



## Public School Retirement System of the City of St. Louis

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### *As you prepare to retire...*

You and your eligible dependents may enroll for medical, dental and/or vision benefits through the Public School Retirement System of the City of St. Louis (PSRSSTL). Detailed information regarding the benefits discussed in this summary, your contributions for medical, dental and/or vision coverage and enrollment and dependent eligibility guidelines are enclosed.

### *Life Insurance*

PSRSSTL does not sponsor group life insurance coverage for its members. However, you may be eligible to apply for a conversion of your group term life insurance coverage to an individual plan. If you are an employee of St. Louis Public Schools (SLPS), contact SLPS Insurance Department at (314) 345-2260 to obtain life insurance conversion information. For former Charter School Employees, contact your school's Human Resources Department.

### *Enrolling for Medical, Dental, Vision, ID Theft Protection or Prepaid Legal Plan Coverage*

You will need to select medical, dental and/or vision coverage. Complete the PSRSSTL Benefits Enrollment Form and return to the PSRSSTL Insurance Department. It is recommended that you return your completed form by the first day of the month prior to the date of your retirement. This will help to avoid delays in the transition between your coverage through SLPS or your charter school and your coverage through PSRSSTL. Your medical, dental or vision coverage through PSRSSTL may be provided by different insurance carriers.

**If you do not provide an enrollment form to PSRSSTL within 31 days following your retirement date, your opportunities to enroll for future medical, dental or vision coverage through PSRSSTL will be limited as specified in the Group Insurance Enrollment Policy.**

### *Waiving Medical, Dental or Vision Coverage*

If you or your eligible dependents choose to waive coverage through PSRSSTL because you have coverage through another group, please complete the Waiver of Group Medical/Dental/Vision Coverage Form and return it to PSRSSTL by the date of your retirement. **If you involuntarily lose coverage through your other group, you must request enrollment into a PSRSSTL plan within 30 days following the date your other coverage ended.** You must complete the Benefits Enrollment form and provide it to PSRSSTL along with an appropriate Certificate of Creditable Coverage from the other group insurance plan. Your coverage through PSRSSTL will be effective on the day following the date on which your other coverage was lost.



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### ***Annual Open Enrollment Period***

The annual Open Enrollment period is held during the fall of each year. Open Enrollment allows you to:

1. Change medical, vision or dental coverage; or
2. Enroll in our new offerings of Identity Theft Protection and/or Prepaid Legal Plan.

Changes or enrollments requested during Open Enrollment become effective the following January 1.

Regardless of whether you wish to make a change during Open Enrollment, you should review the Open Enrollment mailing materials sent to you from PSRSSL. These materials will include any monthly premium and plan benefit changes that become effective on January 1 following the annual Open Enrollment period.

### ***Canceling Medical, Dental, Vision, ID Theft Protection Plan or Prepaid Legal Coverage***

You may cancel coverage at any time. Cancellations become effective at midnight on the last day of the month during which your written cancellation request is received. Remember, however, that if you cancel coverage, your opportunities for re-enrollment will be limited. Refer to the enclosed Dependent Eligibility for Medical, Dental, Vision, ID Theft, or Prepaid Legal Coverage summary for the dates on which a cancellation due to one of your dependents becoming ineligible for coverage becomes effective.

### ***Effective Date for Medical, Dental, Vision, ID Theft Protection Plan or Prepaid Legal Coverage***

If your enrollment forms are received by PSRSSTL within 31 days following your retirement date, your coverage through PSRSSTL will, in most cases, become effective on the date of your retirement. However, if you are a 10, 10.5 or 11-month employee of SLPS, you retire at the end of a school year and you or your enrolled dependent is not eligible for insurance benefits at the time of your retirement, your coverage will become effective on September 1 following the date of your retirement.

If you are an employee of St. Louis Public Schools, contact the SLPS Insurance Department at (314) 345-2260 prior to your retirement to confirm that there will be no interruption in your insurance benefits during the transition of sponsorship of your coverage from SLPS to PSRSSTL. If an interruption of benefits occurs, you may wish to explore your options through SLPS for a temporary continuation of your SLPS insurance coverage.



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### *Your Cost for Medical, Dental, Vision, ID Theft Protection Plan or Prepaid Legal Coverage*

Your contribution for medical, dental or vision coverage will be deducted from your monthly pension benefit. If for any reason you do not receive a pension benefit from which your required contribution can be deducted, you will be responsible for the direct payment of your contribution to retain coverage. Direct payments should be made payable for forwarded to the Public School Retirement System of the City of St. Louis, 3641 Olive Street, Suite 300, St. Louis, MO 63108-3601. Direct payments not received within 31 days following the first day of the month for which payment is due will cause your coverage to terminate at midnight on the last day of the month for which premiums were paid. If your coverage is canceled due to your failure to submit your premium payment on a timely basis, you will forfeit any future opportunity to re-enroll for coverage through PSRSSTL.

### *Insurance Premium Deductions from Your First Pension Benefit*

Generally, **contributions collected from your first pension benefit will represent two months' insurance premiums.** For example, your pension benefit for the month of January will be paid February 1<sup>st</sup>. From your February 1<sup>st</sup> benefit payment, we will deduct your insurance premiums for the months of January and February. Each subsequent pension benefit will reflect a one-month deduction for each of the insurance plans you select. If for any reason your first benefit payment is delayed or if your insurance deductions exceed your pension benefit, additional monthly premiums will be collected as appropriate.

### *Medical Coverage*

You may choose one of several plans currently offered through PSRSSTL. Each plan includes medical and prescription drug coverage. No option is available to enroll for only medical or prescription drug coverage. All prescription programs offered through PSRSSTL and SLPS currently provide creditable coverage as defined by the Centers for Medicare and Medicaid Services (CMS). Do not enroll for Medicare Part D prescription drug coverage without verifying the need for Part D coverage with your prescription drug plan.

**UnitedHealthcare® SLPS-Sponsored POS Base and Buy Up Plans with Express Scripts prescription drug coverage.** These plans allow you to use the medical provider of your choice, without referrals. However, benefits are paid at a higher level when you use a medical provider within the UnitedHealthcare nationwide PPO network. Not all medical services are covered out of network. UnitedHealthcare PPO benefits for hospital, physician and laboratory services and Express Scripts prescription drugs are available for individuals with or without Medicare coverage.

**UnitedHealthcare® Group Medicare Advantage PPO Plans with Optum prescription drug coverage.** These plans are PPO Plans available only to members with Medicare Insurance. According to the PSRSSTL Board's enrollment policy, members are required to enroll in Medicare Parts A and B when eligible to enroll in one of these plans. The prescription drug



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benefits under each of these plans are provided through creditable Medicare D drug plans. If you enroll for one of these Medicare Advantage plans, do not enroll for a separate Medicare D plan through another provider; otherwise, your prescription drug AND medical benefits through these plans will be canceled and you will lose any further option to enroll for PSRSSTL sponsored medical coverage.

If you have a family membership where one member has Medicare Insurance and the other does not, you may not split your membership between the **UnitedHealthcare® SLPS-Sponsored POS Base and Buy Up Plans** and Medicare Advantage PPO plans. You may only enroll in the Base or Buy-up Plan offered by SLPS.

### ***Dental Coverage***

You may choose one of two plan options available through the Delta Dental PPO Dental Plan. Each option provides benefits for preventative, basic restorative, and major restorative dental care.

The **High Option PPO Plan** is a traditional form of dental coverage that allows you to receive dental services from PPO, Premier or an out-of-network dentist. PPO and Premier network dentists cannot balance bill (charge over the Delta Dental negotiated fees).

The **Low Option PPO Plan** is a traditional form of dental coverage that allows you to receive dental services from any dentist or dental specialist. Benefits will be paid at a higher level if you receive dental services from an in-network PPO dentist. The PPO dentist cannot balance bill (charge over the Delta Dental negotiated fee. In the Low Plan, the Delta Dental premier provider can balance bill. This plan offers orthodontia benefits (Children up to age 26).

Members who see out-of-network providers may have to pay in full at the time of service and obtain reimbursement from Delta Dental. Some out of network providers may submit claims to Delta Dental but this is up to the provider.

### ***Vision Coverage***

Routine vision service benefits are available through EyeMed. Eye exam benefits are available every 12 months. Benefits for eyeglasses or contact lenses are available every 24 months. Members who see out-of-network providers must pay in full at the time of service and obtain reimbursement from EyeMed.

Services for treatment of an eye illness or injury are covered under your medical plan. Be sure to check with your medical plan to determine whether the eye doctor treating you is an authorized provider.



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### *Prepaid Legal*

MetLife is the carrier. For a monthly premium, members can access experienced attorneys to help with covered services including estate planning (will, trusts, power of attorney), home sales, tax audits and more.

### *Identity Theft Protection*

Allstate is the carrier. For a monthly fee, members can get comprehensive identity monitoring, fraud resolution and mobile cybersecurity to help protect against digital threats.

### *Survivor Coverage*

Currently, surviving dependents eligible for a survivor option pension benefit, who were enrolled in coverage at the time of the member's death, may continue the same type of coverage after the member's death for an indefinite period if insurance benefits are available through the PSRSSTL group. Survivors who are eligible for an option pension benefit and elect to continue PSRSSTL-sponsored coverage after the member's death may change from one medical or dental plan to another during the open enrollment period.

Survivors who are eligible for an option pension benefit but were not enrolled for coverage at the time of the member's death may enroll for coverage as follows:

For medical only – during the first Open Enrollment Period following the survivor's Medicare entitlement date (must have Parts A and B). A copy of the survivor's Medicare card showing eligibility in that year must be submitted with the appropriate insurance enrollment form to PSRSSTL.

Within thirty (30) days of a survivor's involuntary loss of other creditable coverage including group health plan coverage or COBRA continuation coverage that was sponsored by the employer of the survivor, Medicare, Medicaid, a State Children's Health Insurance Program, or coverage through the Peace Corps. Proof of loss of coverage from your prior plan must be submitted with your insurance enrollment form to PSRSSTL. Applications for enrollment made due to loss of any type of coverage may only be for the same type of coverage lost (i.e., loss of medical coverage only entitles the survivor to enroll for PSRSSTL medical coverage, etc.).

Surviving dependents with a monthly survivor option pension benefit amount that does not cover the cost of their monthly insurance premiums must arrange to pay the PSRSSTL directly for any coverage they elect to continue.

Surviving dependents not eligible for a survivor option pension benefit, yet are covered under your medical, dental and/or vision insurance at the time of the member's death, are eligible to continue the same type of coverage after the member's death as allowed by state and federal



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laws. Surviving dependents who temporarily continue insurance benefits as allowed by state or federal law must arrange to pay the PSRSSTL directly for their continued coverage.

### *Medicare Insurance*

If you or any of your dependents are entitled to Medicare Insurance benefits, you must have both Part A and Part B coverage to be eligible to enroll for group medical insurance through PSRSSTL.

Medicare Insurance benefits are available for individuals who are at least 65 years of age, or who have been receiving Social Security Disability Insurance (SSDI) benefits for two years, or who have End Stage Renal Disease (ESRD), i.e., permanent kidney failure.

- ❖ In most cases, there is no cost to you for Medicare Part A which is “automatic”.
- ❖ There is a monthly cost, subject to change each year, for optional Medicare Part B.

If you or any of your dependents are eligible for Medicare benefits, please forward a copy of the appropriate Medicare Health Insurance ID card or a letter from the Social Security Administration confirming Medicare coverage and the effective dates for Parts A and B to PSRSSTL. If you or your dependent(s) are not currently eligible for Medicare Insurance and later become eligible, forward a copy of the Medicare eligibility information to PSRSSTL before the Medicare Insurance effective date.

If you are eligible for Medicare Insurance while you are an active employee and have only Part A coverage, contact Social Security two months prior to your retirement effective date to arrange for your enrollment in Medicare Part B coverage. You should request that your Medicare Part B coverage become effective on your retirement date. This will require that you ask your Social Security representative to enroll you for Part B coverage as allowed under the Medicare Special Enrollment provision. If you do not enroll for Part B coverage prior to your retirement date, you will lose your option to enroll for Medicare Advantage medical insurance through PSRSSTL.

Unless you or your dependent(s) have Medicare coverage because of ESRD, Medicare Insurance will become primary medical coverage for you or your dependent(s) effective on your retirement date. Medical insurance through PSRSSTL will become secondary coverage at that time. You or any of your dependents who are eligible for Medicare will therefore need to enroll for both Medicare Part A and Part B coverage; otherwise, you will lose your eligibility for medical insurance coverage through PSRSSTL.

If you or your dependent(s) have ESRD, you will have a Medicare-imposed waiting period of 30 months from the effective date of your Medicare Insurance coverage (usually the fourth month of dialysis) before Medicare becomes your primary coverage.



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Effective January 1, 2006, prescription drug benefits are available through Medicare Part D. If you enroll for medical coverage through a PSRSSTL sponsored Medicare Advantage plan, your Medicare D benefits are already incorporated into that plan's prescription drug benefit. Your enrollment for a separate Medicare D benefit will invalidate your Medicare Advantage medical and prescription drug coverage through PSRSSTL. If you enroll for medical coverage through a SLPS-sponsored POS plan, you will not need Medicare D coverage if the SLPS plan pays prescription drug benefits primary to Medicare D.

For questions about PSRSSTL sponsored insurance plans, please contact Monica Brewer, Insurance Benefits Specialist via email at [monica.brewer@psrstl.org](mailto:monica.brewer@psrstl.org) or phone at 314-534-7444, X3011.

**This document is not provided as a legal description of the programs that it references. It is intended to be a summary of the benefits available to you as a member of PSRSSTL. Actual plan documents and/or state and federal regulations will govern the specific terms and conditions of each benefit program.**

**Although it is the Retirement System's intention to provide its members and eligible dependents with a comprehensive benefit package, the Retirement System reserves the right to amend or terminate specific benefit programs at any time and for any reason.**