

# AFTER-WORDS

A NEWSLETTER FOR THE RETIREES OF THE  
FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT



VOLUME XLX, ISSUE 4

WWW.DEANZA.EDU/FODARA

September 2024



## FODARA Baseball and BBQ Night



***Important Note: Our next scheduled event is the “Pizza Thing” at Tony and Alba’s from 3:00-5:00pm on October 24. Please see page 23 for the sign-up form.***

On August 17 FODARA members attended the San Jose Giants vs. the Stockton Ports minor league baseball game. Because the game was a sellout, the Giants opened the stadium half an hour early (4:30pm).

This was the best attended SJ Giants game (42 members and guests) FODARA has hosted. This was the first FODARA event for Marilyn Booye and her husband Chuck. David and Norene Stringer joined us from Waco, TX as well.



*The sell-out crowd takes their seats.*



*FODARA received a special welcome from the stadium scoreboard*

Upon entering, about half of us immediately went to Turkey Mike’s BBQ for dinner and socializing. Shortly before the National Anthem at 6:00 we went over to our shaded seats in the stadium. We were barely seated and the Giants were already trailing 3-0. The score didn’t get any closer and the Giants lost the game 11-1 after finally scoring their only run in the bottom of the ninth

inning. About 20 minutes after the game ended there was an entertaining fireworks display for about 30 minutes.

FODARA members and guests owe a big “THANK YOU” to Vicky Moreno and Don Moreno for suggesting the game as the summer outing.

- Bill Lewis



*A final score of 11-1 did not discourage the crowd from staying for the fireworks.*



## 2024 Summer Picnic



On Thursday June 13th, 35 FODARA members and guests gathered at Cuesta Park in Mountain View for our annual summer picnic. This year's "sports" theme encouraged everyone to dress in their favorite sports team apparel. As you can imagine most Bay Area college and professional sports teams were represented including the Lynbrook High School Vikings, San Jose State Spartans, Stanford Cardinal, Golden State

Warriors and the San Francisco Giants and 49ers. Vice

President Bill Lewis and Treasurer Barbara Illowsky sported team logos from outside California – Bill representing his Oregon State Beavers and Barbara the Boston Red Sox.

The weather was perfect, and the food and drink were plentiful. Everyone enjoyed a delicious buffet barbecue meal provided to us by Golden Harvest Catering that included Caesar and potato salads, corn on the cob, baked beans, BBQ beef ribs, beef, chicken and veggie burgers, and assorted cupcakes. You can see from the photos just how much everyone enjoyed themselves.



Since it takes a village for us to put on each FODARA event we would like to give special thanks to:

- Larry Ching for making the park reservation
- Linda Conroy for making the Golden Harvest Registration and bringing sports theme decorations, table cloths, and paper goods
- Bill Lewis for collecting picnic registrations and money, picking up ice from De Anza College and bringing sodas
- Cindy Castillo for sending out picnic reminders and taking photos
- Melody Cheney for bringing her sports bobble heads and other sports theme decorations
- La Donna Yumori-Kaku for sports theme decorations and taking photos
- Maureen Gates for making signs and labels, picnic set up and clean up
- Diane Hawley for baking assorted cupcakes
- Barbara Illowsky and Dennis Conroy for bringing soft drinks, water and wine
- Mike and Gail Pacciorretti for bringing Water & Wine and set up and clean up
- Marty Kahn for taking photographs

*Linda Conroy FODARA Member-At-Large*

# About the Archives

The Foothill-De Anza District has maintained an active archive of documents, photos and other materials since it's inception. In the 1980s, the archived materials were moved to the Carriage House on the Foothill campus. The Carriage House (Bldg. D-100 on the Foothill map) is an historic structure, being a part of the Griffin House that

was built in 1901. Both the Griffin House and the Carriage House are listed on the National Register of Historic Places.

The Carriage House was recently renovated and remodeled and is worth a visit. If you'd like to visit the Carriage House and explore the archives, please contact the current archivist, Chris White, at [whitechris@fhda.edu](mailto:whitechris@fhda.edu).



*The Carriage House at Foothill contains archived materials dating back to the first Board of Trustees meeting in 1957.*

The Carriage House contains many items of interest, including Board Minutes that date back to the first Board meeting in 1957, photos and slides from many events on both campuses, student produced newspapers from both colleges, speeches from Chancellors and College Presidents, audio and video recordings from many of the Celebrity Forum presentations and much more. The materials cannot be taken outside the Carriage House, but copies can be made in house and taken home.

Some of these materials have been digitized and can be found on this District website:

<https://distarch.fhda.edu/>

The website is divided into three main sections: The FHDA District, Foothill College and De Anza College. There is a very useful search feature that will not only search for documents, but will actually search the text of any PDF documents that are located on this site. Some of the things that can be found and explored on this site include:

- The Sentinel (Foothill College student newspaper) – all issues from 1958-1986
- La Voz (De Anza student newspaper) – all issues from 1967-1978 (and a few issues from later years)
- District, Foothill and De Anza history
- The construction of Foothill and De Anza campuses
- The history of the land beneath our two colleges
- Information and photos of historic buildings, such as the Griffin House and Le Petite Trianon
- Features on special programs such as the Euphrat Museum and the KFJC radio station

I encourage you to explore your college's history by going to the website listed above, or by visiting the Carriage House at Foothill.

- Marty Kahn



Starting your holiday shopping early? Here are some inexpensive items for the techies on your gift list:

- A portable Bluetooth speaker for only \$20. This allows you to play music from your phone and allows others to hear clearly. Very useful for your backyard, the beach, or anywhere that you'd like to play music. This unit has 10 watts of sound power and comes in four different colors: look for "BolaButty IPX5" – sold on Amazon.



- A small, handheld fan with a battery that can charge your phone on the go! Sells for \$35 at Walmart and Amazon. Search for "HandFan 5200mAh Portable Handheld Fan."

- Bagsmart Universal Cable Organizer - \$15.99. Useful for travel, this item keeps all of your charging cords and other small electronic devices in one place for easy access. Can be purchased from [bagsmart.com](http://bagsmart.com) or from Amazon.



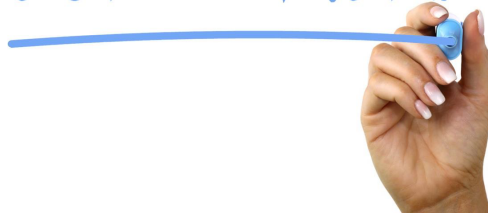
- Lencent 2 prong power strip for \$29.99. Do you, or anyone you know, live in an older home with 2 prong outlets instead of the 3 prong grounded outlets? Then this is for you. It allows you to connect your 3 prong, grounded devices to a 2 prong, non-grounded outlet. It also has 3 USB-A charging ports, and 1 USB-C charging port and a space saving flat plug that allows furniture to be close to the wall. Can be purchased at Walmart and Amazon.

- Do you need to charge two phones on one outlet? This Anker dual port phone charger will allow you to charge two devices at the same time for only \$12.99. Look for USB Charger, Anker Elite Dual Port, available from Amazon and [anker.com](http://anker.com).



- Marty Kahn

# SCHOLARSHIP



We have winners!! The selection process is complete and we have four new student recipients of the FODARA Scholarship for 2023-24. Their complete essays and thank you notes are on our FODARA website <https://www.deanza.edu/fodara/> under the **Scholarships** link.

Meet the **Foothill** winners Amanda and Theresa:

**Amanda** is majoring in Economics and wants to transfer to San Jose State University to major in Economics. Her family had to move to Clearlake as their business suffered and the house they were renting was sold. She is working as a para-educator at a high school with children who have IEPs and 504 plans so may consider teaching after college. Funds will help her with SJSU.

**Theresa** is what we used to call a “re-entry” student. She wants to transfer to Chico State and major in Photojournalism. She raised her family and worked many jobs suffering from depression and Lupus. She took a photography class at Foothill and found her calling. The funds will help buy better photography equipment.

Meet the **De Anza** winners Christal and Daryel:

**Christal** is majoring in Business Administration and wants to transfer and eventually work in the entertainment and product industry marketing with transparency and authenticity. She would be the first in her family to earn a bachelor’s degree. As the oldest sister and cousin she wants to set an example. She volunteers outdoors and teaches at her church on weekends, saving her part-time earnings. The funds would help her graduate debt free.

**Daryel** is majoring in Psychology and Political Science. He is resilient through many setbacks and has learned to roll with the punches. He found a fresh start at De Anza, embracing his Latino Community, and wants to contribute toward mental health awareness and social support.

Their complete essays and thank you notes are posted on the FODARA website <https://www.deanza.edu/fodara/> under **Scholarships** link.

If you’d like to donate to the FODARA Scholarship, go to <https://foundation.fhda.edu/how-to-give/> and click on **QUICK DONATE NOW**. You can designate your gift specifically for FODARA (under Other) or mail a check to our FODARA Treasurer, Barbara Illowsky, 21363 Dexter Dr, Cupertino, 95014. **Thanks!**

- *Cindy Castillo*

## Congratulations to the Following Recent FHDA Retirees:

Dixie Macias, Kinesiology & Athletics, Foothill  
Ira Oldham, Computer Information Systems, De Anza  
Sofia Abad-Guzman, Student Affairs and Activities, Foothill  
Susanne Elwell, Faculty Association, Central Services  
Paula Norsell, Chancellor's Office, Central Services  
Shirley Schooler, Disabled Student Programs and Services, De Anza,  
Tomas Hernandez, Plumber, Central Services  
Alexander Swanner, Librarian, De Anza  
Elizabeth Mcpartlan, Faculty, De Anza  
Kate Jordahl, Faculty, De Anza



### **Charles Peters**

Charles Alvin Peters passed away at home in Santa Clara on June 30, 2024, at the age of 81. Charlie was born in San Francisco in 1942 to Charles, Sr. and Erna (née Klein). He grew up in South San Francisco with his sisters, Parry Best and June Celano, and moved to Santa Clara where he was in the first graduating class of Buchser High School (1960). Charlie was a proud physical education teacher at Fremont High School in Sunnyvale for over 30 years, where he coached numerous football, cross country, and track and field teams beginning in the early 1970s. He also taught and coached at Cupertino and Homestead High Schools during his long career and was head track and field coach at De Anza Junior College before he retired. Charlie was a standout offensive lineman on some legendary San Francisco State University and Hartnell Junior College football teams in the early 1960s. He later earned a master's degree in physiology from SFSU. He was an avid runner who ran the Santa Cruz-to-Capitola Wharf to Wharf 10K race for over two decades straight beginning in 1974 before hanging up his way-too-worn New Balance running shoes. He also enjoyed fishing in lakes and rivers around California, regularly taking his family and joining friends on camping and fishing trips in search of lunker trout. Charlie was predeceased by wife and mother to his children Janet (née Hilton) and his sisters and parents. He is survived by wife Linda Chaney; children Steve (Becky), Suzy Agulles (Christian), and Scott; grandkids CJ, Alison, Charlie, Michael, and Chloe; brother-in-law Bob Hilton; and numerous nephews, nieces, grandnephews and grandnieces. The family wishes to express their appreciation to Charlie's loving caregivers, Amelita Lizan, Primrose Smith, and Susan Partisala, and friend Bob McCorkle. Charlie's Bay Area connections were important to him, and he was blessed to have numerous friends, neighbors, family, colleagues, and former students as positive influences in his life. Memorial services will be held privately.



### **Jackie Lathrop**

### **Demetrio Cabaug**

Image not  
available



## Medical Benefits Update

*Notes from JLMBC (Joint Labor-Management Benefits Committee)*

The District's benefits consultant from Lockton & Associates was charged with finding health benefits coverage at a lower rate than that offered by our current contracted administrator, CalPERS. Despite deep dives into available data, JLMBC (Joint Labor-Management Benefits Committee) representatives from the bargaining units learned that viable options yielded fewer covered services and increased premiums. By the end of July, as deadlines for contracted benefits decisions loomed, the District and negotiating teams got down to brass tacks. FODARA reps to JLMBC are not privy to the negotiations' private conversations. The District and bargaining units would have reached some tentative agreements. Voting by active employees will take place during the beginning of the Fall quarter to ratify these extensions to the contracts held by the bargaining units.

What is known now: CalPERS has emailed two pieces of information regarding benefits. Pre and post '97 retirees have expressed confusion and worry about rate hikes. From what FODARA reps learned during the last JLMBC meeting at the end of July, the District and Bargaining units were committed to coming to an agreement with the past rate sharing ratio of 85/15. The District informed FODARA that:

- 1.) Retirees are invited to a Benefits Fair where vendors would be present and questions can be answered. (Flyer emailed 9/9 to retirees)
- 2.) Open Enrollment Information packets regarding rates and service providers for 2025 were emailed on Friday, 9/13/24 to addresses HR (ETS) has on file. The retirees who do not have an email address in their personnel records should have packets mailed via USPS to their designated address.
- 3.) Help to sign up for new benefits on campuses will be available as indicated in the packet. (See Open Enrollment Packet for specifics)
- 4.) CalPERS will no longer offer the UHC Edge program; the six current enrollees will be "rolled" over to the UHC Medicare Advantage option.

Gratitude is extended to the entire Benefits team who answer promptly emailed questions and especially to Benefits Director, Beijing Li for her many efforts and contributions in supporting FHDA retirees!

*- Susanne Wong Chan*





## Welcome to Benefits 2024 Open Enrollment

**Monday, September 16, 2024, through Friday, October 11, 2024**

For Post-97 Hired Retirees (Bridge Program)

Open Enrollment is your annual opportunity to learn about your benefits options and make additions, changes, or deletions to your benefit elections. Any elections made during Open Enrollment will be effective and irrevocable as of January 1, 2025, and will remain in effect until December 31, 2025, unless you experience a qualifying life event and make a corresponding change within the specified timeframe.

**Passive Open Enrollment** - To retain the same coverage into plan year 2025, you do not need to do anything. If no changes are made during the Open Enrollment period, we will carry forward your 2024 elections.

The District Benefits Office will host an On-Site Benefits Fair on **September 20th, 2024, at De Anza College Campus Center Conference Room A&B from 12 pm to 2 pm**. Representatives from the insurance carriers will be available for discussions on your benefit options. Your attendance at the event is highly encouraged!

FHDA partners with the California Public Employees' Retirement System (CalPERS) to provide your health and retirement benefits. Please check the information packet mailed by CalPERS for full details on health plans.

For 2025 Health Plan Changes Highlight, please see:

<https://hr.fhda.edu/benefits/2025/2025%20Health%20Plan%20Changes%20Highlight.pdf>

For comprehensive, up-to-date information regarding Open Enrollment for PY 2025, and carriers contact list, visit: <https://hr.fhda.edu/benefits/2025/Open%20Enrollment.html>

For Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP), please access: <https://hr.fhda.edu/benefits/2025/CHIP%20Model%20Notice.pdf>

**Important Reminder:** To change Medical Plan, cancel coverage and/or adding/deleting dependent, you must contact CalPERS at 1-888-225-7377. When adding new dependents, you must provide ALL required documentation such as Marriage Certificate, Birth Certificate or Passport, and Social Security Cards, for all dependents, plus CalPERS Form HBD-30 no later than **5pm, Friday, October 11, 2024** in order for benefits to be activated effective January 1, 2025. No exceptions.

**DEADLINE: Friday, October 11, 2024, 5pm.**

District Benefits Office Contact Information:

Phone: 650-949-6224

Fax: 650-949-6299

Email: [Mybenefits@fhda.edu](mailto:Mybenefits@fhda.edu)



## Welcome to Benefits 2024 Open Enrollment

**Monday, September 16, 2024, through Friday, October 11, 2024**

For Pre-97 Hired Retirees

Open Enrollment is your annual opportunity to learn about your benefits options and make additions, changes, or deletions to your benefit elections. Any elections made during Open Enrollment will be effective and irrevocable as of January 1, 2025, and will remain in effect until December 31, 2025, unless you experience a qualifying life event and make a corresponding change within the specified timeframe.

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For Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP), please access: <https://hr.fhda.edu/benefits/2025/CHIP%20Model%20Notice.pdf>

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Fax: 650-949-6299

Email: [Mybenefits@fhda.edu](mailto:Mybenefits@fhda.edu)

## 2025 Pre-'97 Hired Retiree Monthly Contribution Rates

| CalPERS PLANS*                                  | Per Month Contribution |
|-------------------------------------------------|------------------------|
| <b>PERS Platinum PPO</b>                        |                        |
| Single                                          | \$213.00               |
| 2 Party                                         | \$416.00               |
| Family                                          | \$541.00               |
| <b>PERS Platinum Medicare Supplement</b>        |                        |
| Single                                          | \$213.00               |
| 2 Party                                         | \$416.00               |
| Family                                          | \$541.00               |
| <b>PERS Gold PPO</b>                            |                        |
| Single                                          | \$153.00               |
| 2 Party                                         | \$296.00               |
| Family                                          | \$385.00               |
| <b>PERS Gold Medicare Supplement</b>            |                        |
| Single                                          | \$153.00               |
| 2 Party                                         | \$296.00               |
| Family                                          | \$385.00               |
| <b>Kaiser HMO</b>                               |                        |
| Single                                          | \$169.00               |
| 2 Party                                         | \$328.00               |
| Family                                          | \$426.00               |
| <b>Kaiser Out of State HMO</b>                  |                        |
| Single                                          | \$169.00               |
| 2 Party                                         | \$328.00               |
| Family                                          | \$426.00               |
| <b>Kaiser Senior Advantage HMO</b>              |                        |
| Single                                          | \$169.00               |
| 2 Party                                         | \$328.00               |
| Family                                          | \$426.00               |
| <b>Kaiser Senior Advantage Out of State HMO</b> |                        |
| Single                                          | \$169.00               |
| 2 Party                                         | \$328.00               |
| Family                                          | \$426.00               |

\*Includes Dental and Vision

NOTE: Check Plan availability for your geographic area

## 2025 Pre-'97 Hired Retiree Monthly Contribution Rates

| CalPERS PLANS*                                         | Per Month Contribution |
|--------------------------------------------------------|------------------------|
| <b>Kaiser Senior Advantage Summit HMO</b>              |                        |
| Single                                                 | \$179.00               |
| 2 Party                                                | \$348.00               |
| Family                                                 | \$516.00               |
| <b>Kaiser Senior Advantage Summit Out of State HMO</b> |                        |
| Single                                                 | \$179.00               |
| 2 Party                                                | \$348.00               |
| Family                                                 | \$516.00               |
| <b>Anthem Select HMO</b>                               |                        |
| Single                                                 | \$187.00               |
| 2 Party                                                | \$364.00               |
| Family                                                 | \$472.00               |
| <b>Anthem Traditional HMO</b>                          |                        |
| Single                                                 | \$217.00               |
| 2 Party                                                | \$424.00               |
| Family                                                 | \$550.00               |
| <b>Anthem Medicare Preferred PPO</b>                   |                        |
| Single                                                 | \$217.00               |
| 2 Party                                                | \$424.00               |
| Family                                                 | \$550.00               |
| <b>Blue Shield Access+ HMO</b>                         |                        |
| Single                                                 | \$178.00               |
| 2 Party                                                | \$345.00               |
| Family                                                 | \$448.00               |
| <b>Blue Shield Trio HMO</b>                            |                        |
| Single                                                 | \$158.00               |
| 2 Party                                                | \$306.00               |
| Family                                                 | \$397.00               |
| <b>Blue Shield Medicare PPO</b>                        |                        |
| Single                                                 | \$217.00               |
| 2 Party                                                | \$424.00               |
| Family                                                 | \$550.00               |

\*Includes Dental and Vision

NOTE: Check Plan availability for your geographic area

## 2025 Pre-'97 Hired Retiree Monthly Contribution Rates

| CalPERS PLANS*                                       | Per Month Contribution |
|------------------------------------------------------|------------------------|
| <b>UnitedHealthcare Signature Alliance HMO</b>       |                        |
| Single                                               | \$180.00               |
| 2 Party                                              | \$349.00               |
| Family                                               | \$454.00               |
| <b>UnitedHealthcare Harmony HMO</b>                  |                        |
| Single                                               | \$157.00               |
| 2 Party                                              | \$303.00               |
| Family                                               | \$394.00               |
| <b>UnitedHealthcare Group Medicare Advantage PPO</b> |                        |
| Single                                               | \$119.00               |
| 2 Party                                              | \$227.00               |
| Family                                               | \$334.00               |
| <b>Western Health Advantage HMO</b>                  |                        |
| Single                                               | \$137.00               |
| 2 Party                                              | \$264.00               |
| Family                                               | \$343.00               |
| <b>PORAC</b>                                         |                        |
| Single                                               | \$156.00               |
| 2 Party                                              | \$340.00               |
| Family                                               | \$426.00               |
| <b>PORAC Medicare</b>                                |                        |
| Single                                               | \$156.00               |
| 2 Party                                              | \$340.00               |
| Family                                               | \$426.00               |

\*Includes Dental and Vision

NOTE: Check Plan availability for your geographic area

## CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

### Region 1\*

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

### Basic Monthly Premiums (B)

| Plan                                     | Subscriber | Plan Code | Party Code | Party Rate | Subscriber & 1 Dependent | Plan Code | Party Code | Party Rate | Subscriber & 2+ Dependents | Plan Code | Party Code | Party Rate |
|------------------------------------------|------------|-----------|------------|------------|--------------------------|-----------|------------|------------|----------------------------|-----------|------------|------------|
| Anthem Blue Cross Select HMO             | 1,256.65   | 506       | 1          | 1          | 2,513.30                 | 506       | 2          | 2          | 3,267.29                   | 506       | 3          | 3          |
| Anthem Blue Cross Traditional HMO        | 1,500.40   | 509       | 1          | 1          | 3,000.80                 | 509       | 2          | 2          | 3,901.04                   | 509       | 3          | 3          |
| Blue Shield Access+ HMO                  | 1,170.17   | 525       | 1          | 1          | 2,340.34                 | 525       | 2          | 2          | 3,042.44                   | 525       | 3          | 3          |
| Blue Shield Access+ EPO                  | 1,170.17   | 524       | 1          | 1          | 2,340.34                 | 524       | 2          | 2          | 3,042.44                   | 524       | 3          | 3          |
| Blue Shield Trio HMO                     | 1,134.79   | 451       | 1          | 1          | 2,269.58                 | 451       | 2          | 2          | 2,950.45                   | 451       | 3          | 3          |
| Kaiser Permanente                        | 1,112.90   | 533       | 1          | 1          | 2,225.80                 | 533       | 2          | 2          | 2,893.54                   | 533       | 3          | 3          |
| Peace Officers Research Assoc of CA      | 975.00     | 592       | 1          | 1          | 2,218.00                 | 592       | 2          | 2          | 2,777.00                   | 592       | 3          | 3          |
| PERS Gold                                | 1,013.70   | 648       | 1          | 1          | 2,027.40                 | 648       | 2          | 2          | 2,635.62                   | 648       | 3          | 3          |
| PERS Platinum                            | 1,476.10   | 657       | 1          | 1          | 2,952.20                 | 657       | 2          | 2          | 3,837.86                   | 657       | 3          | 3          |
| UnitedHealthcare SignatureValue Alliance | 1,184.58   | 576       | 1          | 1          | 2,369.16                 | 576       | 2          | 2          | 3,079.91                   | 576       | 3          | 3          |
| UnitedHealthcare SignatureValue Harmony  | 1,005.02   | 495       | 1          | 1          | 2,010.04                 | 495       | 2          | 2          | 2,613.05                   | 495       | 3          | 3          |
| Western Health Advantage HMO             | 914.27     | 591       | 1          | 1          | 1,828.54                 | 591       | 2          | 2          | 2,377.10                   | 591       | 3          | 3          |

### Supplement/Managed Medicare Monthly Premiums (M)

| Plan                                                                          | Subscriber | Plan Code | Party Code | Party Rate | Subscriber & 1 Dependent | Plan Code | Party Code | Party Rate | Subscriber & 2+ Dependents | Plan Code | Party Code | Party Rate |
|-------------------------------------------------------------------------------|------------|-----------|------------|------------|--------------------------|-----------|------------|------------|----------------------------|-----------|------------|------------|
| Anthem Medicare Preferred PPO                                                 | \$487.56   | 515       | 1          | 4          | \$975.12                 | 515       | 2          | 5          | \$1,462.68                 | 515       | 3          | 6          |
| Anthem Medicare Preferred PPO with Dental/Vision <sup>1</sup>                 | 487.56     | 512       | 1          | 4          | 975.12                   | 512       | 2          | 5          | 1,462.68                   | 512       | 3          | 6          |
| Anthem Medicare Preferred PPO                                                 | 487.56     | 455       | 1          | 4          | 975.12                   | 455       | 2          | 5          | 1,462.68                   | 455       | 3          | 6          |
| Anthem Medicare Preferred PPO with Dental/Vision <sup>1</sup>                 | 487.56     | 459       | 1          | 4          | 975.12                   | 459       | 2          | 5          | 1,462.68                   | 459       | 3          | 6          |
| Blue Shield Medicare PPO                                                      | 448.28     | 011       | 1          | 4          | 896.56                   | 011       | 2          | 5          | 1,344.84                   | 011       | 3          | 6          |
| Blue Shield Medicare PPO with Dental/Vision <sup>2</sup>                      | 448.28     | 016       | 1          | 4          | 896.56                   | 016       | 2          | 5          | 1,344.84                   | 016       | 3          | 6          |
| Kaiser Permanente Senior Advantage                                            | 343.08     | 536       | 1          | 4          | 686.16                   | 536       | 2          | 5          | 1,029.24                   | 536       | 3          | 6          |
| Kaiser Permanente Senior Advantage with Dental <sup>3</sup>                   | 343.08     | 542       | 1          | 4          | 686.16                   | 542       | 2          | 5          | 1,029.24                   | 542       | 3          | 6          |
| Kaiser Permanente Senior Advantage Summit                                     | 408.31     | 630       | 1          | 4          | 816.62                   | 630       | 2          | 5          | 1,224.93                   | 630       | 3          | 6          |
| Kaiser Permanente Senior Advantage Summit with Dental <sup>3</sup>            | 408.31     | 636       | 1          | 4          | 816.62                   | 636       | 2          | 5          | 1,224.93                   | 636       | 3          | 6          |
| Peace Officers Research Assoc of CA Medicare Supplement                       | 507.00     | 595       | 1          | 4          | 1,123.00                 | 595       | 2          | 5          | 1,521.00                   | 595       | 3          | 6          |
| PERS Gold Medicare Supplement                                                 | 546.13     | 651       | 1          | 4          | 1,092.26                 | 651       | 2          | 5          | 1,638.39                   | 651       | 3          | 6          |
| PERS Platinum Medicare Supplement                                             | 584.70     | 661       | 1          | 4          | 1,169.40                 | 661       | 2          | 5          | 1,754.10                   | 661       | 3          | 6          |
| UnitedHealthcare Group Medicare Advantage PPO                                 | 442.25     | 579       | 1          | 4          | 884.50                   | 579       | 2          | 5          | 1,326.75                   | 579       | 3          | 6          |
| UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision <sup>4</sup> | 442.25     | 585       | 1          | 4          | 884.50                   | 585       | 2          | 5          | 1,326.75                   | 585       | 3          | 6          |

\*For health plan availability by county, please refer to the 2025 Health Benefit Summary or myCalPERS.

<sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

<sup>2</sup>Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>3</sup>Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount.

<sup>4</sup>Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.

*For more information, please contact District Human Resources*

## CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

### Region 1\*

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

### Combination Monthly Premiums

| Plan                                                                                                      | Subscriber in M, & 1 Dependent in B | Plan Code | Party Code | Party Rate | Subscriber in M, & 2+ Dependents in B | Plan Code | Party Code | Party Rate | Subscriber in M, & 1+ Dependent in B | Plan Code | Party Code | Party Rate |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|-----------|------------|------------|---------------------------------------|-----------|------------|------------|--------------------------------------|-----------|------------|------------|
| Anthem Blue Cross Select HMO and Medicare Preferred                                                       | 1,744.21                            | 457       | 4          | 7          | 2,498.20                              | 457       | 5          | 8          | 1,729.11                             | 457       | 6          | 9          |
| Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision <sup>1</sup>                       | 1,744.21                            | 460       | 4          | 7          | 2,498.20                              | 460       | 5          | 8          | 1,729.11                             | 460       | 6          | 9          |
| Anthem Blue Cross Traditional HMO and Medicare Preferred                                                  | 1,987.96                            | 518       | 4          | 7          | 2,888.20                              | 518       | 5          | 8          | 1,875.36                             | 518       | 6          | 9          |
| Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision <sup>1</sup>                  | 1,987.96                            | 521       | 4          | 7          | 2,888.20                              | 521       | 5          | 8          | 1,875.36                             | 521       | 6          | 9          |
| Blue Shield Access+ HMO and Medicare                                                                      | 1,618.45                            | 049       | 4          | 7          | 2,320.55                              | 049       | 5          | 8          | 1,598.66                             | 049       | 6          | 9          |
| Blue Shield Access+ HMO and Medicare with Dental/Vision <sup>2</sup>                                      | 1,618.45                            | 089       | 4          | 7          | 2,320.55                              | 089       | 5          | 8          | 1,598.66                             | 089       | 6          | 9          |
| Blue Shield Access+ EPO and Medicare                                                                      | 1,618.45                            | 092       | 4          | 7          | 2,320.55                              | 092       | 5          | 8          | 1,598.66                             | 092       | 6          | 9          |
| Blue Shield Access+ EPO and Medicare with Dental/Vision <sup>3</sup>                                      | 1,618.45                            | 093       | 4          | 7          | 2,320.55                              | 093       | 5          | 8          | 1,598.66                             | 093       | 6          | 9          |
| Blue Shield Trio HMO and Medicare                                                                         | 1,583.07                            | 094       | 4          | 7          | 2,263.94                              | 094       | 5          | 8          | 1,577.43                             | 094       | 6          | 9          |
| Blue Shield Trio HMO and Medicare with Dental/Vision <sup>4</sup>                                         | 1,583.07                            | 097       | 4          | 7          | 2,263.94                              | 097       | 5          | 8          | 1,577.43                             | 097       | 6          | 9          |
| Kaiser Permanente and Senior Advantage                                                                    | 1,455.98                            | 539       | 4          | 7          | 2,123.72                              | 539       | 5          | 8          | 1,353.90                             | 539       | 6          | 9          |
| Kaiser Permanente and Senior Advantage with Dental <sup>5</sup>                                           | 1,455.98                            | 545       | 4          | 7          | 2,123.72                              | 545       | 5          | 8          | 1,353.90                             | 545       | 6          | 9          |
| Kaiser Permanente and Senior Advantage Summit                                                             | 1,521.21                            | 633       | 4          | 7          | 2,188.95                              | 633       | 5          | 8          | 1,484.36                             | 633       | 6          | 9          |
| Kaiser Permanente and Senior Advantage Summit with Dental <sup>5</sup>                                    | 1,521.21                            | 639       | 4          | 7          | 2,188.95                              | 639       | 5          | 8          | 1,484.36                             | 639       | 6          | 9          |
| Peace Officers Research Assoc of CA and Medicare Supplement                                               | 1,750.00                            | 598       | 4          | 7          | 2,309.00                              | 598       | 5          | 8          | 1,678.00                             | 598       | 6          | 9          |
| PERS Gold and Medicare Supplement                                                                         | 1,559.83                            | 654       | 4          | 7          | 2,168.05                              | 654       | 5          | 8          | 1,700.48                             | 654       | 6          | 9          |
| PERS Platinum and Medicare Supplement                                                                     | 2,060.80                            | 665       | 4          | 7          | 2,946.46                              | 665       | 5          | 8          | 2,055.06                             | 665       | 6          | 9          |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO                                 | 1,626.83                            | 582       | 4          | 7          | 2,337.58                              | 582       | 5          | 8          | 1,595.25                             | 582       | 6          | 9          |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup> | 1,626.83                            | 588       | 4          | 7          | 2,337.58                              | 588       | 5          | 8          | 1,595.25                             | 588       | 6          | 9          |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO                                  | 1,447.27                            | 497       | 4          | 7          | 2,050.28                              | 497       | 5          | 8          | 1,487.51                             | 497       | 6          | 9          |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup>  | 1,447.27                            | 498       | 4          | 7          | 2,050.28                              | 498       | 5          | 8          | 1,487.51                             | 498       | 6          | 9          |

|                                                                                                           |          |     |   |    |          |     |   |    |          |     |   |    |
|-----------------------------------------------------------------------------------------------------------|----------|-----|---|----|----------|-----|---|----|----------|-----|---|----|
| Kaiser Permanente and Senior Advantage with Dental <sup>5</sup>                                           | 1,455.98 | 545 | 7 | 10 | 1,799.06 | 545 | 8 | 11 | 2,123.72 | 545 | 9 | 12 |
| Kaiser Permanente and Senior Advantage Summit                                                             | 1,521.21 | 633 | 7 | 10 | 1,929.52 | 633 | 8 | 11 | 2,188.95 | 633 | 9 | 12 |
| Kaiser Permanente and Senior Advantage Summit with Dental <sup>5</sup>                                    | 1,521.21 | 639 | 7 | 10 | 1,929.52 | 639 | 8 | 11 | 2,188.95 | 639 | 9 | 12 |
| Peace Officers Research Assoc of CA and Medicare Supplement                                               | 1,482.00 | 598 | 7 | 10 | 2,098.00 | 598 | 8 | 11 | 2,309.00 | 598 | 9 | 12 |
| PERS Gold and Medicare Supplement                                                                         | 1,559.83 | 654 | 7 | 10 | 2,105.96 | 654 | 8 | 11 | 2,168.05 | 654 | 9 | 12 |
| PERS Platinum and Medicare Supplement                                                                     | 2,060.80 | 665 | 7 | 10 | 2,645.50 | 665 | 8 | 11 | 2,946.46 | 665 | 9 | 12 |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO                                 | 1,626.83 | 582 | 7 | 10 | 2,069.08 | 582 | 8 | 11 | 2,337.58 | 582 | 9 | 12 |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup> | 1,626.83 | 588 | 7 | 10 | 2,069.08 | 588 | 8 | 11 | 2,337.58 | 588 | 9 | 12 |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO                                  | 1,447.27 | 497 | 7 | 10 | 1,889.52 | 497 | 8 | 11 | 2,050.28 | 497 | 9 | 12 |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup>  | 1,447.27 | 498 | 7 | 10 | 1,889.52 | 498 | 8 | 11 | 2,050.28 | 498 | 9 | 12 |

<sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

<sup>2</sup>Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>3</sup>Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>4</sup>Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>5</sup>Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount.

<sup>6</sup>Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.

*For more information, please contact District Human Resources*

## CalPERS 2025 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2025

### Region 1\*

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

### Combination Monthly Premiums (Continued)

| Plan                                                                                                      | Subscriber in B, & 1 Dependent in M | Plan Code | Party Code | Party Rate | Subscriber in B, & 2+ Dependents in M | Plan Code | Party Code | Party Rate | Subscriber in B, 1 Dependent in M, & 1+ Dependent in B | Plan Code | Party Code | Party Rate |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|-----------|------------|------------|---------------------------------------|-----------|------------|------------|--------------------------------------------------------|-----------|------------|------------|
| Anthem Blue Cross Select HMO and Medicare Preferred                                                       | 1,744.21                            | 457       | 7          | 10         | 2,231.77                              | 457       | 8          | 11         | 2,498.20                                               | 457       | 9          | 12         |
| Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision <sup>1</sup>                       | 1,744.21                            | 460       | 7          | 10         | 2,231.77                              | 460       | 8          | 11         | 2,498.20                                               | 460       | 9          | 12         |
| Anthem Blue Cross Traditional HMO and Medicare Preferred                                                  | 1,987.96                            | 518       | 7          | 10         | 2,475.52                              | 518       | 8          | 11         | 2,888.20                                               | 518       | 9          | 12         |
| Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision <sup>1</sup>                  | 1,987.96                            | 521       | 7          | 10         | 2,475.52                              | 521       | 8          | 11         | 2,888.20                                               | 521       | 9          | 12         |
| Blue Shield Access+ HMO and Medicare                                                                      | 1,618.45                            | 049       | 7          | 10         | 2,066.73                              | 049       | 8          | 11         | 2,320.55                                               | 049       | 9          | 12         |
| Blue Shield Access+ HMO and Medicare with Dental/Vision <sup>2</sup>                                      | 1,618.45                            | 089       | 7          | 10         | 2,066.73                              | 089       | 8          | 11         | 2,320.55                                               | 089       | 9          | 12         |
| Blue Shield Access+ EPO and Medicare                                                                      | 1,618.45                            | 092       | 7          | 10         | 2,066.73                              | 092       | 8          | 11         | 2,320.55                                               | 092       | 9          | 12         |
| Blue Shield Access+ EPO and Medicare with Dental/Vision <sup>3</sup>                                      | 1,618.45                            | 093       | 7          | 10         | 2,066.73                              | 093       | 8          | 11         | 2,320.55                                               | 093       | 9          | 12         |
| Blue Shield Trio HMO and Medicare                                                                         | 1,583.07                            | 094       | 7          | 10         | 2,031.35                              | 094       | 8          | 11         | 2,263.94                                               | 094       | 9          | 12         |
| Blue Shield Trio HMO and Medicare with Dental/Vision <sup>4</sup>                                         | 1,583.07                            | 097       | 7          | 10         | 2,031.35                              | 097       | 8          | 11         | 2,263.94                                               | 097       | 9          | 12         |
| Kaiser Permanente and Senior Advantage                                                                    | 1,455.98                            | 539       | 7          | 10         | 1,799.06                              | 539       | 8          | 11         | 2,123.72                                               | 539       | 9          | 12         |
| Kaiser Permanente and Senior Advantage with Dental <sup>5</sup>                                           | 1,455.98                            | 545       | 7          | 10         | 1,799.06                              | 545       | 8          | 11         | 2,123.72                                               | 545       | 9          | 12         |
| Kaiser Permanente and Senior Advantage Summit                                                             | 1,521.21                            | 633       | 7          | 10         | 1,929.52                              | 633       | 8          | 11         | 2,188.95                                               | 633       | 9          | 12         |
| Kaiser Permanente and Senior Advantage Summit with Dental <sup>5</sup>                                    | 1,521.21                            | 639       | 7          | 10         | 1,929.52                              | 639       | 8          | 11         | 2,188.95                                               | 639       | 9          | 12         |
| Peace Officers Research Assoc of CA and Medicare Supplement                                               | 1,482.00                            | 598       | 7          | 10         | 2,098.00                              | 598       | 8          | 11         | 2,309.00                                               | 598       | 9          | 12         |
| PERS Gold and Medicare Supplement                                                                         | 1,559.83                            | 654       | 7          | 10         | 2,105.96                              | 654       | 8          | 11         | 2,168.05                                               | 654       | 9          | 12         |
| PERS Platinum and Medicare Supplement                                                                     | 2,060.80                            | 665       | 7          | 10         | 2,645.50                              | 665       | 8          | 11         | 2,946.46                                               | 665       | 9          | 12         |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO                                 | 1,626.83                            | 582       | 7          | 10         | 2,069.08                              | 582       | 8          | 11         | 2,337.58                                               | 582       | 9          | 12         |
| UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup> | 1,626.83                            | 588       | 7          | 10         | 2,069.08                              | 588       | 8          | 11         | 2,337.58                                               | 588       | 9          | 12         |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO                                  | 1,447.27                            | 497       | 7          | 10         | 1,889.52                              | 497       | 8          | 11         | 2,050.28                                               | 497       | 9          | 12         |
| UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision <sup>6</sup>  | 1,447.27                            | 498       | 7          | 10         | 1,889.52                              | 498       | 8          | 11         | 2,050.28                                               | 498       | 9          | 12         |

<sup>1</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

<sup>2</sup>Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>3</sup>Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>4</sup>Dental and Vision coverage is an additional \$39.14 per member per month premium. You will be billed directly for this amount.

<sup>5</sup>Dental benefit is an additional \$15.97 per member per month premium. You will be billed directly for this amount.

<sup>6</sup>Dental and Vision coverage is an additional \$29.54 per member per month premium. You will be billed directly for this amount.

*For more information, please contact District Human Resources*



## *Estate & Charitable Planning Webinar*

The FHDA Foundation is sending a special invitation to FODARA retirees to attend, by zoom, a one hour *expanded* topic webinar to cover not only the basics of estate planning but a variety of charitable planning techniques, including charitable remainder trusts, IRA charitable rollovers, beneficiary designations and charitable gift annuities.

The webinar features attorney John Wunderling, partner in the law firm of Ottoboni, Caputo and Wunderling, Sarah Kiesling, Chief Financial Officer of the Community College League of California, and Michael Davis, Vice President and Senior Philanthropic Advisor at U.S. Bank.

The webinar is Thursday, October 17 from 4-5 PM. The flyer with more information and the RSVP link is on the **FODARA** website <https://www.deanza.edu/fodara/> Click on **Calendar** to find the RSVP link.

If you have any questions, please email Leigh Howell at [howelleigh@fhda.edu](mailto:howelleigh@fhda.edu) or Robin Latta at [lattarobin@fhda.edu](mailto:lattarobin@fhda.edu).

*The Following Pages Contain Valuable Information About Retiree Benefits*



## Welcome to Your Benefits!

We are pleased to provide a variety of healthcare benefits such as medical, dental and vision which can be tailored to you and your family's needs.

This is a summary. Additional details about these benefits are available at <https://hr.fhda.edu/benefits/>.

**20  
25**  
Benefits  
at a Glance

## Medical

Our CalPERS medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

**"Pre 97 Retirees"** who qualify under the terms of their respective "paid benefits for retired employees hired before July 1, 1997" contract provisions are eligible to participate in the District's medical health insurance plans in the same manner as eligible employees and may select from the same plan choices and contribution levels as offered to eligible employees, subject to any limitations imposed by CalPERS.

**"Post 97 Retirees"** who qualify under the term of their respective "paid benefits for retired employees hired after July 1, 1997" contract provisions are eligible to participate in the District's medical health insurance plans by contracting directly with CalPERS. All eligible retirees can choose from the following CalPERS medical plans. Basic plans are shown on this page and Medicare plans are shown on the next page.

## Basic Plans

|                                                                              | KAISER HMO                             | NON-KAISER HMO       | PERS GOLD PPO                             |                              | PERS PLATINUM PPO            |                      |     |
|------------------------------------------------------------------------------|----------------------------------------|----------------------|-------------------------------------------|------------------------------|------------------------------|----------------------|-----|
|                                                                              | In-Network Only                        | In-Network Only      | In-Network                                | Out-Of-Network               | In-Network                   | Out-Of-Network       |     |
| <b>CALENDAR YEAR DEDUCTIBLE</b>                                              |                                        |                      |                                           |                              |                              |                      |     |
| <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul> | N/A                                    | N/A                  | \$1,000                                   | \$2,500                      | \$500                        | \$2,000              |     |
|                                                                              | N/A                                    | N/A                  | \$2,000                                   | \$5,000                      | \$1,000                      | \$4,000              |     |
| <b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>             |                                        |                      |                                           |                              |                              |                      |     |
| <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul> | \$1,500                                | \$1,500              | \$3,000                                   | Unlimited                    | \$2,000                      | Unlimited            |     |
|                                                                              | \$3,000                                | \$3,000              | \$6,000                                   | Unlimited                    | \$4,000                      | Unlimited            |     |
| <b>COINSURANCE / COPAYS</b>                                                  |                                        |                      | <b>YOU PAY</b>                            |                              |                              |                      |     |
|                                                                              | <b>Preventive Care</b>                 | No Charge            | No Charge                                 | No Charge                    | 40%                          | No Charge            | 40% |
|                                                                              | <b>Primary Care Physician</b>          | \$15                 | \$15                                      | \$35                         | 40%                          | \$20                 | 40% |
|                                                                              | <b>Specialist</b>                      | \$15                 | \$15                                      | \$35                         | 40%                          | \$20                 | 40% |
|                                                                              | <b>Urgent Care</b>                     | \$15                 | \$15                                      | \$35                         | 40%                          | \$35                 | 40% |
|                                                                              | <b>Emergency Room</b>                  | \$50                 | \$50                                      | \$50                         |                              | \$50                 |     |
|                                                                              |                                        | (waived if admitted) | (waived if admitted)                      | (waived if admitted)         |                              | (waived if admitted) |     |
| <b>PHARMACY</b>                                                              |                                        |                      |                                           |                              |                              |                      |     |
| <b>RETAIL RX (UP TO 30-DAY SUPPLY)</b>                                       |                                        |                      |                                           |                              |                              |                      |     |
|                                                                              | <b>Generic</b>                         | \$5                  | \$5                                       | \$5                          | \$5                          | \$5                  |     |
|                                                                              | <b>Brand Name</b>                      | \$20                 | \$20                                      | \$20                         | \$20                         | \$20                 |     |
|                                                                              | <b>Non-Formulary</b>                   | \$20                 | \$50                                      | \$50                         | \$50                         | \$50                 |     |
|                                                                              | <b>Specialty Drugs</b>                 | \$20                 | Typically follows tier structure above*** | Follows tier structure above | Follows tier structure above |                      |     |
|                                                                              | <b>MAIL ORDER RX (90 DAY SUPPLY**)</b> |                      |                                           |                              |                              |                      |     |
|                                                                              | <b>Generic</b>                         | \$10                 | \$10                                      | \$10                         | \$10                         | \$10                 |     |
| <b>Formulary</b>                                                             | \$40                                   | \$40                 | \$40                                      | \$40                         | \$40                         |                      |     |
| <b>Non-Formulary</b>                                                         | \$40                                   | \$100                | \$100                                     | \$100                        | \$100                        |                      |     |

\* After deductible

\*\* 100 Day Supply for Kaiser HMO

\*\*\*Coverage varies by plan



## Medicare Plans

|                              | ANTHEM MEDICARE PREFERRED PPO | BLUE SHIELD MEDICARE ADVANTAGE PPO | KAISER PERMANENTE SENIOR ADVANTAGE HMO | KAISER PERMANENTE SUMMIT SENIOR ADVANTAGE HMO |
|------------------------------|-------------------------------|------------------------------------|----------------------------------------|-----------------------------------------------|
| <b>Out-of-Pocket Maximum</b> | \$1,500                       | \$1,500                            | \$1,500                                | \$1,500                                       |
| <b>Preventive Services</b>   | \$0                           | \$0                                | \$0                                    | \$0                                           |
| <b>Primary Care Visit</b>    | \$10                          | \$0                                | \$10                                   | \$0                                           |
| <b>Specialist Visit</b>      | \$10                          | \$0                                | \$10                                   | \$0                                           |
| <b>Emergency Services</b>    | \$50                          | \$50                               | \$50                                   | \$50                                          |
| <b>Hospitalization</b>       | \$0                           | \$0                                | \$0                                    | \$0                                           |
| <b>PRESCRIPTION DRUGS</b>    |                               |                                    |                                        |                                               |
| <b>Generic</b>               | \$5                           | \$5                                | \$5                                    | \$5                                           |
| <b>Brand Name</b>            | \$20                          | \$20                               | \$20                                   | \$20                                          |
| <b>Non-Preferred Drug</b>    | \$50                          | \$50                               |                                        |                                               |

## Medicare Plans (cont.)

2

|                              | PERS GOLD MEDICARE SUPPLEMENT PPO | PERS PLATINUM MEDICARE SUPPLEMENT PPO | UNITED HEALTHCARE MEDICARE ADVANTAGE PPO |
|------------------------------|-----------------------------------|---------------------------------------|------------------------------------------|
| <b>Out-of-Pocket Maximum</b> | No maximum                        | No maximum                            | \$1,500                                  |
| <b>Preventive Services</b>   | \$0                               | \$0                                   | \$0                                      |
| <b>Primary Care Visit</b>    | \$0                               | \$0                                   | \$10                                     |
| <b>Specialist Visit</b>      | \$0                               | \$0                                   | \$10                                     |
| <b>Emergency Services</b>    | \$0                               | \$0                                   | \$50                                     |
| <b>Hospitalization</b>       | \$0                               | \$0                                   | \$0                                      |
| <b>PRESCRIPTION DRUGS</b>    |                                   |                                       |                                          |
| <b>Generic</b>               | \$5                               | \$5                                   | \$5                                      |
| <b>Brand Name</b>            | \$20                              | \$20                                  | \$20                                     |
| <b>Non-Preferred Drug</b>    | \$50                              | \$50                                  | \$50                                     |

### FOR MORE INFORMATION

If you would like to learn more about the benefits available to you visit <https://hr.fhda.edu/benefits/>.



## NEW! Blue Shield Replaces Anthem for CalPERS PPO Plans in 2025

Blue Shield of California will replace Anthem as the network and plan administrator for the PERS Platinum PPO and PERS Gold PPO Basic health plans, and as the plan administrator only for the PERS Platinum and PERS Gold Medicare Supplement plans. Blue Shield’s network will closely match Anthem’s, ensuring minimal disruption for Basic members. There are no changes to copays or coinsurance with this transition to Blue Shield.

### Medicare Supplement Plans:

- No impact on provider access.
- Care coordination continues under Centers for Medicare and Medicaid Services (“CMS”).
- Blue Shield provides administrative services.

### Basic Non-Medicare PPO Plans:

- Blue Shield replaces Anthem for PERS Platinum and PERS Gold PPO plans.
- Near-100% provider match for PERS Platinum (statewide) and PERS Gold (22 rural counties).
- Over 90% provider match for PERS Gold (urban/suburban counties including Bay Area counties).
- Blue Shield provides network and administrative services.

### Transition Support for Basic PPO Members:

- PERS Platinum:
  - Continuity of care for up to one year if the current provider is out-of-network in 2025 (subject to eligibility for Continuity of Care under Department of Managed Health Care (“DMHC”) / Federal regulations).
  - Additionally, one-year out-of-network exception for office visits provided by Blue Shield, treating out-of-network office visits as if in-network).
- PERS Gold:
  - Continuity of care for up to one year if the current provider is out-of-network in 2025 (subject to eligibility for Continuity of Care under Department of Managed Health Care (“DMHC”) / Federal regulations).
  - Personalized Blue Shield support to switch plans or find new providers.

## NEW! Population Health Vendor – Included Health

CalPERS Basic PPO plan members will have access to Included Health’s services in 2025, offering:

- Navigation to most appropriate in-network and high-quality providers
- Answering member questions
- Advocacy and care management
- Supplemental Virtual Health Network for primary care and behavioral health







Retired Employees Hired Before July 1, 1997 – Election of a medical health plan shall also include vision and dental coverage offered by the District. Pre-97 Retirees may not opt out of dental and vision coverage, nor elect only vision and dental coverage.

Retired Employees Hired After July 1, 1997 – Retired employees who are under age 65 and are participating in the Bridge Program may elect the District’s vision and dental coverage, as a package only, at full cost.

Retirees who do not qualify under the Bridge Program or who have reached age 65 or older, may contract directly with vision and/or dental plan providers, in accordance with the terms of their contract, at their own cost.

## Dental

|                                                                                     |                                                                                                            | DELTA DENTAL PPO PLAN                     |                                           |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|
|                                                                                     |                                                                                                            | Delta Dental PPO Dentists**               | Non-Delta Dental PPO Dentists**           |
|    | <b>Calendar Year Deductible</b>                                                                            |                                           |                                           |
|                                                                                     | <ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>                           | N/A<br>N/A                                | N/A<br>N/A                                |
|    | <b>Calendar Year Plan Maximum Per Individual</b>                                                           | <b>\$2,000 (\$300 Increase for 2025!)</b> | <b>\$1,800 (\$300 Increase for 2025!)</b> |
| <b>COINSURANCE/COPAYS</b>                                                           |                                                                                                            | <b>YOU PAY</b>                            |                                           |
| <b>DIAGNOSTIC &amp; PREVENTIVE CARE</b>                                             |                                                                                                            |                                           |                                           |
| <b>Exams, Cleanings, X-rays, Fluoride, Space Maintainers, Sealants</b>              |                                                                                                            | 0%                                        | 0%                                        |
| <b>BASIC SERVICES</b>                                                               |                                                                                                            |                                           |                                           |
|   | <b>Oral Surgery, Fillings, Endodontic Treatment, Periodontic Treatment, Repairs of Dentures and Crowns</b> | 0 - 30%*                                  | 0 - 30%*                                  |
|                                                                                     | <b>MAJOR PROCEDURES</b>                                                                                    |                                           |                                           |
| <b>Crowns, Jackets</b>                                                              |                                                                                                            | 0 - 30%*                                  | 0 - 30%*                                  |
| <b>PROSTHODONTIC SERVICES</b>                                                       |                                                                                                            |                                           |                                           |
| <b>Bridges, Dentures, Implants</b>                                                  |                                                                                                            | 50%                                       | 50%                                       |
| <b>ORTHODONTIA</b>                                                                  |                                                                                                            |                                           |                                           |
|  | <b>Covered</b>                                                                                             | 50%                                       | 50%                                       |
|                                                                                     | <b>Lifetime Orthodontia Plan Maximum (Per Individual)</b>                                                  | \$1,000                                   | \$1,000                                   |

\* In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

## Vision

|                                                                                     |                            | VSP VISION SIGNATURE PPO PLAN                     |                      |
|-------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------|----------------------|
|                                                                                     |                            | In-Network                                        | Out-of-Network       |
| COINSURANCE/COPAYS                                                                  |                            | YOU PAY                                           | REIMBURSEMENT        |
|    | <b>Exam</b>                | \$10                                              | Up to \$45           |
|                                                                                     | <b>Materials</b>           | Included with exam copay                          | N/A                  |
| <b>LENSES</b>                                                                       |                            |                                                   |                      |
|    | <b>Single</b>              | Included with exam copay                          | Up to \$45           |
|                                                                                     | <b>Bifocals</b>            | Included with exam copay                          | Up to \$65           |
|                                                                                     | <b>Trifocals</b>           | Included with exam copay                          | Up to \$85           |
|                                                                                     | <b>Lenticular</b>          | Included with exam copay                          | Up to \$125          |
| <b>FRAMES</b>                                                                       |                            |                                                   |                      |
|    | <b>Frames</b>              | Included with exam copay<br>\$120-\$140 allowance | Up to \$47           |
| <b>CONTACT LENSES (IN LIEU OF EYEGLASS LENSES)</b>                                  |                            |                                                   |                      |
|    | <b>Medically Necessary</b> | No Copay (Covered in Full)                        | Up to \$210          |
|                                                                                     | <b>Elective</b>            | No Copay (\$120 allowance)                        | Up to \$105          |
| <b>BENEFIT FREQUENCY</b>                                                            |                            |                                                   |                      |
|  | <b>Exams</b>               | Once every 12 months                              | Once every 12 months |
|                                                                                     | <b>Lenses</b>              | Once every 12 months                              | Once every 12 months |
|                                                                                     | <b>Frames</b>              | Once every 24 months                              | Once every 24 months |
|                                                                                     | <b>Contacts</b>            | Once every 12 months                              | Once every 12 months |



*This document is not an official plan document. Official plan documents contain detail, including important coverage exclusions and limitations. If there are any discrepancies between this benefit overview and plan documents, the plan documents will govern.*

# FODARA PIZZA "THING"



**What:** Pizza, Pizza, Pizza!  
**Cost:** \$22 for pizza, salad, bread, soft drinks (wine/beer extra)  
**When:** Thursday, October 24, 3:00 – 5:00 pm  
**Where:** Tony and Alba's Pizza & Pasta (408.246.4605), 3137 Stevens Creek Blvd, S.J. (northwest corner of Stevens Creek and Winchester, next to BevMo and close to Santana Row)

-----  
RESERVATION FORM: **Please mail by October 14 at the latest**

Your Name \_\_\_\_\_

Your Phone (for any last minute changes to schedule): \_\_\_\_\_

Guests \_\_\_\_\_

IS THIS YOUR FIRST TIME ATTENDING A FODARA EVENT?  Yes  No

Please reserve total places for the Pizza Thing \_\_\_\_\_

Indicate dollar amounts below:

\_\_\_\_\_ \$22 per person for Pizza Thing

\_\_\_\_\_ \$10 FODARA membership dues (voluntary)

\_\_\_\_\_ FODARA Scholarship Fund (voluntary)

**TOTAL AMOUNT ENCLOSED: \$** \_\_\_\_\_

**Make check payable to "FODARA"**

Mail check and reservation form to:

Bill Lewis, FODARA, 1380 Elwood Drive, Los Gatos, CA 95032.

For questions or last-minute reservations, contact Bill Lewis at 408.639.9919 / [billlosgatos@gmail.com](mailto:billlosgatos@gmail.com)



## FODARA BOARD OF DIRECTORS 2024

|                           |                             |              |                                                                              |
|---------------------------|-----------------------------|--------------|------------------------------------------------------------------------------|
| <b>President</b>          | <i>Mike Paccioretti</i>     | 408-274-4929 | <a href="mailto:paccioretmike@sbcglobal.net">paccioretmike@sbcglobal.net</a> |
| <b>Vice President</b>     | <i>Bill Lewis</i>           | 408-639-9919 | <a href="mailto:billlosgatos@gmail.com">billlosgatos@gmail.com</a>           |
| <b>Secretary</b>          | <i>Thomas Roza</i>          | 408-375-9515 | <a href="mailto:thomas_roza@yahoo.com">thomas_roza@yahoo.com</a>             |
| <b>Treasurer</b>          | <i>Barbara Illowsky</i>     | ---          | <a href="mailto:illowskybarbara@fhda.edu">illowskybarbara@fhda.edu</a>       |
| <b>Webmaster/Listserv</b> | <i>Cindy Castillo</i>       | 408-702-7721 | <a href="mailto:cindycastillo@comcast.net">cindycastillo@comcast.net</a>     |
| <b>Member at Large</b>    | <i>Janice Carr</i>          | 650-941-2567 | <a href="mailto:janicecarr@pacbell.net">janicecarr@pacbell.net</a>           |
| <b>Member at Large</b>    | <i>Linda Conroy</i>         | 408-966-5703 | <a href="mailto:lsiqcon@aol.com">lsiqcon@aol.com</a>                         |
| <b>Member at Large</b>    | <i>Maureen Gates</i>        | 408-736-7504 | <a href="mailto:gates-m@sbcglobal.net">gates-m@sbcglobal.net</a>             |
| <b>Member at Large</b>    | <i>La Donna Yumori-Kaku</i> | 408-482-8879 | <a href="mailto:yumorikakuladonna@fhda.edu">yumorikakuladonna@fhda.edu</a>   |
| <b>Newsletter Editor</b>  | <i>Marty Kahn</i>           | 408-966-6419 | <a href="mailto:kahnmarty@fhda.edu">kahnmarty@fhda.edu</a>                   |

## FODARA COMMITTEES 2024

|                                    |                                                                                                                                                                                                                                                                        |  |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>District Benefits</b>           | <i>Susanne Chan</i> ( <a href="mailto:chansusanne@fhda.edu">chansusanne@fhda.edu</a> ), <i>George Robles</i> ( <a href="mailto:roblesgeorge@fhda.edu">roblesgeorge@fhda.edu</a> ), <i>Lisa Markus</i> ( <a href="mailto:markuslisa@fhda.edu">markuslisa@fhda.edu</a> ) |  |
| <b>After-Words email delivery</b>  | <i>Cindy Castillo</i> ( <a href="mailto:cindycastillo@comcast.net">cindycastillo@comcast.net</a> )                                                                                                                                                                     |  |
| <b>After-Words postal delivery</b> | <i>Janice Carr</i> ( <a href="mailto:janicecarr@pacbell.net">janicecarr@pacbell.net</a> ), <i>Linda Conroy</i> ( <a href="mailto:lsiqcon@aol.com">lsiqcon@aol.com</a> )                                                                                                |  |
| <b>Scholarships</b>                | <i>Mike Brandy</i> ( <a href="mailto:brandymike@gmail.com">brandymike@gmail.com</a> )                                                                                                                                                                                  |  |
| <b>Social Events</b>               | <i>Linda Conroy</i> ( <a href="mailto:lsiqcon@aol.com">lsiqcon@aol.com</a> ), <i>La Donna Yumori-Kaku</i> ( <a href="mailto:yumorikakyladonna@fhda.edu">yumorikakyladonna@fhda.edu</a> )                                                                               |  |

## FODARA CALENDAR 2024

|                              |                    |                                            |
|------------------------------|--------------------|--------------------------------------------|
| <b><i>Estate Webinar</i></b> | Thurs, Oct 17, 4pm | Only on Zoom (see website for details)     |
| <b><i>Pizza Thing</i></b>    | Thurs, Oct 24, 3pm | Tony and Alba's – 3137 Stevens Creek Blvd. |
| <b><i>Board Meeting</i></b>  | Tues, Nov 5, 1pm   | Webmaster's Home                           |