2026

Benefits Information Guide

Retirees

BAKERSFIELD CITY SCHOOL DISTRICT

"WHERE THE CHILD COMES FIRST"

General Information About DISTRICT Plans for Retirees and Individual Retiree Plans, SISC Sponsored

Retirees of the Bakersfield City School District age 65 or older may continue their Medical/Prescription insurance benefits through a District Plan for Retirees or an Individual Retiree Plan, SISC sponsored.

THIS IS A ONE TIME OPTION.

Retirees that **do not** continue coverage through a District Plan for Retirees or an Individual Retiree Plan, SISC sponsored when they retire, **cannot** be added during a subsequent Open Enrollment Period.

If an eligible retiree **does not** elect to continue coverage, a spouse **may not** continue coverage.

If a covered retiree of BCSD passes away, a spouse **may** continue coverage.

If a retiree at any time cancels coverage, they **may not** return to a District Plan for Retirees or an Individual Retiree Plan, SISC sponsored.

A plan with prescription coverage is AUTOMATIC. There is **no** option to continue the medical coverage only.

To choose a plan that has the most complete coverage possible, you (and your spouse) must be enrolled in Medicare Part A (Hospital) and purchase Medicare Part B (Medical). Please contact the Social Security Administration office at 800.772.1213, for further information on Medicare eligibility.

When enrolling, a retiree (and spouse) who is age 65 or older **must** include a copy of their Medicare card(s).

All district plans are considered secondary to Medicare and would act as secondary coverage with Medicare primary coverage.

All individual plans (Kaiser), SISC sponsored, are considered an HMO and are not supplements to Medicare but are full coverage instead of Medicare.

IMPORTANT:

Subject to eligibility requirements, a retiree may choose to enroll in one of the District Plans for Retirees and may move from one district plan to another should their eligibility status change.

If a retiree, at any time, chooses any of the individual Retiree Plans, SISC sponsored, and not one of the District Plans for Retirees, they may NOT return to any of the Blue Cross 40028 plans (District Plans for Retirees).

All rights reserved. No part of this document may be reproduced or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission of Marsh & McLennan Insurance Agency LLC.

The rates quoted for these benefits may be subject to change based on final enrollment and/or final underwriting requirements. 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, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, and 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.

Discover Your Benefits

Let's explore your Retiree benefit plan options.

Section	Page #
General Information	2
District Plans for Retirees	4
Medical	5
BLUE CROSS – 40028Q - PPO	6
BLUE CROSS 40028R - PPO	7
BLUE CROSS 40028P - PPO	8
BLUE CROSS 40028S - PPO	9
BLUE CROSS 40028T - PPO	10
KAISER PERMANENTE – Senior Advantage HMO	11
COMPANIONCARE/Medicare Supplement Plan	12
Notes	14

For details on the benefit and claims review and adjudication procedures for each plan, please refer to the plan's Evidence of Coverage. If there are any discrepancies between benefits included in this summary and the Evidence of Coverage or Summary Plan Description, the Evidence of Coverage or Summary Plan Description will prevail.

DISTRICT PLANS for Retirees, Secondary to Medicare Coverage

BLUE CROSS – 40028Q Group Plan

Eligibility: Subscriber (and spouse) must be age 65 or older with Medicare Part A (Hospital) and Medicare Part B (Medical) coverage. This is the same plan BCSD's active employees and retirees (55-64) are enrolled in. However, this is a Secondary to Medicare. Many times, when retiree is trying to choose a plan, they mention they want to stay with the same coverage they have had – **THIS IS IT!**

BLUE CROSS – 40028P Group Plan

Eligibility: Subscriber must be age 65 or older with Medicare Part A (Hospital) and Medicare Part B (Medical) coverage. Spouse must be under age 65 and NOT eligible for Medicare benefits. When the spouse becomes eligible for Medicare, subscriber and spouse must move to another plan; may move to BC 40028A. This plan works as retiree's Secondary coverage to Medicare and spouse's Primary coverage.

BLUE CROSS – 40028R Group Plan

Eligibility: Subscriber must be age 65 or older with Medicare Part A (Hospital) only.

BLUE CROSS – 40028S Group Plan

Eligibility: Subscriber (and spouse) must be age 65 or older with Medicare Part B (Medical). Medicare Part A (Hospital) is optional.

BLUE CROSS – 40028T Group Plan

Eligibility: Subscriber (and spouse) must be age 65 or older with **NO MEDICARE COVERAGE** (No Part A or B).

IMPORTANT:

Subject to eligibility requirements, a retiree may choose to enroll in one of the District Plans for Retirees and may move from one district plan to another should their eligibility status change.

If a retiree, at any time, chooses any of the individual Retiree Plans, SISC sponsored, and not one of the District Plans for Retirees, they may NOT return to any of the Blue Cross 40028 plans (District Plans for Retirees).

INDIVIDUAL RETIREE PLANS, SISC Sponsored Coverage Instead of Medicare

Individual retiree plans are available to SISC retirees as an alternative to district coverage. The retiree's spouse and eligible dependents may enroll if the retiree enrolls. When a retiree elects an individual retiree plan, his/her spouse and dependents are no longer eligible for district coverage. Once a retiree elects an individual retiree plan, the retiree may not re-enroll in district coverage during any subsequent Open Enrollment Period. The retiree and his/her eligible dependents may move to any one of these plans when they are first eligible or the first of any month with a 45-day notice.

CompanionCare Medicare Supplement Plan

Enrollment and disenrollment process must be completed 45 days prior to effective date.

To enroll in the coverage, the member must be age 65 or older with Medicare Part A and B, or a retiree under age 65 with Medicare for disabled people. The prescription drug care coverage that is included with the Companion coverage is not optional or voluntary. You will be enrolled in Medical Part D automatically by SISC. CompanionCare provides single coverage only; there are no two-party rates. With this plan Medicare is Primary coverage and Blue Cross CompanionCare is Supplemental coverage.

If retiree enrolls in Blue Cross CompanionCare and wishes to change to another SISC sponsored retiree plan, the ONLY optional plans they may enroll in would be one of the Medicare Risk Plans (Kaiser HMO) plans and vice versa – (Kaiser HMO to BC CompanionCare).

Medicare Risk Retiree Plan Kaiser

Enrollment and disenrollment process must be completed 45 days prior to effective date.

To be enrolled, subscribers must reside within an eligible ZIP code area.

A Medicare Risk Plan is a plan that is offered through a Health Maintenance Organization (HMO) in lieu of Medicare benefits. The HMO contracts with the Centers of Medicare and Medicaid services (CMS) to provide a wide variety of services. **Kaiser** is not a supplement to Medicare but is full coverage instead of Medicare.

Kaiser is a Health maintenance Organization (HMO) and is very affordable. When the member is age 65 or older and enrolls in one of these Medicare Risk Plans, they give up all their benefits through Medicare and receive all their health care through the HMO under which they are enrolled. Life other HMO plans, if the member does not use the HLMO or receive authorization to go outside the network they do not have benefits for non-emergency care through the HMO and they do NOT have benefits under Medicare (if age 65 or older and enrolled).

If a retiree enrolls in one of the Medicare Risk Plans, **SISC does charge a monthly premium**. Therefore, the retiree may want to research these plans by contacting an HMO representative, as these companies MAY NOT charge a monthly premium if the retiree enrolls directly with the HMO.

IMPORTANT:

If a retiree, at any time, chooses any of the individual Retiree Plans, SISC sponsored, and not one of the District Plans for Retirees, they may **NOT** return to any of the Blue Cross 40028 plans (District Plans for Retirees).

BENEFIT SUMMARY AND RATES TO FOLLOW

Medical

Anthem Blue Cross

BAKERSFIELD CITY SCHOOL DISTRICT SISC III BENEFIT SUMMARY

Plan Highlights	ANTHEM BLUE CROSS – 40028Q - PPO	
(10/1/26-9/30/27)	MEDICARE	40028Q COVERAGE (When utilizing Participating Providers)
Professional Services		
Subscriber – Office Visits	$100 Part B Deductible per Year / 80% of Medicare Approved Charges	Covered 100% after Medicare
Dependent – Office Visits	$100 Part B Deductible per Year / 80% of Medicare Approved Charges	Covered 100% after Medicare
Subscriber & Dependent Diagnostic X-ray and Lab	80% of Medicare Approved Charges	Covered 100% after Medicare (Subject to Subscriber & Dependents $100 deductible)
Medical Services		
Subscriber & Dependent Major Medical	80% of Medicare Approved Charges	$100 Deductible per/person / 100% after Medicare
Prescription Drugs – Retail (30-day Supply) Subscriber & Dependent		
Generic	No Coverage	$3 Copay
Brand Name	No Coverage	$15 Copay
Mail Order Prescription Drugs (90-day Supply) Subscriber & Dependent		
Generic	No Coverage	$3 Copay
Brand Name	No Coverage	$35 Copay

Eligibility: Subscriber (and spouse) must be age 65 or more with Medicare Part A (Hospital) and Medicare Part B (Medical) coverage.

If subscribers cancel secondary coverage through the school district, they may NOT return.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations, and exclusions.

Rates Effective October 1, 2026, through September 30, 2027

		Monthly Premium
40028Q – 1	Retiree Only	$ 1,418.00
40028Q – 2	Retiree & Spouse	$ 2,837.00
40028Q – Family	Retiree & Family	$ 3,577.00

Plan Highlights (10/1/26-9/30/27)	ANTHEM BLUE CROSS 40028R - PPO	
	MEDICARE	40028R COVERAGE (When utilizing Participating Providers)
Professional Services		
Subscriber – Office Visits	No Coverage	Covered 100%
Dependent – Office Visits	No Coverage	Covered 100%
Subscriber & Dependent Diagnostic X-ray and Lab	No Coverage	Covered 100% (Subject to Subscriber & Dependents $100 deductible)
Medical Services		
Subscriber & Dependent Major Medical	No Coverage	Covered 100% (Subject to Subscriber & Dependents $100 deductible)
Prescription Drugs – Retail (30-day supply) Subscriber & Dependent		
Generic	No Coverage	$3 Copay
Brand Name	No Coverage	$15 Copay
Mail Order Prescription Drugs (90-day supply) Subscriber & Dependent		
Generic	No Coverage	$3 Copay
Brand Name	No Coverage	$35 Copay

Eligibility: Subscriber must be age 65 or more with Medicare Part A (Hospital) coverage. When subscriber becomes eligible for Medicare Part B, subscribers must move to other district coverage.

If subscribers cancel secondary coverage through the school district, they may NOT return.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations, and exclusions.

Rates Effective October 1, 2026, through September 30, 2027

		Monthly Premium
40028R – 1	Retiree Only	$ 2,318.00
40028R – 2	Retiree & Spouse	$ 4,637.00
40028R – Family	Retiree & Family	$ 5,377.00

Plan Highlights	ANTHEM BLUE CROSS 40028P - PPO	
(10/1/26-9/30/27)	MEDICARE	40028P COVERAGE (When utilizing Participating Providers)
Professional Services		
Subscriber – Office Visits	$100 Part B Deductible per Year / 80% of Medicare Approved Charges	Covered 100% after Medicare
Dependent – Office Visits	No Coverage	Covered 100%
Subscriber - Diagnostic X-ray and Lab	80% of Medicare Approved Charges	Covered 100% for Blue Cross Approved Charges after Medicare (Subject to Subscriber & Dependents $100 deductible)
Dependent - Diagnostic X-ray and Lab	No Coverage	Covered 100% (Subject to Subscriber & Dependents $100 deductible)
Medical Services		
Subscriber – Major Medical	80% of Medicare Approved Charges	$100 Deductible per/person / 100% after Medicare
Dependent – Major Medical	No Coverage	Covered 100% (Subject to Subscriber & Dependents $100 deductible)
Prescription Drugs – Retail (30-day supply) Subscriber & Dependent		
Generic	No Coverage	$3 Copay
Brand Name	No Coverage	$15 Copay
Mail Order Prescription Drugs (90-day supply) Subscriber & Dependent		
Generic	No Coverage	$3 Copay
Brand Name	No Coverage	$35 Copay

Eligibility: Subscriber must be age 65 or more with Medicare Part A (Hospital) and Medicare Part B (Medical) coverage. Dependent must be under 65 and NOT eligible for Medicare benefits. When dependent becomes eligible for Medicare, subscriber and dependent must move to other district coverage.

If subscribers cancel secondary coverage through the school district, they may NOT return.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations, and exclusions.

Rates Effective October 1, 2026, through September 30, 2027

		Monthly Premium
40028P – 2	Retiree & Spouse	$ 2,060.00
40028P – Family	Retiree & Family	$ 2,060.00

Plan Highlights

ANTHEM BLUE CROSS 40028S - PPO

(10/1/26-9/30/27)	MEDICARE	40028S COVERAGE (When utilizing Participating Providers)
Professional Services		
Subscriber & Dependent – Office Visits	$100 Part B Deductible per year/per person / 80% of Medicare Approved Charges	Covered 100% after Medicare
Subscriber & Dependent - Diagnostic X-ray and Lab	No Coverage	Covered 100% (Subject to Subscriber & Dependents $100 deductible)
Medical Services		
Subscriber & Dependent – Major Medical	No Coverage	Covered 100% (Subject to Subscriber & Dependents $100 deductible)
Prescription Drugs – Retail (30-day supply) Subscriber & Dependent		
Generic	No Coverage	$3 Copay
Brand Name	No Coverage	$15 Copay
Mail Order Prescription Drugs (90-day supply) Subscriber & Dependent		
Generic	No Coverage	$3 Copay
Brand Name	No Coverage	$35 Copay

Eligibility: Subscriber (and spouse) must be age 65 or more with Medicare Part B (Medical) coverage. Medicare Part A (Hospital) is optional.

If subscribers cancel secondary coverage through the school district, they may NOT return.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations, and exclusions.

Rates Effective October 1, 2026, through September 30, 2027

		Monthly Premium
40028S – 1	Retiree Only	$ 2,118.00
40028S – 2	Retiree & Spouse	$ 4,237.00
40028S – 3	Retiree & Family	$ 4,977.00

Plan Highlights — ANTHEM BLUE CROSS 40028T - PPO

(10/1/26-9/30/27)	MEDICARE	40028T COVERAGE (When utilizing Participating Providers)
Professional Services		
Subscriber – Office Visits	No Coverage	Covered 100%
Dependent – Office Visits	No Coverage	Covered 100%
Subscriber & Dependents Diagnostic X-ray and Lab	No Coverage	Covered 100% (Subject to Subscriber & Dependents $100 deductible)
Medical Services		
Subscriber & Dependents Major Medical	No Coverage	Covered 100% (Subject to Subscriber & Dependents $100 deductible)
Prescription Drugs – Retail (30-day supply) Subscriber & Dependents		
Generic	No Coverage	$3 Copay
Brand Name	No Coverage	$15 Copay
Mail Order Prescription Drugs (90-day supply) Subscriber & Dependents		
Generic	No Coverage	$3 Copay
Brand Name	No Coverage	$35 Copay

Eligibility: Subscriber (and spouse) must be 65 or more with **NO MEDICARE COVERAGE**.

If subscribers cancel coverage through the school district, they may NOT return.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations, and exclusions.

Rates Effective October 1, 2026, through September 30, 2027

		Monthly Premium
40028T – 1	Retiree Only	$ 3,018.00
40028T – 2	Retiree & Spouse	$ 6,037.00
40028T – 3	Retiree & Family	$ 6,777.00

KAISER PERMANENTE®

Plan Highlights	KAISER PERMANENTE – SOUTHERN REGION
(10/1/26-9/30/27)	SENIOR ADVANTAGE HMO MEDICARE
Services	
Ambulance	$50 Copay / Trip
Annual Physical Examination	No Charge
Acupuncture / Chiropractic	$10 Copay (30 Combined visits) / Must receive benefits through American Specialty Health Plans (ASH) providers
Dental Care (DeltaCare)	Not Covered
DME – Durable Medical Equipment (Kaiser DME formulary guidelines apply)	Covered 100%
Hearing Examination	$10 Copay
Hearing Aids	$500 Allowance every 36 Months per ear
Hospitalization	
Inpatient	$0 / Per Admit
Emergency Room	$50 Copay (Waived if Admitted)
Immunizations	No Charge
Includes flu injections and all Medicare approved immunizations	Office visit copay may apply if administered as part of a physician office visit
Laboratory Services	No Charge
Manual Manipulation of the Spine	$10 Copay (Subject to medical Necessity)
Mental Health – Outpatient (Unlimited Visits)	$10 Copay (Individual Visits); $5 Copay (Group Visits)
Physician Services / Basic Health Services	
Office visits	$10 Copay
Consultation, diagnosis & treatment by a Specialist	$10 Copay
Prescription Drugs – Retail Using Kaiser Pharmacies Not subject to donut hole	
Generic	$10 Copay (Up to a 100-day Supply)
Brand Name	$20 Copay (Up to a 100-day Supply)
Skilled Nursing Facility	Covered in full for 100 days per Benefit Period
Vision Care	
Examination for eyeglasses	$10 Copay
Glaucoma testing	$10 Copay
Standard frame / lenses (Every 24 months)	$150 frame and lens allowance (Every 24 months)
X-ray Services	No Charge

Eligibility: Members must live in an approved Zip Code of the Kaiser Permanente California Service Area. Visit www.kp.org. A school district's geographic location will determine the applicable rate. Southern Region includes San Luis Obispo, Kern, San Bernardino, and all other counties to the south.

If subscribers cancel coverage through the school district, they may NOT return.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations, and exclusions.

Rates Effective October 1, 2026, through September 30, 2027

	Monthly Premium
Retiree (Single Rate) with Medicare A & B	$ 243.00
Retiree & Spouse / Domestic Partner, Both with Medicare A & B	$ 486.00
Retiree & Spouse / Domestic Partner, Retiree with Medicare A & B	$ 1151.00

Plan Highlights — COMPANIONCARE/Medicare Supplement Plan

(10/1/26-9/30/27)	MEDICARE 2026 Benefits	COMPANIONCARE Based on 2026 Medicare Benefits
Inpatient Hospital (Part A)		
	Pays all but, first $1,736 for the 1st 60 days	Pays $1,736
	Pays all but $434 a day for the 61st to 90th	Pays $434 a day
	Pays all but, $868 a day, Lifetime Reserve for 91st to 150th day	Pays $868 a day
	Pays nothing after Lifetime Reserve in used, (Refer to Evidence of Coverage)	Pays 100% after Medicare and Lifetime Reserve are Exhausted up to 365 days per Lifetime
Skilled Nursing Facilities (Must be Approved by Medicare)		
	Pays 100% for 1st 20 days	Pays nothing
	Pays all but $217 a day for 21st to 100th day	Pays $217 a day for 21st to 100th day
	Pays nothing after 100th day	Pays nothing after 100th day
Deductible (Part B)		
	$283 Part B deductible per year	Pays $283
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 & ambulance	80% MA charges	Pays 20% MA charges
Lab	100% MA charges	Pays nothing
Physical / Speech Therapy (Part B)		
	80% MA charges up to Medicare annual benefit amount	Pays 20% MA charges up to the Medicare annual benefit amount. (PT & ST Combined)
Blood (Part B)		
	80% MA charges after 3 pints	Pays 1st 3 pints un-replace blood and charges 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 lifetime. For details call Anthem customer service at 1-800-825-5541.
Outpatient Prescription Drugs Retail Pharmacy (30-day Supply)	Medicare Part D Prescription Drug plan through Navitus Health Solutions.	
Generic	$9 Copay	
Brand Name	$35 Copay	
Mail Order (90-day Supply)		
Generic	$18 Copay	
Brand Name	$90 Copay	
Due to Medicare restrictions the following programs are not available with CompanionCare: - $0 Generic Copay at Costco - Diabetic supplies for Generic Copay	Pharmacy benefits are administered through Navitus Health Solutions Medicare Rx using a Med 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.	

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations, and exclusions.

COMPANIONCARE - CONTINUED

COMPANIONCARE is a Medicare Supplement plan that pays for medically necessary services and procedures that are considered a Medicare Approved Expense. SISC will automatically enroll CompanionCare Members into Medicare Part D. No additional premium required. SISC plans are NOT subject to the "doughnut hole."

Eligibility:

Members must be retired and enrolled in Medicare Part A (Hospital) and Medicare Part B (Medical) coverage. Retirees under age 65 with Medicare for disabled people (Parts A & B) may enroll in CompanionCare.

Enrollment:

Enrollment forms and a copy of the Medicare card must be received by SISC 45 calendar days in advance of requested effective date – NO Exceptions. SISC will automatically enroll members in Medicare Part D for outpatient prescription medications. Members already enrolled in non-SISC Medicare Part D plans will be automatically dis-enrolled from those plans.

Disenrollment:

Disenrollment throughout the year requires submission of a disenrollment form to SISC with a 45-calendar day advance notice of requested effective date. During the annual Med D Open Enrollment members can enroll into Medicare Part D plans outside of SISC with a January 1 effective date. Enrollment in a Med D plan outside of SISC will terminate the SISC medical and Rx benefits.

Provider Network:

Physicians who accept Medicare Assignment. The plan does not cover excess Medicare Part B charges. Excess charges may occur when receiving services from a provider who does not accept the Medicare Assignment amount.
For additional Medicare benefit information, please go to www.medicare.gov or call 1-800-medicare (1-800-633-4227).
For additional Navitus Medicare Rx prescription drug information, please go to www.navitus.com or call 1-866-270-3877.

Rates Effective October 1, 2026, through September 30, 2027

	Total Monthly Premium
Retiree with Medicare A & B SISC will enroll members in Part D	$ 510.00 per person

Notes

Notes

Prepared by: **Marsh & McLennan Insurance Agency LLC**
www.MarshMMA.com | CA Insurance License: 0H18131