



Shift to SISC

Medicare and Early Retirees
May 23, 2022

Our Panel

- Crystal Leach, Associate Superintendent Administrative Services
- Edith Salvatore, SDTA
- Chris Schoephoerster, AFSCME
- Lauri Phillips, SISC
- Devon Devine and Brittany King, Claremont Partners

TODAY'S OBJECTIVE: Provide a brief overview of the shift to SISC, focusing on Medicare retiree and early retiree options

Information in this presentation will include:



This presentation focuses on the plans offered to Retirees

- The committee process
- Brief overview of SISC and comparable plan designs
- Next steps and due dates

Joint Benefits Committee Process

- The Joint Benefits Committee includes representatives from the District, Board of Trustees, SDTA, AFSCME and unrepresented classified and administrative employees
- In fall 2019 the Committee began looking in detail at alternatives to CalPERS for medical insurance
- The goal: same or better medical insurance options for everyone
- SISC was selected based on its ability to provide the same or better medical insurance options as CalPERS

CalPERS state retirement will not be impacted!

CalPERS long term disability (LTC) will not be impacted!

For all FAQs

*Please check the
Benefits website*



Home > DEPARTMENTS > Human Resources > Benefits

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Benefits

Shift to SISC

[Click Here](#) to view the webinar flyer.

[Click Here](#) to view the benefits informational memo.

[Click Here](#) for an overview of the Kaiser shift to SISC.

[Click Here](#) for an overview of the HMO and PPO shift to SISC.

	Session 1	Session 2	Session 3
Topic A. Active Employees – Shift to SISC for Kaiser members	12:50 – 1:15 Tues 1/25 ☀️	5:30 – 5:55 Tues 1/25 🌙	11:40 – 12:05 Weds 1/26 ☀️
Topic B. Active Employees – Shift to SISC for Anthem Blue Cross, UHC PPO, and other non-Kaiser members	12:50 – 1:15 Tues 2/8 ☀️	11:40 – 12:05 Weds 2/9 ☀️	5:30 – 5:55 Weds 2/9 🌙
Topic C. Active Employees – Q&A on Shift to SISC for ALL employees	5:30 – 6:30 Thurs 2/10 🌙	N/A	N/A
Topic D. Retirees – Shift to SISC and Q&A for all retirees	5:30 – 6:30 Tues 2/15 🌙	N/A	N/A

• [Benefits Information Webinar Link](#)

[Click Here](#) to view SISC Eligibility Documentation Checklist

[Click Here](#) SISC Kaiser Benefits Design Summary

[Click Here](#) SISC HMO Benefits Design Summary

[Click Here](#) SISC PPO Benefits Design Summary

Who is SISC?



- SISC operates as a public school Joint Powers Authority (JPA) – a public entity.
- Administered by the Kern County Office of Education, all staff are certificated and classified public school employees
- Established in 1979 – Celebrating over 40 years of service to our partners
- SISC is not an insurance company. We are public schools joining together to share costs and spread risk over a large population.
- Like public schools, SISC is subject to the Brown Act. Board meetings are open to the public and financial statements are of public record
- SISC is run in the best interest of our membership. Our focus is the value we provide our members - not perks, politics or profits.
- SISC has over 325,000 members in 460+ school agencies in 44 counties
- One out of every 1,000 Americans is covered by a SISC plan

General Information for Retirees

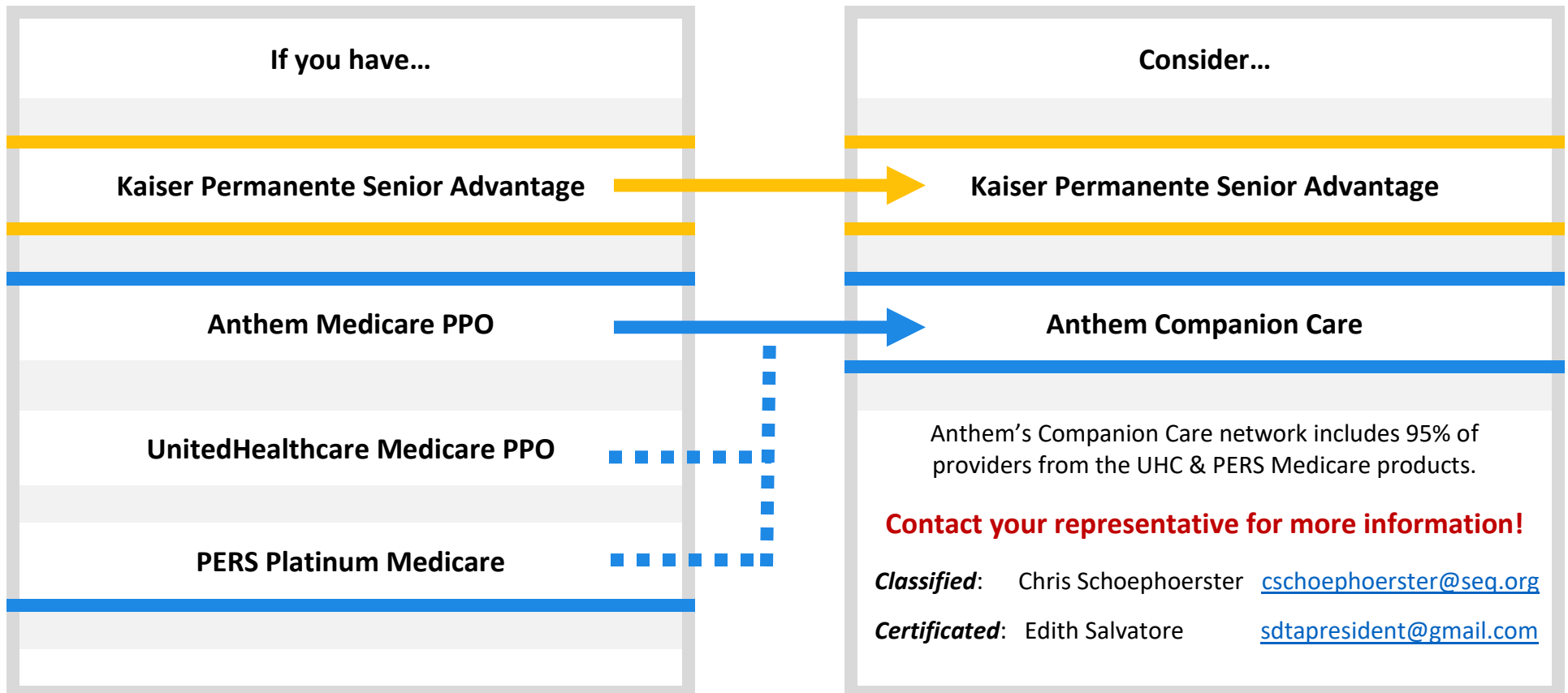
- **Retirees under age 65** will have the same plan options as the active employees
- **Retirees age 65 plus (Medicare Retirees)** - SISC requires all retirees and the spouse or domestic partner of a retiree at the age of 65 to be enrolled in Medicare Parts A and B.
 - Proof of Medicare enrollment is due to SISC the first of the month in which the member turns 65. You must be enrolled and remain enrolled to be eligible.

RETIREE SPOUSES AND DEPENDENTS will continue to be eligible for coverage through the SUHSD plan.

If one or more persons enrolling on your coverage/contract are under age 65, you will remain on the district plans with the active and early retiree rate. For the person over 65, we must submit a copy of your Medicare card with the enrollment form.

Medicare-eligible Retiree Plan Selection

CalPERS to SISC Pathway



———— Doctors are 100% the same

■■■■■ Doctors are 95% the same

SUHSD Medicare Rates in SISC

Kaiser Population		Allocation of Cost		
PERS Kaiser Permanente Sr. Adv. - Region 1/2/3 (536, 537, 538, 542, 544)	2022 Rates	CalPERS Min Contribution	Employee Contribution	Employee Contribution Change
Single	\$ 302.53	\$ 149.00	\$ 153.53	
PERS Kaiser Permanente Sr. Adv. Out of State (214, 249, 253, 269)	2022 Rates			
Single	\$ 295.52	\$ 149.00	\$ 146.52	
SISC Kaiser Permanente Sr. Adv.	2023 Rates	New Contribution	Employee Contribution	Employee Contribution Change
Single	\$ 309.00	\$ 200.00	\$ 109.00	\$ (37.52) less

Anthem Population		Allocation of Cost		
PERS Anthem Medicare PPO (512, 514, 515, 516)	2022 Rates	CalPERS Min Contribution	Employee Contribution	Employee Contribution Change
Single	\$ 360.19	\$ 149.00	\$ 211.19	
SISC Anthem Companion Care	2023 Rates	New Contribution	Employee Contribution	Employee Contribution Change
Single	\$ 384.00	\$ 200.00	\$ 184.00	\$ (27.19) less

SUHSD Medicare Rates in SISC

UHC Population		Allocation of Cost		
PERS UHC Medicare PPO (579, 585, 586)	2022 Rates	CalPERS Min Contribution	Employee Contribution	Employee Contribution Change
Single	\$ 294.65	\$ 149.00	\$ 145.65	
SISC Anthem Companion Care	2023 Rates	New Contribution	Employee Contribution	Employee Contribution Change
Single	\$ 384.00	\$ 257.00	\$ 127.00	\$ (18.65) less

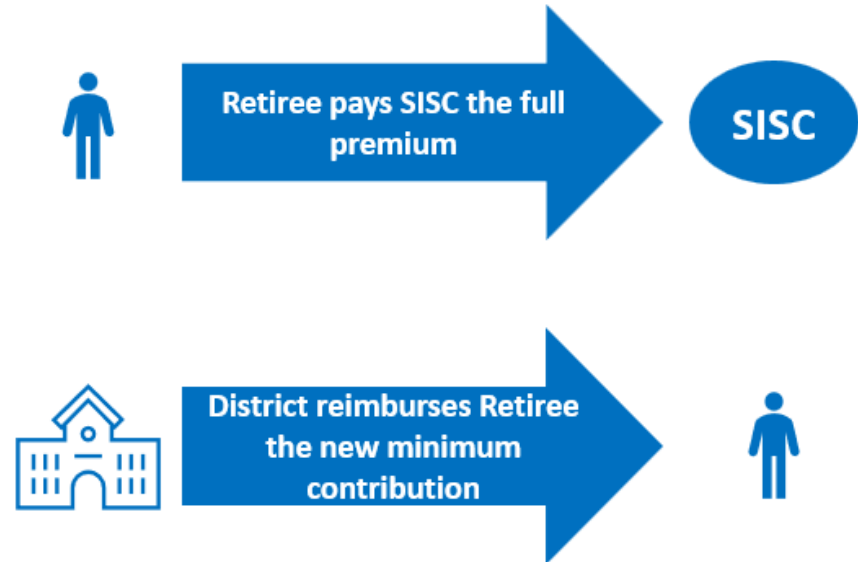
PERS Platinum Population		Allocation of Cost		
PERS Platinum - Region 1/2/3/OOS Medicare (605,606,607,608) FKA PERSCare/Choice *	2022 Rates	CalPERS Min Contribution	Employee Contribution	Employee Contribution Change
Single	\$ 381.94	\$ 149.00	\$ 232.94	
SISC Anthem Companion Care	2023 Rates	New Contribution	Employee Contribution	Employee Contribution Change
Single	\$ 384.00	\$ 200.00	\$ 184.00	\$ (48.94) less

Ways to Pay

Retirees with Lifetime Benefits



Retirees without Lifetime Benefits



SISC accepts online payment via secure website in addition to check and money order. The secure website allows one-time or recurring payments to be set up for your convenience. SISC cannot be paid directly using pension funds.

Dependent Eligibility Documentation is Required

Dependent Type	Required Documentation
Spouse	<ul style="list-style-type: none"> Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out). For <u>newly married</u> couples where prior year tax return is not available a marriage certificate will be accepted.
Domestic Partner	<ul style="list-style-type: none"> Certificate of Registered Domestic Partnership issued by State of California (Enrolling a Domestic Partner may cause the employer contribution to become taxable)
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name, and child's DOB) Legal Adoption Documentation
Legal Guardianship up to age 18	<ul style="list-style-type: none"> Legal U.S. Court Documentation establishing Guardianship
Disabled Dependents over age 26	<p>Anthem Blue Cross (All items listed below are required)</p> <ul style="list-style-type: none"> Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and 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 <p>Kaiser (All items listed below are required)</p> <ul style="list-style-type: none"> Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and 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 Medicare Plan Types & Differences

Important Details	Kaiser Permanente Senior Advantage	Anthem Companion Care
Medical Providers	Kaiser Permanente	U.S. Providers who Accept Medicare Assignment
Must live in plan service area	Yes	No (U.S. only)
Deductible	No	No
Must receive non-emergency services in service area	Yes	No (U.S. only)
Medicare A & B required for enrollment (Retirees 65+)	Yes	Yes
Medicare assigned to Plan	Yes	No
Retain Original Medicare	No, assigned to Plan	Yes
Travel Coverage	Emergency and Urgent Care	Emergency Care
Services Covered Beyond Medicare	Yes (ex. chiropractor)	No
Prescription Drug Administrator	Kaiser Permanente	Navitus Health Solutions
\$0 Generics	No	No
Prescription Drug coverage gap ("donut hole")	No	No
Gym Membership Discount Program	Silver&Fit®	Silver&Fit®

General Transition Information

This Special Enrollment Period will be in in October 2022

Current Kaiser Members

The forms will be forwarded to SISC for processing and transmission to the Kaiser for processing.

- ✓ Your Medical Record Number with Kaiser will not change.
- ✓ Kaiser will only issue an ID card if you have not received one in the last year.
- ✓ Kaiser will transfer your Medicare Assignment to your SISC plan

For New to Kaiser

Kaiser members turning 65 or new Medicare Kaiser members enrolling January 1, 2023 or later will need to complete a Kaiser Election Form to assign your Medicare to Kaiser.

Again, if you have already done this Kaiser will transfer your Medicare assignment to your new plan.

Kaiser Retiree Transition to SISC

California Region Kaiser Permanente Group Enrollment Form

Please print or type in black ink only. Make a copy for your records.

TO BE COMPLETED BY EMPLOYER:		
District Name:	Hire Date (mm/dd/yyyy)	
Medical Group Number:	Enrollment Unit:	Effective Enrollment Date (mm/dd/yyyy)
Complete this section ONLY if dental, vision and/or life insurance is offered through SISC: Delta Dental Group#: _____ Vision Group#: _____ SISC Life Ins Group#: Employee Only _____		

A. ENROLLMENT:		New group: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> New Hire (complete sections A, B, C, D) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Open Enrollment (complete sections A, B, C, D)		
Health Plan (Check one) <input type="checkbox"/> HMO Plan <input type="checkbox"/> Deductible Plan <input type="checkbox"/> Other _____		
<input type="checkbox"/> Loss of Other Coverage (complete sections A, B, C, D) <input type="checkbox"/> Other (please specify) _____		
<input type="checkbox"/> Event Date (mm/dd/yyyy) _____		
B. EMPLOYEE: Have you ever been a Kaiser Permanente member? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Medical Record No. (if known)	Social Security No.	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Name (Last, First, MI)	Birth Date (mm/dd/yyyy)	
Home Address	City	State ZIP
Work Phone	Home Phone	Email
Ethnicity	Preferred Language	

C. FAMILY For additional dependents attach a separate sheet with employee's name at top. (Last, First, MI)		
<input type="checkbox"/> Add <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner Spouse/domestic partner name: Gender: Male Female	<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vision	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
<input type="checkbox"/> Add <input type="checkbox"/> Son <input type="checkbox"/> Daughter Dependent name:	<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vision	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
<input type="checkbox"/> Add <input type="checkbox"/> Son <input type="checkbox"/> Daughter Dependent name:	<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vision	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.
<input type="checkbox"/> Add <input type="checkbox"/> Son <input type="checkbox"/> Daughter Dependent name:	<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vision	Social Security No. Birth Date (mm/dd/yyyy) Medical Record No.

Do any of dependents above live at another address? ☐ Yes ☐ No If yes, complete the following:

Name (Last, First, MI): _____ Address: _____

D. Kaiser Foundation Health Plan Arbitration Agreement

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

Signature required for all Kaiser Permanente Plans
(Excluding KPIC PPO, KPIC OOA, and KPIC Dental Plans)

Date

*Disputes arising from fully-insured Kaiser Permanente Insurance Company (KPIC) coverage are not subject to binding arbitration 1) the Preferred Provider Organization (PPO) and the Out-of-Network portion of the Point of Service (POS) plans; 2) Preferred Provider Organization (PPO) plans; 3) Out of Area Indemnity (OOA) plans; and 4) KPIC Dental plans.

 KAISER PERMANENTE.

YES, all Kaiser retirees enrolled in a Kaiser plan must complete a Kaiser form to move you into the SISC program.

Write in your plan selection next to Other.

Please provide a copy of your Medicare card(s)

Kaiser Permanente Senior Advantage Medicare Advantage Plan

Kaiser Permanente Senior Advantage (KPSA) is an HMO Medicare Advantage plan with Medicare Part D prescription drug coverage provided through Kaiser Permanente:

- ✓ Requires continuous enrollment in Medicare parts A & B
- ✓ Members enrolled in a Medicare Advantage plan assign their Medicare to a private company
 - Cannot use Medicare coverage with non-Kaiser Permanente providers when enrolled in KPSA
- ✓ SISC members must live in the KPSA service area within the state of California
- ✓ Traveling SISC KPSA members are covered worldwide for emergency and urgent care services

Kaiser Permanente Senior Advantage Medicare Part D Prescription Drug Plan:

- ✓ \$10 generic/ \$20 or \$25 brand and specialty (depending on plan selected) for up to a 100-day supply
 - There is no coverage gap or “donut hole” on this plan.

SISC KPSA plans include a chiropractic/acupuncture rider – self refer to an in-network provider in the American Specialty Health network \$10 copay per visit up to 30 combined visits per year. The benefit summaries have this information included.

Companion Care Medicare Supplemental Plan

CompanionCare is a Medicare Supplement (also known as Medigap) plan administered by Anthem Blue Cross with Medicare Part D prescription drug coverage provided through Navitus Health Solutions:

- ✓ Requires continuous enrollment in Medicare parts A & B
- ✓ Cost will not increase according to member's age but premiums may be subject to yearly increases
- ✓ Members enrolled in a Medicare Supplement/Medigap plan maintain Original Medicare
 - Member self-refers to any U.S. provider who accepts Medicare assignment
- ✓ The member's cost share is zero when the medical service is both approved by Medicare and the provider accepts Medicare assignment.
 - If the medical service is not covered by Medicare, then it will not be covered by the plan (excepting limited travel coverage).
 - Visit: <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf> to see what is not covered by Medicare Part A and Part B.
- ✓ SISC members must reside within the United States.

Navitus Health Solutions Medicare Part D Prescription Drug Plan:

- ✓ \$9 generic/ \$35 brand and specialty - Costco zero copay program does NOT apply
- ✓ There is no coverage gap or "donut hole" on this plan.

SISC CompanionCare

Summary of Benefits (1/1/22 – 09/30/22)

Services	SISC CompanionCare
Lifetime Maximum	None
Annual Out-of-Pocket Maximum	None
Deductible	None
Office Visits	No charge
Lab/X-rays	No charge
Outpatient Surgery	No charge
Hospitalization Services	No charge
Emergency Services	No charge
Ambulance Services	No charge per transport
Prescription Drugs <ul style="list-style-type: none"> • Generic • Brand 	\$18 for up to a 90-day supply \$90 for up to a 90-day supply
Durable Medical Equipment	No charge
Home care (part-time, intermittent)	No charge
Skilled Nursing Facility Care	No charge for up to 100 days per benefit period
Gym Membership/Discount Program	No charge

Important note: this is a benefit overview of SISC's CompanionCare group plan where all services must be approved by Medicare to be covered on this plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Anthem CompanionCare Plan Evidence of Coverage.

Silver&Fit

Exercise and Healthy Aging Program



Available at no cost, Blue Shield 65+, CompanionCare, and Kaiser Permanente Senior Advantage members can take advantage of the Silver&Fit® Healthy Aging Program with benefits that include:

- ✓ Gym Membership at participating locations
- ✓ Home Fitness Program
- ✓ Healthy Aging Resource Library

To learn more about Silver&Fit®, including how to register and locate fitness facilities near you, visit SilverandFit.com

Local participating* facilities may include:

- 24 Hour Fitness
- YMCA
- Anytime Fitness

**Participation may vary by location.*



Medicare Retirees - What do I need to do?

- 1** **October 2022: Complete an Enrollment Form, which will be mailed to you**
Fill all required fields with complete social security numbers, dates of birth, email address and don't forget to sign your form
- 2** **Provide a copy of your Medicare card(s)**
Submit with your Enrollment Form
- 3** **If applicable, provide copies of the required Dependent Documents**
Submit with your Enrollment Form
- 4** **Return your completed forms** to the Benefits Department



Your next Open Enrollment for plan changes will be effective October 1, 2023



If you have questions, please contact the Benefits Department

This section is for Early Retirees or
Retirees with a dependent under the age
65 without Medicare

Same / Enhanced Benefit Designs

Example (1 of 2)

Benefit	CalPERS ABC HMO	SISC ABC HMO
Annual Deductible	Individual \$0 Family \$0	Individual \$0 Family \$0
Coinsurance	100%	100%
Office Visit	\$15 copay	\$10 copay
Annual Out of Pocket Maximum	<i>Medical:</i> Individual \$1,500 Family \$3,000 <i>Pharmacy:</i> Individual \$6,650 Family \$13,300	<i>Medical:</i> Individual \$1,000 Family \$2,000 <i>Pharmacy:</i> Individual \$1,500 Family \$2,500

*In-network coverage based on plan designs in effect 1/1/22.
Complete benefit designs have been reviewed by the Joint Benefits Committee and will be posted on the District's benefits website.*

Same / Enhanced Benefit Designs

Example (2 of 2)

Benefit	CalPERS ABC HMO	SISC ABC HMO
Chiropractic	\$15 copay per visit	\$10 copay per visit
Acupuncture	\$15 copay per visit	\$10 copay per visit
Limits	15 visits per year	30 visits per year

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