



## Academic Retiree Benefits

Assuming you have completed a minimum of 15 years of full-time satisfactory service to the District and have reached the age of 55 in the year of application

1. Your benefit as a retiree is \$1,600.00 annually or 50% of medical premiums (if the medical plan is a district health plan), whichever is greater.
2. Medical, dental and vision plans can be continued under the District. Any life, disability, accident, long term care, or cancer care insurances may be converted, at your own expense, to individual plans depending on whether that specific carrier offers a conversion plan.
3. If you choose to continue with the District's medical and/or dental plans you will receive the benefit mentioned in #1.
4. If you choose to elect coverage elsewhere (through spouse, individual plans, etc.) the District will reimburse you up to \$1,600.00 annually for medical and/or dental premiums incurred for the year. You will be required to submit copies of invoices, check statements, etc. which proves payment is being made on your behalf.
5. If you choose not to participate in the District's plans, you will not be able to reinstate your coverage at a later date.
6. Based on your choices, you will either receive an invoice from the District for the remaining balance or receive a reimbursement from the District. Invoices are issued biannually or annually if desired. Reimbursement checks are issued biannually. Several examples of retiree choices and their impact are described on the back of this page.
7. Every October/November, you will continue to have the opportunity to participate in Open Enrollment in which you will be able to change your benefit selection. You are **not** able to purchase additional coverages. You will receive the new benefit information in the mail.
8. If you have a change of address or will be turning 65 years old, you must contact the Benefits Specialist at (619) 421-6700 ext. 5174 or 5225. In the same instance, if you decide to move out of state you will need to contact the District as soon as possible.

## Examples of different scenarios:

### **Elect our District Medical & Dental plan:**

- Johnny Jaguar decides at his retirement to carry both Kaiser (\$673/month) and Delta Dental (\$65.12/month). Therefore his benefit from the district will be 50% of his medical paid for because that will be the greater benefit to him. At the end of May he will receive an invoice that will cover his insurances from July 1<sup>st</sup> thru December 31<sup>st</sup>. On the invoice, 50% of the medical will be deducted from the amount due. Johnny will have to make a payment by the due date on the invoice, which is first part of June. This exact procedure will repeat in November/December for insurance coverages from January 1<sup>st</sup> through June 30<sup>th</sup> of the following year.

### **Elect only a District's Dental plan:**

- Jane has medical insurance through her spouse and only wants to continue with her Delta Dental (\$65.12/month). Therefore, her benefit from the college will be \$1600.00/year. At the present, Delta Dental for the full year will not cost the whole \$1600.00, so Jane has some extra money that can be reimbursed to her. By the end of December, she sends the District's Benefits Specialist copies of all the payments that were made **on her portion** of her and her spouse's medical premiums for the timeframe from June 1<sup>st</sup> thru December 31<sup>st</sup>. If she is over 65 she can also send a copy of her Medicare ID card indicating her effective date with Medicare parts A & B. In the following month (January) she will receive a check from the District for the remainder of the \$1600.00, assuming she submitted enough in claims to reach that amount.
- Roberta decides that she just wants to keep the District's Dental Plan for herself and her family (\$186.41/month). Therefore, her benefit from the college will be \$1600.00/year. Since the premium amount exceeds \$1600.00/year, she will receive invoices for the remaining balance twice a year as described in the first scenario.

### **Elects to not participate in the District's Plans:**

- Sam decides that s/he will continue the coverage through their spouse and not participate in any District plans. Therefore, the benefit from the college will be \$1600.00/year. S/he will be entitled to a reimbursement twice a year and should follow the second scenario.

### **Moves out of the Medical Service**

- Michael moves out of state. He elects the 50% medical coverage benefit through the District. He signs up for individual health care coverage in his new home town. By the end of November, he sends the District's Benefits Specialist copies of all the payments that were made **on his portion** of his medical premiums for the timeframe from July 1<sup>st</sup> thru December 31<sup>st</sup>. He will receive a check from the District for the amount of medical premiums he paid up to the current average at the end of December. He will repeat this process in May/June.

Retiree Health & Welfare Cost Sheet\*

\*The monthly premiums below do not reflect the District portion towards benefits. If you are applying for retiree benefits through AB528 please add 2% to the cost below.

**MEDICAL**

<b>Retire Under 65 Year of Age</b>			
	<b>Retiree Only</b>	<b>Retiree + 1</b>	<b>Retiree + Family</b>
<b>Kaiser</b>	\$673	\$1,331	\$1,877
<b>UHC HMO #1</b>	\$767	\$1,502	\$2,109
<b>UHC HMO #2</b>	\$1,012	\$1,988	\$2,793
<b>UHC Alliance 20/30</b>	\$811	\$1,583	\$2,216
<b>UHC Alliance 1200</b>	\$866	\$1,633	\$2,278
<b>UHC PPO</b>	\$1,753	\$3,448	\$4,838

<b>Retiree Over 65 Years of Age</b>				
	<b>Retiree Only</b>	<b>Retiree &amp; Spouse</b>	<b>One under 65 &amp; one 65 or older</b>	<b>Retiree 65 &amp; Family under 65</b>
<b>Kaiser Senior Advantage</b>	\$252	\$488	\$910	\$1,456
<b>UHC Medicare Advantage HMO</b>	\$421	\$827		
<b>w/ dependents UHC Network #1</b>			\$1,173	2 dep. - \$1,908
<b>UHC Medicare Advantage PPO</b>	\$466	\$912		

**DENTAL**

	<b>Academic</b>			<b>Classified</b>		
	<b>Retiree Only</b>	<b>Retiree +1</b>	<b>Retiree + Family</b>	<b>Retiree Only</b>	<b>Retiree + 1</b>	<b>Retiree + Family</b>
<b>Delta Dental</b>	\$65.12	\$132.27	\$186.41	\$53.04	\$107.93	\$152.16
<b>MetLife HMO</b>	\$30.52	\$30.52	\$30.52	\$30.52	\$30.52	\$30.52

**VISION (Medical Eye Services)**

<b>Retiree</b>	<b>Retiree + 1</b>	<b>Retiree + Family</b>
\$8.19	\$16.32	\$24.57

# Retiree Continuation of Health & Welfare Benefits

ACADEMIC

Name: \_\_\_\_\_ SWC ID: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

I do not wish to continue medical and/or dental benefits

I wish to continue coverage in the following plans:

- |  |  |  |                                   |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Kaiser Medical          | <input type="checkbox"/> United HealthCare HMO           | <input type="checkbox"/> United HealthCare PPO           | <input type="checkbox"/> Alliance |
| <input type="checkbox"/> Kaiser Senior Advantage | <input type="checkbox"/> United HealthCare Advantage HMO | <input type="checkbox"/> United Healthcare Advantage PPO |                                   |
| <input type="checkbox"/> Delta Dental            | <input type="checkbox"/> MetLife Dental                  | <input type="checkbox"/> MES Vision                      |                                   |

I wish to cover the following eligible dependents on my medical/dental/vision plans at my own expense:

_____	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
Name	Social Security Number	DOB	
_____	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
Name	Social Security Number	DOB	

I am over 65 years of age.

My spouse is over 65 years of age.

*Please note that all retirees over the age of 65 that plan on staying with the District's Medicare supplement plan must apply for Medicare Part A&B. In addition, Kaiser participants will need to complete a Senior Advantage enrollment form and United Healthcare participants will need to complete out a United Healthcare Advantage enrollment form.*

**I understand that if I do not elect to participate in the Health and Welfare Benefit Program at the time of retirement, I may not participate at a later date. Additionally, if I cancel my participation, I may not reinstate in the plan.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Human Resources Use Only

Age: \_\_\_\_\_ Years of Service: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

District Contribution

AB528

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_