



**FOOTHILL-DE ANZA  
Community College District**

Office of Human Resources and Equal Opportunity

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TO: All District Retirees, Surviving Spouses and Eligible Dependents

FROM: Christine Vo,  
Benefits Manager

DATE: February 18, 2014

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**URGENT!!! YOUR RESPONSE IS REQUIRED BY MARCH 17, 2014**

- ✚ Medicare premium part B quarterly reimbursements will stop unless you return proof of payment by March 17, 2014
- ✚ 2014 Annual Retiree Survey Form must be completed regardless of your Medicare eligibility
- ✚ Power of Attorney (POA) documentation may be provided if you have recently designated or updated your records

The purpose of this letter is to notify you about the 2014 Annual Retiree Survey to update our records, and to remind you about the Medicare Part B reimbursement process for 2014. Additionally, if you have designated a new Power of Attorney, please send us a copy for the records. Please complete the attached survey form, and answer all questions regardless of your Medicare eligibility and return the survey to the Office of Human Resources, Benefits Unit, no later than **Monday, March 17, 2013**.

**DISTRICT ENROLLMENT REQUIREMENTS FOR RETIREES**

Pursuant to the *Agreements* with the bargaining units and other employee groups, you are required to sign up for Medicare Part B if you are eligible. Each retiree and every eligible dependent shall notify the District of his/her Medicare eligibility. *In an event that you are not eligible for premium-free Part A, you must send District a copy of the Social Security/CMS denial letter.* **It is the sole responsibility of the retired employee and his or her eligible dependents to apply for and satisfy the requirements of Medicare.**

To be eligible for Medicare Part B premium reimbursement, one must maintain continuous enrollment in Medicare Part B, Medicare Part D (through CalPERS), and have complied with CalPERS' Medicare requirements. For Medicare enrollment and eligibility information, call Social Security at 1-800-772-1213. **Failure to comply with these policies can result in penalties and the permanent loss of your District-sponsored medical coverage provided through CalPERS.**

**MEDICARE PART B PREMIUM REIMBURSEMENT:** The District will reimburse retired employees and eligible dependents for the cost of optional Medicare, Part B on a quarterly basis (April 15th, July 15th, October 15th, and December 31st). For 2014, the standard reimbursement rate for Medicare Part B premium is \$104.90 for most beneficiaries.

**NOTE:** Only eligible retirees and qualified dependents that are **insured** through the District program are eligible for Medicare premium part B reimbursement.

**What is New?**

- 1) Benefits Unit now has a new dedicated FAX line, the new number is **650-949-6299**
- 2) Effective January 1, 2014, the District discontinues Medicare Part B premium reimbursement to the Survivors. Survivors are required to fully fund for their health premium at 100 percent without any subsidy from the District, including the cost of Medicare Part B premium. Since July 1, 2012, the District is no longer self-funded, and your medical/prescriptions coverage is now administered and billed directly by CalPERS, not FHDA.
- 3) CalPERS Medicare Part D (MAGI) premium is not reimbursed by both CalPERS and FHDA.
- 4) For 2014, the standard monthly Part B premium remains the same or **\$104.90** for most Medicare beneficiaries. Higher-income beneficiaries pay **\$104.90** *plus an additional amount*, based on the income-related monthly adjustment amount (IRMAA).

**Reminder:**

Members who submitted proof(s) of Medicare Part B payment to the District by **March 17<sup>th</sup>** will be eligible to receive the first quarter reimbursement (January-March premium) on **April 15<sup>th</sup>**. Proofs of payment received by the District between **March 18-31<sup>st</sup>** will be processed along with the Second Quarter payment (April –June) for direct deposits scheduled on **July 15<sup>th</sup>** to include refund for the first 6 months (January-June). There shall be no retroactive payment for the late notice.

Please submit your proof of Medicare payment to:

**FOOTHILL - DE ANZA COMMUNITY COLLEGE DISTRICT  
ATTN: BENEFITS UNIT  
12345 EL MONTE RD  
LOS ALTOS HILLS, CA 94022**

**E-Mail: [MyBenefits@fhda.edu](mailto:MyBenefits@fhda.edu) FAX: (650) 949-6299**

***Note: Due to the District Office Building renovations, the District Benefits Unit is temporarily relocated to Building D – 5991, next to Parking Lot 5.***

**IMPORTANT:** Due to limited resources, we strongly recommend that you mail in your proof of Medicare Part B premium payment via certified mail as proof of mailing. Alternatively, you may want to retain the successful fax confirmation as proof of timely submission, or pdf/email to [MyBenefits@fhda.edu](mailto:MyBenefits@fhda.edu). Please allow up to five business days after mailing for any email confirmation request. No exceptions.

The chart below shows the 2014 Medicare Part B monthly premium amounts based on income. These amounts change each year.

Table 1: Part B Monthly Premium		
	Beneficiaries who file an <b>individual</b> tax return with income	Beneficiaries who file a <b>joint</b> tax return with income
Your 2014 Part B Monthly Premium Is	If Your Yearly Income Is	
<b>\$104.90 - standard premium</b>	\$85,000 or less	\$170,000 or less
<b>\$146.90</b> (Increased by <b>\$42.00</b> due to IRMAA)	\$85,001-\$107,000	\$170,001-\$214,000
<b>\$209.80</b> (Increased by <b>\$104.90</b> due to IRMAA)	\$107,001-\$160,000	\$214,001-\$320,000
<b>\$272.70</b> (Increased by <b>\$167.80</b> due to IRMAA)	\$160,001-\$214,000	\$320,001-\$428,000
<b>\$335.70</b> (Increased by <b>\$230.80</b> due to IRMAA)	Above \$214,000	Above \$428,000

If your **Modified Adjusted Gross Income (MAGI)** in 2012 was greater than \$85,000 as reported to the IRS, the Medicare premium for Part B will increase accordingly.

Table 2: Part B Monthly Premium	
Beneficiaries who are married, but file a <b>separate tax return</b> from their spouse and lived with his or her spouse at some time during the taxable year	
Your 2014 Part B Monthly Premium Is	Beneficiaries who are married but file a <b>separate tax return</b> from his or her spouse
<b>\$104.90 - standard premium</b>	\$85,000 or less
<b>\$272.70</b> (Increased by <b>\$167.80</b> due to IRMAA)	\$85,001-\$129,000
<b>\$335.70</b> (Increased by <b>\$230.80</b> due to IRMAA)	Above \$129,000

**Late Enrollment Penalty:** If you don't sign up for Part B when you're first eligible or if you drop Part B and then get it later, you may have to pay a late enrollment penalty for as long as you have Medicare. Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it. In other words, **if you pay a late-enrollment penalty, this amount will be higher. The penalty fee is not reimbursed by FHDA.**