

Panama-Buena Vista Union School District

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CE RETIREMENT BENEFITS INFORMATION
Effective 10/01/2026 to 09/30/2027

Qualifications for Retirement Benefits

Benefits for Retirees Ages 55-58

To be eligible for retiree benefits, an employee must:

1. Be between fifty-five (55) and fifty-eight (58) years of age.
2. Have been employed with P-BVUSD immediately before retirement.
3. Be enrolled in a District health benefits plan immediately prior to retirement.
4. Meet the District's minimum service requirement of 20+ years preceding retirement.
5. Qualify for and participate in either CalSTRS or CalPERS retirement programs.

Benefits for Retirees Ages 59-64

To be eligible for retiree benefits, an employee must:

1. Be between fifty-nine (59) and sixty-five (65) years of age.
2. Have been employed with P-BVUSD immediately before retirement.
3. Be enrolled in a District health benefits plan immediately prior to retirement.
4. Meet the District's minimum service requirement of 5+ years preceding retirement.
5. Qualify for and participate in either CalSTRS or CalPERS retirement programs.

P-BVUSD may provide continued medical and prescription and/or dental coverage for eligible retirees and their qualified dependents until age 65, subject to District policy and collective bargaining agreements. The retiree shall be responsible for paying any difference between the District's fixed contribution at the time of retirement and the actual premium cost. Please note, rates are subject to change annually every October 1.

If your spouse is covered as a dependent on your plan and is 65 or older, they are required to have Medicare Parts A and B. Please provide copy of their Medicare card to the payroll department. Medicare will be the primary coverage and SISC will serve as a secondary coverage.

Retirees who decline a benefit will not be eligible to enroll in that benefit in the future.

Anthem Blue Cross & Kaiser Plans (Medical/Prescription):

The Blue Cross 80-C (Group 40031L) is a plan offered by the district. This Plan is an 80/20 plan and has a co-pay of \$7 for generic (\$0 at Costco on most generics) and \$25 for brand name drugs. There is also a \$20 co-pay for each office visit, which does not go toward your deductible. The annual deductible is \$200 per person and \$500 per family.

Cost of Blue Cross 80-C: \$1,370.00 Retiree Only/ \$1,944.00 2-Party/ \$2,471.00 Family

The Blue Cross 90-C (Group 40031N) is a plan offered by the district. This Plan is a 90/10 plan and has a co-pay of \$7 for generic (\$0 at Costco on most generics) and \$25 for brand name drugs. There is also a \$20 co-pay for each office visit, which does not go toward your deductible. The annual deductible is \$200 per person and \$500 per family.

Cost of Blue Cross 90-C: \$1,318.00 Retiree Only/ \$1,873.00 2-Party/ \$2,381.00 Family

The Blue Cross 80-E (Group 40031P) is a plan offered by the district. This Plan is an 80/20 plan and has a co-pay of \$9 for generic (\$0 at Costco on most generics) and \$35 for brand name drugs. There is also a \$20 co-pay for each office visit, which does not go toward your deductible. The annual deductible is \$300 per person and \$600 per family.

Cost of Blue Cross 80-E: \$1,262.00 Retiree Only/ \$1,790.00 2-Party/ \$2,277.00 Family

The Blue Cross 80-G (Group 40031W) is a plan offered by the district. This Plan is an 80/20 plan and has a co-pay of \$9 for generic (\$0 at Costco on most generics) and \$35 for brand name drugs. There is also a \$20 co-pay for each office visit, which does not go toward your deductible. The annual deductible is \$500 per person and \$1,000 per family.

Cost of Blue Cross 80-G: \$1,189.00 Retiree Only/ \$1,689.00 2-Party/ \$2,148.00 Family

The Kaiser HMO (Group 234480-0126RCN) is a plan offered by the district. This plan has a co-pay of \$10 for generic drugs (Tier 1) and \$30 for brand name drugs (Tier 2). There is also a \$30 co-pay for each office visit, which does not go toward your out-of-pocket maximum. The out-of-pocket maximum is \$1,500 per person and \$3,000 per family.

Cost of Kaiser HMO: \$823.00 Retiree Only/ \$1,597.00 2-Party/ \$2,222 Family

Delta Dental Plan:

Cost of Delta Dental Incentive PPO Plan: \$58.00 Retiree Only/ \$116.80 2-Party/ \$160.60 Family

Vision Coverage:

Vision benefits terminate upon retirement. Continuation of coverage is available through COBRA for up to 18 months after retirement. For more information about COBRA coverage, please contact SISC at (661) 636-4410. Retirees are responsible for all applicable vision insurance premiums.

Life Insurance

Eligible retirees may have the option to convert their Voluntary Life Insurance coverage in accordance with plan provisions. Retirees are responsible for all applicable life insurance premiums.

Coverage Termination:

Retiree medical benefits will terminate on the last day of the month prior to the retiree reaching age 65.

Retirees will receive written notification three (3) months prior to benefit termination.

Please see next page for additional information regarding 65+ medical plans.

Upon reaching age 65, the district will no longer contribute towards your health insurance. Therefore, it is important to begin your Medicare Parts A & B enrollment 3 months prior to your 65th birthday.

Qualifications for 65 and over Retiree Benefits

Companion Care is a **supplement plan** and does not require the use of a network provider. The plan is not a PPO, HMO, or Advantage plan. With this plan, the member keeps Original Medicare. Medicare is billed as primary and through a claims-free process. Anthem will pay all Medicare allowable expenses up to Medicare Limits. Members may use any Medicare provider that accepts Medicare Assignment.

- Providers can be found on www.medicare.gov under the "Provider and Services" tab.
- If the provider of service does not accept Medicare Assignment (the amount Medicare agrees to pay), then the provider can bill you the difference between Medicare allowable and what the provider bills.
- If the provider does accept Medicare Assignment, then you will have no out-of-pocket expense.
- If Medicare does not pay for a service, Companion Care will not pay for that service

2026-2027 Cost:

Retiree only \$510.00 / month

Anthem PPO 100-A is a **full PPO plan coordinating with Medicare**. Members will use their Original Medicare as the primary plan and Anthem PPO plan as the secondary. If the provider does not accept what Medicare pays and if the service is a covered benefit of the PPO plan, then the Anthem PPO plan will pay 100% if the provider is an Anthem PPO contract provider.

- When outside of California, you would use the Blue Cross Blue Shield Association network of providers.
- For our PPO plans, there is no out-of-network coverage for x-ray, lab, DME, or physical medicine so you'll want to be sure your providers not only take Medicare but also are in the Anthem PPO network.

2026-2027 Cost:

65+ W/A&B (100-A \$0; Rx 0-25 EGWP)

Retiree Only \$704.00/month or 2-Party \$1,408.00/month

Or

65+ W/A&B (100-A \$0; Rx 0-35 EGWP)

Retiree Only \$687.00/month or 2-Party \$1,374.00/month

To confirm what Medicare pays visit [Welcome to Medicare | Medicare](#)

You will be billed by the SISC Direct Bill Program. Please note, you must be enrolled in Medicare Parts A and B upon applying in any of the above plans.

Dental and Vision coverage are not available in the plans listed above.