



DATE: July 25, 2024
TO: YCCD Retirees
FROM: YCCD - Benefits Office
SUBJECT: Annual Benefits Open Enrollment

Annual Open Enrollment Period
Thursday, August 1, 2024 through Thursday, August 22, 2024

What is Open Enrollment?

Once a year, the District’s medical plans provide for an annual “Open Enrollment Period” during which any enrolled retiree may change their medical plan and add or terminate any eligible dependents (some documentation may be required). If you are not currently enrolled in a medical plan as a retiree, you may not enroll at this time.

Important Open Enrollment Changes

*The District will not be holding open enrollment meetings. All plan materials and change forms are posted on our website: <https://www.yosemite.edu/benefits/> Some change documents are included in this notice. If you wish to change your medical enrollment from Blue Shield to Kaiser or from Kaiser to Blue Shield, contact Benefits for the appropriate form(s) or print the document(s) from our website. If you wish to add/remove an eligible dependent, complete, sign, and return the SISC III Membership Change Form (per the change form, proof of eligibility is required). If you require additional information, contact **Rhonda Campbell** – campbellr@yosemite.edu (209) 575-6162 or **Midory Cruz** – cruz@yosemite.edu (209) 575-6964. *If you would like to schedule a phone meeting, please provide your contact number and you will receive a call back.**

Not Making a Change

If you do **not** wish to make changes during Open enrollment, **no action is required**. Your current enrollment will be updated and transitioned by the Benefits staff and you will receive a notification letter that will include the new rates for Benefit year **October 1, 2024-September 30, 2025**. **Note: Rates for the Blue Shield 100A plans, dental, and vision will remain the same for the upcoming Plan year.**

MEDICAL PLAN OVERVIEW - EFFECTIVE OCTOBER 1, 2024

Please see plan information below, or visit <https://www.yosemite.edu/benefits/retireebenefits/>

OCTOBER 1, 2024	RETIREE PLAN OPTIONS
Kaiser HMO – Under 65	
<ul style="list-style-type: none"> • \$30 Office Visit Copay; No Co-Insurance payments • Medical out-of-pocket maximum: \$1,500 individual/\$3,000 family 	
Blue Shield PPO Plan 80-G – Under 65	
<ul style="list-style-type: none"> • \$30 Office Visit Copay; 20% Co-Insurance after deductible (\$500 individual/\$1,000 family) • Medical out-of-pocket maximum: \$2,000 individual/\$4,000 family; includes deductible, co-pays and co-insurance 	
Blue Shield PPO Plan 80-C – Under 65	
<ul style="list-style-type: none"> • \$20 Office Visit Copay; 20% Treatment Co-Insurance after deductible (\$200 individual/\$500 family) • Medical out-of-pocket maximum: \$1,000 individual/\$3,000 family; includes deductible, co-pays and co-insurance 	
Blue Shield PPO Plan 90-G – Under 65	
<ul style="list-style-type: none"> • \$20 Office Visit Copay; 10% Treatment Co-Insurance after deductible (\$500 individual/\$1,000 family) • Medical out-of-pocket maximum: \$1,000 individual/\$3,000 family; includes deductible, co-pays and co-insurance 	
Blue Shield PPO Plan 100D – Under 65	
<ul style="list-style-type: none"> • \$20 Office Visit Copay; No Co-Insurance after deductible (\$300 individual/\$600 family) • Medical out-of-pocket maximum: \$1,000 individual/\$3,000 family; includes deductible and office visit copays 	
Blue Shield 100A (No Rx deductible) – Over 65 – MEDICARE SUPPLEMENT	
<ul style="list-style-type: none"> • \$0 Office Visit Copay; Medical out-of-pocket max: \$1000 individual/\$3000 two-party • Rx – No Co-Insurance after deductible (\$0 individual/\$0 two-party) 	
Blue Shield 100A (\$200 Rx deductible) – Over 65 – MEDICARE SUPPLEMENT	
<ul style="list-style-type: none"> • \$0 Office Visit Copay; Medical out-of-pocket max: \$1000 individual/\$3000 two-party • Rx – No Co-Insurance after \$200 deductible (\$200 individual/\$500 family) 	
Blue Shield CompanionCare – Over 65 – MEDICARE SUPPLEMENT	
<ul style="list-style-type: none"> • See Benefit Summary; coordinated with Medicare 2024 benefits. 	
Kaiser Senior Advantage (KPSA) – Over 65 – MEDICARE SUPPLEMENT	
<ul style="list-style-type: none"> • \$0 Office visit Copay; no Coinsurance after deductible (\$0 individual/\$0 two-party) 	
<i>*Please review rate sheet and plan materials for eligibility requirements for all plans.</i>	

Review enclosed plan materials including the ***2024-25 Retiree Monthly Premium Rates*** to determine your monthly premiums (if applicable). You may access Benefits detailed plan information and forms on our website at <http://www.yosemite.edu/benefits/>.

Important Dates and Requirements

Deadline to submit Open Enrollment forms is Thursday, August 22, 2024 at 5:00 pm.

Completed forms may be submitted via e-mail to YCCDbenefits@yosemite.edu, or sent via US mail to:

YCCD-Benefits
P.O. Box 4065
Modesto, CA 95352

Please follow these requirements for submitting change forms:

- Forms must be completed with all information – including: **Name and Classification.**
- Forms must be signed – *forms without signatures will NOT be accepted.*
- Forms must be submitted no later than **Thursday, August 22, 2024 end of business day: 5:00 p.m.**
- Forms can be submitted to YCCDBenefits@yosemite.edu. *Forms not submitted to email must be sent via US mail and received by the above deadline.*
- Your e-mail must include the following in the subject line: **Open Enrollment Change Retiree–2024**
- Forms sent US mail must be received by **Thursday, August 22, 2024** end of business day: 5:00 p.m.

Retiree Premiums:

If you are paying toward Medical, Health or Vision premiums, all rate changes go into effect **October 1.** Make sure your payments reflect the new rates.

Examples of Required Forms if you are making plan changes:

- If changing from one Blue Shield plan to another Blue Shield plan
 - Election Form
- If changing from Blue Shield to Kaiser, or changing from Kaiser to Blue Shield
 - Election Form
 - Enrollment Form for Blue Shield or Kaiser (contact Benefits)
- If changing Dental plans (must be currently enrolled)
 - Election Form

Enclosures:

YCCD Retiree Monthly Premium Rates

Election Form/Under 65

Election Form/All Over 65

Plan Comparison/Under 65

Plan Comparison/Over 65

Verification of Contact Information