

California's Valued Trust **Medicare Program Guidelines for CSEA Retirees**



California's
Valued Trust

Healthcare Benefits for the Education Community

MEDICARE PROGRAM GUIDELINES FOR CSEA RETIREES

ELIGIBILITY REQUIREMENTS

CVT Medicare Requirements

For retiree coverage under all health plans, Medicare requirements are as follows: If the retiree is age 65 or over, or otherwise eligible for Medicare, they **must** be enrolled in both Medicare Part A and B. Dependents of retired employees must also enroll in enrolled Medicare Parts A and B, or are otherwise eligible for Medicare if under age 65.

**CVT REQUIRES A PHOTOCOPY OF THE MEDICARE CARD FOR BOTH RETIREE
AND/OR DEPENDENTS**

If not enrolled in both Medicare Parts A and B this will result in the disqualification from eligibility to participate in CVT health plans.

The following dependents are eligible if enrolled in both Medicare Part A & B:

- **Spouse of Retiree:** A spouse of an enrolled retiree is eligible for coverage. **(Marriage Certificate is required for enrollment.)**
- **State Registered Domestic Partner of Retiree:** A state registered domestic partner of an enrolled retiree is eligible for coverage. **(State Registration Certificate is required for enrollment.)**
- **Surviving Spouse/Partner of Retiree:** A surviving spouse/partner of an enrolled retiree, or retiree eligible, is eligible for coverage; however, the surviving spouse/partner is not permitted to add a new partner.
- **Child:**
 - **Child of an enrolled retiree, spouse or domestic partner *under 26 years of age:***
 - Natural child – **(Birth Certificate is required for enrollment.)**
 - Adopted child – **(Final Adoption Papers are required for enrollment.)**
 - Step child – **(Birth Certificate is required for enrollment.)**
 - Child of an eligible, covered domestic partner – **(Birth Certificate is required for enrollment.)**
 - Unmarried child under legal guardianship - A dependent child under a court ordered legal guardianship of the retiree is eligible for coverage, provided they meet all other eligibility requirements. Please note: eligibility ends on the date of expiration of the court awarded guardianship or upon the 18th birthday of the child, whichever comes first. **(Legal Guardianship Papers are required for enrollment.)**

ENROLLMENT

An enrollment form is required to be completed and submitted to the Trust for every eligible retiree and dependent for whom coverage is requested through CVT. Eligible dependents for whom coverage is sought when the retiree initially enrolls, should be included on the enrollment form. Enrollment must be applied for within 31 days of first becoming eligible for coverage or during the Medicare open enrollment period.

Annual Open Enrollment Period for Current Enrollees

The month of September is the annual open enrollment period for CVT. Any changes made during the annual open enrollment period will be effective October 1. Plan year information will be mailed to you prior to open enrollment.

During the month of September:

- A retiree may elect to change his or her plan selection and participate in a different plan
- A retiree may terminate or add eligible dependents to their medical coverage

Annual Open Enrollment Period for New Enrollees

October through December is the annual open enrollment period for Medicare retirees that wish to enroll in CVT coverage. Plan enrollment will be effective January 1st.

Plan Selection or Coverage Changes

Plan selection changes will not be allowed at any time other than the annual open enrollment period, or unless the retiree experiences a qualifying event listed below:

- Joins the CSEA retiree unit
- A marriage
- A divorce
- The birth of a child
- The adoption of a child
- Court ordered guardianship of a minor child
- The requirements of domestic partnership are met
- Dissolution of domestic partnership
- 25% increase in the employer/employee contribution to the benefit package
- Involuntary termination of a plan covering the employee or employee's dependent
- A change in the employee's employment status
- A change in an employee's dependent's employment status when the employee's dependent is covered
- The cessation of an employer's contribution toward an employee's or employee's dependent's coverage
- Acquiring coverage
- Gaining Medicare
- Death of subscriber or covered spouse

Written application for additions, terminations, and coverage changes must be made within 31 days of the qualifying event. If application is not made within 31 days, a retiree will have to wait until the next annual open enrollment period to make any changes.

Additions, terminations, or coverage changes will be effective on the first day of the month following the qualifying event, after the receipt of a timely request for the change. Documentation is required for any changes based on the events listed above. However, upon re-marriage surviving spouses may not add a new partner.

MEDICAL PLAN OPTIONS

Anthem Blue Cross Preferred Provider Organization (PPO) Plans

CVT provides the best-of-the-best in healthcare. Being a member of CVT brings you many different partners who are leading carriers in the healthcare industry. By doing so, CVT can provide members the best products and services available at the most affordable prices. Multiple health plan options are available from CVT to meet the needs of our retirees. As a result, you may see many different products and provider names associated with your benefits, but it is important to note they are your partners through CVT.

Retirees who enroll in a CVT PPO plan, will receive their prescription benefits from SilverScript (a division of CVS/caremark providing Medicare D prescription coverage). If you are currently enrolled in another Medicare D program you will **not** be able to participate in CVT's medical and prescription drug coverage.

Your key CVT **PPO** partners

- **Anthem Blue Cross** – Provides members access to contracted providers, and a variety of Health and Wellness resources
- **SilverScript Medicare Part D Prescription Coverage** – Members receive their prescription drugs through the SilverScript network of providers and mail order
- **Accordant® Health Management Program** – Support for members with rare, complex health conditions
- **Beacon Health Options** – Employee Assistance Program (EAP)
- **TruHearing** - TruHearing Select discount hearing aid program

Kaiser Permanente Senior Advantage HMO Plan

Your CVT health care plan through Kaiser Permanente is more than just coverage – it is a partnership in health. It connects you to a group of physicians, services, and online tools for a total approach to care.

Retirees and/or their dependents who are Medicare eligible are required to enroll in the Kaiser Permanente Senior Advantage Program. You may not enroll in Senior Advantage if you reside outside of the Kaiser service area or the State of California. A Kaiser Permanente Senior Advantage Disenrollment Form is required to be completed and submitted to the Trust to terminate Senior Advantage coverage. The termination date will be effective the last day of the month that the Trust receives the completed form.

TERMINATION OF BENEFITS

CVT requires advance written notice to discontinue any/or all coverage(s). The termination date will be effective the last day of the month that CVT receives written notification. CVT requires advance written notice to discontinue any/or all coverage(s). The termination date will be effective the last day of the month that CVT receives written notification.

BILLING INFORMATION

Deposit Requirements

Under a direct medical plan arrangement with the Trust, CSEA retirees are required to pay one month's premium plus a "deposit" in the same amount. The deposit is held in your account as a safeguard against cancellation for late payment of premium. Should you decide to leave the Trust in the future, the deposit is fully refundable or may be used as your last month's premium. Please note that the deposit must always equal one month's total premium and is adjusted annually in October to correspond with current rates.

Monthly Payments

CVT requires Automated Clearing House (ACH) payments. Once enrolled in ACH, payment withdrawal notifications are through your bank statement. ACH payments for retiree accounts can be set up on the 1st – 5th of the month.

Delinquent Payments

Failure to keep your account current will result in cancellation. Please note that payments are always due during the current month of coverage. If your ACH is returned to CVT, you will be notified to send payment to maintain coverage eligibility. If payment is not received timely your account may be terminated for non-payment. Your deposit will be used to pay your last month of coverage and you will receive a termination notification.

If your coverage is terminated, you will be held responsible for all claims incurred after the date of termination.

QUESTIONS?

Please contact CVT Member Services Department.

**California's Valued Trust
520 E. Herndon Avenue
Fresno, CA 93720**

Email: CSEAMedicare@cvtrust.org

P 559.437.2960 / 800.288.9870

(Reference you are a CSEA Retiree Unit Member)

www.CVTrust.org/CSEAMedicarePlans

CVT complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 800-288-9870.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-288-9870。