Retiree Guide for Health Benefits

Active Employees Ready to Retire

2026

Welcome to Your Retiree Benefit Options

Thank you for your many years of dedication and service to the students, families, staff, and community of the Orange Unified School District (OUSD). Your contributions have made a lasting impact, and we sincerely appreciate your commitment to excellence and education.

As you transition into retirement, OUSD remains committed to supporting your health and wellbeing. We are proud to offer medical, dental, and vision benefit plans designed to help you and your eligible family members continue living your healthiest and happiest lives.

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The benefit plan year for retirees pre-65 and all Kaiser is October 1 through September 30. The benefit plan year for retirees post-65 and not in Kaiser is January 1 through December 31. Regardless of pre– or post-65 plan, deductibles are calendar year (Jan 1—Dec 31).

Important: Disclaimer

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

District-Sponsored Retiree Health Plans

Getting Started With Your Retiree Health Benefits

- ☐ Notify Human Resources of your last day of work and first day of retirement.
- ☐ Human Resources will determine eligibility for District-sponsored health benefits and notify Risk Management.
- ☐ Risk Management will mail information to continue your health benefits into retirement.

  For District-sponsored retiree health benefits, you will be transitioned to the retiree group for your existing medical, dental, and vision plan.

  If you are not eligible for District-sponsored retiree health benefits, you may continue in the District's medical plan at your own cost. (COBRA/Ed Code 7000)

Active to Retiree Rate Contribution Information

If you retire at the end of the school year, your active health benefits are paid through August 31. You will be required to make your first retiree monthly contribution effective September 1.

If you retire during the school year, please contact Risk Management for contribution information.

Monthly Contributions For Retirees

You may review current rates information by visiting Risk Management's website located at:

https://bit.ly/ousdhb

Eligibility for Retiree Health Plans

B/U	Type	Age	Coverage/Cap	Eligibility
Certificated	Lifetime	Age 55—Death	• Employee • Emp + 1 • Family	Hired on or before 06/30/91, and 10 full consecutive years or more for the District immediately preceding retirement.
	Lifetime	Age 55—Death	• Employee • Emp + 1 • Family	Hired on or after 07/01/91 and prior to 07/01/92, 15 years of continuous service in the District and qualify for retirement under STRS.
	Bridge	Age 55—65	• Employee	15 years of district service or hired prior to 06/30/91 and 10 years of service.
Classified	Lifetime	Age 50—Death	• Employee • Emp + Spouse • Emp + Spouse + Disabled Child	Hired prior to 07/01/92, at least 10 years of continued service with the District, and meets all requirements for retirement under PERS.
	Bridge	Age 50—65	• Employee • Emp + Spouse • Emp + Spouse + Disabled Child	Hired prior to 07/01/92, at least 10 years of continued service with the District, and meets all requirements for retirement under PERS.
	Early Retirement Incentive Health Benefits Program	Age 55—65	• Employee	Active members eligible for health benefits per article 12.400 and 15 years of service at time of retirement.
Leadership	Lifetime	CL: Age 50—Death CE: Age 55—Death	• Employee • Emp + 1 • Family	CE: Hired on or before 06/30/91 and 10 full consecutive years or hired on or after 07/01/91 and 15 years for the District. CL: Hired prior to 07/01/92 and at least 10 full consecutive years for the District.
	Option B	CL: Age 50—65	• Employee • Emp + 1 • Family	Qualified classified Leadership who released their eligibility for Lifetime Health and Welfare benefits and retained Retiree (or Option II/B) Health and Welfare benefits.
	Bridge	CL: Age 55—65 CE: Age 55—65	• Employee	CE and CL Leadership who do not qualify for or have not retained rights to Lifetime or Retiree Health and Welfare benefits and who retire from the District with at least five (5) years of **leadership service** in the District.

Dental Benefits for Pre-65 & Post-65 Retirees

Delta Dental DPPO

- This plan offers you the freedom and flexibility to use the dentist of your choice.
- You will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.
- If you obtain services using an out-of-network dentist, you are responsible for paying the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

DeltaCare DHMO

- With the DeltaCare Dental Health Maintenance Organization (DHMO) plan, you must choose a general dentist within the network.
- All of your care, such as routine check-ups and emergency situations, must be provided by your general dentist. If specialty care is needed, your general dentist will provide the necessary referral.
- For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet.

	DeltaCare USA DHMO	Delta Dental PPO	
	In-Network Only	**In-Network**	**Out-of-Network[1]**
Network Name	DeltaCare USA	Delta Dental	N/A
Cost Factors			
Calendar Year Maximum Benefit	None	$1,400/person	$1,000/person
Annual Deductible – Individual – Family	 $0 $0	 $60 $180	
Dental Services	**You Pay**	**You Pay**	
Diagnostic and Preventive Services – Exam, Cleaning, X-rays	No Charge for Most Services	Plan pays 100% with no deductible	Plan pays 80% with no deductible
Basic Services – Fillings, posterior composites – Oral Surgery – Endodontics – Periodontics	Various copays apply	Plan pays 80%	Plan pays 80% of R&C*
Major Services – Crowns, Inlays/Onlays, – Cast restorations – Dentures and Bridgework, Implants	Various copays apply Implants: Not covered	Plan pays 80% Implants: $1,000 max/year	Plan pays 80% of R&C* Implants: $1,000 max/year
Orthodontia – Child (to age 19) – Adult	$270 start-up fee $1,700 Copay $1,900 Copay	 Plan pays 50% / $2,000 Lifetime Benefit Maximum Plan pays 50% / $2,000 Lifetime Benefit Maximum	

1 Out-of-network dentist have not agreed to in-network pricing and may bill you for the difference between what Delta Dental pays them and what the dentist usually charges.

* R&C is the reasonable and customary charge—the usual charge for specific services in the geographic area where you are treated.

Find an In-Network Dental Provider:

Go to **www.deltadentalins.com**, or call **888-335-8227** (PPO) to find a Delta Dental network provider near you.

Vision Benefits for Pre-65 & Post-65 Retirees

Vision Service Plan

OUSD provides employees with vision coverage through Vision Service Plan (VSP).

- VSP provides professional vision care and high quality lenses and frames through a broad network of optical specialists
- You will receive greater benefits if you utilize a network provider
- If you utilize an out-of-network provider, you will be responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with VSP

	VSP Vision Plan	
	In-Network	**Out-of-Network**
Vision Care	**You Pay**	**You Pay**
Exam (Once Every 12 Months)	$25	Amount over $50 allowance
Retinal Screening (as part of exam)	$39	Not covered
Eyeglasses (In Lieu of Contact Lenses)	**You Pay**	**You Pay**
Frames (Once Every 12 Months)	Amount over $130 allowance ($150 allowance for featured brands); 20% discount on costs above allowance	Amount over $70 allowance
Lenses (Once Every 12 Months)		
– Single Vision	No charge	Amount over $50 allowance
– Lined Bifocals	No charge	Amount over $75 allowance
– Lined Trifocals	No charge	Amount over $100 allowance
– Standard Progressive	No charge	Amount over $75 allowance
Contact Lenses (In lieu of Eyeglasses)	**You Pay**	**You Pay**
Contact Lenses (Once Every 12 Months)	Amount over $130 allowance	Amount over $105 allowance
Exam (Fitting and Evaluation)	You receive 15% discount	Full amount
Discounts	**In-Network Only**	
Eyeglasses/Sunglasses	Extra $20 on featured frame brands; 30% savings on additional eyeglasses/sunglasses within 12 months of last exam	
Laser Vision Correction	15% average discount or 5% off promotional price	

Finding an In-Network Vision Provider:

- To find in-network providers, visit www.vsp.com and search the **VSP Signature** provider network or call **800-877-7195**

Health Plan Options for Pre-65 Retirees

	Anthem Blue Cross CA Care HMO	Anthem Blue Cross Select HMO	Anthem Blue Cross Vivity HMO	Kaiser Permanente HMO
	In-Network Only	**In-Network Only**	**In-Network Only**	**In-Network Only**
Network Size	****	***	*	***
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Co-Insurance (Plan Pays)	100%	100%	100%	100%
Calendar Year Deductible	None	None	None	None
Calendar Year Out-of-Pocket Maximum - Individual - Family	 $1,500 $3,000	 $1,500 $3,000	 $1,000 $2,000	 $1,500 $3,000
Covered Services	**You Pay**	**You Pay**	**You Pay**	**You Pay**
Office Visit	$20	$20	$20	$20
Telemedicine	$0 through MDLive	$0 through MDLive	$0 through MDLive	No charge
Urgent Care	$20	$20	$20	$20
Preventive Care	No Charge	No Charge	No Charge	No Charge
X-Ray/Lab	No Charge	No Charge	No Charge	No Charge
Complex Imaging	$100/Test	$100/Test	$100/Test	No Charge
Emergency Room Facility (waived if admitted)	$100	$100	$200	$100
Inpatient Hospital (Preauthorization Required; Limits May Apply)	$200/Admit	$200/Admit	No Charge	No Charge
Outpatient Hospital	$100	$100	No Charge	$20
Outpatient Surgery	$100	$100	No Charge	$20
Ambulance (Ground or Air)	$100	$100	$100	$50
Acupuncture / Chiropractic	$10 30 Visits (Combined)	$10 30 Visits (Combined)	$10 30 Visits (Combined)	$10 30 Visits (Combined)
Physical and Occupational Therapy	$20	$20	$20	$20
Prescription Drugs				
Separate Rx Calendar Year Out-of-Pocket Maximum	Individual: $2,500 Family: $3,500	Individual: $2,500 Family: $3,500	Individual: $2,500 Family: $3,500	Not applicable
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Kaiser
Retail Pharmacy – Generic: Costco – Generic: Network Pharmacy ** – Brand – Specialty	30 Days No Charge $9 $35 $35 (Must Use Navitus Mail)	30 Days No Charge $9 $35 $35 (Must Use Navitus Mail)	30 Days No Charge $9 $35 $35 (Must Use Navitus Mail)	30 Days Not applicable $10 $30 $30
Mail Order – Generic – Brand	90 Days: Costco $0 $90	90 Days: Costco $0 $90	90 Days: Costco $0 $90	100 Days $20 $60

The Navitus network does **NOT include Walgreens.

Health Plan Options for Pre-65 Retirees

	Anthem High (90/10) PPO	Anthem Low (80/20) PPO
	In-Network	**In-Network**
Lifetime Maximum Benefit	Unlimited	Unlimited
Co-Insurance (Plan Pays)	90%	80%
Calendar Year Deductible Individual / Family	$500 / $1,000	$1,000 / $2,000
Calendar Year Out-of-Pocket Maximum Individual / Family	$1,000 / $3,000	$3,000 / $6,000
Covered Services	**You Pay**	**You Pay**
Office Visit (No charge for first 3 visits)	$20	$30
Telemedicine	$0 through MDLive	$0 through MDLive
Urgent Care	$20	$30
Preventive Care	No Charge	No Charge
X-Ray/Lab	10% after deductible	20% after deductible
Complex Imaging	10% after deductible	20% after deductible
Emergency Room Facility	10% after deductible, plus $100	20% after deductible, plus $100
Inpatient Hospital (Preauthorization Required; Limits May Apply)	10% after deductible	20% after deductible
Outpatient Hospital	10% after deductible	20% after deductible
Outpatient Surgery	10% after deductible	20% after deductible
Ambulance (Ground or Air)	10% after deductible, plus $100	20% after deductible, plus $100
Acupuncture / Chiropractic	10% after deductible Uses ASH Network	20% after deductible Uses ASH Network
Physical and Occupational Therapy	20% after deductible	20% after deductible
Prescription Drugs	**You Pay**	**You Pay**
Separate Rx Calendar Year Out-of-Pocket Maximum	Individual: $2,500 Family: $3,500	Individual: $2,500 Family: $3,500
Pharmacy Benefit Manager	Navitus	Navitus
Retail Pharmacy – Generic: Costco – Generic: Network Pharmacy** – Brand – Specialty	30 Days No Charge $9 $35 $35 (Must Use Navitus Mail)	30 Days No Charge $9 $35 $35 (Must Use Navitus Mail)
Mail Order – Generic – Brand	90 Days: Costco $0 $90	90 Days: Costco $0 $90

** The Navitus network does **NOT** include Walgreens.

When using Out-of-Network PPO Providers, members are responsible for any difference between the maximum allowed amount and actual charges, as well as any deductible & percentage copay.

The plan may pay for the following services and supplies up to the maximum number of days or visits and/or dollar maximum shown. When using out-of-network providers, the plan will pay the lesser of the benefit maximum or the maximum allowed amount. If the maximum allowed amount is less than the listed benefit maximum, the plan will not exceed the maximum allowed amount. Likewise, if the listed benefit maximum is less than the maximum allowed amount, the plan will not exceed the listed benefit maximum.

Lab, X-ray, chiropractic, allergy testing, outpatient hospital, DME & rehabilitation services not covered out-of-network.

Transitioning from Pre-65 to Post-65

How the Transition Process from Pre-65 to Post-65 Works

If you are enrolled in pre-65 retiree coverage and not eligible for lifetime benefits, it's important to understand that coverage ends at the end of the month prior to the month that you turn 65 (or one month earlier if your birth date is the first of a month).

The OUSD-sponsored health plans are one of may Medicare options available. Please carefully review all of the options offered on the open market before making your selection.

In preparation for transitioning from your OUSD pre-65 retiree medical plan, please contact the Social Security Administration to enroll in Medicare approximately three months prior to your 65th birthday.

If your spouse/domestic partner is enrolled in retiree benefits with you, they will need to follow the same process when approaching age 65.

Retirees will be mailed post-65 applications and rate information approximately three months prior to turning 65.

Exploring Other Medicare Options

The HealthCare Insurance Counseling & Advocacy Program, a part of the California Department of Aging, provides Medicare counseling and education events at no cost to you. You may locate a nearby office by calling 1-800-434-0222.

Medicare Basics

Medicare is the federal health insurance program for individuals

- Age 65 or older, or under age 65 with certain disabilities
- At any age with End-Stage Renal Disease (Permanent kidney failure) requiring dialysis or a Kidney transplant

Individuals can enroll in different parts of Medicare.

Part A	Part B	Part C	Part D
Hospital insurance helps cover:	Medical insurance helps cover:	Medicare Advantage:	Prescription Drug Coverage:
• Inpatient care in hospitals • Skilled nursing facility care • Hospice care • Home health care	• Services from doctors and other health care providers • Outpatient care • Home health care • Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment) • Many preventive services (like screenings, shots or vaccines, and yearly Wellness visits)	• Medicare-approved plans from a private company as an alternative to Original Medicare • Include Part A, Part B, and usually Part D • Plans may have lower out-of-pocket costs and may offer some extra benefits that original Medicare doesn't cover — like vision, hearing, and dental services	• Covers the cost of prescription drugs (including many recommended shots and vaccines) • Plans that offer Medicare drug coverage are run by private insurance companies that follow rules set by Medicare

Medicare Basics

When Can I Begin Receiving Medicare Benefits?

If you are not currently receiving Social Security retirement benefits, you should sign up for Medicare about three months before your 65th birthday.

Important points to be aware of include:

- You must be enrolled in Medicare Parts A and B to be eligible to enroll in a Medicare Advantage or Medigap Plan.

- If you are receiving Social Security benefits when you turn 65, you are already qualified, and your **PART A** (Hospital Insurance) coverage starts automatically.

- **PART B** (Medical Insurance) is an optional program with a monthly cost. Almost anyone who is eligible for Part A can sign up for Part B. If you don't enroll in Part B when you are first eligible, you may pay a penalty to enroll at a later date.

  NOTE: You do not need to enroll in Part B while you are an active employee (or dependent of an active employee) and are currently enrolled in an OUSD active medical group plan unless you are instructed by Medicare to enroll sooner.

- **PART C** (Medicare Advantage Plan) is another optional program that requires your enrollment in both Parts A and B.

  You might have to pay a monthly premium for Part C because of the extra benefits the Medicare Advantage plan offers.

- **PART D** (Prescription Drug Plan) is available to anyone who has Parts A and B, or Part C. This prescription insurance is optional, and an additional monthly premium is required for the coverage.

  If you don't enroll in Part D when you are first eligible, you may pay a penalty to enroll at a later date, unless you are enrolled in an employer based plan that provides "creditable coverage" like the OUSD prescription drug plan.

Health Plan Options Post-65 Retirees

Post-65 Medicare-Eligible Coverage

If you are age 65 or older at retirement, and qualify for Medicare, you may enroll in one of the following Medicare plans:

- Kaiser Permanente Senior Advantage HMO Plan
- Anthem Medicare Supplement plan (Companion Care)
- Anthem Medicare Advantage PPO Plan
- The Hartford—Supplement to Medicare Plan with Express Scripts Prescription Drug Plan

You must be enrolled in Medicare Parts A & B to participate in these plans. Medicare plan work seamlessly with Medicare. Claims are processed automatically so you will never have to deal with claim forms. Best of all, you will have NO MEDICAL COPAYS (please note there are copays for prescription drugs).

Post-65 Dental and Vision Coverage

If you are an OUSD Lifetime retiree, your retiree dental and vision plan will continue without interruption.

If you are not an OUSD Lifetime retiree, you will be mailed your right to continue Dental and Vision Coverage under COBRA for a period of 18 months.

See the next page for information about Post-65 Coverage and Dependents

Health Plan Options Post-65 Retirees

	SISC—Kaiser Permanente Senior Advantage HMO
	In-Network Only
Network Size	***
Lifetime Maximum Benefit	Unlimited
Co-Insurance (Plan Pays)	100%
Calendar Year Deductible	None
Calendar Year Out-of-Pocket Maximum - For any one Member	$1,000
Covered Services	**You Pay**
Office Visit	$10
Telemedicine	No charge
Urgent Care	$10
Preventive Care	No Charge
X-Ray/Lab	No Charge
Complex Imaging	No Charge
Emergency Room Facility (waived if admitted)	$50
Inpatient Hospital	No Charge
Outpatient Hospital	$10
Outpatient Surgery	$10
Ambulance	$50
Acupuncture / Chiropractic	$10 30 Visits (Combined)
Physical and Occupational Therapy	$10
Prescription Drugs	
Separate Rx Calendar Year Out-of-Pocket Maximum	Not applicable
Pharmacy Benefit Manager	Kaiser
Retail Pharmacy – Generic – Brand – Specialty	100 Days $10 $20 $20 (30-days)
Mail Order – Generic – Brand – Specialty	100 Days $10 $20 $20 (30-days)

Health Plan Options Post-65 Retirees

	SISC—Anthem Companion Care	
	Medicare 2025 Benefits	**Companion Care Based on 2025 Medicare Benefits**
Inpatient Hospital (Part A)	• Pays all but first $1,676 for 1st 60-days • Pays all but $419 a day for the 61st-90th day • Pays all but $838 a day Lifetime Reserve for 91st to 150th day • Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	• Pays $1,676 • Pays $419 a day • Pays $838 a day • Pays 100% after Medicare and Lifetime Reserve are exhausted, up to 365 days per lifetime
Skilled Nursing Facility (must be approved by Medicare)	• Pays 100% for 1st 20 days • Pays all but $209.50 a day for 21st to 100th day • Pays nothing after 100th day	• Pays nothing • Pays $209.50 a day for 21st to 100th day • Pays nothing after 100th day
Deductible (Part B)	• $257 Part B deductible per year	• Pays $257
Basis of Payment (Part B)	• 80% Medicare-approved (MA) charges after Part B deductible	• Pays 20% MA charges including 100% of Medicare Part B deductible
Medical Services (Part B)		
• Doctor, X-Ray, Appliances, and Ambulance	• 80% MA charges	• Pays 20% MA charges
• Lab	• 100% of MA charges	• Pays nothing
Physical/Speech Therapy (Part B)	• 80% MA charges up to the Medicare annual benefit amount	• Pays 20% MA charges up to the Medicare annual benefit amount (PT and ST combined)
Blood (Part B)	• 80% MA charges after 3 pints	• Pays 1st 3 pints unreplaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	• Not Covered	• Pays 80% inpatient hospital, surgery, anesthetist and in-hospital visits for medically necessary services for 90 days of treatment per hospital stay. For details call Anthem customer service at 1-800-825-5541
Prescription Drugs		
Retail Pharmacy **Mail Order**	• 30-day supply $9 Generic co-pay, $35 Brand co-pay • 90-day supply $18 Generic co-pay, $90 Brand co-pay	
Due to Medicare restrictions the following programs are not available with Companion Care: • $0 generic co-pay at Costco • Diabetic supplies for generic copay	• Pharmacy benefits are administered through Navitus Health Solutions Medicare Rx using the Medicare D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Navitus Health Solutions Medicare Rx at 1-866-270-3877 or TYY users please call 711	

Health Plan Options Post-65 Retirees

	Retiree First—Anthem Medicare Advantage PPO Plan	
	In-Network	**Out-of-Network**
Annual Medical Deductible	$0 combined in-network and out of network	
Out-of-pocket Maximum (does not include prescription drugs)	$0 combined in-network and out-of-network	
Primary care office visit	$0 copay per visit	$0 copay per visit
Specialty office visit	$0 copay per visit	$0 copay per visit
Preventive care, screenings & tests	$0 copay per visit	$0 copay per visit
Inpatient hospital care	Medicare-covered hospital stays: $0 copay per visit	Medicare-covered hospital stays: $0 copay per visit
Outpatient surgery (hospital facility or ambulatory surgical ctr)	$0 copay per visit	$0 copay per visit
Emergency care	$0 copay for each Medicare-covered emergency room visit	
Urgently needed services	$0 copay for each Medicare-covered urgently needed care visit	
X-ray/Lab	$0 copay per visit	$0 copay per visit
Skilled nursing facility (SNF) care	Medicare-covered SNF stays: $0 copay for days 1-100 per benefit period 100-day limit per benefit period	Medicare-covered SNF stays: $0 copay for days 1-100 per benefit period 100-day limit per benefit period
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency $0 copay per one-way trip for Medicate-covered ambulance services	
Chiropractic services *Additional chiropractic services	$0 copay per visit Medicare non-covered chiropractic services are limited to 20 visits per year combined in-network and out of network	$0 copay per visit Medicare non-covered chiropractic services are limited to 20 visits per year combined in-network and out of network
Durable medical equipment (DME) and related supplies	$0 copay per purchase	$0 copay per purchase
Hospice Care When you enroll in a Medicare-certified hospital program, your hospice serves and your Part A and B services are paid for by Original Medicare, not this plan	$0 copay for the one time only hospice consultation. One visit per lifetime	$0 copay for the one time only hospice consultation. One visit per lifetime
Foreign Travel emergency (outside U.S. territories)		
Emergency Care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	$0 copay for emergency care, urgently needed services *Foreign Travel—Inpatient Care: $0 copay per admission for emergency inpatient care—60-days per lifetime	
Prescription Drugs	**Retail Pharmacy**	**Mail Order Pharmacy**
• **Select Generics**	$0 copay, 30-day supply	$0 copay , 90-day supply
• **Generics**	$5 copay, 30-day supply	$10 copay, 90-day supply
• **Preferred Brands**	$20 copay, 30-day supply	$40 copay, 90-day supply
• **Non-Preferred Brands**	$50 copay, 30-day supply	$100 copay, 90-day supply
• **Specialty Drugs**	$20 copay, 30-day supply	$20 copay, 30-day supply

Health Plan Options Post-65 Retirees

	Retiree First—Anthem Medicare Advantage PPO Plan	
	In-Network	**Out-of-Network**
Annual Medical Deductible	$0 combined in-network and out of network	
Out-of-pocket Maximum (does not include prescription drugs)	$0 combined in-network and out-of-network	
Primary care office visit	$0 copay per visit	$0 copay per visit
Specialty office visit	$0 copay per visit	$0 copay per visit
Preventive care, screenings & tests	$0 copay per visit	$0 copay per visit
Inpatient hospital care	Medicare-covered hospital stays: $0 copay per visit	Medicare-covered hospital stays: $0 copay per visit
Outpatient surgery (hospital facility or ambulatory surgical ctr)	$0 copay per visit	$0 copay per visit
Emergency care	$0 copay for each Medicare-covered emergency room visit	
Urgently needed services	$0 copay for each Medicare-covered urgently needed care visit	
X-ray/Lab	$0 copay per visit	$0 copay per visit
Skilled nursing facility (SNF) care	Medicare-covered SNF stays: $0 copay for days 1-100 per benefit period 100-day limit per benefit period	Medicare-covered SNF stays: $0 copay for days 1-100 per benefit period 100-day limit per benefit period
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency $0 copay per one-way trip for Medicate-covered ambulance services	
Chiropractic services *Additional chiropractic services	$0 copay per visit Medicare non-covered chiropractic services are limited to 20 visits per year combined in-network and out of network	$0 copay per visit Medicare non-covered chiropractic services are limited to 20 visits per year combined in-network and out of network
Durable medical equipment (DME) and related supplies	$0 copay per purchase	$0 copay per purchase
Hospice Care When you enroll in a Medicare-certified hospital program, your hospice serves and your Part A and B services are paid for by Original Medicare, not this plan	$0 copay for the one time only hospice consultation. One visit per lifetime	$0 copay for the one time only hospice consultation. One visit per lifetime
Foreign Travel emergency (outside U.S. territories)		
Emergency Care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	$0 copay for emergency care, urgently needed services *Foreign Travel—Inpatient Care: $0 copay per admission for emergency inpatient care—60-days per lifetime	
Prescription Drugs	**Retail Pharmacy**	**Mail Order Pharmacy**
• **Select Generics**	$0 copay, 30-day supply	$0 copay , 90-day supply
• **Generics**	$5 copay, 30-day supply	$10 copay, 90-day supply
• **Preferred Brands**	$20 copay, 30-day supply	$40 copay, 90-day supply
• **Non-Preferred Brands**	$50 copay, 30-day supply	$100 copay, 90-day supply
• **Specialty Drugs**	$20 copay, 30-day supply	$20 copay, 30-day supply

Health Plan Options Non-Sponsored Retirees

Medical Coverage for Retiree Dependents

If you retire at the end of school year, your active health benefits are paid through August 31. You may purchase medical coverage for you and your active and enrolled dependent(s) at your cost.

Your dependent(s) may ONLY be enrolled in a retiree plan if you are actively enrolled in a OUSD retiree plan.

Important Note: **If you decline to purchase coverage for your dependent(s) when you first retire, you cannot purchase coverage later**, including during Open Enrollment.

COBRA

COBRA is offered to you (the employee), your spouse, any dependent children on the plan with you when you end participation in the District-sponsored health benefits. Please note that Domestic Partners do not qualify for COBRA.

Monthly Premium Statements

RetireeFirst will collect your monthly premium through ACH withdrawal for any required contribution or if you are purchasing medical coverage at your cost. Information on the ACH process will be included with your enrollment paperwork.

Continuing Other Benefits at Retirement

Life Insurance

Your District-paid life insurance ends on the date you retire. You will be contacted by the life insurance company directly with options to continue your policy.

Supplemental Insurance Plans

If you participate in any American Fidelity supplemental insurance plans, please contact them at 800-662-1113 for information on converting your plan to an individual policy.

Sick & Vacation Time

Contact the Payroll Department at 714-628-5353 for information regarding pay and paid entitlements.

Health Care Flexible Spending Account (FSA)

COBRA coverage under the Health Flexible Spending Account (Health FSA) will be offered only to participants losing coverage who have underspent accounts. You have an underspent account if the annual limit elected under the Health FSA by the covered employee, reduced by reimbursable claims submitted up to the time of the qualifying event, is equal to or more than the amount of the premiums for Health FSA COBRA coverage that will be charged for the remainder of the plan year.

COBRA coverage will consist of the Health FSA coverage in force at the time of the qualifying event (i.e., the elected annual limit reduced by reimbursable claims submitted up to the time of the qualifying event). The use-or-lose-rule will continue to apply, so any unused amounts will be forfeited at the end of the plan year, and COBRA coverage will terminate at the end of the plan year. You, your spouse, and your dependents who were covered under the Health FSA component of the Plan will be covered together for Health FSA COBRA coverage.

To continue the Health FSA through COBRA, contact American Fidelity at 800-662-1113.

Important Note On Dependent Retiree Health Coverage

If you continue retiree coverage for yourself and your spouse/domestic partner, what happens if you die before your spouse/domestic partner does?

If that occurs, your spouse/domestic partner can continue their coverage if enrolled in a District-sponsored retiree medical plan at the time of your death, and the monthly premium(s) are current.

Your spouse/domestic partner will be subject to any plan and rate changes that take place.

Open Enrollment

Each year, you have the opportunity to decide if OUSD's health plans are still the best fit for you and your family. If you would like to make a plan change, you may do so during the annual benefits Open Enrollment period in August for retirees under 65 and all Kaiser and changes take effect on October 1. Open Enrollment is in October for retirees over 65 and not in Kaiser and changes take effect on January 1.

Please note that Medicare's Open Enrollment typically starts early October and ends early December.

Frequently Asked Questions

If I do not enroll in the health plan at retirement, can I enroll at a later date?
Yes, if you are eligible for District-sponsored health benefits. No, if you are not eligible for District-sponsored health benefits.

What happens if I move outside of California?
PPO health plans continue in or out of California. HMO plans as well as DeltaCare HMO are California plans only.

Contact Risk Management as soon as possible so that the proper address change form can be sent to you. Failure to keep your address up to date may result in coverage cancellation.

A new Medical ID card may be required in order to maintain your coverage. Please note that dental cards are no longer issued.

I plan to marry after I retire. Can I add my new spouse to my health care coverage?
Yes.

Will the cost of medical plan coverage be subject to increases? If so, how will I know?
Changes in premiums will occur once a year; however, the cost of your coverage is always subject to change.

If there is a change in the cost or coverage, you will be notified by mail. It is very important for you to make sure Risk Management always has your correct, current mailing address.

Do I need to continue the health benefit coverage(s) I have with OUSD once I retire?
The choice is yours and you should consider all of the options that are available to you very carefully.
If you do not enroll in OUSD's retiree health benefits when you are eligible, you will not be able to re-enroll at a later date. Additionally, terminated coverage due to lack of premium contribution will not be reinstated.

Benefit Contacts and Other Resources

Plan	Phone	Website/Email
Pre-65 Retiree Benefits		
Kaiser Permanente HMO	(800) 464-4000	www.kp.org/sisc
American Specialty Network (Chiropractic and Acupuncture)	(800) 678-9133	www.ashlink.com/ash/kp
Anthem HMO/PPO	(800) 825-5541	www.anthem.com/ca/sisc
MDLive Telehealth	(888) 632-2738	mdlive.com/sisc
Navitus Prescription Drugs (For Anthem Plans Only)	(866) 333-2757	www.navitus.com
Post-65 Retiree Benefits		
Retiree First—Anthem Medicare Advantage PPO Plan	(855) 430-7090	www.retireefirst.com/orangeusd
Retiree First—Hartford Supp w/ Express Scripts RX	(714) 209-7630	www.retireefirst.com/orangeusd
Companion Care—Anthem Medicare Supplement	(800) 825-5541	n/a
Kaiser Senior Advantage (KPSA)	(800) 443-0815	n/a
Other Benefits		
Delta Dental PPO/HMO	(888) 335-8227	www.deltadentalins.com
Vision Service Plan PPO	(800) 877-7195	www.vsp.com
Anthem Employee Assistance Program (EAP)	(800) 999-7222	www.anthemeap.com | Password: SISC
American Fidelity Health Care Flexible Spending Account	(800) 662-1113	n/a
Lincoln Financial Basic and Voluntary Life and AD&D Insurance	(800) 423-2765	www.lincolnfinancial.com
Other Resources		
Government Resources	(800) 333-4636	www.usa.gov
Medicare	(800) MEDICARE	www.medicare.gov
Social Security Administration Medicare & Disability Information	(800) 772-1213	www.ssa.gov
HealthCare Insurance Counseling & Advocacy Program – Medicare counseling	(800) 434-0222	www.cahealthadvocates.org
CalPERS	(888) 225-7377	www.calpers.ca.gov
CalSTRS	(800) 228-5453	www.calstrs.com
Orange Unified School District		
Risk Management	(714) 628-5390	riskmanagement@orangeusd.org

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Learn more at **www.baldwin.com**

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment, nor is this guide a legal plan document. If there is a disagreement or an ambiguity between this guide and the official plan documents, the provisions of the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the District's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefits program, please contact PUSD Benefits Department.

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