

ACALANES MEDICARE RETIREE MEDICAL PLAN INFORMATION

Presenters:

Mark Lowenthal, School Employers Association of CA (SEAC)

Lola Nickell, Self-Insured Schools of CA (SISC)

Maria Harlan, Kaiser Permanente

Martin & Associates Insurance Agency

Ray Martin

Eliot Martin

Stan Selah

Goals for today's meeting

Summary of the change

Provide explanations of all offerings

- An overview of Medicare
 - A more detailed explanation of Medicare D and the “donut hole”
- District sponsored SISC plans
 - Kaiser and Anthem
- Individual Market Plans (many cost less each month)
 - Supplemental Plans (rates are based on age and region)
 - Anthem and ARRP-UHC
 - Advantage Plans (rates for 2018 won't be available until mid-October)
 - Kaiser, Humana, UHC

(Members who enroll in individual plans can always come back to the district sponsored plans during open enrollment)

Provide resources and support for your immediate and ongoing decision making

Answer all of your questions

We'll be here for as long as you need us

CalPERS Medical Plans will no longer be available on January 1st

- This change will not affect your retirement—only your medical plan.
- Your Pers or STRS warrant will no longer be charged for your medical plan payment.
- All new plans offer automatic payment options
- Our dental and vision plans remain the same and are not affected by this change except for one improvement, the \$25 dental deductible has been eliminated.
- Retirees who are 75 years or older who enroll in one of the district offered plans through SISC will receive \$80 per month towards the cost of their premiums.

Factors to Consider

The selection of your Medical is best made individually after careful consideration

All of the following will have significant impact on your decision

- Your age
- Where you live
- Health Status
- Plan design
 - Medical and Pharmaceutical copays
- Physician Networks
- Cost of plan

We're here to assist and provide you the resources to better inform that decision.

Medicare

There are 100 Million people on Medicare and Medicaid—the largest purchasing group of Healthcare

- Medicare pays less for the same services with the same physicians at the same facilities than commercial payers
 - Hospital charges are ~ 38% less than commercial payers
 - Physician charges are ~ 20% less than commercial payers
- All of us who have enrolled in a CalPERS Medicare Plan are enrolled in Medicare D (but we may not know it)
- All of the plans we'll be discussing require enrollment in Medicare A and B

Kaiser Medicare Presentation



Presenting Medicare 101 and Kaiser Permanente Senior Advantage (HMO)

Acalanes Union High School District

Maria Harlan
Retiree Solutions Manager
September 27, 2017

Medicare Part D Coverage Gap (donut hole)

- **Coverage Gap (donut hole)** begins once you reach your Medicare Part D plan's initial coverage limit (\$3,750 in 2018) and ends when you spend a total of \$5,000 out of pocket in 2018.
 - In 2016 ~25% of us reached the donut hole limit
 - In 2018, Part D enrollees will receive a 65% [Donut Hole discount](#) on the total cost of their brand-name drugs purchased while in the donut hole. The discount includes, 50% discount paid by the brand-name drug manufacturer and will apply to getting you out of the donut hole, however the additional 15% paid by your Medicare Part D plan will not count toward the \$5,000 limit
 - For example: If you reach the donut hole and purchase a brand-name medication with a retail cost of \$100, you will pay \$35 for the medication, and receive \$85 credit toward meeting your 2018 total out-of-pocket spending limit.
- **Minimum Cost-sharing in the Catastrophic Coverage Portion of the Benefit**:**
 - will increase to greater of 5% or \$3.35 for generic or preferred drug that is a multi-source drug and the greater of 5% or \$8.35 for all other drugs.

About SISC



- Since 1979, Self-Insured Schools of California (SISC) has operated as a public school Joint Powers Authority (JPA) administered by the Kern County Superintendent of Schools Office
- SISC staff are classified public school employees
- SISC services over 400 school districts in 40 counties with a membership exceeding 300,000
- Acalanes Retirees who elect to enroll in a SISC Medical Plan will be billed by SISC and will remit payment directly to SISC

SISC: Kaiser Senior Advantage – Two Options

Summary of Benefits (10/1/17 – 09/30/18)

Services	SISC \$10 Plan	SISC \$25 Plan
Annual Out-of-Pocket Maximum Self Only Family	\$1,500 per calendar year \$3,000 per calendar year	\$1,500 per calendar year \$3,000 per calendar year
Lifetime Maximum	None	None
Office Visits	\$10 per visit	\$25 per visit
Lab/X-rays	No charge	No charge
Outpatient Surgery	\$10 per procedure	\$25 per procedure
Hospitalization Services	No charge	\$500 per admission
Emergency Services	\$50 per visit	\$50 per visit
Ambulance Services	\$50 per trip	\$150 per trip
Prescription Drugs • Generic • Brand	\$10 for up to a 100-day supply \$20 for up to 100-day supply	\$10 for up to a 30-day supply \$25 for up to a 30-day supply
Durable Medical Equipment	No charge	20 percent Coinsurance
Eyewear	\$150 allowance	\$150 allowance
Silver&Fit (Gym Membership)	No charge	No charge

Under 75: \$343
75 or older: \$263

Under 75: \$254
75 or older: \$174

Kaiser Permanente Senior Advantage (KPSA)

Medicare Advantage Plan (HMO) with Medicare Part D prescription drug coverage

- Enrollment in Medicare Part A & B required
 - Family member under 65 continues on KP not KPSA.
- Medicare must be assigned to the Plan
 - Member can un-assign Medicare at open enrollment if dis-enrolling in KPSA to move to CompanionCare.
- Retirees must live in an approved zip code of the Kaiser Permanente California Service Area and Centers for Medicare and Medicaid (CMS)
- Except emergencies, services must be authorized by the Plan
- Kaiser Permanente Senior Advantage Plans include automatic enrollment in Medicare Part D Prescription Drug Plan – **No** “Donut Hole” or Coverage Gap
- **Monthly Single Rates, effective to 9/30/18:**
 - **75 years old or older \$263 or \$174**
 - **Less than 75 years old \$343 or \$254**

Comparison Kaiser Individual and SISC Kaiser Medicare Plans for Members who are 65 or Older					
2017 Individual KPSA Medicare Plans & Rates			SISC KPSA Medicare Plan & Rates		
Choose County ->	Contra Costa		SCR \$25	SCR \$10	<- Choose Plan
Monthly Premium 1/1/2017-12/31/2017	\$94.00		\$174.00	\$263.00	Monthly Premium 1/1/2018-9/30/2018
Annual DOPM	\$4,400.00		\$1,500.00	\$1,500.00	Annual DOPM
Doctor Office Visit Copay	\$35.00		\$25.00	\$10.00	Doctor Office Visit Copay
Emergency Room Copay	\$75.00		\$50.00	\$50.00	Emergency Room Copay
Urgent Care Copay	\$35.00		\$25.00	\$10.00	Urgent Care Copay
Inpatient Hospitalization*	\$280.00		\$500.00	\$0.00	Inpatient Hospitalization
Outpatient Surgery Copay	\$250.00		\$25.00	\$10.00	Outpatient Surgery Copay
Lab	\$40.00		\$0.00	\$0.00	Lab
X-Ray	\$55.00		\$0.00	\$0.00	X-Ray
DME	20%		20%	\$0.00	DME
Ambulance Service (Per 1-way Trip)	\$200.00		\$150.00	\$50.00	Ambulance Service (Per 1-way Trip)
Skilled Nursing Facility Care**					Skilled Nursing Facility Care**
Days 1 through 20	\$0.00		\$0.00	\$0.00	Days 1 through 20
Days 21 through 100	\$50.00		\$0.00	\$0.00	Days 21 through 100
Home Health Care (part time/intermittent)	\$0.00		\$0.00	\$0.00	Home Health Care (part time/intermittent)
Eyeglasses or Contact Copays are not applied to the Out of Pocket Maximums					
Eyeglasses or Contact Lenses (every 24 months)	Amount in excess of \$75		Amount in excess of \$150	Amount in excess of \$150	Eyeglasses or Contact Lenses (every 24 months)
RX Copays are not applied to the Out of Pocket Maximums					
Rx Preferred Generic (30 Days)	\$5.00		\$10 (30 Days)	\$10 (100 Days)	Rx Most Generic
Rx Generic (30 Days)	\$15.00		\$10 (30 Days)	\$10 (100 Days)	Rx Most Generic
Rx Preferred Brand (30 Days)	\$45.00		\$25 (30 Days)	\$20 (100 Days)	Rx Most Brand
Rx Non-preferred Brand (30 Days)	\$100.00				
Rx Specialty (30 Days)	33%		N/A	N/A	Rx Specialty (100 Days)
Gap† Rx Preferred Generic (30 Days)	\$5.00		N/A	N/A	Gap† Rx Preferred Generic (30 Days)
Gap† Rx Generic (30 Days)	\$15.00		N/A	N/A	Gap† Rx Generic (30 Days)
Gap† Brand/Specialty in 2018	35%		N/A	N/A	Gap† Brand/Specialty
Catastrophic Rx Generic (30 Days)	\$5.00		N/A	N/A	Gap† Rx Generic (30 Days)
Catastrophic Brand/Specialty	\$12.00		N/A	N/A	Gap† Brand/Specialty
Annual Cost	\$1,128.00		\$1,088.00	\$1,156.00	
Annual Cost Savings	\$1,028.00		\$1,068.00	\$1,156.00	
OOP MAX Differential	\$1,900.00		None	None	

* Per Day for Days 1 - 7 of your stay. Thereafter, no charge for the remainder of your stay

** Plan covers up to 100 days per benefit period. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in SNF) for 60 days in a row.

Gap† When the Annual Total Drug Costs paid by you and any Part D Plan reach \$3,700, you move into the Coverage Gap Stage.

Catastrophic- When your Annual Out-of-pocket costs exceed \$5,000, (which includes 50% of the brand and manufacturer cost) you pay lower cost shares for the remainder of the calendar year.

Anthem CompanionCare

Medicare Supplement Plan with Part D Prescription Drug Coverage

- Enrollment in Medicare Part A & B required
- Member retains original Medicare A & B
- Member may access medical services with any U.S. provider who accepts Medicare assignment
- Member self-refers to any U.S. provider who accepts Medicare assignment
- When the medical service is approved by Medicare, and the provider accepts Medicare assignment, the member cost share is zero.
- Member co-pays for prescriptions: \$9 generic, \$35 brand. Costco zero copay program does NOT apply.
- SISC's CompanionCare Plan is a Medicare Supplement Plan administered by Anthem Blue Cross. **The CompanionCare Plan includes automatic enrollment Medicare Part D Prescription Drug Plan, administered by Navitus Health Solutions. – NO “Doughnut Hole” or Coverage Gap**
- **Monthly Single Rate though September 30, 2018:**
 - **\$437 for those under 75 years old**
 - **\$357 for those 75 or older**

Anthem Blue Cross Companion Care 2017 – 2018 Benefit Summary

- Requires 45 day notice to enroll or disenroll
- Medicare serves as primary coverage
- Member must pay any Part D IRMAA
- Loss of any part of Medicare will result in loss of all coverage
- No coverage for non-Medicare covered claims
- Per Person Cost for 2017-2018 is **\$437.00**
75 or older is **\$357.00**

COMPANIONCARE/Medicare Supplement Plan BENEFIT SUMMARY (Based on Calendar Year)

SERVICES	MEDICARE 2017 Benefits	COMPANIONCARE Based on 2017 Medicare Benefits
Inpatient Hospital (Part A)	Pays all but first \$1316 for 1 st 60 days Pays all but \$329 a day for the 61 st to 90 th day Pays all but \$658 a day Lifetime Reserve for 91 st to 150 th day Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	Pays \$1316 Pays \$329 a day Pays \$658 a day Pays 100% after Medicare and Lifetime reserve are Exhausted up to 365 days per lifetime
Skilled Nursing Facilities (Must be approved by Medicare)	Pays 100% for 1 st 20 days Pays all but \$164.50 a day for 21 st to 100 th day Pays nothing after 100 th day	Pays nothing Pays \$164.50 a day for 21 st to 100 th day Pays nothing after 100 th day
Deductible (Part B)	\$183 Part B deductible per year	Pays \$183
Basis of Payment (Part B)	80% Medicare Approved (MA) charges after Part B deductible	Pays 20% MA charges including 100% of Medicare Part B deductible
Medical Services (Part B) Doctor, x-ray, appliances & ambulance Lab	80% MA charges 100% MA charges	Pays 20% MA charges Pays nothing
Physical/Speech Therapy (Part B)	80% MA charges up to the Medicare annual benefit amount.	Pays 20% MA charges up to the Medicare annual benefit amount. (PT & ST Combined)
Blood (Part B)	80% MA charges after 3 pints	Pays 1 st 3 pints un-replaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	Not covered	Pays 80% inpatient hospital, surgery, anesthetist and in hospital visits for medically necessary services for 90 days of treatment per lifetime. For details call Anthem customer service 1-800-825-5541.
Outpatient Prescription Drugs	Medicare Part D Prescription drug plan through Navitus Health Solutions	
Due to Medicare restrictions the following programs are not available with CompanionCare: \$0 generic copay at Costco & Diabetic Supplies for Generic co-pay	Retail Pharmacy:	30 day supply \$9 Generic co-pay \$35 Brand co-pay
	Mail Order:	90 day supply \$18 Generic co-pay \$90 Brand co-pay
Pharmacy benefits are administered through Navitus Health Solutions MedicareRx using a Med D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Navitus Health Solutions MedicareRx at 1-866-270-3877 or TTY users please call 711.		

COMPANIONCARE is a Medicare Supplement plan that pays for medically necessary services and procedures that are considered a Medicare Approved Expense. SISC will automatically enroll CompanionCare Members into Medicare Part D. No additional premium required. SISC plans are NOT subject to the 'doughnut hole'.

Eligibility:	Member must be retired and enrolled in Medicare Part A (hospital) and Medicare Part B (medical) coverage. Retirees under age 65 with Medicare for the disabled (Parts A&B) may enroll in CompanionCare.
Enrollment:	Enrollment forms and a copy of the Medicare card must be received by SISC 45 calendar days in advance of requested effective date - NO exceptions. SISC will automatically enroll members in Medicare Part D for outpatient prescription medications. Members already enrolled in non-SISC Medicare Part D plans will be automatically disenrolled from those plans.
Disenrollment:	Disenrollment throughout the year requires submission of a disenrollment form to SISC with a 45 calendar day advance notice of requested effective date. During the annual Med D Open Enrollment members can enroll into Medicare Part D plans outside of SISC with a January 1 effective date. Enrollment in a Med D plan outside of SISC will terminate the SISC medical and Rx benefits.
Provider Network:	Physicians who accept Medicare Assignment.

For additional Medicare benefit information, please go to www.medicare.gov or call 1-800-medicare (1-800-633-4227).
For additional Navitus Medicare Rx prescription drug information, please go to www.navitus.com or call 1-866-270-3877.

Individual Supplemental and Advantage Plans

- Advantage Plan rates vary slightly by county and are not available until later in October but they are expected to be considerably less than SISC's (and CalPERS rates)

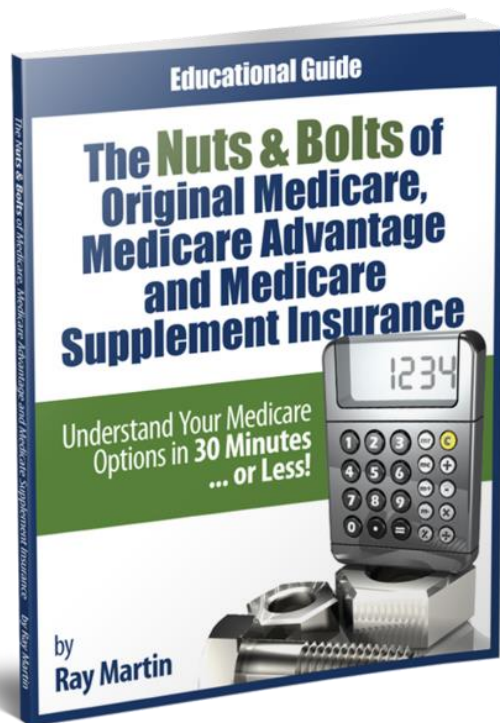
SUPPLEMENTAL MEDICARE OPTIONS

NORTHERN CALIFORNIA REGION

Presented by: Raymond Martin
Martin & Associates Insurance
5020 Campus Drive
Newport Beach, CA 92660

800-464-4941
Ray@WeRetireSmart.com

The Nuts & Bolts of Original Medicare, Medicare Advantage and Medicare Supplement Insurance



This book reveals “inside tips” in easy to understand language, including:

- Understanding the gaps and holes in Medicare
- How to avoid falling prey to slick advertisements
- The one **deadline** that you must know or pay a **lifetime penalty**
- How to choose the best Medigap Plan for you
- Understanding the difference between **Original Medicare** and **Medicare Advantage**

Medigap Supplement

- Also Known as “Medigap” or “Supplement”
- Covers Co-Payments, Co-Insurance and Deductibles
- 10 Standard Supplement Plans A-N
- Benefits Standardized
- Covers All of the 20% Gap [Only Plan F & G - Excess Charges]
- Issued by Private Insurance Company
- If Medicare pays, the Medigap pays
- Guaranteed Issue Periods – Includes Leaving Employer Coverage

Plan F – Fills in Gaps in Medicare

Part A Gaps (Hospital and Skilled Nursing Facility)



\$1,316 – Part A Deductible for Days 1-60



\$329/Day – Part A Co-Pay for Days 61-90



\$658/Day – Part A Co-Pay for Days 91+



\$164.50/Day SNF Co-Pay for Days 21-100

Part B Gaps (Medical ex: Doctors, Specialists, Outpatient Surgeries, Diag Test, Chemo, etc.)



\$183 – Part B Deductible for Year



20% - Part B Co-Insurance Responsibility

Plan F – Monthly Premium

Anthem Blue Cross in Northern California

Age	Monthly Premium*
65	\$156.62
66	\$162.99
67	\$169.57
68	\$176.39
69	\$183.45
70	\$190.80
71	\$198.40
72	\$206.29
73	\$214.47
74	\$222.95
75	\$231.73

*Rates as of 9/14/17. Rates may be subject to annual rate increases.

Plan F – Monthly Premium

United Healthcare in Contra Costa County

Age	Monthly Premium*
65	\$138.24
66	\$144.72
67	\$151.20
68	\$157.68
69	\$164.16
70	\$170.64
71	\$177.12
72	\$183.60
73	\$190.08
74	\$196.56
75	\$203.04

*Rates as of 9/14/17. Rates may be subject to annual rate increases.

Part D – Prescription Drug Coverage

- Catastrophic Coverage for Prescription Drugs
- 4 Stages to Coverage (2018)
 - \$405 Deductible
 - \$3,750 Initial Coverage Limit
 - \$5,000 TROOP Coverage Gap Limit
 - 95%, 5% Catastrophic Stage
- 24 Prescription Plans in California
- Drug Analysis Form – We Will Research
- Monthly Premiums Range from \$17/mo. – Over \$100/mo.
- \$35.63/mo. – National Average Base Premium

Medicare Supplement Cost Breakdown

Anthem Blue Cross Age 75 in Northern California

Plan F (Medigap)	=	\$231.73/mo.
- 5% Household Discount	=	\$220.14/mo.
- \$2/mo. Auto Bank Draft	=	<u>\$218.14/mo.</u>
Plan F After Discounts	=	\$218.14/mo.
+ Part D Premium	=	<u>\$35.63/mo.</u> National Average Base
Monthly Total	=	\$253.77/mo.

SISC Companioncare vs. Medigap

Age 75 in Northern California

SISC Companioncare = \$357.00/mo.

-Medicare Supplement Option = \$253.77/mo.

Monthly Difference = \$103.23/mo.

Yearly Difference = \$1,238.76/Person

O.K. What's The Catch?

- 3 Reasons for the Difference
 - Covering costs of older retirees that never paid into Medicare
 - Paying for a richer drug benefit under Part D
 - No Part D Gap if you spend over \$3,750 per year on drugs
- **However!**
 - Medicare Part D Gap is going away by 2020
 - Spousal Discounts Stay on Medigap Plan Forever
 - Premiums are stable with only slight changes year to year

How We Can Help You?

- **There is ZERO cost for our services!**
- We can answer your Medicare Questions
- You have an Agent to call anytime
- Help You Enroll in the Right Plan for You
- Run your drug list and recommend a Part D
- Analyze costs to see if it makes sense to switch

1-800-464-4941

Request a Consultation

and receive a copy of *The Nuts & Bolts of Medicare*:

LIMITED NUMBER AVAILABLE *Consultation*

Get a **FREE** One-Year Subscription to "Ray's Retire Right Report" **PLUS** This Book **FREE By Mail!**
(Just complete and return this form ASAP!)

☒ Yes! Please send me Ray's Retire Right Report each month **FREE BY MAIL**. I want to receive a monthly dose of fannies, trivia and useful investment, retirement and Medicare information!

☒ Yes! Please send me **FREE BY MAIL** this book as bonus, *The Nuts and Bolts of Original Medicare, Medicare Advantage and Medicare Supplement Insurance*.

☒ You will never, ever sell, share or trade my contact information, period so, **Yes, please invite me to upcoming workshops** on topics of vital interest to seniors. I consent to receive an occasional brief voice broadcast to my home phone and an email but only ...

(1) When a workshop is scheduled for my area or
(2) To notify me of important deadlines for Medicare benefits.

Name _____ Date of Birth _____
Spouse _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Phone _____ Best time? _____
Email address _____
Signed _____ Date _____

Return by Fax to (949) 266-9508 or Mail to
Martin and Associates Inc., 5020 Campus Drive, Newport Beach, CA 92660
or scan and email to ray@raymartinadvises.com.

If you have questions, please call Raymond T. Martin at (800) 464-4943
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THANK YOU!

No True Penny



- Complete Yellow Response Form
- Write "Consultation" or "Meeting" on top of form
- Return to Ray, Elliott or send to:
 - Ray@WeRetireSmart.com
 - Fax: 949-266-9508

SISC Enrollment Process

SISC Enrollment Steps – Medicare Retiree Plans

- **Required forms and documentation for Medicare Retirees age 65+:**
- **Coverage for Retiree only:** Completed, signed **Kaiser Permanente Enrollment Form or CompanionCare Application or Blue Shield Medicare Advantage Application**, plus a copy of the retiree's Medicare A&B Card.
- Retiree electing Kaiser MUST complete the Kaiser Permanente Senior Advantage (KPSA) Election form even if previously submitted. **Indicate on the forms whether you are electing the KPSA \$10 option or the KPSA \$25 option.**

SISC Enrollment Steps – Medicare Retiree Plans

- **Coverage for Retiree + One or More:** Completed, signed **Kaiser Permanente Enrollment Form** **or** **CompanionCare Application** **or** **Blue Shield Medicare Advantage Application** ***for EACH member who is to be enrolled***, PLUS Documentation of Dependent Eligibility (See Dependent Eligibility Documentation Chart)
- Retiree/Retiree's spouse Age 65+ MUST submit copy of their Medicare A&B Cards with enrollment forms
- Retiree/Retiree's spouse Age 65+ electing Kaiser MUST complete the Kaiser Permanente Senior Advantage (KPSA) election form(s), even if previously submitted. ***A KPSA Election form must be completed for each member who is to be enrolled. Indicate on the forms whether you are electing the KPSA \$10 option or the KPSA \$25 option.***

Dependent Eligibility Documentation Chart

DEPENDENT TYPE	REQUIRED DOCUMENTATION
Spouse	• Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out) • Marriage Certificate for newly married couple where tax return is not available
Domestic Partner	• Certificate of Registered Domestic Partnership issued by State of California • SISC Affidavit of Domestic Partnership (when applicable)
Children, Stepchildren, and/or Adopted Children up to age 26	• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Legal Adoption Documentation
Legal Guardianship up to age 18	• Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	<i>Anthem Blue Cross (All items listed below are required)</i> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Anthem Disabled Dependent Certification Form <i>Kaiser (All items listed below are required)</i> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification notice (if available)

SISC Enrollment Information – Medicare Retiree Plans

- Members may enroll when becoming Medicare eligible or may change plans at Open Enrollment.
- Contact your district office for the appropriate enrollment form. Return the completed form along with a copy of your Medicare card showing proof of enrollment in Medicare Part A & B.
- Enrollment requires a minimum **45 calendar day** advance notice to SISC.
- Blue Shield Medicare Advantage members and Anthem members will receive new cards.
- Kaiser Senior Advantage members will receive a new card but with the same Medical Record Number.

Section IV: Retiree Direct Billing Program Overview

- Self-pay retirees are billed directly by SISC
- SISC has a team dedicated to managing monthly billing for District retiree medical plans.
- The SISC team can assist you with all questions about:
 - Direct Bill Program billing and premium payment
 - Enrollment in SISC Direct Bill Plan Options
- Your medical plan benefits will be administered entirely by the SISC Office. All communication regarding benefits and payments will be coming from and directed to the SISC office.
- Upon receipt of your enrollment, SISC will send you a Welcome Letter with an explanation of the payment process.

Section IV : Retiree Program Overview, Continued

- You will receive a monthly statement from SISC at the beginning of each month. The payment is for that coverage month and is due to SISC by the 20th.
- SISC can accept advance payments for multiple months. Advance payments will be reflected on the monthly statement.
- You may pay by check or an automatic electronic funds transfer.

US Mail:

SISC III Health Benefits

PO Box 1591

Bakersfield, CA 93302-1591

How does a member disenroll from a SISC retiree group plan?

- A SISC disenrollment form must be completed to cancel and a **45 calendar day** advance notice is required.
- Disenrolling restores the member's Medicare benefits.
- Until the cancellation process is complete, the retiree who has assigned Medicare cannot use their Medicare benefits. (Kaiser Permanente Senior Advantage and Blue Shield Medicare Advantage)
- This termination will cancel both the medical and prescription drug benefits.

Contact Information

- For questions regarding eligibility, contact SISC at **(800) 972-1727** or **(661) 636-4410**, Monday through Friday, 8:00 a.m. to 5:00 p.m.
- Kaiser Permanente Senior Advantage (HMO): **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m., www.kp.org
- Blue Shield 65 Plus (HMO): **1-800-776-4466** (TTY **711**), Monday through Friday, 7:00 a.m. to 8:00 p.m., www.blueshieldca.com/findamedicareplan
- Anthem Companion Care: contact SISC at **1-800-972-1727** or **1-661-636-4410**, Monday through Friday, 8:00 a.m. to 5:00 p.m.
- Social Security: **1-800-772-1213** (TTY **1-800-325-0778**), Monday through Friday, 7 a.m. to 7 p.m., www.ssa.gov
- Medicare: **1-800-MEDICARE 1-800-633-4227** (TTY **1-877-486-2048**), 24 hours a day, 7 days a week, www.medicare.gov

Q&A

**Thank you for attending today's
Medicare Retiree presentation!**