



**FOOTHILL-DE ANZA  
Community College District**

Office of Human Resources and Equal Opportunity

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TO: All Pre-1997 Retirees and Eligible Dependents

FROM: Christine Vo  
Director, Benefits

DATE: February 22, 2019

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**URGENT!!! YOUR RESPONSE IS REQUIRED BY MARCH 31, 2019**

- ✚ Medicare premium part B quarterly reimbursements will stop unless you return proof of payment by March 31, 2019
- ✚ 2019 Annual Retiree Survey Form must be completed regardless of your Medicare eligibility
- ✚ ACH Authorization Form for Direct Deposit/Withdrawal via Discovery Benefits (cancelled check copy is required)
- ✚ New Medicare ID card with alternative ID
- ✚ Power of Attorney (POA) documentation may be provided if you have recently designated or updated your records

The purpose of this letter is to notify you about the 2019 Annual Retiree Survey to update our records, and to remind you about the Medicare Part B reimbursement process for 2019. Additionally, if you have designated a new Power of Attorney, please send us a copy for the records. Please complete the attached survey form, and answer all questions regardless of your Medicare eligibility and return the survey to the District Office of Human Resources, Benefits Unit, no later than **Sunday, March 31, 2019**.

**DISTRICT ENROLLMENT REQUIREMENTS FOR RETIREES**

Pursuant to the *Agreements* with the bargaining units and other employee groups, you are required to sign up for Medicare Part B if you are eligible. Each retiree and every eligible dependent shall notify the District of his/her Medicare eligibility. *In an event that you are not eligible for premium-free Part A, you must send District a copy of the Social Security/CMS denial letter.* **It is the sole responsibility of the retired employee and his or her eligible dependents to apply for and satisfy the requirements of Medicare.**

To be eligible for Medicare Part B premium reimbursement, one must maintain continuous enrollment in Medicare Part B, Medicare Part D (through CalPERS), and have complied with CalPERS' Medicare requirements. For Medicare enrollment and eligibility information, call Social Security at 1-800-772-1213. **Failure to comply with these policies can result in penalties and the permanent loss of your District-sponsored medical coverage provided through CalPERS.**

**MEDICARE PART B PREMIUM REIMBURSEMENT:** The District will reimburse retired employees and eligible dependents for the cost of optional Medicare, Part B on a quarterly basis (April 15th, July 15th, October 15th, and December 31st). For 2019, the standard reimbursement rate for Medicare Part B premium varies, with **\$118.50 as average** for most beneficiaries under held harmless provision. **Beneficiaries not subject to the "hold harmless" provision will pay \$135.50.**

**NOTE:** Only eligible retirees and qualified dependents that are **insured** through the District program are eligible for Medicare premium part B reimbursement.

**Important Information:**

- 1) FHDA Benefits website: <http://hr.fhda.edu/benefits/>.
- 2) Email address for benefit inquiries: [MyBenefiits@fhda.edu](mailto:MyBenefiits@fhda.edu)
- 3) Benefits Unit dedicated FAX line is **650-949-6299**
- 4) Retirees must notify the District within 10 business days if you have change of address or change bank.
- 5) Retirees must notify the District within 30 days whenever you incur a life-qualifying event (LQE) such as marital status, add/delete dependent (s), or death.
- 6) To participate in the Surviving Spouse program, survivors must contact the District within 31 days from the date of LQE. No exceptions! CalPERS Health Care required that survivor must be named as beneficiary to draw pension as survivor from either CalPERS and/or CalSTRS upon the death of the deceased retiree. CalPERS can be reached at 1-888-CalPERS.
- 7) Survivors are required to fully fund for their health premium at 100 percent without any subsidy from the District, including the cost of Medicare Part B premium. Medical and prescriptions coverage is now administered and billed directly by CalPERS, not FHDA. However, dental and vision care maybe continued and prepay quarterly to FHDA.
- 8) CalPERS Medicare Part D (MAGI) premium is not reimbursed by both CalPERS and FHDA.
- 9) For 2019, the standard monthly Part B premium varies, but averaging **\$118.50** for most Medicare beneficiaries (held harmless). **Beneficiaries not subject to the “hold harmless” provision will pay \$135.50.** Higher-income beneficiaries pay **\$135.50 plus an additional amount**, based on the income-related monthly adjustment amount (IRMAA).

**Reminder:**

Members who submitted proof(s) of Medicare Part B payment to the District by **March 31st** will be eligible to receive the first quarter reimbursement (January-March premium) on **April 15<sup>th</sup>**. There shall be no retroactive payment for the late notice.

Please submit your proof of Medicare payment to:

**FOOTHILL - DE ANZA COMMUNITY COLLEGE DISTRICT**  
**ATTN: BENEFITS UNIT**  
**12345 EL MONTE RD**  
**LOS ALTOS HILLS, CA 94022**

**E-Mail: [MyBenefits@fhda.edu](mailto:MyBenefits@fhda.edu)      FAX: (650) 949-6299**

**Note: Due to the District Office Building renovations, the District Benefits Unit is temporarily relocated to Building D – 5991, next to Parking Lot 5.**

**IMPORTANT:** Due to limited resources, we strongly recommend that you mail in your proof of Medicare Part B premium payment via certified mail as proof of mailing. Alternatively, you may want to retain the successful fax confirmation as proof of timely submission, or pdf/email to [MyBenefits@fhda.edu](mailto:MyBenefits@fhda.edu). Please allows up to five business days after mailing for any email confirmation request. No exceptions.

The chart below shows the 2019 Medicare Part B monthly premium amounts based on income. These amounts change each year.

Table 1: Part B Monthly Premium		
	Beneficiaries who file an <b>individual</b> tax return with income	Beneficiaries who file a <b>joint</b> tax return with income
Your 2019 Part B Monthly Premium Is	If Your Yearly Income Is	
<b>\$118.50 - standard premium*</b> <b>\$135.50 - standard premium**</b>	\$85,000 or less	\$170,000 or less
<b>\$189.60</b> (Increased by <b>\$54.10</b> due to IRMAA)	\$85,001-\$107,000	\$170,001-\$214,000
<b>\$270.90</b> (Increased by <b>\$135.40</b> due to IRMAA)	\$107,001-\$133,500	\$214,001-\$267,000
<b>\$352.20</b> (Increased by <b>\$216.70</b> due to IRMAA)	\$133,501-\$160,000	\$267,001-\$320,000
<b>\$433.40</b> (Increased by <b>\$297.90</b> due to IRMAA)	Greater than \$160,000 and less than \$500,000	Greater than \$320,000 and less than \$750,000
<b>\$460.50</b> (Increased by <b>\$325.00</b> due to IRMAA)	Greater than or equal to \$500,000	Greater than or equal to \$750,000

If your **Modified Adjusted Gross Income (MAGI)** in 2017 was greater than \$85,000 as reported to the IRS, the Medicare premium for Part B will increase accordingly.

Table 2: Part B Monthly Premium	
Beneficiaries who are married and lived with their spouse at some time during the taxable year, but file a <b>separate tax return</b> from their spouses	
Your 2019 Part B Monthly Premium is	Beneficiaries who are married but file a <b>separate tax return</b> from their spouses
<b>\$135.50 - standard premium**</b>	\$85,000 or less
<b>\$433.40</b> (Increased by <b>\$297.90</b> due to IRMAA)	Greater than \$85,000 and less than \$415,000
<b>\$460.50</b> (Increased by <b>\$325.00</b> due to IRMAA)	Greater than or equal to \$415,000

**Late Enrollment Penalty:** If you don't sign up for Part B when you're first eligible or if you drop Part B and then get it later, you may have to pay a late enrollment penalty for as long as you have Medicare. Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it. In other words, **if you pay a late-enrollment penalty, this amount will be higher. The penalty fee is not reimbursed by FHDA.**

\*Held harmless (premium varies, but averaging \$118.50)

\*\*Beneficiaries not subject to hold and harmless provision