



Retirees 65 and Better *October 2023*

Open Enrollment Guide to your Group Insurance Benefits

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|--|---|
| <u>Check List</u> | √ |
| Read Open Enrollment Notice (Separate from this book) | |
| Review your plans | |
| Review <i>Open Enrollment</i> Section and <i>What's New</i> page | |
| Review Premium Rate Table for 2023-24 | |
| Premiums are paid to WEX Health, Inc. | |
| <i>Remember</i> - to change your address, you MUST contact NMUSD Benefits | |
| <i>Remember</i> - cancellation of plans MUST be done through NMUSD Benefits | |
| Complete & sign your Open Enrollment Form (Separate from this book) | |
| Deadline to return Open Enrollment Form to NMUSD Benefits Management by August 31, 2023 | |
| Keep this booklet for reference throughout this Benefit year. | |

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INTRODUCTION

The information in this brochure is designed to help you understand the group insurance offered by Newport- Mesa Unified School District. These benefits include medical and dental.

The information contained in this brochure is presented in non-technical language and is not intended to replace the Group Master Policy (Evidence of Coverage) or Summary Benefit Coverage (SBC) for each of the plans described.

Upon enrollment in each plan, each retiree can review the Summary Plan Description or Evidence of Coverage providing additional information including exclusions and limitations of the plans online at www.nmusd.us/benefits.

RESOURCES

You are encouraged to use this brochure as a quick reference to your group insurance benefits and to refer to the Summary of Benefit Coverage for each program for further detail. You may also choose to contact the customer service departments of the various plans if you have additional questions.

NEWPORT-MESA USD JOINT BENEFITS TEAM (JBT)

| | | |
|-------------------------|------------------------|------------------------------------|
| Kathe Adamiak NMFT | Amy Ching CSEA | Also attending meetings: |
| Nicholas Dix NMFT | Sean Katz CSEA | Amy Gonzales CSEA |
| Leslie Gallegos NMFT | Eleanor Rebard CSEA | Evette Dang Benefits Supervisor |
| Rhonda Reid NMFT | Stu Tedford CSEA | Leslie McKee Aon Consulting |
| Patrick Bullock NMSA | Jonathan Wilby NMAA | |
| Todd Hatfield NMAA | | |

CUSTOMER SERVICE TELEPHONE DIRECTORY

| | |
|--|---|
| <p>Cigna Customer Service HealthCare for Medical and Dental Plans</p> | <p>800-Cigna24 /800-244-6224 www.cigna.com www.cigna.com/nmusd.us</p> |
| <p>Express Scripts Home Delivery</p> | <p>800-835-3784 /800-285-4812</p> |
| <p>Kaiser Permanente</p> | <p>800-464-4000 http://kp.org http://my.kp.org/nmusd</p> |
| <p>SCAN Health Plan a Medicare Advantage Prescription Drug Plan</p> | <p>800-559-3500 www.scanhealthplan.com/newport-mesa</p> |
| <p>Medicare</p> | <p>800-633-4227 www.medicare.gov</p> |
| <p>WEX Health, Inc. Send Premiums to: PO Box 2079 Omaha, NE 68103-2079</p> | <p>866-451-3399 option 1, 2 cobraadmin@wexhealth.com Register and Log in to your online account at Cobralogin.wexhealth.com or download the mobile app</p> |
| <p>NMUSD Benefits 2985 Bear Street, Bldg. A Costa Mesa, CA 92626 Daniela Logan, Technician (A-L) Krystal Cruz, Technician (M-Z) Evette Dang, Supervisor</p> | <p>www.nmusd.us/benefits 714-424-5010 benefits line 714-424-5013 dlogan@nmusd.us 714-424-8982 klcruz@nmusd.us 714-424-8914 edang@nmusd.us</p> |

CIGNA Medical & Pharmacy

- Newport-Mesa USD's - Cigna Healthcare website www.cigna.com/nmusd
- Register at www.mycigna.com with a User Name and Password. This will allow you to log on and view your OAP claims and your mail order prescription activity. You can also request a new card or change your primary care physician online.
- To find a Doctor, Specialist, or Facility go to www.cigna.com
 - Click on 'Find a Doctor, Dentist or Facility', then under "How are you Covered?" click on 'Employer or School'.
 - Under 'Find a Doctor, Dentist or Facility in' type your location into the 'Enter Address, City or Zip' search box. Complete a search based on Doctor by Type, Doctor by Name, or Locations. You will then be prompted to Login/Register or continue as guest. Click 'continue as guest'. If you select 'Doctor by Type', you will then be prompted to select a plan. Click 'Continue' to select a plan.
 - Under 'Please select a Plan', select the appropriate plan:
 - For Southern California Select Plan, choose: Southern California Select Plan (Hoag, Optum, PrimeCare, Providence, Scripps Health)
 - For the Full Network HMO, choose: Southern California (Under HMO, HMO POS, Network, Network POS)
 - For the Open Access Plus, choose: Open Access Plus, Open Access Plus Tiered
 - The following page will open with your results. You can click on the doctor's name to view further information.

CIGNA Dental

- To find a Cigna dentist go to www.cigna.com
- Click on 'Find a Doctor, Dentist, or Facility', then under "How are you Covered?" click on 'Employer or School'.
 - Under 'Find a Doctor, Dentist or Facility in' type your location into the 'Enter Address, City or Zip' search box. Click on 'Doctor by Type' and choose the type of Dentist. You will then be prompted to Login/Register or continue as guest. Click 'continue as guest'.
 - Under 'Please select a Plan', click 'Continue', then select the appropriate plan:
 - Total Cigna DPPO
 - Cigna Dental Care Access
 - 'SEARCH RESULT' will open. Click on the dentist's name to view further information.
 - Or register and log in to www.mycigna.com click on 'FIND A DOCTOR, DENTIST OR FACILITY'. Other plan information is also available on this site, such as your claims and coverage.

KAISER PERMANENTE Medical & Pharmacy

- Newport-Mesa USD – Kaiser website <http://my.kp.org/nmusd/>
- Register at kp.org
- To find a Doctor, or Facility, go to kp.org
- Click on ‘Doctors & Locations’, then under “What can we help you find?” choose ‘Doctors’ or ‘Locations’.
- Choose your “Region” in the drop down menu, then enter zip code or city. Under “Health Plan”, select HMO, then click ‘Search’.

SCAN Health Plan

<https://www.scanhealthplan.com/newport-mesa>

Newport-Mesa USD – SCAN Health plan website

Register to view your account information, look for providers, and verify coverage areas.

WEX Health Inc

cobraadmin@wexhealth.com

Contact WEX if you have questions on your premium invoice or payment processing. You can set up automatic payments if you wish.

Benefits Management

www.nmusd.us/benefits

Benefits Management page of the NMUSD website includes benefit descriptions, contact information, forms and resources.

***If you have not visited the web sites for the various benefit plans, we encourage you to do so.
They have so much to offer!***

BENEFIT PROGRAM OVERVIEW

ENROLLMENT IN GROUP HEALTH BENEFITS

Retirees may enroll in available health plans upon attaining eligibility. All enrollment information is available from the District Benefits Management Department. Once enrolled, changes of health plans can be made only during the open enrollment period in August for an October 1st effective date.

Enrolling New Spouse, Domestic Partner, Children (0-26)

Dependents who were not offered benefits when the retiree was first eligible, may be added to your coverage as follows:

1. During the annual open enrollment period, with a 10/01 effective date, or
2. For new spouse or domestic partner, **the first of the month following date of marriage or domestic partner registration**, or
3. Newborns coverage from date of birth, or
4. A spouse, domestic partner and/or child with coverage outside of the district whose coverage was terminated as a result of the spouse's termination of employment (and was never offered benefits when the retiree was first eligible) may be enrolled the first of the month following the date in which benefits terminate.

IMPORTANT: COVERAGE FOR A NEW CHILD OR SPOUSE OR DOMESTIC PARTNER IS NEVER AUTOMATIC. WITHIN THIRTY-ONE (31) DAYS OF THE QUALIFYING EVENT YOU MUST CONTACT THE BENEFITS DEPARTMENT TO INITIATE THE ENROLLMENT. FAILURE TO DO SO MAY RESULT IN NO COVERAGE FOR DEPENDENT.

HEALTH BENEFIT ELIGIBILITY GUIDELINES

The following guidelines are designed to provide a convenient summary of the current health benefits provided by the Newport-Mesa Unified School District and may be revised periodically. These guidelines are not intended to constitute a contract between the District and its employees, dependents, or retirees, and the benefits described in these guidelines may be modified periodically through negotiations with the unions and/or by updating Board policy and plan benefits. These guidelines are not intended to stand alone and are subject to bargaining unit contracts, Board policy, and summary plan documents. In the event of any conflict between the terms of these guidelines and applicable bargaining unit contracts, Board policies or plan documents, the terms of those contracts shall control. Specific questions or comments should be addressed to the District's Office of Benefits Management.

Eligibility Requirements –Retirees

To be eligible to participate in the NMUSD Health and Welfare Retiree Benefits, an individual must be a participant in the NMUSD Retiree Benefits or an active employee that has met the following retiree criteria:

- Fifty (50) years of age, working seven (7) or more hours per day with thirty (30) Years of District service (not consecutive); or
- Fifty-five (55) years of age or older who have completed a minimum of ten (10) consecutive years of service during his/her District service history; or
- Sixty-two (62) years of age who have a minimum of ten (10) years of service in the District (not consecutive)

And retiring as:

- An Active School Board Member; or
- An Active Member of the Personnel Commission; or
- An Active full time/part time Management employee; or
- An Active full time/part time Supervisor employee; or
- An Active full time employee in accordance with the provisions of the agreement between CSEA and the District or NMFT and the District and/or District Policy.
- An Active part-time employee in accordance with the provisions of the agreement between CSEA and the District or NMFT and the District and/or District Policy.

Effective Date – 65+ Employees/Retirees

All currently employed over sixty-five (65) years of age employees retiring who have met the retirement eligibility requirements or NMUSD Retirees currently enrolled in benefits attaining the age of sixty-five (65) will be offered to purchase into a medical and/or dental plan offered by the District.

❖ **Cost of the insurance is the sole responsibility of the retiree.**

Offer to Re-enroll

- If continuance of Newport-Mesa USD medical coverage is not elected (declined/dis-enrolled), or there is no response, the 65+ retiree will be allowed the opportunity to enroll in a district sponsored medical plan at the next Open Enrollment.
- If the next open enrollment period occurs in less than 12 months, the 65 + retiree will be permitted to enroll in the subsequent open enrollment period in order to provide the retiree a minimum 12-month period to experience coverage in a non-Newport-Mesa USD plan.
- After no re-enrollment or no response (spanning more than 12 months), no additional enrollment request in a NMUSD medical plan will be approved.
- No additional offers of dental enrollment will be allowed once declined/dis-enrolled.

Note: In order for the 65+ Retiree to re-enroll in a Newport-Mesa USD 65+ better medical plan you must contact Newport-Mesa Benefits Department at 714-424-5010 prior to the next Open Enrollment period. This offer does not extend to dependents that have been termed from a NMUSD medical plan.

If you choose to enroll in Cigna Medicare Expand OAP, SCAN Health Plan(s), or Kaiser Senior Advantage, but do not enroll in CIGNA dental, you will be terminated from the CIGNA dental plan and will NOT be eligible to re-enroll in CIGNA dental in the future.

Upon election, effective dates are as follows:

- Currently enrolled NMUSD Retirees will be effective the 1st of their birthday month that they reach age sixty-five (65).
- Currently enrolled NMUSD Employees retiring age sixty-five (65) or older will be effective on the 1st of the month following termination of active benefits.
- Rates and plans are subject to change each Open Enrollment. Those over age sixty-five (65) retirees who decline dental coverage will not be allowed to re-enroll in dental at a later date.

Eligibility Enrollment Requirements – Spouse or Domestic Partner and/or Child (0-26)

An Eligible enrollee of an Employee/Retiree is:

- A legal spouse as verified by a Certificate of Marriage.
- A Domestic Partner as verified by a copy of their state registration form which is the equivalent of the proof required for married couples.
- Any child from birth to twenty-six (26) years of age. Coverage will end at the end of the month that the adult child turns twenty-six (26).
- Copies of birth certificates for children (0-26) required at enrollment.
- Social Security numbers for all enrollees required at enrollment.
- Any person on active service in the armed forces is not considered an eligible enrollee.

Effective Date – Spouse or Domestic Partner and/or Child (0-26)

The above named enrollees are eligible on the Employee/Retiree’s initial eligibility date and may become covered only if the Retiree makes written application for coverage for such enrollees in a form furnished by the District for that purpose. See below for Newborn/Adopted Children. If application is made and received by the District

- on, before or within thirty-one (31) days of the eligibility date, the above named enrollees’ coverage shall be effective on the eligibility date; or
- after thirty-one (31) days beyond the initial eligibility date, the above named enrollees coverage will have coverage effective only in accordance with the Open Enrollment or Special Enrollment Rights provisions below. A Spouse, domestic partner, and child coverage will not become effective prior to the Retiree’s Effective Date.

Newly Acquired Dependents by Marriage

- Application for enrollment is required within thirty-one (31) days of acquisition of spouse and/or dependent child.
- Coverage will be effective on the first of the month following date acquired. Enrollments for a newly acquired spouse must be accompanied by a Marriage Certificate and Social Security number.
- Enrollments for a newly acquired child by marriage must be accompanied by birth certificate(s) and Social Security number.
- After thirty-one (31) days of marriage or acquisition of spouse, domestic partner or child, the Open enrollment or Special Enrollment Rights provisions will apply.

Newborn/Adopted Children

- A newborn baby (or adoptive child) is covered from birth (or for adoption from date they have responsibility).
- *For coverage to continue* beyond this 31-day period, the subscriber must enroll the child within the 31-day period.
- A birth certificate and/or legal adoption papers are submitted with enrollment application and Social Security number.
- After thirty-one (31) days the Open Enrollment or Special Enrollment Rights provisions will apply.

Open Enrollment

- During the month of August of each Plan Year, covered retirees and their covered spouse, domestic partner, and/or child may change within their benefit options.
- If the retiree has elected to remain on a medical plan and/or a dental plan, the retiree and their spouse, domestic partner and/or child may only make changes within those plans. Example: If the enrollees are currently enrolled in dental only, they may not elect to enroll in a medical plan (unless they are eligible for the offer to re-enroll stated above). The enrollees would only be allowed to change to another dental plan if currently enrolled.
- Newly elected coverage will then become effective on October 1.

Special Enrollment Rights

Initial Declination Due to Other Coverage - A Retiree who did not enroll (including no responses) in the Plan, no special enrollment rights apply (e.g., loss of other coverage). If the retiree elected to continue coverage through the Newport-Mesa USD and at a later date one or more new eligible dependents are acquired through marriage, domestic partner, birth, adoption, or placement of adoption (as defined by Federal Law) and these dependents were not offered the plan when the retiree was first eligible, they will be allowed to apply for coverage under the Program.

- ❖ Application must be made within (31) thirty-one days of the date the new spouse, domestic partner, and/or child are acquired (the “qualifying event”) and verification of eligibility is required. Plan coverage will be effective as follows:
 - Where marriage, domestic partnership is the “qualifying event” – on the first of the month following qualifying event.
 - Where birth, adoption or placement for adoption is the “qualifying event” - on the first day of the first calendar month after the date of the event.
 - If the above conditions are met, Program coverage will be effective on the first day of the month following the qualifying event date.

To obtain more information, call Benefits Management at (714) 424-5010 or email benefitsmanagement@nmusd.us

DOMESTIC PARTNER INSURANCE COVERAGE AS A RESULT OF AB2208 and SB 30

Effective January 1, 2005, group medical plans have been mandated to provide health benefit coverage for the registered domestic partners of an employee to the same extent, and subject to the same terms and conditions, as provided to a spouse. Note that the California state registry recognizes same sex couples at age 18 and older.

Effective January 1, 2020 heterosexual couples at age 18 or older. The employee must verify the partnership by providing a copy of their state registration form which is the equivalent of the proof required for married couples. Newport-Mesa USD does not recognize un-registered Domestic Partners. COBRA continuation for health benefits is not included in this legislation. However, they should contact Cigna or Kaiser to see if they are eligible for CAL-COBRA. Domestic partner of employee is required to provide Social Security number at enrollment.

Many other provisions of the law are not represented here. This is meant to be a brief sampling of the law. For further information, contact the Domestic Partner Registry at <https://www.sos.ca.gov/registries/domestic-partners-registry/>

TERMINATION OF GROUP HEALTH BENEFIT COVERAGE

Retiree Coverage Termination

An over age 65 Retiree's coverage in the health and welfare benefits under this Program shall terminate upon the earliest of the following:

- The date the Retiree ceases to be eligible under the Program;
- The end of the period for which he has made the required contributions for such coverage, if he fails to make the next required contribution;
- The date the Program is amended to terminate the coverage of a class of Retirees of which he is a member.

Enroll in Medicare Part D.

If you choose to enroll in a Medicare prescription drug plan (Medicare Part D), you will be dis-enrolled from the Newport-Mesa USD plan, you will not be eligible to continue with the District sponsored plans. For options on re-enrolling, reference 'Offer to Re-enroll' on page 9 of this booklet.

Dependent (Spouse, Domestic Partner, and Child (0-26) Coverage Termination

A Dependent's health and welfare benefit coverage shall terminate upon the earliest of the following:

- The date the Retiree's coverage terminates,
or
- The date on which the child ceases to be an enrollee under the plan as defined herein, except that coverage for a child who attains the limiting age twenty-six (26) years of age ends on the last day of the month in which that birthday occurs.

Survivorship

In the event that the retiree dies, dependent(s) would be provided with one (1) year of survivorship on the health plans. Any pro-rata premium for health benefits would be the responsibility of the dependent(s). At the end of one year, the dependent(s) age 64 and under would be offered COBRA. If elected, COBRA continuation would be for up to 36 months providing eligibility continues and premiums are paid as required.

MEDICAL PLANS

Benefit eligible retirees have the option of choosing a Health plan that best fits their personal needs.

- Kaiser Senior Advantage, Medicare Advantage Program (HMO plan) or
- SCAN Basic or Enhanced, Medicare Advantage Program (HMO plan) or
- Cigna Medicare Expand Open Access Plus (OAP) / Coordination of Benefits (PPO-like plan)

KAISER SENIOR ADVANTAGE PLAN (HMO plan) – Southern CA

- Enrollees and participating spouse 65+ must be enrolled in Medicare A & B.
- Contact Kaiser Network for all your medical needs.
- \$15.00 co-pay for an Office Visit or Specialist.
- \$15.00 co-pay for Outpatient Facility, \$50.00 co-pay for Outpatient Surgery.
- No co-pay for Preventative Care.
- Call 911 for life-threatening emergencies. Follow up with Kaiser within 24 hours.
- \$15.00 co-pay for Urgent Care.
- \$50.00 co-pay for the Emergency Room if not admitted to the hospital.
- \$250.00 Hospital Inpatient Admission.
- \$15.00 co-pay for Physical Therapy.
- \$15.00 co-pay for Chiropractic Care / 30 visits per calendar year.
- Maximum Out-of-Pocket \$1,500 per person / \$3,000 family.
- For important plan restrictions, and specific exclusions and limitations, consult your Evidence of Coverage (www.nmusd.us/benefits).
- For questions regarding coverage, visit www.kp.org or call 1-800-464-4000

KAISER PERMANENTE PHARMACY PLAN

| What you buy | Retail Pharmacy | Home Delivery |
|---------------|----------------------|----------------------|
| Generic Drugs | \$10.00 for 100 days | \$10.00 for 100 days |
| Brand Name | \$25.00 for 100 days | \$25.00 for 100 days |



To find out which drugs are on the formulary for your plan, visit kp.org/formulary.

SCAN Medicare Advantage Program (HMO plan) – Select CA counties

SCAN is a Medicare Advantage Plan which requires all enrollees (including participating spouses) to be enrolled in Medicare Parts A and B. Two Scan Plan options are available which include the Independent Living Power.

You and your family members may choose different primary care doctors. Contact this doctor for all of your needs. Your primary care doctor will direct your care to emergency facilities or specialists as needed. Silver Sneakers and Routine door to door non-emergent medical transportation is included in both plans.

Register at www.scanhealthplan.com/newport-mesa to view your plan and coverage, search by your county or zip code to find if plans are available based on your location.

SCAN/Basic

- \$15.00 co-pay at Primary Care Physician's office.
- No co-pay for Preventative Care.
- \$25.00 co-pay for the Emergency Room, if not admitted. If admitted, \$100.
- No co-pay for X-ray and Lab services.
- \$15.00 co-pay Chiropractic Care / 20 visits per calendar year.
- \$5 co-pay for Physical, Occupational, Speech Therapy.
- \$15.00 co-pay for Eye Med Vision Care Exam, no co-pay for standard lenses, \$100.00 allowance for frames and \$130.00 contact allowance every 2 years.
- \$15.00 co-pay for Hearing Services Visit & Hearing Exam; coverage for Hearing Aids up to \$2,000.00 for one or two Hearing Aids every 2 years.
- \$8.00 per visit for Delta Care USA Primary Care Dental Office; 2 cleanings per year - 100% coverage; varying co-pays for other services.

SCAN/Enhanced

- \$10.00 co-pay at Primary Care Physician's office.
- No co-pay for Preventative Care.
- \$50.00 co-pay for the Emergency Room, if not admitted. If admitted, no co-pay.
- No co-pay for X-ray and Lab services.
- \$10.00 co-pay Chiropractic Care / 20 visits per calendar year.
- No co-pay for Physical, Occupational, Speech Therapy.
- \$10.00 co-pay for EyeMed Vision Care Exam; \$20.00 co-pay for standard lenses, \$100.00 allowance for frames and \$130.00 contact allowance every 2 years.
- \$10.00 co-pay for Hearing Services Visit & Hearing Exam; coverage for Hearing Aids up to \$4,000.00 for one or two Hearing Aids every 2 years.
- \$0.00 per visit for Delta Care USA Primary Care Dental Office; 2 cleanings per year - 100% coverage; varying co-pays for other services.

SCAN HEALTH PLAN

| N-MUSD BASIC PLAN AND ENHANCED PLAN | | | | | |
|---------------------------------------|--|---|--|--|--|
| | Preferred Retail & Mail-Order (in-network) (30-day supply) | Standard Retail & Mail-Order (in-network) (30-day supply) | Preferred Retail (in-network) (100-day supply) | Standard Retail & Mail-Order (in-network) (100-day supply) | Preferred Mail-Order (in-network) (100-day supply) |
| Initial Coverage Stage | | | | | |
| Tier 1 (Preferred Generic) | You pay \$5 | You pay \$10 | You pay \$10 | You pay \$20 | You pay \$10 |
| Tier 2 (Generic) | You pay \$5 | You pay \$10 | You pay \$10 | You pay \$20 | You pay \$10 |
| Tier 3 (Preferred Brand) | You pay \$20 | You pay \$20 | You pay \$40 | You pay \$40 | You pay \$40 |
| Tier 4 (Non-Preferred Drug) | You pay \$20 | You pay \$20 | You pay \$40 | You pay \$40 | You pay \$40 |
| Tier 5 (Specialty Tier) | You pay 25% | You pay 25% | Not available | Not available | Not available |
| Catastrophic Coverage Stage | You stay in the Initial Coverage Stage until your yearly out-of-pocket costs reach \$7,050. After your yearly out-of-pocket drug costs reach \$7,050, you pay whichever is the larger amount: <ul style="list-style-type: none"> – 5% of the cost, or – \$3.95 copay for generic (including drugs that are treated like a generic) and \$9.85 copay for all other drugs. | | | | |

SCAN Independent Living Power/Long Term Services and Supports (ILP/LTSS)

Not covered by Medicare

These Services offer unique home and community-based services designed to keep you healthy and independent.

Qualifying members are eligible for up to \$650 per month of these additional services. Services are only available in Los Angeles, Orange, Riverside, San Diego and San Bernardino Counties.

Please Note: You must be eligible to qualify for ILP/LTSS. An assessment is required annually. Once you are enrolled with ILP/LTSS, you must agree to receive your personal care and related homemaking services from SCAN Health Plan.

See your Summary Plan Description for more details and Plan Service Area or contact SCAN at (800) 559-3500.

CIGNA MEDICARE EXPAND OPEN ACCESS PLUS (OAP) / In-Network

All states except HI

- Enrollees and participating spouse 65+ must be enrolled in Medicare A & B.
- You may use a Preferred Provider Cigna “contracted” physician or hospital of your choice.
- \$20.00 co-pay for an Office Visit or Specialist. No calendar year deductible.
- No co-pay for Outpatient Facility/Surgery.
- Call 911 for life-threatening emergencies. Follow up with your Primary Care Physician within 24 hours.
- \$50.00 co-pay for Urgent Care.
- \$200.00 co-pay for the Emergency Room if not admitted to the hospital.
- \$250.00 Hospital Inpatient Admission, then no co-pay.
- \$20.00 co-pay for Physical Therapy / 20 visits per calendar year.
- \$20.00 co-pay for Chiropractic / 20 visits per calendar year.
- Maximum out-of-pocket \$1,000 per person / \$3,000 family.
- OAP “contracted” providers will bill Cigna directly.
- Medicare will be your primary insurance; Cigna will be your secondary insurance.
- You will receive an Explanation of Benefits from Cigna indicating your responsibility of the bill.
- For important plan restrictions, and specific exclusions and limitations, consult your Evidence of Coverage (www.nmusd.us/benefits).
- For questions regarding coverage, call the Cigna Enrollment Information line 1- 800-Cigna24 (1-800-244- 6224) or visit www.cigna.com/nmusd.

CIGNA MEDICARE EXPAND (OAP) PHARMACY PLAN

| What you buy | Retail Pharmacy | Home Delivery or Retail Pharmacy |
|---------------------|---------------------|----------------------------------|
| Generic Drugs | \$10.00 for 30 days | \$20.00 for 90 days |
| Preferred Brand | \$35.00 for 30 days | \$70.00 for 90 days |
| Non-Preferred Brand | \$50.00 for 30 days | \$100.00 for 90 days |



To check which drugs are included in your plan, please log on to myCigna.com.

Express Scripts Pharmacy

- By Doctor: Ask your doctor to send a 90-day prescription electronically to Express Scripts Home Delivery.
- By Phone: 1-800-835-3784, have your medication, doctor’s name and payment information ready.
- By Website: my.cigna.com/choosehomedelivery. Follow the online instructions.

Forms and more information is available at www.cigna.com/nmusd or www.nmusd.us/benefits.

Cigna utilizes ‘Step Therapy’ a prior authorization program. Certain medications for medical conditions need approval before they are covered. Step Therapy encourages you to try the most cost effective and appropriate medication available to treat your condition. Once you have registered on www.mycigna.com you can view a list of Step Therapy medications by clicking on the ‘view prescription drug list’ in the Pharmacy section.

CIGNA MEDICARE EXPAND OPEN ACCESS PLUS (OAP) / Out-of-Network All States except HI

- Enrollees and participating spouse 65+ must be enrolled in Medicare A & B.
- See any licensed provider of your choosing.
- Claims will be paid based on Cigna's determined maximum allowed amount. There is no negotiated cost structure for services provided by an out-of-network provider.
- Annual \$400 deductible per person (aggregate \$1,200 family maximum per year), then Cigna pays 60%, and you pay 40% after deductible is met.
- Outpatient Facility / Surgery and Ambulance Services, 40% after deductible.
- Preventative Care up to Age 16, you pay 40% after deductible is met. No coverage for Age 17 and over.
- Call 911 for life-threatening emergencies. Follow up with your Primary Care Physician within 24 hours.
- \$50.00 co-pay for Urgent Care.
- \$200.00 co-pay for the Emergency Room, waived if admitted.
- \$500.00 Hospital Inpatient Admission, plus 40% after deductible.
- Physical Therapy, 40% after deductible / 20 visits per calendar year.
- Chiropractic Care, 40% after deductible / 20 visits per calendar year.
- Maximum out-of-pocket \$5,000 per person / \$10,000 family.
- Providers may bill for services upfront.
- You must attach the Physician's bill for services to a Cigna claim form and submit for payment. Claim forms are available on NMUSD Health Benefits website, www.nmusd.us/benefits or on Cigna's microsite for NMUSD www.cigna.com/nmusd.
- Medicare will be your primary insurance; Cigna will be your secondary insurance.
- You will receive an Explanation of Benefits from Cigna indicating your responsibility of the bill
- For important plan restrictions, and specific exclusions and limitations, consult your Evidence of Coverage (www.nmusd.us/benefits).
- For questions regarding coverage, call the Cigna Enrollment Information line 1- 800-Cigna24 (1-800-244- 6224) or visit www.cigna.com/nmusd.
- Out-of-Network Pharmacy not covered.

MEDICAL BENEFIT PLANS AT A GLANCE

The next few pages' reference some of the highlights of individual plan choices. These are for medical plan comparisons and for general information. These are not intended to replace the Evidence of Coverage.

For more plan specifics see Newport-Mesa USD's insurance certificate or Summary Plan description referencing the corresponding Summary of Benefits www.nmusd.us/benefits

If your spouse and/or dependent(s) are under the age of 65 and you would like information on other plans available to them visit the websites listed above, email benefitsmanagement@nmusd.us or call (714) 424-5010.

| Newport-Mesa USD | Kaiser | SCAN | | Cigna | |
|---|---|---------------------------------------|----------------------------------|--|---|
| 2023 - 24 Medical Plan Options Refirees Age 65+ | Senior Advantage So CA Only | Medicare Advantage Select CA Counties | | OAP - Medicare Expand Nationwide except HI | |
| | Network Only | Basic | Enhanced | In-Network | Out-of-Network |
| DEDUCTIBLES/MAXIMUMS | | | | | |
| Calendar Year Deductible (Ind / Fam) | None | None | None | None | \$400 / \$1,200 |
| Annual Out of Pocket Max (Ind / Fam) | \$1,500 / \$3,000 | \$3,400 | \$3,400 | \$1,000 / \$3,000 | \$5,000 / \$10,000 |
| PHYSICIAN SERVICES | | | | | |
| PCP Office Visits | \$15 Co-pay kp.org | \$15 Co-pay | \$10 Co-pay | \$20 Co-pay | 40% after Ded |
| Online Visits | No Co-pay | \$0 Co-pay | \$0 Co-pay | \$20 Co-pay | Not Available |
| PREVENTIVE CARE | | | | | |
| Preventive Care / Immunizations | No Co-pay | No Co-pay | No Co-pay | No Co-pay | Birth to Age 16 - 40% Age 17 & up Not Covered |
| Mammogram / PAP / PSA | No Co-pay | No Co-pay | No Co-pay | No Co-pay | 40% after Ded |
| INPATIENT | | | | | |
| Inpatient Hospital Facility | \$250/admit | \$100/admit | No Co-pay | \$250/admit then no Co-pay | \$500/admit + 40% after Ded |
| Inpatient Professional Services | No Co-pay | No Co-pay | No Co-pay | No Co-pay | 40% after Ded |
| OUTPATIENT | | | | | |
| Outpatient Facility | \$50 procedure Co-pay \$15 visit (\$0 Colonoscopy) | No Co-pay | No Co-pay | No Co-pay | 40% after Ded |
| Emergency Room Co-pay | \$50 Co-pay | \$25 Co-pay (Waived if admitted) | \$50 Co-pay (Waived if admitted) | \$200 (Waived if admitted) | |
| Urgent Care | \$15 Co-pay | \$25 Co-pay | \$10 Co-pay | \$50 Co-pay | |
| Ambulance Services | \$50 Co-pay | No Co-pay | No Co-pay | No Co-pay | |
| PRESCRIPTIONS | | | | | |
| Tier 1 & 2 Generic/ Day Supply | \$10 Co-pay/100 days | \$5 Co-pay/ 31 days | \$5 Co-pay/ 31 days | \$10 Co-pay/30 days | not covered |
| Non-Preferred Generic/ Day Supply | Not covered | \$10 Co-pay/ 31 days | \$10 Co-pay/ 31 days | not covered | not covered |
| Tier 3 Brand Name/ Day Supply | \$25 Co-pay/100 days | \$20 Co-pay/ 31 days | \$20 Co-pay/ 31 days | \$35 Co-pay/30 days | not covered |
| Tier 4 Non-Preferred Brand/ Day Supply | Not covered | \$20 Co-pay/ 31 days | \$20 Co-pay/ 31 days | \$50 Co-pay/30 days | not covered |
| Tier 5 Specialty drugs/ Day Supply | Not covered | 25% Co-pay Home Delivery N/A | 25% Co-pay Home Delivery N/A | Not Applicable see rates above | not covered |
| Home Delivery | Co-pay same as above 100 Days | Two Co-pays for 100 Days | | \$20 / \$70 / \$100 90 Days | not covered |

| Newport-Mesa USD | Kaiser | SCAN | | Cigna | |
|--|---|--|--|---|--|
| 2023 - 24 Medical Plan Options Retirees Age 65+ | Senior Advantage So CA Only | Medicare Advantage Select CA Counties | | OAP - Medicare Expand Nationwide except HI | |
| | Network Only | Basic | Enhanced | In-Network | Out-of-Network |
| OTHER BENEFITS | | | | | |
| Chiropractic | \$15 Co-pay 30 visits/calendar year | \$15 Co-pay 20 visits per calendar year | \$10 Co-pay 20 visits per calendar year | \$20 Co-pay 20 visits per calendar year | 40% after Ded |
| Physical Therapy | \$15 Co-pay | \$5 Co-pay | No Co-pay | \$20 Co-pay 20 visits per calendar year | 40% after Ded |
| Allergy Treatment | \$3 Injections | \$15 Co-pay | \$10 Co-pay | \$20 Co-pay or actual charge (if less) | 40% after Ded |
| Acupuncture | Not covered | Not Covered | | \$20 Co-pay 12 days max per cal year | 40% after Ded |
| Diagnostic X-ray and Lab | No Co-pay | No Co-pay | No Co-pay | \$20 Dr. Ofc No Co-pay in contracted Lab | 40% after Ded |
| Advanced Imaging | No Co-pay | No Co-pay | No Co-pay | No Co-pay | 40% after Ded |
| Durable Medical Equipment | 20% Coinsurance | No Co-pay | No Co-pay | No Co-pay | 40% after Ded |
| Hearing Aids | No Co-pay \$3,000 allowance per ear, every 36 months | \$15 every 2 years \$2,000 allow 1 or 2 aids every 2 yrs | \$10 every 2 year \$4,000 allow 1 or 2 aids every 2 yrs | \$20 office Co-pay | 40% after Ded \$5,000 max allowable benefit every 3 years |
| Organ & Tissue Transplants | No Co-pay | \$100/admit then no Co-pay | \$0/admit then no Co-pay | \$250/admit then no Co-pay | Not covered |
| Vision | \$150 Eyewear Allow Every 24 mo. | \$15 Co-pay \$100 Eyewear Allow Every 24 mo. | \$10 Co-pay \$100 Eyewear Allow Every 24 mo. | Not covered | Not covered |
| Prosthetics & Orthotics | 20% Co-pay | No Co-pay | No Co-pay | No Co-pay | 40% after Ded |
| Home Health | \$0 Visit | \$15 Co-pay | No Co-pay | No Co-pay 100 max days/cal yr | 40% Co-pay 100 max days/cal yr |
| Skilled Nursing Care/ 100 calendar days (Utilization review required for skilled nursing facility stay) | No Co-pay | \$100/admit | No Co-pay | No Co-pay | 40% after Ded |
| Hospice | No Co-pay | No Co-pay | No Co-pay | No Co-pay | 40% after Ded |
| Mental Health & Substance Abuse | | | | | |
| Inpatient Care Facility-based care | \$250 per admit | \$100 admit | No Co-pay | \$250/admit then no Co-pay | \$500/admit + 40% after Ded |
| Outpatient Care | \$15 per visit individual / \$7 Group Treatment | \$15 Co-pay (Mental Health) \$10 Co-pay (Substance Abuse) | \$10 Co-pay | \$20 Co-pay | 40% after Ded |
| <p>Note: This is a snapshot summary for comparison and general information. It is not intended to replace the Summary of Benefit Coverage. For more plan specifics see Newport-Mesa USD's Insurance certificate, Summary of Benefit Coverage at www.nmusd.us/benefits. Or from the contact information listed in the front of the Benefit Book.</p> | | | | | |

CIGNA DENTAL PLANS

Cigna remains our provider for the two dental plans from which you may elect coverage.

CIGNA HMO

- You are required to select and enroll with a Primary Care Dentist from Cigna’s Dental HMO network.
- When you visit this dentist, there are no patient charges for most preventive procedures, no claim forms, no deductibles, and no annual dollar benefit limit.
- Covered complex procedures are available at low, pre-set patient charges. You may also be referred to a network Specialist with a set fee schedule.
- Services under NMUSD’s P210X plan include preventive, restorative, and orthodontia.

CIGNA PPO

- This plan allows you to visit any dentist you choose.
- If you choose a Cigna “contracted” dentist from the extensive Cigna PPO Network, you will receive \$2,000 per calendar year in dental benefits.
- Preventive and diagnostic services paid at 100% and restorative at 80% after the \$50 deductible (\$150 family).
- Cigna “contracted” dentists agree to offer their services to Cigna’s PPO participants at reduced, contracted fees, thereby saving on your out-of-pocket expenses.
- Go to [cigna.com](https://www.cigna.com) to find “contracted” Cigna PPO dentists.
- If you choose a dentist who is not “contracted” in the Network, you will receive a reduced benefit limit of \$1,000 per calendar year.

NOTE: SCAN enrollment includes a benefit for an HMO dental plan with Delta Care USA. If you are currently enrolled in a Newport-Mesa USD dental plan, and terminate your dental coverage when you enroll with SCAN, you will not be allowed to re-enroll in a Newport-Mesa USD dental plan at a future date.

| Newport-Mesa USD | Cigna | | Cigna | |
|--|--|---|---|--|
| 2023 - 24 Dental Plan Options All Members | Dental HMO Network | | Dental PPO Plan | |
| | Network Only | | In-Network | Out-of-Network |
| | Cost with Cigna Dental Care | | Based on Reduced Contracted Fee Schedule | Reimburse according to 80% Reasonable and Customary ("R&C") Allowances, the dentist may balance bill up to their usual fees. |
| DEDUCTIBLES/MAXIMUMS | | | | |
| Calendar Year Deductible (Ind / Fam) | None | \$50 / \$150 | \$50 / \$150 | \$50 / \$150 |
| Calendar Year Maximum Reimbursement Fee (Individual) | None | \$2,000 | \$2,000 | \$1,000 |
| DENTAL SERVICES | | | | |
| Office Visits | Managed Care | Self Referral | Self Referral | Self Referral |
| | Select Primary Care HMO Network Dentist | Select Cigna PPO Contracted Dentist | Select Cigna PPO Contracted Dentist | Select Non-Contracted Dentist |
| PREVENTIVE CARE | | | | |
| Exams / Routine Prophylaxis | 2 per year 100% covered | 2 per year 100% covered | 2 per year 100% covered | 2 per year, Cigna pays 100% of the "R&C" |
| Bitewing X-rays | 2 per year 100% covered | 2 per year 100% covered | 2 per year 100% covered | 2 per year, Cigna pays 100% of the "R&C" |
| Full mouth and Panorex X-rays | 1 every 3 calendar years, 100% Covered | 1 every 3 calendar years, 100% Covered | 1 every 3 calendar years, 100% Covered | 1 every 3 calendar years, Cigna pays 100% of the "R&C" |
| Premiums | | | | |
| Full-Time Employees | No Monthly Payroll Deduction | Pays Monthly Payroll Deduction, see Rate Chart | Pays Monthly Payroll Deduction, see Rate Chart | Pays Monthly Payroll Deduction, see Rate Chart |
| Dental Procedures | | | | |
| Minimal | No Charge | 20% charge after Ded has been met | 20% charge after Ded has been met | 20% charge after Ded has been met, Cigna pays 80% of "R&C" |
| Restorative | Charges apply, reference Patient Charge Schedule (PCS) | 20% charge after Ded has been met | 20% charge after Ded has been met | 20% charge after Ded has been met, Cigna pays 80% of "R&C" |
| Fluoride | No Charge, 2 per calendar year | No charge, 1 per year under the age of 19. | No charge, 1 per year under the age of 19. | Cigna pays 100% of "R&C" 1 per year under the age of 19. |
| Sealants | No charge, no limit per calendar year | No charge, 1 treatment per tooth every 3 years. | No charge, 1 treatment per tooth every 3 years. | Cigna pays 100% of "R&C", 1 treatment per tooth every 3 years. |
| Crowns and Inlays | Replacement every 5 years | Replacement every 5 years | Replacement every 5 years | Replacement every 5 years |
| Athletic Mouth Guard | One per calendar year, \$110 co-pay | Not Covered | Not Covered | Not Covered |
| Orthodontic | Charges apply, reference Patient Charge Schedule (PCS) | 50% of Cigna PPO contracted fee with \$1,000 lifetime maximum | 50% of Cigna PPO contracted fee with \$1,000 lifetime maximum | 50% of Cigna PPO "R&C" fee \$1,000 lifetime maximum |
| <p>Note: This is a snapshot summary for comparison and general information, it is not intended to replace the Summary of Benefit Coverage. For more plan specifics see Newport-Mesa USD's insurance certificate, Summary of Benefit Coverage at www.nmusd.us/benefits. Or from the contact information listed in the front of the Benefit Book.</p> | | | | |

More Information:

Cigna Dental Treatment Cost Estimator For Dental HMO and PPO Customers

You can estimate a plan for your dental care costs using Treatment Cost Estimation on mycigna.com. This user friendly web-based tool allows you to get dental estimates based on your specific plan design and geographic location. This tool is flexible, enabling you to get estimates at a procedure or treatment level. A treatment level estimate is usually more accurate because it represents a group of procedures used to treat or resolve a specific dental condition or disease. This gives you a better understanding of what you may pay when you visit the dentist.

Convenience at your fingertips For Dental PPO Customers

Online tools available on myCIGNA.com and myCigna mobile app. These tools include:

Brighter Score™, Dental Office reviews and comparisons, Online appointment scheduling, Enhanced search and transparent pricing, Easy Access.

More information on all listed above at www.nmusd.us/benefits

MEDICARE PART D and NOTICE OF CREDITABLE COVERAGE

The Medicare Modernization Act of 2003 is a Federal program called Medicare Part D which provides for Medicare prescription drug coverage for Medicare eligible retirees. One of the requirements of the program is that employers provide all Medicare eligible individuals with a Notice of Creditable Coverage.

The Notice contains information about the District's current drug coverage and the coverage from Medicare for people with Medicare. Benefits Management will be sending you an updated notice each year prior to July 1st. You should keep that updated **Notice of Creditable Coverage** in your personal files.

- The Notice is provided for information purposes only.
- The Medicare Part D plan is geared toward those individuals who have no pharmacy plans.
- You cannot double dip – you cannot be enrolled in the District's plan & Medicare Part D.
- If at some time you decide to leave the District's plan and go on the Medicare Part D plan, you will not be penalized as you will have proof by way of this Notice that you had Creditable Coverage.

If you enroll in Medicare Part D, you will be dis-enrolled from the Newport- Mesa USD plan. For options on re-enrolling, see '**Offer to Re-enroll**' on page 9 of this booklet.

The following two pages contain a **SAMPLE** of the Notice that you have and will receive each year.



Important Notice from Newport-Mesa Unified School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Newport-Mesa Unified School District and about your options under Medicare's prescription drug coverage. 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. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Newport-Mesa Unified School District has determined that the prescription drug coverage offered by the Newport-Mesa Unified School District Health and Welfare Benefit Plan is, on average for all plan participants, expected to pay out as much as 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 from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) 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 Newport-Mesa Unified School District coverage may be affected.

You can choose to enroll in a Medicare prescription drug plan **OR** you can be enrolled in one of the Newport-Mesa USD sponsored plans which include prescription drug coverage. You **cannot** be enrolled in both – you must enroll in one **OR** the other.

If you do decide to join a Medicare drug plan and drop your current Newport-Mesa Unified School District coverage, be aware that you and your dependents will not be able to get this coverage back.

CMS Form 10182-CC

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 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Notice of Creditable Coverage



When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Newport-Mesa Unified School District 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 continuous 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 nineteen 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 the following October to join.

For More Information About Your Options Under Drug Coverage

Contact the person listed below for further information. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Newport-Mesa Unified School District changes. You also may request a copy of this notice 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'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join 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).

| | |
|---------------------------|--|
| Date: | July 1, 2023 |
| Name of Entity/Sender: | Newport-Mesa Unified School District |
| Contact--Position/Office: | Benefits Management |
| Address: | 2985 Bear Street, Costa Mesa, CA 92626 |
| Phone Number: | (714) 424-5010 |

CMS Form 10182-CC

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 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Notice of Creditable Coverage

RETIREE RESOURCES

SOCIAL SECURITY

CalPERS

CalSTRS

AON Retiree HealthCare Exchange (Free Service)

800-772-1213

888-225-7377

800-228-5453

800-350-1470

<https://retiree.aon.com>

INDIVIDUAL HEALTH INSURANCE OPTIONS FOR RETIREES OVER 65 NOT ELECTING CONTINUATION OF DISTRICT MEDICAL BENEFITS.

The following is a partial listing of available options for purchasing individual health insurance coverage. This is not intended as endorsement of any private plan by Newport-Mesa Unified School District:

MEDICARE SUPPLEMENTAL/MEDIGAP PLANS

| | |
|--|--------------|
| AARP Medicare Supplement Insurance Plans Insured by United HealthCare Insurance Company | 866-894-6032 |
| Anthem Blue Cross Supplement Insurance Plans | 800-777-6000 |
| Blue Shield Supplement Insurance Plans | 800-963-8008 |
| Cigna-HealthSpring Stand Alone Part D | 855-391-2557 |
| Cigna Medicare Supplement Insurance | 855-569-8741 |

HMO MEDICARE ADVANTAGE PLANS

| | |
|--|--------------|
| United Healthcare | 800-950-9355 |
| AETNA Medicare Advantage Plan | 800-529-5586 |
| AETNA Medicare Advantage PPO Golden Choice | |
| Anthem Blue Cross Senior Advantage | 800-777-6000 |
| BLUE SHIELD Medicare Advantage | 800-963-8008 |
| Cigna-HealthSpring Medicare Advantage | 855-552-0698 |
| SCAN Health Plan Medicare Advantage | 800-915-7226 |

INSURANCE BROKERS

| | |
|--|--------------|
| Bianca Lee SoCal Benefits Insurance Services Email: Bianca@medicarehelpshop.com | 949-246-4921 |
| Matt McGuirk/Benefits Advisor Nautilus Health Services Email: matt@lblgroup.com | 949-429-9849 |
| Paul Sansevieri Sansevieri Insurance Services Inc. Email: help@paulsansevieri.com | 949-722-6078 |

NOTE: Individual health insurance policies are subject to approval by the applicable insurance company

HICAP - HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM
PROVIDES HEALTH INSURANCE COUNSELING FOR CALIFORNIA SENIOR CITIZENS. CALL THE HICAP TOLL-FREE TELEPHONE NUMBER (800) 434-0222 FOR A REFERRAL TO YOUR LOCAL HICAP OFFICE.
HICAP IS A SERVICE PROVIDED FREE OF CHARGE BY THE STATE OF CALIFORNIA.

www.cahealthadvocates.org/hicap/

2023 Open Enrollment

August 1st through August 31st, 2023

Welcome to the 2023 Health Benefit Open Enrollment Period for retired employees of the Newport-Mesa Unified School District.

Participation in Open Enrollment is Required. You must return your completed Open Enrollment form by August 31, 2023. ***If your form is not returned, your benefits may end September 30, 2023.***

What's New!

- ❖ **Kaiser Senior Advantage Plan premium decrease 12.22% for those with Medicare A&B.**
- ❖ **SCAN Health Plan - No Change to current premiums.**
- ❖ **Cigna Medicare Expand Open Access Plus (OAP) 9% premium increase.**

CIGNA HMO and PPO Dental Plans

The plans continue with no plan changes. No increase in rates.

ABOUT YOUR OPEN ENROLLMENT FORMS 2023

The following pages contain your Open Enrollment materials.

- ❖ Your 'Open Enrollment Form' has been personalized and is provided separate from this booklet.
- ❖ All eligible retired employees must return this form by August 31, 2023, in order to enroll in the medical and/or dental benefits offered.
 - Please review your Open Enrollment form.
 - Check the appropriate boxes to let us know your enrollment selection.
 - Please provide any updates to your address, phone number or email.
 - Sign and date the form return it to Benefits Management by August 31, 2023.
 - If you wish to make changes, please note the specific change on the form.
- ❖ Health Coverage Disenrollment Form,
 - If you choose not to continue your enrollment in one or more of the Newport-Mesa USD health benefits, **remove the Disenrollment form from this book,**
 - Complete, sign and attach this form to your Open Enrollment form.
- ❖ Retiree 65 & Better Rate Table 2023-24, save to review with your WEX benefits invoice.

Did you know...?

- ❖ 65 & Better retirees have the opportunity of declining medical enrollment and have a one-time opportunity to re-enroll in a District offered medical benefit plan during the following open enrollment period. If enrollment is declined mid-year and the next open enrollment period is less than 12 months, the retiree will be allowed to enroll in the subsequent open enrollment period in order to provide a minimum of 12 months in a non-Newport-Mesa USD plan.
 - It is the retiree's responsibility to contact NMUSD Benefits Management Department at 714-424-5010 or benefitsmanagement@nmusd.us with their intention to re-enroll within the required timeframe. At that time the retiree will be included in the subsequent Open Enrollment. Refer to Page 9 of this booklet '**Offer to Re-enroll**' for more details.

- ❖ If you wish to cancel your NMUSD medical plan and enroll in a private plan, you **MUST** Coordinate your cancellation with the Benefits Management office for Medicare commitments.

- ❖ If you are enrolled in either SCAN or Kaiser Senior Advantage and you move out of the covered area, you will be moved to the Cigna OAP Medicare Expand plan to avoid any lapse in coverage, your monthly premiums will change to match the Cigna OAP Medicare plan.

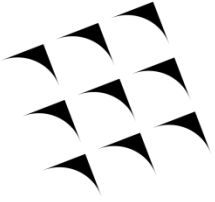
- ❖ You and your spouse have the option of separate medical plan choices. For instance, you may choose to enroll in SCAN while your spouse chooses to be enrolled in Cigna OAP Medicare Exp. To be eligible for all 65+ retiree medical plans, you must be enrolled in Parts A and B of Medicare.

- ❖ SCAN is not covered in all areas; please contact 1-800-559-3500 for more information or www.scanhealthplan.com

- ❖ If you are enrolled in one of the Cigna dental plans, your spouse may only be enrolled in the plan in which retiree subscriber is enrolled.

- ❖ You should not receive a bill for services if you are using SCAN or Kaiser Senior Advantage. Cigna Medicare Expand OAP is subject to deductibles and co-pays.

- ❖ You can save money! You can receive a 90-day supply of your monthly prescription for only one month's co-pay with Cigna's Express Scripts Pharmacy. Kaiser's pharmacy co-pay is the same for pick-up or home delivery.



Request for Disenrollment

Disenrollment cannot be done retroactively. I understand that this completed and signed form must be provided to NMUSD Benefits Management **at least two (2) weeks prior** to the requested disenrollment date to allow enough time for the processing of disenrollment. **Each individual dis-enrolling must sign this form.**

I am dis-enrolling from a NMUSD sponsored health benefits plan and by signing below I acknowledge:

1. After disenrolling, I have a one-time opportunity to re-enroll in a NMUSD offered medical plan during Open Enrollment no later than August 31, 2024, and I am responsible for contacting the Newport Mesa Benefits Management Department at (714) 424-5010 if I want to re-enroll in a medical plan during Open Enrollment no later than August 31, 2024,
2. If I do not reenroll in a NMUSD medical plan prior to August 31, 2024 I will **not** be allowed to re-enroll in a NMUSD medical plan in the future, and
3. If my spouse/dependent declines medical they will not be allowed to re-enroll at any time.

| | |
|----------------|---------------------|
| Name _____ | Medical ID #: _____ |
| Name: _____ | Medical ID #: _____ |
| Address: _____ | Phone: _____ |
| _____ | NMUSD ID #: _____ |

MEDICAL I wish to dis-enroll from:

| | |
|--|--|
| <input type="checkbox"/> Cigna OAP Medicare Expand | <input type="checkbox"/> SCAN Basic |
| <input type="checkbox"/> Kaiser Senior Advatage | <input type="checkbox"/> SCAN Enhanced |

Name of new Medical Plan: _____

Effective Date of new Plan: _____

Reason for Disenrollment: _____

It is further understood that by dis-enrolling from a Newport-Mesa USD Medical Benefit Plan, and not enrolling in another Medicare Advantage plan with prescription drug coverage or a Medicare prescription drug plan, or if I don't have Creditable Coverage as good as Medicare prescription drug coverage, I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.

DENTAL I wish to:

| | |
|---|--|
| <input type="checkbox"/> Continue my current coverage | <input type="checkbox"/> Cancel my current coverage |
| <input type="checkbox"/> Continue my dependent coverage | <input type="checkbox"/> Cancel my dependents coverage |

I understand that once I am dis-enrolled from a Cigna Dental plan, I will **not** be eligible for re-enrollment in a District sponsored dental plan at a later date.

| | | |
|-----------|------------|------|
| Signature | Print Name | Date |
|-----------|------------|------|

| | | |
|-----------|------------|------|
| Signature | Print Name | Date |
|-----------|------------|------|

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**NEWPORT-MESA UNIFIED SCHOOL DISTRICT
65 AND BETTER RATE SHEET
ALL RATES EFFECTIVE October 1, 2023
Pending Board Approval**

MEDICAL PLANS:

- Rates are for Retirees over 65 and spouses OVER 65
- Retiree and spouse are responsible for paying their Medicare Part B premium to Social Security
- *Part B Medicare premium is NOT included in the rates listed below*

OPTION ONE

Cigna OAP Expand / Coordination of Benefits (PPO like plan)

| | Single | Two-Party |
|---|--------|-----------|
| Must show Medicare card indicating enrollment in Parts A & B | 859.50 | 1,776.25 |

*Due to State Legislations in Texas, Missouri and Oklahoma may have different rates.
Contact Benefits for more information*

OPTION TWO

Kaiser Senior Advantage / Medicare Advantage Program (managed care plan)

| | Single | Two-Party |
|---|--------|-----------|
| Must show Medicare card indicating enrollment in Parts A & B | 153.68 | 307.48 |

OPTIONS THREE & FOUR

SCAN / Medicare Advantage Program (managed care plans) – BASIC & ENHANCED

| | Single | Two-Party |
|--|--------|-----------|
| Basic Must show Medicare card indicating enrollment in Parts A & B | 195.13 | 390.26 |
| Enhanced Must show Medicare card indicating enrollment in Parts A & B | 342.47 | 684.94 |

For Spouse or Dependent under the age of 65, without Medicare, add the following rate to rates above:

| | |
|-------------------------------------|----------|
| Single Kaiser (HMO) | 629.04 |
| Single Cigna Select (HMO) | 853.24 |
| Single Cigna Network (HMO) | 999.26 |
| Single Cigna Open Access Plus (OAP) | 1,149.21 |

Medical Premium Examples:

| | | | | |
|-------------------------------------|-----------------|---------------|---------------|------------|
| Retiree has Medicare A & B | 859.50 | Cigna OAP 65+ | 195.13 | SCAN Basic |
| Spouse is under 65 with no Medicare | <u>1,149.21</u> | Cigna OAP | <u>629.04</u> | Kaiser |
| | 2,008.71 | | 824.17 | |

For Additional Rates and Combinations NOT shown - Contact NMUSD Benefits Department

DENTAL PLANS:

| | Single | Two-Party | Family |
|-------------------------|--------|-----------|--------|
| CIGNA Dental Care – HMO | 28.34 | 47.65 | 82.06 |
| CIGNA Dental Care – PPO | 59.48 | 109.20 | 158.91 |

Make premium payments to: WEX Health Inc, PO Box 2079, Omaha, NE 68103-2079

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