



# LACCD Group Health Plan For Retiring Employees *Cal PERS Members*

## PROGRAM SUMMARY



# Health Benefits Coverage for Retirees and Eligible Dependents

The Los Angeles Community College District provides hospital-medical, dental and vision health benefits for eligible retirees and their eligible dependents. The following is a summary of the program with pertinent information on qualifications and instructions for any employee retiring from District service to continue receiving health insurance coverage in the LACCD Group Health Plan.

## **Qualifications**

1. You must resign from the District.
2. You must retire from the District service one day after your resignation from the District under the rules of either California State Teachers' Retirement System (CalSTRS) or California Public Employees Retirement System (CalPERS).
3. You must have rendered continuous paid service to the District in a "qualifying position" according to the vesting rules in your Collective Bargaining Rules. If it is determined that you will not vest for health benefits upon your retirement, you may be eligible to continue your health coverage in the LACCD Group Health Plan under AB528 - Assembly Bill 528 (*see information attached*). Please contact the LACCD Health Insurance Section at (213) 891-2200 to determine if you vest for the District's health benefits.

*Please note that the effective date of your retirement must be no later than one day after your resignation from District employment. For example, if you resign on June 30, you must retire July 1.*

## **Enrollment Process**

In order to continue your health benefits as a retiree, you must submit all of the required documents listed below to the LACCD Benefit Service Center (BSC) at 9500 Topanga Canyon Blvd., Chatsworth, CA 91311. Your coverage will be canceled if your application is not received by the LACCD Benefit Service Center by the 1<sup>st</sup> day of the month following resignation. The following documents are required to enroll you and your eligible dependents in the LACCD Group Health Plan for retirees.

1. Completed Application for Retiree Health Benefits (Form C896-10 9/03). *See attached.*
2. A copy of the award letter issued by the retirement system to confirm retirement status.
3. A copy of Medicare Card for premium-free Part A and Part B (For employees and dependents age 65 or older).
4. Completed Kaiser Permanente Senior Advantage Election Form (For current Kaiser enrollees, employees and dependents, age 65 or older). *See attached.*

## **Mandatory Medicare Enrollment**

**LACCD Board Rule 101701.17 stipulates that all retirees, survivors and dependents age 65 or older must enroll in Medicare. Failure to do so will result in termination of LACCD-sponsored health benefits. (See Board Rule attached.)**

1. Enrollment in Medicare Part A (Hospital Insurance) is required only if the retiree/dependent is eligible for premium-free Part A coverage, as determined by the Social Security Administration (SSA).
2. Enrollment in Part B (Medical Insurance) is required for all retirees and dependents. The monthly premium for Part B shall be the responsibility of the retiree/dependent.

### **Medicare for ACTIVE Employees Age 65 and over**

- Active LACCD employees age 65 and over and their dependents age 65 and over are not required to enroll in Medicare.
- The Medicare Board Rule applies to you and your dependents over age 65 once you, the LACCD employee, retire.

Most people 65 or older are eligible for Medicare hospital insurance (Part A) based on their own, or their spouse's employment. If you are over the age of 65, and have enrolled in Social Security, you should have been automatically enrolled in Medicare Part A. If you didn't take Medicare Part B when you were first eligible because you were working and had health plan coverage through the LACCD, once you retire from LACCD, you and your eligible dependents over age 65 must be enrolled both Medicare A and B in order to keep your LACCD health coverage in retirement. Since you have been working past age 65, you are entitled to a "special enrollment" with Social Security. You have only 30 days following your resignation to enroll under this provision, otherwise you may be required to pay surcharges to your Medicare Part B premium due to late enrollment.

**Remember:** Upon retirement, all LACCD employees over 65 and their dependents over 65 must show proof of their enrollment in Medicare in order to keep their District health benefits. It takes 4-6 weeks to receive your Medicare card in the mail.

### **Medicare for RETIRED Employees Who Turn Age 65**

The Medicare Board Rule 101701.17 applies to you once you or your eligible spouse turns age 65. As a reminder, the District will send you letter when you turn age 64, 64½, and age 65. If proof of Medicare Parts A and B are not received, coverage for you and your eligible dependents will terminate the 1<sup>st</sup> day of the month following your 65<sup>th</sup> birthday.

## **How To Enroll In Medicare**

You can apply by calling Social Security at 1-800-772-1213. Representatives can make an appointment for you at any convenient Social Security office. Remember to tell Social Security that you are entitled to a “special enrollment” because you have been working past age 65.

*To obtain additional information about Medicare, you may go to their web site at [www.medicare.gov](http://www.medicare.gov).*

## **What To Do If You Do Not Qualify For Medicare Part A**

If you are a **STRS** member who is not eligible for premium-free Medicare Part A through your work record or that of a spouse, you may qualify for the STRS Medicare Program. Call the CalSTRS office at (800) 228-5453 or visit their website at [www.calstrs.com](http://www.calstrs.com).

If you are a **PERS** member who is not eligible for premium-free Medicare Part A through your work record or that of a spouse, contact the District’s Health Insurance Section at (213) 891-2200.

## **You Have Medicare Part A, So When Should You Enroll In Part B?**

If you are over age 65, you should enroll in Medicare Part B before you retire, so your Medicare Part B coverage can start on the first day of the month following your retirement.

## **What about enrollment in Medicare Part D?**

Currently, your prescription drugs are covered by your LACCD-sponsored health plan provided by either Blue Shield of California or Kaiser Permanente. There is no District requirement for you to enroll in Medicare Part D. If you choose to enroll in Medicare Part D, you may be obligated to pay in the District for lost subsidies due to your enrollment. For more information, please call the LACCD Benefit Service Center at 1-800-842-6635.

## **Where to send Social Security’s “Request For Employment Information” Form**

The Social Security Office should give you a “Request for Employment Information” form to be completed by your employer (*see attached*). Please send this form to:

**LACCD Health Insurance Section  
770 Wilshire Boulevard  
Los Angeles, California 90017  
Phone: (213) 891-2200 Fax: (213) 891-2490**

## **COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985)**

Federal law requires the District to offer continuation coverage to all of its terminating employees who are covered under the LACCD Group Health Plan. Therefore, you will receive a COBRA notice although you may be eligible and have applied for District-paid health coverage. If this is your case, please disregard this notice.

## **CONVERSION TO AN INDIVIDUAL LIFE INSURANCE POLICY**

You may convert the District-paid coverage to a policy within 31 days from the date of your resignation for which you will be responsible for the premium. You will not be required to submit evidence of insurability to MetLife. Immediately upon termination of your Group Life benefits, the District will notify MetLife. In turn, a representative from the MetLife Advice Resource Center will contact you to explain your options for conversion. If you do not receive a call, feel free to contact the MetLife Advice Resource Center at 1-877-275-6387.

## **MANDATORY RE-ENROLLMENT DURING OPEN ENROLLMENT**

**Remember:** Retirees enrolled in the District's Group Health Plan MUST re-enroll himself/herself and his/her eligible dependents during each open enrollment period. If you fail to re-enroll during this mandatory enrollment period, your enrollment in District health plans will terminate on the 1<sup>st</sup> day of the new plan year. In that event, you may be re-enrolled in the health plans prospective to your submission of the required enrollment form and/or documentation which will result in a lapse in coverage. Please make a note of this rule.

For additional information and provisions, please refer to the District's Board Rules, the Master Benefits Agreement between the District and the Collective Bargaining Units and the Health Insurance Benefits Booklet. This information is available on the District's web site at [www.laccd.edu/health](http://www.laccd.edu/health). If you have any questions, please contact the District's Benefit Service Center at (800) 842-6635.