



## Public School Retirement System of the City of St. Louis (PSRSSTL)

### MEDICARE – FREQUENTLY ASKED QUESTIONS

**What is Medicare?** Medicare is a federal health insurance program for people who are 65+ years of age, some people with disabilities and people with End-Stage Renal Disease.

**When does Medicare start?** Medicare Parts A and B will start on the 1<sup>st</sup> day of your 65<sup>th</sup> birthday month. If you were born ON the 1<sup>st</sup> of the month, your Medicare-eligibility would start the 1<sup>st</sup> day of the preceding month. (If a member is still working, the member can/should waive Medicare Part B until they retire.)

**Now that I'm Medicare-eligible, what types of Medicare plans can I enroll in?** (1) a Medicare Supplement Plan and a Medicare Part D Plan; **OR** (2) a Medicare Advantage Plan. **The Public School Retirement System offers two nationwide Group Medicare Advantage PPO Plans that include Part D Prescription coverage.**

#### **What are the different parts of Medicare?**

- Medicare Part A (Hospital & Hospice)
- Medicare Part B (Doctors/Medicals)
- Medicare Part C (Medicare Advantage Plans)
- Medicare Part D (Prescription Drugs)

**NOTE:** The PSRSSTL Medicare Advantage (Part C) Plans include Medicare Parts A, B and D.

**Do I have to pay for Medicare?** Medicare Part A is paid through employee deductions while working. Once retired, members no longer pay for Part A. Once enrolled in Medicare Part B, all Medicare recipients must pay a premium – **the 2024 standard premium is \$174.70 per month**. If the member is receiving Social Security, they will deduct your Part B premium from your monthly Social Security check. If the member is not receiving Social Security Benefits, members will be billed quarterly for the Part B premium. *Note: If billed quarterly, always be timely in submitting premiums to avoid cancellation of your medical coverage.*

**Do I HAVE to enroll in Medicare?** Yes, the PSRSSTL Board's Enrollment Policy requires that any retired member who is eligible, must enroll and maintain Medicare Parts A and B to be enrolled in PSRSSTL medical coverages.

**How do I enroll in Medicare?** If you are receiving Social Security benefits, you should receive a Medicare card three months prior to your 65<sup>th</sup> birthday. If you do not receive your Medicare card, contact Social Security at **(800) 772-1213** to ensure that they have you enrolled and that a card is being sent. If you are not receiving Social Security benefits, contact Social Security three months prior to your 65<sup>th</sup> birthday or go on-line to [www.ssa.gov](http://www.ssa.gov) to enroll in both Medicare Parts A and B.

## MEDICARE – FREQUENTLY ASKED QUESTIONS (continued)

**What is the Medicare Donut-Hole (Coverage Gap)?** A prescription cost-sharing – when a Medicare recipient’s annual retail prescription drug costs reach \$5,030, the recipient must then pay 25% of the cost of each medication until the recipient reaches \$8,000 in out-of-pocket costs for covered drugs. Then, members would have to pay 5% of the cost for each of their drugs, or \$3.95 for generics and \$9.85 for brand-name drugs (whichever is greater). If enrolled in the correct PSRSSTL-Sponsored UnitedHealthcare Group Medicare Advantage plan, PSRSSTL members and Medicare-eligible dependents can avoid these high costs.

**Are dental and vision coverages offered through Medicare?** Medicare coverage does not include most dental or vision expenses. PSRSSTL offers two dental plans and one vision plan.

**I’ve seen television ads that talk about having certain expenses paid (Medicare Part B premiums, medical and prescription copays, etc.). What is this about?** If a person qualifies and receives MEDICAID (State Program for low-income persons), MEDICAID may pay some or all patient-related medical expenses.

**I’m currently retired and turning 65. When can I switch to one of the PSRSSTL-Sponsored Medicare Advantage Plans?** If you are enrolled in one of the PSRSSTL medical plans at the time of your Medicare-eligibility, you can switch to one of the PSRSSTL-Sponsored Group Medicare Advantage Plans on the date of your eligibility. If you are not enrolled in one of the PSRSSTL-Sponsored medical plans at the time of your Medicare eligibility, you can enroll during that year’s open enrollment and coverage would start on the subsequent January 1<sup>st</sup>.

**How do the PSRSSTL Group Medicare Advantage PPO Plans compare to individual Medicare Advantage Plans that are offered out on the market?** The PSRSSTL Group Medicare Advantage PPO Plans are customized for our group and cannot be obtained in the open market. Following are the unique benefits of these plans:

1. The PSRSSTL plans are national plans – members can live and receive all care in all 50 states and U.S. territories (*regional plans require that members live in the St. Louis area and only receive care at urgent care or emergency room facilities when outside the St. Louis area*);
2. Plans are PPOs – no referrals required to see doctors, members can see any doctor if they accept Medicare and agree to bill UnitedHealthcare. There are no extra charges for seeing out-of-network doctors (*HMOs require referrals and you must stay in network*);
3. PSRSSTL plans offer donut-hole protection which has saved our members thousands of dollars in prescription costs.
4. The PSRSSTL plans offer donut-hole protection as follows:
  - Low Plan – donut-hole protection for Tier 1 generics only;
  - High Plan – donut hole protection for Tiers 1, 2 and 3.
5. Free Lifeline Personal Emergency Response System (panic pendant or wristband which includes fall detection technology) – equipment and monthly monitoring are free to our enrolled members;
6. Healthy at Home Program – upon discharge from a hospital or skilled nursing facility, members can receive up to 28 free meals, extra transportation benefits and up to six hours of assistance with light housekeeping, errands, etc.;

## MEDICARE – FREQUENTLY ASKED QUESTIONS (continued)

7. Over-the-Counter Program – members are allocated \$60 to spend each quarter on over-the-counter items provided by First Line Medical;
8. Renew Active Fitness Program (like SilverSneakers but includes 30 minutes annually with a personal trainer to establish annual goals);
9. Transportation Program – 12 round trips or 24 one-way trips to/from doctor/medical appointments;
10. Virtual doctor visits for medical and behavioral health;
11. A \$500 hearing aid discount (in-network benefit); and
12. Various incentives and rewards for completion of certain health care activities.
13. Most importantly, PSRSSTL retains experienced consultants who assist in the negotiations of our group's vendor contracts to ensure that our members receive competitive rates and coverages in today's marketplace.

**What are the monthly premiums for the PSRSSTL-Sponsored UnitedHealthcare Group Medicare Advantage PPO Plans?** The monthly premiums for our Gold, Low and High Plans are \$0. Due to successful renegotiation of the plan contracts and a very competitive market, PSRSSTL was able to secure a three-year rate guarantee on the \$0 premiums for 2023, 2024 and 2025.

**Are there considerations I should make in selecting from the different PSRSSTL-Sponsored Group Medicare Advantage PPO Plans?**

1. Before enrolling, check to be sure that all medications you take are included in the Drug Formulary. The Drug Formulary lists all covered medications. Make note of the drug tier for each medication; the drug tier determines your prescription copay. The formulary is located on our website: <http://www.psrstl.org/wp-content/uploads/2023/10/2024-UC-Complete-drug-list.pdf>. As far as the donut-

hole is concerned:

- a. If you take Tier 1 medications only and your annual prescription costs are under \$4,660, you could enroll in the Low plan;
- b. If you take Tier 2 or Tier 3 medications, enroll in the High Plan;
2. The Annual Maximum Out-of-Pocket for Medical Expenses is the maximum amount you would have to pay for any medical expenses in the year. All medical expenses count toward the Maximum (i.e., tests, doctor visits, outpatient therapy/surgeries, hospitalizations, etc. – any costs excluding prescription copays).
  - a. Low Plan Maximum (member pays): Up to \$3,000, if medical expenses are incurred;
  - b. High Plan Maximum (member pays): Up to \$1,500, if medical expenses are incurred.
3. Prescription copays differ from plan to plan. Copays are determined by the drug's tier that is identified in the Drug Formulary mentioned above.

**I'm currently over age 65 and will retire at the end of the school year. When and how should I apply for Medicare Part B?** You can **AND SHOULD** apply for Medicare Part B three months prior to your Part B effective date. If your current employer benefits end August 31<sup>st</sup>, your Medicare Part B should start

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September 1. You can then apply for your Medicare Part B on June 1 or thereafter. To apply, you would call the Social Security Administration at **(800) 772-1213**. Forms CMS-40B and CMS-L564 must be completed and submitted to the local Social Security Office (to avoid receiving a Medicare penalty for not enrolling when you received Medicare Part A).

**What if I enroll in an outside plan on my own once I retire?** Members are encouraged to review the **PSRSSTL Group Insurance Enrollment Policy** and the **Dependent Eligibility for Medical, Dental and Vision Coverages**. If members do not enroll in the insurance coverages at the time of retirement, there must be a “qualified event” to enroll in the coverages after retirement.

**I have other insurance questions not covered above, who do I contact?** Please contact the PSRSSTL Insurance Benefits Specialist at (314) 534-7444, Ext. 3011.