

TO: FA, AMA Pre-1997 Hired Retirees and Eligible Dependents  
FROM: FHDA District Benefits Office  
DATE: February 2, 2026

This is to notify you about the upcoming 2026 Annual Retiree Survey, which is designed to ensure the accuracy and currency of the records in our system. Concurrently, we would like to remind you to apply for the 2026 Medicare Part B premium reimbursement. Should there be any changes in your designated Power of Attorney, we kindly request that you share a copy with us for our records. To facilitate the process, we have attached the survey form for your convenience. Please complete and return the form to the District Office of Human Resources, Benefits Unit, no later than Friday, March 13, 2026.

### **Medicare Part B Reimbursement Requirements**

To qualify for Medicare Part B premium reimbursement, it is imperative to maintain continuous enrollment in Medicare Part B, Medicare Part D (through CalPERS), and adhere to CalPERS' Medicare requirements. For comprehensive Medicare enrollment and eligibility information, we recommend contacting Social Security Medicare Services at 1-800-633-4227. Failure to comply with these specified policies may result in penalties and, more critically, the potential loss of the District-sponsored medical coverage facilitated through CalPERS.

### **MOU Update**

For the small, designated group of 17 full-time FA faculty hired before July 1, 1997 and are in active employee status as of September 17, 2025 (as defined in the signed MOU), the District will provide Medicare Part B reimbursement as follows:

- The District will reimburse up to the Standard Medicare Part B premium, plus the first two IRMAA tiers (Tier 1 and Tier 2), for the retiree and eligible dependents when paid by the retiree/dependent.
- Because certain life events (such as the sale of a property) can temporarily increase income and IRMAA, each retiree in this group may make a single, irrevocable, one-time lifetime election to designate one calendar year in which reimbursement will include all IRMAA tiers (Tiers 1–5).
- To use this one-time election, the retiree must notify the District in writing no later than April 30 of the calendar year preceding the year they intend to apply the election. If written notice is not received by that date, reimbursement will remain at the standard level described above (Standard Part B + IRMAA Tier 1–2).
- This MOU benefit remains in effect for the designated 17 individuals (once retired) and their eligible dependents as long as they remain enrolled in Medicare Part B and meet the other requirements of Article 23.6.

***For awareness: the update above applies to a limited group of active employees and does not affect current retirees at this time.***

The Foothill-De Anza Community College District has implemented a correction to the Medicare reimbursement process to exclude IRMAA reimbursement, effective 07/01/2025, for the following groups: ACE, CSEA, POA, Teamsters, and Confidential.



The District has decided to postpone implementation for AMA and FA while it completes a further review of this matter. In the interim, eligible AMA and FA retirees will continue to receive Medicare premium reimbursement, including IRMAA, in accordance with current plan provisions and existing processes.

No action is required at this time, other than continuing to submit proof of payment by March 13, 2026.

### **Reimbursement Processing Schedule**

Medicare premium reimbursements will be processed quarterly on the following dates: April 15, July 15, October 15, and January 15.

To be eligible for the first quarter reimbursement (January–March premiums), all proof(s) of Medicare Part B payment must be submitted to the District by March 13, with payment scheduled for April 15.

Documents received between March 14 and March 31, 2026, will qualify for the combined reimbursement of the first and second quarters and will be processed on July 15, 2026.

Please note: retroactive reimbursement will not be applicable for submissions received after March 31, 2026, and Medicare Part D IRMAA is not reimbursed by CalPERS nor FHDA.

### **How to Submit Proof of Payment**

We highly recommend submitting your proof of Medicare Part B premium payment via certified mail to provide verifiable evidence of mailing. Alternatively, you may choose to retain the successful fax confirmation as proof of timely submission, or send a PDF via email to [MyBenefits@fhda.edu](mailto:MyBenefits@fhda.edu). Please allow up to 5 business days for any email confirmation requests following the mailing of receipts.

### **If You're Not Yet Medicare-Eligible**

If you're not yet Medicare-eligible, kindly fill out the annual survey form for any necessary updates in our system. Alternatively, feel free to skip this survey and await next year's edition.

For more detailed information regarding retiree benefits, please visit our website. Should you require further assistance, please do not hesitate to contact us. The benefits staff can be reached at 650-949-6224 or via email at [MyBenefits@fhda.edu](mailto:MyBenefits@fhda.edu). Our fax number is 650-949-6299.

Thank you for your attention to these submission guidelines, and we appreciate your cooperation.

Best Regards,

Benefits Team