

Office of Human Resources and Equal Opportunity

Welcome to the 2013 Retirement and Benefits Workshop

Presented by

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This is a summary presentation only.

In the event of discrepancies, health plan Evidence of Coverage documents and /or Insurance Certificates will prevail.

Visit http://hr.fhda.edu/benefits/
For complete information.



AGENDA

Qualifications

Medicare Bridge Program

The A, B, C and D of Medicare

Medicare COB

How Medicare Impact You as a Retiree?

Steps required prior to retirement

Documentation for transition with CalPERS health retirement benefits

AB528

Retirees Responsibilities

Financial Incentives for Pre-'97 and Post '97 retirees



Benefits Eligibility For Employees Hired <u>Prior</u> to July 1, 1997

Qualifications:

- 1) Must be employed at least 10 years immediately preceding age 55 or older
- 2) Retired from CalPERS or CalSTRS
- 3) CSEA, ACE, Confidentials, Teamsters with 20+ years of service regardless of age, qualify for <u>life-time</u> benefits <u>without</u> dependent children coverage (You may elect NOT to retire from CalPERS*)

*Note: Retirement health benefits continuation with CalPERS is not possible unless you are deemed as a pensioner with either CalPERS and/or CalSTRS. Alternative options are available.

4) Retirees maintain all benefits: Medical/Rx, Dental, and Vision, <u>except</u> Group Term Life and AD&D benefits

Note: Dependents follow retiree choice and eligibility



Retirement Eligibility For Employees Hired <u>After July 1, 1997</u>

Qualifications:

- 1) Minimum 15 years of service
- 2) Age 55 or older
- 3) Retired from CalPERS or CalSTRS



Paid Benefits for Retirees Hired <u>After</u> July 1, 1997

Medicare Bridge Program:

- ♦ Covers the period of time between retirement and eligibility of Medicare coverage
- ♦ Benefits: Medical/Rx/Dental/Vision
- ♦ Coverage include: Retirees and Spouse/Same-Sex Domestic Partners
- ♦ Exclusion of Coverage: Dependent Children regardless of age

NOTE: Please refer to employee handbook for additional details



The ABCs and D of Medicare

A. Medicare Part "A" (Hospital Insurance) - MANDATORY for District Retirees age 65 or older

- Covers hospitalization, skilled nursing (not custodial or longterm care), hospice care, and certain home health care services
- Typically FREE to retirees who have 40 quarters or more
- One can qualify via Spouse's Medicare-covered employment
- Enrollment is automatic if drawing Social Security (SS) benefits at time of Medicare eligibility is attained, or if qualifying for SS benefits at/after Part A eligibility age
- Must affirmatively request enrollment if not drawing or applying for SS benefits at the time you want Medicare coverage



B. Medicare Part "B" (Medical benefits) – MANDATORY for District Retirees age 65 or older

- Every retiree must apply for, obtain and maintain coverage under Part B of Medicare
- Enrollment is Automatic (with opt-out rights) if drawing SS benefits at time become eligible for Part B
- Otherwise, must affirmatively request enrollment
- 2013 Part B Annual Deductibles: \$147 (the CalPERS Medical Plan will pay for Medicare Parts A and B deductible amounts that Medicare will not pay for each calendar year)
- Coinsurance: 20% of the Medicare-approved amount for services after you meet the \$147 deductible.
- 2013 Monthly Medicare Part B Standard Premium (subject to change every January 1): \$104.90



Medicare Adjusted Gross Income (M.A.G.I.): Applicable to 4% of Medicare enrollees with higher incomes and filing status (Single/Head of Household or Qualifying Widow(er), Married - filing jointly, Married - filing separately)

If Your Yearly Income in 2011 was		You pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	\$104.90
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	\$146.90
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	\$209.80
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	\$272.70
above \$214,000	above \$428,000	\$335.70



- C. Medicare Part "C" (Medicare Advantage) MANDATORY for District Retirees insured under the CalPERS HMO Plans (Kaiser/Blue Shield)
 - Voluntary by law
 - To join a Medicare Advantage Plan, you must have Part A and Part B. You must also live in the service area of the Medicare Advantage Plan.
 - Medicare pays a fixed amount every month to the companies offering Medicare Advantage Plans
 - Typically offer more comprehensive coverage such as hearing and vision exams in exchange for managed care



D. Prescription Drug Plans (PART D)

- Covers prescription drug benefits, plus coverage for preventative screenings and tests
- Implementation Date: January 1, 2013
- To join Medicare Prescription Drug Plan, you must (1) have Medicare Part A or B, and (2) live in the service area of the Medicare drug plan you want to join
- CalPERS Prescription Drugs Benefit provided through private Rx plans by PBMs and TPAs such as CVS Caremark
- 2013 Part D National Base Beneficiary Premium is \$31.17
- Rates vary by region and plans; subsidy for low income beneficiaries
- You are hereby advised NOT to purchase Medicare drug coverage from any other health plan or pharmacy. CalPERS will enroll you directly under "CalPERS Medicare Part D" program. You do not need to enroll Medicare Part D with SSA.

Note: Medicare Part D standard premium is picked up by CalPERS, but Part D MAGI premium is not reimbursed by CalPERS or FHDA.



ARTICLE 19 FACULTY AND REGULAR RETIREES (EXCEPTIONS)

 If you have never contributed into Social Security, you must check with the local Social Security Administration Office to verify eligibility. If eligible, the retiree must sign up for both Medicare Part A and B for dual coverage with Medicare as primary and the CalPERS's medical plan as secondary.

 If you do not have enough credits and are ineligible for Medicare due to age limits (less than 65 years of age), you do not have to do anything. You remain covered under the CalPERS medical plan as primary until you qualify.



When and How to Apply for Medicare?

- 2) For persons who are turning 65: To enroll in Medicare, you must call SSA at 1-800-772-1213 during your **Initial Enrollment Period** (a seven-month window around your 65th birthday).
 - ✓ Make an appointment with SSA within three (3) months <u>before</u> your 65th birthday
 - ✓ For Actives: Apply for <u>only</u> Medicare Part A, <u>Delay</u> Part B enrollment until
 90 days before your retirement
- 2) For persons who are 65 or older and have just retired: To enroll in Medicare, you must call SSA at 1-800-772-1213 during your Initial Enrollment Period (a eightmonth window around your 65th birthday that begins when your group health insurance ends.
 - ✓ Make an appointment with SSA within three (3) months <u>before</u> your retirement date
 - For Retirees: Apply for **both** Medicare Part A & B when eligible. You must apply three (3) months prior to your birthday for both Parts A and B at the same time, waive both Parts C and D.
- 3) For persons who are older than 65: To enroll in Medicare, you must call SSA at 1-800-772-1213 between January 1 and March 31. This window is called General Enrollment Period. Medicare coverage for persons enrolling during the General Open Enrollment Period will begin on July 1.



Medicare Initial and General Enrollment Period

- The Initial Enrollment Period is the Medicare enrollment period for individuals as they turn age 65. This seven-month period starts three months prior to the month of the individual's 65th birthday and continues three months following the month the individual turns 65 years of age. The individual's Medicare effective date depends on when the individual enrolls in Medicare within the Initial Enrollment Period.
- Important: Individuals with birthdays in October or November should notice that the Individual Enrollment Period (IEP) overlaps with the Medicare General Enrollment Period, which is January through March of each year.

For example, if your birthday is in October and you enroll in Medicare the following February, your coverage will not begin until July. However, if you enroll during the month of January, because it falls within your IEP, your coverage will begin in April.



Medicare Other Requirements

- Any retiree or eligible dependent or survivor who enrolls in Medicare but assigns his or her Medicare benefits to a Medicare-Advantage medical plan not sponsored by the District shall be ineligible for continued benefits under the CalPERS' medical plans.
- It shall be the sole responsibility of the retiree, dependent and survivor to provide the District with verification of enrollment in Medicare. The District shall acknowledge receipt of verification of Medicare enrollment upon a retiree's request.



Coordination of Benefits as Secondary

- For PPO members, you <u>must</u> notify CalPERS of your new Medicare status for coordination of secondary benefits, and transition from BASIC to Medicare Supplemental Plan.
 - ✓ Notify all the medical providers that you are now qualified for Medicare as Primary and the CalPERS Medical Plan as Secondary.
 - ✓ When incurring medical expenses, the bills should be processed first
 by MEDICARE before submitting to Anthem BC (INN and OON claims)
 for Secondary payment.
- For HMO members, you must notify CalPERS of your new Medicare status to request for a transition from BASIC to Medicare Supplemental Plan, and apply for the Medicare Advantage Plan (Medicare Part "C" enrollment) upon receiving your new MEDICARE ID CARD, then return the application to the insurance carrier directly.
 - Note: Three (3) months prior to your 65th birthday, CalPERS and insurance carriers will notify you regarding your Medicare enrollment.



MANDATORY SECONDARY COVERAGE FOR QUALIFIED MEDICARE PARTICIPANTS

- The CalPERS Medical Plans strictly enforce the SECONDARY PAYER
 RULE to all Qualified Medicare participants who utilize medical services provided by the Plan.
- Qualified Medicare retirees and dependents are required to use only MEDICARE contracted physicians.
- All medical claims must be processed first as <u>PRIMARY</u> with Medicare, and the CalPERS Medical Plans will coordinate payment for these claims as <u>SECONDARY</u>.
- Your physician must be a Medicare contracted provider, however, he/she does not have to accept Medicare assignment. Failure to comply will result in non-payment of these claims. (Non-Medicare participants can still use non-Medicare providers).



MEDICARE DOUBLE COVERAGE

• The Centers for Medicare & Medicaid Services (CMS), the federal agency that administers the Medicare program, ruled while a Medicare beneficiary may be enrolled in a Medicare plan and a commercial plan at the same time, he/she may not be enrolled in more than one Medicare Plan at a time. Therefore, you may not enroll as "double-covered" Medicare member at any time; you must designate the CalPERS coverage as your Medicare Plan of Record.



Medicare Participating Providers and Suppliers

- What is "ACCEPTING ASSIGNMENT"?
 - When a physician or supplier agrees to accept Medicare assignment, it means he/she agrees to accept the Medicare allowed amount as the full payment for all covered services on the Medicare assigned claim.
 - The physician or supplier submits the claim to the Medicare Contractor; the Contractor pays 80% of the Medicare allowed charge directly to the physician; and the physician can bill you up to the remaining 20% of the Medicare approved charge (plus any annual deductible that has not yet been paid).



Medicare Participating Providers

- What is "UNASSIGNED CLAIMS"?
 - Physicians who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full.
 - Physicians who does not accept Medicare assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional limits.
 - The **NOTE section** of the Medicare's EOB statement will tell you if a physician has exceeded the Limiting Charge and the correct amount to pay your physician under the law.



How does Medicare Impact Me as a Retiree?

- By federal law, Medicare is the <u>PRIMARY</u> coverage for all members who <u>retire</u> from full-time active employment.
- After retirement and Medicare qualification, the CalPERS's medical plan serves as your <u>SECONDARY</u> coverage.
- Medicare for RETIRED Employees Who Turn Age 65
 - If proof of Medicare Parts A & B are not received by the District and CalPERS prior to the first of the birth month, coverage for you and your eligible dependents may be negatively impacted.
- Medicare for ACTIVE Employees Age 65 and over
 - Active FHDA employees age 65 and over and their dependents age 65 and over are not required to enroll in Medicare.
 - "Special Open Enrollment" will be available with Social Security. You have only 30 days following your resignation to enroll under this provision, otherwise you may be required to pay surcharges to your Medicare Part B premium, due to late enrollment



How Medicare Impacts Me as Retiree cont.

- What happens if I am an active employee and 65 years old?
 - ✓ You can elect to enroll in Medicare Part A, but should <u>delay</u> Part B until retirement.
 - ✓ If you are ineligible for Medicare Part A due to lack of credits, CMS will issue a denial determination. Please retain it for your records.
- What if my spouse is 65 and retired, but I am under 65 and still working?
 - ✓ Your spouse should enroll for Medicare Part A, but <u>delay</u> Part B until you retire.
 - ✓ By law, when a spouse is an active employee with employer provided benefits, the private plan is always the PRIMARY and Medicare is SECONDARY.
- What happens if I am 65, a retired faculty, and do not qualify for Medicare due to lack of credits?
 - ✓ You must served CalPERS with the CMS Determination Notice regarding your Medicare-ineligibility status within 90 days of your 65th Birthday or your coverage will be dropped. The CalPERS medical plan is your PRIMARY coverage.



MEDICAL BENEFIT TRANSITION TO RETIREMENT CHECKLIST

If you are 65+ (and/or if your dependent is 65+), apply for Medicare three months before you retire by contacting SSA at

(800) 772-1213 or ONLINE AT www.ssa.gov.

Enroll in Medicare Part A and B

DO NOT enroll in Medicare Part D



Steps Must Be Taken Prior to Retirement

- 1. Must apply for CalPERS or CalSTRS Service Retirement **90 days** prior to the date of separation. NO EXCEPTIONS!
- 2. Must apply for Medicare Parts A (if you have not done so at age 65) and B **90 days** prior to the date of separation if age 65 or older at time of retirement
 - ➤ The District will certify your prior coverage to enable penalty-free of premium imposed by CMS due to late enrollment

BRING THE FOLLOWING DOCUMENTATION TO THE BENEFITS OFFICE:

- a) A Copy of a voided check (EFT setup) and a completed EFT Form for auto deposits/withdrawals with Secova
- b) Proof of Medicare Ineligibility (must be certified by SSA for 2013)
- c) Proof of Medicare enrollment. I.e. Medicare ID card(s) are mandatory for 65 or older for both subscriber and spouse/DP
 - A Copy of retirement confirmation letter from CalPERS/ CalSTRS



What do I need to complete and return to Benefits Unit?

- 1. If you are over age 65 at the time of retirement, you must complete and return the Certification of Medicare Status form along with a copy of your Medicare Card, and your dependent's Medicare card if dependent is 65+
- 2. Health Benefits Plan Enrollment for Retiree (form HBD30)
- 3. A Copy of your CalSTRS or CalPERS Award Letter
- 4. A Copy of your Medicare ID card if over age 65



Retirees' Responsibilities

- ☑ Require to participate in the Annual Retiree Survey
- ☑ Enroll in Medicare Parts A and B when eligible. The current recommendation is 90 days before your 65th birthday
- Provide timely Notice(s) to the District when qualified for Medicare (applicable to both retirees and spouse/qualified same-sex domestic partner). All documentation must be received by HR prior to the first day of your Medicare eligibility.
- Enroll in CalPERS Medicare Supplemental program immediately upon receiving your Medicare ID card
- Submit proof(s) of the <u>current</u> monthly premium for Medicare Part B to the District annually no later than March 15th to continue Medicare quarterly reimbursement.
 - Important: Retroactive reimbursement for late submission of Medicare Part B proof of payment is not permissible.
- ✓ Notify the District of change of address within 10 business days
- ✓ Notify the District of life qualifying events such as marriage/divorce/death/adoption, etc within 31 calendar days



POST JULY 1, 1997 RETIREES BENEFITS

- → FA UNIT: 2.8% of the highest cell (step and column), 5.6% for retirees with spouse/same-sex domestic partner
- ♦ ACE UNIT: 2.8% of Range 70, Step F of Salary Schedule for single insured, 5.6% for retirees with spouse/same-sex domestic partner
- → AMA UNIT: 2.8% of Level "M"/step of the Administrator Salary Scheduled; 5.6% for retirees with spouse/same-sex domestic partner
- → TEAMSTERS UNIT: 2.8% of Range 70, Step 6, 5.6% for retirees with spouse/same-sex domestic partner
- ♦ OE3 UNIT: 2.8% of Range 70, Step F, 5.6% for retirees with spouse/ same-sex domestic partner



Calpers Premium Variance Reimbursement Process For Pre-'97 Retirees

- 1) Effective July 1, 2012, CalPERS is the Plan Administrator
- 2) CalPERS Controls the Retired Group
- 3) FULL Monthly Medical Premium must be offset against your pension check CalPERS collects this premium on a monthly basis
 - What happens if your income is lesser than the premium charged for the month.
 - **a. CalPERS members:** CalPERS will offset the maximum amount, and balance billed you for the variance
 - b. CalSTRS members: CalPERS will bill you the entire premium
- 4) How to Seek District Reimbursement for the Monthly CalPERS premium variance
 - ♦ You are required to submit the first pension check stub that show itemized premium deduction towards CaIPERS Healthcare to the Benefits Unit either via Fax 650-949-2831 or pdf/email to MyBenefits@fhda.edu.
 - ♦ Initial Refund will takes 5-7 business days, and a check will be generated by A/P
 - → Thereafter, the monthly deposit is done electronically via the EFT account set up through Secova on the last day of the month to pay for the next month premium. For example, May 31st deposit is to pay for the June premium.



AB528 Continuation Coverage:

- 1. State law requires California schools and community college districts to allow employees who lose their eligibility to continue their health care coverage upon retirement to enroll in health benefit plans currently provided for its current employees. Any former employee who retired from the FHDA Community College District under any public retirement system, and his or her spouse, or any surviving spouse of a former employee, may continue his or her health care benefits by paying the full premiums provided that the member is an annuitant of either CalPERS or CalSTRS pension plan.
- 2. This law does not apply to either the new spouse upon the remarriage of a surviving spouse of a former employee, or, the children of a former employee.



REMEMBER:

- ✓ In order to provide FHDA health benefits to your survivor, you must choose a CaISTRS or CaIPERS option so that your survivor is an annuitant.
- ✓ If you take your CaISTRS/CaIPERS pension as a lump sum, you forfeit FHDA retiree health benefits.
- ✓ Must apply for CaIPERS or CaISTRS service retirement within 120 days after the date of separation.
- ✓ Your FHDA life insurance benefit expired with your retirement.
 - For conversion information, contact HARTFORD at (888) 563-1124



SSA and CMS WEBSITES

- ♦ Official Social Security web site: <u>www.ssa.gov</u>
- → For information regarding Centers for Medicare & Medicaid Services (CMS), access web site: http://www.cms.hhs.gov
- → For listing of Medicare Participating Providers and Suppliers by Area, access web site: http://www.medicare.gov/physician
- → To personalize information regarding your Medicare benefits and services, you may use http://my.medicare.gov/ to view claims, order duplicate Medicare Summary Notice (MSN) or replacement of Medicare ID card, view eligibility, entitlement and preventative services information.



CalPERS Health Benefits Contact Information

- ♦ Online: For more information on health benefits and programs, visit CalPERS at www.calpers.ca.gov
- → By Phone: Call CalPERS toll free at 888
 CalPERS or (888-225-7377) Monday
 through Friday, 8:00 a.m. to 5:00 p.m.



SSA INFORMATION

Nearest Social Security Office:

SOCIAL SECURITY OFFICE (SSA)

700 East El Camino Real, Suite 350

Mountain View, CA 94040

Phone: 650-961-5324

Office hours: M-F 9 a.m. - 3:00 p.m.

To enroll: Call SSA: 1-800-772-1213

M-F from 7 a.m. - 7 p.m.

For Medicare claims inquiry: 1-800-633-4227



For ALL benefit inquiries, please contact:

Benefits Unit

Phone: 650-949-6224

Email: MyBenefits@fhda.edu

WEBSITE: http://hr.fhda.edu/benefits/



THANK YOU