2024

Open Enrollment

Live Meeting Retirees

Benefit Period:

Medical: January 1st – September 30th

Dental & Vision: January 1st – December 31st

Presenters

- **SISC** – Nicole Henry, Frank Impastato
- **Navitus** – Jeff Bogardus, Chris Mead, Athena Eggers
- **VCCCD Benefits** – Katy Lyon, Janice Endo
- **Burnham Benefits –** Maggie Lepore, Christian Hariot, Sheridan Eaddy, Laurine Wood

Layout

PART 1

Presentation

- Burnham
- SISC
- Navitus

PART 2

Q&A Session

- **Indicate your question through the Zoom Chat Feature**
  “Kaiser – Do I have to switch my doctors, and will my member ID stay the same under SISC?”

Content

Agenda

1. Important Dates
2. Benefit Information Resources
3. Steps to Enroll
4. Overview of the *new* Benefit Options
    - Medical
5. Transition of Care
6. What's Next?

Important Updates

Benefit Changes

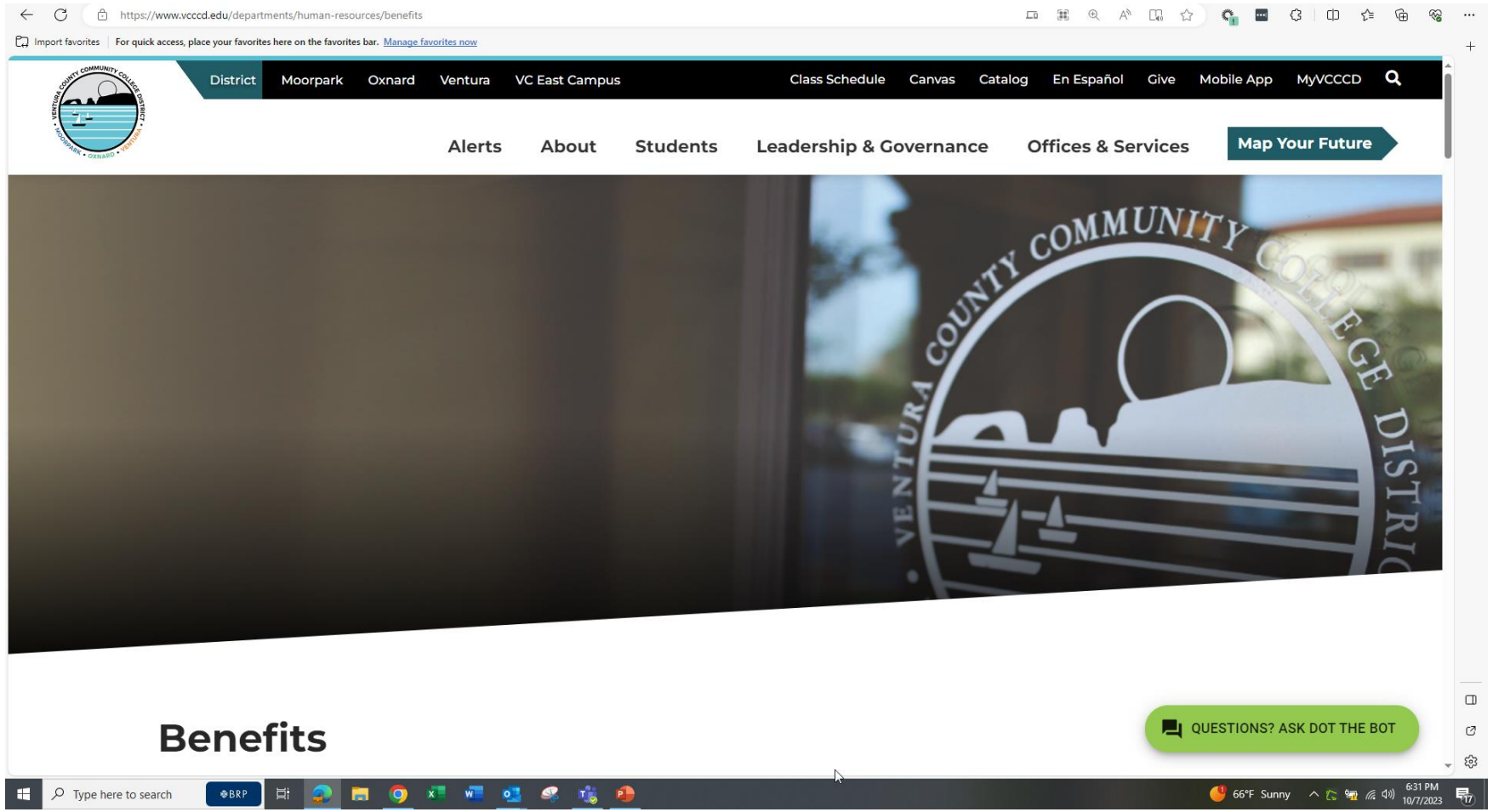
Medical Plan Changes effective January 1, 2024

- **All CalPERS plans will terminate effective December 31, 2023**
- All medical plans will move to SISC (Self Insured Schools of California)
  - **Completed SISC enrollment forms are required to continue with medical plans through VCCCD.**
  - Plan year will run from **January 1st through September 30th**
  - Networks **will remain the same** if you are currently enrolled in Anthem, Kaiser (living in California) or a Medicare Supplement plan, with **an option for an expanded network**.

✓ **Dental will remain with Delta Dental** *No Action Required*
✓ **Vision Plans will remain with EyeMed** *No Action Required*

Enrollment Information

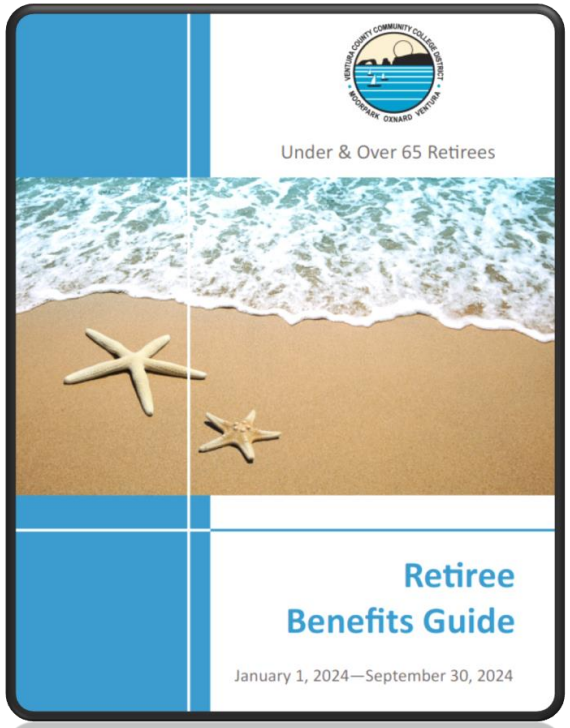
Benefits Information Resources



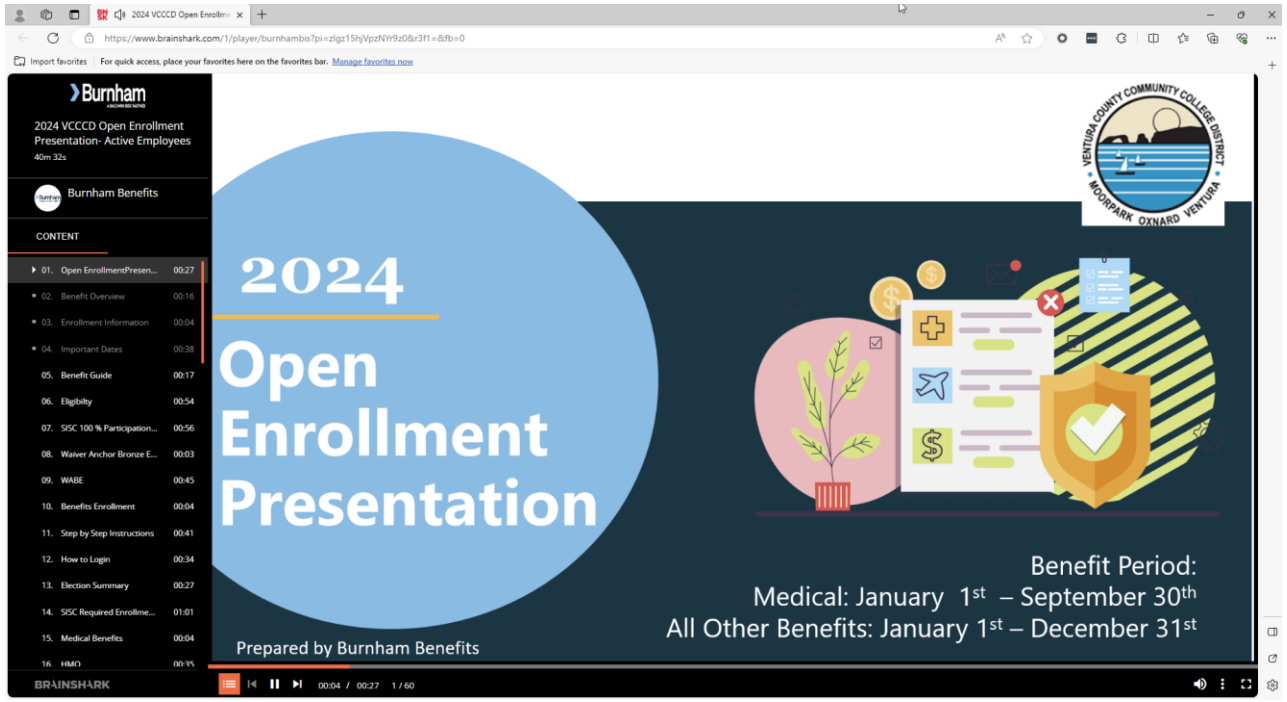
VCCCD Benefits Website
https://www.vcccd.edu/departments/human-resources/benefits

Benefits Information Resources

Benefits Guide



Pre-Recorded Open Enrollment Presentation



- How to Enroll
- Benefits Overview
- Resources and Contacts

Important Dates

Action must be taken before November 1st to have medical benefits in 2024

October / November 2023						
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1			

Plan Year

January 1, 2024
through
September 30, 2024

Open Enrollment: October 11, 2023 through November 1, 2023

Plan Year: January 1, 2024 through September 30, 2024

Medical annual deductible and out-of-pocket maximums are based on a calendar year (January 1st – December 31st)

Eligibility

Eligible Dependents

- Legally married spouse
- Dependent children under age 26
- Domestic partners

Qualifying Events

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- Loss of dependent coverage from another health plan

Notify the Benefits Team within 30 days of a qualifying event: Benefits@vcccd.edu

Retirees who decline medical coverage will not be eligible to enroll in SISC medical coverage in the future

Enrolling Dependents

Documentation Required

- **To Enroll a Spouse**
  - ✓ **Prior year's 1040 Federal Tax form** (face page only) that shows the couple was married (financial information may be blocked out). If taxes were not filed jointly, you can complete an Affidavit of Marriage with a copy of the **marriage certificate**. A marriage certificate will be accepted for newly married couples (within 1 year) where prior year tax return is unavailable.

- **To Enroll a Domestic Partner**
  - ✓ **Certificate of Registered Domestic Partnership** issued by the State of California

- **To Enroll a Child**
  - ✓ **Legal Birth Certificate or Hospital Birth Certificate** (to include full name of child, Parent(s) name, and child's date of birth)
  - ✓ **Legal Adoption Documentation**

- **To Enroll a Child of which you are Legal Guardian (up to age 18)**
  - ✓ **Legal U.S. Court Documentation** establishing Guardianship

- **To Enroll a Unmarried Disabled Dependent (over age 26)**
  - ✓ Anthem
    - ✓ **Legal Birth Certificate or Hospital Birth Certificate** (to include full name of child, Parent(s) name, and child's date of birth)
    - ✓ **Prior year's Federal Tax Form** that shows child is claimed as an IRS dependent (First page only, financials can be blocked out)
    - ✓ **Proof of 6 months prior creditable coverage** under the retiree's plan. There can be no break in coverage.
    - ✓ **Completed Anthem Disabled Dependent Certification Form**
  - ✓ Kaiser
    - ✓ **Legal Birth Certificate or Hospital Birth Certificate** (to include full name of child, Parent(s) name, and child's date of birth)
    - ✓ **Prior year's Federal Tax Form** that shows child is claimed as an IRS dependent (First page only, financials can be blocked out)
    - ✓ **Proof of 6 months prior creditable coverage** under the retiree's plan. There can be no break in coverage.

Eligibility

Retirees who decline medical coverage will not be eligible to enroll in SISC medical coverage in the future.

SISC will make a one-time exception for any retiree that have currently opted out. This will be a one-time opportunity to enroll at this open enrollment. If you waive coverage at this open enrollment or in the future, you will not be eligible to enroll back into a SISC plan in the future.

Eligibility

Important Medicare Guidelines

Retirees and their spouses/domestic partners that are age 65 or older are required to **provide proof of Medicare Parts A and B**.

- A **copy of the Medicare card** for the retiree and the spouse/domestic partner must be sent to SISC prior to the first of the month in which they turn 65 (or the first of the prior month if the birthdate falls on the first of the month), **or when first enrolled in a SISC plan**.
- Retirees must have **continuous enrollment in Medicare** while enrolled in a SISC retiree plan.
- Medicare will continue to be the **primary insurance for those enrolled that are age 65 or older**.

Eligibility

Important Medicare Guidelines

If proof of Medicare is not provided to SISC, a penalty surcharge will be applied to the monthly premium. The surcharge will be applied the first of the month in which the member turns 65 until the Medicare card is produced.

2024 Missing Medicare Surcharge	
Missing Part A	$625
Missing Part B	$625
Missing Parts A and B	$1,250

Retirees who are ineligible for Free Part A, and currently enrolled in a Basic plan with CalPERS, may remain without Medicare and enroll in an 'under age 65' plan through SISC.

Plan Options & Contributions

If you are a Tier I, Tier II, or Tier III retiree who is currently eligible for the district contribution towards health coverage, the district will **cover the cost of premiums, in full,** for the plans listed below.

- ✓ SISC/Anthem PPO 90-C Under 65
- ✓ SISC/Anthem PPO 80-G Under 65
- ✓ SISC/Anthem HMO Traditional and Select Under 65
- ✓ Kaiser HMO $10 Under 65
- ✓ SISC/Anthem PPO 100-A (EGWP) 65+
- ✓ CompanionCare Medicare Supplement 65+
- ✓ Kaiser Senior Advantage Plan (KSPA) 65+

Options for Retirees & Dependents

You have the option to **Combine Plans** if you and your dependents fall under different categories.

- **Retiree or spouse is over 65 and the other is under age 65:**
  - Both members remain enrolled on the Retiree **under age 65** until both parties turn 65
  - or the **over age 65 person** with both parts of Medicare can enroll in any of the Retiree **over 65 plans** and the **under age 65 person** can remain on the Retiree **under age 65 plan**.
- **Both retiree and spouse are over age 65:**
  - Both members enroll in a Retiree **over 65 plan**
- **Both retiree and spouse are over age 65 and there is a dependent under age 65:**
  - All members remain enrolled on the Retiree **under age 65** until all parties turn 65 and the under 65 dependent drops off
  - Or one parent that is **over age 65** with both parts of Medicare can enroll in any of the Retiree over **65 plans** and **the other parent and the dependents** can enroll on the Retiree **under age 65 retiree plan.**
    - *Dependent children cannot be on a plan on their own*

Options for Retirees & Dependents

	Retiree Under 65 Plans available if anyone enrolled is under age 65	**Retiree Over 65** Plans available if everyone enrolled is over age 65
Medical Benefits		
SISC Anthem PPO 90-C $20 5/20 RX Plan	Eligible	**N/A**
SISC Anthem PPO 80-G $20 5/20 RX Plan	Eligible	**N/A**
SISC Kaiser Traditional HMO $10 10 RX Plan	Eligible	**N/A**
SISC Anthem HMO Premier Full Network 10 5/20 RX	Eligible	**N/A**
SISC Anthem HMO Premier Select Network 10 5/20 RX	Eligible	**N/A**
SISC Anthem Blue Cross PPO 100-A Plan 0/20 RX	**N/A**	Eligible
Kaiser Permanente Senior Advantage (KPSA)	**N/A**	Eligible
CompanionCare Medicare Supplement Plan	**N/A**	Eligible
Dental Benefits		
Delta Dental PPO Plus Premier	Eligible	Eligible
Delta Dental HMO	Eligible	Eligible
Vision Benefits		
EyeMed Vision Plan	Eligible	Eligible

Transition of Care

Medical

New insurance ID cards will be sent by mail

- ✓ **Anthem PPO subscribers and spouses** will receive new cards by mail. ID cards for **Dependent children,** the subscriber must call to request in if they want one.
- ✓ **Anthem HMO members** will all receive new cards. It will be critical that the card is reviewed for medical group/PCP selection. If it is not correct, members must call to have it updated.
- ✓ **Kaiser members** only receive a new card if they haven't gotten one **in the past year.**

Transition of Care

Medical

- ✓ When you **seek care after 1/1/24**, make sure to let your providers know that you are covered under a **new insurance policy** and provide them with your new ID card
- ✓ If you are **currently undergoing treatment or have a surgery/procedure scheduled**, **contact your provider** and let them know you will be insured through a new policy
- ✓ If necessary, your provider will **submit the paperwork needed** to transition your care under your new policy

Transition of Care

Prescriptions

- ✓ All members will receive new insurance ID cards by mail, which indicate **pertinent Rx coverage information**

- ✓ If you are on a **regular maintenance medication**, you may request a transition of these prescriptions to the new plan by contacting one of the following;
    - Navitus – (866) 333-2757
    - Your Doctor
    - Your Pharmacy
    - *Any one of these, can facilitate the transition of your approved medication to the new plan*
- ✓ If you are taking a prescription that requires a **Prior Authorization**
    - **Fill your Rx** as close to the end of your current plan as possible prior to December 31st.
    - **Once the new plan becomes active**, your may either
        - Ask your **doctor** to submit the Prior Authorization to Navitus
        - OR you may call **Navitus*** to initiate the Prior Authorization and they will contact your doctor on your behalf

You will be notified in writing once your authorization has been approved

*Navitus Customer Service: *(866) 333-2757*

Transition of Care

Prescriptions

If you have questions regarding if your medication is covered before you are enrolled:

- ✓ Call Navitus Health Solutions at 1-866-333-2757
- ✓ Tell Customer Care you are “New to SISC but not active in the system”
- ✓ Provide Navitus with this code:
  - **100-A EGWP** - Anthem Group number **4R001A (0X20)**
  - **CompanionCare**- Anthem Group number **4R003C (CompanionCare 9X35)**
  - **Under 65 Plans** - **RXPID 5x20**, **SISC Formulary G**. Make sure you mention “**SISC**”

Medical Benefits

Medical Plan Comparison

Under 65

	Anthem Blue Cross HMO Full (California Care) Network Only	Anthem Blue Cross HMO Select HMO In-Network Only	Kaiser HMO Kaiser In-Network Only
Calendar Year Deductible - Individual - Family	None None	None None	None None
Calendar Year Out-of-Pocket Max - Individual - Family	$1,000 $2,000	$1,000 $2,000	$1,500 $3,000
Office Visits - PCP - Specialist - Urgent Care	$10 Copay $10 Copay $10 Copay	$10 Copay $10 Copay $10 Copay	$10 Copay $10 Copay $10 Copay
Hospitalization -Inpatient / Outpatient	No Charge / $10 Copay	No Charge / $10 Copay	No Charge / $10 Copay
Emergency Room Waived if Admitted	$100 Copay	$100 Copay	$100 Copay
Prescription Drugs Generic/Brand/Specialty	$5 / $20 / $20	$5 / $20 / $20	$10 / $10 / $10

Medical Plan Comparison

Under 65

	Anthem Blue Cross 90-C PPO		Anthem Blue Cross 80-G PPO	
	Prudent Buyer	**Non-Network**	**Prudent Buyer**	**Non-Network**
Calendar Year Deductible - Individual - Family	$200 $500		$500 $1,000	
Calendar Year Out-of-Pocket Maximum - Individual - Family	$1,000 $3,000	No limit No limit	$2,000 $4,000	No limit No limit
Office Visits - PCP - Specialist - Urgent Care	$20 Copay $20 Copay $20 Copay	All billed amounts exceeding the maximum allowed amount.	$20 Copay $20 Copay $20 Copay	All billed amounts exceeding the maximum allowed amount
Hospitalization	Ded, 90%		Ded, 80%	
Emergency Room Waived if Admitted	$100 Copay + Ded then 10%		$100 Copay + Ded then 20%	
Prescription Drugs Generic/Brand/Specialty	$5 / $20 / $20	Copay + 50%	$5 / $20 / $20	Copay + 50%

Medical Plan Comparison

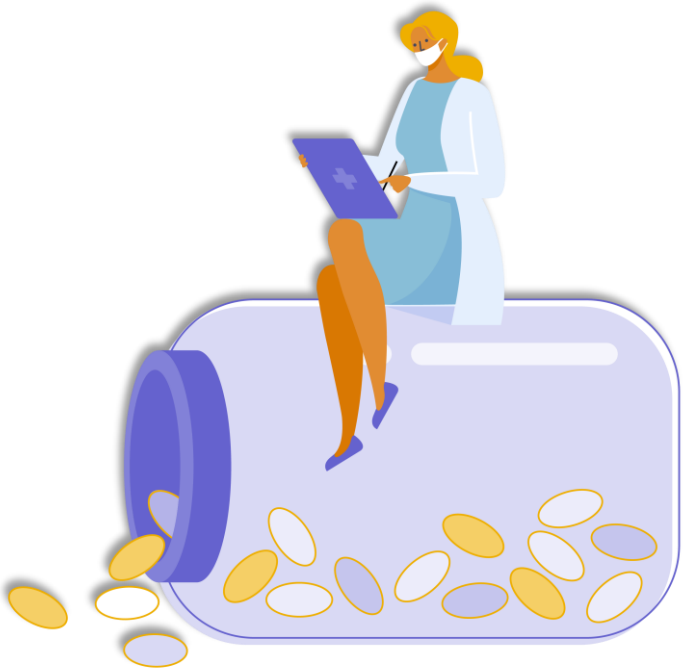
65+

	Anthem PPO 100-A $0	Anthem COMPANIONCARE	Kaiser Senior Advantage $10 KPSA
	In-Network	In-Network	In-Network
Calendar Year Deductible - Individual - Family	$0 $0	$0 $0	$0 $0
Calendar Year Out-of-Pocket Maximum - Individual - Family	$1,000 $3,000	$0 $0	$1,000 per individual
Office Visits - PCP - Specialist - Urgent Care	$0 copay $0 copay $0 copay	$0 copay $0 copay $0 copay	$10 copay $10 copay $10 copay
Inpatient Hospital	Covered 100%	Covered 100%	Covered 100%
Emergency Room Waived if Admitted	$100 copay	$0 copay	$50 copay
Prescription Drugs - Retail Generic/Brand	$0 / $20 / $20	$9 / $35	$10 / $20 / $20

Enrollment in Medicare Parts A & B is REQUIRED

Medical – Prescriptions for PPO Plans

- The Pharmacy Benefit Manager for SISC PPO plans is Navitus Health Solutions
- Mail Order is through Costco Mail Order
- Most pharmacies are in-network with the exception of Walgreen's
- Kaiser members will use Kaiser Pharmacies
- Members may use the mail order pharmacy for their maintenance medications. A member can order a 90-day supply and have the convenience of having the medications shipped directly to their home (or alternate address).



COSTCO® WHOLESALE

NAVITUS
PHARMACY BENEFITS REINVENTED™

Reminder:

Everyone must have their enrollment forms and other required documents back to the district office by November 1st. Benefits will not rollover from your CalPERS plan.

Benefits Enrollment

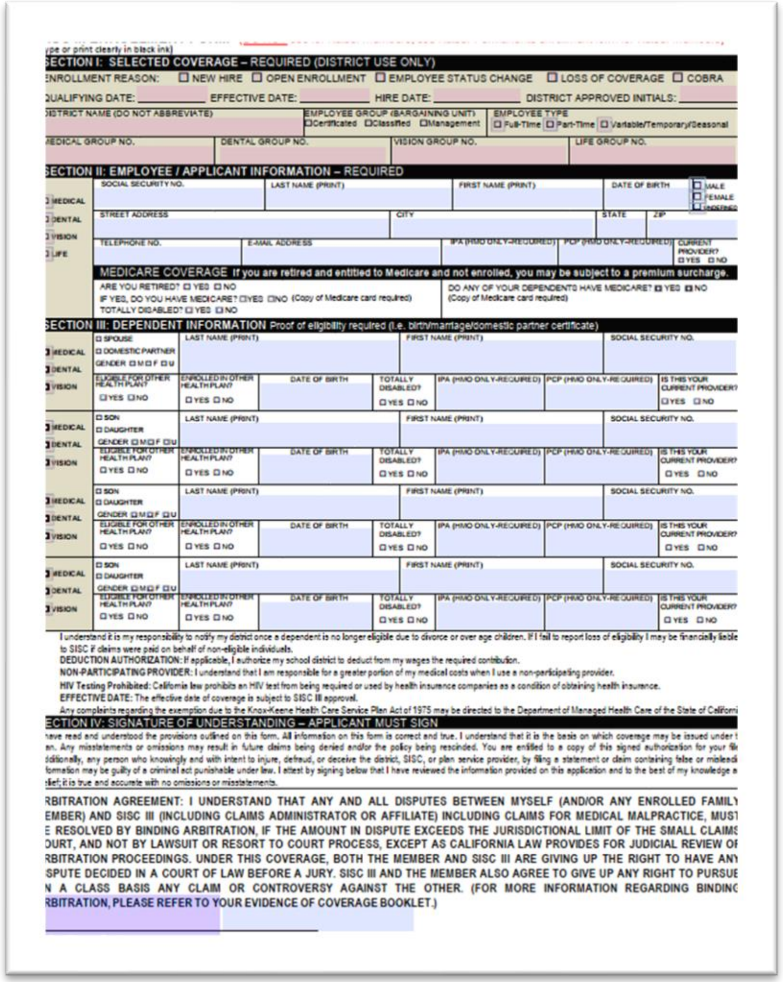
Benefits Enrollment

All Retirees will receive a packet mailed to their home which includes:

- **Open Enrollment Letter**
- **Benefit Summaries**
- **Enrollment Forms**

Enrollment Forms - Under 65 or over 65 not enrolled in parts A & B of Medicare

Anthem Plan (PPO or HMO)


SECTION I: SELECTED COVERAGE – REQUIRED (DISTRICT USE ONLY)

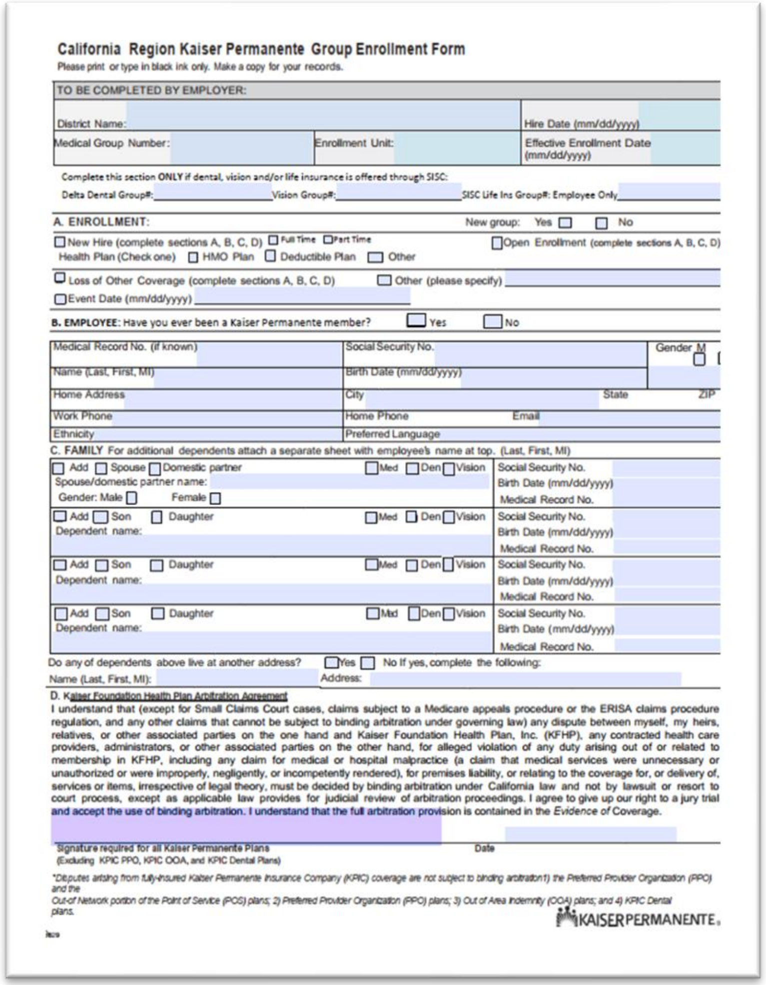
SECTION II: EMPLOYEE / APPLICANT INFORMATION – REQUIRED

MEDICARE COVERAGE If you are retired and entitled to Medicare and not enrolled, you may be subject to a premium surcharge.

SECTION III: DEPENDENT INFORMATION Proof of eligibility required (i.e. birth/marriage/domestic partner certificate)

SECTION IV: SIGNATURE OF UNDERSTANDING – APPLICANT MUST SIGN

Kaiser HMO $10


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:

A. ENROLLMENT:

B. EMPLOYEE: Have you ever been a Kaiser Permanente member?

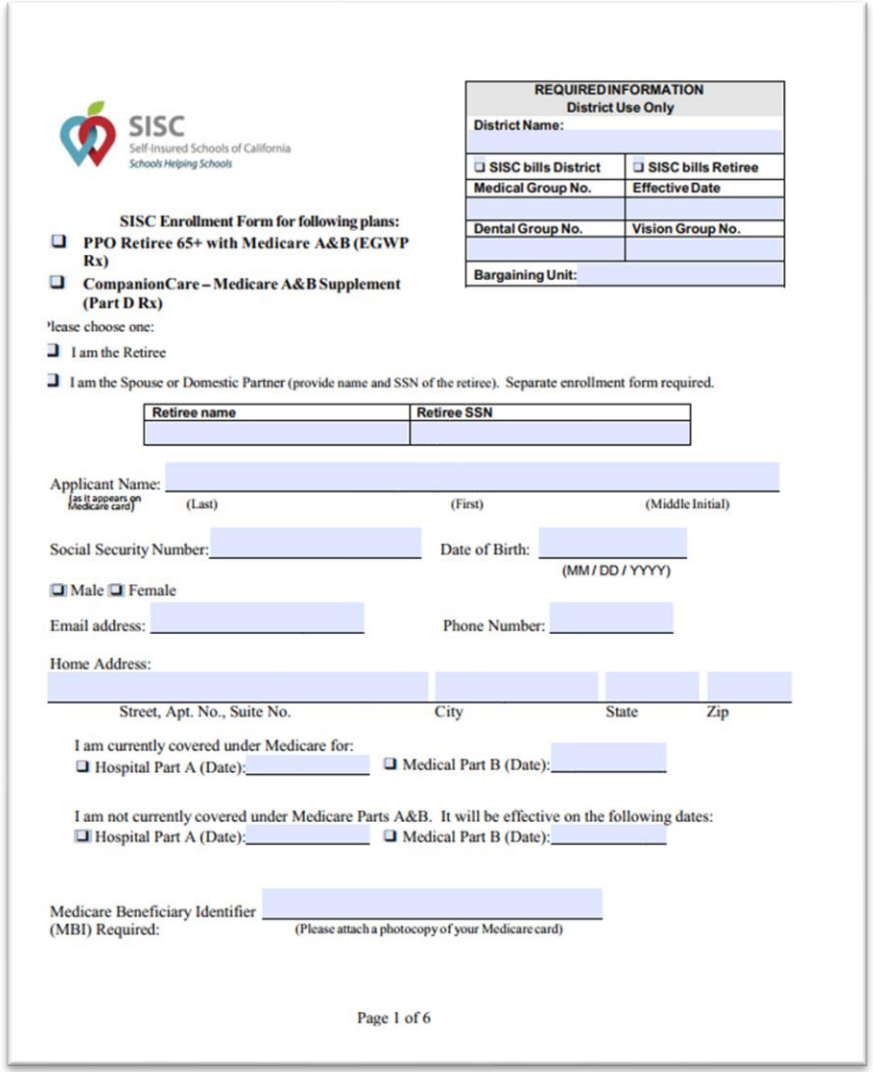
C. FAMILY For additional dependents attach a separate sheet with employee's name at top. (Last, First, MI)

D. Kaiser Foundation Health Plan Arbitration Agreement

KAISER PERMANENTE

Enrollment Forms - 65+ Enrolled in parts A & B of Medicare

100-A Anthem or CcompanionCare Medicare Supplement



SISC
Self-Insured Schools of California
Schools Helping Schools

REQUIRED INFORMATION District Use Only	
District Name:	
❑ SISC bills District	❑ SISC bills Retiree
Medical Group No.	Effective Date
Dental Group No.	Vision Group No.
Bargaining Unit:	

SISC Enrollment Form for following plans:

- ❑ **PPO Retiree 65+ with Medicare A&B (EGWP Rx)**
- ❑ **CompanionCare – Medicare A&B Supplement (Part D Rx)**

Please choose one:

- ❑ I am the Retiree
- ❑ I am the Spouse or Domestic Partner (provide name and SSN of the retiree). Separate enrollment form required.

Retiree name	Retiree SSN

Applicant Name: _____ (as it appears on Medicare card) (Last) (First) (Middle Initial)

Social Security Number: _____ Date of Birth: _____ (MM / DD / YYYY)

❑ Male ❑ Female

Email address: _____ Phone Number: _____

Home Address: _____ Street, Apt. No., Suite No. City State Zip

I am currently covered under Medicare for:
❑ Hospital Part A (Date): _____ ❑ Medical Part B (Date): _____

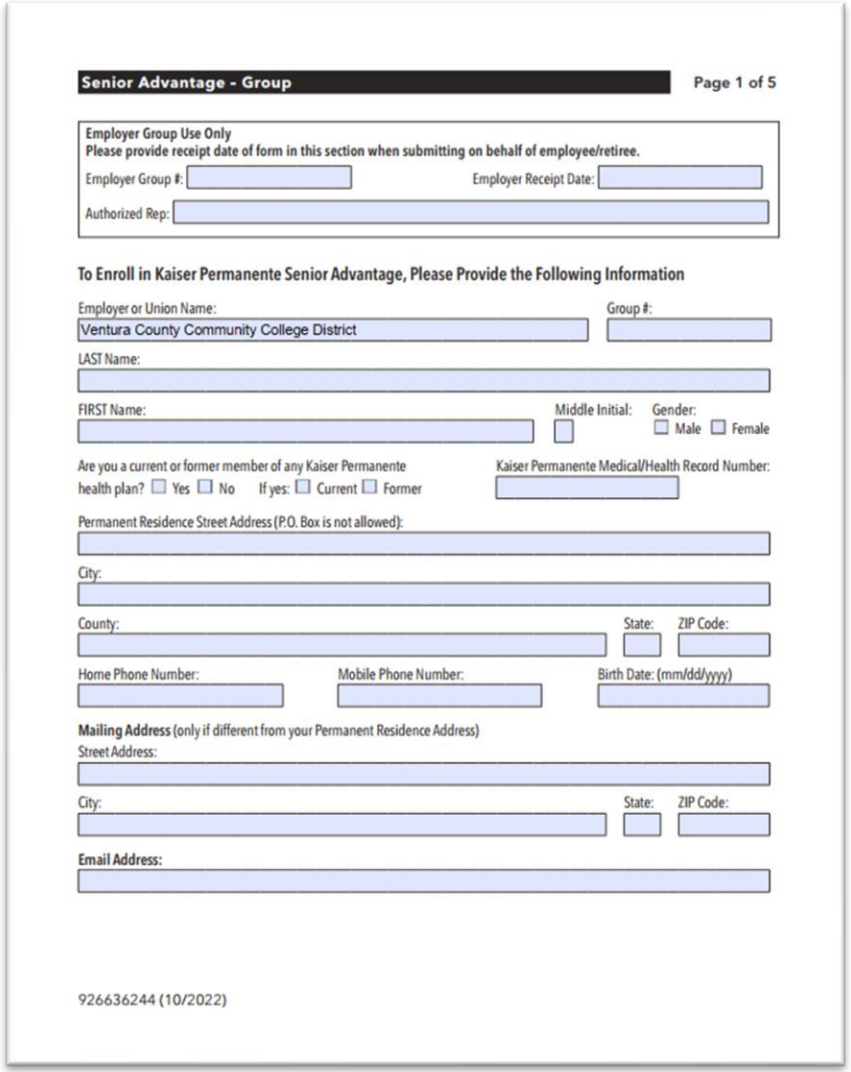
I am not currently covered under Medicare Parts A&B. It will be effective on the following dates:
❑ Hospital Part A (Date): _____ ❑ Medical Part B (Date): _____

Medicare Beneficiary Identifier (MBI) Required: _____ (Please attach a photocopy of your Medicare card)

Page 1 of 6

Important Note: Each individual must complete their own application, e.g. Retiree and Spouse

Kaiser (KPSA)



Senior Advantage - Group Page 1 of 5

Employer Group Use Only
Please provide receipt date of form in this section when submitting on behalf of employee/retiree.
Employer Group #: _____ Employer Receipt Date: _____
Authorized Rep: _____

To Enroll in Kaiser Permanente Senior Advantage, Please Provide the Following Information

Employer or Union Name: Ventura County Community College District Group #: _____
LAST Name: _____
FIRST Name: _____ Middle Initial: _____ Gender: ❑ Male ❑ Female
Are you a current or former member of any Kaiser Permanente health plan? ❑ Yes ❑ No If yes: ❑ Current ❑ Former
Kaiser Permanente Medical/Health Record Number: _____
Permanent Residence Street Address (P.O. Box is not allowed): _____
City: _____
County: _____ State: _____ ZIP Code: _____
Home Phone Number: _____ Mobile Phone Number: _____ Birth Date: (mm/dd/yyyy) _____
Mailing Address (only if different from your Permanent Residence Address)
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Email Address: _____

926636244 (10/2022)

What's Next

Open Enrollment Action Items:

All employees are required to complete their enrollment forms and required documentation by **November 1st** if they wish to have medical coverage. **If you do not elect a medical plan during this Open Enrollment, you will not have an opportunity to enroll in a SISC medical plan in the future.**

Plan Year:
Your coverage period will be *January 1, 2024 - September 30, 2024*

Questions?
Contact the VCCCD Benefits Department at benefits@vcccd.edu