

Post-Employment Health Benefit

Options A,B,C

- For Eligible Employees Who Retired on or After April 1, 2012
- Retiree Health Benefits for Employees who Retired prior to April 1, 2012 are explained in Municipal code Chapter 2, Article 4, Division 12.

Option A

- A defined benefit where a specified monthly/annual amount is available for retiree only health insurance premiums
- Has 2% escalator
- Prorated for less than 20 years of City service credit at retirement
- Retiree may enroll in any City sponsored health plan or other plan of retiree's choice up to the annual allowance
- No death benefit

Option B

- A defined benefit of \$5,500 per year is available for retiree only health insurance premiums There is no annual adjustment or increase in this amount over the course of retirement.
- No annual escalator
- Prorated for less than 20 years of City service credit at retirement
- Retiree may enroll in any City sponsored health plan or other plan of retiree's choice up to the annual allowance
- No death benefit

Option A & B

- Benefit Description
 - Reimbursement of individual medical insurance plan premium up to maximum monthly allowance
 - Examples of Costs NOT eligible for reimbursement:
 - Dependent coverage
 - Annual deductibles
 - Co-pays
 - Prescriptions
 - Medicare Part D
 - Specialty insurance (dental, vision, cancer, etc.)

Option A & B

- Benefit Description (Continued)
 - If enrolled in a City-Sponsored Health Plan, monthly premium, up to monthly limit, will be automatically deducted from monthly retirement benefit.
 - If enrolled in a private health plan, submit proof of payment for reimbursement. Approved requests, up to monthly limit, will be reimbursed on monthly retirement benefit.
 - To be reimbursed in a timely manner, complete and accurate documents must be submitted to SDCERS no later than the 10th of each month.

Option C

- Defined contribution
 - Lump sum contribution by the City, once funded, employee determines how the funds are invested. If no selection is made, funds are allocated to the default fund.
 - Funding amount is based on age, City Service Credit and Member status (general or safety)
 - SDCERS tracks service credit years
 - Reciprocity is not applicable to this benefit

Option C

- Defined Contribution (Continued)
 - Refer to funding tables located within Chapter 2, Article 9, Division 1 of the Municipal Code posted on www.sandiego.gov.
 - Once eligibility has been met, the City has 60 days to fund the account.
 - If not yet funded, make sure address updates are sent to SDCERS and Personnel.
 - If questions on funding, Contact Risk Management at (619) 236-6600

Option C

- Benefit Description
 - Health Reimbursement Account that reimburses retirees for medical expenses incurred by retiree, retiree's spouse or qualified children (under age 26) and dependents.
 - Examples of eligible expenses for reimbursement
 - Medical, dental, vision insurance premiums
 - Tax-qualified long-term care insurance premiums
 - Third Party Administrator (TPA)
 - Once funded, TPA will mail enrollment packet
 - Must complete and submit enrollment form to complete enrollment process
 - Submit claims for reimbursement
 - Claims will not be accepted if enrollment form is not received

Option C

– McGregor

- Retired Member and represented by a Labor Organization (other than Local 145)
- Contact McGregor at (888) 524-0115 or Labor Organization

– Delta

- Retired and represented members of Local 145
- Contact Delta Fund at 1-844-353-7839 or Labor Organization

– hra administrator, llc

- Unrepresented/unclassified or Deferred Vested prior to 4/1/2012
- Contact hra administrator at 1 (888) 364-5027 or Risk Management at (619) 236-6600.

COBRA

- Consolidated Omnibus Budget Reconciliation Act
- You can continue current coverage for you and your eligible dependents for up to 36 months after leaving active City employment
- There are two 18 month phases.
 - City portion is 102% of all active premiums and is administered through the City
 - Cal-COBRA is 110% of active premium for health coverage only. This is administered through the provider

COBRA Payment Process

- Only need to provide proof of first payment to SDCERS
- Premium is paid directly to City Treasurer
- SDCERS will reimburse you directly
- Your responsibility to notify SDCERS of a qualifying event for you or a dependent

Covered California

- As a retiree you have the right to select any health plan
- The Affordable Care Act requires everyone to have health insurance.
- Covered California is California's health exchange to assist Californians in meeting the requirement
- Within Covered California there are different plans that offer varying premiums and coverage
- Subsidies may be provided if qualified
- Private exchanges are also available outside of Covered California
- Open enrollment for Covered California is in the Fall for January 1st coverage. Once your coverage begins through Covered California you have 30 days to notify SDCERS of other coverage in order to drop any City plan. If enrolled in COBRA contact Risk Management at 619-236-5924
- Information can be found at www.coveredca.com

Covered California

- Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
- Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.