



Burnham

well beyond benefits™

Ventura County Community
College District

**How to Continue Your CalPERS
Coverage - *Medicare Part B Enrollment***

November 20, 2020



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- **Burnham Benefits** - Christian Hariot, Sheridan Eaddy, Maggie Lepore

PART 1

Presentation

PART 2

Q&A Session

- *Indicate your question through the Zoom Chat Feature*



- ✓ CalPERS Requirements
- ✓ Medicare Enrollment Periods
- ✓ How to Enroll in Medicare
- ✓ CalPERS Medicare Transition
 - How to Transition into a CalPERS Medicare Health Plan
 - Changing Medical Plans
 - What Happens If I Take No Action?
 - Important Dates
- ✓ Medicare Part B Cost
 - Late Enrollment Penalty
- ✓ Contact Information
- ✓ Open Discussion / Questions



Retirees eligible for premium-free Medicare Part A

- Must enroll in Medicare Part B during the upcoming **Medicare General Open Enrollment Period – Jan 1, 2021 through March 31, 2021**
- Transfer to a CalPERS Medicare health plan to continue their health coverage with the CalPERS health program. **Effective July 1, 2021**
 - ✓ This requirement applies to retirees and their spouses who are over the age of 65 that wish to have coverage with CalPERS.
 - ✓ You will need to provide proof of enrollment into Medicare Part B to transfer to a CalPERS Medicare health plan.



The Social Security Administration (SSA) has three enrollment periods for Part A and Part B.

- **Initial Enrollment Period:** The Initial Enrollment Period for Part A and Part B begins *three months prior to your 65th birth month and ends three months after your 65th birth month*. Coverage begins based on when you enroll.
- **Special Enrollment Period:** The Special Enrollment Period for Part B is for those who are eligible at age 65 but receive health coverage from an employer group health plan from active employment. The Special Enrollment Period is *eight months following the end of employment or the end of coverage through the employer group health plan*. Coverage begins the month employment or employer group health plan coverage ends.
- **General Enrollment Period:** The General Enrollment Period is **January 1 - March 31** of every year. Coverage begins **July 1st**.



You must enroll into Medicare Part B during the Medicare enrollment period that fits your enrollment scenario.

- **If you recently turned 65**, you may still be eligible to enroll in Medicare Part B under the **Initial Enrollment Period**.
- **If you recently retired**, and it's been less eight months since your retirement, you may be eligible to enroll in Medicare Part B under the **Special Enrollment Period**.
- **If you missed your Initial Enrollment Period and Special Enrollment Period**, then you must enroll in Medicare Part B during the **General Enrollment Period** (January 1-March 31). *You may be subject to a **late enrollment penalty**. VCCCD will reimburse you for this penalty.*

How to Enroll in Medicare



You will need to complete the following steps to enroll in Medicare Part B.

1. Complete the Medicare Part B enrollment form (CMS40B)
 - The VCCCD Benefits Department will mail this form to your home **via US Mail** in **early December**. This form will also be posted on the VCCCD Benefit's webpage.
2. Send the completed Medicare Part B enrollment form to the address below by **January 1, 2021**.

*Ventura County Community College District
761 East Daily Drive, Suite 200
Camarillo, CA 93010
Attn: Benefits Department*

VCCCD will submit the forms to Social Security on your behalf for approval of Medicare Part B enrollment.

- Social Security will contact you directly if they have any questions.
- Your Medicare Part B effective date will be **7/1/2021**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
Form Approved
OMB No. 0938-1230
Expires: 03/09

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number _____

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? YES

3. Your Name (Last Name, First Name, Middle Name) _____

4. Mailing Address (Number and Street, P.O. Box, or Route) _____

5. City _____ State _____ Zip Code _____

6. Phone Number (including area code)
(____) ____-____

7. Written Signature (DO NOT PRINT)
SIGN HERE _____

8. Date Signed
____/____/____

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT
MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness _____

10. Date Signed
____/____/____

11. Address of Witness _____

12. Remarks _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1230. The time required to complete this information is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.



Regarding delivering items to the District Office:

- The District Office is currently closed to the public. Please do not bring your forms to the District Office
- The Benefits Department is working remotely and will be in the office once a week to process mailed forms
- The District Office will be closed for the winter break from 12/24/2020 – 1/3/2021

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5. City _____ State _____ Zip Code _____

6. Phone Number (including area code)
(____) _____ - _____

7. Written Signature (DO NOT PRINT)
SIGN HERE _____

8. Date Signed
____ / ____ / ____

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT
MUST SUPPLY THE INFORMATION REQUESTED BELOW.

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10. Date Signed
____ / ____ / ____

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Proof of Medicare Part B enrollment

You should receive your **Benefit Verification Letter (or Award Letter)** from Social Security approximately two weeks after your enrollment form is processed, and you should receive your **Medicare card** within 30 days of applying.

- ✓ You may login to <https://www.ssa.gov/myaccount/proof-of-benefits.html> and download your **Benefit Verification Letter** after your application has been processed.

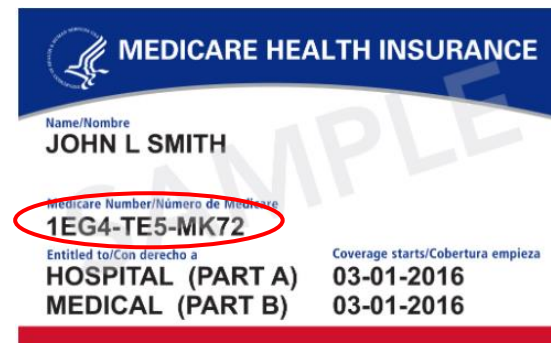
IMPORTANT: Once you receive confirmation of your Medicare Part B enrollment, **you MUST certify your Medicare enrollment with CalPERS by submitting your Benefit Verification Letter and a copy of your Medicare card to VCCCD at the address below by March 1, 2021.** Please include your Medicare number on your **Benefit Verification Letter** prior to submitting to VCCCD.

Mail to:

Ventura County Community College District
761 East Daily Drive, Suite 200
Camarillo, CA 93010

Attn: Benefits Department

Or Email to: benefits@vcccd.edu





How to download documents online

Please see below for instructions to download the **Benefit Verification letter**

1. Go to: <https://www.ssa.gov/myaccount/proof-of-benefits.html>
2. Click "Sign in"
3. Login to your My Social Security account (if you have one created)
4. You may be prompted to verify cell phone or email address. Submit your security code (which will be sent to your phone or email).
4. Click link that says, "Print/Save a letter proving you do receive benefits (PDF)"

You can also access a copy of your **Medicare card** online by following the steps below.

1. Create an account online at www.MyMedicare.gov and login
2. Click the drop down menu where their name is in top right corner
3. Click "My Account"
4. Click "Print my Medicare card"



Social Security Administration Benefit Verification Letter

Date: November 3, 2020

REF: A

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2019, the full monthly Social Security benefit before any deductions is

We deduct \$144.60 for medical insurance premiums each month.

The regular monthly Social Security payment is
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

Information About Past Social Security Benefits

From December 2018 to November 2019, the full monthly Social Security benefit before any deductions was

We deducted \$135.50 for medical insurance premiums each month.

The regular monthly Social Security payment was
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Date of Birth Information

The date of birth shown on our records is

See Next Page

NOTE: Include your Medicare Number on the letter and send a copy to VCCCD before March 1.

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Medicare Information

You are entitled to hospital insurance under Medicare beginning October 2013.

You are entitled to medical insurance under Medicare beginning October 2013.

Your Medicare number is _____ You may use this number to get medical services while waiting for your Medicare card.

If you any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 1-877-319-0735. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
2715 S WOODLANDS VLG B
FLAGSTAFF AZ 86001

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration



Changing your plan election

You will automatically be mapped over from the CalPERS Basic Plan to the CalPERS Medicare plan that is equivalent of your current plan.

FOR EXAMPLE:

Kaiser HMO Basic	→	Kaiser Senior Advantage Plan
PERS Choice PPO Basic	→	PERS Choice Medicare Supplement
PERS Care PPO Basic	→	PERS Care Medicare Supplement

If you would like to select a **different** Medicare Plan, you may do so by calling CalPERS.

- ✓ Call **888 CalPERS** (or **888-225-7377**)



What happens if I take no action?

If you are eligible for premium-free Medicare Part A and do not enroll in Medicare Part B with Social Security Administration and transition into a CalPERS Medicare Plan, **your CalPERS health coverage will be canceled effective April 1, 2021.**

IMPORTANT DATES:

January 1 – March 31: SSA's General Enrollment Period

Early December: You will receive the Medicare Part B Enrollment Form in the mail, or you may access online

January 1: Due date to send your completed Medicare Part B enrollment form to VCCCD.

Approx mid-January: You will receive your Benefit Verification Letter by mail, or you may access online

Approx early-February: You will receive your new Medicare card by mail, or you may access online

March 1: Deadline to submit your Benefit Verification Letter and your new Medicare card to VCCCD

April 1: CalPERS medical plan cancellation effective date if no action is taken

July 1: Effective date of Medicare Part B & the CalPERS Medicare Benefit Plan



Medicare Part B Premiums

- Enrollment in Medicare Part B does have a monthly premium that will need to be paid by you.
- If you or your spouse is receiving Social Security benefits and enroll in Medicare Part B, the cost will automatically get deducted from your and/or your spouse's Social Security Benefit.
- If you are not collecting Social Security, a bill will be sent to you quarterly.
- VCCCD will reimburse you for this cost.

Penalty

You may be subject to a late enrollment penalty if you (or your spouse) did not sign up for Part B when you were first eligible (up to 3 months after you and/or your spouse turn 65). You will be reimbursed by VCCCD if you are subject to this penalty cost.



Medicare Part B Premium Reimbursement

- ✓ The **Benefit Verification Letter** will show your new Medicare Part B premium and penalty amount
- ✓ Provide **Benefit Verification Letter & copy of new Medicare Card** to VCCCD by **March 1, 2021**
- ✓ You will be contacted by a third-party administrator called **BCC** to facilitate your reimbursements
- ✓ You will have the opportunity to request reimbursements by **check or direct deposit**
- ✓ You will begin receiving reimbursements on a **monthly basis starting July 1, 2021**



CalPERS Contact Information

To contact CalPERS by telephone: **888 CalPERS** (or **888-225-7377**)

To provide a written request to CalPERS, please send to:

CalPERS Health Account Management Division

Attn: Medicare Administration

P.O. Box 942715

Sacramento, CA 94229-2715

For information regarding CalPERS health program visit our website at

www.calpers.ca.gov.

Social Security Administration Information

For information regarding your Medicare eligibility and enrollment, call the Social Security Administration at (800) 772-1213 or TTY (800) 325-0778, or visit their website at **www.ssa.gov**.

For information about the Medicare program, call Medicare at (800) 633-4227 or TTY (877) 486-2048 or visit their website at www.medicare.gov.

Questions?