ELK GROVE BENEFITS EMPLOYEE RETIREMENT TRUST

“EGBERT”

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This power point and more information about EGBERT can be found at www.egbertbenefits.com

ABC&D’s of Medicare - Active

MEDICARE – EGBERT Plan Requirements

- The retiree and dependent must each, **when they first become eligible**, apply for Medicare Parts A (Hospital Insurance) & B (Medical Insurance).
  - Typically, your initial enrollment period is the 90 days before your 65th birthday. If you become eligible for Medicare before age 65 on the basis of disability, you must enroll in Parts A & B upon your initial eligibility.
- You must provide EGBERT with a copy of your Medicare card and enrollment forms by the 15th of the month prior to your eligibility date.
- If you and/or a dependent are Medicare eligible when you retire or leave EGUSD employment, you will need the *CMS-L564 REQUEST FOR EMPLOYMENT INFORMATION* completed by the EGUSD Payroll/Benefits Department. This should come with the letter from the District that confirms your EGBERT eligibility.
- You will need to complete *CMS-40B APPLICATION FOR ENROLLMENT IN MEDICARE PART B*. This document should be delivered to Social Security **WITH** the *CMS-L564 REQUEST FOR EMPLOYMENT INFORMATION* in order to add Part B within the Special Enrollment Period window and to avoid permanent Late Enrollment Penalties.

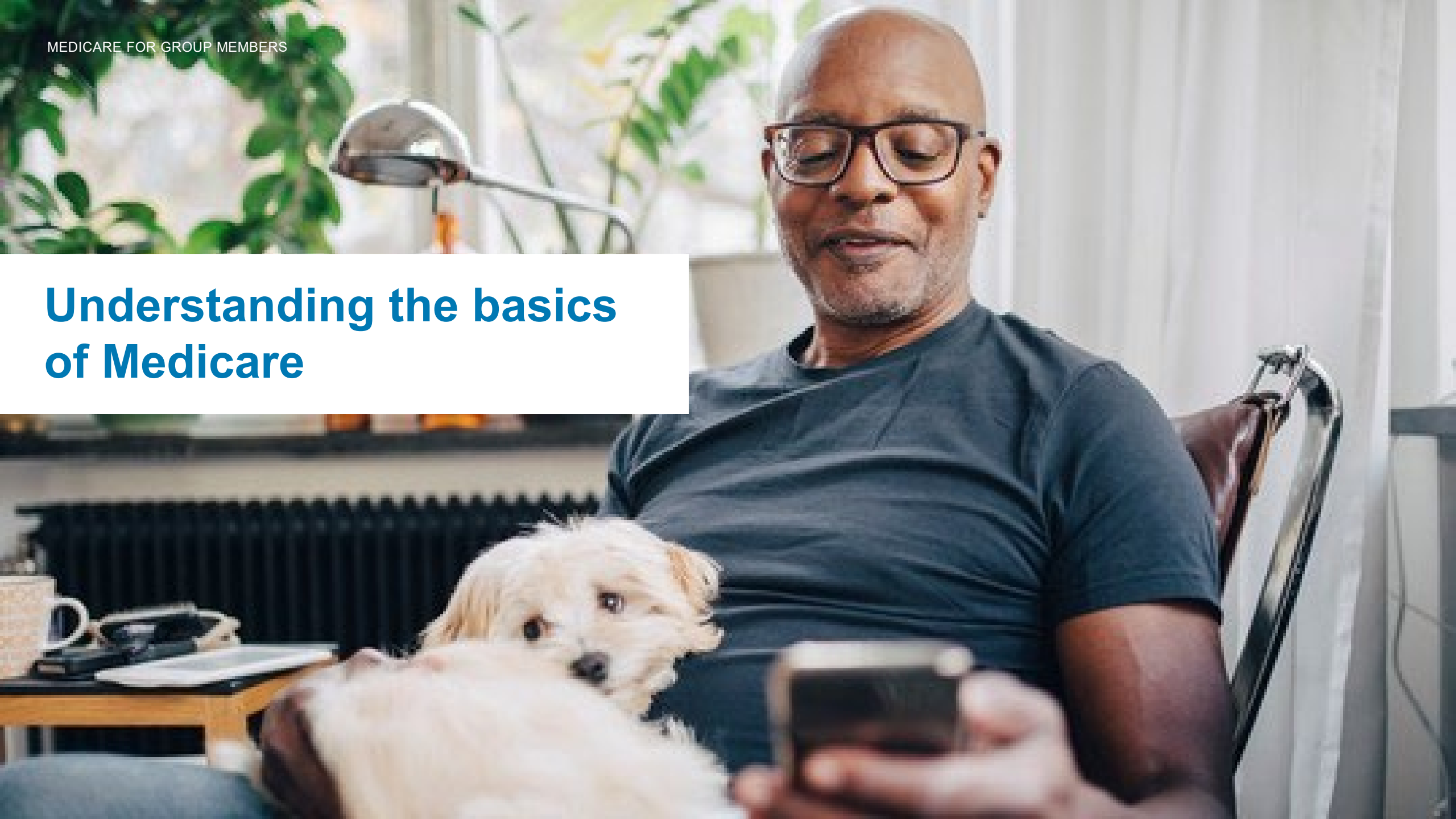
Working beyond age 65

- The retiree and/or their dependent may delay enrolling in Medicare Part B if the retiree is waiving EGBERT medical coverage and they are enrolled in an employer group health plan. This may be through the job of a partner/spouse or through the retiree working another job after retirement from EGUSD.
- If you are delaying enrollment because you are covered by an employer group health plan, we encourage you to still enroll in Medicare Part A when you are eligible.
- If a retiree and/or dependent has medical coverage through a group health plan outside of EGUSD or EGBERT, they should check what the Medicare rules and requirements for that plan.
  - If the employer doesn't require you to sign up for Medicare Part B right away, you can enroll at a later date without a Late Enrollment Penalty upon that employee's retirement or other loss of the employer group coverage.
- EGUSD couples: As a retiree if you are going to waive and receive your medical coverage through an EGUSD active employee, you should **not** enroll in Medicare Part B until they retire or leave EGUSD benefit eligible employment.

Failure to enroll in Medicare Parts A & B and in an EGBERT Medicare plan option when you are initially eligible may result in:

- **a lapse of your medical coverage**
- **an increased cost of your EGBERT monthly premiums**
- **a permanent Late Enrollment Penalty added to the cost of your Medicare Part B.**

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)







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Enrolling in Medicare When First Eligible

Initial Enrollment Period

- EGBERT requires Medicare enrollment on the 1st of the month of your birthday.
- If your birthday is on the 1st of the month, your Medicare will be eligible the 1st of the prior month.
- 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 3-month period, which starts 3 months before your 65th birthday, known as the **Initial Enrollment Period.**
- You may be able to enroll online at **ssa.gov.**



3 months **before** your 65th birthday



The month of your 65th birthday

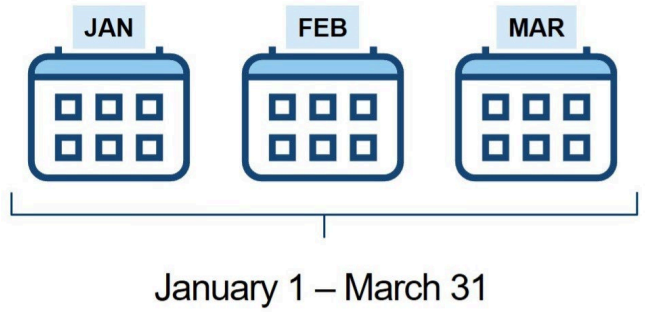
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Late Enrollment Into Medicare

There is no grace period or forgiveness on missing SSA deadlines and no ability to retroactively enroll.

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. Your coverage starts the month after you sign up.



- You might pay a monthly Late Enrollment Penalty, if you don't qualify for a Special Enrollment Period.

Special Enrollment Period

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

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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:



PART A
Hospital Insurance



PART B
Medical Insurance

Original Medicare

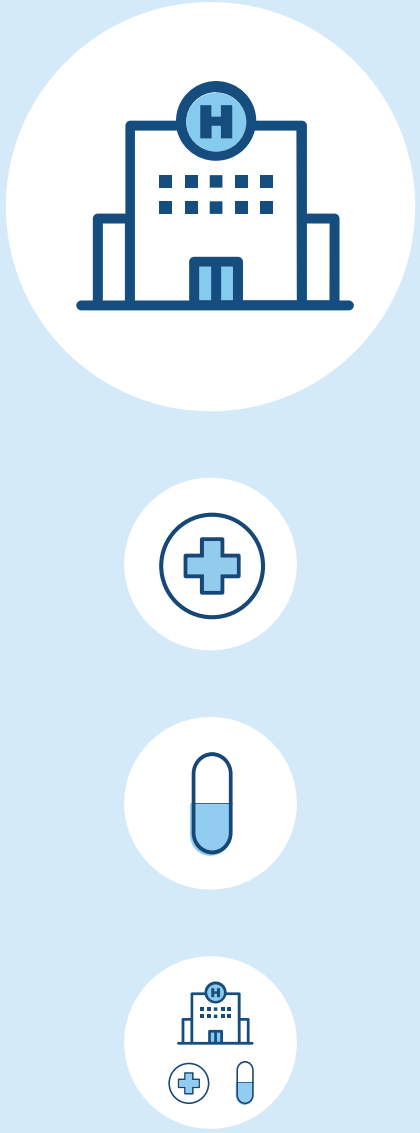


PART D
Prescription
Drug Coverage



PART C
(Medicare Advantage)
Includes Part A, B
and usually D

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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
- If you worked less than 10 years and less than 30 quarters, there is a monthly premium, your monthly premium is set by a Medicare formula.
- If you are not eligible for premium-free Part A on your own, you may be eligible through your current or former spouse.

Contact Social Security:

- To make sure you qualify for premium-free Part A
- To see if you are eligible through a spouse
- To inquire about monthly cost if you are not eligible for premium-free Part A



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:

- The monthly cost of Part B will be based on your income from 2 years prior to age 65. High income earners may have an Income Related Monthly Adjustment Amount (IRMAA)
- Your monthly premium is usually deducted from your Social Security check. CalSTRS members can have the premium deducted from their pension check. If no monthly payment arrangement, SSA will bill quarterly. The bill will be for 3 months and due the month prior. **No grace period on payment!!!!**
- 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 active employee group health plan.

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Part D: Prescription Drug Coverage

All EGBERT Medicare plans include Part D. If a member enrolls in any other Part D plan, they will lose their EGBERT medical coverage.

What it does:

• Covers outpatient prescription drugs

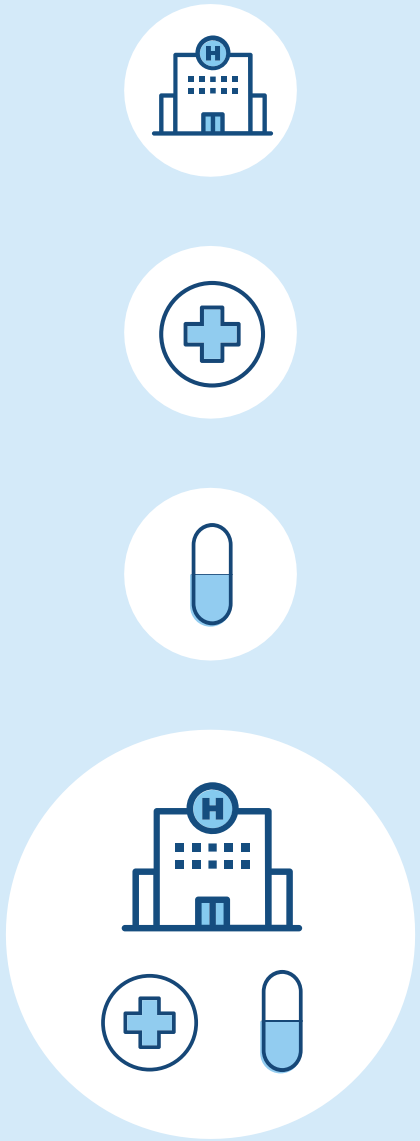
To enroll:

You have 3 options for enrolling in Part D:

1. A Medicare Advantage plan that includes Part D prescription drug coverage
2. A stand-alone Prescription Drug Plan that offers prescription drug coverage only
3. Coverage through an employer group plan

Note: High income earners may have an Income Related Monthly Adjustment Amount (IRMAA).

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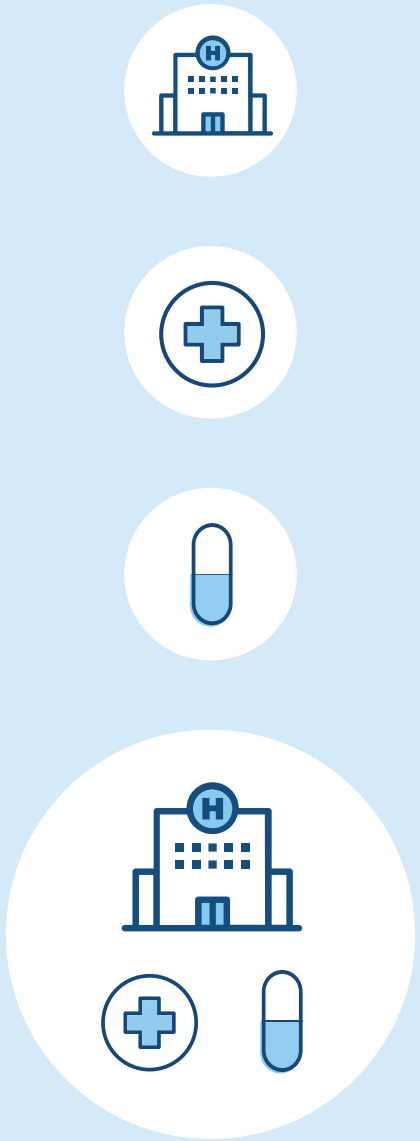
Part C: Medicare Advantage

What it does:

- Combines your benefits from Parts A, B, and sometimes D (prescription drug coverage) in a single plan
- Services under a network of providers that you must use for care
- Note: Medicare does not provide coverage when traveling or living outside of the U.S.

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.



Part C: Medicare Advantage

EGBERT Medicare plans:

- Health maintenance organization (HMO) plans
  - **Kaiser Senior Advantage Plans – CA and NW**
- Preferred provider organization (PPO) plans
  - **Anthem Medicare Preferred PPO**
- Note: If you are currently double covered, CMS will only allow enrollment into one Medicare Advantage plan.

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Take advantage of **One Pass®**

- The One Pass® Fitness Program will be replacing the Silver and Fit Exercise and Healthy Aging Program effective January 1, 2025.
- One Pass® is available to all EGBERT Kaiser Permanente Senior Advantage members at **no additional cost.**
- Gym Memberships:
  - Members are able to use more than one participating location
  - The gym network has participating facilities nationwide, so members can access gyms while traveling.
- Additional benefits include brain training, at home digital fitness classes, and online custom workout builder.
- Join a group class or find local clubs and social events.
- To register, learn more, and find nearby fitness facilities, go to **YourOnePass.com.**



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SilverSneakers®

"an opportunity to improve your health, gain confidence and connect with your community"

SilverSneakers is available to all EGBERT Anthem Medicare Preferred PPO members at **no additional cost**.

In the gym

- Thousands of participating locations nationwide
- Ability to enroll at multiple locations at any time
- SilverSneakers classes designed for all levels and abilities

At home or on the go

- Live online classes and workshops
- On-Demand videos available 24/7
- SilverSneakers Go mobile app with personalized program resources, adjustable workout plans and more

In your community

- Group activities and classes offered outside the gym
- Events including shared meals, holiday celebrations and class socials

Private Pay Reimbursement Plan

- Retirees may elect to participate in the Private Pay Reimbursement Plan if the current medical plans being offered are not available in their area, are cost prohibitive, or if they need access to out-of-network providers.
- The retiree is responsible for obtaining their own medical plan and then submitting documentation of their insurance premium cost for reimbursement.
- EGBERT will reimburse up to the cost for a retiree and one dependent (if eligible) in the category that would otherwise be provided for by EGBERT. (Categories are determined by the age of the retiree and dependents in addition to Medicare eligibility).
- In the Private Pay Reimbursement Plan, the monthly retiree contribution is to be paid for any retiree and/or qualifying covered dependent who is not yet eligible for Medicare.
- Private Pay Reimbursements are direct deposited to your bank account monthly. Contributions and other amounts due to EGBERT are deducted from the reimbursements prior to payment.
- Enrollment in the Private Pay Reimbursement Plan must be renewed annually.
- You may re-enroll in an EGBERT medical plan during Open Enrollment or within 30 days of the loss of your alternative medical coverage (with proof of coverage end date).

Medical Waiver Reimbursement

- Retirees who have alternative medical coverage and either have little/no premium cost or do not meet the criteria for the Private Pay Reimbursement may choose Medical Waiver Reimbursement
- The Medical Waiver Reimbursement will reimburse retirees with alternative coverage for qualifying medical expenses through a Health Reimbursement Arrangement (HRA) administered by Navia Benefit Solutions.
- The annual maximum Medical Waiver Reimbursement is $780.00 for retirees not eligible for Medicare and $390.00 for Medicare-eligible retirees.
- Medical waivers are pro-rated and HRA accounts are funded on a quarterly basis.
- The Medical Waiver must be renewed each year during the annual Open Enrollment period.
- Should you lose your alternative Medical coverage, you may re-enroll at any time during the year as long as you provide proof of the loss of coverage and re-enroll within 30 days of the date coverage ended.
- You may re-enroll in an EGBERT sponsored plan during Open Enrollment or within 30 days of the loss of your alternative medical coverage (with proof of coverage end date).

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



EGBERT Contact Information

Phone: 916-684-7120

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Elk Grove, CA 95758

(North side of the EGEA Office)

Office hours are Tuesday, Wednesday & Thursday from 9:00am to 3:00pm

This power point and the EGBERT Summary Plan Description can be found on the EGBERT website at www.egbertbenefits.com

Questions regarding retirement/Medicare can be emailed to egbertbenefits@gmail.com

Other Sources of Information:

- **Medicare- www.Medicare.gov or 1-800-633-4227**
- **Social Security – www.socialsecurity.gov or 1-800-772-1213**
- **Railroad Retirement Board www.rrb.gov or 1-877-772-5772**