered Contribution

No longer receiving District contribution - Retiree/Spouse pays full premium

YCCD 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 maintain Medical coverage through YCCD.

**IMPORTANT: Blue Shield Retirees and Spouses/Dependents who are ALL covered under Medicare A/B must elect and enroll in one of two Blue Shield 100 (EGWP) plans (see below). If one party IS Medicare eligible and the other is NOT eligible, both parties must remain on the "UNDER 65/Not Medicare Eligible" plan.**

|  | SELF PAY Plans: You have the option of paying directly to SISC; however, ALL coverages must be transferred to SISC. |                                    |                             |                           |                                     |                             |                               |
|--|---|------------------------------------|-----------------------------|---------------------------|-------------------------------------|-----------------------------|-------------------------------|
|  | Kaiser Sr. Advantage Plan   | Blue Shield 100-A Rx \$200D/\$0-35 | Blue Shield 100-A Rx \$0-35 | Self Pay KPSA w/KP Vision | Self Pay Blue Shield Companion Care | Self Pay VSP (N/A for KPSA) | Self Pay Delta Dental Premier |
| TIER 1 Hired prior to 7/01/04: YCCD contributes to Medical plan until Retiree is age 70.                   |   |                                    |                             |                           |                                     |                             |                               |
| TIER 2 Hired on 7/01/04 thru 6/30/13: YCCD contributes to Medical plan until Retiree is Medicare eligible. |   |                                    |                             |                           |                                     |                             |                               |
| TIER 3 Hired on/after 7/01/13: YCCD pays \$1361/mo toward Medical Plan until Retiree is Medicare eligible. |   |                                    |                             |                           |                                     |                             |                               |
| Retiree with Medicare A/B  | \$329   | \$560                              | \$579                       | \$329                     | \$419                               | \$12.10                     | \$58.00                       |
| Retiree + Spouse (both with Medicare A/B)  | \$658   | \$1,120                            | \$1,158                     | \$658                     | \$838                               | \$24.20                     | \$116.00                      |
| Retiree, Spouse and Dependent (ALL with Medicare A/B)  | \$1,212   | \$1,481                            | \$1,523                     | \$1,212                   | \$1,257                             | \$36.30                     | \$153.00                      |

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. | Number Covered | Kaiser Survivor Pay | BS 80-G Survivor Pay                           | BS 80-C Survivor Pay | BS 90-G Survivor Pay | BS 100-D Survivor Pay |
|--|----------------|---------------------|--|----------------------|----------------------|-----------------------|
| 1-Party Medicare A/B   | Single         | \$329               | must choose one of two 100-A plans shown above |                      |                      |                       |
| 1-Party UNDER 65 without Medicare A/B  | Single         | \$1,391             | \$1,409  | \$1,569              | \$1,586              | \$1,694               |
| 2-Party - both without Medicare A/B  | 2-Party        | \$1,962             | \$1,973  | \$2,193              | \$2,222              | \$2,364               |
| Family Coverage - all without Medicare A/B                                   | Family         | \$2,491             | \$2,507  | \$2,787              | \$2,823              | \$3,004               |
| 1-Party w/Medicare A/B, 1-Party without Medicare A/B                         | 2-Party        | \$1,720             | \$1,973  | \$2,193              | \$2,222              | \$2,364               |
| Retiree w/Medicare A/B, Spouse + Dependents without Medicare A/B             | Family         | \$2,249             | \$2,507  | \$2,787              | \$2,823              | \$3,004               |

**IMPORTANT NOTES regarding above plans:**

**KAISER MEMBERS:** Once any covered party is eligible for Medicare, they must enroll in both Medicare A and B **and** enroll in Kaiser's Senior Advantage program by completing KPSA forms and return 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](http://www.yosemite.edu/benefits) for more details.

**MEDICARE CARVE-OUT RATES:** Once the retiree is eligible for Medicare, enrollment in Medicare A/B is required. YCCD will then pay the following Medicare Carve-Out rates (retiree/single=\$560/mo, retiree/spouse/2p = \$1120/mo.) Retiree must pay the difference between the cost of the chosen plan and the Medicare Carve-Out rate.

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**If you have not already selected Dental and 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(s).**

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|-------------------------------------|----------|
| Single                              | \$59.20  |
| 2-party                             | \$119.00 |
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| Delta Dental PPO Plan |          |
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| Vision Service Plan |         |
|---------------------|---------|
| Single              | \$10.50 |
| 2-party             | \$21.00 |
| Family              | \$31.50 |

Retirees responsible for a monthly premium must submit payments by the first of each coverage month to: **YCCD - Fiscal Services, Attn: Retiree Benefits, 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.

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Missing MC Part A = \$625/month;    Missing MC Part B = \$625/month;    Missing MC Parts A and B = \$1250/month