



Benefits

Melissa Bassanelli
Superintendent of Schools

Joel Ryan
Chief Financial Officer

October 20, 2025

Dear San Juan Retiree,

Enclosed in this packet is your annual open enrollment notification. Open enrollment will be held from Oct. 20 – Nov. 21. This is the one time during the plan year that you may change your medical and dental benefits (change carriers). The district will continue to pay 100% of the medical and dental benefits (Retired Certificated Benefits pro-rated based on FTE at the time of retirement). At the end of this packet, there is an enrollment form, if you want to change your carriers (i.e., change from Kaiser to Western Health) you will want to fill out the form and return it to the San Juan Benefits Department via email or mail no later than Nov. 21.

If you are currently receiving the Retiree Out of Area Benefit, you **must** provide your current proof of coverage and proof of address. Proof of coverage must include the following, dated within the last 30 days:

- Your Name
- Effective Date
- Coverage Status (Active/Terminated)
- Provide proof of your out-of-area address (lease, mortgage statement, utility bill, etc).

Proof of coverage and address will need to be submitted by Nov. 21, 2025, to receive the Out of Area benefit for the 2026 plan year. **No late submissions will be accepted.** You may submit your proof of coverage and address via email to benefitshelpdesk@sanjuan.edu or you may mail it to San Juan Unified Employee Benefits Department 3738 Walnut Ave Carmichael, CA 95608.

Also enclosed in this packet is your annual Creditable Coverage Notification, which is required to be provided to you. This annual disclosure notice is mandatory and requires NO ACTION on your part. It simply indicates that your current prescription drug coverage is equivalent to or better than standard Medicare Part D.

If you would like to receive these updates and other important information via email, please fill out the below form and email it to benefitshelpdesk@sanjuan.edu.

Please complete an online authorization and consent form as soon as possible. Visit www.sanjuan.edu/retireeconsent or scan the QR code below.



ADDRESS
3738 Walnut Avenue
Carmichael, CA 95608

PHONE
(916) 971-7662

WEBSITE
www.sanjuan.edu

I authorize San Juan Unified School District and I consent to receive the following documents by electronic means:

- Summary Plan Descriptions
- Summaries of Material Modification
- Summaries of Benefits and Coverage
- Annual Notices

I affirm that I have the ability to access these disclosures by having the following:

- A computer with internet access;
- A program installed on that computer allows you to send and receive emails such as Outlook, Gmail, or Yahoo; and/or MS Word, MS PPT, Adobe PDF installed on your computer allowing you to open and read the document.

I understand that

- I can receive a paper copy of the documents listed above by notifying San Juan Unified School District Employee Benefits Department in writing with "Request for Paper Copy" in the subject line.
- If my mailing address or email address changes, I must notify the San Juan Unified School District Employee Benefits Department in writing with "Change in Email Address for Electronic Disclosures" in the subject line.
- I may withdraw this consent at any time by notifying the San Juan Unified School District Employee Benefits Department in writing "Consent Withdrawn for Electronic Disclosure" in the subject matter line. Please include your full name, address and phone number in the body of the letter or email

Printed Name

Email Address

Date



San Juan Unified School District (Retirement)



2026 Benefit Summary

2026 Benefit Summary

San Juan Unified takes pride in offering Retiree benefits. This Guide is to help you better understand the plans. It is your responsibility to make sure you understand your benefits. We encourage you to review this Guide in its entirety and refer to it throughout the year so you can make benefit choices that help you get the most out of your retiree benefits. Open enrollment is the perfect time to evaluate the best benefit options for you. Be sure to consider factors like plan costs and what type of services you anticipate needing for the upcoming year. The benefits you choose will become effective January 1, 2026.

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If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 12 & 13 for more details.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of the plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Evidence of Coverage, Group Agreement, Group Insurance Certificate, Booklet-Certificate, and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern. The District reserves the right to discontinue or terminate the benefits.

UNDER AGE 65 –EARLY RETIREE MEDICAL & DENTAL PLAN ELIGIBILITY

San Juan Unified will provide paid medical and dental coverage for a retiree under age 65 who meets all the following eligibility requirements:

1. The retiree was enrolled or was eligible for District sponsored medical and dental benefits plans immediately preceding retirement, and
2. The retiree receives a monthly service retirement benefit from the California Public Employees' Retirement System (CalPERS) or the California State Teachers' Retirement System (CalSTRS), and
3. The retiree met one of the following criteria with San Juan Unified:
 - **Certificated Management** - Five years of service with San Juan Unified
 - **Certificated** - must be eligible to retire from STRS. Certificated retirement premiums are prorated based off FTE at time of retirement.
 - **Classified/Transportation** - Age 55 plus ten years of service with San Juan Unified; a disability retirement granted by PERS shall exempt the age requirement
 - **Management/Confidential** - Five years of service with San Juan Unified
 - **Supervisors** - Ten years of service with San Juan Unified

Employees who meet the above criteria and are waiving medical coverage because they are covered under a spouse's plan may subsequently enroll in the San Juan Retiree Group Plan if a qualifying event occurs. This enrollment must be completed within 30 days of the qualifying event along with proof of such event. A qualifying event as defined under IRS regulation which would apply to retiree medical benefits are:

- Change in marital status - divorce or legal separation, death of spouse
- Loss of coverage under spouse's plan

If a retiree becomes entitled to other medical and dental benefits (state, federal or other employment) as a primary beneficiary, San Juan Unified shall be relieved from all payments.

A retiree that does not meet the eligibility requirement for the Early Retiree medical and dental plan will be offered the option to pay for continued coverage under COBRA law (COBRA rates are on page 9 and provisions on page 14).

EARLY RETIREE - SPOUSE AND DEPENDENTS' MEDICAL COVERAGE OPTIONS

Dependent coverage may be deleted, **but not added** at the time of retirement.

1. Medical coverage for the early retiree's spouse may be continued under the Early Retiree Plan at the retiree's expense until coverage terminates or the retiree's spouse reaches the age of 65, whichever is sooner. Medical coverage for enrolled children may be continued under the Early Retiree plan at the retiree's expense until coverage terminates or dependent reaches age 26, whichever is sooner; a disabled child may be carried longer with proof of disability provided to the medical carrier upon request.

Dependent coverage may be deleted, but not added at the time of retirement.

2. Medical coverage can be continued for the retiree's spouse and/or dependent children under the active employee group through COBRA up to 18 months by the retiree paying the monthly premium directly to the medical provider. Please refer to page 9 for COBRA rates and page 14 for COBRA provisions.

RETIRING UNDER 65 "EARLY RETIREE" – MEDICAL COVERAGE

KAISER

The Kaiser Early Retiree Group Plan is not identical to the plan as provided to active employees. Retirees under 65 have a \$500 Deductible for some services, a 10% Coinsurance for some services, a \$20 per visit co-payment, and prescription drugs will be \$10 generic/\$30 brand name for a 30-day supply. Hearing Aids are not included in the Early Retiree Group Plan.

WESTERN HEALTH ADVANTAGE

The Western Health Advantage Early Retiree Group Plan is not identical to the plan provided to active employees. Retirees have a \$20 per visit co-payment and prescription drugs will be \$10 generic/\$30 brand/\$50 non-formulary/\$100 specialty for a 30-day supply. Hearing Aids are not included in the Early Retiree Group Plan.

	Kaiser HMO	Western Health Advantage HMO
Annual Deductible (EE/Family)	\$500 / \$1,000	None
Out-of-Pocket Maximum (EE/Family)	\$3,000 / \$6,000	\$2,500 / \$3,000
Office Visit	\$20 copay	\$20 copay
Specialist Visit	\$20 copay	\$20 copay
Emergency Room	10% coinsurance after deductible	\$100 copay
Urgent Care	\$20 copay	\$35 copay
Ambulance	\$150 copay	No Charge
Inpatient Hospitalization	10% coinsurance after deductible	No Charge
Outpatient Surgery	10% coinsurance after deductible	\$100 copay (\$20 copay if performed in the office)
Lab & X-ray	\$10 copay: \$50 copay for specialized X-rays (CT, MRI, PET Scans)	No Charge
Home Health Care	No Charge up to 100 visits per year	No Charge up to 100 visits per year
Skilled Nursing	10% coinsurance up to 100 days per year	No Charge up to 100 days per year
Durable Medical Equipment	20% coinsurance	20% coinsurance
Physical or Speech Therapy (Outpatient)	\$20 copay	\$20 copay
Chiropractic/Acupuncture	Not Covered	\$15 copay up to 20 visits per year
Hearing Aid Rider	Not Covered	Not Covered
Rx - Retail (30 day)	\$10 generic / \$30 brand	\$10 generic/\$30 brand/\$50 non-formulary/\$100 specialty
Rx - Mail Order (90 day)	2x retail for 100 day supply	2x retail

This document represents a summary of the benefits only. If there is a conflict between this document and the plan document, the plan document supersedes.

EARLY RETIREE MEDICAL ENROLLMENT PROCESS

The retiree must complete an enrollment form to transfer from the San Juan Unified Active Plan to the San Juan Unified Early Retiree Plan. San Juan Unified will pay the monthly premium to the applicable Insurance Provider until the 1st day of the retiree's 65th birthday month.

If the retiree wishes to continue his/her dependent's coverage on the early retiree plan, the retiree must list his/her spouse/dependents on the Early Retiree enrollment form. Medical premiums for dependents are due monthly and need to be paid in advance; therefore, the premium for the retiree's spouse and/or dependents will need to be paid to San Juan Unified Employee Benefits Office by the 25th of each month for the following month's coverage. A check should be made payable to San Juan Unified School District. San Juan Unified will mail a monthly billing invoice to the retiree. **Monthly premiums are specified below.**

If coverage is to continue under the active employee group through COBRA, the spouse and/or dependent needs to complete and sign a COBRA enrollment form as the subscriber. COBRA premiums are paid directly to the insurance provider. **See COBRA rates on page 9 and COBRA provisions on page 14.**

MEDICAL RATES (Monthly) FOR THE "EARLY RETIREE" PLAN

January 1, 2026 through December 31, 2026

MEDICAL PLAN	TOTAL AMOUNT
Kaiser Permanente	
Retiree Rate (paid by SAN JUAN UNIFIED)	\$1,317.90
*One Dependent	\$1,317.90
*Two or more Dependents	\$2,411.76
Western Health Advantage	
Retiree Rate (paid by SAN JUAN UNIFIED)	\$1,435.91
*One Dependent	\$1,444.64
*Two or more Dependents	\$2,884.89
*Paid by retiree	

MOVING OUT OF THE AREA

Retirees that move out of the area need to contact their group health plan provider to determine if they are no longer within their provider's service area. If a retiree moves out of the group health plan service area, the retiree will need to purchase his/her own medical coverage in the new location. San Juan Unified will pay a monthly **Out-of-Area** premium amount to the retiree equal to the monthly rate of the lowest retiree group plan (**\$1,317.90** for 2026). To receive the Out-of-Area amount, the retiree will need to provide San Juan Unified with evidence of medical coverage and proof of address. The retiree will be required yearly to update his/her insurance information with San Juan Unified. Please contact the Employee Benefits Office for more information.

OPEN ENROLLMENT

Open Enrollment is held annually every October/November, with the effective date of January 1st of the following calendar year. Retirees are eligible to change plans at that time, but it is the retiree's responsibility to contact the Employee Benefits Office to make the change.

QUALIFYING LIFE EVENT- SPECIAL ENROLLMENT

Another way to make changes to your benefits is due to a “Qualifying Life Event.” A “Qualifying Life Event” is defined by internal revenue code as a change in family life status which warrants changes to an individual’s healthcare benefits. Examples of a “Qualifying Life Event” are: Marriage, Divorce, Birth, Adoption, Legal Custody (Court-appointed Guardianship), loss of other coverage, newly acquired other coverage. You have 30 days from the event date to make a change to your benefits due to a “Qualifying Life Event.” To make the change you need to bring proof of your “Qualifying Life Event”, and any other required documents (Marriage License, Birth Certificates) into the Benefits Office, along with completing our Benefits Enrollment/Change form.

MEDICAL COVERAGE: RETIRING OVER 65

Employees who are retiring over the age of 65, do not qualify for paid Medical and Dental Benefits by San Juan Unified. Those aged 65 and older will receive a COBRA notification at the end of their coverage, if they would like to continue with Dental and Vision. It is recommended approximately 90 days prior to the end of Active Employee Coverage to enroll into Medicare Part A and Part B. If a San Juan Unified employee retires in June, coverage will end on August 31st. Once you are enrolled and effective in Medicare Parts A and B, you will be able to also enroll in either a Medicare Supplement or Senior Advantage plan.

Kaiser Senior Advantage Plans

If your coverage is with **Kaiser** and you wish to remain with Kaiser after age 65, you may enroll in one of the Kaiser Senior Advantage Group Plans or one of the Kaiser Senior Advantage Individual Plans. An Evidence of Coverage booklet for each of San Juan Unified’s sponsored group plans may be viewed on San Juan Unified Employee Benefits – Retirement web page. You may also view a comparison chart for the two group plans offered through Kaiser on San Juan Unified’s Retirement page. **Please note that you are only eligible to enroll in the Group Senior Advantage Plan during your initial eligibility period.** If you choose to enroll in an individual Senior Advantage Plan, you will not be eligible to later switch to the group plan.

San Juan Unified does not enroll retirees into the Senior Advantage Plans and does not handle the processing of your Senior Advantage Plan payments. Enrollment into a Kaiser plan is processed on-line at www.KP.org/medicare. You will need to select if you are enrolling in a group or individual plan. Please note that if enrolling in a group plan, you need to designate the applicable group number (205-266 or 205-267). If you need assistance with enrolling online, please contact a Kaiser Medicare Enrollment Specialist at (855) 832- 0353. If you have any questions regarding enrollment, please contact the applicable member services department:

- Kaiser Medicare Enrollment Specialist (8:00 a.m. – 8:00 p.m. (M-F) (855) 832-0353
- Senior Advantage National Sales Department for Individual and Group Plans (877) 588-5739
- Kaiser Senior Advantage Member Services Department (877) 251-1532

Once enrolled in a Kaiser Senior Advantage Plan you will receive a welcome kit within 30 days of your enrollment which explains your payment options. You may pay Kaiser directly by sending in a check or you may set up for an automatic bank draft. Kaiser does not permit payments deducted from STRS or PERS retirement warrants. Questions regarding the set up to pay your premiums should be directed to the Kaiser Senior Advantage member services department (800) 443-0815.

Western Health Senior Advantage Plans San Juan does not offer a group Senior Advantage Plan through Western Health. You may contact Western Health Advantage at 888-563-2250, option 3 to learn about the individual Senior Advantage Plans that you may purchase with Western Health.

United Healthcare Senior Plans

San Juan offers a Senior Advantage United Healthcare plan and a Senior Supplement plan that would allow you to keep your doctor and the same services you currently have with Western Health Advantage. An Evidence of Coverage booklet for each of San Juan Unified's sponsored group plans may be viewed on San Juan Unified Employee Benefits – Retirement web page. You may also view a comparison chart for the two plans offered through United Healthcare on San Juan Unified Retirement page. Below are contact numbers for the two different United Healthcare plans, make sure to review and choose the best one for your needs:

- | | | |
|--|---------|----------------|
| • United Healthcare Group Medicare Advantage (HMO) | #518729 | (877) 714-0178 |
| • United Healthcare Senior Supplement | #05417 | (800) 698-0822 |

Payments are made to United Healthcare through deductions from your retirement warrant.

RETIREEES AGE 65 AND OVER: SPOUSE AND DEPENDENTS' MEDICAL COVERAGE OPTIONS

1. The retiree's spouse/dependents can enroll as a subscriber in San Juan Unified's "Early Retiree" Group plan (see page 4 for a brief description of coverage and the current premium rates). A spouse's medical coverage may be continued until the spouse reaches age 65. Enrolled children may be continued until the dependent reaches age 26; a disabled child may be carried longer with proof of disability provided to the medical carrier upon request. If electing the "Early Retiree" plan for the dependent(s), the retiree will be billed each month by San Juan for their spouse/dependent(s) until they are no longer eligible or canceled by the retiree. Retiree medical premiums are due monthly and need to be paid in advance; therefore, the premium for the retiree's spouse and/or dependents will need to be paid to San Juan Unified Employee Benefits Office by the 25th of each month for the following month's coverage. A check should be made payable to San Juan Unified School District.
2. The retiree's spouse/dependents can enroll in the active employee group through COBRA by paying a monthly premium. **See COBRA rates on page 9 and COBRA provisions on page 14.**

DENTAL COVERAGE

RETIRING UNDER THE AGE OF 65

Dental coverage as an active employee and coverage for his/her dependents will end at the end of the month in the month in which the employee retires. If the employee retires in June or July, coverage will end on August 31st. San Juan Unified will pay the premium each month to the applicable Insurance Provider until the 1st day of the retiree's 65th birthday month. San Juan Unified will continue dental coverage for the retiree up to the **last day of the month PRIOR to the retiree's 65th birthday month**.

Dependents may not continue the retiree's policy. A dependent may continue dental coverage for 18 months under COBRA. Please refer to page 9 for the current COBRA rates and page 14 for COBRA provisions.

For Delta Dental:

The retiree will need to complete an enrollment form to be transferred to the San Juan Retiree Plan. **The policy number changes to 6689-0012.** Please notify your dentist of the change.

For DeltaCare:

The retiree will need to complete an enrollment form for the DeltaCare Early Retiree dental plan.

RETIRING OVER THE AGE OF 65

If you are 65 or older, you may continue dental coverage at your own expense through COBRA for an additional 18 months. A COBRA enrollment form needs to be completed to enroll you and/ or dependents. Payment for COBRA Dental coverage is made directly to San Juan Unified School District and due by the 25th of the month for the following month. **Please refer to page 9 for the current COBRA rates and page 14 for COBRA provisions.**

Under COBRA, if coverage is just for the dependent, he/she will be the **Subscriber**, and will be listed on the enrollment form as such. **It is important to tell your dentist to use the Subscriber's Social Security Number** on all forms when submitting claims for payment.

VISION COVERAGE

Vision coverage is **not** a retiree benefit paid for by San Juan Unified. The retiree's vision coverage ends at the end of the month in the month of retirement. Employees who retire in June or July will have coverage through the end of August. The retiree may continue vision coverage at his/her own expense through COBRA for **up to 18 months**. Premiums are paid directly to the San Juan Employee Benefits Office and due by the 25th of the month for the following month. Please refer to page 9 for COBRA premium rates and page 14 for COBRA provisions.

COBRA RATES (Monthly)**MEDICAL, DENTAL AND VISION CARE PREMIUM RATES**

Effective January 1, 2026

<u>CARRIER</u>	<u>SUBSCRIBER RATE*</u>
Kaiser (For Dependents of Retirees) <u>Billed by Kaiser</u>	
1 Dependent	\$1,062.99
2 Dependents	\$2,123.98
Family (2+ Dependents)	\$3,004.60
WHA (For Dependents of Retirees) <u>Billed by WHA</u>	
1 Dependent	\$796.49
2 Dependents	\$1,587.90
Family (2+ Dependents)	\$2,379.29
Delta Dental (For Retirees over 65 or dependents)	
Subscriber Only	\$60.35
Subscriber + 1 Dependent	\$115.60
Subscriber + 2 or more dependents	\$176.80
DeltaCare USA	
Subscriber + family	\$53.24
Vision Service Plan –Basic Employee Only	\$7.71
Visions Service Plan – Enhanced Plan	
Subscriber Only	\$10.12
Subscriber + 1 Dependent	\$22.83
Subscriber + 2 or more dependents	\$36.76
Employee Assistance Program (EAP)	\$1.38

****Rates are subject to change on January 1st of each year.***

COBRA payments for Medical will be set up directly with the carrier. Dental, Vision and EAP COBRA payments will need to be sent to San Juan Unified.

All checks are to be made payable to **SAN JUAN UNIFIED SCHOOL DISTRICT** and sent to:

San Juan Unified School District

ATTN: Employee Benefits Office
3738 Walnut Avenue
Carmichael, California 95608-3054



VOLUNTARY RETIREMENT PLANS: 403(b) AND 457 PLAN DISTRIBUTIONS

Legislation requires that San Juan Unified School District, as plan sponsor, monitor and handle all IRS compliance activities. This includes any minimum distribution requirements, transfers, exchanges, and loans. These rules require you to seek our assistance when working with your current 403(b) and 457 providers for certain transactions, even if you are retired or separated from service.

Because you are no longer employed by San Juan Unified, you may want to consider transferring your funds from San Juan Unified-sponsored plan to an individual one, such as an IRA. This change will allow you individual control of your account and not require any oversight by San Juan Unified going forward.

To assist you in this decision, it is recommended that you consult your financial advisor. If you do not have one, you may contact our plan administrator, SchoolsFirst, who is responsible for overseeing compliance on San Juan Unified sponsored 403 (b) and 457 plans. SchoolsFirst, provides ongoing compliance for your 403(b) and/or 457 account, and they can answer your questions regarding rules and regulations affecting your plan. Additionally, any forms or documents needed to utilize these funds are signed by SchoolsFirst,

If you would like to contact SchoolsFirst, for assistance or additional information, please call them directly at 800.462.8328, x4727 or rpa@schoolsfirstfcu.org SchoolsFirst, will assist you and ensure that the San Juan Unified School District Voluntary Retirement plans are IRS compliant.

PEHP POST EMPLOYMENT HEALTH PLAN

If you were employed in a San Juan Teachers Association represented position prior to November 1, 2018, San Juan Unified set aside funds into a post employment health plan saving account on your behalf. Upon separation of service from SAN JUAN UNIFIED, your PEHP funds can be used to provide for reimbursement of qualified post-employment expenses for health care. Examples of eligible expenses:

(a) Medical co-pay, (b) Health care premiums, (c) Dental care, (d) Eye care, (e) Hearing care, (f) Prescription drugs.

Contact Nationwide Retirement Solutions Service Center at 1-877-677-3678 for PEHP Claim Forms.

APPLE ACCUMULATION PROGRAM FOR PART-TIME AND LIMITED-SERVICE EMPLOYEES

If you worked for San Juan Unified in a part-time and/or limited-service assignment and were not eligible to be enrolled in the CalPERS or CalSTRS retirement system, you were enrolled in the APPLE Retirement Plan.

Employees are eligible to take distribution from the APPLE account once they separate employment. Employees may request a distribution by completing a Request for Settlement of Account Form (RSA). You may obtain the RSA Form by contacting APPLE Plan Customer Service by dialing 1-800-634-1178.

IMPORTANT TELEPHONE NUMBERS

San Juan Employee Benefits Phone: (916) 971-7662 Email: benefitshelpdesk@sanjuan.edu	San Juan Employee Human Resources Phone: (916) 971-7171
CalPERS Website: www.calpers.gov Phone: 888-CalPERS (888-225-7377)	CalSTRS Website: www.calstrs.com Phone: 800-228-5453 or 916-414-1099
SchoolsFirst: 403(b) & 457 Phone: 800-462-8328, x4727	Social Security Administration Website: www.ssa.gov Phone: 800-772-1213
KAISER PERMANENTE (Member Services) Website: https://healthy.kaiserpermanente.org/northern-california/front-door Phone: (800) 464-4000	WESTERN HEALTH ADVANTAGE (Member Services) Website: https://www.westernhealth.com/ Phone: (888) 563-2251
Delta Dental Website: https://www1.deltadentalins.com/ Phone: (866) 499-3001	PEHP (Post Employment Health Plan) Phone: (877) 677-3678

NOTICE OF CREDITABLE COVERAGE

Important Notice from San Juan 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 San Juan 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. San Juan Unified School District has determined that the prescription drug coverage offered by the medical 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 to 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?

Individuals who are eligible for Medicare should compare their current coverage, including which drugs are covered, with the coverage and costs of the plans offering Medicare prescription drug coverage in their area. Your medical benefits brochure contains a description of your current prescription drug benefits.

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

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 San Juan 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 This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** 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 San Juan 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:	January 01, 2026
Name of Entity/Sender:	San Juan Unified School District
Contact—Position/Office:	Nicole Buvert - Employee Benefits and Processing Specialist
Office Address:	3738 Walnut Ave Carmichael, California 95608-3054 United States
Phone Number:	916-971-7662

COBRA GENERAL NOTICE

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to [*San Juan Unified School District*], and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Nicole Buvert.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

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Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov/.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

San Juan Unified School District
Nicole Buvert - Employee Benefits and Processing Specialist
3738 Walnut Ave
Carmichael, California 95608-3054
United States
916-971-7662

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

Important Plan Notices and Documents

WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Kaiser HMO (Individual: 10% coinsurance and \$500 deductible; Family: 10% coinsurance and \$1,000 deductible)

Plan 2: Western Health Advantage HMO (Individual: 0% coinsurance and \$0 deductible; Family: 0% coinsurance and \$0 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 916-971-7662 or Benefitshelpdesk@sanjuan.edu.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF CHOICE OF PROVIDERS

Health Maintenance Organization (HMO) plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, your carrier designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care provider, contact your insurance carrier directly. The plan may not require authorization or referral for OB/GYN care.

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HIPAA SPECIAL ENROLLMENT RIGHTS

San Juan Unified School District Helath Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the San Juan Unified School District Helath Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Nicole Buvert - Employee Benefits and Processing Specialist at 916-971-7662 or Benefitshelpdesk@sanjuan.edu.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Protecting Your Health Information Privacy Rights

San Juan Unified School District is committed to the privacy of your health information. The administrators of the San Juan Unified School District Helath Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Nicole Buvert - Employee Benefits and Processing Specialist at 916-971-7662 or Benefitshelpdesk@sanjuan.edu.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

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GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

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MARKETPLACE NOTICE

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1 2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage**

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either- submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Nicole Buvert.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name San Juan Unified School District		4. Employer Identification Number (EIN) 94-6002533	
5. Employer address 3738 Walnut Avenue		6. Employer phone number 916-971-7662	
7. City Carmichael	8. State California	9. ZIP code 95608-3054	
10. Who can we contact about employee health coverage at this job? Nicole Buvert			
11. Phone number (if different from above)		12. Email address benefitshelpdesk@sanjuan.edu	

2026 Benefit Summary

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are: The retirees who meet all eligibility requirements as outlined by SJUSD

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouse or state registered domestic partner; Employees' and domestic partners' children up to age 26 (includes biological, adopted, stepchildren, or for whom employee is required to provide coverage as the result of a qualified child support order; Children up to the age of 18 for whom the employee or employee's spouse is the court appointed guardian.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Notes

Notes



This benefit summary prepared by



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