



SANTA MONICA - MALIBU UNIFIED SCHOOL DISTRICT

## **EMPLOYEES WHO RETIRE BEFORE AGE 65**

SMMUSD provides several health benefits at retirement. Please complete the RETIREE ENROLLMENT FORMS which can be found at:

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

## **MEDICAL INSURANCE**

SMMUSD provides single-party medical insurance at the ANTHEM 80-G PPO FULL NETWORK rate for retirees to age 65. You may select any medical insurance plan and you may include your dependents; however, you are responsible for the cost of dependent coverage and for premium costs that exceed the ANTHEM 80-G PPO FULL NETWORK single party rate. When you reach age 65, SMMUSD will contribute monthly to a portion of your Medicare insurance costs. SMMUSD will only contribute to a SISC approved Medicare plan. The monthly contribution is 40% of the cost of your plan.

## **DENTAL INSURANCE**

SMMUSD will maintain enrollment until age 65 in either the PPO or the HMO dental plans at the single-party rate. The retiree is responsible for the cost of dependent coverage. Payment for dependent coverage must be made directly to SMMUSD. SMMUSD provided dental benefits would end on the first of the month following your 65<sup>th</sup> birthday.

However, you may continue dental benefits through a program mandated by California AB 528. You must complete a new AB 528 dental insurance enrollment form.

## **VISION INSURANCE**

Retirees may continue their vision insurance for themselves and their dependents, but they must pay 100% of the premium. Payments must be made directly to SMMUSD in a timely manner. Failure to pay promptly for vision coverage may result in termination of coverage.

**Please view the attached information on how to pay for your dependents coverage online.**

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1717 4th Street • Santa Monica • California 90401 • (310) 450-8338 • [www.smmusd.org](http://www.smmusd.org)

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

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## **VOLUNTARY PLANS**

Plans may be continued after separation from employment by contacting your plans home office. 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	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
STRS & STRS Cash Balance Plan	(800) 228-5453	<a href="http://www.calstrs.com">www.calstrs.com</a>
457 Deferred Compensation Plan	(800) 260-0659	<a href="http://calpers.csplans.com">http://calpers.csplans.com</a>
TDS Group (third party TSA admin.)	(866) 446-1072	<a href="https://www.tdsgroup.org/">https://www.tdsgroup.org/</a>

Sincerely,

*A. Walker*

**Anthony K. Walker**  
EMPLOYEE BENEFITS  
(310)450-8338 x70277  
[awalker@smmusd.org](mailto:awalker@smmusd.org)

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2023 - 2024 RETIREE RATES BEFORE 65

Plan Description	Retiree Rate	SMMUSD Contribution	Retiree Contribution
<b>ANTHEM 90% G-PPD (Full Network)</b>			
SINGLE	\$853.00	\$786.00	\$67.00
TWO PARTY	\$1,707.00	\$786.00	\$921.00
FAMILY	\$2,225.00	\$786.00	\$1,439.00
<b>ANTHEM 80% G-PPD (Full Network)</b>			
SINGLE	\$786.00	\$786.00	\$0.00
TWO PARTY	\$1,568.00	\$786.00	\$782.00
FAMILY	\$2,044.00	\$786.00	\$1,258.00
<b>ANTHEM 80% G-PPD (Select Network)</b>			
SINGLE	\$755.00	\$755.00	\$0.00
TWO PARTY	\$1,504.00	\$786.00	\$718.00
FAMILY	\$1,960.00	\$786.00	\$1,174.00
<b>ANTHEM FULL NETWORK HMO</b>			
SINGLE	\$764.00	\$764.00	\$0.00
TWO PARTY	\$1,523.00	\$786.00	\$737.00
FAMILY	\$1,984.00	\$786.00	\$1,198.00
<b>ANTHEM SELECT NETWORK HMO</b>			
SINGLE	\$734.00	\$734.00	\$0.00
TWO PARTY	\$1,461.00	\$786.00	\$675.00
FAMILY	\$1,904.00	\$786.00	\$1,118.00
<b>KAISER HMO</b>			
SINGLE	\$773.00	\$773.00	\$0.00
TWO PARTY	\$1,547.00	\$786.00	\$761.00
FAMILY	\$2,011.00	\$786.00	\$1,225.00
<b>DELTA DENTAL PPO</b>			
SINGLE	\$58.45	\$58.45	\$0.00
TWO PARTY	\$115.96	\$58.45	\$57.51
FAMILY	\$148.43	\$58.45	\$89.98
<b>DELTA CARES DENTAL HMO</b>			
SINGLE	\$28.08	\$28.08	\$0.00
TWO PARTY	\$46.48	\$28.08	\$18.40
FAMILY	\$68.42	\$28.08	\$40.34
<b>UNITED HEALTH CARE VISION</b>			
SINGLE	\$8.02	\$0.00	\$8.02
TWO PARTY	\$13.29	\$0.00	\$13.29
FAMILY	\$19.85	\$0.00	\$19.85
<b>VISION SERVICE PROVIDERS (VSP)</b>			
SINGLE	\$8.31	\$0.00	\$8.31
TWO PARTY	\$17.34	\$0.00	\$17.34
FAMILY	\$24.89	\$0.00	\$24.89
<b>CLASSIFIED, CERTIFICATED AND MANAGEMENT RETIREES</b>			
SMMUSD shall contribute a maximum amount equal to the single-party Anthem 80% G-PPD Full Network (\$786) toward the retiree's plan.			
The retiree is responsible for the difference when a retiree selects a plan that cost more than SMMUSD's contribution.			
Rates are prorated for for employees who were part-time at the time of retirement.			

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## ONLINE PAYMENT

**Please pay for your Retiree dependent coverage online at:  
[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:

**RETIREE MEDICAL/DENTAL/VISION COVERAGE**

Step 4: Enter Payment information

Step 5: Click Submit Payment

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