SISC

Welcome to Del Mar USD’s
-2023 Medicare Workshop-
AGENDA

• Introductions
• Who is SISC?
• Understanding the Basics of Medicare
• Understanding Health Insurance Options outside of SISC:
  ➢ Kaiser Permanente Senior Advantage Plans
• Q&A
Introductions

• Armando Cabrera, Account Manager
  – Self-Insured Schools of California (SISC)

• Diego Realpe, Retiree Solutions Manager
  – Kaiser Permanente

• Crystal Bonker, Account Executive and Andrea Estrin, Service Analyst
  – Keenan Insurance
Who is SISC?

• SISC – our motto “Schools Helping Schools”

• Since 1979, Self-Insured Schools of California (SISC) has operated as a public school Joint Powers Authority (JPA) administered by the Kern County Superintendent of Schools Office.

• We service over 470 school districts in 40 counties with a membership exceeding 379,000. This size allows us to obtain the best benefits at the lowest cost for our members.

• Joining with other schools provides SISC member districts with stable, long-term insurance solutions, keeping money in the classroom that would otherwise be paid in insurance premiums.
Welcome to Kaiser Permanente - 2023
Presenting Medicare 101 and the Kaiser Permanente Medicare health plans
Understanding the basics of Medicare
Who can join Medicare?

You’re eligible to join Medicare if:

- You’re 65 or older
- You’re under 65, but live with a disability
  - Must be eligible for Social Security disability
  - Requires a 2-year waiting period
- You have end-stage renal (kidney) disease (ESRD)
- You have amyotrophic lateral sclerosis (ALS)
- U.S. citizen or a permanent legal resident who has lived in the United States for at least five years
What is Medicare?

- Medicare is a federally funded health insurance program.
- Medicare was established in 1965.
- Medicare is administered by the Centers for Medicare & Medicaid Services (CMS).
- Medicare includes 4 parts:
Part A: Hospital Insurance

What it does:
• Gives you coverage for inpatient hospital care
• Also covers skilled nursing care, hospice care, and home health care

What it costs:
• Most won’t have to pay a premium for Part A. To make sure you qualify for premium-free Part A, contact Social Security.
• If you worked less than 10 years, there is a monthly premium up to $506*, your monthly premium is set by a Medicare formula.

* Amount is for 2023
Part B: Medical Insurance

**What it does:**
- Helps cover doctors’ and other health care providers’ services, like lab and radiology
- Outpatient care, durable medical equipment, dialysis, and some preventive care services are also covered

**What it costs:**
- Your monthly premium is usually deducted from your Social Security or Railroad Retirement Board check.
- Late enrollment penalty (LEP):
  - Your premium increases 10% for each 12-month period that you decline coverage.
  - Not a one-time penalty **but continues throughout enrollment.**
  - Not imposed if you continue to work for — and get your health coverage from — an employer or trust fund of 20 or more.
  (You have up to 8 months after your employment ends to enroll.)
# Part B: Medical Insurance

## 2023 Medicare Part B Monthly Premiums*

<table>
<thead>
<tr>
<th>Your yearly income†</th>
<th>You pay</th>
<th>Your yearly income†</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single-Standard†</td>
<td>$97,000 or less</td>
<td>$164.90‡</td>
<td>If you’re married but file a tax return separately from your spouse</td>
</tr>
<tr>
<td>Married couple</td>
<td>$97,001 - $123,000</td>
<td>$230.80</td>
<td>$97,000 – or less Standard‡</td>
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<tr>
<td></td>
<td>$194,001 - $246,000</td>
<td>$329.70</td>
<td>$97,001 – less than $403,000</td>
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<tr>
<td>Single</td>
<td>$123,001 - $153,000</td>
<td>$428.60</td>
<td>Greater than or equal to $403,000</td>
</tr>
<tr>
<td>Married couple</td>
<td>$153,001 - $183,000</td>
<td>$527.50</td>
<td>$560.50</td>
</tr>
<tr>
<td></td>
<td>$306,001 - $366,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$183,001 - $500,000</td>
<td>$527.50</td>
<td></td>
</tr>
<tr>
<td>Married couple</td>
<td>$366,001 - $750,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Above $500,000</td>
<td>$560.50</td>
<td></td>
</tr>
<tr>
<td>Married couple</td>
<td>Above $750,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

†Modified adjusted gross income as reported on your 2021 IRS tax return.
‡You will pay this Standard amount if you 1) enroll in Part B for the first time in 2023, 2) do not get Social Security benefits, 3) are directly billed for your Part B premiums. See medicare.gov for complete details.

*Note: The above dollar amounts are for 2023 and may change in 2024.
Part A & B: Enrolling in Medicare When First Eligible

Initial Enrollment Period

- If you’re already getting benefits from Social Security, you’ll be automatically enrolled in both Part A and Part B starting the first day of the month you turn 65.
- If you do not get benefits from Social Security, you’ll need to contact Social Security.
- You can enroll over a 7-month period, which starts 3 months before your 65th birthday, known as the Initial Enrollment Period.
- You may be able to enroll online at socialsecurity.gov.

Note: Completing the application form and submitting it doesn’t automatically enroll you in Medicare Part B. Social Security must first determine if you’re eligible.
Part A & B: Late Enrollment Into Medicare

General Enrollment Period

• If you do not sign up for Part A and Part B when you’re first eligible, you can sign up between January 1 and March 31 each year. Beginning January 1, 2024, when you sign up during this period, your coverage starts the first day of the month after you sign up.

Special Enrollment Period

• Triggered by certain events, such as loss of employment or retirement, that allow you to enroll in Medicare or change plans.

Note: Completing the application form and submitting it doesn’t automatically enroll you in Medicare Part B. Social Security must first determine if you’re eligible.
Part D: Prescription Drug Coverage

**What it does:**
- Covers outpatient prescription drugs

**To enroll:**
- You have two ways of enrolling in Part D:
  1. Through an individual or employer/union Group Medicare Advantage (Part C) plan that includes Part D prescription drug coverage.
  2. A stand-alone Prescription Drug Plan that offers prescription drug coverage only.

Unlike with Parts A and B, you **sign up for Part D directly** with your plan. Part D is not directly offered by Medicare or Social Security.
Part D: Prescription Drug Coverage

Medicare Part D Income Related Monthly Adjustment Amount (IRMAA)

The Part D higher-income premium is in addition to the annual Part B premium adjustment and is determined according to formulas set by federal law.

Based on your 2021 yearly income, your 2023 Part D monthly cost is:

<table>
<thead>
<tr>
<th>File individual tax return</th>
<th>File joint tax return</th>
<th>In 2023, you pay monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>$97,000 or less</td>
<td>$194,000 or less</td>
<td>No Part D IRMAA Premium</td>
</tr>
<tr>
<td>$97,001 to $123,000</td>
<td>$194,001 to $246,000</td>
<td>$12.20</td>
</tr>
<tr>
<td>$123,001 to $153,000</td>
<td>$246,001 to $306,000</td>
<td>$31.50</td>
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<td>$153,001 to $183,000</td>
<td>$306,001 to $366,000</td>
<td>$50.70</td>
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<tr>
<td>$183,001 to $500,000</td>
<td>$366,001 to $750,000</td>
<td>$70.00</td>
</tr>
<tr>
<td>above $500,000</td>
<td>above $750,000</td>
<td>$76.40</td>
</tr>
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</table>

These amounts may change yearly.
Part C: Medicare Coverage Options

Here are some ways you can get Medicare coverage:

• You get an Original Medicare Plan through the Centers for Medicare & Medicaid Services (CMS).
  – You can supplement Original Medicare by enrolling in a MediGap Plan. Premiums for these plans are not covered.
    (Note: Kaiser Permanente does not offer MediGap plans.)

• You can sign up for a Medicare Advantage Plan, known as Medicare Part C, through private insurance companies.
Part C: Medicare Advantage

**What it does:**
- Combines your benefits from Parts A, B, and sometimes D (prescription drug coverage) in a single plan and are an alternative to Original Medicare*
- Services under a network of providers that you must use for care

**What it costs:**
- Medicare pays an amount for your coverage each month to private health plans.
- Some plans have additional monthly premiums; in many plans, you pay a copay for covered services.
- If you choose an out-of-network provider, you'll be financially responsible, except in the case of an emergency or urgent care.**

*Except care for some clinical research and hospice care (Original Medicare covers hospice care even if you're in a Medicare Advantage Plan).

**Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
Part C: Medicare Advantage

Types of Medicare Advantage plans:

• Health maintenance organization (HMO) plans
• Point-of-service (HMO-POS) plans
• Preferred provider organization (PPO) plans
• Private fee-for-service (PFFS) plans
• Medical savings account (MSA) plans
Medicare’s Extra Help Program: Low-Income Subsidy

- For Medicare beneficiaries with limited income and resources
- Provides extra help with Part D premiums and outpatient drug copays
  - Degree of help depends on income and resources
- Additional facts about extra help:
  - Apply at Social Security or state Medicaid office
  - Administered by your plan, for CMS
  - You must be enrolled in a Part D plan to get help
Contact Information

If you have questions about the SISC Kaiser Permanente Medicare health plan, contact your HR Benefits Department.

Social Security: 1-800-772-1213 (TTY 1-800-325-0778)
Monday through Friday, 8 a.m. to 7 p.m.

Medicare: 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048
24 hours a day, 7 days a week.
In California, Hawaii, and Washington, Kaiser Permanente is an HMO plan with a Medicare contract. In Colorado, Oregon, Southwest Washington, Georgia, Maryland, Virginia, and the District of Columbia, Kaiser Permanente is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Questions?

Updated: October 2022
Kaiser Permanente Senior Advantage

One of your benefit options once you turn 65 and enrolled in Medicare Parts A&B
A Medicare Advantage Plan (HMO)
Kaiser Permanente Medicare health plan

- Kaiser Permanente Medicare health plan is a Medicare Advantage plan for people with Medicare.
- Kaiser Permanente Medicare health plan provides services covered by Medicare (including Medicare Part D prescription drug coverage).
- As a Kaiser Permanente Medicare health plan member, you get your Medicare benefits through Kaiser Permanente.
- The Medicare program pays Kaiser Permanente to manage health care for people with Medicare (our Kaiser Permanente Medicare health plan members).
Integrated care centered around you

Quality care begins with our integrated care delivery system, which offers you:

• Care and coverage together in one package
• A coordinated, connected care team
• Many convenient services under one roof
Support for your total health and well-being

Your doctor will build a care plan based on your needs and work with your care team to deliver personalized support.

- Preventive care to keep you healthy
- Specialty care when you need it
- Support for ongoing conditions

Get care in your language — with multilingual doctors and phone interpretation in more than 150 languages.
Added support to help you thrive¹

- Self-care apps, including Calm and myStrength
- On-site health education classes and support groups²
- Wellness coaching by phone
- Seasonal farmers markets³
- Online healthy lifestyle programs, videos, podcasts, recipes, and more
- Find convenient Kaiser Permanente care near you at kp.org/facilities
- Reduced rates on specialty care services like acupuncture, chiropractic care, and massage therapy
- SilverandFit.com.

¹These services aren’t covered under your health plan benefits and aren’t subject to the terms set forth in your Evidence of Coverage or other plan documents. These services may be discontinued at any time without notice. ²Classes vary at each location and some may require a fee. ³Not available in all areas.
Thank you for attending today’s Medicare workshop!