



Los Angeles Unified School District  
Administrative and Insurance Services Branch  
Health Benefits Administration  
P.O. Box 513307  
Los Angeles, CA 90051-1307

## **RETIREE HEALTH BENEFITS**

### **WHO IS ELIGIBLE?**

TO RECEIVE COVERAGE AS A RETIRED EMPLOYEE, YOU MUST MEET THE FOLLOWING REQUIREMENTS:

1. On your retirement date, you must be enrolled in the plan you wish to have in retirement. If you are not currently enrolled, contact the Health Benefits Administration regarding enrollment procedures prior to retirement date.
2. Retire from the District Service in accordance with rules and regulations in effect with your retirement system (this includes disability allowance under STRS or PERS).
3. Receive a monthly payment from your State Retirement System.
4. If you were hired on or before March 11, 1984, you must have been eligible for District coverage for five (5) consecutive years immediately before retiring.

If you were hired after March 11, 1984, but before July 1, 1987, you must have been eligible for District coverage at least ten (10) consecutive years immediately before retiring.

If you were hired on or after July 1, 1987, but before June 1, 1992, you must have been eligible for District coverage for at least fifteen (15) consecutive years immediately before retiring, or ten (10) consecutive years immediately before retiring plus ten (10) non-consecutive years.

If you were hired on or after June 1, 1992, your age plus the number of consecutive years of service, when added together, must equal eighty (80) for you to qualify for District-paid health care benefits.

If you meet the above requirements, you are eligible for District-paid benefits for you and your eligible dependents. If you take a deferred retirement (that is, leave funds on deposit with the retirement system for withdrawal at a later date) you are not eligible for District-paid health benefits.

### **WHAT ARE THE BENEFITS?**

Coverage provided in the District-sponsored hospital-medical plans, dental plans and vision plans is the same as that received by active employees, with the exception that Medicare enrollment is required when eligible, usually upon reaching age 65. (See Medicare section below for important information). Premiums for District coverage are paid in full by the Board of Education for eligible retirees and their eligible dependents.

### **HOW DO I OBTAIN THE BENEFITS?**

*In order to receive retiree health benefits you must take the following steps:*

1. Complete the application form (HI-22) and return it to the Health Benefits Administration, P.O. Box 513307, Los Angeles, CA 90051-1307.
2. Send a copy of your "Notice of Benefit Approval" (PERS) or "Award Letter" (STRS) to the Health Benefits Administration to verify the effective date of your retirement. Verification of your coverage as a retiree will be mailed to you.

### **MEDICARE**

When you and/or your dependent reach age 65 (or if you or your dependent are under age 65 and eligible for Medicare), you must enroll (and remain enrolled) in Medicare Part B to retain your District-paid medical benefits (paying the monthly cost to purchase Part B coverage). If you are entitled to Medicare Part A (either on your own or through your spouse's coverage), you must also enroll in that plan (Part A coverage is provided at no cost to those who worked at least 40 quarters under Social Security). Note that all Medicare-eligible individuals who want to enroll, or remain enrolled in the Secure Horizons Retiree Plan from PacifiCare are required to enroll in Medicare Parts A and B.

**MEDICARE** (cont.)

If you do not enroll in Medicare as required, you will lose your hospital-medical benefits. Once you enroll in Medicare Part B (and A, if applicable), these benefits will be restored. To enroll in Medicare and maintain your District benefits, contact the nearest Social Security office three months before you (or your eligible dependent) reach age 65, and then send a photocopy of your Medicare Card, along with your name and Social Security Number, to the District's Health Benefits Administration.

**CONTINUED COVERAGE UNDER COBRA**

If you do not meet the above requirements for District-paid retiree health benefits, you may be eligible to continue coverage at your own expense for up to 36 months, or under special circumstances until you become Medicare eligible. If you wish such a continuation, you must contact the Health Benefits Administration within sixty days of your last day worked.

**MAY I CHANGE PLANS?**

You may change health plans immediately if you are enrolled in Kaiser and move out of their service area. If you reach age 65, you must join Senior Advantage in order to maintain your coverage. Otherwise, you may only change your plans during the Annual Enrollment period, which is held in November. Contact the Health Benefits Administration at (213) 241-4262 for additional information.

**ARE THERE ANY SURVIVOR BENEFITS?**

In the event of the Retiree's death, continuing hospital/medical, dental and vision care plans will be offered to the surviving dependent(s). *This coverage is not paid for by the District; the surviving dependent(s) must pay the full premium cost.* Coverage under these plans is not automatic. If information is required on continuing coverage, contact the Health Benefits Administration to obtain an application within thirty (30) days of the death of the retiree.

**WHAT ABOUT THE LIFE INSURANCE PROGRAM?**

Conversion plans are available for both the Basic (District-paid) and Optional (employee-paid) life insurance plans. Also, a continuation decreasing term insurance plan is available for optional life insurance members. To obtain conversion plan information, you **must** contact ING-ReliaStar Insurance Company at (800) 624-9654; for the Optional life continuation decreasing term insurance plan, call the Health Benefits Administration at (213) 241-4262 for an application within 30 days of the date of your resignation.

**WHAT ABOUT THE FLEXIBLE SPENDING ACCOUNT?**

The Flexible Spending Account Program is terminated at retirement.

**WHO CAN ANSWER MY QUESTIONS?**

If you have questions regarding your health insurance coverage, wish to add or delete dependents, make address changes or obtain benefit information, contact the Health Benefits Administration, P.O. Box 513307, Los Angeles, CA 90051-1307, Telephone # (213) 241-4262. For claim forms, and claims payment information, call your plan.

Blue Cross	(800) 700-3739	CIGNA Dental (DHMO)	(800) 367-1037
Medco Health Pharmacy Program (Prescription Drug Services)	(800) 849-9075	Delta Preferred Option (DPO)	(866) 669-1755
United Behavioral Health	(866) 312-3077	DeltaCare PMI (DHMO)	(866) 588-6885
Kaiser Permanente	(800) 464-4000	United Concordia	(866) 291-2304
PacifiCare HMO	(800) 624-8822	Cole Managed Vision	(800) 406-1160
Secure Horizons Retiree Plan	(800) 228-2144	VSP Select Network	(800) 877-7195
ING-ReliaStar	(800) 624-9654		

**ADDRESS CHANGES**

You **must** notify the Health Benefits Administration of each change of your permanent address or you may fail to receive important benefits information. Failure to receive and to respond to Health Benefits Administration mailings could result in the loss of your benefits.

# APPLICATION FOR CONTINUATION OF HEALTH BENEFITS

LOS ANGELES UNIFIED SCHOOL DISTRICT  
 HEALTH BENEFITS ADMINISTRATION  
 P.O. BOX 513307  
 LOS ANGELES, CA 90051-1307

<i>DO NOT WRITE IN THIS SPACE</i>			
PLAN CODE			
RET DATE	_____		
COV EFF	_____		
DATE PENDED	_____		
DATE PROC	_____		

**I. INFORMATION ON YOURSELF:**

NAME \_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 \_\_\_\_\_ MALE  FEMALE  CERTIFICATED  CLASSIFIED   
 TELEPHONE NO. ( \_\_\_\_\_ ) DATE OF RETIREMENT \_\_\_\_\_  
 SOCIAL SECURITY NO. \_\_\_\_\_ SERVICE RETIREMENT  DISABILITY RETIREMENT

**II. INFORMATION ON YOUR DEPENDENTS:** (Complete only if they are now covered under your current plan.)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SSN \_\_\_\_\_  
 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SSN \_\_\_\_\_

**III. INFORMATION ON YOUR PRESENT HEALTH PLAN:** (Indicate plans in which you are now enrolled.)

(MEDICAL) BLUE CROSS  KAISER  PACIFICARE HMO   
 (DENTAL) CIGNA DENTAL HEALTH (DHMO)  DELTACARE PMI (DHMO)  UNITED CONCORDIA (DHMO)   
 DELTA PREFERRED OPTION (DPO)   
 (VISION) COLE MANAGED VISION  VSP SELECT NETWORK

**IV. MEDICARE INFORMATION** EMPLOYEE SPOUSE

MEDICARE CLAIM NUMBER \_\_\_\_\_  
 PART A (HOSPITAL) EFFECTIVE DATE \_\_\_\_\_  
 PART B (MEDICAL) EFFECTIVE DATE \_\_\_\_\_

**V. RETIREMENT SYSTEM:**

**WHEN YOU RECEIVE A "NOTICE OF BENEFIT APPROVAL" (PERS) OR THE "AWARD LETTER" (STRS) FROM YOUR RETIREMENT SYSTEM, PLEASE FORWARD A COPY TO THE HEALTH BENEFITS ADMINISTRATION. YOUR RETIREMENT BENEFITS WILL REMAIN IN A PENDING STATUS UNTIL RECEIPT OF THIS LETTER. (Please indicate your retirement system below.)**

**PUBLIC EMPLOYEES**  **STATE TEACHERS**   
**RETIREMENT SYSTEM**  **RETIREMENT SYSTEM**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: IF YOU CHANGE YOUR ADDRESS, YOU MUST NOTIFY HEALTH BENEFITS ADMINISTRATION- OR YOU MAY FAIL TO RECEIVE IMPORTANT BENEFITS INFORMATION. FAILURE TO RECEIVE INFORMATION COULD RESULT IN THE LOSS OF YOUR BENEFITS.

SEE REVERSE SIDE FOR REQUIREMENTS

**TO RECEIVE COVERAGE AS A RETIRED EMPLOYEE, YOU MUST MEET THE FOLLOWING REQUIREMENTS:**

1. You must be enrolled in the plans you wish to have in retirement. Your hospital-medical plan will be the same plan that you are enrolled in at the time of retirement unless you move out of your plan's service area.

If you are not enrolled in a medical, dental, or vision care plan, you must contact the Health Benefits Administration regarding enrollment procedures *before* your retirement date.

2. You must retire from District service in accordance with the rules and regulations of your retirement system. (This includes disability allowance under STRS.)
3. You must receive a monthly retirement payment from your retirement system.
4. If you were hired on or before March 11, 1984, you must have been eligible for coverage for 5 consecutive years immediately prior to your retirement effective date.

If you were hired after March 11, 1984, but before July 1, 1987, you must have been eligible for coverage for at least 10 consecutive years immediately prior to your retirement effective date.

If you were hired on or after July 1, 1987 but before June 1, 1992, you must have been eligible for coverage for at least 15 consecutive years immediately prior to your retirement effective date *or* have been eligible for coverage for 10 consecutive years before your retirement effective date plus and additional 10 years which need not to be consecutive.

If you were hired on or after June 1, 1992, to qualify for District-paid benefits at retirement, the employee's age plus the number of consecutive years of service, when added together, must equal 80.

5. When you and/or your dependent reach the age of 65, you must enroll in those parts of Medicare for which you are eligible. If you do not enroll in Medicare Part B, you will lose your health benefits until you become enrolled. If you are a member of Kaiser, you must join Kaiser's Health Pledge (Senior Advantage) in order to maintain your Kaiser Health Care Coverage, or if you are a member of PacifiCare, you must join Secure Horizon's Retiree Plan from PacifiCare. All enrollees in Secure Horizons retiree plan from PacifiCare must have parts A and B of Medicare.
6. You must complete this application and forward it to:

Los Angeles Unified School District  
Health Benefits Administration  
P.O. Box 513307  
Los Angeles, CA 90051-1307

If you meet the above requirements, you will receive benefits for yourself and your eligible dependents. *If you take deferred retirement (that is, leaving funds on deposit with the retirement system for withdrawal at a later date) you are not eligible for these retirement benefits.*

7. **Life Insurance:** Conversion plans are available for both the Basic (District-paid) and Optional (employee-paid) life insurance plans. Also, a continuation decreasing term insurance plan is available for optional life insurance members. To obtain conversion plan information, you *must* contact ING-ReliaStar Insurance Company at (800) 624-9654, for the optional life continuation decreasing term insurance plan call the Health Benefits Administration at (213) 241-4262 for an application within 30 days of the date of your resignation to retire.