



LOS ANGELES COMMUNITY COLLEGES

CITY • EAST • HARBOR • MISSION • PIERCE • SOUTHWEST • TRADE-TECHNICAL • VALLEY • WEST

LACCD MEDICARE BOARD RULE

101701.16 Conditions of and Limitations on Eligibility and Coverage.

- a. Active employees who become eligible retirees under this agreement are entitled to uninterrupted coverage under the Health Benefits Plan provided they submit all necessary applications and other required documentation in a timely fashion.
- b. Retirees, their dependents, and survivors may not be enrolled in more than one plan at any one time. For that reason, a retiree may be enrolled in a plan in his or her own capacity as a retiree, or as a dependent of another retiree, but not simultaneously in one plan as a retiree and in another plan as a dependent. Likewise, children or other individuals who qualify as dependents may be enrolled in a plan only once as a dependent or survivor, not simultaneously in one plan as a dependent or survivor of one retiree and in another plan as a dependent or survivor of another retiree.
- c. To the extent allowed by law, benefits provided under the District's Health Benefits Program shall be secondary to the benefits provided to a retiree or his or her dependents or survivors under Medicare. Furthermore, as a condition of continued enrollment in any hospital or medical plan available under the Health Benefits Program, each retiree and every eligible dependent and survivor age 65 and older must (unless exempted from this requirement under rules adopted by the Joint Labor/Management Benefits Committee) comply with the following Medicare enrollment requirements.

Medicare Part A (hospital benefits): Every person who is eligible for premium-free Medicare Part A coverage must obtain that coverage. Those retirees age 65 and older who (a) chose to begin payment of Medicare tax in the Medicare Division (election) of June 14, 2001, and (b) retire after the end date of the CalSTRS Medicare premium payment program or are otherwise ineligible for said program, and (c) do not earn sufficient service credits to qualify for premium-free Part A, are not required to enroll in Part A. Retirees age 65 and older who chose *not* to begin payment of Medicare tax in the Medicare Division (election) of June 14, 2001 must obtain and maintain coverage under Part A with no District contribution, unless the retiree was 58 or older on June 14, 2001. All dependents and survivors must obtain and maintain coverage under Part A, with no District contribution, in order to remain eligible for the District's medical plans.



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Medicare Part B (medical benefits): Every person must apply for, obtain and maintain coverage under Part B of Medicare at his or her own expense.

Medicare Part D (prescription drug benefits): Enrollment in Medicare Part D shall be addressed each plan year by the JLMBC, and if deemed necessary, enrollment shall be accomplished through coordination with District medical plans. Retirees, eligible dependents, and survivors over the age of 65 *shall not* enroll as individuals. Those enrolling in Part D when not required to by the District shall be responsible for paying the entire Part D premium.

Other Requirements: Any retiree or eligible dependent or survivor who enrolls in Medicare but assigns his or her Medicare benefits to a Medicare-Advantage medical plan not sponsored by the District shall be ineligible for continued benefits under the District's medical plans. It shall be the sole responsibility of the retiree, dependent and survivor to provide the District with verification of enrollment in Medicare. The District shall acknowledge receipt of verification of Medicare enrollment upon a retiree's request.