



RETIREE HEALTH BENEFITS

FROM PRE-65 COVERAGE TO POST-65 COVERAGE.
YOUR COMPLETE GUIDE TO PREPARING FOR
FUTURE HEALTH CARE FOR YOU AND YOUR FAMILY.

**Active Employees
Ready to Retire**

Anaheim Union High School District continues to support your efforts to stay healthy and live well by sponsoring programs that encourage you to seek and receive care that can help you live a healthy – or healthier – life.

As a part of the AUHSD family you have medical and dental benefits available to you and your eligible family members when you retire.

Thank you for your service and commitment to the AUHSD students, parents, staff, and community.
Enjoy your retirement!

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The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Eligibility

You

Employees with fifteen (15) or more years of permanent active employment with Anaheim Union High School District, who are actively enrolled in benefits when they retire, and who meet the CalSTRS or CalPERS retirement requirements are eligible to apply.

You have the opportunity to enroll in retiree medical and/or dental benefits only. Benefit premiums are 100% paid by AUHSD if you are between 60-65.

Your Dependent(s)

If you elect to enroll in an AUHSD retiree health plan, you may purchase coverage for your currently enrolled dependent(s).



Getting Started

☒ Check List

☐ Decide on a retirement date and contact your Human Resources department for a retirement/resignation form.

☐ Return your completed form to your HR department.

A copy of your completed form is forwarded to the health benefits department. **If you meet the retiree health benefit eligibility requirements**, the health benefits department will mail a retiree enrollment packet, with rate information, to your home. If you are not eligible, you and your eligible dependent(s) will be offered the opportunity to continue coverage under COBRA after you retire.

☐ Complete the retiree enrollment packet and return to the health benefits department at least 45 days before your last day of work.



Your Pre-65 Options

Pre-65 Medical and Dental Options

The medical and/or dental plan coverage that you have as an active employee will continue into retirement up to age 65. Your age at retirement will determine whether or not you will pay a monthly premium. Visit the District web page at any time to review your plans.

If you are under age 60:

- You may keep your current EPO or PPO medical plan and PPO or HMO dental plan, or you may switch plans (you may also change your plan elections during an open enrollment period).
- Mental health and EAP benefits continue.
- You will need to pay for your medical and dental premiums until you turn 60.*

If your age is between 60-65:

- You may keep your current EPO or PPO medical plan and PPO or HMO dental plan, or may switch plans (you may also change your plan elections during an open enrollment period).
- Mental health and EAP benefits continue.
- Your medical and dental benefit premiums will be paid by AUHSD until the first day of the month in which you turn 65 (unless you are born on the first of a month in which case your benefits end one month earlier).

*If you are retiring in a Management or Administrator position, and were hired or promoted to a Management or Administrator position PRIOR to April 6, 2007, please contact the health benefits department.

Moving From Pre-65 to Post-65

Your pre-65 retiree coverage ends on the first of the month that you turn 65 (or one month earlier if your birth date is the first of a month) and unless you have active group coverage elsewhere, or do not meet the Medicare requirements, Medicare is your next stop for primary coverage.

In preparation for transitioning from your AUHSD pre-65 retiree medical plan, please contact the Social Security Administration to enroll in Medicare approximately three months prior to your 65th birthday. You will also receive an informational packet from Retiree First with information on choosing to waive or enroll in the District sponsored group supplement to Medicare Plan (Medigap) and a Medicare Part D Prescription Plan. If you spouse/DP is enrolled in retiree benefits with you, they will follow the same process when approaching age 65.

The District sponsored group supplement to Medicare plan is one of many Medicare options available. You are encouraged to review all of the options offered on the open market before making your selection.

You and Medicare

Medicare is our country's basic health insurance program for people age 65 or older. This information is meant to be a brief overview of Medicare coverage — for complete details, log on to www.medicare.gov or call 800-MEDICARE.

When can I begin receiving Medicare benefits?

If you are not currently receiving Social Security retirement benefits, you should sign up for Medicare about three months before your 65th birthday.

- You must be enrolled in Parts A and B to be eligible to enroll in a Medicare Advantage or Medigap Plan.
- If you are getting Social Security benefits when you turn 65, you are already qualified, and **PART A** (Hospital Insurance) starts automatically.
- **PART B** (Medical Insurance) is an optional program with a monthly cost. Almost anyone who is eligible for Part A can sign up for Part B. If you don't enroll in Part B when you are first eligible, you may pay a penalty to enroll at a later date. **NOTE:** *You do not need to enroll in Part B while you are an active employee (or dependent of an active employee) and are currently enrolled in an AUHSD active group medical plan unless you are instructed otherwise by Medicare.*
- **PART C** (Medicare Advantage Plan) is another optional program that requires your enrollment in both Parts A and B. You might have to pay a monthly premium for Part C because of the extra benefits the Medicare Advantage plan offers.
- **PART D** (Prescription Drug Plan) is available to anyone who has Parts A and B, or Part C. This prescription insurance is also optional, and an additional monthly premium is required for the coverage. If you don't enroll in Part D when you are first eligible, you may pay a penalty to enroll at a later date, unless you are enrolled in an employer based plan that provides "creditable coverage" like the AUHSD prescription drug plan.



Your Post-65 Options

Post-65 Medicare-Eligible Coverage

If you are age 65 or older at retirement, and qualify for Medicare, you may purchase the District sponsored group supplement to Medicare plan (Medigap). * Medicare parts A & B enrollment are required to participate in this plan. Information on the plan will be mailed to your home once you complete the retirement/resignation form with your HR department.

The group supplement to Medicare plan works seamlessly with Medicare. Claims are processed automatically so you will never deal with claim forms. Best of all, you will not have a deductible and NO MEDICAL CO-PAYS, only co-pays for prescriptions.

- Hearing aids are NOT part of your plan.
- Prescription drug coverage is included.

Post-65 Dental Coverage

If you are age 65 or older at retirement, you may continue on your dental plan regardless of whether or not you elect the District sponsored group supplement to Medicare plan offer. * You will be billed a monthly premium which must remain current in order to keep your coverage active.

*If you are retiring in a Management or Administrator position, and were hired or promoted to a Management or Administrator position PRIOR to April 6, 2007, please contact the health benefits department.

Dependents

What about coverage for my dependent(s)?

- You may purchase medical and/or dental coverage for your active and enrolled dependent(s). Children may stay on the plan(s) up to age 26. Children that are actively enrolled in any retiree health plan are dropped from all plans at the end of the month that they turn 26.
- **If you decline to purchase coverage for your dependent(s) when you retire, you cannot purchase coverage later including during Open Enrollment.**

Any eligible dependent currently enrolled on your plan may continue Retiree Health Benefits coverage with you when you retire. Your dependent(s), however, may **ONLY** be enrolled in a retiree plan (or District sponsored group supplement to Medicare plan) if you are actively enrolled in an AUHSD Retiree Health Benefits plan.

What this means if you are currently over age 65 at retirement

- If you are retiring over age 65 and you have dependents under age 65 that you would like to keep enrolled in RETIREE HEALTH BENEFITS, you **MUST** enroll in the DISTRICT SPONSORED group supplement to Medicare Plan. The same applies to dental coverage.

Example:

Employee, Jay, is age 67 and his spouse, Sandra, is age 63. They are enrolled in the EPO medical plan, however, at retirement; Jay is over 65 and no longer qualifies for the EPO plan. Jay would like to keep Sandra enrolled in the EPO medical plan until she is 65 under the RETIREE HEALTH BENEFITS plan option. To do so, Jay must enroll in Medicare and enroll in the District sponsored group supplement to Medicare plan in order for Sandra to remain in the EPO plan under the RETIREE HEALTH BENEFITS plan option. The same applies to dental coverage.

Other options for Sandra? COBRA coverage, Covered California, Enroll in group plan with her employer.

What this means if you are under age 65 at retirement with a younger dependent

PLAN AHEAD!

- When you turn 65, you must stay enrolled in an AUHSD retiree plan (the DISTRICT SPONSORED group supplement to Medicare plan) in order for your younger dependent to stay in the AUHSD sponsored EPO or PPO medical plan. The same applies to dental coverage.

Example:

Employee Susan is age 64, her spouse Ed is age 62, and her son Steven is age 22. They have all been enrolled in the PPO medical plan under the RETIREE HEALTH BENEFITS plan option for 2 years. Susan is now turning 65 and moves to Medicare but would like to keep Ed and Steven enrolled in the PPO medical plan under the RETIREE HEALTH BENEFITS plan option. To do so, Susan must enroll in the DISTRICT SPONSORED group supplement to Medicare plan at age 65 in order for Ed and Steven to remain in the PPO plan.*

If Susan does not enroll in the DISTRICT SPONSORED group supplement to Medicare plan, Ed and Steven will be dropped from the PPO plan when Susan turns 65. The same applies to dental coverage.

Other options for Ed and Steven? Individual plan on the open market, Covered California, Group plan though their employer. COBRA was previously offered and will not be offered again.

* Children who are actively enrolled in any retiree health plan are dropped from all plans at the end of the month that they turn 26.

Dependents

Do my dependent(s) have any other options?

- The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as retirement.
- COBRA is offered to you (the employee), your spouse, and any dependent children on the plan with you when you end participation in the active group plan. Domestic Partners also qualify for COBRA.
- Declining COBRA in lieu of retiree benefits eliminates a COBRA coverage offer in the future.

As a retiree, I will continue coverage for myself and my spouse/DP. If I die before my spouse/DP, will my spouse/DP be able to continue the retiree coverage?

- Coverage may continue if your spouse/DP is currently enrolled in a District retiree sponsored medical and/or dental plan, and the monthly premium(s) are paid. Your spouse/DP is subject to any future plan and rate changes.

MONTHLY PREMIUM STATEMENTS

If you are required to make premium payments for you or your dependent(s), Retiree First, the third-party administrator, will collect your monthly premium through ACH withdrawal.

A small administrative service fee will be applied.

Information on the ACH process will be included with your enrollment paperwork.

More Information

Vision Care

Vision care coverage through VSP is **not** part of your retiree health benefits.

If you would like to continue your vision care coverage you have an 18 month continuation option through COBRA or you can shop on the open market for a plan that suits your needs.

Life Insurance

Life insurance ends on the date you retire. You will be contacted by the life insurance company directly with options to continue your policy.



Sick & Vacation Time

Contact your payroll department for more information on your unused sick and vacation time.

Other Optional Plans

If you participate in any American Fidelity optional plans. Contact AFA for more information.

Flexible Spending Account (FSA)

COBRA coverage under the Health Flexible Spending Account (Health FSA) will be offered only to participants losing coverage who have underspent accounts. You have an underspent account if the annual limit elected under the Health FSA by the covered employee, reduced by reimbursable claims submitted up to the time of the qualifying event, is equal to or more than the amount of the premiums for Health FSA COBRA coverage that will be charged for the remainder of the plan year. COBRA coverage will consist of the Health FSA coverage in force at the time of the qualifying event (i.e., the elected annual limit reduced by reimbursable claims submitted up to the time of the qualifying event). The use-or-lose-rule will continue to apply, so any unused amounts will be forfeited at the end of the plan year, and COBRA coverage will terminate at the end of the plan year. You, your spouse, and your dependents who were covered under the Health FSA component of the Plan will be covered together for Health FSA COBRA coverage. To continue the Health FSA through COBRA, contact American Fidelity at (800) 325-0654 ext. 8883.



Mark Your Calendar

Open Enrollment

Each year, you have the opportunity to decide if AUHSD's medical and dental plans are still the best fit for you and your family. Should you like to make a plan change, you may do so during the annual benefits Open Enrollment period in **November**.

Changes will take effect January 1 of the following year.

Medicare open enrollment typically starts early October and ends early December.

Frequently Asked Questions

Do I need to continue the health benefit coverage(s) I have with AUHSD once I retire?

The choice is yours and you should consider all of the options that are available to you very carefully.

If I do not enroll in the medical or dental plan(s) at retirement, can I enroll at a later date?

The opportunity to enroll is only offered when you retire. If you do not enroll in AUHSD retiree health benefits when you are eligible, you will not be able to re-enroll at a later date.

Additionally, if coverage is terminated at any time, it will not be reinstated.

Will the cost of medical plan coverage be subject to increases? If so, how will I know?

Changes in premiums will occur once a year; however, the cost of your coverage is always subject to change depending on the claims of the group.

If there is a change in the cost or coverage, you will be notified by mail. Therefore, it is very important that the health benefits department always has your correct and current mailing address.

What happens if I move outside of California after I retire?

Coverage for both pre-65 medical plans, the Medicare supplemental plan, and the PPO dental plan continue in or out of California. DeltaCare HMO is a California only dental plan. If you are enrolled in the DeltaCare HMO plan and move outside of California, you must notify the health benefits department immediately.

Up to date addresses and phone numbers are the responsibility of the retiree and must be up to date at all times. Failure to keep your address up to date may result in coverage cancellation. Contact the health benefits department for a change of address form.

A new Medical ID card may be required in order to maintain your coverage. Dental cards are no longer issued.

I plan to marry after I retire. Can I add my new spouse to my health care coverage?

Only eligible dependents at your time of retirement are allowed to continue coverage with you.

The retiree health plans do not allow for the addition of new dependents.

Important Numbers & Resources

Pre-65	Vendor/Carrier	Group #	Phone	Web Address
Luminare – third party administrator • PPO or EPO Medical Plan		AUHSD	866.280.4120	www.myLuminareHealth.com
Delta Dental of California • PPO Dental		6654-1008	866.499.3001	www.deltadentalins.com
DeltaCare USA • HMO Dental		70760-003	800.422.4234	www.deltadentalins.com
Anthem • Employee Assistance Program		AUHSD	800-999-7222	www.anthemEAP.com Code: AUHSD
Anthem/CarelonRx • Prescription Drugs		Rx Bin: 020099 Rx Group: WLHA Rx PCN: WG ID: your SSN	833.768.2080	www.anthem.com/ca
American Fidelity • Flexible Spending Account		AUHSD	800.365.9180	www.americanfidelity.com
Post-65	Vendor/Carrier		Phone	Inquiry
Retiree First			833-976-0632	Enrollment, premium collection, all plan questions
Delta Dental of California • PPO Dental www.deltadentalins.com			866.499.3001	Coverage questions, find a dentist
DeltaCare USA • HMO Dental www.deltadentalins.com			800.422.4234	Coverage questions, dental locations
Resources	Agency		Phone	Web Address
Government Resources			800.333.4636	www.usa.gov
Medicare			800.MEDICARE	www.medicare.gov
Internal Revenue Service				www.irs.gov
Social Security Administration Medicare & Disability Information			800.772.1213	www.ssa.gov
Health Care Insurance Counseling & Advocacy Program (HICAP) – FREE local Medicare counseling			800.434.0222	www.cahealthadvocates.org
CalPERS			888.225.7377	www.calpers.ca.gov
CalSTRS			800.228.5453	www.calstrs.com
AUHSD			Phone	Email Address
Health Benefits Department			714.999.3591	benefits@auhsd.us

Notes

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