



SANTA MONICA - MALIBU UNIFIED SCHOOL DISTRICT

MEDICAL INSURANCE

Please visit the website below where you will find information on our Medicare Supplement plans and also please complete a Medicare enrollment form which can be found online at:

[Human Resources / Retiree Information \(smmusd.org\)](http://www.smmusd.org)

Once complete please email the document to awalker@smmusd.org

SMMUSD will contribute monthly to a portion of your Medicare insurance costs. The monthly contribution will be 40% of the cost of your plan through SISC only. If you wish to cover your dependent, then you would be responsible for the full monthly cost of the plan.

DENTAL AND VISION INSURANCE

You may enroll in COBRA for SMMUSD provided dental insurance and vision insurance. After COBRA is exhausted, no other vision insurance coverage is available through SMMUSD.

If you are selecting dental and vision coverage, please visit the web address above to complete the applicable enrollment form(s). Once complete please email the documents to awalker@smmusd.org

The maximum period of COBRA enrollment is **18 months** and you must complete a COBRA dental and/or vision enrollment form which can be found at [Human Resources / COBRA \(smmusd.org\)](http://www.smmusd.org). Payments for COBRA dental and vision coverage must be made directly at:

[Fiscal & Business Services / Online Payments \(smmusd.org\)](http://www.smmusd.org)

Failure to pay promptly for COBRA coverage may result in termination of coverage.

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

1717 4th Street • Santa Monica • California 90401 • (310) 450-8338 • www.smmusd.org

Board of Education: Jon Kean • Maria Leon-Vazquez • Laurie Lieberman • Alicia Mignano

Stacy Rouse • Jennifer Smith • Dr. Richard Tahvildaran-Jesswein

Superintendent: Dr. Antonio Shelton



SANTA MONICA - MALIBU UNIFIED SCHOOL DISTRICT

VOLUNTARY PLANS

American Fidelity life insurance and cancer insurance plans may be continued after separation from employment by contacting the American Fidelity home office at (800) 654-8489. All other life, disability and other insurance plans purchased through the District will end at retirement and/or separation from employment.

FLEX SPENDING ACCOUNTS

Expenses incurred after your retirement date are not reimbursable. Claims for reimbursement must be made within 90 days after your separation date. To ask questions about your flexible spending account, contact (800) 325-0654. For reimbursement forms, go to <http://www.afadvantage.com/>.

RETIREMENT AGENCIES

It is your responsibility to contact your retirement plan when you separate from employment with SMMUSD. For questions about investments, rollovers, disbursements, etc. call the numbers below.

PERS	(888) 225-7377	www.calpers.ca.gov
STRS & STRS Cash Balance Plan	(800) 228-5453	www.calstrs.com
457 Deferred Compensation Plan	(800) 260-0659	
http://calpers.csplans.com		
403(b)TDS Group	(866) 446-1072	Fax# (916) 221-5040

Sincerely,

A. Walker

Employee Benefits
awalker@smmusd.org
310.450.8338 x70277

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

1717 4th Street • Santa Monica • California 90401 • (310) 450-8338 • www.smmusd.org

Board of Education: Jon Kean • Maria Leon-Vazquez • Laurie Lieberman • Alicia Mignano

Stacy Rouse • Jennifer Smith • Dr. Richard Tahvildaran-Jesswein

Superintendent: Dr. Antonio Shelton



SANTA MONICA - MALIBU UNIFIED SCHOOL DISTRICT

MEDICARE RETIREE RATES		
SMMUSD MEDICARE PLANS		
CompanionCare Medicare Supplement		
Plan Monthly Premium	\$	406.00
District Contribution	\$	162.40
Retiree Contribution	\$	243.60
Kaiser Permanente Senior Advantage		
Plan Monthly Premium		\$188.00
District Contribution		\$75.20
Retiree Contribution		\$112.80
Blue Shield 65+ Medicare Advantage		
Plan Monthly Premium		\$321.00
District Contribution		\$128.40
Retiree Contribution		\$192.60
DENTAL AND VISION		
Delta Dental Premier Dental PPO	18 months	After 18 months
SINGLE	\$ 59.66	107.99
TWO PARTY	\$ 118.37	195.04
FAMILY	\$ 151.51	215.45
Delta Cares Dental HMO		
SINGLE	\$ 28.64	32.86
TWO PARTY	\$ 47.41	54.38
FAMILY	\$ 69.79	80.07
United Healthcare Vision		
SINGLE	\$ 8.18	N/A
TWO PARTY	\$ 13.56	N/A
FAMILY	\$ 20.25	N/A
Vision Service Plan (VSP)		
SINGLE	\$ 8.91	N/A
TWO PARTY	\$ 18.60	N/A
FAMILY	\$ 26.71	N/A
COBRA COVERAGE ENDS 18 MONTHS AFTER YOUR RETIREMENT		

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

1717 4th Street • Santa Monica • California 90401 • (310) 450-8338 • www.smmusd.org

Board of Education: Jon Kean • Maria Leon-Vazquez • Laurie Lieberman • Alicia Mignano

Stacy Rouse • Jennifer Smith • Dr. Richard Tahvildaran-Jesswein

Superintendent: Dr. Antonio Shelton



SANTA MONICA - MALIBU UNIFIED SCHOOL DISTRICT

ONLINE PAYMENT

Please visit the below link to pay online:

[Fiscal & Business Services / Online Payments \(smmusd.org\)](http://smmusd.org)

Step 1: Select Quick Checkout

Step 2: Enter Payment amount

Step 3: Enter payment description:
(i.e. COBRA, RETIREE)

Step 4: Enter Payment information

Step 5: Click Submit Payment

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

1717 4th Street • Santa Monica • California 90401 • (310) 450-8338 • www.smmusd.org

Board of Education: Jon Kean • Maria Leon-Vazquez • Laurie Lieberman • Alicia Mignano

Stacy Rouse • Jennifer Smith • Dr. Richard Tahvildaran-Jesswein

Superintendent: Dr. Antonio Shelton