

Public School Retirement System of the City of St. Louis

Group Insurance Enrollment Policy

Revised Effective February 26, 2024

ENROLLING FOR COVERAGE

A retired member may enroll for coverage only as set forth below.

Medical Insurance (Prescription drug benefits are included with each medical plan)

1. Concurrent with the member's retirement effective date as established by PSRSSTL, or
2. During the first Open Enrollment Period following the member's Medicare Parts A & B entitlement date, or
3. Within thirty (30) days of a member's involuntary loss of eligibility for other creditable coverage including group health plan coverage or COBRA continuation coverage that was sponsored by the employer of the member or the member's dependent, Medicare, Medicaid, a State Children's Health Insurance Program or coverage through the Peace Corps. Proof of coverage loss from your prior plan must be submitted with your application to PSRSSTL. Applications for enrollment made due to loss of any coverage type may only be for the same coverage type coverage lost, i.e., loss of medical coverage only entitles member to enroll for PSRSSTL medical coverage, etc.

Examples of situations that would create an involuntary loss of other creditable coverage include: loss of employment, termination of employer contributions toward other coverage; moving out of an HMO service area, if the other plan does not offer alternative coverage; ceasing to be a "dependent" as defined in the other plan; loss of coverage to a class of similarly situated individuals under the other plan (e.g., part-time employees).

General requirements for Medicare-primary member coverage under any of the PSRSSTL-sponsored group medical plans:

- Any member or dependent eligible for Medicare must have both Parts A (hospital) and B (medical) coverage.
- CMS (Centers for Medicare and Medicaid Services) requires Medicare recipients to maintain creditable ("Part D compliant") prescription drug coverage. All PSRSSTL medical plans include creditable prescription drug coverage which is "Part D compliant" so members/dependents should not enroll in a separate Medicare Part D prescription drug plan.
 - a. Members enrolling for traditional/major medical coverage in an SLPS-sponsored plan are only required to have Part D coverage if SLPS determines that its plan will pay prescription benefits as secondary coverage to Part D.

Dental and Vision Insurance

1. Concurrent with the member's retirement effective date as established by PSRSSTL, or
2. Within thirty (30) days of a member's involuntary loss of eligibility for other creditable dental and/or vision coverage sponsored through sources as defined in #3 Medical Insurance above.

CHANGING PLANS

A retired member may change from one plan to another only as set forth below.

1. During an Open Enrollment Period, including any special enrollment period established by the PSRSSTL Board of Trustees or
2. Concurrent with the member's/dependent's Medicare Part A entitlement date. (Medicare entitlement only creates an opportunity for a member to change medical coverage.)
3. Concurrent with the addition of a dependent who has involuntarily lost eligibility for other creditable coverage as defined in #3 Medical Insurance above.

CANCELLING COVERAGE

Any retired member who cancels coverage under a medical, dental or vision insurance plan offered through the PSRS-STL group will be subject to the Enrolling for Coverage rules above.

This means if you cancel your medical coverage under PSRSSTL, even if you enroll for non-group coverage with one of the same carriers available through PSRSSTL, your opportunities for re-enrolling in a plan offered through PSRSSTL will be limited by #2 under the Medical Insurance section above. It also means that if you cancel your dental or vision coverage under PSRSSTL for any reason except having coverage under another group plan, you will irrevocably lose eligibility to enroll in a dental or vision plan offered through PSRSSTL in the future.