



SAN JOAQUIN COUNTY OFFICE OF EDUCATION
Troy A. Brown, Ed.D., County Superintendent of Schools

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www.sjcoe.org

Date: July 24, 2024
To: ALL SJCOE – CSEA, Classified, Confidential, Management and Unrepresented Teachers
From: Jenny Barros, Coordinator, Payroll Services
Subject: **SISC 2024-25 Open Enrollment – Changes Effective October 1, 2024**

The SISC Health & Welfare Open Enrollment period begins NOW and ends on **Wednesday, August 21, 2024, at 5:00 pm. Payroll Services will be hosting the annual Health Benefits Fair on Thursday, August 8, 2024, from 3:00 pm - 5:00 pm** located in the Nelson Center Auditorium, 2922 Transworld Drive, Stockton. SISC/Anthem, Kaiser, Delta Dental, EyeMed consultants, American Fidelity, TDS 403b, Empower 457 plan representatives and various vendors will be present and available to answer your questions. Come by and have your questions answered, pick up giveaways from vendors and enter to win raffle prizes. Enrollment/Change forms are available electronically, please email SJCOEPayroll@sjcoe.net to request an electronic form.

Benefit Cap Increase - Effective July 1, 2024

- The benefit cap increased to \$1,275.00 per month and is pro-rated based on employees FTE.

***SISC Plans Changes – Effective October 1, 2024**

- SISC renamed the **90% High Deductible Plan HDHP-B to the 90% HSA 3400 Plan.**
- New Maintenance Medication Requirement - Members with new maintenance medications must first fill three 30-day prescriptions before transitioning to 90-day fills.
- New! Cancer Care Direct - Enhancement to SISC Oncology Program - Cancer Care Direct offers personalized guidance and support for SISC PPO members facing a cancer diagnosis.

***SISC PPO/Kaiser Plans Reminders**

- SISC PPO Plans EDEN HEALTH - Offers expanded primary care access through a smart phone application. This benefit enables eligible members (HSA members are exempted) to access care from a primary care provider using their cell phone. This benefit is 100% no cost to eligible members.
- SISC PPO Plans MDLIVE - Allows members to visit with a doctor 24/7 by phone, secure video or MDLive App. This benefit will require a \$10 copay for each visit. Members enrolled in an HSA compliant plan will continue to pay the full cost of the visit until their deductible is met.
- SISC PPO Plans HINGE HEALTH - Join for your back, knee, hip, neck, or shoulder pain. On average, participants reduce their pain by over 60%.
- SISC PPO Plans CARRUM HEALTH – Helps eligible members get surgical care from top hospitals and surgeons in the country. They cover over 100 procedures, including hip/knee replacements and certain spine procedures.
- SISC Kaiser Plan CALM Meditation & Mindfulness App – Free app offers a 10 minute daily Calm meditation.

*Additional information provided in the on-line packet by visiting the following link: <http://sjcoe.org> (under *Departments* select *Business Services, Payroll Services, Health Benefits*)

Health Savings Account (HSA)-Employer Contribution – 70% 2-Tier HSA 5000 Deductible Plan

- In the event an employee’s premiums total is under the \$1,275 monthly benefit cap, SJCOE will contribute the excess cap dollars into the employee’s HSA account. If you currently do not have an HSA account, you will need to meet with American Fidelity within the enrollment period to set up the HSA account. To receive the excess cap dollars, you must have an HSA account. The HSA enables tax-free savings for the qualified medical expenses of “eligible individuals” and their dependents. An “eligible individual” or HSA owner is someone covered under the High Deductible Health Plan (HDHP) or 2-Tier HSA Plan and is not covered under a non-HDHP or Medicare and is not claimed as a dependent on another’s tax return. HSA contributions are tax-deductible. The 2024 calendar year maximum amount that can be contributed to an HSA is \$4,150 per individual and \$8,300 per family (2025 HSA calendar year maximums \$4,300 per individual and \$8,550 per family).

Waiver of Medical Coverage - (WABE Plan)

- The purpose of SJCOE offering this enrollment option is so employees with secondary coverage will not have issues accessing their secondary coverage (which will become primary for an employee enrolled in WABE). The WABE program is premium in lieu of enrollment. Employees that choose WABE will not have medical or prescription drug coverage, they will have MDLive, Vida Health Program, EAP, Advance Medical second opinion and Biometric Screenings coverage. Employees enrolled in WABE must also enroll in the dental and vision plans offered by SJCOE. Employees electing the WABE option must also sign a “Declination of Coverage for Full Time Employees form”. Email SJCOEPayroll@sjcoe.net to obtain the Declination of Coverage form.

You will receive the complete 2024-2025 Open Enrollment Packet via email. You may access the packet electronically by visiting the following link: <http://sjcoe.org> (under *Departments* select *Business Services, Payroll Services, Health Benefits*). Again, Enrollment/Change forms are available electronically, please email SJCOEPayroll@sjcoe.net to request an electronic form. **You must submit the required forms by the deadline, Wednesday, August 21, 2024 (no exceptions)**. Any changes made during the Open Enrollment period will be effective October 1, 2024, through September 30, 2025. If you are not making any changes to your medical, dental and/or vision coverage, no action is required. **If you participate in the Section 125 Plan medical/dependent care reimbursement you must meet with American Fidelity yearly to re-enroll and/or update premiums for voluntary plans (ie: Disability premium).**

SISC Plans Rate Comparison:

| SISC PPO Plans – Anthem Blue Cross | Group # | 2023-24 | 2024-25 |
|---|-----------------|----------------|----------------|
| 90% Plan E | 40347A | \$1,901.00 | \$2,042.00 |
| 80% Plan G | 40347C | \$1,668.00 | \$1,801.00 |
| 80% Plan L | 40347D | \$1,467.00 | \$1,583.00 |
| 90% High Deductible HSA 3400 Plan (Formerly High Deductible HDHP Plan) | 40347F | \$1,340.00 | \$1,415.00 |
| 70% 2-Tier HSA 5000 Plan | 70100B | | |
| -Employee only | | \$ 749.00 | \$ 793.00 |
| -Employee + child(ren) | | \$1,193.00 | \$1,262.00 |
| WABE (no medical or Rx Benefit) | | | |
| -Employee only | WABE10397L | \$ 749.00 | \$ 793.00 |
| SISC HMO Plan | | | |
| Kaiser – includes vision benefit | 606394-0070ALN | \$1,720.00 | \$1,858.00 |
| Dental Plans | | | |
| Delta Dental Premier Plan | 7086-2172 | \$ 93.00 | \$ 93.00 |
| Delta Dental Preferred Plan | 7086-3172 | \$ 85.00 | \$ 85.00 |
| Vision Plan | | | |
| EyeMed | 1036702-1001ALN | \$ 11.40 | \$ 11.40 |

ESTIMATE YOUR PAYROLL DEDUCTION/OVER-CAP ONLY (Cap amount pro-rated based on FTE)
Insert the premium from your plan selection in the lines below.

Medical Plan \$ _____
Dental Plan \$ _____
Vision Plan \$ _____

Total Premium \$ _____

Less Insurance Benefit Cap \$ - 1,275.00

***Payroll Deduction** \$ _____

****Employer HSA Contribution** \$ _____

* Monthly Payroll Deduction amount from Salary.
**Monthly Employer HSA Contribution.

Dependents

For SJCOE to maintain and preserve the integrity of the health plans it is the employee's responsibility to submit proof of eligibility for dependents (i.e., spouse/domestic partner, children, etc.). Federal healthcare legislation allows employees to provide healthcare coverage to their children up to age 26 regardless of financial dependence, student status, or marital status.

Who is an eligible dependent?

Spouse: The employee's legally wed spouse as defined by state law. A copy of the marriage certificate that is witnessed and signed immediately following the ceremony or Certificate of Marriage (legal document from the Hall of Records) and the previous calendar year's Federal Tax return (first page reflecting married filing status – financial information may be blacked out) must be submitted with the enrollment form and SJCOE will forward to SISC in order to add a spouse.

Domestic Partner: All couples regardless of age or sexual orientation are eligible. The employee must provide the county with a certified copy of the Declaration of Domestic Partnership that was filed with California Secretary of State, the previous calendar year's Federal Tax return (first page reflecting married filing status – financial information may be blacked out) must be submitted with the enrollment form and SJCOE will forward to SISC in order to add a domestic partner.

Child/Child of Domestic Partner: A natural child or stepchild from birth to age 26; a legally adopted child or a child who is in the process of being adopted; a child for whom the member has legal and physical custody/guardianship to age 18. Proof of eligibility will be required when adding a new dependent for an existing employee and at the time of hire for a new employee.

If you have any questions and/or need assistance in accessing the open enrollment packet electronically from website, please contact **Payroll Services** at SJCOEPayroll@sjcoe.net.

Attachments

San Joaquin County Office of Education

This is a **limited** summary of Medical Plan Benefits for Plan Year October 2024. For detailed coverage refer to the Plan Document and SBC



| | 90% Plan E-20 9-35 | 80% Plan G-30 200/10-35 | 80% Plan L-30 200/10-35 | 90% HSA 3400 Med-Rx Same | 2-Tier HSA 5000 Med-Rx Same | KAISER Vision - 30 10-30 |
|--|--|--------------------------------------|--------------------------------------|---|---|---|
| Monthly COMPOSITE Premium Rates | \$2,042 | \$1,801 | \$1,583 | \$1,415 | | \$1,858 |
| Monthly SINGLE Premium Rate | | | | | \$793 | |
| Monthly FAMILY Premium Rate | | | | | \$1,262 | |
| | MEMBER PAYS | MEMBER PAYS | MEMBER PAYS | MEMBER PAYS | MEMBER PAYS | MEMBER PAYS |
| PREVENTATIVE CARE (Includes Physical Exams & Screenings) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| MEDICAL - CALENDAR YEAR Deductibles & Maximums | | | | | | |
| Individual/Family Deductibles <i>* Includes RX</i> | \$300/\$600 | \$500/\$1,000 | \$2,000/\$4,000 | \$3,400/\$6,800* | \$5,000/\$10,000* | \$0/\$0 |
| Individual/Family Out-of-Pocket (OOP) Max <i>(Includes Medical Deductibles, Co-insurance & Co-pays)</i> | \$1,000/\$3,000 | \$2,000/\$4,000 | \$4,000/\$8,000 | \$6,000/\$12,000* | \$6,350/\$12,700* | \$1,500/\$3,000 |
| PROFESSIONAL SERVICES | | | | | | |
| Office Visit - Urgent Care - Specialists/Consultants Pre & Post Natal Care <i>* Primary Care Provider Office Visit Copayment</i> | \$20 | \$30 | \$30 | 10% | 30% | \$30 |
| | <i>\$0 Copay for the 1st three office visits with PCP in Calendar Year</i> | | | | | |
| Scans: CT - CAT - MRI - PET | 10% | 20% | 20% | 10% | 30% | \$0 |
| Diagnostic X-ray & Laboratory Procedures | 10% | 20% | 20% | 10% | 30% | \$0 |
| HOSPITAL & SKILLED NURSING FACILITY SERVICES | | | | | | |
| In-Patient Hospital <i>(Prior Authorization Required)</i> | 10% | 20% | 20% | 10% | 30% | \$0 |
| Outpatient Hospital | 10% | 20% | 20% | 10% | 30% | \$30 |
| Outpatient Surgery <i>(Performed in Hospital or Surgery Center)</i> | 10% | 20% | 20% | 10% | 30% | \$30 |
| Emergency Room Visit <i>(Waived if Admitted)</i> | \$100 | \$100; then 20% | \$100; then 20% | \$100; then 10% | \$100; then 30% | \$100 |
| MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT | | | | | | |
| In-Patient: Facility Based Care <i>(Prior Authorization Required)</i> | 10% | 20% | 20% | 10% | 30% | \$0 |
| Out-Patient: Facility Based Care <i>(Prior Authorization Required)</i> | 10% | 20% | 20% | 10% | 30% | \$30 |
| OTHER SERVICES | | | | | | |
| Acupuncture <i>(Limits Apply)</i> | 10% | 20% | 20% | 10% | 30% | \$10/30 visits combined with Chiropractic |
| Ambulance <i>(Ground or Air)</i> | \$100 | \$100; then 20% | \$100; then 20% | \$100; then 10% | \$100; then 30% | \$50 |
| Chiropractic <i>(Limits Apply)</i> | 10% | 20% | 20% | 10% | 30% | \$10/30 visits combined with Acupuncture |
| Durable Medical Equipment (DME) | 10% | 20% | 20% | 10% | 30% | \$0 |
| Physical and Occupational Therapy <i>(Limits Apply)</i> | 10% | 20% | 20% | 10% | 30% | \$30 |
| PHARMACY BENEFITS | | | | | | |
| Individual/Family Brand & Specialty Rx Deductibles | None | \$200/\$500 | \$200/\$500 | Included with Medical Deductible * | Included with Medical Deductible * | None |
| Individual/Family Rx Out-of-Pocket (OOP) Max <i>(Includes Rx Deductibles & Co-pays)</i> | \$2,500/\$3,500 | \$2,500/\$3,500 | \$2,500/\$3,500 | Included with Medical OOP Max * | Included with Medical OOP Max * | Included with Medical OOP Max |
| Generic - 30 days supply | Free at Costco \$9 Other Network | Free at Costco \$10 Other Network | Free at Costco \$10 Other Network | \$9 after Deductible | \$9 after Deductible | \$10-100 day supply |
| Brand - 30 days supply | \$35 | \$35 | \$35 | \$35 after Deductible | \$35 after Deductible | \$30-100 day supply |
| Specialty - 30 days supply | \$35 Navitus Mail ONLY | \$35 Navitus Mail ONLY | \$35 Navitus Mail ONLY | \$35 Navitus Mail ONLY after Deductible | \$35 Navitus Mail ONLY after Deductible | \$30-30 day supply |
| Mail Order <i>(Generic & Brand - 90 days supply)</i> New maintenance medications require first fill three 30-day prescriptions prior to 90-days | \$0-\$90 | \$0-\$90 | \$0-\$90 | \$0-\$90 | \$0-\$90 | \$10-\$30/100 day supply |

* Primary Care Providers are: Family or General Practitioner, Internist, Gynecologist, Obstetrician, Pediatrician or Nurse Practitioner



San Joaquin County Office of Education

This is a **limited** summary of Dental Plan Benefits for Plan Year October 2024. For detailed coverage refer to the Plan Document and SBC. All benefits shown assume In-Network coverage only.

| | Delta Dental Plan Premier-Incentive Plan | Delta Dental Plan Preferred-PPO Plan |
|--|---|---|
| Monthly COMPOSITE Premium Rates | \$93 | \$85 |
| CALENDAR YEAR Deductibles & Maximums | MEMBER PAYS | MEMBER PAYS |
| Individual/Family Deductibles | \$0/\$0 | \$0/\$0 |
| Individual/Family Maximum-Delta Dental PPO dentists | \$1,700 | \$1,500 |
| Individual/Family Maximum-Non-Delta Dental PPO dentist | \$1,500 | \$1,000 |
| Covered Service | PLAN PAYS | PLAN PAYS |
| Diagnostic & Preventive Services Exams, X-rays, 2 Cleanings Per Calendar Year | 70-100% | 100% |
| Basic Services Fillings, Simple Tooth Extractions, Sealants | 70-100% | 100% |
| Endodontics Root Canals Covered Under Basic Services | 70-100% | 100% |
| Oral Surgery Covered Under Basic Services | 70-100% | 100% |
| Major Services Crowns, Inlays, Onlays & Cast Restorations | 70-100% | 100% |
| Prosthodontics Bridges, Dentures & Implants | 50% | 50% |
| Orthodontics Adult & Dependent Children | Not Covered | Not Covered |
| Dental Accident Benefits | 100% Additional \$1,000 Benefits | 100% Additional \$1,000 Benefits |

NOTE: The annual maximum for the Delta Incentive (Premier) plans increases by \$500 when members use a Delta PPO (Preferred) dentist.



San Joaquin County Office of Education

This is a **limited** summary of Vision Plan Benefits for Plan Year October 2024. For detailed coverage refer to the Plan Document and SBC

| | | EyeMed Plan - A-\$0 |
|--------------------------------------|---|--------------------------------|
| Monthly COMPOSITE Premium Rates | \$11.40 | |
| CALENDAR YEAR Deductibles & Maximums | | MEMBER PAYS |
| Individual Copayments | \$0.00 | |
| FREQUENCY OF SERVICE | | PLAN PAYS |
| Comprehensive Vision Exam | Once Every Calendar Year | |
| Lenses | One Pair Every Other Calendar Year | |
| Frames | One Pair Every Other Calendar Year | |
| Contact Lenses - Non-Elective | One Pair Every Other Calendar Year | |
| Contact Lenses - Elective | One Pair Every Other Calendar Year | |
| BENEFIT ALLOWANCE | | PLAN PAYS |
| Comprehensive Examination | 100% - Participating Provider | |
| Single Vision Lenses | 100% - Participating Provider | |
| Bifocal Lenses | 100% - Participating Provider | |
| Trifocal Lenses | 100% - Participating Provider | |
| Progressive Standard | 100% - Participating Provider | |
| Progressive - Premium Tier 1 - 4 | Member pays \$85 - \$175 copay dependent upon tier - Participating Provider | |
| Aphakic Monofocal | 100% - Participating Provider | |
| Aphakic Multifocal | 100% - Participating Provider | |
| Frames | Up to \$200- Plus Provider OR Up to \$150 - Participating Provider | |
| Contact Lenses - Non-Elective | 100% - Participating Provider | |
| Contact Lenses - Elective | Up to \$150 - Participating Provider | |

NOTE: The wholesale frame allowance increased to \$150 to match the retail frame allowance in 2024. This allows members to access their full frame allowance when using Costco, Sam's Club, and Walmart.



Take advantage of no cost benefits to help you get and stay healthy



BENEFIT HIGHLIGHTS



AVAILABILITY AND HOW TO GET STARTED

24/7 Help with Personal Concerns

SISC Employee Assistance Program

Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.

All employees at member districts

Call 800-999-7222

Visit anthemEAP.com and enter SISC



24/7 Virtual Primary Care Doctor

Eden Health

Virtually connect with a primary care physician to manage all your physical and mental healthcare needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow up questions using video visits or live chat.

Anthem and Blue Shield PPO members

Scan the QR code to download the Eden Health app, and register for your Eden Health membership.



Personal Health Coaching

Vida Health

Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

Anthem and Blue Shield members

Call 855-442-5885

Visit vida.com/sisc



24/7 Physician Access—Anytime, Anywhere

MDLive

Access to virtual visits with psychiatrists and therapists for members age 10 and up. Virtual urgent care services are available to all members. Physicians can prescribe medication when appropriate.

Anthem and Blue Shield members

Call 888-632-2738

Visit mdlive.com/sisc



Free Generic Medications

Costco

Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member.

Anthem and Blue Shield members

Call 800-774-2678 (press 1)

Visit costco.com





Expert Medical Opinions

Teladoc Medical Experts

Get answers to health care questions and second opinions from world-leading experts.

Anthem, Blue Shield, and Kaiser Permanente members

Call 800-835-2362

Visit teladoc.com/SISC



Physical Therapy for Back or Joint Pain

Hinge Health

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

Anthem and Blue Shield PPO members

Call 855-902-2777

Visit hingehealth.com/sisc



24/7 Access to Virtual Maternity and Postpartum Support

Maven

Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns.

Anthem and Blue Shield PPO members

Call 855-442-5885

Visit mavenclinic.com/join/SISC



Hip, Knee, and Spine Surgical Benefit

Carrum Health

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills.

Anthem and Blue Shield PPO members

Call 888-855-7806

Visit carrumhealth.com/sisc



Enhanced Cancer Benefit

Cancer Care Direct

Get help from a personal oncology nurse who can partner with you on every step of your cancer journey, including a review of your initial diagnosis and development of a care plan.

Anthem and Blue Shield PPO members

Visit cancercaredirect.com



Employee Assistance Program overview

Everybody needs a helping hand sometimes. That's where your Employee Assistance Program (EAP) comes in. You'll find tools and resources to help you and your household members with everyday issues, big and small. It's available to you 24/7 at no extra cost, and everything you share is confidential.¹ Explore all the support your EAP has to offer.



Counseling

- Access up to 6 visits with a counselor per person, per issue each year²
- Choose from in-person or virtual counseling sessions, including text and chat options



Legal resources

- Book a 30-minute phone or in-person consultation with a lawyer for help with legal issues³
- Pay a discounted rate if you need continued legal services
- Explore online forms, resources, and seminars to help navigate legal concerns



Financial planning

- Access unlimited phone consultations with a financial professional for help with issues such as retirement, home buying, and debt
- Take charge of your finances with helpful financial tools and calculators





Identify theft support

- Receive guidance if you're the victim of fraud or identity theft, including help reporting to credit agencies, filling out paperwork, and negotiating with creditors



Work-life resources

- Find guidance on navigating your career, parenting, healthy communication, and balancing work and personal life
- Get help finding high-quality pet, child, and elder care



Online wellness resources

- Access podcasts, articles, videos, and webinars on dozens of topics to help you manage your emotional, mental, and physical well-being



Crisis support

- Call the 24/7 hotline or get online support with planning, coping, and recovery if you're impacted by a tragedy



Emotional Well-being Resources

- Connect to one-on-one coaching and digital self-help tools



Your EAP is here for you

Call us at **800-999-7222**, or go to **www.anthemeap.com/sisc**.

¹ In accordance with federal and state law, and professional ethical standards.

² Appointments are subject to the availability of a therapist.

³ Excludes business, benefits, or employment issues. The free half-hour consultations apply per legal issue, per year. You are eligible for a new consultation for each new issue yearly. If you have Anthem health coverage, your cost for a visit may be similar to what you would pay for an office therapy visit, depending on your benefits, copay, or percentage of the cost. If you're not covered by an Anthem plan, you'll be responsible for paying the full cost for a visit.

This document is for general informational purposes. Check with your employer for specific information on the services available to you. EAP products are offered by Anthem Life Insurance Company. In New York, Anthem EAP products are offered by Anthem Life & Disability Insurance Company. In California, Anthem EAP products are offered by Blue Cross of California using the trade name Anthem Blue Cross. ANTHEM is a registered trademark. Use of the Anthem EAP website constitutes your agreement with our Terms of Use.

Online counseling is not appropriate for all kinds of issues. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 to reach the 24/7 confidential 988 Suicide & Crisis Lifeline or go to 988lifeline.org. If your issue is an emergency, call 911 or go to your nearest emergency room.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Need a Primary Care Doctor?

Just ask Eden. You'll get connected to an entire health Care Team.

As part of your SISC PPO medical benefits*, you and your enrolled adult dependents (18+) have access to 24/7 virtual primary care through Eden Health. Urgent care pediatric services are available for your dependents aged 2-17.

With the easy-to-use Eden Health app, you can chat in for answers to health questions, meet for live video visits with your provider, get assistance with prescription medications, and so much more – all at no cost to you.

24/7 CARE FROM ANYWHERE



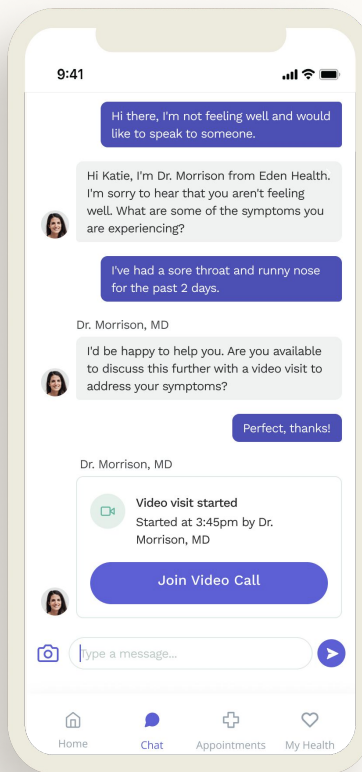
Same or next-day
video visits & 24/7
live chat



Diagnoses and
treatments



Prescription refills



Answers to
follow-up care
questions



In-network
specialist referrals



Urgent Care
Pediatrics

IT'S NEVER BEEN EASIER TO STAY ON TOP OF YOUR HEALTH:

4.95 patient
satisfaction score

Confidential and never
shared with your employer

Pediatric services for
dependents age 2-17

*HSA members are not eligible for this benefit.

Scan the QR code to register your free Eden Health account,
and start accessing great care today!





Conquer back or knee pain without drugs or surgery

Members on the SISC Anthem medical plan get **free access** to Hinge Health's innovative digital programs for back or knee pain.

Over 15,000 have completed the Hinge Health program. Here's just one testimonial:

"I considered back surgery, but wanted to try everything else first. Hinge Health gave me the tools I need to succeed without surgery. **I now know that surgery can be avoided.**"



Questions? Call (855) 902-2777

Eligibility: Must be 18+ and enrolled in a SISC/Anthem PPO medical plan.

To learn more and apply, visit:
HINGEHEALTH.COM/SISC

Virtual care designed for you and your family

SISC is providing PPO members and their partners with free access to Maven for maternity and postpartum virtual care and support. Use Maven for 24/7 access to doctors, specialists and coaches and trustworthy content tailored to your experience.



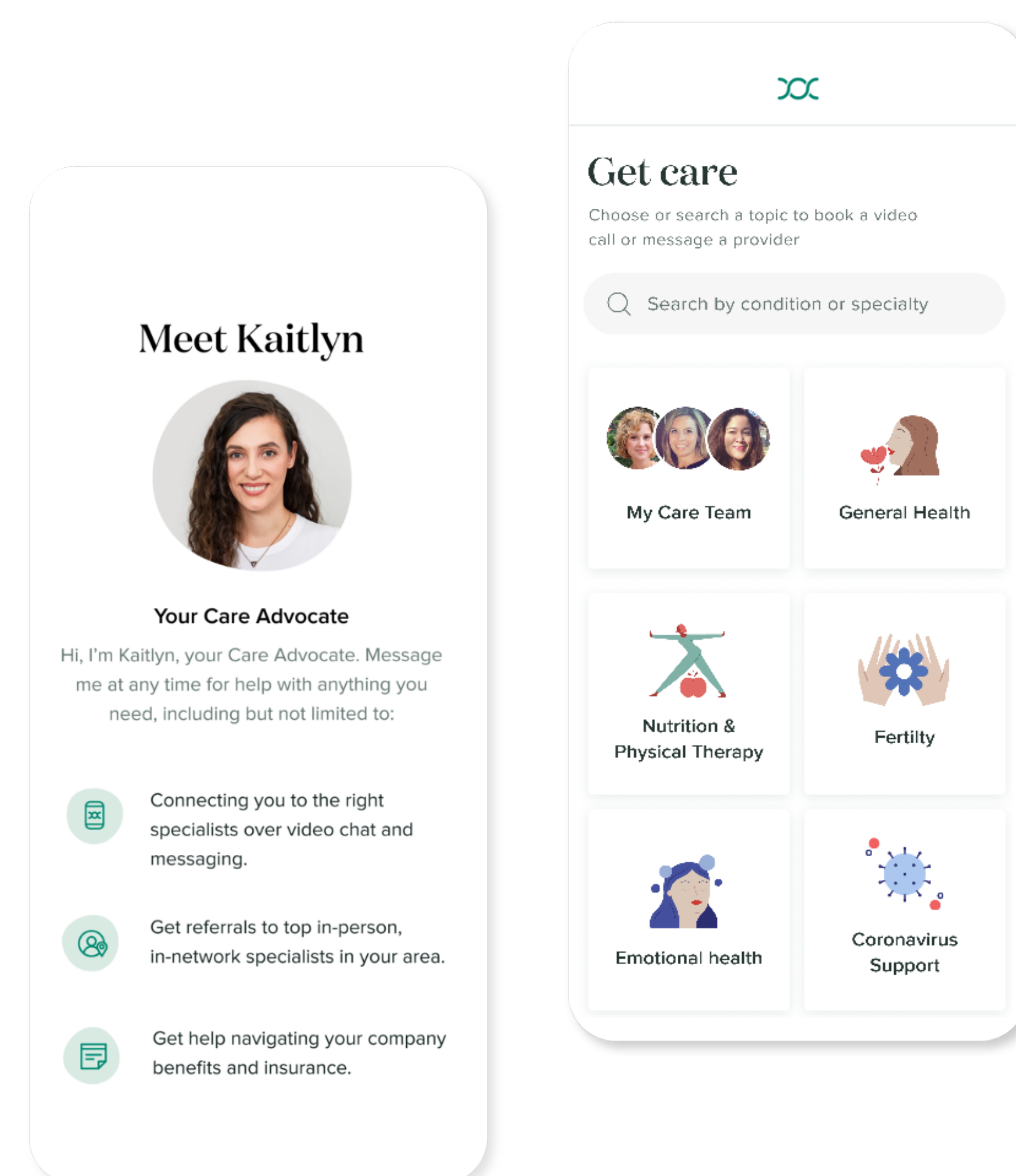
Personalized support for every step of your journey:



Your membership includes:

- A personal Care Advocate who serves as a trusted guide to help you navigate the Maven platform and connect you with providers throughout your journey
- Unlimited video chat and messaging with doctors, nurses, and coaches across 35+ specialties, including OB-GYNs, midwives, high-risk obstetricians, nutritionists, lactation consultants, and career coaches
- Provider-led virtual classes and vetted articles—tailored to your journey

Free diaper subscription from SISC if you enroll before the end of your second trimester and complete the Maven Maternity program!



Activate your free membership by scanning the QR code, downloading the Maven Clinic app, or visiting mavenclinic.com/join/SISC.

Enrollment in Maven is confidential.



SISC is providing PPO members with Cancer Care Direct

To support our members no matter what may come.

You may not need cancer treatment support today, but we want you to know what's available should the need ever arise.

Facing a cancer diagnosis can be overwhelming.

Cancer Care Direct is here to help with personalized guidance, support, and more.



Guided Support

Get help from a personal Oncology Nurse who can partner with you through every step of your cancer journey.



Accessing Excellent Care

Keep your oncology care local, while we add access to the top national cancer centers if needed.



Expert Review & Advice

We can coordinate expert reviews of your diagnosis and your treatment plan to be sure you're getting the right care, at the right place at the right time.



Want to know more?

We believe everyone deserves a confident and capable partner for every step of a cancer journey.

Learn more about this new SISC-provided benefit today.



Scan to learn more at
CancerCareDirect.com
or download our app

WHO TO CONTACT

IMPORTANT TELEPHONE NUMBERS

| | | |
|---|--|------------------------------------|
| Frank Impastato, SISC Benefit Plans | frimpastato@siscschools.org | 661-636-4669 |
| Karen Morovich, SISC Benefit Plans | kamorovich@siscschools.org | 661-636-4622 |
| SISC Main Number | | 661-636-4410 |
| Secure Document Upload | sisconnect.org | |
| COBRA | SISCCOBRA@siscschools.org | 661-636-4410 |
| Employee Assistance Program | www.anthemeap.com | 800-999-7222 |
| Anthem Blue Cross | www.anthem.com/ca/sisc | 800-825-5541 or Back of ID Card |
| Kaiser Permanente HMO | www.kp.org/sisc | 800-464-4000 |
| Navitus (Customer Service & Mail Order) | www.navitus.com | 866-333-2757 |
| Delta Dental Plan | www.deltadentalins.com | 866-499-3001 |
| David Koop, Delta Dental Plan | Dkoop@delta.org | |
| EYEMED | www.eyemed.com | 866-800-5457 |
| Teladoc Medical Experts | www.teladoc.com/sisc | 800-835-2362 |
| Anthem Companion Care Retiree Plan | | 800-825-5541 |
| Kaiser Senior Advantage Retiree Plan | | 800-443-0815 |
| MDLive | www.mdlive.com/sisc | 800-657-6169 |
| Tangee Franco, American Fidelity | Tangee.Franco@americanfidelity.com | 800-365-8306 |
| Misha Bothe, American Fidelity | Misha.Bothe@americanfidelity.com | 800 365-8306 |
| Jorge Valencia, Legal Shield | valencia@legalshieldassociate.com | 707-393-0856 |
| Charles Bailey, TDS | cbailey@omni403b.com | 585-672-6142 |
| David McCray, Empower (457) | dmccray@retirementplanadvisors.com | 209-640-2898 |
| Charlynn Harless, Legacy Enterprises | charless@legacyconsult.com | 209-200-3535 |

To Order New Identification Cards (ID Cards) See Applicable Plan's Website Above

San Joaquin County Office of Education

SECTION 125 BENEFITS OPEN ENROLLMENT

Plan Year: 10/1/2024 – 9/30/2025

American Fidelity's Open Enrollment is August 14th - September 30th

Use the QR Code or link to schedule your appointment



<https://enroll.americanfidelity.com/E8757D52>

or call 800-365-8306

PLEASE READ:

Please meet with your American Fidelity Representative to learn more about all your benefits offered through payroll deductions.

IMPORTANT: For those employees who wish to enroll, continue or make changes to your Medical Reimbursement or Dependent Day Care Account for the next plan year, you must meet with your American Fidelity Representative.

Northern California Branch Office
9355 E. Stockton Blvd., Ste. 110
Elk Grove, CA 95624
1-800-365-8306 · 916-683-8306

AMERICAN FIDELITY 
a different opinion

San Joaquin County Office of Education

Plan Year

10/1/2024 - 9/30/2025



Your benefits made simple.

To make your enrollment easier, you'll be able to enroll in your major medical insurance and supplemental benefits at the same time. Get all your benefit options and details with less hassle.

Your American Fidelity account manager can answer your questions and help you prepare your plan.



Limited Benefit Accident Only Insurance

- Helps with out-of-pocket expenses for the treatment of covered accidental injuries.
- Provides benefit payments directly to you.
- Some covered accidents include burns, a sprained ankle or spider bites.

Learn more: americanfidelity.com/accident



Limited Benefit Critical Illness Insurance

- Pays a lump sum benefit upon diagnosis of certain covered life-altering illnesses.
- Helps with costs not covered by medical insurance.
- Some eligible conditions include heart attack, organ failure and more.

Learn more: americanfidelity.com/critical-illness



Limited Benefit Cancer Insurance

- May help protect you financially if you are diagnosed with a covered cancer so you can focus on recovery.
- Provides benefit payments directly to you.
- May cover expenses like travel and lodging, experimental treatments and second opinions.

Learn more: americanfidelity.com/cancer



Disability Income Insurance

- Helps protect your finances in case of a covered injury or illness.
- Provides a benefit to help cover costs while you are unable to work.
- Select from custom coverage options.

Learn more: americanfidelity.com/disability



Book your appointment.

<https://enroll.americanfidelity.com/E8757D52>

AMERICAN FIDELITY
a different opinion



Limited Benefit Hospital Indemnity Insurance

- Helps pay for out-of-pocket costs associated with a covered inpatient stay or treatment.
- Compatible with Health Savings Accounts allowing for tax benefits and potential savings.
- Benefits are paid directly to you.

Learn more: americanfidelity.com/hospital-indemnity



Life Insurance

- May help financially protect your family if you were to pass away.
- Several plans available to select the coverage that best fits you and your family.
- Provides immediate coverage.

Learn more: americanfidelity.com/life

Did your salary increase?

If your salary has increased since your last enrollment, it's important that you review your **Disability Income Insurance** coverage.

Help protect more of your paycheck and your lifestyle by ensuring you have the coverage you need.

americanfidelity.com/disability-increase

Bring Home More From Your Paycheck

Take advantage of tax savings when paying for medical coverage and out-of-pocket expenses before taxes. This could reduce your taxable income and allow you to take home more money.

How does it work?

Consider this example: Jane makes \$2,000 per paycheck and is paid twice a month. Under a tax-savings plan, she would save \$140 per month, adding up to \$1,680 a year. Calculate your possible savings: americanfidelity.com/s125-calculator

| Earnings | Post-Tax | Pre-Tax |
|---|----------------|----------------|
| Gross Pay | \$2,000 | \$2,000 |
| Eligible Benefit Contributions | N/A | -\$250 |
| Taxable Gross | \$2,000 | \$1,750 |
| Estimated Taxes (Federal & State @ 20%) | -\$400 | -\$350 |
| Estimated FICA (7.65%) | -\$153 | -\$133 |
| Out-of-Pocket Medical Expenses | -\$250 | N/A |
| Take Home Pay | \$1,197 | \$1,267 |

*A savings
of \$1,680
a year*

Example is for illustrative purposes only. Please consult your tax advisor for actual tax savings.

Healthcare Flexible Spending Accounts

Save money on eligible medical expenses.

Healthcare Flexible Spending Accounts (HCFSA) allow you to save part of your paycheck, before taxes, to pay for eligible medical costs throughout the year.

Features:

- Funds available at the beginning of your plan year
- Reduce your taxable income
- Contribute as much, or as little, as you want (up to the annual limit)

Learn more at
americanfidelity.com/fsa



Calculate medical costs
americanfidelity.com/fsa-worksheet

Examples of Eligible Expenses

- Asthma treatments
- Chiropractic care
- Contact lenses
- Copays
- Dental services
- Eye exam/eyeglasses
- Fertility treatments
- Laser eye surgery
- Over-the-counter medications
- First aid kits
- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- Breast pumps and supplies

americanfidelity.com/eligible-expenses

Dependent Care Accounts

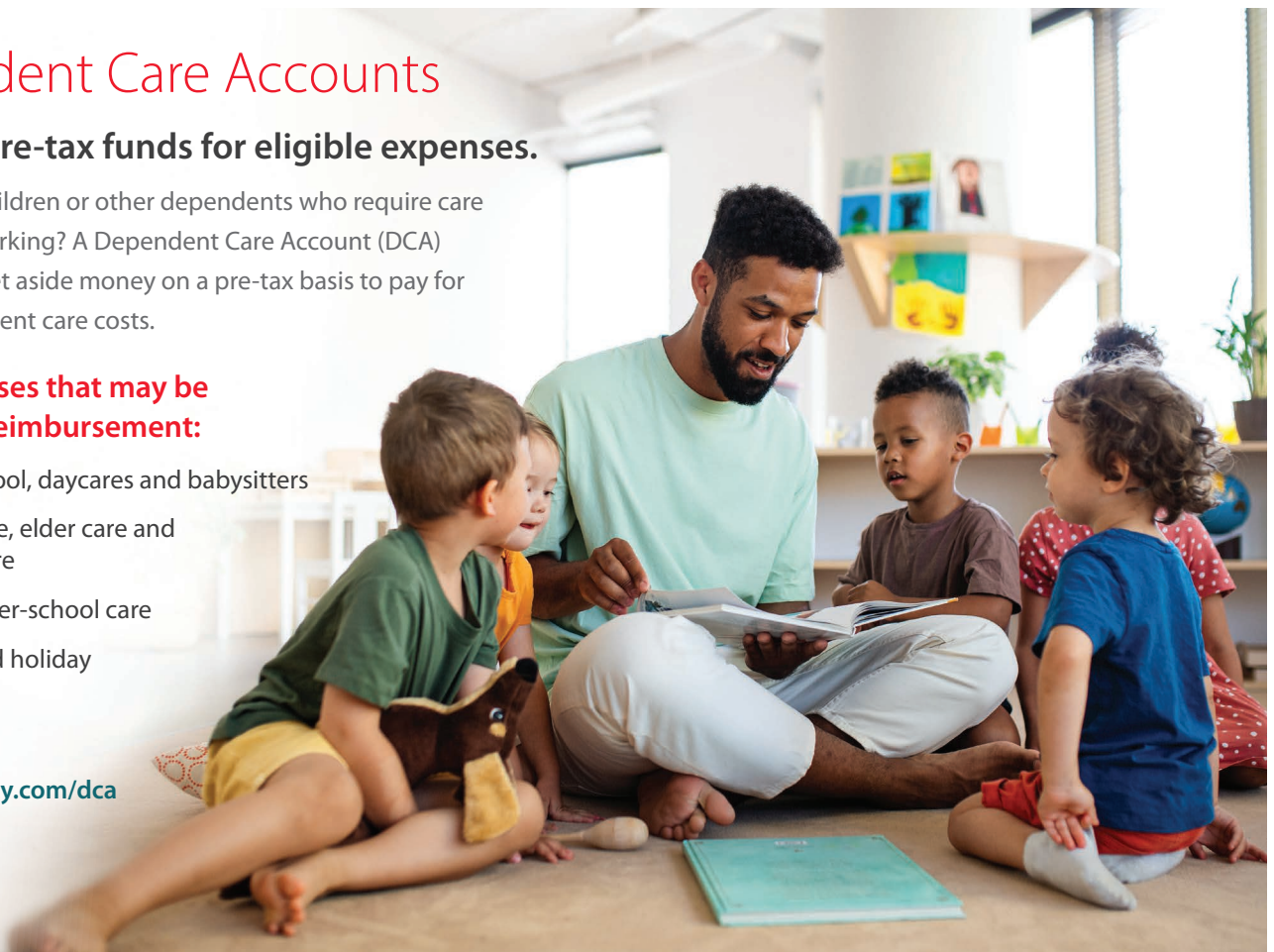
Set aside pre-tax funds for eligible expenses.

Do you have children or other dependents who require care while you're working? A Dependent Care Account (DCA) allows you to set aside money on a pre-tax basis to pay for eligible dependent care costs.

Some expenses that may be eligible for reimbursement:

- Nursery school, daycares and babysitters
- In-home care, elder care and custodial care
- Before or after-school care
- Summer and holiday day camps

Learn more at
americanfidelity.com/dca



Online Account Support

Access your information 24/7.

Browse your benefits and reimbursement information anytime you want, all in one convenient place.



File a Claim

Submit claims for your insurance benefits or reimbursement accounts



Track Claims

View the status of your benefits and reimbursements claims



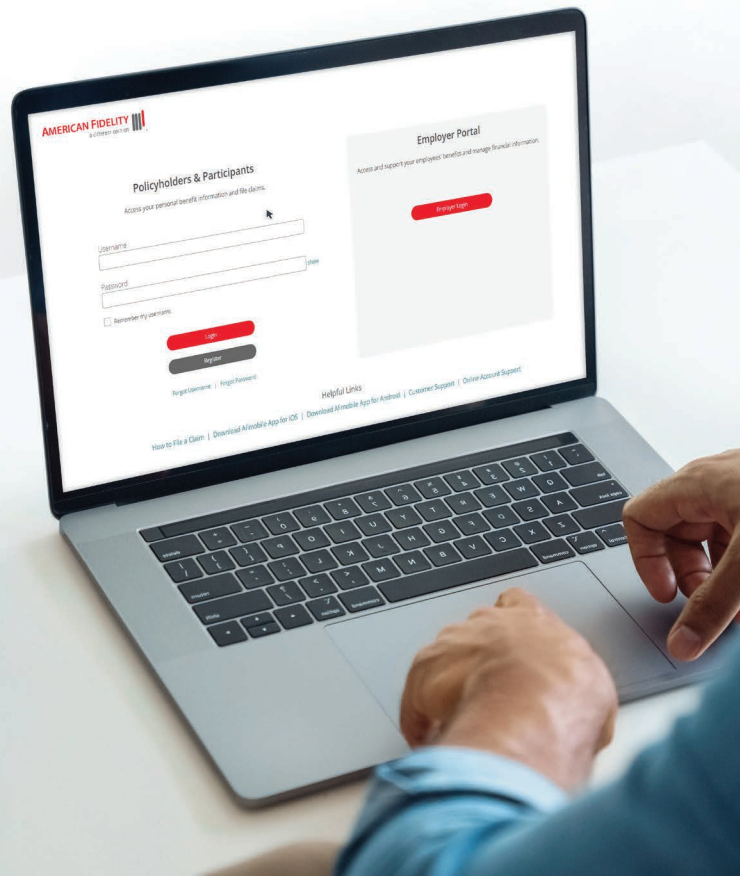
Upload Documentation

Attach receipts and documentation for claims



Manage Preferences

Edit your profile, enroll in direct deposit, and elect communication preferences



Renewing your FSA?

Flexible Spending Accounts do not automatically renew each year. Meet with your American Fidelity account manager to ensure you continue taking advantage of these tax-savings accounts.

americanfidelity.com/fsa

*These products may contain limitations, exclusions, and waiting periods. The following statements only apply if the product is displayed on this document. **These products are not appropriate for people who are eligible for Medicaid coverage: Accident Only, Cancer, Critical Illness, Hospital Indemnity, Hospital GAP PLAN® and Hospital GAP Plan Choice® Insurance.** Variable Annuities are offered by American Fidelity Securities, Inc., a registered Broker Dealer. Please contact your tax advisor for information regarding your specific situation. HSA contributions are not subject to federal and most states' income tax. State income tax may apply in California and New Jersey. Please consult a tax advisor for your state's specific rules. HRAs are not part of a Section 125 Plan. Contributions made by employer not employee.*

Northern California Branch
800-365-8306 • 916-683-8306



American Fidelity Assurance Company
americanfidelity.com

WHAT IS THE DIFFERENCE BETWEEN 403(b) and 457(b) PLANS?

| 403(b) and 457(b) – How Do They Compare? | | |
|---|---|--|
| FEATURES | 403(b) | 457(b) |
| Type of plan | Voluntary Defined Contribution Plan | Voluntary Defined Contribution Plan |
| Elective deferral limits* | \$23,000; or 100% of compensation <i>(whichever is less)</i> | \$23,000; or 100% of compensation <i>(whichever is less)</i> |
| Age 50+ catch-up | \$7,500 | \$7,500 |
| 'Special catch-up provisions' <i>(please consult a financial services professional)</i> | Yes; 15 year catch up \$3000 Requires calculation for eligibility determination (Employee may not qualify) | Yes; Final 3 year catch up \$23,000 Requires calculation for eligibility determination (Employee may not qualify) |
| Roth (after-tax) Contributions | Yes, if adopted by Plan Sponsor | Yes, if adopted by Plan Sponsor |
| Loans** | Yes; up to 50% of account balance and no more than \$50,000 per calendar year | Yes; 1 loan at a time, up to 50% of account balance and no more than \$50,000 per calendar year |
| Required Minimum Distribution rules apply | Yes | Yes |
| Rollovers from other qualified plan | Yes | Yes*** |
| Rollovers from 403(b) plan | Yes | Yes*** |
| Rollovers from governmental 457(b) plan | Yes | Yes |
| Eligible Distribution w/out IRS penalty | Age 55 with severance from employment; or Age 59 ½ if still in service | Any age with severance from employment; or 70 ½ if still in service**** |
| Hardship Withdrawal Requirements* | Safe Harbor Rules: • Eviction/foreclosure • Medical • Purchase primary residence • Post-secondary education • Burial/funeral • Repair of casualty damage to principal residence | Unforeseeable Emergency: • Illness or accident of participant, spouse or dependent • Loss of property due to casualty • Other extraordinary events beyond participant control |

This chart reflects what is permissible by the Internal Revenue Service as well as within plans administered by TDS. Please note that all plans may differ and each listed option may not be allowable in your Employer's 403(b) or 457(b) Plan.

*The limits on contributions to a 457(b) plan are not combined with the limits allowed to be contributed to the same employee's 403(b) account. The 403(b) limits are aggregated with 401(k) and / or 401(a) limits. Roth account and traditional account limits are aggregated.

**Some investment providers may not permit for all options such as loans or hardship withdrawals. Contact your investment provider for details on your account's loan/hardship availability. Contact TDS for obtaining transaction authorization at (866) 446-1072.

*** Vendor must confirm ability to track funds separately in accordance with IRS requirements.

****Age 59.5 is available when the provision is selected by the employer / plan.



Save more today. Be ready
for tomorrow.

Is your pension going to be enough? Save for retirement with the Deferred Compensation Plan – 457(b)

Saving for the future is more important than ever. We're living longer these days – which could mean spending 20 or more years in retirement. That's why one of the most valuable benefits your employer provides is a workplace retirement plan in addition to your pension.

Every dollar you set aside for your future helps get you closer to your retirement goals.

What is a 457(b) plan?

1. It's simple and convenient. Your contributions are deducted automatically each pay period, and can be adjusted at any time.
2. You can reduce your taxable income. Your contributions are deducted from your pay before taxes. You can also save after-tax via a Roth option.
3. You're in control. You decide how much to save, adjust this amount each pay period, and select investments that are comfortable for you.
4. There is no early withdrawal penalty for separated employees withdrawing their before-tax balance prior to age 59 ½. Tax consequences may result from this withdrawal and you should speak to your tax advisor prior to requesting a withdrawal from the plan.
5. Contribution Limits: Up to \$23,000 in 2024; Up to \$30,500 if age 50 or older; and up to \$46,000 if within three years of retirement age.
6. You may participate in both a 403(b) and 457(b) and contribute up to the max amount in both!
7. There are thirty-seven investment choices, as well as an interest earning account.

All additional questions, including fund performance, expenses, important disclosures, or details:

Please Contact, David McCray at the following:

Phone: (209)640-2898

Email: dmccray@retirementplanadvisors.com

Enrolling in the 457b is easy:

1. Complete the 457b Enrollment Packet on [TDSplans.org](https://tdsplans.org) under 'getting started' and clicking the '457b' tab, or use this direct link:
<https://tdsplans.org/Forms/457EnrollmentPacket.pdf>

San Joaquin County Office of Education Stockton, CA

403(b) Plan **457(b) Plan**

| | |
|---|---|
| <p>Salary Reduction Agreement Forms (SRA)</p> <p>457(b) Online SRA</p> <p>457(b) Enrollment Packet</p> <p>Downloadable 457(b) Enrollment Packet</p> | <p>457(b) Providers</p> <p>Empower - 457</p> <p>ROTH - Empower - 457</p> <p><small>Service providers with a double asterisk notation (**) are not authorized to accept new accounts under your employer's plan. Please contact Tax Deferred Solutions with any questions.</small></p> <p><small>A fee of \$3 per month is charged to each investment provider by the employer's plan administrator to cover the costs of administration. Many investment providers have agreed to pay this fee and do not pass it along to the plan participants. Some investment providers may require that the plan administration fee be paid by the plan participant. If the participant is responsible for paying this fee it will be noted above and deducted through an after-tax payroll deduction.</small></p> |
|---|---|

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2. Review the plan highlights listed below:

a. **Who is eligible to participate in the plan?**

All employees are eligible immediately upon employment.

b. **What is the benefit of using deferred compensation?**

- Your Before-Tax Contributions – and any earnings – will accumulate tax deferred until withdrawn, at which time they are taxed as ordinary income.

- Roth Contributions will be included as taxable income in the year of contribution. Earnings on Roth contributions will accumulate tax free, and retirement withdrawals may be exempt from federal income tax if requirements are met.

c. **Are Rollovers accepted?**

You are allowed to roll additional retirement assets into the plan at any time.

d. **Can I change how much I contribute?**

You may start, stop, increase or decrease your contributions as often as your employer allows, by visiting [TDSplans.org](https://tdsplans.org).

e. **Can I take money out of my account?**

Your account assets may be withdrawn from the 457 plan under the following:

- Retirement
 - Separation from Service
 - Unforeseeable emergency ("Hardship") withdrawal
 - Loan provision
-



Updated: July 22, 2024

Active Employees & Medicare

All employees and their dependents, even those employees and dependents age 65 and older, will be covered under the district's plan with primary coverage. Primary coverage means that the district's medical plan pays claims first.

A dependent that is receiving social security benefits and covered under their spouse's district's coverage is not required to enroll in Medicare Part A if the spouse is still an active employee of the district, because the district's plan is primary.

All American citizens that have paid into Social Security for 40 or more quarters are eligible for Medicare Part A premium free. Meaning they are eligible for Part A at no cost.

All American citizens enrolling in Medicare Part B & Part D, must pay a premium for Part B & D coverage. The amount of the premium is means tested, meaning that the amount of each American citizen's premium is based on the individual's annual income.

Three months prior to your 65th birthday active employees and their dependents should meet with a Social Security retirement planner to ensure that when they do retire, they will not experience a delay in receiving their social security benefits and Medicare coverage. When meeting with the Social Security planner be sure to advise them that you or your spouse is still employed and covered under the district's medical plan so you are not required to enroll in Medicare Part A, B or D. Providing this information when you first meet with Social Security will ensure that you are not charged a penalty for not enrolling in Medicare when you are first eligible.

Retiree & Medicare

Now that you are retired you will be eligible for Medicare and depending on your agreement with the district you may also be eligible to continue coverage under the district's medical plan with coverage that will supplement Medicare. This means that Medicare will pay your claims first; and then the district's coverage will pay the benefits applicable to the medical plan under which you are enrolled, less the amount Medicare paid.

If you are eligible to continue under the district's medical plan, the district will continue to contribute to the cost of the premium up to the district's contribution cap. As was the case when you were an active employee, if the district's contribution does not cover the entire premium you will be required to pay the district for the difference.

If you are not eligible to remain under the district's plan, you are eligible to enroll in a similar SISC medical plan under the San Joaquin County Schools self-pay retiree plan (RSEMP). Under the RSEMP you will be responsible for paying 100% of the premium.



Updated: July 22, 2024

There cannot be a lapse of coverage between your active enrollment and your enrollment as a retiree. For example, if you lose your coverage as an active employee or district paid retiree on September 30 you must enroll as a retiree or (RSEMP) self-pay retiree effective October 1.

Retiree Mandatory Medicare Enrollment

SISC Retiree PPO Medical Plans

If you or your dependent are eligible to enroll in **Medicare Part A** and you are retired, you are **required** to enroll in Medicare Part A. If you do not enroll in Medicare Part A when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2024 the penalty for not enrolling in **Medicare Part A is \$650 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Part B** and you are retired, you are **required** to enroll in Medicare Part B. If you do not enroll in Medicare Part B when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2024 the penalty for not enrolling in **Medicare Part B is \$650 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Parts A & B** and you are retired, you are **required** to enroll in Medicare Parts A & B. If you do not enroll in Medicare Parts A & B when you are first eligible your SISC premiums will be assessed a large penalty. Effective October 1, 2024 the penalty for not enrolling in **Medicare Parts A & B is \$1,300 a month** plus your monthly premium.

If you or your dependent are eligible to enroll in **Medicare Parts A & B**, and you are retired, you are **required** to enroll in **Medicare Part D** if you wish to enroll in a SISC medical plan.

SISC Retiree Kaiser Medical Plans

Kaiser's Senior Advantage Plan is a Medicare Risk plan. This means that you sign a form transferring the cost for all your medical treatment from Medicare to Kaiser.

Kaiser also requires that Medicare eligible employees enroll in Medicare.

Medicare Insurance Coverage

Generally, you are eligible for Medicare benefits if you have worked for at least 10 years in Medicare-covered employment and are 65 years old and a citizen or permanent resident of the United States.

You may qualify for Medicare coverage if you are younger than 65 with a disability or with End-Stage Renal disease (permanent kidney failure requiring dialysis or transplant).

Approximately three months prior to your 65th birthday you will receive information on your upcoming Medicare eligibility directly from Medicare by regular mail. We encourage you to **read this information carefully.**



Updated: July 22, 2024

Medicare ~ Parts A & B

Medicare has three parts - levels of coverage:

- ✚ Part A ~ Hospital insurance covers inpatient care in hospitals, including critical access hospitals and skilled nursing facilities, hospice, and some home health care (but not for custodial or long-term care).
- ✚ Part B ~ Medical insurance covers doctors, outpatient hospital care and other medical services.
- ✚ Part D ~ Prescription Drug coverage.

Medicare Enrollment

You may not be required to pay for Medicare Part A (premium-free) if you paid enough Medicare taxes while you were working. You may be eligible for premium-free Medicare Part A if:

- ✚ You are under age 65, disabled, and have received benefits from Social Security or the Railroad Retirement Board for at least 24 months based on that disability.
- ✚ You are age 65 or over and have worked at least 10 years under Medicare-covered employment.
- ✚ You are eligible for Medicare because of End-Stage Renal Disease.

If you or your spouse worked less than 10 years in Medicare-covered employment you may still be eligible to enroll in Medicare. You will have to meet certain requirements and pay a premium; your premium amount will depend on how many years you worked. Medicare premiums are subject to change on January 1 each year.

To be eligible for Medicare you must be age 65 or older, a resident of the U.S., and either:

- ✚ A U.S. Citizen, or
- ✚ An alien lawfully admitted for permanent residence who has lived in the U.S. without a break for the five-year period immediately before the month you meets all other requirements, and

For more information about enrolling in Medicare, you should contact the Social Security Administration at (800) 772-1213.

There are three separate opportunities to enroll in Medicare: the Initial Enrollment Period, the General Enrollment Period, and the Special Enrollment Period.

✚ Initial Enrollment Period

The initial enrollment period for Medicare is a seven-month period that begins three months before the month you turn age 65 and ends three months after you turn age 65.

If you are disabled and getting benefits from Social Security or the Railroad Retirement Board, the initial enrollment period generally begins three months before the 25th month of entitlement.



Updated: July 22, 2024

If you are not already getting benefits from Social Security or the Railroad Retirement Board and you are turning age 65 in the next three months, you can sign up for Medicare when you apply for retirement benefits.

If you do not sign up for Medicare Part B during your initial enrollment period you may have to pay extra for Medicare Part B premium. The cost of Medicare Part B will go up 10% for each full 12-month period that you were eligible for Medicare Part B but did not enroll. You will have to pay this penalty (called a premium surcharge) as long as you have Medicare Part B.

If you do not sign up for Medicare Part B when you are first eligible during the initial enrollment period, you may be able to sign up during two other enrollment periods:

General Enrollment Period

This period runs from January 1 through March 31 of each year. During this time, you can sign up for Medicare Part B at the local Social Security office. If you get benefits from the Railroad Retirement Board, you should call the local RRB office or (800) 808-0772.

Special Enrollment Period

The special enrollment period is available if you are eligible for Medicare based on age 65 or disability but waited to enroll in Medicare Part B because you were working and had group health plan coverage through the district.

CalSTRS

(800) 228-5453 ~ CalSTRS Medicare Premium Payment Program
www.calstrs.com

If you retired prior to January 1, 2001, you are eligible for CALSTRS Medicare Premium Payment Program.

The California State Teachers Retirement System (STRS) offers financial assistance for members that are at least 65 and are not eligible to receive Medicare Part A premium-free. The CalSTRS Medicare Premium Payment Program pays the Medicare Part A premium if the retiree did not pay into Medicare and now is required to pay a monthly premium.

Under the CalSTRS Medicare Premium Payment Program, CalSTRS will pay your Medicare Part A premium if you do not qualify for Medicare Part A without paying a premium and meet the eligibility requirements.

This benefit is not available to your spouse or beneficiary(ies). Federal regulations require that you also enroll in Medicare Part B. You will have to pay the Medicare Part B premium.



Updated: July 22, 2024

As a convenience, CalSTRS can deduct your Medicare Part B premium from your monthly retirement benefit and forward the payment to the Centers for Medicare and Medicaid Services, the federal agency that administers Medicare.

You must meet the following CalSTRS Medicare Premium Payment Program eligibility requirements:

- ✚ Be a retired or disabled CalSTRS member receiving a monthly benefit
- ✚ Age 65 or older
- ✚ Not eligible for premium-free Medicare Part A
- ✚ Enrolled in Medicare Part A and Medicare Part B