

# Thank You for Joining RESIG's Medicare 101.

We will begin promptly at 4:05 PM.

**Please do not share any private health information.**

Direct personal program or plan questions to  
Angela Zimmerman [azimmerman@resig.org](mailto:azimmerman@resig.org) or  
Elizabeth Matheny [ematheny@resig.org](mailto:ematheny@resig.org).

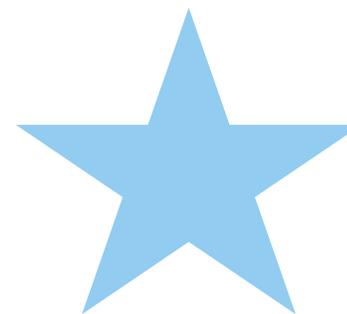
We will pause briefly at the end of each section for a limited number of questions. Enter general questions in the chat located in the bottom right corner.

A recording of this presentation and presentation deck will be posted online at **RESIG.org**.

**Improve Your Viewing Experience!**

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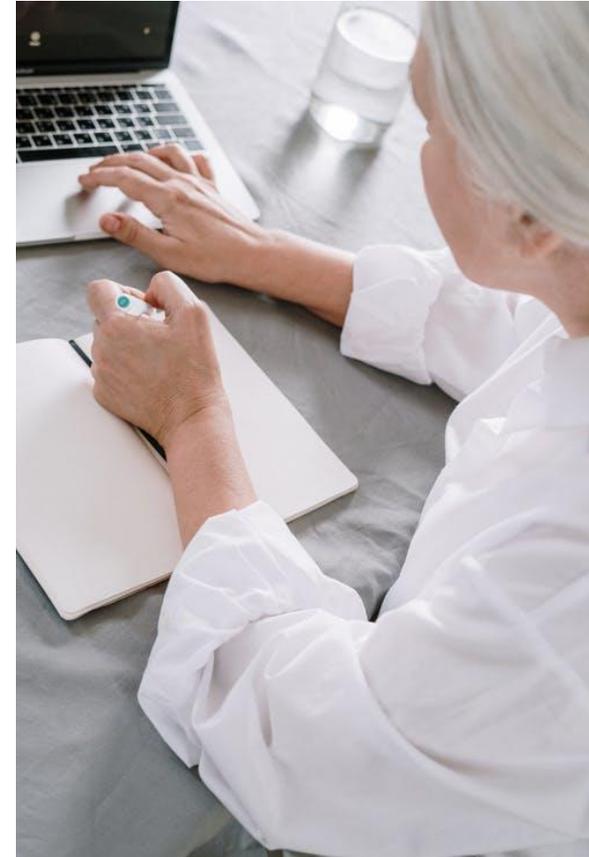
**Join Us Next Week!**

Medicare Questions and Answers  
Wednesday, February 17, 2021  
10:00 – 11:00 AM,  
and 4:00 – 5:00 PM



# What You Will Learn Today

- I. Basics of Medicare
- II. Medicare Health Insurance Plans Administered by SISC
- III. Important Considerations
- IV. How to Enroll
- V. RESIG Retiree Direct Billing
- VI. Resources and Contact Information





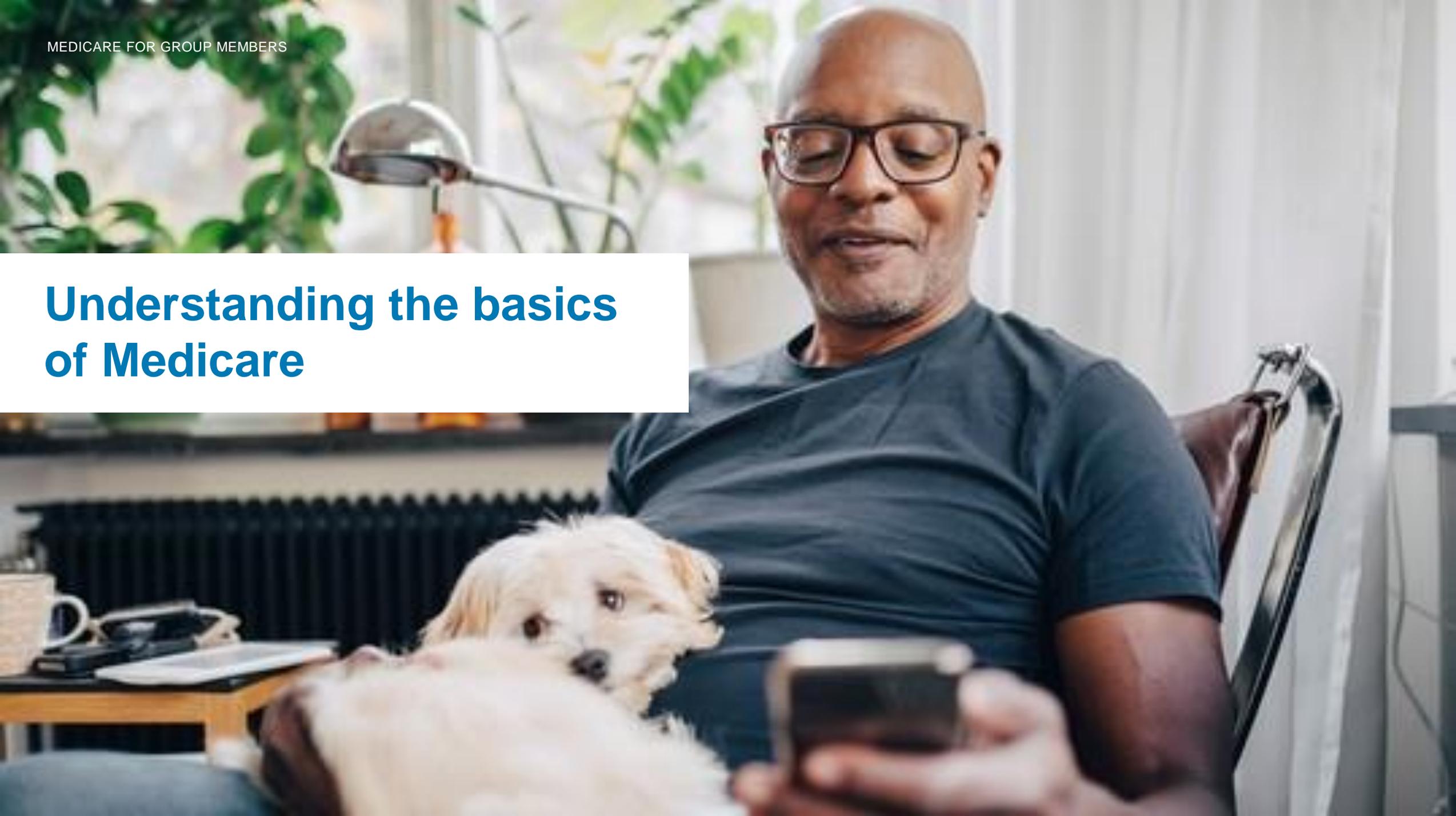
Maria Harlan  
Senior Retiree Solutions Manager

# Medicare 101

Redwood Empire Schools' Insurance Group (RESIG)

2021

## Understanding the basics of Medicare



## 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



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



**PART D**  
Prescription  
Drug Coverage

Original Medicare

## Who can join Medicare?

### You're eligible to join Medicare if:



You're 65 or older



You have end-stage renal (kidney) disease (ESRD)



You're under 65, but live with a disability

- Must be eligible for Social Security disability
- Requires a 2-year waiting period



You have amyotrophic lateral sclerosis (ALS)





## 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. To make sure you qualify for premium-free Part A, contact Social Security.
- If you worked less than 10 years, there is a monthly premium up to \$471\*, your monthly premium is set by a Medicare formula.

\* Amount is for 2021



## 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:

- Your monthly premium is usually deducted from your Social Security or retirement check.
- 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 employer or trust fund of 20 or more.  
(You have up to 8 months after your employment ends to enroll.)



## Part B: Medical Insurance

Based on your 2019 yearly income, your 2021 Part B monthly cost is:

Single Filing individual tax return	Married Filing joint tax return	In 2021, you pay
\$88,000 or less	\$176,000 or less	<b>\$148.50*</b>
\$88,001 to \$111,000	\$176,001 to \$222,000	<b>\$207.90</b>
\$111,001 to \$138,000	\$222,001 to \$276,000	<b>\$297.00</b>
\$138,001 to \$165,000	\$276,001 to \$330,000	<b>\$386.10</b>
\$165,001 to \$500,000	\$330,001 to \$750,000	<b>\$475.20</b>
above \$500,000	above \$750,000	<b>\$504.90</b>

\*You'll pay this standard amount if you: 1) enroll in Part B for the first time in 2021 2) don't get Social Security benefits; 3) are directly billed for your Part B premiums. See [medicare.gov](https://www.medicare.gov) for complete details.

**Note:** The above dollar amounts may change yearly.



## Part B: Medical Insurance

Based on your 2019 yearly income, if you file separately from spouse, your 2021 Part B monthly cost is:

Married Filing individual tax return	In 2021, you each pay
\$88,000 or less-Standard*	<b>\$148.50*</b>
\$88,001 – less than \$412,000	<b>\$475.20</b>
greater than or equal to \$412,000	<b>\$504.90</b>

\*You'll pay this standard amount if you: 1) are filing separately from spouse 2) enroll in Part B for the first time in 2021 3) don't get Social Security benefits; 4) are directly billed for your Part B premiums. See [medicare.gov](https://www.medicare.gov) for complete details.

**Note:** The above dollar amounts may change yearly.



## Part A & B: Enrolling in Medicare When First Eligible

### Initial Enrollment Period

- 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 7-month period, which starts 3 months before your 65th birthday, known as the **Initial Enrollment Period**.
- You may be able to enroll online at **socialsecurity.gov**.



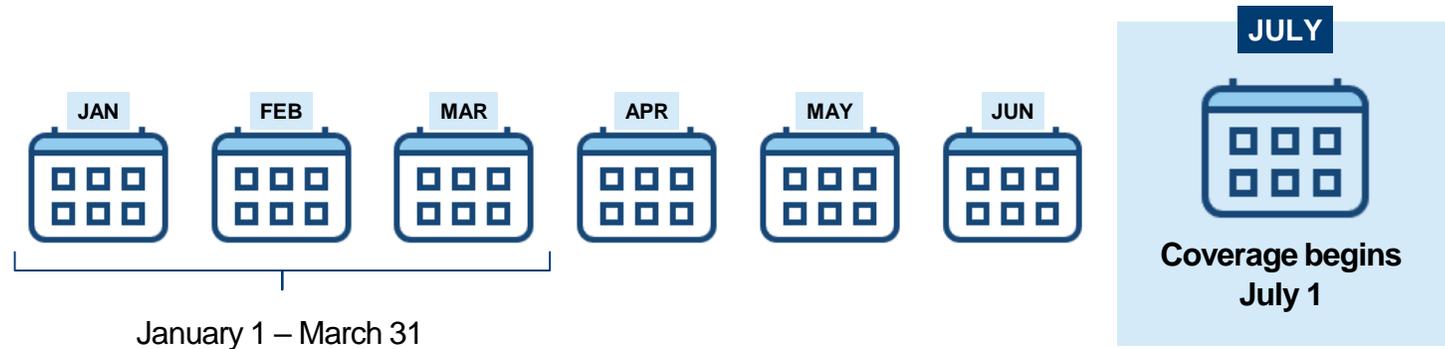
**Note:** Completing the application form and submitting it doesn't automatically enroll you in Medicare Part B. Social Security must first determine if you're eligible.



## Part A & B: Late Enrollment Into Medicare

### 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, for a **July 1 effective date**.



### Special Enrollment Period

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

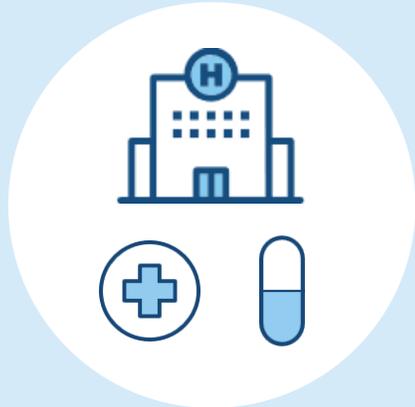
**Note:** Completing the application form and submitting it doesn't automatically enroll you in Medicare Part B. Social Security must first determine if you're eligible.



## Medicare Coverage Options

### Here are some ways you can get Medicare coverage:

- You get an Original Medicare Plan through the Centers for Medicare & Medicaid Services (CMS).
  - You can supplement Original Medicare by enrolling in a MediGap Plan. Premiums for these plans are not covered. (Note: Kaiser Permanente does not offer MediGap plans.)
- You can sign up for a Medicare Advantage Plan, known as Medicare Part C, through private insurance companies.
- In some parts of the country, you can sign up for Medicare Cost Plans, which are also offered through private insurance companies.



## Part C: Medicare Advantage

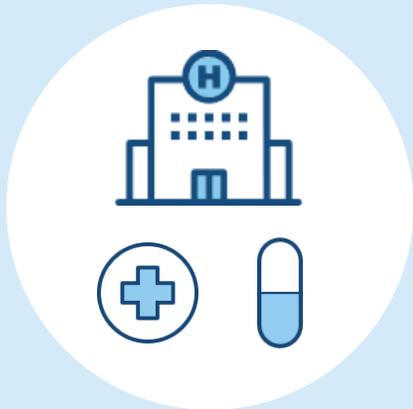
### What it does:

- Combines your benefits from Parts A, B, and sometimes D (prescription drug coverage) in a single plan and are an alternative to Original Medicare\*
- Services under a network of providers that you must use for care

### 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.

\*Except care for some clinical research and hospice care (Original Medicare covers hospice care even if you're in a Medicare Advantage Plan).



## Part C: Medicare Advantage

### **Types of Medicare Advantage plans:**

- Health maintenance organization (HMO) plans
- Point-of-service (HMO-POS) plans
- Preferred provider organization (PPO) plans
- Private fee-for-service (PFFS) plans
- Medical savings account (MSA) plans



## Part D: Prescription Drug Coverage

### What it does:

- Covers outpatient prescription drugs

### To enroll:

You have 2 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

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Unlike with Parts A and B, you **sign up for Part D directly** with your plan. Part D is not directly offered by Medicare or Social Security.



## Part D: Prescription Drug Coverage

### Medicare Part D Income Related Monthly Adjustment Amount (IRMAA)

The Part D higher-income premium is in addition to the annual Part B premium adjustment and is determined according to formulas set by federal law.

**Based on your 2019 yearly income, your 2021 Part D monthly cost is:**

File individual tax return	File joint tax return	In 2021, you pay monthly
\$88,000 or less	\$176,000 or less	<b>No Part D IRMAA Premium</b>
\$88,001 to \$111,000	\$176,001 to \$222,000	<b>\$12.30</b>
\$111,001 to \$138,000	\$222,001 to \$276,000	<b>\$31.80</b>
\$138,001 to \$165,000	\$276,001 to \$330,000	<b>\$51.20</b>
\$165,001 to \$500,000	\$330,001 to \$750,000	<b>\$70.70</b>
above \$500,000	above \$750,000	<b>\$77.10</b>

These amounts may change yearly.

## 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



# High Medicare Star Quality Ratings You Can Depend On\*

Kaiser Permanente region	Star rating*
California	★★★★★
Colorado	★★★★★
Georgia	★★★★★
Hawaii	★★★★★
Mid-Atlantic States (MD, VA, D.C.)	★★★★★
Northwest (OR, SW Washington)	★★★★☆
Kaiser Permanente Washington	★★★★★

Check out our highly rated\* 2021 Medicare health plans at [kp.org/medicarestars](https://kp.org/medicarestars).

\*Every year, Medicare evaluates plans based on a 5-star rating system.

## Contact Information

**Kaiser Permanente Member Services:** 1-800-443-0815 (TTY 711)

*7 days a week, 8 a.m. to 8 p.m.*

**Social Security:** 1-800-772-1213 (TTY 1-800-325-0778)

*Monday through Friday, 7 a.m. to 7 p.m.*

**Medicare:** 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048

*24 hours a day, 7 days a week.*



## Questions?

In California, Hawaii, Oregon, Washington, Colorado, Georgia and the District of Columbia, Kaiser Permanente is an HMO plan with a Medicare contract. In Maryland and Virginia, Kaiser Permanente is an HMO plan and a Cost plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.



**SISC**

Self-Insured Schools of California

*Schools Helping Schools*

General Overview:

# **SISC Medicare Health Plan Options and Considerations**

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Presented by

Cassady Clifton, SISC Account Manager

# Dependent Coverage

- All plans allow non-Medicare eligible dependents to continue on with their current under 65 plans
- Subscribers and their dependents must remain with the same health plan carrier
  - Example: Member on Kaiser Permanente Senior Advantage must have their family remain on an under 65 Kaiser Permanente plan



# SISC Medicare Plans

**SISC offers several different Medicare plans\*, including:**

## **Medicare Advantage**

- \$10 and \$25 Kaiser Permanente Senior Advantage
- Single: \$339 or \$288 (cost varies by plan)

## **Medicare Supplement**

- CompanionCare administered by Anthem Blue Cross
- Single: \$402

## **Medicare Coordination of Benefits**

- 100-A \$0 and 100-G \$20 EGWP PPO plans administered by Blue Shield of California
- Single: \$574 to \$541 (cost varies by plan)

Enrollment form(s) and supporting document(s) due to RESIG with at least 60 calendar days' advance notice.

**Failure to maintain Medicare parts A and B may result in disenrollment and/or a nonrefundable \$550 monthly surcharge per missing Part, up to a total of \$1,100 per month.**

\*Not all plans available in all areas — contact RESIG with questions on plan availability and cost.



# 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/\$25 brand and specialty for up to a 100-day supply
- ✓ There is no coverage gap or “donut hole” on this plan.

# SISC Kaiser Permanente Senior Advantage (KPSA) Summary of Benefits (10/1/20 – 09/30/21)

Services	SISC \$10 Senior Advantage	SISC \$25 Senior Advantage
Lifetime Maximum	None	None
Annual Out-of-Pocket Maximum (Not all services apply to Annual OOPM)	\$1,500 per calendar year	\$1,500 per calendar year
Deductible	None	None
Office Visits	\$10 per visit	\$25 per visit
Lab/X-rays	No charge	No charge
Outpatient Surgery	\$10 per procedure	\$25 per procedure
Hospitalization Services	No charge	\$500 per stay
Emergency Services	\$50 per visit	\$50 per visit
Ambulance Services	\$50 per transport	\$150 per transport
Prescription Drugs		
• Generic	\$10 for up to a 100-day supply	\$10 for up to a 100-day supply
• Brand	\$20 for up to a 100-day supply	\$25 for up to a 100-day supply
Durable Medical Equipment	No charge	20% coinsurance
Eyewear (every 24 months at KP)	\$150 allowance	\$150 allowance
Hearing Aids (every 36 months at KP)	\$500 allowance per aid	\$500 allowance per aid
Home health care	No charge	No charge
Skilled Nursing Facility Care	No charge for up to 100 days per benefit period	No charge for up to 100 days per benefit period
Gym Membership/Discount Program	No charge	No charge

**Important note:** this is a benefit overview of SISC's Kaiser Permanente Senior Advantage group plan for **in-network services**. All benefits are subject to the definitions, limitations, and exclusions set forth in the Kaiser Permanente Senior Advantage Plan Evidence of Coverage.

# CompanionCare Medicare Supplement 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>
    - What's NOT covered by 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 (10/1/20 – 09/30/21)



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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	
• Generic	\$18 for up to a 90-day supply
• Brand	\$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

# 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](https://SilverandFit.com)**

**Local participating\* facilities may include:**

- 24 Hour Fitness
- YMCA
- Anytime Fitness

*\*Participation may vary by location.*



# 100-A \$0 and 100-G \$20 Coordination of Benefits Plans

**The 100-A \$0 and 100-G \$20 EGWP PPO plans are coordination of benefits plans with Medicare Part D prescription drug coverage:**

- ✓ Requires continuous enrollment in Medicare Parts A & B
- ✓ Members enrolled in a Medicare coordination of benefits plan maintain Original Medicare
  - Member self-refers to any Anthem Blue Cross network provider
  - If the medical service is not covered by Medicare, then it may be covered under the PPO plan.
    - See your benefit summary for covered services
- ✓ SISC members must reside within the United States.

## **100-A \$0 PPO EGWP plan administered through Blue Shield of California:**

There is no deductible on the 100-A \$0 EGWP PPO plan. The member's medical cost share is zero or the defined copay (i.e., ambulance) when the medical service is both in-network and a covered benefit under the PPO plan.

## **100-G \$20 PPO EGWP plan administered through Blue Shield of California:**

There is a \$500 individual/\$1,000 family deductible on the 100-G \$20 EGWP PPO plan. The member's medical cost share is \$20 or the defined copay (i.e., ambulance) plus the deductible (if applicable) when the medical service is both in-network and a covered benefit under the PPO plan.

# 100-A \$0 and 100-G \$20 EGWP PPO Prescription Drug Plans

**The 100-A \$0 and 100-G \$20 EGWP PPO plans are coordination of benefits plans with Medicare Part D prescription drug coverage administered through Navitus Health Solutions.**

- ✓ There is no coverage gap or “donut hole” on these plans
- ✓ Members receive \$0 generic copays once deductibles (if any) are satisfied

Prescription Drug Plan	Deductible	Network Retail Pharmacy (90 day supply)		Network Mail Order Pharmacy (90 day supply)	
		Generic Copays	Brand and Specialty Copays	Generic Copays	Brand and Specialty Copays
0-25 EGWP	\$0	\$0	\$75	\$0	\$60
0-35 EGWP	\$0	\$0	\$105	\$0	\$90

# SISC 100-A \$0 and 100-G \$20 EGWP PPO Summary of Benefits (10/01/2020 - 09/30/2021)



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Services	100-A \$0 EGWP PPO	100-G \$20 EGWP PPO
<b>Lifetime Maximum</b>	<b>None</b>	<b>None</b>
<b>Annual Out-of-Pocket Maximum (Not all services apply to Annual OOPM)</b>	<b>\$1,000 individual/ \$3,000 family per calendar year</b>	<b>\$1,000 individual/ \$3,000 family per calendar year</b>
<b>Calendar Year Deductible</b>	<b>None</b>	<b>\$500 individual/\$1,000 family</b>
<b>Office Visits</b>		
Primary Care	No charge	\$0 visits 1-3 every calendar year,
Specialist		then \$20/visit \$20 per visit
<b>Lab/X-rays</b>	<b>No charge</b>	<b>No charge</b>
<b>Outpatient Surgery</b>	<b>No charge</b>	<b>No charge</b>
<b>Hospitalization Services</b>	<b>No charge</b>	<b>No charge</b>
<b>Emergency Services</b>	<b>\$100 per visit</b>	<b>\$100 per visit</b>
<b>Ambulance Services</b>	<b>\$100 per transport</b>	<b>\$100 per transport</b>
<b>Durable Medical Equipment</b>	<b>No charge</b>	<b>No charge</b>
<b>Hearing Aids (every 24 months)</b>	<b>Up to a \$700 combined maximum</b>	<b>Up to a \$700 combined maximum</b>
<b>Home care (part-time, intermittent)</b>	<b>No charge</b>	<b>No charge</b>
<b>Skilled Nursing Facility Care</b>	<b>No charge for up to 100 days per benefit period</b>	<b>No charge for up to 100 days per benefit period</b>
<b>Gym Membership/Discount Program</b>	<b>\$25/month + \$25 enrollment fee</b>	<b>\$25/month + \$25 enrollment fee</b>

# SISC Medicare Plan Types & Differences

Important Details	Kaiser Permanente Senior Advantage	Anthem CompanionCare	Blue Shield EGWP PPO Plans
<b>Medical Providers</b>	Kaiser Permanente	U.S. Providers who Accept Medicare Assignment	Blue Shield Network Providers
<b>Must live in plan service area</b>	Yes	No (U.S. only)	No (U.S. only)
<b>Deductible</b>	No	No	100-A: No 100-G: Yes
<b>Must receive non-emergency services in service area</b>	Yes	No (U.S. only)	No (U.S. only)
<b>Medicare A &amp; B required for enrollment (Retirees 65+)</b>	Yes	Yes	Yes
<b>Medicare assigned to Plan</b>	Yes	No	No
<b>Retain Original Medicare</b>	No, assigned to Plan	Yes	Yes
<b>Travel Coverage</b>	Emergency and Urgent Care	Emergency and limited Urgent Care	Emergency and Urgent Care
<b>Services Covered Beyond Medicare</b>	Yes (ex. acupuncture)	No	Yes (ex. acupuncture)
<b>Prescription Drug Administrator</b>	Kaiser Permanente	Navitus Health Solutions	Navitus Health Solutions
<b>\$0 Generics</b>	No	No	Yes
<b>Prescription Drug coverage gap ("donut hole")</b>	No	No	No
<b>Gym Membership Discount Program</b>	Silver&Fit®	Silver&Fit®	Blue Shield- Fitness Your Way



**SISC**

Self-Insured Schools of California

*Schools Helping Schools*

# SISC Medicare Enrollment Guidelines

<b>I'm turning 65 and will continue to work.</b>	<b>I'm over 65 and still working but now retiring.</b>	<b>I'm retired and "aging-in" to Medicare (turning 65)</b>	<b>I'm already on a SISC Retirement Health Benefit Plan, but want to switch plans.</b>
<p>Contact Social Security to defer Medicare part B enrollment until three months prior to your retirement date (unless instructed otherwise by RESIG).</p>	<p>Contact Social Security three (3) months prior to your retirement date to enroll in Medicare parts(s) A &amp; B.</p> <ul style="list-style-type: none"> <li>➤ Medicare part B should be effective the same month as your retirement date (unless instructed otherwise by RESIG).</li> </ul>	<p>Contact Social Security three (3) months prior to your 65<sup>th</sup> birthday to enroll in Part A and Part B.</p>	<p>You are already enrolled in Medicare Part A and Part B.</p>
<p>Continue on with your active SISC plan.</p>	<p>Pick a SISC retiree plan and submit enrollment form to RESIG at least 60 days prior to Medicare start date. If actively working must stay on active plan until retirement. Send copy of Medicare Beneficiary Identifier card.</p>	<p>Pick a SISC retiree plan and submit enrollment form to RESIG at least 60 days before the 1<sup>st</sup> day of the month that your Medicare starts. Send copy of Medicare Beneficiary Identifier card.</p>	<p>"Open Enrollment" for October 1<sup>st</sup> effective date must submit enrollment form by August 27<sup>th</sup>*. Enrollment outside "Open Enrollment" needs qualifying event.</p> <p>*Date changes yearly and is announced in RESIG's open enrollment booklet sent annually in July.</p>

# Important Considerations

When enrolling in a SISC Medicare plan, it is important to adhere to the following:

- Retired members must enroll in Medicare Parts A & B on the first date of eligibility
- Members working past age 65 must enroll in Medicare Parts A & B on the first date following retirement
- Retired Medicare-eligible members must maintain continuous enrollment in Medicare Parts A&B; or be subject to disenrollment and/or higher surcharged nonrefundable premiums (\$550 per missing part, up to \$1,100/month)
- Those over 65 and retired are responsible for paying for the Medicare part B premium and income-related monthly adjustment amounts (IRMAA), if applicable, in addition to monthly premiums
- Per CMS rules, members may only be enrolled in one Medicare Part D prescription drug plan



# When Changing Plans

When considering options outside of SISC:

- ✓ Compare plans carefully
- ✓ Understand the Medicare Part D coverage gap (“donut hole”):
  - <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap>
  - The coverage gap (“donut hole”) on Individual Medicare Part D Plans begins once you reach your Medicare Part D plan’s initial coverage limit (\$4,130 in 2021) and ends when you spend a total of \$6,550 out-of-pocket in 2021. This amount may change each year. Not everyone will enter the coverage gap.
  - **SISC plans do NOT have a Part D coverage gap**
- ✓ **Plan ahead** to maintain continuous coverage and to avoid Medicare late enrollment penalties and higher surcharged premiums
- ✓ You must notify RESIG if you plan to terminate coverage
  - Terminate coverage only **after** you have a new plan in place
  - **Typically, retired employees cannot return to SISC benefits once they leave SISC Health Benefits**

# How to Enroll

- Members may enroll if they are **retired** and:
  - ✓ Have Medicare;
  - ✓ Or when they become newly Medicare eligible
- Members may change Medicare plans during RESIG's open enrollment period
- Contact RESIG for the appropriate enrollment form(s) and return the completed form(s) along with a copy of your Medicare Beneficiary Identifier card showing enrollment in Medicare parts A & B
- Enrollment requires a **60-calendar day** advance notice to RESIG



# RESIG Retiree Direct Billing



Business continuity for retiree and RESIG ensures operations and core functions are not impacted by a disaster or unplanned incident and allows for seamless payments to carriers:

- District contributions billed directly to district
- Dedicated RESIG team managing monthly billing for District retiree medical plans that assists with:
  - Monthly Statements (if necessary)
  - Enrollment in automatic withdrawal (ACH) through RESIG

Upon enrollment in retiree benefits, the retiree will also be enrolled in ACH process (electronic funds transfer) for premium payments:

- Funds are withdrawn between the 5<sup>th</sup> and 10<sup>th</sup> on a monthly basis
- No charge to setup or to use ACH, there is a charge for ACH returns (NSF's)
- Retirees receive a draft statement illustrating premium changes every September

For most districts, medical, dental and vision plan benefits will be administered entirely by the RESIG Benefits Department

- Communication regarding these benefits and payments will be coming from, and must be directed to, RESIG

# RESIG Contact Information



Elizabeth Matheny  
[ematheny@resig.org](mailto:ematheny@resig.org)  
707-836-0779, ext. 120

- Alexander Valley Union
- Cinnabar
- Cloverdale Unified
- Dunham
- Fort Ross Elementary
- Gravenstein Union
- Guerneville
- Kashia
- Mark West Union
- Oak Grove Union
- Old Adobe Union
- Piner-Olivet Union
- RESIG
- Roseland
- SCOE
- Two Rock Union
- WSCUHSD

Angela Zimmerman  
[azimmerman@resig.org](mailto:azimmerman@resig.org)  
707-836-0779, ext. 129

- Bennett Valley Union
- Geyserville Unified
- Harmony Union
- Healdsburg Unified
- Kenwood
- Liberty
- Monte Rio Union
- Montgomery Elementary
- Petaluma
- Rincon Valley Union
- Sebastopol Ind. Charter
- Shoreline Unified
- Twin Hills Union
- Waugh
- West Side Union
- Wilmar Union

# Resources and Contact Information

## Social Security:

- Call **1-800-772-1213 (TTY 1-800-325-0778)**  
Monday - Friday, 7 a.m. to 7 p.m., or visit **ssa.gov**

## Medicare:

- Call **1-800-633-4227/TTY 1-877-486-2048**,  
24 hours a day, 7 days a week, or visit **medicare.gov**

## Medicare & You Handbook (published annually):

- Call **1-800-633-4227/TTY 1-877-486-2048** or visit **medicare.gov/medicare-and-you**

## Health Insurance Counseling and Advocacy Program (HICAP):

- Call **1-800-434-0222** or visit **cahealthadvocates.org/hicap**



# Thank you for your attendance.

Click “Esc” to exit full screen.

Please enter any questions in the chat box located in the bottom right side bar.

**Please do not submit any private health information.**

Join us at our upcoming Medicare Questions and Answer Sessions:

Wednesday, February 17

10:00 – 11:00 AM

Wednesday, February 17

4:00 – 5:00 PM

Send questions for upcoming events to Angela Zimmerman

[azimmerman@resig.org](mailto:azimmerman@resig.org) or Elizabeth Matheny [ematheny@resig.org](mailto:ematheny@resig.org).

**A recording of this presentation and presentation deck will be posted online at RESIG.org.**

