



Don't Miss Out On Open Enrollment!

Dear San Joaquin County Retiree,

It's Open Enrollment season—your once-a-year opportunity to make changes to your benefits. This is when you can add, delete, or change your health plans, as well as add or delete eligible dependents to your coverage. The only other time you can make such changes is during a qualified life event like marriage, divorce, or your child reaching age 26 and no longer being eligible for coverage.

This year's Open Enrollment period is May 1-24, 2024. Changes you make during Open Enrollment will be effective **July 1, 2024 to June 30, 2025.**

Questions?

As always, we're available to answer your enrollment questions!

San Joaquin County Employees' Retirement Association (SJCERA): Call (209) 468-2163 or email contactus@sjcera.org

San Joaquin County Human Resources—Benefits: Call (209) 468-9987 or email employeebenefits@sjgov.org

All forms must be postmarked or received by SJCERA no later than May 24, 2024.

Virtual Open Enrollment Meetings

Due to very low attendance at previous open enrollment meetings, County staff will not be conducting live or virtual meetings for the 2024-2025 plan year. However, staff will have a recorded meeting with all pertinent information, including rates, available at the following site: sjgov.org/departments/hr/employee/retirement

You can find information about Medicare Part D (prescription drug) creditable coverage inserted with this newsletter.

YOUR OPEN ENROLLMENT CHECKLIST

You must fill out an enrollment form if you want to change your medical plan, add or remove dependents, or enroll in retiree benefits for the first time.

When you're ready to enroll, follow these steps:

Review the 2024-2025 monthly rate information for each plan.

Visit either of these websites for more detailed plan information and to access the appropriate enrollment forms. Each medical plan provider requires a specific enrollment form for its plan.

- **SJCERA:** sjcera.org (Click **Retired Members > Health Benefits > County Retiree Group Plans**); or
- **County:** sjgov.org/department/hr/employee/retirement

Complete the applicable medical plan enrollment form for your selected plan.

Complete separate enrollment forms for dental and vision coverage, if desired.

Submit your completed enrollment form(s) to SJCERA no later than Friday, May 24, 2024:

Mail: SJCERA
6 S. El Dorado St.
Suite 400
Stockton, CA 95202

Email: contactus@sjcera.org

Fax: (209) 468-0480

IMPORTANT REMINDERS

Don't want to make benefits changes?

Don't worry.

If you don't do anything during Open Enrollment, your benefits will continue on July 1 as they are now. Your monthly plan premiums will change, effective July 1, 2024.

Let us know if you want to terminate coverage.

Notify SJCERA immediately if you want to cancel your County-sponsored retiree health, dental, or vision insurance. It's the only way we'll know to stop deducting monthly premiums from your retirement account!

If you opt out or terminate coverage, you may not enroll in the future.

If you or your dependents opt out of, or terminate, coverage in a San Joaquin County retiree medical plan, you lose eligibility to enroll again. The only exception is if you or your dependents are enrolled continuously in another employer's group health plan and lose that coverage.

Make sure your dependents' Social Security numbers (SSNs) are on file.

SJCERA is required by federal law to collect SSNs for each dependent you enroll in coverage. Claims cannot be processed without your dependents' SSNs. Be sure to provide SJCERA with SSNs for any newly enrolling dependents. If already enrolled, their information is on file.

MANDATORY MEDICARE ENROLLMENT

Enrollment in Medicare Parts A and B is required if you're eligible, even if you're under age 65. If you're eligible for Medicare Parts A and B and you don't enroll, claims will be processed as though you were enrolled—at a reduced benefit. Your costs will increase.

Enrollment in Medicare Part D (prescription drug coverage) isn't necessary if you're enrolled in a creditable prescription drug coverage plan. See the enclosed insert for details.

MONTHLY PLAN PREMIUMS

Medicare HMOs (Over 65)

Individuals and dependents all have Medicare Members must assign Medicare Parts A and B

| | Kaiser Permanente Senior Advantage | | | Health Net Seniority Plus | |
|-----------------------|------------------------------------|-----------------------------|------------------|---------------------------|-----------------|
| | Traditional High Option Plan | Traditional Low Option Plan | Kaiser Northwest | High Option Plan | Low Option Plan |
| Retiree Only | \$278.47 | \$202.77 | \$391.85 | \$772.18 | \$616.83 |
| Retiree + 1 Dependent | \$551.21 | \$399.81 | \$777.97 | \$1,538.63 | \$1,227.93 |

Medicare Coordinated Plans (Over 65)

Individuals and dependents all have Medicare
No assignment of Medicare required

| | CMCP or CMCP Out-Of-Area | Anthem Blue Cross Medicare Advantage Standard PPO * | Health Net COB | Health Net PPO ¹ Out-of-Area |
|-----------------------|--------------------------|---|----------------|---|
| Retiree Only | \$1,192.03 | \$754.84 | \$1,433.66 | \$2,095.54 |
| Retiree + 1 Dependent | \$2,379.95 | \$1,503.95 | \$2,861.60 | \$4,185.34 |

*New Plan Anthem Blue Cross 2024-2025.

Non-Medicare Plans (Under 65)

Individuals and dependents all under age 65*

| | CMCP Or CMCP Out-Of-Area | Sutter Health Plus HMO | Kaiser Permanente California | Kaiser Northwest |
|---------------------|--------------------------|------------------------|------------------------------|------------------|
| Retiree Only | \$1,704.08 | \$1,019.53 | \$935.95 | \$1,186.57 |
| Retiree + Spouse | \$3,404.08 | \$2,033.53 | \$1,866.17 | \$2,367.41 |
| Retiree With Family | \$4,764.05 | \$2,875.13 | \$2,638.25 | \$3,548.25 |

*Anyone under the age of 65 who is eligible for Medicare must enroll in Parts A and B—this includes the CMCP plan. If eligible to enroll and the retiree does not enroll, claims will be paid as if enrolled in Medicare, reducing claims payments and increasing your out-of-pocket costs.

Blended Family Plans

Families with Medicare and non-Medicare enrollees

| | CMCP | | Kaiser Permanente | | |
|-------------------------------|----------------------|--|-------------------|------------------|--|
| | Over 65 and Under 65 | Senior Advantage and Kaiser California | | Kaiser Northwest | |
| | | High Option Plan | Low Option Plan* | | |
| 1 With and 1 Without Medicare | \$2,892.00 | \$1,208.69 | \$1,132.99 | \$1,572.69 | |
| 1 With and 2 Without Medicare | \$4,251.98 | \$1,980.77 | \$1,905.07 | N/A | |

*Blended low option only available if the retiree or subscriber has Medicare.

Dental and Vision

| | United Healthcare Dental (DHMO Plan D125H) | Delta Dental (PPO Plan) | Vision Service Plan (VSP) |
|-----------------------|--|-------------------------|---------------------------|
| Retiree Only | \$18.21 | \$42.63 | \$5.88 |
| Retiree + 1 Dependent | \$26.53 | \$80.02 | \$11.32 |
| Retiree + Family | \$41.24 | \$107.05 | \$13.22 |

Benefits Open Enrollment: May 1-24, 2024

INSIDE...

- Instructions on how to enroll in or change your San Joaquin County retiree benefits
- 2024-2025 monthly rates for all retiree plans (Medicare and Non-Medicare)
- Where to find more information to make your benefit decisions
- Medicare Part D (prescription drug) coverage information

REQUIRED NOTICES

IMPORTANT REMINDER TO PROVIDE SJCERA WITH THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN A HEALTH PLAN

Employers are required by law to collect the taxpayer identification number (TIN) or Social Security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS and the state each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a Social Security number, you can go to this website to complete a form to request one: [socialsecurity.gov/online/ss-5.pdf](https://www.socialsecurity.gov/online/ss-5.pdf). Applying for an SSN is FREE.

If you have not yet provided the SSN (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact SJCERA at (209) 468-2163.

PRIVACY NOTICE REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own health care information.

This Health Program's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. It is available on the County's website at:

sjgov.org/departments/hr/employee/retirement.

You may also receive a Privacy Notice from companies who offer Plan participants insured health care services. Each of these notices will describe your rights as it pertains to that plan option and in compliance with the federal regulation, HIPAA. This Privacy Notice, however, pertains to your Protected Health Information related to the San Joaquin County Employee Benefits Plan (the "Plan").

IMPORTANT NOTICE FROM SAN JOAQUIN COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Note: This Notice does not apply to Medicare-eligible retirees and dependents enrolled in a Medicare Part D Plan, like Medicare prescription drug plans (PDPs) and Medicare Advantage plans.

2024-2025 Plan Year

Please read this notice carefully, and keep it where you can find it. This notice has information about your current prescription drug coverage with a health plan offered by San Joaquin County to retirees and about your options under Medicare's prescription drug coverage.

If you decide to enroll in one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. This coverage is available through Medicare prescription drug plans (PDPs) and Medicare Advantage plans (like an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more drug coverage for a higher monthly premium.

2. San Joaquin County has determined that the prescription drug coverage provided by the County Managed Care Plan, Sutter Health Plus, Kaiser California, or Kaiser Northwest health plans offered by the County to retirees is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare, and each year between October 15 and December 7. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current County retiree medical coverage will be affected, and your County-sponsored coverage will end for you and any covered dependents. If you do decide to join a Medicare drug plan and drop your current County-sponsored coverage, be aware that you and your dependents will not be able to get this coverage back.

Before joining another Medicare drug plan and terminating your County-sponsored coverage, you should carefully compare your current coverage, including which drugs are covered, with the coverage and cost of the Medicare drug plan you are considering.

When Will You Pay A Penalty/Higher Premium To Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with a County-sponsored health plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until next October to join.

Note: You will receive this notice annually prior to Open Enrollment. You may request a copy at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit [medicare.gov](https://www.medicare.gov).
- Call your State Health Insurance Assistance Program. Within California, call (800) 434-0222.
- Call (800) MEDICARE or (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at (800) 772-1213 or TTY (800) 325-0778.

Date: April 2023

Name of Sender: San Joaquin County

Contact—Office: Employee Benefits Office

Address: 44 N. San Joaquin Street
Suite 330

Stockton, CA 95202

Phone Number: (209) 468-9987