SOUTHWESTERN COLLEGE

Classified Retiree Benefits

Assuming you are between 50 – 64 years old in the year of application, have completed a minimum of 15 years of full-time satisfactory service to the District and have been enrolled in the plan(s) for at least a year.

1. Your benefit as a retiree is paid medical premium of District plan (shall not exceed the District maximum health and welfare benefits support program) until the age of 65. After 65 you will receive $1,000.00 annual reimbursement for any major medical coverage including Medicare.

2. Medical, dental and vison plans can be continued through 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 move out of state or service area, you will be reimbursed up to the current average District cost, until you qualify for Medicare (limited to verified medical costs paid by you).

4. If you choose to elect coverage elsewhere (through spouse, individual plans, etc.) the District will not provide any type of reimbursement for medical and/or dental premiums incurred.

5. If you choose not to participate in the District's health plan, you will not be able to reinstate your coverage.

6. Based on your choices, you will either owe the District money or you will be eligible for a reimbursement from the District. If you owe the District payment for insurances, you will receive an invoice for payment biannually or annually if desired.

7. Every October, 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, move out of state or will be reaching the age of 65, you must contact the Benefits Department at (619) 421-6700 ext. 5260.

Examples of different scenarios:

Elect our District Medical & Dental plan:

- John Doe decides at his retirement to carry both Kaiser medical and Delta Dental. His benefit from the District will be that his medical will be paid at a 100%. At the end of May he will receive an invoice that will cover his insurances from July 1st thru December 31st. On the invoice 100% of the medical will be deducted from the amount due. John Doe will have to make payment by the due date on the invoice, which is at the beginning of July. This exact process will repeat in November for insurance coverages from January 1st through June 30th of the following year.

- Emma Jones elected the District health plan when she retired 5 years ago. She is now turning 65 years of age and the District will no longer pay for her medical at 100%. She elects to continue her United Healthcare Medicare supplement plan with the District. Her benefit from the college will be $1,000.00/year. The supplemental plan premium amount exceeds $1,000.00/year therefore; she will receive invoices for the remaining balance twice a year as described in the above scenario.

Moves out of State:

- Bobby Sue moves out of state and cannot stay on the District plan. She will be reimbursed, until age 65, up to the current average of the District cost for active members. By the end of November, she sends the District's Benefits Specialist copies of all the payments that were made **on her portion** of her medical premiums for the timeframe from July 1st thru December 31st. She will receive a check from the District for the amount of medical premiums she paid up to the current average at the end of December.

Elects to not participate in the District's Plans:

- Jake decides that he will continue his coverage through his spouse and not participate in any District plans. His benefit from the college will be $0/year. Once you leave the District plans, you cannot choose to re-instate your coverage.

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

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

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

DENTAL

	Academic			**Classified**		
	Retiree Only	**Retiree +1**	**Retiree + Family**	**Retiree Only**	**Retiree + 1**	**Retiree + Family**
Delta Dental	$65.12	$132.27	$186.41	$53.04	$107.93	$152.16
MetLife HMO	$30.52	$30.52	$30.52	$30.52	$30.52	$30.52

VISION (Medical Eye Services)

Retiree	**Retiree + 1**	**Retiree + Family**
$8.19	$16.32	$24.57

Retiree Continuation of Health & Welfare Benefits

CLASSIFIED

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:

☐ Kaiser Medical ☐ United HealthCare HMO ☐ United HealthCare PPO ☐ Alliance

☐ Kaiser Senior Advantage ☐ United HealthCare Advantage HMO ☐ United Healthcare Advantage PPO

☐ Delta Dental ☐ MetLife Dental ☐ MES Vision

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

_____ ☐ Medical ☐ Dental ☐ Vision

Name Social Security Number DOB

_____ ☐ Medical ☐ Dental ☐ 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:_____