

# YCCD - RETIREE - 2021-22 MONTHLY PREMIUM RATES

October 1, 2021 - September 30, 2022

**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 YCCD Pays	Kaiser Ret Pays	BS 80-G YCCD Pays	BS 80-G 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	\$1,150	\$0	\$1,223	\$0	\$1,223	\$139	\$1,223	\$155	\$1,223	\$227
Retiree + Spouse without Medicare A/B	\$1,621	\$0	\$1,717	\$0	\$1,717	\$190	\$1,717	\$218	\$1,717	\$310
Retiree, Spouse + Dep all without Medicare A/B	\$2,058	\$0	\$2,182	\$0	\$2,182	\$241	\$2,182	\$278	\$2,182	\$393
Retiree without Medicare A/B + Spouse <u>with</u> Medicare A/B*	\$1,480	\$ 0 (KPSA*)	\$1,717	\$0	\$1,717	\$190	\$1,717	\$218	\$1,717	\$310
Retiree <u>with</u> Medicare A/B* + Spouse <u>without</u> Medicare A/B	\$1,014	\$466 (KPSA*)	\$1,014	\$703	\$1,014	\$893	\$1,014	\$921	\$1,014	\$1,013
Retiree <u>with</u> Medicare A/B*, Spouse &/or Dep: any w/o Medicare A/B	*	*	\$1,014	\$1,168	\$1,014	\$1,409	\$1,014	\$1,446	\$1,014	\$1,561
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 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/ \$0-35	Rx \$200D/ \$0-35	BS 80-G plan	BS 80-C plan	BS 90-G plan	BS 100-D plan	Rx \$0-35	Rx \$0-35
	YCCD Pays	Ret Pays	YCCD Pays	Ret Pays					YCCD Pays	Ret Pays
Retiree with Medicare A/B	\$330	\$0	\$507	\$0	These plans are not available when all participants have Medicare A & B				\$507	\$19
Retiree + Spouse - Both with Medicare A/B	\$660	\$0	\$1,014	\$0					\$1,014	\$38
Retiree + Spouse + Dependent, ALL with Medicare A/B*	*	*	\$1,014	\$330					\$1,014	\$372
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=\$507/mo, retiree/spouse/2p = \$1014/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	\$62.20
2-party	\$125.00
Family	\$174.40

Delta Dental PPO Plan	
Single	\$57.00
2-party	\$114.00
Family	\$150.00

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: 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 = \$550/month; Missing Part B = \$550/month; Missing Parts A and B = \$1100/month

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## 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.**

	Regarding Self-Pay plans: You have the option of paying directly to SISC; however, ALL coverages must be transferred to them.						
<b>TIER 1</b> Hired prior to 7/01/04: YCCD contributes to Medical plan until Retiree is age 70.	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
<b>TIER 2</b> Hired 7/01/04 thru 6/30/13: YCCD contributes to Medical plan until Retiree is age 65.							
<b>TIER 3</b> Hired on/after 7/01/13: YCCD pays \$1361/mo toward Medical Plan until Retiree is age 65.							
Retiree with Medicare A/B							
Retiree + Spouse (both with Medicare A/B)	\$330	\$507	\$526	\$330	\$378	\$12.30	\$61.00
Retiree, Spouse and Dependent (ALL with Medicare A/B)	\$660	\$1,014	\$1,052	\$660	\$756	\$24.60	\$122.00
	\$990	\$1,344	\$1,386	\$990	\$1,134	\$36.90	\$160.00

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	\$330	must choose one of two 100-A plans shown above			
1-Party UNDER 65 without Medicare A/B	Single	\$1,150	\$1,223	\$1,362	\$1,378	\$1,450
2-Party - both without Medicare A/B	2-Party	\$1,621	\$1,717	\$1,907	\$1,935	\$2,027
Family Coverage - all without Medicare A/B	Family	\$2,058	\$2,182	\$2,423	\$2,460	\$2,575
1-Party w/Medicare A/B, 1-Party without Medicare A/B	2-Party	\$1,480	\$1,717	\$1,907	\$1,935	\$2,027
Retiree w/Medicare A/B, Spouse + Dependents without Medicare A/B	Family	\$1,917	\$2,182	\$2,423	\$2,460	\$2,575

### 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=\$522/mo, retiree/spouse/2p = \$1044/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(s).

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Vision Service Plan	
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Family	\$37.20

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.

**Retiree or Spouse over age 65 without Medicare A and/or B will be responsible for the non-refundable penalty 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 MC Part A = \$550/month; Missing MC Part B = \$550/month; Missing MC Parts A and B = \$1100/month