2024 SDUSD OE Retiree Member Meeting

October 24, 2023
Welcome to Kaiser Permanente - 2024

Medicare Basics - 101

VEBA – San Diego Unified School District
Understanding the basics of Medicare
Who can join Medicare?

You’re eligible to join Medicare if:

☑️ You’re 65 or older

☑️ You’re under 65, but live with a disability
  • Must be eligible for Social Security disability
  • Requires a 2-year waiting period

☑️ You have end-stage renal (kidney) disease (ESRD)

☑️ You have amyotrophic lateral sclerosis (ALS)

☑️ U.S. citizen or a permanent legal resident who has lived in the United States for at least five years
What is Medicare?

- Medicare is a federally funded health insurance program.
- Medicare was established in 1965.
- Medicare is administered by the Centers for Medicare & Medicaid Services (CMS).
- Medicare includes 4 parts:

<table>
<thead>
<tr>
<th>PART A</th>
<th>PART B</th>
<th>PART D</th>
<th>PART C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Insurance</td>
<td>Medical Insurance</td>
<td>Prescription Drug Coverage</td>
<td>(Medicare Advantage) Includes Part A, B and usually D</td>
</tr>
</tbody>
</table>
Part A: Hospital Insurance

What it does:
• Gives you coverage for inpatient hospital care
• Also covers skilled nursing care, hospice care, and home health care

What it costs:
• Most won’t have to pay a premium for Part A. To make sure you qualify for premium-free Part A, contact Social Security.
• If you worked less than 10 years, there is a monthly premium up to $505*, your monthly premium is set by a Medicare formula.

* Amount is for 2024
Part B: Medical Insurance

What it does:

- Helps cover doctors’ and other health care providers’ services, like lab and radiology
- Outpatient care, durable medical equipment, dialysis, and some preventive care services are also covered

What it costs:

- Your monthly premium is usually deducted from your Social Security or Railroad Retirement Board check.
- Late enrollment penalty (LEP):
  - Your premium increases 10% for each 12-month period that you decline coverage.
  - Not a one-time penalty but continues throughout enrollment.
  - Not imposed if you continue to work for — and get your health coverage from — an employer or trust fund of 20 or more.
    (You have up to 8 months after your employment ends to enroll.)
## Part B: Medical Insurance

### 2024 Medicare Part B Monthly Premiums*

<table>
<thead>
<tr>
<th>Your yearly income†</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single-Standard‡</td>
<td>$103,000 or less</td>
</tr>
<tr>
<td>Married couple-standard‡</td>
<td>$206,000 or less</td>
</tr>
<tr>
<td>Single</td>
<td>$103,00 - $129,000</td>
</tr>
<tr>
<td>Married couple</td>
<td>$206,000 - $258,000</td>
</tr>
<tr>
<td>Single</td>
<td>$129,000 - $161,000</td>
</tr>
<tr>
<td>Married couple</td>
<td>$258,000 - $322,000</td>
</tr>
<tr>
<td>Single</td>
<td>$161,000 - $193,000</td>
</tr>
<tr>
<td>Married couple</td>
<td>$322,000 - $386,000</td>
</tr>
<tr>
<td>Single</td>
<td>$193,000 - $500,000</td>
</tr>
<tr>
<td>Married couple</td>
<td>$386,000 - $750,000</td>
</tr>
<tr>
<td>Single</td>
<td>Above $500,000</td>
</tr>
<tr>
<td>Married couple</td>
<td>Above $750,000</td>
</tr>
</tbody>
</table>

*Modified adjusted gross income as reported on your 2022 IRS tax return.

†You will pay this Standard amount if you 1) enroll in Part B for the first time in 2024, 2) do not get Social Security benefits, 3) are directly billed for your Part B premiums. See [medicare.gov](https://www.medicare.gov) for complete details.

**Note:** The above dollar amounts are for 2024 and may change in 2025.
Part A & B: Enrolling in Medicare When First Eligible

Initial Enrollment Period

• If you’re already getting benefits from Social Security, you’ll be automatically enrolled in both Part A and Part B starting the first day of the month you turn 65.

• If you do not get benefits from Social Security, you’ll need to contact Social Security.

• You can enroll over a 7-month period, which starts 3 months before your 65th birthday, known as the Initial Enrollment Period.

• You may be able to enroll online at socialsecurity.gov.

Note: Completing the application form and submitting it doesn’t automatically enroll you in Medicare Part B. Social Security must first determine if you’re eligible.
Part A & B: Late Enrollment Into Medicare

**General Enrollment Period**

- If you do not sign up for Part A and Part B when you're first eligible, you can sign up between January 1 and March 31 each year. Beginning January 1, 2023, when you sign up during this period, your coverage starts the first day of the month after you sign up.

**Special Enrollment Period**

- Triggered by certain events, such as loss of employment or retirement, that allow you to enroll in Medicare or change plans.

*Note:* Completing the application form and submitting it doesn't automatically enroll you in Medicare Part B. Social Security must first determine if you're eligible.
Part D: Prescription Drug Coverage

What it does:
• Covers outpatient prescription drugs

To enroll:
• You have two ways of enrolling in Part D:
  1. Through an individual or employer/union Group Medicare Advantage (Part C) plan that includes Part D prescription drug coverage.
  2. A stand-alone Prescription Drug Plan that offers prescription drug coverage only.

Unlike with Parts A and B, you **sign up for Part D directly** with your plan. Part D is not directly offered by Medicare or Social Security.
Part D: Prescription Drug Coverage

Medicare Part D Income Related Monthly Adjustment Amount (IRMAA)

The Part D higher-income premium is in addition to the annual Part B premium adjustment and is determined according to formulas set by federal law.

Based on your 2022 yearly income, your 2024 Part D monthly cost is:

<table>
<thead>
<tr>
<th>File individual tax return</th>
<th>File joint tax return</th>
<th>In 2023, you pay monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>$103,000 or less</td>
<td>$206,000 or less</td>
<td>No Part D IRMAA Premium</td>
</tr>
<tr>
<td>$103,000 to $129,000</td>
<td>$206,000 to $258,000</td>
<td>$12.90</td>
</tr>
<tr>
<td>$129,000 to $161,000</td>
<td>$258,000 to $322,000</td>
<td>$33.30</td>
</tr>
<tr>
<td>$161,000 to $193,000</td>
<td>$322,000 to $386,000</td>
<td>$53.80</td>
</tr>
<tr>
<td>$193,000 to $500,000</td>
<td>$386,000 to $750,000</td>
<td>$74.20</td>
</tr>
<tr>
<td>above $500,000</td>
<td>above $750,000</td>
<td>$81.00</td>
</tr>
</tbody>
</table>

These amounts may change yearly.
Part C: Medicare Coverage Options

Here are some ways you can get Medicare coverage:

• You get an Original Medicare Plan through the Centers for Medicare & Medicaid Services (CMS).
  – You can supplement Original Medicare by enrolling in a MediGap Plan. Premiums for these plans are not covered. (Note: Kaiser Permanente does not offer MediGap plans.)

• You can sign up for a Medicare Advantage Plan, known as Medicare Part C, through private insurance companies.
Part C: Medicare Advantage

What it does:

• Combines your benefits from Parts A, B, and sometimes D (prescription drug coverage) in a single plan and are an alternative to Original Medicare*

• Services under a network of providers that you must use for care

What it costs:

• Medicare pays an amount for your coverage each month to private health plans.

• Some plans have additional monthly premiums; in many plans, you pay a copay for covered services.

• If you choose an out-of-network provider, you’ll be financially responsible, except in the case of an emergency or urgent care.**

*Except care for some clinical research and hospice care (Original Medicare covers hospice care even if you’re in a Medicare Advantage Plan).

**Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
Medicare’s Extra Help Program: Low-Income Subsidy

• For Medicare beneficiaries with limited income and resources
• Provides extra help with Part D premiums and outpatient drug copays
  – Degree of help depends on income and resources
• Additional facts about extra help:
  – Apply at Social Security or state Medicaid office
  – Administered by your plan, for CMS
  – You must be enrolled in a Part D plan to get help
Contact Information

If you have questions about the San Diego Unified School District Kaiser Permanente Medicare health plan, contact your HR Benefits Department.

**Kaiser Permanente Member Services:** 1-800-443-0815 (TTY 711)

7 days a week, 8 a.m. to 8 p.m.

**Social Security:** 1-800-772-1213 (TTY 1-800-325-0778)

Monday through Friday, 8 a.m. to 7 p.m.

**Medicare:** 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048

24 hours a day, 7 days a week.
In California, Hawaii, and Washington, Kaiser Permanente is an HMO plan with a Medicare contract. In Colorado, Oregon, Southwest Washington, Georgia, Maryland, Virginia, and the District of Columbia, Kaiser Permanente is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.
2024 Plan Options
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Out-of-Pocket Maximum</td>
<td>$2,000 / Individual</td>
<td>$2,400 / Individual</td>
<td>$1,500 / Individual</td>
</tr>
<tr>
<td>Medical Deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>PCP Office Visit</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Preventative Care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$0</td>
<td>$0</td>
<td>$10</td>
</tr>
<tr>
<td>Urgent Care (office visit only)</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Emergency Room (copay waived if admitted)</td>
<td>$50</td>
<td>$50</td>
<td>$100</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Short-Term Prescription Drugs $^{1,2}$</td>
<td>Generic: $5 Preferred: $25 Non-Preferred: $40 Specialty: $40 (up to 30 day supply)</td>
<td>Generic: $7 Preferred: $14 Non-Preferred: $14 Specialty: $14 (up to 30 day supply)</td>
<td>Generic: $10 Preferre d: $10 (up to 100 day supply)</td>
</tr>
<tr>
<td>Mail Order Prescription Drugs $^{1,2,3}$</td>
<td>Generic: $10 Preferred: $50 d: $80 Non-Preferred: $80 Specialty: $28 (up to 90 day supply)</td>
<td>Generic: $14 Preferred: $28 d: $28 Non-Preferred: $28 Specialty: $28 (up to 90 day supply)</td>
<td>Generic: $10 Brand d: $10 (up to 100 day supply)</td>
</tr>
<tr>
<td>Mental Health &amp; Substance Abuse Services</td>
<td>Outpatient: $10 Inpatient: $0</td>
<td>Outpatient: $10 Inpatient: $0</td>
<td>Outpatient: $10 Inpatient: $0</td>
</tr>
<tr>
<td>Annual Routine Hearing Exam</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
</tr>
</tbody>
</table>
Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments may change each year.

Drugs and prices may vary between pharmacies are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy— or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

1You are not required to use OptumRx home delivery for for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Disclaimer: Prepared by RPA San Diego on behalf of CS VEBA. This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.
Additional VEBA Benefits
VEBA Advocacy: Your Designated Guide

Navigating the healthcare system can be difficult. The VEBA Advocacy team can help you:

• Resolve benefit-related issues
• Schedule appointments
• Transitioning care to a new provider
• Gather additional information regarding recommended tests, treatments or medications

Important note: when Advocacy responds to inquiries, we encrypt responses due to the inclusion of HIPAA information. We ask members for their date of birth (DOB) or Social Security Number (SSN) and details.

Call 888-276-0250 or click here www.vebaonline.com/contact to contact our Advocacy Department.
Teladoc Medical Experts Service

• Access to 50,000+ of the world’s best doctors at your fingertips

• Free services from Teladoc Medical Experts include:
  o Expert second opinion
  o Ask the expert
  o Medical review
  o Specialist search

• All services available by phone or online

Get Connected:
• Download the Teladoc Medical Experts app
• Call 800-Teladoc (835-2362)
• Visit teladoc.com/medicalexperts
VEBA Resource Center

FREE Resources for VEBA members
What We Offer

Online and In Person Options

01 Movement
We have a wide range of movement classes offered through the VRC that are set up to meet our members wherever they are on their health journey. Regardless if you are just getting started or a pro athlete – we have something for you!

02 Stress Management
At the VRC, we know that stress is a huge factor when it comes to living your healthiest life. We offer services such as acupuncture and acupressure, meditation sessions, yoga, and group counseling to help members learn how to manage their stress.

03 Cooking & Nutrition
A healthy diet is key to good physical and mental health. We offer nutrition counseling and cooking classes tailored to meet a members individual needs.

04 Personal & Professional Development
At the VRC, we want to help our members become the best versions of themselves! This includes personal and professional development support such as coaching and financial literacy classes and workshops.

Go to vebaresourcecenter.com/calendar to schedule appointments, and classes or for more information.
Knowing where to start can be half of the battle! Our Care Navigators are holistic nurses who work one on one with our members to build personalized well-being plans. They are experts who will work closely with you using a whole-person lens to help you overcome barriers and find solutions towards becoming the best version of yourself – whatever that means to you! Working with a Care Navigator Includes:

• A health and well-being assessment
• A customized health and well-being plan
• Help finding resources
• Support and encouragement
• Follow up appointments to monitor progress
VEBA Contact Information

VEBA members have more ways to connect with us than ever before!

MyVEBA
• Contact VEBA or one of our carriers directly from the portal at myveba.org

VEBA Advocacy (www.vebaonline.com/contact)
• Questions about what your VEBA benefits can do for you? Click here or call 888-276-0250 to contact our Advocacy Department.

Benefit Contacts
• Helpful links to carriers on your district flyer or see all of our carrier information on our website at vebaonline.com
Matt Ogden
VEBA Account Manager
Matt_Ogden@rpadmin.com
mobile: 949.290.8047
direct: 619.398.2831

Your Account Manager is a VEBA benefit advisor functioning as the account liaison, working with the internal support team, to ensure we are delivering on your service expectations.

Benefit Department Support Contacts

Account Management
Benefits@VEBA-trust.com

Heather Simonson, Ombudsman
Heather_Simonson@rpadmin.com

Shannon Hoffman, Account Manager
Shannon_Hoffman@rpadmin.com

VEBA Members
VEBA Advocacy
Contact 888-276-0250
www.vebaonline.com/contact

Visit our VRC channels for Well-Being Resources and Updates
Shannon Hoffman
VEBA Account Manager
Shannon_Hoffman@rpadmin.com
mobile: 619.549.5180
direct: 619.481.5968

Your Account Manager is a VEBA benefit advisor functioning as the account liaison, working with the internal support team, to ensure we are delivering on your service expectations.

Benefit Department Support Contacts
Account Management
Benefits@VEBA-trust.com
Heather Simonson, Ombudsman
Heather_Simonson@rpadmin.com
Matt Ogden, Account Manager
Matt_Ogden@rpadmin.com

VEBA Members
VEBA Advocacy
Contact 888-276-0250
www.vebaonline.com/contact

Your VEBA Contact
We Love Your Feedback!
Thank You!
Questions & Wrap Up
This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of California Schools VEBA. This analysis is for illustrative purposes only, and is not a proposal for coverage by California Schools VEBA (or any of its service providers) or a guarantee of future expenses, claims costs, managed care savings, etc. with respect to any plan, program, or arrangement sponsored by, participated in, or otherwise connected thereto. There are many variables that can affect future health care costs including, but not limited to, utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc.

This analysis does not amend, extend, or alter, in any way, the coverage provided by the actual insurance policies and contracts with respect to any plan, program, or arrangement sponsored by, participated in, or otherwise connected with California Schools VEBA. See your applicable policy or contact us for specific information or further details in this regard. This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company, and as such is not meant to be exhaustive nor a detailed analysis of the proposed coverage. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you or any plan participant. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.