



## GUIDELINES FOR SELF-PAID RETIREES

This document provides the provisions of eligibility and enrollment for self-paid retirees whose district has entered into a Participation Agreement to provide health and welfare benefits through California's Valued Trust (CVT).

### WHO QUALIFIES AS A CVT SELF-PAID RETIREE?

Retired employees of a newly participating group or subscribers who retire from a CVT participating group may enroll directly with the Trust as a self-paid retiree when their status as a district-paid retiree ends. You may also enroll as a CVT self-paid retiree if you qualify as a retiree under PERS or STRS or are the surviving spouse/partner of a district-paid or self-paid retiree. Subscribers who have completed one full term or two 2-year terms as a board member are also eligible for enrollment. If you do not qualify as a retiree, you and/or your spouse/partner may be eligible for coverage under COBRA. Please contact the Member Services Department for further information regarding COBRA.

**Individual Contracted Employees (Superintendent, Assistant Superintendent, Deputy Superintendent, etc.):** Must be enrolled in CVT as an active employee for a minimum of one year (12 consecutive months) at the time of retirement in order to receive benefits through CVT's retiree program.

### ENROLLMENT

**Self-Paid Retiree** - A Retiree Enrollment form is required to be completed and submitted to the Trust. Eligible dependents for whom coverage is sought when the retiree initially enrolls should be included on the Retiree Enrollment form.

### ELIGIBILITY

#### Who Is Eligible For Coverage?

**Spouse/Partner of Retiree** – A spouse/partner of an enrolled retiree is eligible for coverage. **(Marriage Certificate is required for enrollment for addition of new spouse/partner)**

**Surviving Spouse/Partner of Retiree** – A surviving spouse/partner of an enrolled retiree is eligible for coverage; however, the surviving spouse/partner is not permitted to add a new spouse/partner.

**Domestic Partner** – A domestic partner of the same or opposite sex of an enrolled retiree may be eligible for coverage if the eligible retiree and his or her domestic partner satisfy the following:

**State registered domestic partners** – Only requirement is the date of registration on the enrollment form. **(State Registration Certificate is required for enrollment of new domestic partner)**

**Unregistered domestic partners** - Must satisfy all of the following as evidenced by a signed Declaration of Domestic Partnership in the form approved by CVT:

- a. Each are over 18 years of age, and are otherwise capable of entering into a binding contract.
- b. They consider each other to be, and hold themselves out as, engaged in a relationship of mutual caring and commitment.
- c. They have resided together for at least the past six (6) consecutive months, currently reside together, and intend to continue residing together.
- d. They are financially interdependent, responsible for each other's basic living expenses, so that anyone who is owed such expenses can collect from either.
- e. Neither has any other domestic partner, and neither has had a spouse or other domestic partner in the previous six (6) months.
- f. They are not blood relatives such that a marriage between them would be illegal under California law.

## **Child**

### **Child of an enrolled retiree or domestic partner under 26 years of age:**

- Natural child - **(Birth Certificate is required for enrollment of new child)**
- Adopted child - **(Final Adoption Papers are required for enrollment)**
- Step child - **(Birth Certificate is required for enrollment of new child)**
- Child of an eligible, covered domestic partner - **(Birth Certificate is required for enrollment)**
- Child under legal guardianship - A dependent child under a court ordered legal guardianship of the employee 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 18<sup>th</sup> birthday of the minor child, whichever comes first. **(Legal Guardianship Papers are required for enrollment)**

- **Unmarried, permanently disabled child:** A permanently disabled child who is presently covered with CVT as a dependent may continue as a dependent regardless of age provided the disabling condition existed before the child attained the age of 26.

## **ANNUAL OPEN ENROLLMENT PERIOD**

The month of September is the annual open enrollment period for CVT. Any changes made during the annual open enrollment will be effective October 1. During the month of September:

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

### **Plan Selection or Coverage Changes**

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

- a marriage
- a divorce
- the adoption of a child
- court ordered guardianship of a minor child
- the requirements of domestic partnership are met
- the termination of employment of the person through whom the retiree's dependent was previously covered
- a change in the employment status of the individual through whom the retiree's dependent was previously covered
- the **involuntary** termination of the other plan under which the retiree's dependent was covered
- the cessation of an employer's contribution toward an retiree's or dependent's coverage
- the death of a person through whom an retiree's dependent was previously covered as a dependent
- acquiring coverage
- gaining Medicare
- death of subscriber or covered spouse/partner

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 receipt of a timely request for the change. **Documentation is required for any of the above.**

## PLAN OPTIONS

Upon retirement, if your school district and/or bargaining unit is covered through CVT, and you are enrolled as an active employee or as a district-paid retiree on a medical, dental, or vision plan, you may continue your coverage as a self-paid retiree. **Please remember that participation must be continuous with no break in coverage. Should any of the coverages be terminated you may not re-enroll at any time.**

**Preferred Provider Option (PPO) Plan** - The attached comparison sheet details the PPO Plans for your consideration. Also, enclosed is the monthly contribution schedule for the current plan year. **This schedule is in effect from October 1st through September 30th.** If you choose to enroll, please complete the enclosed CVT Enrollment Form and designate your plan selection. Please note that Plans 1, 4, 6, 8, 10, & HDHP-2 are full benefit plans (not supplements), and are designed to coordinate with your Medicare benefits. As of October 1, 2006 CVT has also provided you with two Medicare Supplement plans to choose from.

Subscribers and/or their spouses/partners who are under 65 and enroll in a CVT PPO plan, prescription benefits are provided by the CVS Caremark network. All CVT plans have a co-payment on prescriptions. CVT / CVS Caremark prescription benefits are specifically designed to encourage maximum cost containment through the use of generics. CVS Caremark pharmacies use electronic billing and are available nationwide.

All of the PPO plans include a generic drug co-payment and a co-payment for brand name drugs for a 30-day supply. The mail-order service for these plans will allow you to order a 90-day supply of medication for a cost savings. Please refer to the attached plan matrix for co-payment amounts.

Subscribers and/or their spouses/partners, who have reached age 65, and 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 a another Medicare D program you will **not** be able to participate in CVT's health/prescription coverage.

**Kaiser** - If you opt to enroll under Kaiser or if you are already enrolled in Kaiser coverage and decide to remain on that plan, please complete the required Kaiser Enrollment Form as well as the CVT Enrollment Form.

Subscribers and/or their spouses/partners who have reached age 65 are also required by Kaiser to enroll in their Senior Advantage Program. You may not enroll in Senior Advantage if you reside outside of the Kaiser service area or the State of California.

Once your enrollment is accepted by Kaiser into the Senior Advantage Program, your rate will change to the Medicare A & B rate.

If you enroll under the CVT Kaiser option, prescription benefits are provided and regulated by Kaiser Permanente.

**Dental / Vision / EAP** - If you are currently enrolled in a dental program as an active employee or a district-paid retiree, you may opt to continue your **DENTAL COVERAGE** as a self-paid retiree by choosing a plan from the three choices offered to self-paid retirees. If you decide to continue your dental coverage, please check the appropriate "DELTA DENTAL" box on the enclosed CVT Enrollment Form.

If you are currently enrolled in the vision program as an active employee or a district-paid retiree, you may opt to continue your **VISION COVERAGE** as a self-paid retiree by choosing a plan from the three choices offered to self-paid retirees. If you decide to continue your vision coverage, please check the appropriate "VSP" box on the enclosed CVT Enrollment Form.

Self-paid retirees will have access to the **Employee Assistance Program (EAP)**, which is included with all medical plans. Please refer to the descriptive flyer for information regarding this program.

**Life insurance is not available to retirees.**

#### **WHAT ARE THE CVT MEDICARE REQUIREMENTS?**

For retiree coverage under all the PPO health plans, Medicare requirements are as follows: If the retiree is age 65 or over, he or she **must** be enrolled in both Medicare "Part A" and Medicare "Part B." Spouses/Partners of retired employees must also enroll in Medicare Parts A and B upon turning 65 unless still working and covered under a group employer health plan.

**CVT REQUIRES A PHOTOCOPY OF THE MEDICARE CARDS FOR BOTH  
SUBSCRIBER AND/OR SPOUSE/PARTNER.**

For retiree coverage under Kaiser Medicare requirements are as follows: If you and/or your spouse/partner is age 65 or older Kaiser North and Kaiser South **"REQUIRE"** the completion of a Senior Advantage Enrollment Form. (This form will be forwarded to you when applicable). Kaiser North and Kaiser South require Medicare Part A and Part B to enroll in Senior Advantage. You may not enroll in Senior Advantage if you reside outside of the Kaiser service area or in another state.

Failure to obtain both Medicare Parts A and B will result in the disqualification from eligibility to participate in the Trust plans. A lapse in coverage may result in a retiree or spouse/partner being unable to purchase health coverage elsewhere and will prohibit re-entry into CVT health plans.

## **A NOTE ABOUT MEDICARE D PRESCRIPTION DRUG COVERAGE**

Starting January 1, 2006, prescription drug coverage became available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans will provide at least a standard level of coverage set by CMS (Center for Medicare & Medicaid Services - US federal agency which administers Medicare & Medicaid Health Insurance Programs.) Some plans might also offer more coverage for a higher monthly premium.

CVT has partnered with the SilverScript (a division of CVS Caremark) pharmacy program to provide retirees with Medicare Part D prescription coverage effective October 1, 2008. You can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.

**IF YOU DECIDE TO ENROLL IN A DIFFERENT MEDICARE PRESCRIPTION DRUG PLAN YOU WILL LOSE YOUR CVT MEDICAL AND PRESCRIPTION DRUG COVERAGE. BE AWARE THAT YOU WILL NOT BE ABLE TO RE-ENROLL IN CVT COVERAGE IF YOU LOSE IT.**

## **WHEN WILL I RECEIVE MY IDENTIFICATION CARDS?**

After your enrollment process is completed, you will receive two temporary CVT PPO/CVS Caremark combined cards within a few weeks (cards will be in subscriber's name only). Once your information has been submitted to CMS and CVT receives CMS approval, you will receive two separate cards. One for your PPO medical plan only (will be in subscriber's name only) and one for your SilverScript pharmacy services (one card with each individual's name). Kaiser Identification Cards are produced within six to eight weeks by Kaiser.

## **WHEN WILL I BE NOTIFIED OF POSSIBLE PLAN CHANGES?**

Self-paid retirees will be notified by CVT. You will receive plans you are eligible to participate in along with any other information pertinent to the open enrollment for self-paid retirees.

## **MAY I CONTINUE MY HEALTH BENEFITS WHEN MY DISTRICT-PAID COVERAGE ENDS?**

Self-paid retiree benefits are available to you directly through CVT when your district-paid benefits end. You may continue your health, dental, or vision plans for as long as your school district or bargaining unit participates in the Trust. Coverage must be continuous. Please call the Trust office for an information packet 30 to 60 days in advance of your termination date whenever possible.

**1) To enroll in CVT PPO Plans:**

Please fill out the enclosed CVT Enrollment Form completely, designate which plan you have selected in the **"BENEFIT PLAN SELECTION"** box and make sure the form is signed. Enclose your check for the deposit and first month's premium. **If you or your spouse/partner has Medicare, please enclose a copy of your Medicare Cards.**

**2) To enroll in CVT HMO Plans:**

Please fill out the enclosed CVT Enrollment Form and call CVT to request the correct Kaiser Application; making sure both forms are signed. **Be sure to include copies of your Medicare Cards for both you and your spouse/partner if applicable.**

**3) To continue your dental/vision coverage:**

If you were enrolled in dental and/or vision as an active employee or district-paid retiree, you will be given the opportunity to enroll in any of the three dental and/or any of the three vision plans as a self-paid retiree. Please complete the enclosed CVT Enrollment Form making sure the form is signed. Check **"DELTA DENTAL"** and/or **"VSP"** in the **"BENEFIT PLAN SELECTION"** box. Be sure to include the dental and/or vision premium as part of your deposit. Enclose your check for the deposit and first month's premium.

**4) To add the Employee Assistance Program:**

To enroll for EAP services, check **"EAP"** in the **"BENEFIT PLAN SELECTION"** box indicated on the enclosed CVT Enrollment Form. This charge must also be included as part of your deposit.

**Please send your completed forms, personal check or money order to the following address:**

**CALIFORNIA'S VALUED TRUST  
520 EAST HERNDON AVENUE  
FRESNO, CA 93720**

**WHAT ARE MY "DEPOSIT" REQUIREMENTS?**

Under this direct arrangement with the Trust, self-paid 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 to correspond with current rates.

## **WHEN ARE MY MONTHLY PAYMENTS DUE?**

A billing statement is sent to you on the 20th of each month. Payments for retiree accounts are always due on the first of each month and are considered delinquent after the tenth of that month.

**AUTOMATIC PAYMENTS (ACH) ARE REQUIRED FOR ALL SELF-PAY RETIREES. SIMPLY COMPLETE THE AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM ENCLOSED AND SUBMIT IT TO CVT WITH YOUR ENROLLMENT FORM.**

## **DELINQUENT PAYMENTS**

**Failure to keep your account in a current status will result in cancellation.** Please note that payments are always due during the current month of coverage. If you are running late, please call CVT's Financial Services and make arrangements. If, for example, your March payment is not received during the month of March, your "deposit" may be transferred and applied to the month of March. You would then be responsible to pay premium for the month of April and reestablish your "deposit" or your account would be terminated March 31st without possibility of reinstatement.

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

## **TERMINATION OF BENEFITS**

CVT requires a minimum of a 30-day advance written notice to discontinue any/or all coverages you wish to terminate.

## **AS A FINAL NOTE:**

Please remember that we are only a phone call away. Questions regarding these Guidelines, the completion of your enrollment forms or CVT Medicare requirements may be directed to:

**CVT MEMBER SERVICES DEPARTMENT**

**(800) 288-9870**

**OR**

**(559) 437-2960**

We hope our Self-Paid Retiree Guidelines have helped you with your coverage questions. CVT wishes to provide our retirees the best benefits at the most reasonable cost possible. Your comments, suggestions and input are always welcome.

**Thank you for your continuing participation  
in our joint union-management trust.**