

The basics of Medicare



What is Medicare?

Medicare is a federal health insurance program that provides health care coverage to millions of Americans. It's part of Social Security and is designed to protect the health and well-being of those who use it.

Who can enroll in Medicare?

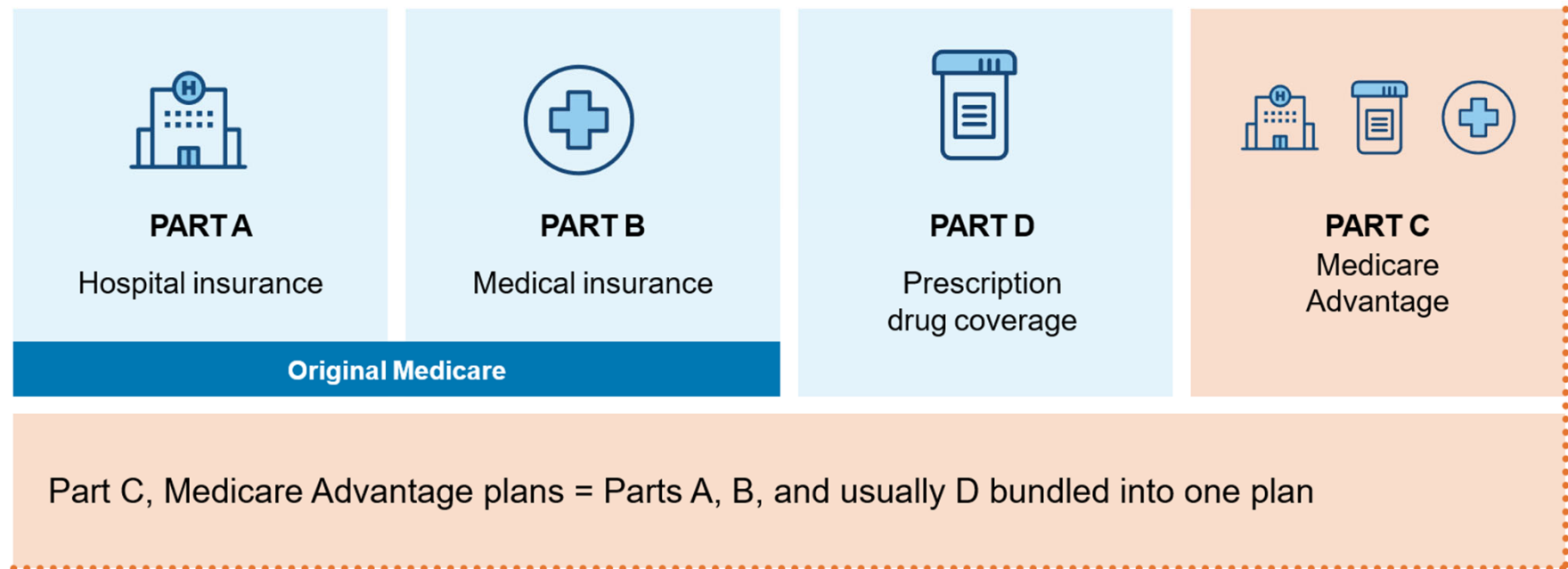
You're eligible for Medicare if you:

- Are 65 or older
- Are under 65 but live with a disability
- Have end-stage renal (kidney) disease (ESRD)
- Have amyotrophic lateral sclerosis (ALS)

You also need to be a U.S. citizen or a permanent legal resident for at least 5 years.



What are the 4 parts of Medicare?



Hospital insurance

Part A



What it covers

- Hospital
- Hospice
- Skilled nursing care
- Some home health care

Cost

- No premium if you or your spouse worked at least 10 years and paid Medicare taxes
- Monthly premium of **\$565** (set by Medicare formula) if you worked fewer than 10 years*

*Amount is for **2026**.

Medical insurance

Part B



What it covers

- Outpatient hospital care
- Lab and X-rays
- Ambulance
- Dialysis
- Preventive care
- Durable medical equipment
- Mental health

Cost

- Based on household income reported on retiree tax return 2 years earlier
- Usually deducted from Social Security check

10% lifetime penalty

If you delay enrollment, your Part B premiums will increase 10% every 12 months, and the higher rate lasts as long as you have Part B coverage. The penalty won't be imposed if you continue to work for and get your health coverage from an employer or trust fund with 20 or more employees.

2026 Monthly premiums¹

Part B



Your yearly income ²		You pay
Single-standard ³ Married couple-standard ⁴	\$109,000 or less \$218,000 or less	\$202.90 ⁵
Single Married couple	\$109,000 - \$137,000 \$218,000 - \$274,000	\$284.10
Single Married couple	\$137,000 - \$171,000 \$274,000 - \$342,000	\$405.80
Single Married couple	\$171,000 - \$205,000 \$342,000- \$410,000	\$527.50
Single Married couple	\$205,000 - \$500,000 \$410,000- \$750,000	\$649.20
Single Married couple	Above \$500,000 Above \$750,000	\$689.90

Your yearly income ⁶	You pay
If you're married but file a tax return separately from your spouse	
\$109,000 – or less standard ⁷	\$202.90 ⁸
\$109,000 – less than \$391,000	\$649.20
Greater than or equal to \$391,000	\$689.90

1. The above dollar amounts are for 2026 and may change in 2027. 2. Modified adjusted gross income as reported on your 2024 IRS tax return. 3. You will pay this standard amount if you enroll in Part B for the first time in 2024, do not get Social Security benefits, and are directly billed for your Part B premiums. See [medicare.gov](https://www.medicare.gov) for complete details. 4. See note 3. 5. See note 3. 6. See note 2. 7. See note 3. 8. See note 3.

When to enroll in Medicare Parts A and B

Initial enrollment

Turning 65 — You have a 7-month window to sign up for Parts A and B when you turn 65. The window starts 3 months before your birthday.

Special enrollment

When you retire — You can enroll in Medicare Parts A and B without a late-enrollment penalty for 8 months after your retirement date.

General enrollment

January 1 to March 31 — Your coverage starts the first day of the month after you sign up.





Enrolling in Medicare Parts A and B when you're first eligible

Initial enrollment period

You can first sign up for Medicare Parts A and B during this 7-month period around your 65th birthday.

- 3 months before your 65th birthday
- The month of your 65th birthday
- 3 months after your 65th birthday





Working past 65? Enrolling in Medicare Parts A and B after you retire

Special enrollment period

- This is an 8-month period in which you can enroll if you retire after you turn 65 or lose your job's health care coverage.
- Your coverage typically begins the month after Social Security gets your completed request.
- Usually, you won't pay a Part B late-enrollment penalty if you sign up during the 8-month special enrollment period.



Enrolling late in Medicare Parts A and B

General enrollment period

- If you didn't enroll during the initial enrollment period or don't qualify for the special enrollment period, you can enroll during the general enrollment period.
- The period **starts January 1** and **ends March 31** every year.
- Your coverage begins the first day of the month after you sign up.

Late-enrollment penalty for Part B

If you enroll in Part B during the general enrollment period because you didn't enroll when you were first eligible, then you'll likely pay a late-enrollment penalty for as long as you have Part B coverage.

Medicare Parts D and C

Prescription drug coverage

Part D



What it covers

- Outpatient prescription drug coverage
- Available as part of health plan coverage or through a stand-alone prescription drug plan

Cost

- Cost may vary depending on plan and drugs covered

Late-enrollment penalty

If you delay enrolling in a Medicare Part D plan or aren't covered by a drug plan that meets Medicare's standard prescription drug coverage, then you'll likely pay a Part D late-enrollment penalty.

Income-related monthly adjustment amount (IRMAA)

Part D



Income-related monthly adjustment amount (IRMAA): The Part D IRMAA premium is in addition to your Part B premium. The amount you pay is determined according to formulas set by federal law.

Based on your 2024 yearly income, your 2026 Part D monthly cost is:

File individual tax return	File joint tax return	2026 monthly Part D IRMAA premium
\$109,000 or less	\$218,000 or less	No Part D IRMAA premium
\$109,000 - \$137,000	\$218,000 - \$274,000	\$14.50
\$137,000 - \$171,000	\$274,000 - \$342,000	\$37.50
\$171,000 - \$205,000	\$342,000- \$410,000	\$60.40
\$205,000 - \$500,000	\$410,000- \$750,000	\$83.30
Above \$500,000	Above \$750,000	\$91.00

These amounts change yearly based on your income and the federal formula.

Medicare Part D Extra Help low-income subsidy program

- Aids Medicare beneficiaries who have limited income and resources and are enrolled in Part D
- Helps pay Part D premiums and outpatient drug copays
- Administered by your Medicare health plan for the Centers for Medicare & Medicaid Services
- Application available through Social Security or your state's Medicaid office

Medicare Advantage

Part C



What it covers

- Part A
- Part B
- And sometimes:
 - Part D
 - Vision
 - Dental
 - Hearing and more

Eligibility

- Be eligible for or enrolled in Medicare Part A and Part B
- Live in the plan's service area

Cost

- Medicare pays an amount for your coverage each month to private health plans.
- Some plans have additional monthly premiums; in many plans, you pay a copay for covered services.

What is a Kaiser Permanente Medicare health plan?

Our Medicare health plans are Medicare Advantage plans that deliver Medicare benefits through Kaiser Permanente to people enrolled in Medicare.

The confidence of having a highly rated Medicare health plan

Kaiser Permanente Medicare Advantage health plans earned either 4 or 4.5 stars out of 5 stars for 2026.¹

Kaiser Permanente areas	Star rating
California HMO ²	★★★★★
Colorado ³	★★★★★
Georgia	★★★★★
Hawaii	★★★★★
Mid-Atlantic States (MD, VA, D.C.)	★★★★★
Northwest (OR, SW Washington) ⁴	★★★★★
Washington state	★★★★★

1. Every year, Medicare evaluates plans on a 5-star rating system. 2. Northern and Southern California are rated together as one contract with CMS. 3. Beginning January 1, 2024, Colorado implemented a new Medicare Preferred Provider Organization (PPO) H-contract (H3138) which was too new to be measured for the 2025 Star Ratings and does not have sufficient enrollees and measures rated to be eligible for a 2026 Star Rating. 4. Kaiser Permanente's Northwest market has service areas in Oregon and southwest Washington.



Get the information you need

Kaiser Permanente Medicare health plan

Contact your HR benefits department to get started.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Kaiser Permanente Member Services

<1-800-443-0815 (TTY 711), 7 days a week, 8 a.m. to 8 p.m.>

Medicare information

<1-800-MEDICARE (1-800-633-4227), (TTY 1-877-486-2048), 24 hours a day, 7 days a week.>

Social Security Administration

Learn more about eligibility, how to sign up for Parts A and B, and about your Part B premium.

<1-800-772-1213 (TTY 1-800-325-0778), Monday through Friday, 8 a.m. to 7 p.m.>



SISC

Self-Insured Schools of California
Schools Helping Schools

General Overview:

2026 SISC Medicare Health Plan Options

SISC Options Available Post-Retirement



- Eligible retirees under age 65 select from options that mirror the active employee plans available for the district's corresponding bargaining units
- SISC offers member districts the choice of offering several Retiree Health Plan Options
- An overview of each option is included in this presentation

Important Reminders



Regardless of plan option selected, it is very important to understand all of the following:

- Retired members must enroll in Medicare Parts A & B on the first date of eligibility
- Members working past age 65 must enroll in Medicare Parts A & B on the first date following retirement
- Retired Medicare-eligible members must maintain continuous enrollment in Medicare Parts A&B; or be subject to disenrollment and/or higher surcharged premiums
- Per CMS rules, members may only be enrolled in one Medicare Part D prescription drug plan
- All of the SISC Prescription Drug Plans are considered Creditable Coverage and none contain a “coverage gap” or “donut hole”

Dependent Coverage



- All plans allow non-Medicare eligible dependents to continue on with their current under 65 plans
- Subscribers and their dependents must remain with the same health plan carrier
 - Example: Member on Kaiser Permanente Senior Advantage must have their family remain on an under 65 Kaiser Permanente plan



SISC Medicare Plans



Rates effective 10/01/2025 – 9/30/2026

SISC offers several different Medicare plan types and options*:

1) Medicare Advantage Options

- Kaiser Permanente Senior Advantage

\$10 copay: Single \$351

\$25 copay: Single \$301

2) Medicare Supplement Option

- CompanionCare administered by Anthem Blue Cross

Single: **\$469**

3) Medicare Coordination of Benefits Option

- Anthem Blue Cross Employer Group Waiver Plan (100-A \$0)

- *Cost varies by Drug plan*

(Rx \$0-20): Single: \$670



Enrollment form(s) and supporting document(s) due to SISC with at least 45 calendar days' advance notice.

Failure to maintain Medicare parts A and B may result in disenrollment and/or a nonrefundable \$700 monthly surcharge per missing Part, up to a total of \$1,400 per month.

Kaiser Permanente Senior Advantage Medicare Advantage Plan

Kaiser Permanente Senior Advantage (KPSA) is an HMO Medicare Advantage plan with Medicare Part D prescription drug coverage provided through Kaiser Permanente:

- ✓ Requires continuous enrollment in Medicare parts A & B
- ✓ Members enrolled in a Medicare Advantage plan must assign their Medicare to a Kaiser Permanente
 - Cannot use Medicare coverage with non-Kaiser Permanente providers when enrolled in KPSA
- ✓ SISC members must live in the KPSA service area within the state of California
- ✓ Traveling SISC KPSA members are covered worldwide for emergency and urgent care services
- ✓ Family member/dependent under age 65 continues on KP HMO not KPSA

Kaiser Permanente Senior Advantage Medicare Part D Prescription Drug Plan:

- ✓ \$10 generic/ \$20/\$25 brand and specialty for up to a 100-day supply
 - There is no coverage gap or “donut hole” on this plan.

Kaiser Permanente Senior Advantage (KPSA) Summary of Benefits (10/1/25 – 09/30/26)



Services	\$10 KPSA	\$25 KPSA
Lifetime Maximum	None	None
Annual Out-of-Pocket Maximum (Not all services apply to Annual OOPM)	\$1,000 per calendar year	\$1,000 per calendar year
Deductible	None	None
Office Visits	\$10 per visit	\$25 per visit
Lab/X-rays	No charge	No charge
Outpatient Surgery	\$10 per procedure	\$25 per procedure
Hospitalization Services	No charge	\$500 per stay
Emergency Services	\$50 per visit	\$50 per visit
Ambulance Services	\$50 per transport	\$150 per transport
Prescription Drugs		
• Generic	\$10 for up to 100-day supply	\$30 for up to 100-day supply
• Brand	\$20 for up to 100-day supply	\$75 for up to 100-day supply
Durable Medical Equipment	No charge	20% coinsurance
Eyewear (every 24 months at KP)	\$150 allowance	\$150 allowance
Hearing Aids (every 36 months at KP)	\$500 allowance per aid	\$500 allowance per aid
Home Health Care	No charge	No charge
Skilled Nursing Facility Care (for up to 100 days per benefit period)	No charge	No charge
Gym Membership/Discount Program	No charge	No charge

29 **Important note:** this is a benefit overview of SISC's Kaiser Permanente Senior Advantage group plan for **in-network services**. All benefits are subject to the definitions, limitations, and exclusions set forth in the Kaiser Permanente Senior Advantage Plan Evidence of Coverage.

Kaiser Permanente Senior Advantage Additional Benefits



SISC members enrolled in a Kaiser Permanente Senior Advantage plan will have access to the following benefits:

Medical transportation

✓ Members will now receive up to 12 roundtrip, or 24 one-way rides, annually to go to or from doctor appointments, laboratories, pharmacies, all at no charge!

Meal delivery

- ✓ Members who have an inpatient stay at a hospital or skilled nursing facility can:
- ✓ Receive 3 dietitian-designed meals a day at no charge, for up to 4 weeks — a total of 84 meals once per calendar year
- ✓ Select from more than 70 entrée options, including heart-healthy, diabetic-friendly, and gluten-free meals
- ✓ Enjoy free delivery to any address in a Kaiser Permanente coverage region

One Pass Exercise Program (KPSA only)



Effective 1/1/2025 - Kaiser moved from Silver&Fit to One Pass

Kaiser Permanente Senior Advantage members currently using Silver&Fit® Healthy Aging Program, must contact Medicare One Pass to get restarted

- ✓ Choose from the largest nationwide network of gyms and fitness locations
- ✓ Work out at home with live, digital fitness classes or on-demand workouts
- ✓ Join a group class or find local clubs that match your social interests



To get started with the One Pass program:

- 1) Visit youronepass.com.**
- 2) Click “Get Started” to register. Enter in your Last Name, First Name, DOB & Health Plan ID #.**
- 3) Once registered, you’ll receive a Member Code. Be sure to write down your Member Code.**
***Member code to be used each time you register for a new fitness location or One Pass Service.**
- 4) Search for gyms by clicking on the “Find a gym” page.**

Questions? Call [1-877-614-0618](tel:1-877-614-0618)

Monday through Friday, 6 a.m. to 7 p.m. PST

CompanionCare Medicare Supplement Plan

Companion Care is a Medicare Supplement (also known as Medigap) plan administered by Anthem Blue Cross with Medicare Part D prescription drug coverage provided through Navitus Health Solutions:

- ✓ Requires continuous enrollment in Medicare parts A & B
- ✓ Cost will not increase according to member's age but premiums may be subject to yearly increases
- ✓ Members enrolled in a Medicare Supplement/Medigap plan maintain Original Medicare
 - Member self-refers to any U.S. provider who accepts Medicare assignment
- ✓ The member's cost share is zero when the medical service is both approved by Medicare and the provider accepts Medicare assignment.
 - If the medical service is not covered by Medicare, then it will not be covered by the plan (excepting limited travel coverage).
 - Visit: <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>
 - What's NOT covered by Part A and Part B?
- ✓ SISC members must reside within the United States.

Navitus Health Solutions Medicare Part D Prescription Drug Plan:

- ✓ \$9 generic/ \$35 brand and specialty - Costco zero copay program does NOT apply
- ✓ There is no coverage gap or "donut hole" on this plan.



CompanionCare Medicare Supplement Summary of Benefits (10/1/25 – 09/30/26)

Services	CompanionCare
Lifetime Maximum	None
Annual Out-of-Pocket Maximum (Not all services apply to Annual OOPM)	None
Deductible	None
Office Visits	No charge
Lab/X-rays	No charge
Outpatient Surgery	No charge
Hospitalization Services	No charge
Emergency Services	No charge
Ambulance Services	No charge per transport
Prescription Drugs	
• Generic	\$18 for up to 90-day supply
• Brand	\$90 for up to 90-day supply
Durable Medical Equipment	No charge
Home Health Care (part-time, intermittent)	No charge
Skilled Nursing Facility Care	No charge for up to 100 days per benefit period
Gym Membership/Discount Program	No charge

Important note: this is a benefit overview of SISC's Companion Care group plan where all services must be approved by Medicare to be covered on this plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Anthem Companion Care Plan Evidence of Coverage.

100-A \$0 Anthem PPO (EGWP) Coordination of Benefits Plan

The 100-A \$0 and EGWP PPO plan is a coordination of benefits plan with Medicare Part D prescription drug coverage:

- ✓ Requires continuous enrollment in Medicare Parts A & B
- ✓ Members enrolled in a Medicare coordination of benefits plan maintain Original Medicare
 - Member self-refers to any Anthem Blue Cross or Blue Shield network provider
 - If the medical service is not covered by Medicare, then it may be covered under the PPO plan.
 - See your benefit summary for covered services

100-A \$0 PPO EGWP plan administered through Anthem or Blue Shield of California:

There is no deductible on the 100-A \$0 EGWP PPO plan. The member's medical cost share is zero or the defined copay (i.e., ambulance) when the medical service is both in-network and a covered benefit under the PPO plan.



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Anthem Blue Cross 100-A \$0 EGWP PPO Summary of Benefits (10/01/25 - 09/30/26)

Services	100-A \$0 EGWP PPO
Lifetime Maximum	None
Annual Out-of-Pocket Maximum (Not all services apply to Annual OOPM)	\$1,000 individual / \$3,000 family per calendar year
Deductible	None
Office Visits	
• Primary Care	No charge
• Specialist	No charge
Lab/X-rays	No charge
Outpatient Surgery	No charge
Hospitalization Services	No charge
Emergency Services	\$100 per visit
Ambulance Services	\$100 per transport
Durable Medical Equipment	No charge
Hearing Aids (every 24 months)	Up to \$700 combined maximum
Home Health Care (part-time, intermittent)	No charge
Skilled Nursing Facility Care • Combined with inpatient rehabilitation services	No charge for up to 150 days per benefit period
Gym Membership/Discount Program	\$10-29/month + \$28 enrollment fee

Important note: this is a benefit overview of SISC's 100-A \$0 EGWP PPO group plan for **in-network services**. All benefits are subject to the definitions, limitations, and exclusions set forth in the Anthem or Blue Shield 100-A \$0 EGWP PPO Plan Evidence of Coverages.



Anthem Blue Cross 100-A \$0 EGWP PPO Prescription Drug Plans

The 100-A \$0 EGWP PPO plan is a coordination of benefits plan with Medicare Part D prescription drug coverage administered through Navitus Health Solutions.

- ✓ There is no coverage gap or “donut hole” on these plans
- ✓ Members receive \$0 generic copays

Prescription Drug Plan	Out-of-Pocket Maximum (individual / family)	Deductible (individual / family)	Network Retail Pharmacy (90 day supply)		Network Mail Order Pharmacy (90 day supply)	
			Generic Copays	Brand and Specialty Copays	Generic Copays	Brand and Specialty Copays
0-25 EGWP	\$1,500 / \$2,500	\$0	\$0	\$75	\$0	\$60

Silver Fit (CompanionCare & 100-A Plans) Exercise and Healthy Aging Program



Available at no cost, Companion Care, and Kaiser Permanente Senior Advantage members can take advantage of the Silver Fit® Healthy Aging Program with benefits that include:

- ✓ Gym Membership at participating locations
- ✓ Home Fitness Program
- ✓ Healthy Aging Resource Library

To learn more about Silver Fit®, including how to register and locate fitness facilities near you, visit SilverandFit.com

**Local participating*
facilities may include:**

- Snap Fitness
- 24 Hour Fitness
- Planet Fitness
- Fitness 19
- YogaSix

**Participation may vary by location.*



SISC Medicare Plan Types & Differences



Important Details	Kaiser Permanente Senior Advantage	Anthem CompanionCare	Anthem Blue Cross 100-A \$0 EGWP PPO Plan
Medicare Providers	Kaiser Permanente	U.S. Providers who Accept Medicare Assignment	Blue Shield Full PPO Network AND U.S. Providers who Accept Medicare Assignment
Must live in plan service area	Yes	No (U.S. only)	No
Deductible	No	No	No
Must receive non-emergency services in service area	Yes	No (U.S. only)	No
Medicare A & B required for enrollment (Retirees 65+)	Yes	Yes	Yes
Medicare assigned to plan	Yes	No	No
Retain Original Medicare	No (Medicare assigned to plan)	Yes	Yes
Travel Coverage	Emergency & Urgent Care	Emergency Care	Emergency & Urgent Care
Services Covered Beyond Medicare	Yes (example: Chiropractor)	No	Yes (example: Chiropractor)
Pharmacy Benefit Manager (PBM)	Kaiser Permanente	Navitus Health Solutions	Navitus Health Solutions
\$0 Generics @ Costco	No	No	Yes
Prescription Drug Coverage Gap ("donut hole")	No	No	No
Gym Membership Discount Program	Medicare One Pass®	Silver&Fit®	Fitness Your Way

All benefits are subject to the definitions, limitations, and exclusions set forth in the plan Evidence of Coverages.

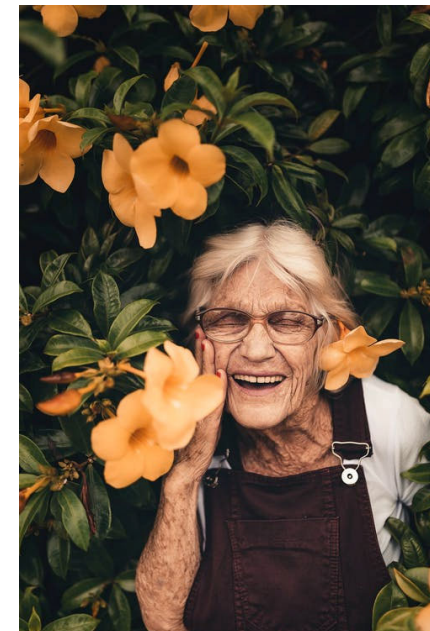
38 *Urgent Care coverage only applicable to 100-A \$0 EGWP PPO Anthem members, subject to the definitions, limitations, and exclusions set forth in the plan Evidence of Coverages.

Important Considerations



When enrolling in a SISC Medicare plan, it is important to adhere to the following:

- Retired members **must** enroll in Medicare parts A and B on the first date of eligibility
- Members working past age 65 must enroll in Medicare Part(s) A and/or B for an effective date the first of the month following their date of retirement
- Retired Medicare-eligible members **must** maintain continuous enrollment in Medicare Parts A&B; or be subject to disenrollment and/or a high surcharge amount: **Non-refundable premiums (\$700 per missing part, up to \$1,400/month)**
- Retirees over 65 are responsible for paying the Medicare part B premium and any income-related monthly adjustment amounts (IRMAA), if applicable, in addition to monthly plan premiums
- Per CMS rules, members may only be enrolled in one Medicare Part D prescription drug plan
 - **SISC members must maintain part D prescription drug coverage through SISC plans or face potential disenrollment and/or higher monthly premiums**



How to Enroll



- Members may enroll in a SISC Medicare plan if they are **retired** and:
 - ✓ Have Medicare;
 - ✓ Or when they become newly Medicare eligible
- Members may change Medicare plans during SISC's open enrollment period
 - Members making a change must submit their enrollment form(s) by August 15th for an October 1st effective date
- Contact your district for the appropriate enrollment form(s) and return the completed form(s) along with a copy of your Medicare Beneficiary Identifier card showing enrollment in Medicare parts A and B
- Enrollment in a SISC Medicare plan requires a **45-calendar day** advance notice to SISC



SISC Medicare Enrollment Guidelines



<p>I'm turning 65 and will continue to work.</p>	<p>I'm over 65 and still working but am planning to retire.</p>	<p>I'm already retired and "aging-in" (turning 65) to Medicare</p>	<p>I'm already on a SISC Retirement Health Benefit Plan and I want to switch plans.</p>
<p>Contact Social Security to defer Medicare part B enrollment until three months prior to the first of the month following your retirement (unless instructed otherwise by district).</p>	<p>Contact Social Security three (3) months prior to your retirement date to enroll in Medicare part(s) A & B.</p> <ul style="list-style-type: none"> ➤ Medicare part B should be effective the first of the month following your retirement date (unless instructed otherwise by your district). 	<p>Contact Social Security three (3) months prior to your 65th birthday to enroll in Medicare parts A and B.</p>	<p>You are already enrolled in Medicare parts A and B.</p>
<p>Continue on with your current active employee SISC plan.</p>	<p>Select a SISC Medicare plan and submit an enrollment form along with a copy of your Medicare Beneficiary Identifier card to SISC at least 60 days prior to Medicare start date.</p> <ul style="list-style-type: none"> ➤ You must stay on your current active employee SISC plan until your retirement. 	<p>Select a SISC retiree plan and submit an enrollment form along with a copy of your Medicare Beneficiary Identifier card to SISC at least 60 days prior to your Medicare part(s) A and/or B effective date.</p>	<p>Submit an enrollment form by August 15th* for an October 1st effective date during the annual "Open Enrollment" period. Enrollment outside Open Enrollment requires a qualifying event.</p>

When Changing Plans



When considering options outside of SISC:

- ✓ Compare plans carefully (example: KPSA SISC vs. KPSA Individual)
- ✓ **New for 2026: \$2,100 cap Part D covered drugs**

<https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap>

Starting in 2025, all Medicare plans will include a cap on what you pay out-of-pocket for prescription drugs covered by your plan. If your out-of-pocket spending on covered drugs reaches \$2,100 in 2026 (including certain payments made on your behalf, like through the Extra Help program), you will automatically get “catastrophic coverage.”

This means you won’t have to pay out-of-pocket for covered Part D drugs for the rest of the calendar year.

- **SISC plans do NOT have a Part D coverage gap stage**
- ✓ **Plan ahead** so that you maintain continuous coverage
- ✓ You must notify your district (or SISC if you are enrolled in direct bill) if you plan to terminate coverage
- ✓ Terminate coverage with SISC only after you have a new plan in place
- ✓ Avoid Medicare late enrollment penalties

Resources and Contact Information



Social Security:

- Call **1-800-772-1213 (TTY 1-800-325-0778)** Monday - Friday, 7 a.m. to 7 p.m.,
- Visit ssa.gov

Medicare:

- Call **1-800-633-4227/TTY 1-877-486-2048** 24 hours a day, 7 days a week,
- Visit medicare.gov

Medicare & You Handbook (published annually):

- Call **1-800-633-4227/TTY 1-877-486-2048**,
- Visit medicare.gov/medicare-and-you

Health Insurance Counseling and Advocacy Program (HICAP):

- Call **1-800-434-0222** or
- Visit cahealthadvocates.org/hicap



Thank you for your attendance.



Questions?

District paid and SISC Direct Bill retirees: Contact your district with any additional questions on plans offered and information on how to enroll.

Medicare questions: Contact Medicare at **1-800-633-4227** or HICAP at **1-800-434-0222**.

Questions on current plan benefits/claims:

Anthem Companion Care/100-A EGWP PPO :	1-800-825-5541
Blue Shield 100-A EGWP PPO:	1-855-599-2657
Kaiser Permanente Senior Advantage:	1-800-443-0815

