

QUICK GUIDE TO RETIREE INSURANCE

Early Retiree Health Plan for Medical Coverage

If you are retiring between the ages of 55 and 64, you and your dependents may be eligible to participate in Pepperdine's Early Retiree Health Plan for medical coverage. The Early Retiree Health Plan allows qualified individuals to remain enrolled in their Pepperdine medical plan and pay the full premium cost without COBRA fees.

Eligibility for the Early Retiree Health Plan includes:

- If you and your spouse (or registered domestic partner) are enrolled in a Pepperdine medical plan and are between the ages of 55 and 64 at the time of your retirement, both of you are eligible to enroll and remain in this plan through the last day of the month prior to turning age 65, respectively. You and your significant other would be eligible for Medicare coverage on the first day of the month in which each of you turn 65.
- Children enrolled in an employee's Pepperdine medical plan at the time of the employee's retirement are eligible to enroll and remain in this plan through the last day of the month prior to turning age 26.

Consolidated Omnibus Budget Reconciliation Act ("COBRA") Coverage

If you and/or your spouse (or registered domestic partner) will be age 65 or older at the time of your retirement and you both are enrolled in a Pepperdine medical plan, you may be eligible for COBRA medical coverage for a period of up to 18 months after your retirement date.

Please note that Social Security requires retirees to enroll in Medicare within eight months after losing private (employer-offered) medical coverage due to retirement.

If you enroll in Medicare while also enrolled in COBRA, you will be responsible for payment of both plans. Your Medicare coverage will act as your primary insurance, and your COBRA medical coverage will act as your secondary insurance.

We encourage you to contact a Medicare representative at 800.633.4227 (877.486.2048 for TTY) to discuss enrollment requirements prior to enrolling in COBRA medical coverage.

Depending on your family's insurance enrollment at the time of your retirement, enrolled individuals would be eligible for continued dental, vision, and employee assistance program (EAP) coverage through COBRA. COBRA coverage is available for a period of up to 18 months from the date coverage is lost due to your retirement from Pepperdine.

How to Enroll

Within 30 days before retirement, please email benefits@pepperdine.edu indicating that you want to remain on Pepperdine's Early Retiree Health Plan for medical coverage. Additional details may be requested before Human Resources can confirm eligibility for this plan.

Upon receiving your COBRA Election Notice in the U.S. mail, approximately 7-10 days after your retirement, please follow the instructions therein to access your online portal; elect all of your desired benefits; and submit your initial payment. You can establish recurring payments after your initial payment has been successfully processed.

Once enrolled and applicable premiums have been paid, you and your enrolled dependents will receive new insurance cards for coverage under Pepperdine's Early Retiree and COBRA group numbers, as applicable.

Early Retiree Medical and COBRA Costs in 2025

PLAN + COVERAGE	EARLY RETIREE COST	COBRA COST
AETNA HDHP		
EMPLOYEE ONLY	\$ 1,023.38	\$ 1,043.85
EMPLOYEE AND SPOUSE	\$ 2,251.42	\$ 2,296.45
EMPLOYEE AND FAMILY	\$ 3,172.47	\$ 3,235.92
EMPLOYEE AND CHILD(REN)	\$ 1,842.07	\$ 1,878.91
AETNA BROAD HMO		
EMPLOYEE ONLY	\$ 816.10	\$ 832.42
EMPLOYEE AND SPOUSE	\$ 1,795.39	\$ 1,831.30
EMPLOYEE AND FAMILY	\$ 2,448.16	\$ 2,497.12
EMPLOYEE AND CHILD(REN)	\$ 1,632.13	\$ 1,664.77
AETNA VALUE HMO		
EMPLOYEE ONLY	\$ 724.49	\$ 738.98
EMPLOYEE AND SPOUSE	\$ 1,593.84	\$ 1,625.72
EMPLOYEE AND FAMILY	\$ 2,173.43	\$ 2,216.90
EMPLOYEE AND CHILD(REN)	\$ 1,448.95	\$ 1,477.93
KAISER PERMANENTE HMO, CALIFORNIA		
EMPLOYEE ONLY	\$ 740.12	\$ 754.92
EMPLOYEE AND SPOUSE	\$ 1,628.24	\$ 1,660.80
EMPLOYEE AND FAMILY	\$ 2,220.34	\$ 2,264.75
EMPLOYEE AND CHILD(REN)	\$ 1,480.22	\$ 1,509.82

PLAN + COVERAGE	COBRA COST
VISION - VSP ESSENTIALS	
EMPLOYEE ONLY	\$ 10.56
EMPLOYEE + 1 DEP	\$ 15.37
EMPLOYEE + 2 OR MORE DEP	\$ 27.60
VISION - VSP PLUS	
EMPLOYEE ONLY	\$ 15.86
EMPLOYEE + 1 DEP	\$ 23.08
EMPLOYEE + 2 OR MORE DEP	\$ 41.45
DELTA DENTAL PPO	
EMPLOYEE ONLY	\$ 52.08
EMPLOYEE AND ONE DEPENDENT	\$ 99.65
EMPLOYEE AND 2 OR MORE DEPENDENTS	\$ 186.15
DELTACARE HMO	
EMPLOYEE ONLY	\$ 17.36
EMPLOYEE AND ONE DEPENDENT	\$ 31.24
EMPLOYEE AND 2 OR MORE DEPENDENTS	\$ 46.23
EMPLOYEE ASSISTANCE PROGRAM	
EMPLOYEE ONLY	\$ 1.79

**Rates reflect the cost per plan per month.
Rates are subject to change on January 1.**

Retiree Health VEBA Plan through BPAS

If you have met the vesting schedule¹ for Pepperdine's Retiree Health VEBA Plan (administered by BPAS) at the time of your retirement, you may use available funds to pay for eligible healthcare expenses during retirement. Eligible expenses include COBRA and Medicare premiums.

¹ Vesting for Retiree Health Plan employer funds occurs at either 1) age 55 and 10 years of service, or 2) age 65 and 5 years of service.