





BSSP representatives will not provide recommendations regarding Medicare, BSSP retirement benefits or discuss PERS/STRS eligibility. This presentation is intended to provide the viewer with information regarding what benefits options are available to active employees enrolled in BSSP benefits upon retirement.

For further information about Medicare, visit <a href="www.medicare.gov">www.medicare.gov</a> or contact a Health Insurance Counseling and Advocacy Program (HICAP) office near you.



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# ELIGIBILITY FOR BSSP BENEFITS

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#### **Eligibility for BSSP Benefits**

Participating in a medical, dental and/or vision plan as a retiree is not mandatory.

If you decline medical, dental or vision at the time of retirement, or terminate coverage later, benefits cannot be reinstated.

Retiree benefits are not bundled.

Example: Retiree Sally elects medical, only.

Retiree Tom elects dental, only.



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## Eligibility for BSSP Benefits



- ✓ You must be enrolled in coverage immediately prior to retirement to continue coverage as a retiree.
  - ATTENTION: Part-Time Employees not currently enrolled in benefits...
    If you intend to participate in benefits as a retiree, you must enroll during the annual enrollment period immediately prior to retirement.
- ✓ Coverage for spouse and/or dependent children REQUIRES coverage as a retiree.

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#### **Eligibility for BSSP Benefits**

Retiree benefits begin on the first of the month following your date of retirement or concurrent with drawing your STRS/PERS benefit.

#### **EXAMPLE:**

Last day of work: June 3

Last day of active employee benefits: June 30

STRS/PERS benefits begin: July 1

First day of retiree benefits: July 1



No gap in coverage between "active" and "retiree" status.

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• Retiree benefits are available to you

• Eligibility for retiree benefits ends

• Your employer will contribute towards your retiree benefits

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## RETIRING BEFORE MEDICARE

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# Retiring Before Medicare

Same as Active

- Menu of plans
- Benefits within each medical, dental, and/or vision plan
- Monthly dental and vision rates
- Annual Open Enrollment opportunity

Change from Active

- Some districts/bargaining units have limited menu for retirees
- Retiree coverage is optional
- Retiree medical plan rates are 2 or 3-tiered (based on bargaining unit contract)



## **Retiring Before Medicare**

The Benefits Overview (received each annual enrollment period) includes information on the monthly premium and each medical plan available to you during retirement.







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# **ELIGIBILITY FOR MEDICARE**

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## **Eligibility for Medicare**



Most US citizens are eligible for Medicare at age 65 and effective...

• 1st day of 65th birthday month if birthday on 2nd-31st of the month

OR

• 1st day of month prior to 65th birthday month if birthday is 1st of the month

Eligibility due to disability is effective on 1st day of the 23rd month following the date of disability as determined by Medicare.

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## **Eligibility for Medicare**

| Coverage                   | Medicare<br>Premium | Your Deductible and Coinsurance before a<br>Medicare Supplement*   |  |  |
|----------------------------|---------------------|--|--|--|
| Part A:<br>Hospitalization | Most @ \$0          | <ul> <li>\$1,676 deductible</li> <li>Days 1-60: \$0 coinsurance</li> <li>Days 61-90: \$419 coinsurance per day of each benefit period</li> <li>Days 91 and beyond: \$838 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)</li> <li>Beyond lifetime reserve days: all costs</li> </ul> |  |  |
| Part B: Medical            | Most @<br>\$185~    | <ul> <li>You pay first \$257 then 20% of Medicare-<br/>Approved Amount</li> </ul>  |  |  |
| Part D: Pharmacy           | Included~ i         | ~ in and varies by supplemental plan   |  |  |

<sup>\*</sup> Supplements vary in cost and what portion of deductible and coinsurance they offset.

<sup>~</sup> Subject to Income-Related Monthly Adjustments Amount (IRMAA) from Medicare for those with higher annual earnings.



#### **Eligibility for Medicare**

For further information about Medicare, visit www.medicare.gov.





Contact a Health Insurance Counseling and Advocacy Program (HICAP) office near you.

Butte County HICAP: Passages

www.passagescenter.org/medicare-counseling (530) 898-5923

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#### Eligibility for Medicare as Active Employee

When covered under a BSSP medical plan as an active employee (or active employee's spouse or child) and eligible for Medicare, BSSP recommends...

Medicare Part A: Consider deferring enrollment in Medicare A until you are covered under a retiree plan. Although Medicare A is free to nearly all, enrollment in Medicare A ends eligibility to contribute to a Health Savings Account (HSA).

Medicare Part B: Defer enrollment until you retire. Begin Special Enrollment process 2-3 months prior to planned retirement date.



NO Late Enrollment Penalty for deferring enrollment IF covered under BSSP active employee's medical plan (as an employee or spouse of active employee).



## Eligibility for Medicare as Active Employee



Full-time employees who are eligible for Medicare may opt-out of BSSP's medical plan with proof of enrollment in Medicare Part A and Medicare Part B.

- Opting out prohibits access to all benefits associated with a BSSP medical plan, including the Health and Wellness Centers.
- Coverage in BSSP's dental and vision plans may continue.

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# RETIRING WITH MEDICARE

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<u>Certificated</u>: California Education Code provides opportunity for continuous medical coverage through employee's lifetime.

<u>Classified</u>: Subject to collective bargaining agreement, MOU or contract. If no, then COBRA for 18 months, but not recommended.

Surviving Spouse: At spouse's cost:

- · COBRA for 36 months
- To spouse's eligibility for Medicare
- Indefinite

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#### **Retiree Coverage with Medicare**

ALL BSSP medical plans require Medicare Part A and Part B effective as of the later of:

- ✓ Medicare eligibility (1st of 65<sup>th</sup> birthday month or 1<sup>st</sup> of month prior when birthday is 1<sup>st</sup> of month)
- ✓ Effective 1<sup>st</sup> of the month following your date of retirement
- You will not be penalized for late enrollment; before applying for Medicare, request a Request for Employment Information Form (Form CMS-L564) from your employer.
- Coverage under retiree status + Medicare Eligibility = Medicare Part A and Part B REQUIRED

Without A+B, you will pay an additional \$650/month for each missing part of Medicare.



- Medicare does not allow enrollment in multiple Medicare Part D plans.
- Health and Wellness Centers are not included with BSSP's Medicare Supplement, CompanionCare.
- Retiree must remain covered to provide coverage to spouse and/or children not yet eligible for Medicare.

If retiree does not remain covered under BSSP, spouse and/or children may elect COBRA for maximum 36 month-period.



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#### **Retiree Coverage with Medicare**

CompanionCare - BSSP's Medicare Supplement Plan

#### Cost

• \$429 per person, per month through 9/30/2025

#### Type of Plan

- Medicare Supplement + Part D Rx Coverage (included in cost)
- Medicare Part A and B REQUIRED
- Anthem Blue Cross processes Claims

#### Provider Network

- Any US provider that accepts and bills Medicare
- Generally, \$0 deductible; \$0 copayments for Medicare-covered services

#### **Pharmacy**

- Navitus Medicare Rx
- Costco for Mail Order
- No coverage gap or donut hole

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Medicare Part A & B+ CompanionCare

| Part B Services: Office Visits, Labs, X-rays, etc.                             | Medicare<br>Pays     | Companion Care Pays  | Member<br>Pays |
|--|----------------------|--|----------------|
| Travel Coverage<br>(when outside the US for less<br>than 6 consecutive months) | \$0<br>(not covered) | 80% of inpatient hospital, surgery, anesthetist and inhospital visits for medically necessary services for 90 days of treatment per lifetime | 20%            |

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#### **Retiree Coverage with Medicare**

CompanionCare - Navitus Medicare Rx Part D



The Medicare Part D prescription drug plan is administered through Navitus Health Solutions.

It is similar but not identical to your BSSP prescription formulary as an active employee or non-Medicare retiree.

|                                 | Generic* | Brand-Name |
|---------------------------------|----------|------------|
| Retail 30-Day Supply            | \$9      | \$35       |
| Retail 90-Day Supply            | \$27     | \$105      |
| Costco Mail order 90-Day Supply | \$18     | \$90       |

<sup>\*\$0</sup> generic copay at Costco is not available.

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CompanionCare - Navitus Medicare Rx Part D

- ✓ Plan uses Medicare Part D Formulary
- √ No donut hole or coverage gap
- ✓ Some exclusions and prior authorizations may apply
- ✓ Auto refills: Only available when using Costco's online mail order services at www.Costco.com/home-delivery
- ✓ No-Hold for Mail Order: If you have a new prescription from your provider, please wait to send it to Costco until you are ready to fill it.



| ( | Retiree Coverage wi<br>Medicare Part A & B+ CompanionCare | th Medicare                                  |             |
|---|---|--|-------------|
|   | CompanionCare   | Other Medicare<br>Supplements                |             |
|   |   |  |             |
|   | More expensive  | Many plans available offering lower premiums |             |
|   | \$0 out of pocket costs for care                          | Reasonable out of pocket costs for care      |             |
|   | No provider network, only Medicare assignment             | Provider networks vary                       |             |
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# DENTAL, VISION & OTHER BENEFITS

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△ DELTA DENTAL

| Plan 1                                 | Plan 8   | Plan 10  | Plan 12  |  |
|--|--|--|--|--|
| PPO Network                            | Premier+PPO<br>Network   | Plan 8   |  |  |
| \$1,200 PPO<br>\$1,000 non-<br>network | \$2,200 PPO<br>\$2,000 Premier and<br>non-network  | non-network None 3 no pays 70-100%  Plan pays 50%  plus  100% up to \$2,000 lifetime Orthodontia Benefit per covered family member   | Plan 10  with  \$3,000 Calendar Year Benefit PPO + Premier  \$2,000 Calendar Year Benefit non-network  |  |
| \$50 / \$150<br>3                      |  |  |  |  |
| Plan pays 100%                         | Plan pays 70-100%  |  |  |  |
| Plan pays 50%                          |  |  |  |  |
| Plan pays 50%<br>Plan pays 50%         | Plan pays 50% Plan pays 50%  |  |  |  |
| up to \$750                            | up to \$750  |  |  |  |
|  | PPO Network  \$1,200 PPO \$1,000 non- network  \$50 / \$150 3  Plan pays 100%  Plan pays 80%  Plan pays 50%  Plan pays 50%  Plan pays 50%  Plan pays 50% | PPO Network  \$1,200 PPO \$1,000 non- network  \$50 / \$150 3 Plan pays 100% Plan pays 80% Plan pays 50% up to \$750 | PPO Network         Premier+PPO Network         Plan 8           \$1,200 PPO         \$2,200 PPO           \$1,000 nonnetwork         \$2,000 Premier and non-network           \$50 / \$150         None           3         3           Plan pays 100%         Plan pays 70-100%           Plan pays 80%         Plan pays 70-100%           Plan pays 50%         Plan pays 50%           Plan pays 50%         Plan pays 50%           Plan pays 50%         Plan pays 50%           up to \$750         up to \$750 |  |



#### **Vision Benefits**

vision care

| Monthly Rate               | Plan 4                          | Plan 4X   | Plan 8       | Plan 8X   |
|----------------------------|---------------------------------|---|--------------|---|
|                            | Every 12 months                 | Plan 4  | Plan 4       | Plan 4  |
| Сорау                      | \$10                            | l lan i   | l idii i     |   |
| Eyeglass Lenses            | Every 12 months                 | plus  | with         | with  |
| Frames                     | Every 24 months                 | pius  |              |   |
| Frame Allowance            | \$250                           | Appual supply of                                    | Frames every | Frames every  |
| Costco/Walmart/Sam's       | \$135                           | Annual supply of contacts at \$50 with no impact to | 12 months    | 12 months   |
| Club Frame Allowance       | \$133                           |   |              | +   |
| Computer Vision Care       | ✓                               | allowance for                                       |              | Annual supply of contacts at \$50 with no impact to allowance for glasses |
| Contact Lenses             | Every 12 months                 |   |              |   |
| Contact Lens Exam<br>Copay | \$60<br>(instead of<br>glasses) | glasses   |              |   |

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#### **Other Benefits**

- Life Insurance (The Hartford): This may be converted to a private policy, but it is expense.
- MASA: You may continue this benefit until Medicare-eligibility, as long as you also have BSSP medical, dental and/or vision benefits.
- Pet's Best Pet Insurance: You may continue this benefit indefinitely, as long as you also have BSSP medical, dental and/or vision benefits.
- American Fidelity: Some may be converted to a private policy.
- Long Term Care: You may convert to a private policy.



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- Notify your employer of your intent to retire
- Employer will provide you with information regarding your district-specific contribution (if applicable) and plan options as a retiree
- Employer will notify BSSP of your upcoming retirement
- BSSP will send information about CompanionCare and enrolling in Medicare, if applicable

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**THANK YOU** 

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