

# YOSEMITE COMMUNITY COLLEGE DISTRICT

Retiree Monthly Premium Sheet - Effective October 1, 2015 through September 30, 2016

| BLUE SHIELD PPO 90-G (NEW!) OPTION 3   | TOTAL RATE | PAID BY DISTRICT | PAID BY RETIREE |
|--|------------|------------------|-----------------|
| <b><u>Retiree Under Age 65</u></b>   |            |                  |                 |
| Single   | \$1,114    | \$1,008          | \$106           |
| Retiree + Spouse   | \$1,566    | \$1,413          | \$153           |
| Retiree + Spouse Over 65 with Medicare   | \$1,566    | \$1,413          | \$153           |
| Retiree + Spouse with Dependents   | \$1,991    | \$1,796          | \$195           |
| <b><u>Retiree Over Age 65 (Medicare A &amp; B)</u></b>   |            |                  |                 |
| Retiree with Medicare  | \$493      | \$463            | \$30            |
| Retiree + Spouse with Medicare   | \$986      | \$926            | \$60            |
| Retiree with Medicare + Spouse Under 65  | \$1,566    | \$926            | \$640           |
| Retiree with Medicare + Spouse Under 65 with Dependent   | \$1,991    | \$926            | \$1,065         |
| <b><u>Retiree Over Age 65 without Medicare A and/or B</u></b>  |            |                  |                 |
| The Retiree or Spouse without Medicare A&B will be responsible for the non-refundable penalty listed here. |            |                  |                 |
| Missing Part A:  | \$750      |                  |                 |
| Missing Part B:  | \$600      |                  |                 |
| Missing Parts A & B:   | \$1,150    |                  |                 |

The District will pay the Medicare Supplement premium (\$463/single or \$926/two-party) towards the health insurance premium for Retirees and Spouse (if applicable) over age 65 with Medicare Parts A & B until the retiree reaches age 70, if hire date was prior to July 1, 2015.

Retirees and spouse/domestic partner (if applicable) reaching age 65 must provide proof of Medicare Parts A & B to the Benefits Office prior to the first of the month in which they turn 65. **A monthly premium will be due for retirees age 65 with Medicare plus spouse/domestic partner/dependents under age 65. Please refer to the corresponding rates above.** Please contact the Social Security Administration for eligibility information.

Retirees responsible for a monthly premium amount must submit payments by the first of each coverage month to: YCCD- Fiscal Services, Attn: Lori Williams, P.O. Box 4065 Modesto, CA 95352.

After age 70, the retiree may continue health coverage at the retiree's expense. Upon death of the retiree, surviving spouse may continue coverage at own expense until the surviving spouse's death or remarriage.

Contact the Benefits Office with any questions at (209) 575-6981.