

# Public School Retirement System

of the City of St. Louis

## New Retiree Guide



Begin Here →

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## Congratulations on your decision to retire!

Here is a Retiree Checklist to guide you in the process.

### At Least Two Months Before You Retire

- ☐ **1. You must file an *Official Notice of Retirement Form*** with the Human Resources Department at your Charter School or St. Louis Public Schools (SLPS) indicating the last day of work on which you will receive pay from SLPS. If you work at St. Louis Public Schools, you can access the appropriate form at <https://lf.slps.org/Forms/ResignationForm>.  
  
➞ For example, if the last day for which you work is June 30th, your form should state to Human Resources that you plan to retire at the “Close of Day, June 30th.”
- ☐ **2. Request a retirement application packet** from the Retirement System by calling **(314) 534-7444** or access the retirement application online at [www.psrssl.org/forms](http://www.psrssl.org/forms).
- ☐ **3. Attend a PSRSSTL Retirement Seminar.** Check the System's website, [www.psrssl.org](http://www.psrssl.org), for details on how to register for an upcoming session, or check out the recordings from prior sessions.

### Medicare Information

- ☐ **4. Educate yourself on Medicare eligibility and requirements.** Generally, if you or your covered dependents are Medicare eligible (which is normally age 65 or older) on your retirement effective date, both Medicare Part A and B must be in effect to enroll in one of the Retirement System's Medicare plans to optimize benefits. The Retirement System must have proof that Medicare Part A and B are in effect upon your retirement to achieve this.

If you were working when you or your covered dependents became Medicare eligible, you may have deferred enrollment in Medicare Part B. If this is the case, contact the Social Security Administration at **(800) 772-1213** at least sixty days prior to retirement. Explain to Social Security that you are retiring and would like to know “how to” exercise the Special Enrollment Period for Part B benefits.

Social Security should provide you with forms to enroll for Medicare Part B coverage – one form for completion by you and a second form for your employer to complete.

## Retirement Forms

- ☐ **5. Complete and return the following forms to the Retirement Office** at least thirty days prior to your retirement effective date. Any forms not returned 15 days or more prior to your retirement could delay your benefits.

- ☐ Retirement Application (mandatory)
- ☐ If you elect an Option Beneficiary, please send a copy of the Option Beneficiary's Birth Certificate and Social Security Card. This is needed if you are selecting someone who will receive a monthly benefit after your passing.

If you elect health insurance:

- ☐ Benefits Enrollment Form
- ☐ Medicare Part A and B Proof (if eligible)

If you elect Dental, Vision, Prepaid Legal, or Identity Theft Insurance

- ☐ Benefits Enrollment Form

If you do not elect medical, dental, vision, PrePaid Legal or Identity Theft coverage:

- ☐ Waiver of Group Insurance Form (mandatory)



- ☐ **6. The Retirement System must receive a letter from your employer confirming your date of retirement.** Employees of SLPS should contact Human Resources to submit an Official Notice of Retirement. Charter School employees should also contact Human Resources and submit a notice of retirement which generates a letter of retirement to PSRSSTL from the employer. If you are employed by SLPS, Human Resources generates this letter after you file the *Official Notice of Retirement Form* with them. Please contact SLPS at **(314) 345-2379** for more information.
- ☐ **7. A packet will be sent approximately 1-2 weeks before your first paycheck.** This packet includes your Retirement Certificate and an actuarial report which shows your monthly lifetime benefit payment and calculations. It will also include state, federal tax, and direct deposit forms. **If federal tax forms are not completed, PSRSSTL is required to set up tax withholding equal to Single Status and 0 Exemptions starting with your second retirement check.**

- ☐ **8. Retirement Benefits are paid the first of the month following Retirement Date.**

⇒ Example:

January 1 – Retirement Date

February 1 – Retirement Benefit paid

The first retirement benefit is paid via paper check. Direct Deposit is encouraged after the first month.

## Retirement Instructions and Deadlines



1. To start the PSRSSTL retirement process, complete the Retirement Application Form found on Page 59.
2. You must complete every section of the Retirement Application, including sign and date Sections 2, 3, 4 and 5.
3. PSRSSTL must receive the Retirement Application AT LEAST 15 days prior to your Retirement Effective Date.  
  
Late receipt of this Retirement Application will cause your Retirement Effective Date to be delayed.
4. To obtain a quote under Benefit Payment Option 5, 6 or 7, you must provide an estimate from Social Security of your benefit amount at age 62.
5. The beneficiary designations you make on this Retirement Application will replace any designations on file with PSRSSTL effective on your Retirement Effective Date.  
  
Designation of beneficiary is for any unpaid contributions to the System only. Member contributions are paid out first when retirement benefits begin and are typically exhausted within 2-3 years of retirement.

### Retirement Application Deadline

Retirement Date	Deadline
February 1, 2024	January 17, 2024
March 1, 2024	February 15, 2024
April 1, 2024	March 18, 2024
May 1, 2024	April 16, 2024
June 1, 2024	May 17, 2024
July 1, 2024	June 17, 2024
August 1, 2024	July 17, 2024
September 1, 2024	August 16, 2024
October 1, 2024	September 16, 2024
November 1, 2024	October 17, 2024
December 1, 2024	November 15, 2024
January 1, 2025	December 17, 2024

## Information on Your Pension



### Application

#### The Retirement Process

- ☐ You must notify your employer's Human Resources Department in writing of your intended retirement at least thirty (30) days before your retirement effective date. However, it is recommended that notification be provided at least sixty (60) days before your Retirement Effective Date. Even though your Retirement Effective Date with PSRSSTL will always be the first day of a month, the notice to your employer should indicate that you are retiring at the close of the day prior to your Retirement Effective Date. For example, if you plan to retire July 1st, you should notify your employer's Human Resources Department that you will retire effective "Close of Day, June 30th."
- ☐ PSRSSTL must receive your completed Retirement Application at least fifteen (15) days prior to your Retirement Effective Date. If PSRSSTL does not receive your Retirement Application at least fifteen (15) days prior to your intended Retirement Effective Date, your Retirement Effective Date and your benefits will be delayed. Retirement Applications are available by contacting PSRSSTL.

### Eligibility

#### Normal Pension

You will be eligible for unreduced Pension Benefits as a Vested member under a Normal Pension if:

- you have reached your 65th birthday, or
- the sum of your age plus your years of Credited Service equals 80 or greater. This is commonly referred to as the "Rule of 80." Rule of 85 would apply to those vested Members who left employment at a PSRSSTL employer school prior to 1/1/2018.

#### Disability Pension

If you are an Active Member unable to perform your job duties due to physical or mental incapacity, you may be eligible for Pension Benefits under a Disability Pension if:

- you do not qualify for a Normal Pension, and
- you are Vested with five (5) or more years Credited Service, and

- you are recommended for a Disability Pension by the Medical Board, and
- your Disability Pension is approved by the PSRSSTL Board of Trustees.

If you retire under a Disability Pension, your Pension Benefits will be subject to routine verification of your Disability status and limitations on your earnings from gainful employment until you qualify for a Normal Pension as if you had continued to work.

Even if you retire because of a Disability, your retirement benefits will be considered a Normal Pension if you have reached your 65th birthday or if you satisfy the Rule of 80 at the time of your retirement.

#### Early Pension

If you are age 60 or older, Vested with five (5) or more years Credited Service and do not qualify for a Normal or Disability Pension, you may qualify for a reduced Early Pension.

## Average Final Compensation

Your Average Final Compensation will be based on the highest average annual compensation you received for any consecutive three (3) year period during your last ten (10) years of service. In no event, will annual average final compensation be based on less than three years. In determining compensation, PSRSSTL includes regular wages plus what your employer pays for your health and welfare benefits. Regular wages also include extra compensation paid to department heads and extended school year pay but excludes overtime pay or special pay for services rendered during extracurricular activities or summer school.

## Benefit Amount

### Normal Pension

Your Normal Pension will be equal to your number of years of Credited Service multiplied by 2% (1.75% for non-member employees hired on or after January 1, 2018) of your Average Final Compensation. Pension Benefits are limited to 60% of Average Final Compensation. For an estimate of your Normal Pension amount look to your annual benefit statement. And remember, your annual benefit statement only provides an estimate. It will not reflect credit for unused sick leave, and may not reflect periods of absence or purchases of Credited Service that may cause adjustments to the estimate on your statement. The "Rule of 80" will only be used on annual benefit statements created for years ending on or after December 31, 2017, and when it applies to you.

### Disability Pension

Disability Pension Benefits are based on the greater of what your Normal Pension would be as if you were age sixty-five (65), or one-fourth ( $\frac{1}{4}$ ) of your Average Final Compensation upon your Disability retirement date.

Disability Pension Benefits are calculated using actual Credited Service on the Disability retirement date and limited to the amount a Retired Member would receive if they worked until Normal Retirement.

### Early Pension

If you retire under an Early Pension, the amount of your monthly Pension Benefit will be calculated as if it were a Normal Pension; then, it will be reduced by five-ninths of one percent (0.005556) for each month by which the date of your Early Pension precedes the earliest date on which you would be eligible for a Normal Pension.

## Payment Options

**If no Benefit Payment Option is elected at the time of retirement, a monthly Pension Benefit will be paid to you until your death and no monthly benefits will be paid to a survivor.**

Alternatively, if a Payment Option is elected at the time of retirement, a reduced monthly Pension Benefit will be paid to you so that, upon your death, monthly payments can continue to your beneficiary. Benefits that become payable to an Option Beneficiary will continue to them for the remainder of their lifetime. Pension Benefit payments will vary depending on the Payment Option elected.

Members usually name a spouse as their Option Beneficiary; however, anyone can be named as an Option Beneficiary, such as a child or parent, but you may not choose an Option Beneficiary whose difference in age from you causes a Pension Benefit reduction greater than 50% of your Normal Pension amount.

A Payment Option Reduction Table for payment estimates to an Option Beneficiary is included on Page 12. To obtain quotes for Payment Options that coordinate your monthly Pension Benefit with your monthly Social Security Benefit, you must provide the Retirement Office with a statement from Social Security that shows your estimated Social Security Benefit at age sixty-two (62).

## Option Beneficiaries

### Considerations in Naming an Option Beneficiary

- Only one person can be named as your Option Beneficiary.
- The reduction in your monthly Pension Benefit will be determined by the age difference between you and your Option Beneficiary. The younger your Option Beneficiary, the greater the reduction in your monthly Pension Benefit.
- After retirement, you may not change your Option Beneficiary for any reason.

## Benefit Payments

After approval of your Retirement Application, you will be added to payroll and paid a monthly Pension Benefit on the first day of each month for your lifetime. Monthly pension payments are made one month in arrears and represent the Pension Benefit for the prior month.

If you elect a Payment Option when you retire and you predecease your Option Beneficiary, effective the first of the month following your death, your Option Beneficiary will be paid a monthly survivor benefit for his or her lifetime. The amount of this monthly payment to your Option Beneficiary depends on the Payment Option you elect at the time of your retirement. See the death information sections on Page 9. Please provide instructions to your family to contact PSRSSTL upon your passing.

## Check Amount

Your net monthly payment will be the amount of your monthly Pension Benefit less any deductions you authorize such as insurance premiums and/or withholding for Federal and/or Missouri State Income Tax. Your first check may reflect deductions for more than one month of insurance premiums.

Most Retirement Applications are processed in a timely manner; however, if a delay in finalizing your retirement results in a delay of your initial pension payment, your initial payment will include retroactive benefits based on your Retirement Effective Date.

Around the time you are mailed your first benefit payment, you will be sent a detailed explanation of your Pension Benefit and how it was calculated.

## Direct Deposit

For your convenience and protection, PSRSSTL strongly suggests you choose to have your benefit payments made electronically. This method guarantees that your Pension Benefits are available in your checking or savings account on the first business day each month. Direct deposit expedites the payment process and prevents checks from being delayed in the mail, misplaced or stolen.

- ☐ To arrange for direct deposit, including any changes, you must complete a Direct Deposit Authorization Form and submit it to PSRSSTL for processing. Direct deposits begin with the second pension payment or, when changes are made, with the first payment 15 days or greater after PSRSSTL receives the form.
- ☐ You may contact PSRSSTL for a form or download a Direct Deposit Authorization Form from the PSRSSTL website at [www.psrstl.org](http://www.psrstl.org). The form must be completed in its entirety and returned to PSRSSTL for it to become effective.

## Missing Checks

If your Pension Benefit payments are paid to you by check and a check is misplaced or you do not receive it by the 10th calendar day of the month, you should notify PSRSSTL to make arrangements for a replacement check. You should notify PSRSSTL immediately if your check is stolen.



## Insurance Coverage



### Medical Insurance

At retirement, you and any qualified dependents typically become eligible to participate in one of the medical plans offered by or through PSRSSTL. The cost of retiree medical insurance is usually higher than coverage offered by your employer while you are still working. If you or your dependents are eligible for Medicare, you should discuss your coverage options with PSRSSTL at least two months prior to your retirement date. This is because the federal regulations regarding Medicare eligibility and some of the provisions your health insurance might have for coordinating benefits with Medicare could significantly affect the continuity of medical coverage for you or your Medicare-eligible dependents as you transition from active to retired member status.

### Dental/Vision Insurance

Dental and vision insurance are available to retirees and their qualified dependents. **Please note:** the PSRSSTL dental and vision plans are different from the plans offered by the St. Louis Public Schools (SLPS) and the Charter Schools.

### Voluntary Benefits

Prepaid Legal and Identity Theft protection coverage is also available for a monthly premium, which is paid by the Retired Member.

Prepaid Legal provides access to a network of attorney for assistance with many common legal services. Most are covered at no additional cost, other than the monthly premium. Identity theft protection provides comprehensive identity monitoring and fraud resolution.



## Enrollment

PSRSSTL is available to assist you in completing the necessary forms to ensure that you and your eligible dependents are properly enrolled in the health care plans you have selected.

Even if you are an SLPS retiree who wishes to continue the same medical coverage you had while you were working, you must complete an enrollment form so your membership can be transferred to the PSRSSTL group plan.

All PSRSSTL-sponsored health care benefits are subject to the provisions of the PSRSSTL Group Insurance Enrollment and Dependent Eligibility for Medical, Dental and Vision Coverage Policies.



**If you wish to enroll** in dental, vision, prepaid legal, and or identity theft protection, you must complete a Benefits Enrollment Form.



**If you do not enroll** for PSRSSTL medical, dental or vision coverage at the time of your retirement, you will have only one other opportunity to enroll, which is within thirty days of becoming eligible for Medicare. If you or your eligible dependents do not enroll for PSRSSTL health insurance at the time of your retirement because you participate in other qualified group coverage, you may enroll in the PSRSSTL group plans within thirty days of an involuntary loss of the other coverage.

## Cost

PSRSSTL pays a portion of a retiree's medical, dental and/or vision insurance premiums, which means you pay the remaining premium cost for you and any dependents. You may contact PSRSSTL or visit our website at [www.psrstl.org](http://www.psrstl.org) for a schedule of current member premium costs for the PSRSSTL group plans. The current member premium costs for the PSRSSTL group plans are on Page 18 of this packet.

## Survivor Coverage

Subject to all plan provisions, surviving dependents covered under your health insurance at the time of your death are usually eligible to continue coverage. PSRSSTL staff is available to explain the plan provisions to you as the length of the continuation coverage may be limited. Your covered surviving dependents may change plans during the annual Open Enrollment Period.

Any surviving dependents not enrolled in your health plan at the time of your death are excluded from future coverage.

If your surviving spouse remarries, the new spouse and their dependents are ineligible for PSRSSTL health insurance.

## Income Tax Information



### Taxes

- **Federal Income Tax:** Pension Benefits are taxed as ordinary income under Federal Income Tax Law. If you paid any after-tax contributions to PSRSSTL, generally contributions made prior to April of 1990 or contributions paid to purchase Credited Service, part of your annual Pension Benefits may not be subject to Federal Income Tax because they may have already been taxed.
- **Missouri State Income Tax:** Because PSRSSTL is a political subdivision of the State of Missouri, subject to certain earnings limitations, you may be able to exclude up to 100% of your annual Pension Benefits from Missouri State Income Tax.
- **Because tax codes vary from state-to-state or in other locations,** if you will be living outside of Missouri, you should seek tax advice about income tax liability on Pension Benefits earned while living in another domain.

### Withholding Tax

#### Federal Income Tax

Pursuant to Federal Law, your Pension Benefits are subject to Federal Income Tax withholding unless you elect in writing not to have Federal Income Tax withheld from your pension payments.

In applying income tax withholding requirements, your gross pension payments are treated as wages. If you do not complete Form W4P, Federal Income Tax will be withheld from your pension payments as if you were single claiming zero withholding allowances.

You may change your income tax withholding at any time by filing a new Form W4P with PSRSSTL.

If you elect not to have Federal Income Tax withheld from your pension payments, or if the amount withheld is insufficient, you may be subject to penalties under estimated tax payment rules.

#### Missouri State Income Tax

PSRSSTL will only withhold Missouri State Income Tax upon your written request.

### Tax Reporting

PSRSSTL will send you an IRS 1099-R Form each year no later than January 31st or as required by Federal Law.

The IRS 1099-R Form provides the gross amount of your annual Pension Benefits, the amount of taxable Pension Benefits and the amount of any Federal and/or Missouri State Income Tax withheld during the year. You should file the IRS 1099-R Form as part of your income tax return.

### Questions

**Tax information provided herein is general in nature. Specific questions about income tax liability on your Pension Benefits should be directed to the Internal Revenue Service or a qualified tax expert.**

## Address, Name Change, Death of Retiree, Spouse or Dependent



### Member Contributions

If you do not elect a Payment Option, and you die before the benefits paid to you exhaust the amount of your Accumulated Member Contributions, including interest earned, the difference between your Accumulated Member Contributions and the Pension Benefits paid to you will be paid to your designated beneficiary.

If you elect a Payment Option, and you and your Option Beneficiary die before the benefits paid to you or your Option Beneficiary exhaust the amount of your Accumulated Member Contributions, the difference between your Accumulated Member Contributions and the benefits paid will be refunded to the beneficiary of the person last entitled to payments.

### Address Change

If you change your address, notify PSRSSTL in writing as soon as possible. Your written notice should include at least the last 4-digits of your Social Security Number and must include your signature.

### Name/Marital Status Change

If your legal name changes due to marriage or other circumstances, notify PSRSSTL in writing and include a certified copy of the document showing the change.

If your marital status changes, you should review your beneficiary designation, insurance coverage and income tax withholdings. PSRSSTL provides forms to make these types of changes.

### Retiree Death

In the event of your death as the retiree, you should instruct your loved ones to contact PSRSSTL soon after the death and have them provide PSRSSTL with a certified copy of your death certificate.

In cases where a beneficiary is entitled to monthly survivor benefits or to a refund of contributions, a timely notification of the retiree's death will expedite beneficiary payments and limit delays. In cases where no further benefits are owed, timely notice of a retiree's death will stop overpayments from occurring which by law PSRSSTL must recover from the bank, estate or family members.

### Beneficiary, Spouse or Dependent Death

In the event of the death of a beneficiary, spouse or any dependent covered under your medical, dental and/or vision insurance, you should notify PSRSSTL in writing so the appropriate changes are made to your insurance coverage.

If you elect Payment Option 3 or 4, contact PSRSSTL in the event of your Option Beneficiary's death so your reduced Pension Benefit can be restored to the full amount. You should provide PSRSSTL with a certified copy of your Option Beneficiary's death certificate. See Page 12 for more information about Payment Options.

## Returning to Work

If you retire under a Normal or Early Pension, you may work for St. Louis Public Schools, PSRSSTL or one of the St. Louis City Charter Schools after you retire for a maximum of sixty (60) days each calendar year on a part-time or temporary basis. Any amount of time worked in a day counts as one day; and, unless special circumstances apply, exceeding the sixty-day maximum will result in your Pension Benefits being suspended.

## Social Security

Because PSRSSTL members are covered by Social Security, Normal and Early Pension Benefits are paid in addition to monthly Social Security Benefits.

## Retirement Office

Please contact PSRSSTL at the following address and phone numbers. Regular business hours for the Retirement Office are Monday through Friday, 8:00 a.m. until 4:30 p.m.

Public School Retirement System of the City of St. Louis  
3641 Olive Street, Suite 300  
St. Louis, Missouri 63108-3601

Telephone: **(314) 534-7444**

Fax: **(314) 533-0531**

Website: **[www.psrstl.org](http://www.psrstl.org)**



## Payment Option Reduction Table

### To Use This Table

1. Calculate or estimate the amount of your monthly Pension Benefit.
2. Determine the difference in age between you and a potential Option Beneficiary. Disregard partial years in determining the difference in your ages.
3. From the table below, select the appropriate Age Difference to identify the Option Factor you would use for each Payment Option.
4. Multiply your estimated monthly Pension Benefit by the appropriate Option Factor to determine what your monthly benefit would be under each of the Payment Options.

### Example

1. You have estimated that your Pension Benefit will be \$1,200 per month.
2. You want to name your spouse as your Option Beneficiary. Your spouse is 4 years, 8 months, and 11 days younger than you are, which would be equal to four full years.
3. After your death, you want your spouse to receive monthly payments in an amount equal to half of what you were receiving (Payment Option 2).
4. From the following table, use the Option Factor under Payment Option 2 where the Age Difference is 4 years. Your monthly benefit under Payment Option 2 would be \$1,200 multiplied by 87.9% ( $\$1,200 \times .879$ ) = \$1,054.80 per month.

Age Difference	Option Factors			
	Payment Option 1	Payment Option 2	Payment Option 3	Payment Option 4
Option Beneficiary is younger by:				
10 years	73.6%	84.9%	72.8%	84.6%
9 years	74.4%	85.4%	73.5%	85.0%
8 years	75.2%	85.9%	74.2%	85.4%
7 years	76.0%	86.4%	74.9%	85.8%
6 years	76.8%	86.9%	75.6%	86.2%
5 years	77.6%	87.4%	76.3%	86.6%
4 years	78.4%	87.9%	77.0%	87.0%
3 years	79.2%	88.4%	72.8%	87.4%
2 years	80.0%	88.9%	78.4%	87.8%
1 year	73.6%	89.4%	79.1%	88.3%
Option Beneficiary is same age:	81.7%	89.9%	79.8%	88.7%
Option Beneficiary is older by:				
1 year	82.5%	90.4%	80.5%	89.1%
2 years	83.3%	90.9%	81.2%	89.6%
3 years	84.2%	91.4%	81.9%	90.0%
4 years	85.0%	91.9%	82.6%	90.4%
5 years	85.9%	92.4%	83.3%	90.8%
6 years	86.7%	92.9%	84.0%	91.2%
7 years	87.5%	93.4%	84.7%	91.6%
8 years	88.3%	93.9%	85.4%	92.0%
9 years	89.1%	94.4%	86.1%	92.4%
10 years	89.9%	94.9%	86.8%	92.8%
Factor to add or subtract for each year over 10 years	0.8%	0.5%	0.7%	0.4%

#### ADDITIONAL INSTRUCTIONS

1. In no event will the Option Factor be greater than 99.0%.
2. If the Option Beneficiary is ten (10) or more years younger than the member, the Option 3 Factor will be equal to the Option 1 Factor less 0.8% and the Option 4 Factor will be equal to the Option 2 Factor less 0.4%.
3. Except in naming a spouse, a member may not name an Option Beneficiary who would cause a benefit reduction of more than 50%.
4. This table is only being provided as an estimator and is not intended to guarantee or warrant pension benefits.

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## Retirement Estimate



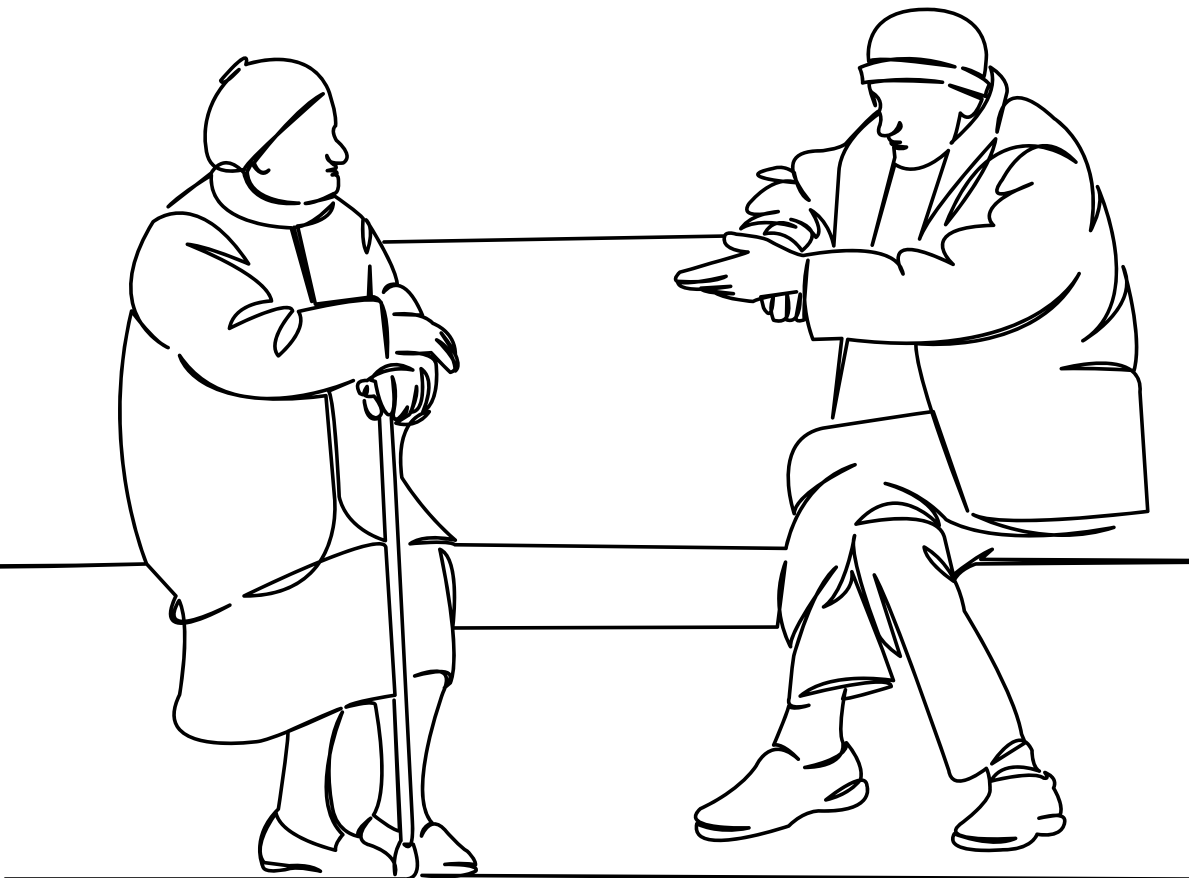
**2% per service year or 1.75% for those hired 1/1/2018 or later.**

**60% at 30 years maximum service.**

AFC = Average final compensation (3 years salary divided by 3) – We take the 3 highest consecutive salaries within the last 10 years of employment.

$AFC \times YOS \text{ (Years of Service)} \times 2\% \text{ or } 1.75\% \text{ Divided by } 12.$

The monthly benefit amount is reduced if an option beneficiary is selected. Refer to Payment Option Reduction Table on Page 12 for details.



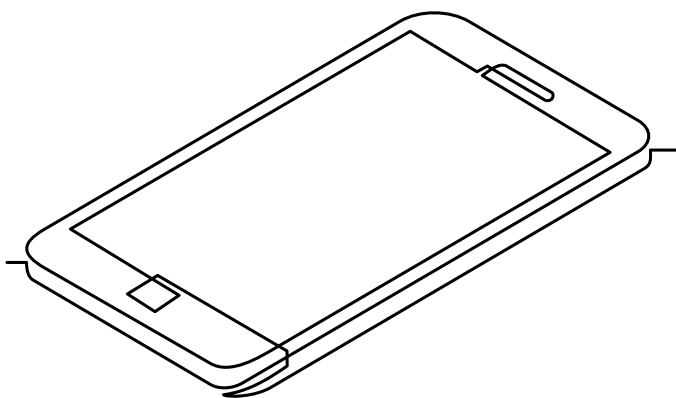
## May I Work After Retirement?



### **Q. May I work for the Saint Louis Public Schools (SLPS) or Charter Schools within the St. Louis City School District after I retire and continue drawing my pension benefits from the Public School Retirement System of the City of St. Louis (PSRSSTL)?**

Under normal circumstances, a retiree may not work for the SLPS or Charter Schools and draw a monthly pension benefit from PSRSSTL. There are two mutually exclusive exceptions as follows:

1. A retiree may work as a part-time or temporary employee for up to 60 days in a calendar year without having their pension benefits suspended and becoming a contributing Active Member. Any part of a day worked counts as one day. It is up to you and the employer to track the number of days worked.
2. A retired teacher may participate in the “Retired Teacher Return to Work Program” for up to 4 years with written consent from an authorized administrator of SLPS or Charter Schools.



### **Q. May I work for a school district other than the Saint Louis Public Schools or Charter Schools outside the St. Louis City School District after I retire and continue drawing my pension benefits from PSRSSTL?**

Yes. Once you retire, you may work for any employer in the public or private sector provided that the employer is not a PSRSSTL plan sponsor.

If you have any questions concerning the “Retired Teacher Return to Work Program” you should contact your Human Resources Department so they can investigate the program for you.

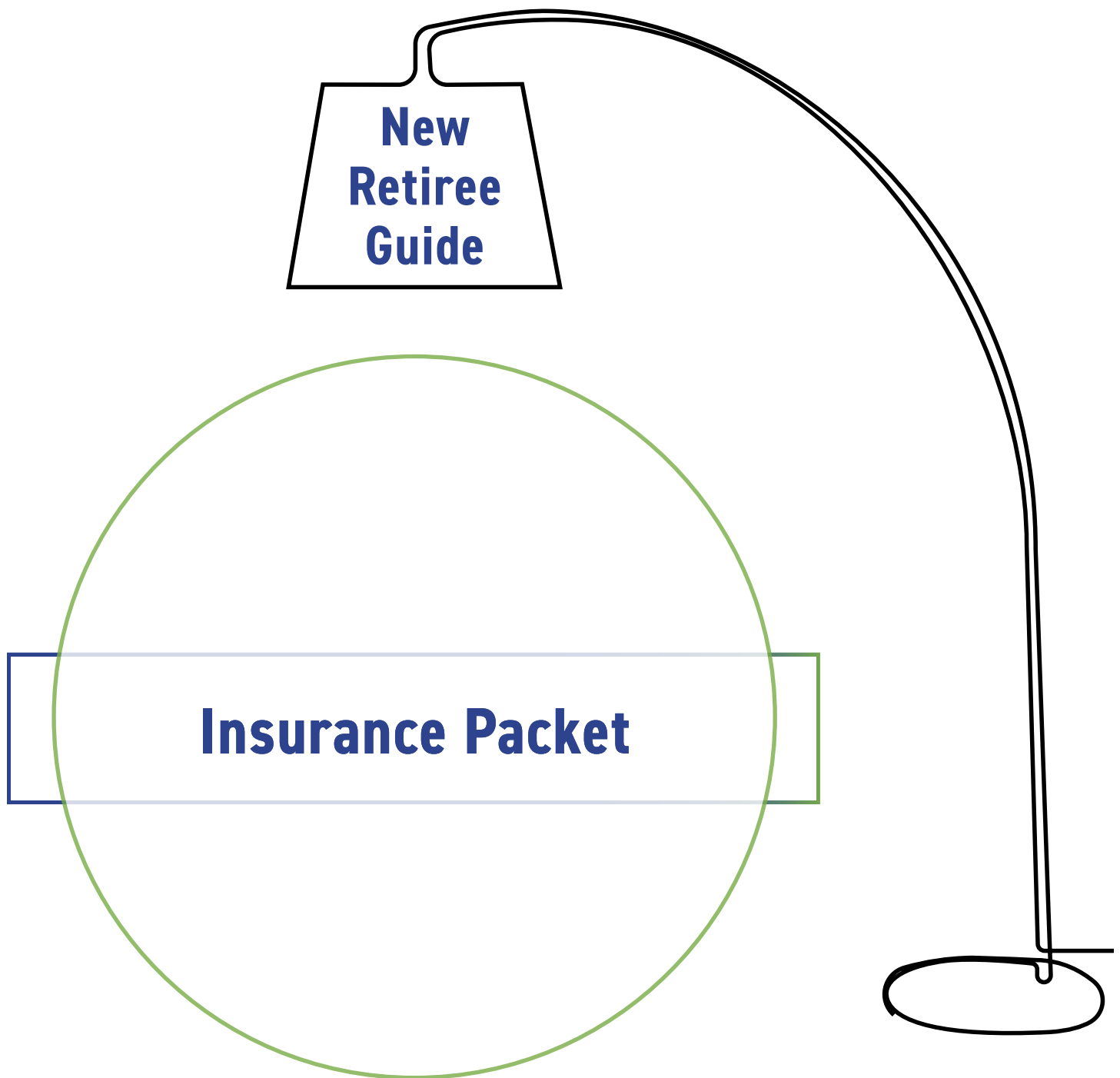
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**If you are interested in the SLPS Return to Work Program, please contact Laterica Williams, Interim Director of Human Resource Operations at [Laterica.Williams@slps.org](mailto:Laterica.Williams@slps.org).**

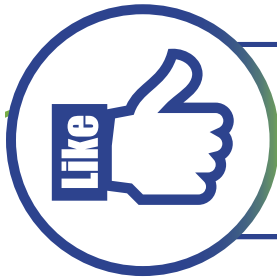
**If you are with a charter school, please contact your HR Department to get approval into the program.**

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## To All New PSRSSTL Retirees:



### Congratulations on your upcoming retirement!

PSRSSTL is a separate entity – coverages do not automatically carry over from your employer.

To enroll, members must complete the PSRSSTL Benefit Enrollment Form which must be received in the PSRSSTL office no later than 30 days following the loss of coverage from your employer-sponsored coverage.

Once enrolled, members will receive a new member ID card from the medical, dental and vision carriers.



Please refer to the Separation Letter that you'll receive from your employer as to when your employer-sponsored coverages end.

Open enrollment is held each year in October – November for members who wish to change medical or dental plans or enroll in prepaid legal and identity theft protection. Members are allowed to change medical plans upon Medicare-eligibility. Premiums are subject to change annually as contracts are renewed.

PSRSSTL offers group medical, dental, vision, prepaid legal and identity theft protection. PSRSSTL does not sponsor life insurance coverage.

PSRSSTL insurance premiums are deducted from members' monthly pension benefits. If the pension benefits are insufficient to cover the premiums, invoices will be mailed to the member. All premiums are due the 1st of the month for that month's coverages.

**BE AWARE** that PSRSSTL pays pension benefits in arrears. For example, if you retire January 1, your first pension benefit check will be issued February 1. Because insurance premiums are due the 1st of the month for that month's coverage, and we pay benefits in arrears, **two months' insurance premiums would be deducted from your first benefit check.**

The exception to this would be when a 10- or 11-month employee retires after completing the school year from SLPS, the SLPS-sponsored employee insurance coverages would end August 31st. In these cases, the insurance deductions would begin September 1 (when coverage with PSRSSTL begins) and one-month premiums would be deducted.

## Important Insurance Information



### By law, your employer must offer you COBRA coverage.

If you sign up for COBRA, you won't get the subsidies that PSRSSTL offers its members. Also, you would have to stay enrolled in COBRA for 18 months and then you would be eligible to enroll with PSRSSTL within 30 days of the loss of COBRA coverage.

Please note a few details:

- 10- and 11-month employees get 3 months insurance if they end in June.
- PSRSSTL does not provide life insurance. Once you retire, your group coverage ends with your employer.



## Member Monthly Premiums



### Medical, Dental, Vision, Prepaid Legal and ID Theft Plans

<b>Medical Monthly Premiums</b> All medical plans have nationwide coverage	<b>UnitedHealthcare® SLPS-Sponsored POS Plans</b>		<b>UnitedHealthcare® Group Medicare Advantage PPO Plans</b>	
	<b>Medicare &amp; Non-Medicare Members</b>		<b>Medicare-Eligible Members Only</b>	
	Base Plan	Buy Up Plan	Low Plan	High Plan
<b>Retiree Only</b>				
Retiree with Medicare	\$503.74	\$547.25	\$0.00	\$0.00
Retiree without Medicare	\$842.17	\$961.67	—	—
<b>Retiree and Spouse</b>				
Retiree and Spouse with Medicare	\$1,129.68	\$1,208.72	\$0.00	\$0.00
Retiree and Spouse without Medicare	\$1,626.01	\$1,847.09	—	—
Retiree with Medicare / Spouse without Medicare	\$1,267.45	\$1,360.15	—	—
Retiree without Medicare / Spouse with Medicare	\$1,267.45	\$1,360.15	—	—
<b>Retiree and Spouse with Children</b>				
Retiree / Spouse with Medicare, Children without Medicare	\$1,672.38	\$1,798.63	—	—
Retiree / Spouse without Medicare, Children with Medicare	\$1,909.67	\$2,167.79	—	—
Retiree, Spouse & Children without Medicare	\$1,888.67	\$2,143.23	—	—
Retiree with Medicare / Spouse without Medicare - with Children	\$1,535.67	\$1,647.80	—	—
Retiree without Medicare / Spouse with Medicare - with Children	\$1,535.67	\$1,647.80	—	—
Retiree / Spouse / Children with Medicare	\$1,672.38	\$1,798.63	\$0.00	\$0.00
<b>Retiree and Children</b>				
Retiree with Medicare, Children without Medicare	\$1,056.48	\$1,136.20	—	—
Retiree without Medicare, Children with Medicare	\$1,308.73	\$1,489.26	—	—
Retiree & Children without Medicare	\$1,294.04	\$1,472.08	—	—
Retiree & Children with Medicare	\$1,056.48	\$1,136.20	\$0.00	\$0.00

<b>Dental, Vision, Prepaid Legal and ID Theft Plans</b>	<b>Delta Dental of Missouri Dental</b>		<b>EyeMed Vision</b>	<b>MetLife Prepaid Legal</b>	<b>Allstate Identity Theft</b>
	Low Plan	High Plan		New Offering	New Offering
Retiree Only	\$14.70	\$26.01	\$0.00	—	\$9.50
Retiree + One Dependent	\$41.41	\$62.13	\$1.56	—	—
Retiree and Family	\$80.24	\$110.44	\$3.93	\$17.25	\$18.50

## PSRSSTL Insurance Coverages



Member monthly premiums for each of the coverages can be viewed by clicking on the following coverage type link:

- **Medical Premiums**
- **Dental Premiums**
- **Vision Premiums**
- **Prepaid Legal**
- **Identity Theft Protection**

To see the Summaries of Benefits and Frequently Asked Questions, click on the following links for each coverage type. Scroll down to see the multiple pages of information.

### Medical

UnitedHealthcare sponsors all PSRSSTL medical plans which allow you to see in or out-of-network doctors with no referrals. With the Base or Buy-Up plans, member costs increase when seeing out-of-network providers.

- **Non-Medicare-Eligible members** – members can choose between the Base or Buy-Up plans.
- **Medicare-Eligible members** – members can choose from all five medical plans. According to the PSRSSTL Board's enrollment policy, members are required to enroll in Medicare Parts A & B when eligible.

For more Medicare information, click the following link:

**[Medicare Frequently Asked Questions](#)**

### Dental

Delta Dental has two dental networks: PPO and Premier. Members receive the highest reimbursements when seeing providers in the PPO Network. PSRSSTL offers two dental plans:

- **Low Option** – best if member is seeing a Delta Dental PPO network dentist.
- **High Option** – best if member is seeing a Delta Dental Premier network dentist or an out-of-network dentist. Premier network dentists cannot balance bill (charge over the Delta Dental prices) when the member is enrolled in the High plan.
- Members who see out-of-network providers must pay in full at the time of service and obtain reimbursement from Delta Dental. The Delta Dental Out-of-Network Claim form is on the PSRSSTL website: **<http://www.psrstl.org/wp-content/uploads/2022/04/Delta-Dental-Out-of-Network-Claim-Form.pdf>**

## Vision

EyeMed is the vision carrier. The retiree vision premiums are subsidized by PSRSSTL at no cost to the member.

- When seeing your eye doctor, provide both your medical and vision ID cards – some charges may be applied to medical coverage.
- The PSRSSTL EyeMed Plan utilizes the EyeMed Insight Network. The PSRSSTL vision plan allows members to see out-of-network providers; however, **members will receive the highest discounts from a “Plus Provider” within the Insight Network.**
- Members who see out-of-network providers must pay in full at the time of service and obtain reimbursement from EyeMed. The EyeMed Out-of-Network Claim form is on the PSRSSTL website: <http://www.psrstl.org/wp-content/uploads/2022/04/EyeMed-Out-of-Network-Claim-Reimbursement-Form-Instructions.pdf>

## 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.



## PSRSSTL Insurance Forms Instructions



### Benefit Enrollment Form

The form must be completed, signed, and submitted by the retiree if enrolling in any PSRSSTL coverages.

**Skip Section 3 if you do not have Medicare.**

**Skip Section 4 if you do not have dependents.**

If enrolling dependents in a Medicare Advantage Plan, the dependent must also sign this form.

### Waiver of Group Health Coverages

The form must be completed if waiving any coverages.

**NOTE:** Before waiving coverages, please review the **PSRSSTL Group Insurance Enrollment Policy** and the **Dependent Eligibility for Medical, Dental and Vision Coverages**.

### Worksheet for Prescriptions

All members may complete this form when enrolling in one of the PSRSSTL offered UnitedHealthcare® plans. List all current prescribed medication names and then contact Monica Brewer, the PSRSSTL Insurance Specialist at **(314) 534-7444, Ext. 3011** to discuss the plans and for assistance in plan selection.

Please Submit Forms to the PSRSSTL Office



## Medicare Enrollment Forms Instructions



**Both forms below are for members who retire after age 65 and need to enroll in Medicare Part B.**

Members can and should **call Social Security at (800) 772-1213 to enroll three months prior to the start date of Medicare Part B** (*Part B effective date should be the same date that your insurance will begin with PSRSSTL*). Once you've spoken with Social Security to enroll, send the following completed Medicare forms to the local Social Security office for processing. PSRSSTL does not need copies of these forms.

### CMS 40B

This form is to enroll in Medicare Part B. Be sure to enter the effective date in the comments section that you need to start your Part B coverage

### CMS L564

This form must be completed as proof that you had employer group coverage from the time you became eligible for Medicare Part A (age 65) until your retirement to avoid a lifetime Medicare penalty for enrolling in Medicare Part B after eligibility at age 65. The member must complete Section A.

Section B must be completed by your current employer's Human Resources Representative.

**Disclaimer:** PSRSSTL shall not be responsible for the filing of Medicare or Social Security Administration forms. The Centers for Medicare & Medicaid Services (CMS) forms must be processed by the PSRSSTL member. The forms are included in the Forms section of this Guide as a courtesy to members. All questions regarding these forms must be directed to the Centers for Medicare & Medicaid Services (CMS). These forms are to be mailed to the local Social Security Office of the PSRSSTL member. **Please do NOT send copies of the CMS forms to the PSRSSTL office.**





## Medicare – Frequently Asked Questions



### Q. 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.

### Q. What are the different parts of Medicare?

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

NOTE: The PSRSSTL Medicare Advantage Plans include Medicare Parts A, B and D.

### Q. 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, all Medicare recipients must pay a premium for Part B – 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 not, 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.

### Q. 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 three nationwide Group Medicare Advantage PPO Plans that include Part D Prescription coverage.

### Q. 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 31st, your Medicare Part B should start 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). For your convenience, these forms are referenced above and included in this file.

### Q. 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.

### Q. 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), they may pay some or all patient-related medical expenses.

### Q. How do the PSRSSTL Group Medicare Advantage PPO Plans compare to individual Medicare Advantage Plans that are offered?

With the customized PSRSSTL Group Medicare Advantage Plans: (1) if members are enrolled in the correct plan, members can avoid the high prescription costs of the Medicare donut-hole; (2) members have the same copay and coinsurance for in or out-of-network providers; (3) the PSRSSTL plans have the most expansive drug formulary offered through UnitedHealthcare; (4) the PSRSSTL Medicare Plans are nationwide plans – members can receive all medical services in any of the 50 states with any medical provider who accepts Medicare and accepts the PSRSSTL-sponsored UnitedHealthcare Group Medicare Advantage Plans (these benefits are not available in regional, HMO plans); and (5) the PSRSSTL plans include extra benefits that may not be available in outside plans (i.e., free Lifeline panic pendant, Healthy at Home Program, \$60/quarterly allowance for over-the-counter items, Bonus Drug List, transportation benefits, Renew Active, member rewards and more).

### Q. 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. For assistance or further information, contact Monica Brewer, the PSRSSTL Insurance Benefits Specialist at **(314) 534-7444, Ext. 3011**.

### Q. Is dental and vision coverage offered through Medicare?

Medicare coverage does not include most dental or vision expenses. PSRSSTL offers two dental plans and one vision plan for individuals to select from upon retirement.

### I have other insurance questions not covered above, who do I contact?

Please contact Monica Brewer, the PSRSSTL Insurance Benefits Specialist.

Phone: **(314) 534-7444, Ext. 3011** | Email: **[monica.brewer@psrsstl.org](mailto:monica.brewer@psrsstl.org)**

Grab your smart phone, open the camera app, and aim it at the QR code.



Tap on **[bit.ly](https://bit.ly)** and watch as it comes to life on your screen. In an instant, you can schedule an appointment.

## SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans and UnitedHealthcare® Group Medicare Advantage PPO Plans\* — Plan Summaries

Please refer to Page 18 in this packet for cost of Medical coverage. PSRSSTL provides an \$80 subsidy for the retirees' medical coverage. Premiums listed reflect the retirees' portion.

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers	
<b>Annual Deductible</b> (Amount Member pays toward Eligible Expenses before Plan benefits start; Does not apply to Copay services)	Medicare-eligible members also pay \$300 annual deductible for prescriptions in the Base and Buy-Up plans (see below)				N/A	
Individual	\$500	\$1,000	\$200	\$400	N/A	
Family	\$1,000	\$2,000	\$400	\$800		
<b>Coinsurance Percentage</b> (Percentage Member pays for most Eligible Expenses after Annual Deductible has been met; Coinsurance does not apply to Copay services)	20%	30%	10%	30%	N/A	
<b>Member Annual Out-of-Pocket Maximum</b>						
<b>Non-Medicare</b>						
Individual	\$3,500	\$7,000	\$1,400	\$2,800		
Family	\$7,000	\$14,000	\$2,800	\$5,600		
<b>Medicare</b>					\$3,000 per member	\$1,500 per member
Individual	\$3,800	\$7,300	\$1,700	\$3,100	All Medicare-covered medical services apply towards the Annual Out-of-Pocket Maximum	
Family	\$7,600	\$14,600	\$3,400	\$6,200		
<b>Member Lifetime Maximum Benefit</b>	Unlimited for all medical plans					
<b>Office Visit Copay</b>	\$25 Copay per visit Primary \$35 Copay per visit Specialist	Subject to Deductible and Coinsurance	\$15 Copay per visit Primary \$30 Copay per visit Specialist	Subject to Deductible and Coinsurance	\$5 Copay per visit Primary \$10 Copay per visit Specialist	\$10 Copay per visit Primary \$20 Copay per visit Specialist

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers	
<b>Preventive Care**</b>	100%	Subject to Deductible and Coinsurance	100%	Subject to Deductible and Coinsurance	\$0 Copay for Preventive Care services; however, additional cost-share may apply if bundled with non-preventive services or procedures	
<b>Prescription Drug Benefit</b>	The SLPS-Sponsored Base & Buy-Up Plans' Managed Pharmacy Benefit Program administered by Express Scripts includes an Over-the-Counter (OTC) Program.  Medicare-Eligible Retirees pay a \$300 annual individual prescription drug deductible and must participate in a Mandatory Generic Prescription Drug Program.				Tier 1 (Generics) Only Coverage Gap Applies. Coverage Gap does not apply to generic drugs covered by the Plan; Chemotherapy Drugs: 15% Coinsurance	Full Gap Coverage (Tiers 1-3) applies. Plan Copay/Coinsurance structure continues through the Coverage Gap. Chemotherapy Drugs: 20% Coinsurance
					Medicare Part B Drugs: 20% Coinsurance	
<b>Retail</b> (Up to a 30-day supply)	\$10 Copay if drug cost to plan is \$10-\$40;	Not covered out-of-network	\$10 Copay if drug cost to plan is \$10-\$40;	Not covered out-of-network	Tier 1 - \$4	Tier 1 - \$10
	\$25 Copay if drug cost to plan is \$40.01-\$80;		\$20 Copay if drug cost to plan is \$40.01-\$80;		Tier 2 - \$28	Tier 2 - \$20
	\$40 Copay if drug cost to plan is \$80.01 & over		\$40 Copay if drug cost to plan is \$80.01 & over		Tier 3 - \$55	Tier 3 - \$50
					Tier 4 - \$55 (limited to 30-day supply)	Tier 4 - 25% (limited to 30-day supply)
					Gap Coverage - Tier 1 Only	Full Gap Coverage (Tiers 1-4)
					Part B Drugs: 20% Coinsurance Formulary - Yes	

\*\*Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.

#### Coordination of Prescription Drug Benefits for Medicare Members – SLPS-Sponsored Base & Buy-Up Plans

The SLPS prescription drug plan is secondary to other drug coverage for covered members and their dependents, pursuant to the provision of the plan (for example, it is secondary to Medicare Part D). Notwithstanding the foregoing and until the Board of Education determines it can administer secondary drug coverage, the SLPS prescription drug plan will pay as primary. The Board reserves the right to change this method of administration on a prospective basis at any time, should it receive notification that a covered member has other drug coverage. If notification is received that the member has other drug coverage, including under Medicare, the SLPS prescription drug plan will pay as secondary and recover any cost which should have been paid secondary back to the date of secondary coverage.

## SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans and UnitedHealthcare® Group Medicare Advantage PPO Plans\* continued

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <b>OR</b> Non-Network Providers	
<b>Retail or Mail Order</b> (Up to 90-day supply)	\$20 Copay if drug cost to plan is \$20-\$80; \$50 Copay if drug cost to plan is \$80.01-\$160; \$80 Copay if drug cost to plan is \$160.01 & over	Not covered out of network	\$20 Copay if drug cost to plan is \$20-\$80; \$40 Copay if drug cost to plan is \$80.01-\$160; \$80 Copay if drug cost to plan is \$160.01 & over	Not covered out of network	Tier 1 - \$8 Tier 2 - \$74 Tier 3 - \$165 Tier 4 - \$55 (limited to 30-day supply) Formulary - Yes Gap Coverage - Tier 1 Only	Tier 1 - \$20 Tier 2 - \$40 Tier 3 - \$100 Tier 4 - 25% (limited to 30-day supply) Formulary - Yes Full Gap Coverage (Tiers 1-4)
<b>Ambulance Service</b>	20% of Eligible Expenses after Deductible		10% of Eligible Expenses after Deductible		\$100 Copay per trip	
<b>Chiropractic Services</b>	20% of Eligible Expenses; deductible does not apply	Subject to Deductible and Copay	10% of Eligible Expenses; deductible does not apply	Subject to Deductible and Copay	\$10 Copay for each Medicare- covered visit	\$20 Copay for each Medicare- covered visit
<b>Durable Medical Equipment</b>	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	\$0 Copay for diabetes monitoring supplies; 20% Coinsurance for all other Medicare-covered benefits	
<b>Emergency Room</b>	\$250 Copay at Hospital Emergency Room		\$150 Copay at Hospital Emergency Room		\$50 Copay per visit (Waived if admitted to Hospital for the same condition within 24 hours)	
<b>Home Health Care</b>	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	100% coverage (unlimited, medically necessary visits)	
<b>Hospital Care</b> (Inpatient care including physician services)	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	\$200 per day (days 1-11); \$0 per day thereafter	\$300 per day (days 1-5); \$0 per day thereafter

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers	
<b>Immunization and Influenza or Pneumonia Vaccine (any age)</b>	100%	Subject to Deductible and Coinsurance	100%	Subject to Deductible and Coinsurance	\$0 Copay	
<b>Mental Health Services and Substance Abuse</b>	\$35 Copay for office visits; Inpatient care subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$30 Copay for office visits; Inpatient care subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	<b>Inpatient Services:</b> \$175 Copay per day (days 1-11), \$0 Copay per day (days 12-190); <b>Partial Hospitalization:</b> \$10 Copay per day; <b>Outpatient Services:</b> \$10 Copay for group session; \$10 Copay for individual session	<b>Inpatient Services:</b> \$300 Copay per day (days 1-5), \$0 Copay per day (days 6-190); <b>Partial Hospitalization:</b> \$20 Copay per day; <b>Outpatient Services:</b> \$20 Copay for group session; \$20 Copay for individual session
<b>Outpatient Diagnostic Services (Lab, X-ray and Mammography Testing)</b>	Covered at 100% of Eligible Expenses at a Designated Provider. Otherwise subject to Deductible and Coinsurance.	Subject to Deductible and Coinsurance	Covered at 100% of Eligible Expenses at a Designated Provider. Otherwise subject to Deductible and Coinsurance.	Subject to Deductible and Coinsurance	In-Network Base and Buy Up You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 20%* Non-Network Base and Buy Up You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*	

## SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans and UnitedHealthcare® Group Medicare Advantage PPO Plans\* continued

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network OR Non-Network Providers	
<b>Outpatient Diagnostic/ Therapeutic Services</b> (CT Scans, Pet Scans, MRIs and Nuclear Medicine)	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	In-Network Base and Buy Up You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 20%*	
					Non-Network Base and Buy Up You pay a \$500 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*	
<b>Outpatient Therapeutic Treatment</b> (Chemotherapy; Radiation Therapy; Respiratory Therapy; Dialysis Treatment)	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	Renal Dialysis: Member pays 20% Coinsurance each visit; 15% Coinsurance each visit for all other services	20% of the cost for Medicare- covered benefits
<b>Podiatry Services</b>	\$35 Copay	Subject to Deductible and Coinsurance	\$30 Copay	Subject to Deductible and Coinsurance	\$10 Copay for each Medicare- covered visit. \$10 Copay for up to six (6) supplemental routine visits per year.	\$20 Copay for each Medicare- covered visit. \$20 Copay for up to six (6) supplemental routine visits per year.
<b>Prosthetic Devices</b>	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	20% Coinsurance for all Medicare-covered benefits	
<b>Rehabilitation Services – Outpatient Therapy</b> (Physical, Occupational, or Speech/Language Therapy)	<b>Limited to 60 visits per plan year</b>				15% Coinsurance for each Medicare- covered visit	20% Coinsurance for each Medicare- covered visit
	\$25 Copay per visit	Subject to Deductible and Coinsurance	\$15 Copay per visit	Subject to Deductible and Coinsurance		



	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network	
	Base Plan		Buy-Up Plan		Low Plan	High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers	
<b>Skilled Nursing Facility Care (SNF)/Inpatient Rehabilitation Facility Services</b> (Non-custodial care)	Nursing is limited to 45 days per calendar year. Inpatient rehabilitation services are limited to 60 days per calendar year. Pre-authorization is required for non-network or benefit reduces to 50% of eligible expenses.				<b>SNF:</b> \$20 Copay per day for days 1-20; \$95 Copay per day for days 21-100; <b>Inpatient Rehabilitation:</b> Included in Inpatient Hospital Copay of \$200 per day for days 1-11, \$0 per day thereafter	<b>SNF:</b> \$0 Copay per day for days 1-5; \$20 Copay per day for days 6-35; \$0 Copay per day for days 36-100; <b>Inpatient Rehabilitation:</b> Included in Inpatient Hospital Copay of \$300 per day for days 1-5, \$0 per day thereafter
	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance		
<b>Surgery and Related Services</b> (Physician's office for Medicare Advantage Plans; outpatient hospital for all plans)	20% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	10% of Eligible Expenses after Deductible	Subject to Deductible and Coinsurance	\$5 Copay per visit Primary; \$10 Copay per visit Specialist; Outpatient Surgery – 15% Coinsurance each visit	\$10 Copay per visit Primary; \$20 Copay per visit Specialist; Outpatient Surgery: \$250 per visit for outpatient surgery, 20% Coinsurance for other outpatient services
<b>Urgent Care</b>	\$40 Copay	Subject to Deductible and Coinsurance	\$40 Copay	Subject to Deductible and Coinsurance	\$25 Copay each visit (Waived if admitted to the Hospital for the same condition within 24 hours)	\$50 Copay each visit (Waived if admitted to the Hospital for the same condition within 24 hours)
<b>Vision Services</b>	\$25 Copay; One eye exam every 12 mos. Spectera Eyecare Network Vision Care Providers can be found at <a href="https://myuhcvision.com">myuhcvision.com</a>	Subject to Deductible and Coinsurance	\$15 Copay; One eye exam every 12 mos. Spectera Eyecare Network Vision Care Providers can be found at <a href="https://myuhcvision.com">myuhcvision.com</a>	Subject to Deductible and Coinsurance	\$10 Copay for Medicare-covered eye exam; \$10 Copay annual routine eye exam; \$130 Eyeglasses Allowance, \$175 Contact Lenses Allowance, Eyewear period: 12 months	\$20 Copay for Medicare-covered eye exam; \$20 Copay annual routine eye exam; \$130 Eyeglasses Allowance, \$175 Contact Lenses Allowance, Eyewear period: 12 months



## SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans and UnitedHealthcare® Group Medicare Advantage PPO Plans\* continued

	SLPS-Sponsored UnitedHealthcare® Commercial Group Health Point of Service Plans Nationwide Network				UnitedHealthcare® Group Medicare Advantage PPO Plans* Nationwide Network
	Base Plan		Buy-Up Plan		Low Plan      High Plan
	In-Network	Non-Network	In-Network	Non-Network	Network <u>OR</u> Non-Network Providers
<b>Notification/Precertification Required for:</b> <ul style="list-style-type: none"> <li>- Inpatient Care</li> <li>- Home Health Care</li> <li>- Durable Medical Equipment</li> <li>- Skilled Nursing Facility</li> <li>- Hospice</li> <li>- Outpatient Surgery (Medicare Advantage Plans)</li> <li>- Reconstructive Procedures</li> <li>- Inpatient Rehabilitation Facility</li> </ul> Also, see footnotes below	Network providers handle all notifications and managed care requirements for Members.	Members are responsible for obtaining notifications. If the required certification is not obtained, Benefits will be reduced to 50% of the eligible expenses or may result in no benefits payable.	Network providers handle all notifications and managed care requirements for Members.	Members are responsible for obtaining notifications. If the required certification is not obtained, Benefits will be reduced to 50% of the eligible expenses or may result in no benefits payable.	UnitedHealthcare wants to make access to health care as easy as possible for its members. Therefore, it is the responsibility of the contracted provider for notification of acute hospital and/or skilled nursing and not the member. Contracted providers are required to notify UnitedHealthcare of an acute inpatient hospitalization or skilled nursing facility admission within 24 hours. The member is not held responsible if a provider does not notify UnitedHealthcare. In addition, UnitedHealthcare has greatly reduced the number of covered benefits that require prior authorization thereby reducing the hassle for doctors and members alike. Non-contracted (or out-of-network) providers are not required to notify UnitedHealthcare regarding hospital or Skilled Nursing Facility admissions and prior authorizations do not apply.

Please note: If there are any discrepancies between the benefits outlined in this spreadsheet and the benefits outlined in the policy, the policy will dictate the benefits.

To enroll in a Medicare Advantage plan, you must be enrolled in Medicare Parts A & B.

\*Medicare Advantage plans are contracted with Medicare to provide Medicare benefits to Medicare-eligible members. In addition, Medicare Advantage plans provide value-added services, e.g., prescription drug coverage, routine eye care and eyeglass benefit, fitness benefit (RenewActive), mail order over-the-counter allowance for specific items, and a Telephonic Nurse Support.

*This summary should be used for benefit comparisons only. It should not be relied upon to fully determine coverage. See the Certificate of Coverage for each Insurance Carrier for more detailed information. If differences occur between an Insurance Carrier's Certificate of Coverage and this summary, the Insurance Carrier's Certificate governs. PSRSSTL reserves the right to discontinue its health care insurance programs at any time and for any reason.*

## Express Scripts Prescription Drug Plan Over-The-Counter Program, Generics and Deductible for SLPS-Sponsored UnitedHealthcare® Point of Service Plans

### Applies to non-Medicare and Medicare Eligible Retirees, Survivors, and Dependents

#### Over-the-Counter (OTC) Program

The prescription drug plan will provide a voluntary prescription drug savings program that allows members the option of replacing high cost brand drugs with over-the-counter (OTC) and generic alternatives. The OTC program will cover over-the-counter equivalents of high cost and highly utilized drugs in the following three drug classes: PPI's (acid reducers, e.g. "Nexium"); NSAID's (non-steroidal anti-inflammatory drugs, e.g., "Celebrex"); and Antihistamines (e.g., brand drug Clarinex; OTC drug Claritin). The program will feature a zero (\$0) co-pay for members able to use an OTC alternative with a physician's prescription.

The prescription drug plan added an individual deductible of \$300 beginning January 1, 2007. A deductible is the amount you are required to pay before your co-pays "kick in." In other words, you will pay 100% of the cost of your medications until your deductible is met. If the cost of your medication is greater than your deductible, you will be required to pay your deductible in addition to the applicable co-payment remaining for that particular "fill" of that medication. Once you have met your individual deductible, you will only need to pay the applicable co-payment for medications that you have filled. Your \$300 deductible applies at retail, mail service, OTC Program and Express Scripts and will "reset" every January 1st. For the Over-the-Counter (OTC) Program, after your deductible has been met, there is a \$0.00 co-pay for the OTC listed medications with a physician's prescription.

### Applies to Medicare Eligible Retirees, Survivors, and Dependents

#### Mandatory Generic

You will be responsible to pay the cost difference between the brand-name drug and its generic equivalent plus the applicable co-payment if you receive a brand-name drug when a generic equivalent is available (even if your physician indicates "Dispense as Written").

Please keep in mind that the generic version of a drug is made from the same chemical compound as its brand name counterpart. Generic drugs are manufactured according to the same standards as brand-name drugs and have the Food and Drug Administration's (FDA) approval for safety and effectiveness, yet generic drugs cost a fraction of the price of their brand-name counterparts. The use of generic drugs offers a simple and safe alternative to help reduce your medication costs.

We encourage you to discuss generic alternatives with your physician. If your physician believes a change in your prescription to a generic alternative is appropriate, ask your physician to call your pharmacy and change your prescription. For new prescriptions, you can ensure that you will receive the generic product when it is available by asking your physician to write your prescription by the generic or chemical name.



## Drug Plan Deductible

For Medicare-Eligible Members

## Extra Programs and Features



### UnitedHealthcare® Group Medicare Advantage PPO Plans

#### UnitedHealthcare/Lifeline Personal Emergency Response System

To enroll in this service, members can:

**Call:** **1-855-595-0389**, **TTY 711**, 7 a.m. - 7:30 p.m. CT, Monday through Friday or 8 a.m. - 4:30 p.m. CT on Sat.

**Email:** **LifelineCare@Phillips.com**

**Fax:** **1-800-548-7695**

**Enroll online:** **[lifeline.phillips.com/uhcgroup](https://lifeline.phillips.com/uhcgroup)**

With this service, the member presses the help button which then acts as a communicator and dials the Lifeline Response Center. A Trained Care Specialist accesses the member's profile in the system, assesses the situation and dispatches the help requested.

Members can also opt-in for the AutoAlert fall detection (in the event the member is unable to press the help button).

Information will be included in the UnitedHealthcare Welcome Kit which will be sent to each enrollee.

#### Health Products Benefit Program

##### Over-the-Counter (OTC) Health and Wellness Products \$60 per quarter

The UnitedHealthcare® Welcome Guide will include a Health Products Benefit order form. Once an order is submitted, the fulfillment agency will send the requested product(s) and will provide an additional form for the following month.

#### Healthy At Home

With UnitedHealthcare Healthy at Home, you are eligible for the following benefits up to 30 days following all inpatient and skilled nursing facility discharges:

- 28 home-delivered meals through Mom's Meals when referred by a UnitedHealthcare Advocate. If you have been referred into the program, contact Mom's Meals at **1-866-204-6111**, **TTY 711**, 7 a.m. - 6 p.m. CT, Monday through Friday.
- 12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Advocate. Contact ModivCare at **1-833-219-1182**, **TTY 1-844-488-9724**, 8 a.m. - 5 p.m., local time, Monday - Friday or visit **[www.ModivCare.com](https://www.ModivCare.com)** for additional details and to schedule your trip once you have been referred.
- 6 hours of in-home personal care provided through a CareLinx professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more. A referral is not required. Contact CareLinx at **1-844-383-0411**, **TTY 711**, 8 a.m. - 7 p.m. CT, Monday - Friday and 10 a.m. - 6 p.m. CT, Saturday or Sunday, or by visiting **[www.carelinx.com/UHC-retiree-post-discharge](https://www.carelinx.com/UHC-retiree-post-discharge)**.

**Members will receive a Welcome Guide for these benefits.**

## Renew Active Fitness Program™

To utilize this benefit, members must call UnitedHealthcare Member Services at **844-876-6160** to obtain their access code for the Renew Active gyms. Members can also access information by creating an online account at [retiree.uhc.com](https://retiree.uhc.com).

<sup>1</sup>The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare® grievance process.

## Member Incentives / Rewards

Eligible members can earn incentives / rewards for completion of certain health care activities.

UnitedHealthcare® will send more specific information regarding eligible reward activities and instructions for redemption.

## Transportation Program

### ModivCare

Eligible members are entitled to 24 one-way trips or 12 round trips for medically-related appointments such as doctors' office and pharmacy visits. For more information on this program, contact ModivCare toll-free at **1-833-219-1182**, TTY **1-844-488-9724**, 8 a.m. – 5 p.m., local time, Monday – Friday or visit [www.ModivCare.com](https://www.ModivCare.com).

## Virtual Doctor Visits – Medical and Behavioral Health

*NOTE: Available for all medical plans.*

UnitedHealthcare provides Virtual Doctor Visits to minimize costs (and health risks associated with COVID-19) for providing non-emergency care. To utilize this service, set up an account with UnitedHealthcare. For the SLPS-Sponsored UnitedHealthcare Base or Buy-Up plans, register at [www.myuhc.com](https://www.myuhc.com). For the UnitedHealthcare Group Medicare Advantage Plans, register at [retiree.uhc.com](https://retiree.uhc.com).

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

## UnitedHealthcare™ Hearing Program

With the UnitedHealthcare™ Hearing Program, members receive a \$500 discount\* on hearing aids, along with access to premium hearing aids from major manufacturers ranging from \$699 - \$2,499. Each hearing aid is custom programmed for your unique hearing needs. To learn more, call UnitedHealthcare® Hearing at **1-855-523-9355**, 9 a.m. to 5 p.m. CT, Monday – Friday or visit [www.uhc hearing.com](https://www.uhc hearing.com).

\*Note: The hearing aid discount is an in-network benefit through UnitedHealthcare Hearing.



## UnitedHealthcare® Group Medicare Advantage PPO Plans

### Statements of Understanding

By enrolling in one of the UnitedHealthcare® Group Medicare Advantage PPO Plans, I agree to the following:

#### **This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.**

I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. Review the enclosed plan benefits to learn more.

#### **I can only have one Medicare Advantage or Prescription Drug plan at a time.**

- Enrolling in this plan will automatically disenroll me from any other Medicare health plan. If I disenroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare®.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

#### **If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.**

This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will receive a letter making me aware of the penalty and what the next steps are.

#### **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S., I am covered for emergency or urgently needed care.

#### **I will receive information on how to get an Evidence of Coverage (EOC).**

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.

#### **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

Consult a healthcare professional before beginning any exercise program. Availability of the Renew Active Program varies by plan/market. Refer to your Evidence of Coverage for more details.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.



Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

You are not required to use OptumRx home delivery for a 90- or 100-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at **1-888-279-1828**, TTY **711**. OptumRx is an affiliate of UnitedHealthcare® Insurance Company.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

Benefits, premium and / or copayments / coinsurance may change each plan year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Plans are insured through UnitedHealthcare® Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

The Formulary, pharmacy network, and / or provider network may change at any time. You will receive notice when necessary.

Plans are insured through UnitedHealthcare® Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

You must continue to pay your Medicare Part B premium.

Out-of-network / non-contracted providers are under no obligation to treat UnitedHealthcare® members, except in emergency situations. Please call our customer service number (**1-844-876-6160**) or see your Evidence of Coverage for more information.



## Delta Dental of Missouri Dental Plan Summaries



### Networks: PPO and Premier

Please refer to Page 18 in this packet for cost of dental coverage. PSRSSTL provides a subsidy of \$5.95 for retirees' dental premium. The costs listed reflects the retirees' portion.

	Low Plan			High Plan		
	Delta Dental PPO	Delta Dental Premier	Out-of-Network	Delta Dental PPO	Delta Dental Premier	Out-of-Network
<b>Coverage Type</b>						
<b>Type I: Preventive</b> (cleanings, exams, X-rays)	100%	70%	70%	100%	80%	80%
<b>Type II: Basic Restorative</b> (fillings, extractions)	80%	50%	50%	80%	50%	50%
<b>Type III: Major Restorative</b> (bridges, dentures) (applies to dependents under age 26)	60%	30%	30%	50%	50%	50%
<b>Type IV: Orthodontia</b>	50%	20%	20%	Not Covered	Not Covered	Not Covered
<b>Deductible (applies to Type II and Type III Services)</b>						
Individual	\$0	\$100	\$100	\$50	\$50	\$50
Family	\$0	\$300	\$300	\$150	\$150	\$150
<b>Annual Maximum Benefit</b>						
Per Person	\$2,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
<b>Orthodontia Lifetime Maximum (dependents up to age 26)</b>						
Per Person	\$1,500	\$750	\$750	Not Covered		
	<b>No Balance Billing</b>	<b>Can Balance Bill</b>	<b>Can Balance Bill</b>	<b>No Balance Billing</b>	<b>No Balance Billing</b>	<b>Can Balance Bill</b>

### What Is Balance Billing?

When a provider bills in excess of the insurance company's established costs/fees for services.

PSRSSTL members can see any dental provider they choose. The above illustrates the amounts paid toward services (based on the network the provider participates in) to help members make informed decisions about where they wish to receive their dental care.



## Delta Dental of Missouri Dental Plan List of Primary Covered Services & Limitations



The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	Plan Option 1: Low Plan How Many/How Often	Plan Option 2: High Plan How Many/How Often
Type A – Preventive		
Prophylaxis (cleanings)	Two per calendar year	
Oral Examinations	Two exams per calendar year	
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his / her 18th birthday	
X-rays	Full mouth X-rays: once every 3 years Bitewings X-rays: two sets per calendar year	
Space Maintainers	One time in 60 months	
Sealants	One application of sealant material every 36 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his / her 16th birthday	
Type B – Basic Restorative		
Fillings	No Limitations	
Simple Extractions	No Limitations	
Crown, Denture and Bridge Repair / Recementations	No Limitations	
Oral Surgery	No Limitations	
Endodontics	No Limitations	
General Anesthesia	No Limitations	
Periodontics	Periodontal scaling and root planing are limited to once per 24 months  Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year	



Plan Type	Plan Option 1: Low Plan How Many/How Often	Plan Option 2: High Plan How Many/How Often
Type C – Major Restorative		
Implants	Replacement once every 60 months	
Bridges and Dentures	Initial placement to replace one or more natural teeth, Dentures and bridgework replacement; one every 60 months Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed	
Crowns, Inlays and Onlays	Replacement once every 60 months	
Type D – Orthodontia		
	Your children, up to age 26, are covered while Dental insurance is in effect  All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia  Orthodontic benefits end at cancellation of coverage	Not included in this plan

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan. Please refer to the final policy document for a complete list of coverages and exclusions.



## Delta Dental of Missouri Questions & Answers



### Q. May I go to any dentist?

Yes, you are always free to select the dentist of your choice. However, if you choose a nonparticipating dentist, your out-of-pocket costs may be higher. Delta Dental has two networks of participating providers: Delta PPO & Delta Premier. There are thousands of general dentists and specialists to choose from nationwide. To see which network your dentist participates in, please visit the Delta Dental of MO website at [DeltaDentalMO.com](https://www.DeltaDentalMO.com) or by calling Customer Service at **1-800-335-8266**. By calling, you can also have a full provider list faxed, emailed or mailed to you.

Both networks feature discounts on services; however, the discounts offered by PPO providers are deeper. You will have less out-of-pocket expenses and your annual maximum will stretch farther if you choose a participating PPO dentist.

Benefits for Premier Providers process differently under the High and Low Plans.

### High Plan – Traditional PPO Plan:

**Delta Dental PPO Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.

**Delta Dental Premier Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.

**Out-of-Network Providers:** are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

### Low Plan – PPO MAC Plan:

**Delta Dental PPO Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.

**Delta Dental Premier Providers:** may collect the difference between the PPO Fee Schedule and their Delta Dental contracted amount.

**Out-of-Network Providers:** are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.



### Q. What services are covered under this plan?

The certificate of insurance/summary plan description sets forth the covered services under the plan. Please review the enclosed plan benefits to learn more.

### Q. How are claims processed?

In-network dentists will submit your claims for you which means you have little or no paperwork. You can view your claims online via our website/member portal or call Customer Service at **800-335-8266** for an update.

### Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment determination/estimate. Your general dentist or specialist will submit a plan for your care and request an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend they request a pre-treatment estimate for services in excess of \$200. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### Q. Do I have dental coverage while traveling outside of the U.S.?

Yes. Coverage will be considered under your out-of-network benefits. Please remember to keep all receipts to submit a dental claim.

### Q. Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to nominate them, please visit [deltadentalmo.com](https://deltadentalmo.com) to complete the *Nominate your Dentist* form.

### Q. How does Delta Dental coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the Delta Dental plan is primary, they will pay the full amount of benefits that would normally be available under the plan. If the Delta Dental plan is secondary, most coordination of benefits provisions require Delta Dental to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by Delta Dental may be reduced due to the benefits paid under the primary plan.

### Q. Do I need an ID card?

No. You do not need to present an ID card to confirm you are eligible, although one will be mailed to your home prior to your plan effective date. In the event you do not have your ID card with you at the time of your visit, you can notify your dentist that you are enrolled in a Delta Dental of MO plan. Your dentist can easily verify information about your coverage through our automated Voice Response System or by contacting Customer Service.

## EyeMed Vision Plan Summary – Insight Network

### Group #1034034

Effective: 1/1/22 - 12/31/25 | \$10 Exam | \$10 Materials Copay

Please refer to Page 18 in this packet for cost of vision coverage. PSRSSTL provides a subsidy that covers retirees' vision premium. The cost listed reflects the retirees' portion.

Frequency of Service (Dependent Age: 26)			
	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	24 Months	24 Months	12 Months
Frames	24 Months	24 Months	24 Months

Benefits	Employees can select either	
	EyeMed Participating Provider - Insight Network Amount Covered / Benefit (Less Copayment) <sup>c</sup>	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam (Glasses or Contacts)	100%	\$40
Clear Standard Lenses (Pair)		
Single Vision	100%	\$30
Bifocal	100%	\$50
Blended Bifocal	100%	\$50
Trifocal	100%	\$70
Progressives – Except Digital	100%	\$50
Lenticular	100%	\$70
Polycarbonate <sup>A</sup>	100%	\$20
Scratch Coat – 1 Year	Additional \$15 copay	N/A
Frame	Frame allowance is \$130 (\$180 at PLUS providers); then you receive 20% off the balance	Frames reimbursed up to \$91
- OR -		
Elective Contacts (In Lieu of Eyeglass Benefits)	\$140 allowance; 15% off balance if conventional, no additional discount if disposable	\$98
Material Allowance		
- OR -		
Medically Necessary Contacts <sup>B</sup>	100%	\$300

<sup>A</sup>Available In-Network at no charge for children under age 19. Adults will pay additional \$40 for Polycarbonates in-network. There is no coverage for adults out-of-network.

<sup>B</sup>Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.

<sup>C</sup>A \$10 copayment is applied to the vision exam and a \$10 copayment is applied to the total cost of the lenses ordered from a EyeMed Member Doctor only. Copayments do not apply to the contact material allowance.

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan. Please refer to the final policy document for a complete list of coverages and exclusions.

## EyeMed Questions & Answers



### Q. How do I use my benefits?

Simply find a doctor, schedule an appointment and receive services.

We'll handle all the paperwork, when you visit an in-network provider.

### Q. Can I view my EyeMed benefits online?

Yes, you can view your benefits and do a lot more on our secure Member Web — such as print an ID card, check the status of a claim, locate a provider and download an Explanation of Benefits.

### Q. Want on-the-go access?

Download our mobile app (App Store or Google Play) to get the same features, plus the ability to save a vision prescription and set an eye exam reminder.

### Q. Will I get an ID card? How do I order replacements or extra cards?

Yes, we provide two ID cards in the subscriber's name, but you aren't required to have it at the time of service. If you lose your card or need extras for your family, you can print a replacement by creating an account at [eyemed.com](https://eyemed.com) or downloading the EyeMed Members App (App Store or Google Play) to pull up a digital version anytime, anywhere. If you do not have computer access, please contact the PSRSSTL office.

### Q. How do I submit a claim?

We take care of all of the paperwork when you visit an in-network provider.

If you see an out-of-network provider, you'll need to pay at the time of service and complete a claim form to send to us for reimbursement. Be sure to include an itemized paid receipt with your name.

### Q. How do I find an eye doctor in your network?

Simply visit our enhanced provider search on [eyemed.com](https://eyemed.com) or the mobile app to choose from thousands of in-network providers. You can filter your search by your frame preferences, hours of operation and much more — and then even schedule your appointment.\* Contact EyeMed Member Services at **1-866-800-5457**.

### Q. Does EyeMed offer any additional discounts?

We sure do! At participating in-network providers, members can receive 40% off additional complete pairs of glasses or 20% off a partial pair (lenses only or frames only). You can also receive 20% off non-prescription sunglasses and accessories. If that's not enough, you can create an account at [eyemed.com](https://eyemed.com) and login anytime to view special offers.

Don't like wearing glasses or contacts? We also offer discounts on LASIK laser vision correction. To find a LASIK provider, visit [eyemedlasik.com](https://eyemedlasik.com) or call **877-5laser6**.

\*At select in-network providers

### Q. I don't see any or all of my dependents on Member Web. Why?

Due to privacy guidelines, we only show family members who are under the age of 18 under the subscriber. Anyone 18 or older will need to register for his or her own account.

### Q. Can I use my benefits online?

Absolutely! You can use your in-network benefits to purchase contact lenses and eyewear online at:



GLASSES.COM

contactsdirect

### Q. I don't wear glasses and can see fine. Why do I need an eye exam?

Getting an eye exam is not just about corrective vision — it's about your health. An eye exam can detect eye health problems like glaucoma or cataracts, as well as help identify signs of diseases that impact your whole body, such as high blood pressure, diabetes and high cholesterol — just to name a few. To learn more about vision wellness, visit [eyesiteonwellness.com](https://www.eyesiteonwellness.com).

### Q. How often should I get an eye exam?

As with any type of ongoing health care, annual eye exams are a good rule of thumb unless otherwise directed by your doctor. To learn more about eye exams, visit [eyesiteonwellness.com](https://www.eyesiteonwellness.com).

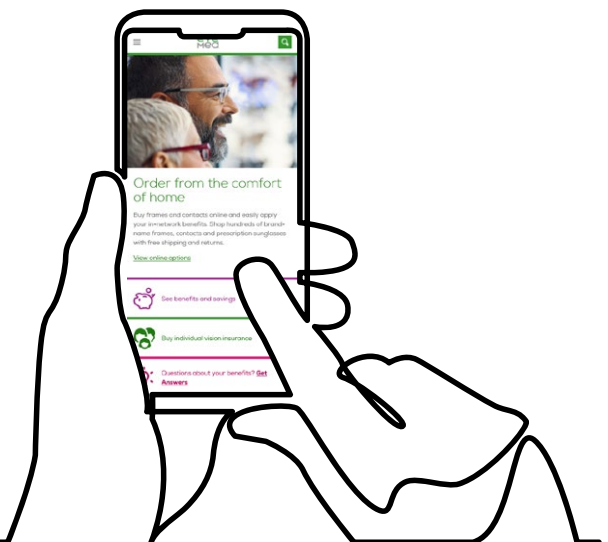
### Q. Can I get the same care at a retail provider as I can at an independent doctor?

All optometrists, regardless of the setting of their practice, must meet the same state licensing and credentialing requirements. In addition, due to the finite number of optometry schools in the United States, optometrists are trained consistently regardless of the practice model they eventually choose.



<sup>1</sup>American Optometric Association, "Infant Vision: Birth to 24 Months of Age", 2010, <https://www.aoa.org/patients-and-public/good-vision-throughout-life/childrens-vision/infant-vision-birth-to-24-months-of-age>

<sup>2</sup>All About Vision, "Vision Problems of Preschool Children," Oct. 26, 2017, <http://www.allaboutvision.com/parents/preschool.htm>





## Product Overview

Public School Retirement  
System of St Louis

## Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

### Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

**Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.**

#### How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.<sup>1</sup>

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee of **\$17.25** conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

#### Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.<sup>2</sup>

#### How to use the plan

##### 1. Find an attorney

Create an account at **members.legalplans.com** to see your coverages and select an attorney for your legal matter. Or, give us a call at **800.821.6400** for assistance.

##### 2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

##### 3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.



## Public School Retirement System of St Louis

### Helping you navigate life's planned and unplanned events.

For **\$17.25 a month**, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.<sup>3</sup>

<b>Money Matters</b>	<ul style="list-style-type: none"> <li>Debt Collection Defense</li> <li>Identity Theft Defense</li> <li>LifeStages Identity Restoration Services<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>Negotiations with Creditors</li> <li>Personal Bankruptcy</li> <li>Promissory Notes</li> </ul>	<ul style="list-style-type: none"> <li>Tax Audit Representation</li> <li>Tax Collection Defense</li> </ul>
<b>Home &amp; Real Estate</b>	<ul style="list-style-type: none"> <li>Boundary or Title Disputes</li> <li>Deeds</li> <li>Eviction Defense</li> <li>Foreclosure</li> </ul>	<ul style="list-style-type: none"> <li>Home Equity Loans</li> <li>Mortgages</li> <li>Property Tax Assessments</li> <li>Refinancing of Home</li> </ul>	<ul style="list-style-type: none"> <li>Sale or Purchase of Home</li> <li>Security Deposit Assistance</li> <li>Tenant Negotiations</li> <li>Zoning Applications</li> </ul>
<b>Estate Planning</b>	<ul style="list-style-type: none"> <li>Codicils</li> <li>Complex Wills</li> <li>Healthcare Proxies</li> <li>Living Wills</li> </ul>	<ul style="list-style-type: none"> <li>Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>Revocable &amp; Irrevocable Trusts</li> <li>Simple Wills</li> </ul>
<b>Family &amp; Personal</b>	<ul style="list-style-type: none"> <li>Adoption</li> <li>Affidavits</li> <li>Conservatorship</li> <li>Demand Letters</li> <li>Garnishment Defense</li> <li>Guardianship</li> <li>Immigration Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Juvenile Court Defense, Including Criminal Matters</li> <li>Name Change</li> <li>Parental Responsibility Matters</li> <li>Personal Property Protection</li> </ul>	<ul style="list-style-type: none"> <li>Prenuptial Agreement</li> <li>Protection from Domestic Violence</li> <li>Review of ANY Personal Legal Document</li> <li>School Hearings</li> </ul>
<b>Civil Lawsuits</b>	<ul style="list-style-type: none"> <li>Administrative Hearings</li> <li>Civil Litigation Defense</li> </ul>	<ul style="list-style-type: none"> <li>Disputes Over Consumer Goods &amp; Services</li> <li>Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>Pet Liabilities</li> <li>Small Claims Assistance</li> </ul>
<b>Elder-Care Issues</b>	Consultation & Document Review for your parents: <ul style="list-style-type: none"> <li>Deeds</li> <li>Leases</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid</li> <li>Medicare</li> <li>Notes</li> <li>Nursing Home Agreements</li> </ul>	<ul style="list-style-type: none"> <li>Powers of Attorney</li> <li>Prescription Plans</li> <li>Wills</li> </ul>
<b>Traffic &amp; Criminal* Matters</b>	<ul style="list-style-type: none"> <li>Defense of Traffic Tickets<sup>5</sup></li> <li>Driving Privileges Restoration</li> </ul>	<ul style="list-style-type: none"> <li>Habeas Corpus</li> <li>License Suspension Due to DUI</li> </ul>	<ul style="list-style-type: none"> <li>Repossession</li> </ul>



To learn more about your coverages, view our attorney network or grant your dependents access, create an account at **members.legalplans.com** or call **800.821.6400** Monday – Friday 8:00 am to 8:00 pm (ET).

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
2. Digital notary and signing is not available in all states.
3. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
4. This benefit provides the Participant with access to LifeStages Identity Restoration Services provided by IdentityForce, A TransUnion® Brand. IdentityForce is not a corporate affiliate of MetLife Legal Plans.
5. Does not cover DUI.

\*Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP4&HC]



MetLife Legal Plans | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114  
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# stay connected, stay protected

Since so much of daily life is now spent online, it's more important than ever to stay connected. But more time online means more of your personal data may be at risk. In fact, 1 in 6 Americans were impacted by an identity crime in 2020.<sup>1</sup>

Identity theft can happen to anyone. That's why your company is offering you Allstate Identity Protection as a benefit. Get comprehensive identity monitoring and fraud resolution, plus mobile cybersecurity to help you protect yourself and your family against today's digital threats.

## For 90 years, Allstate has been protecting what matters most. Prepare for what's next with:

- Identity, financial account and credit monitoring
- Cybersecurity for your mobile devices
- 24/7 support, plus up to \$1 million in fraud expense reimbursement\* — or up to \$2 million for families



Sign up during  
open enrollment  
Questions? 1.800.789.2720

## Plans and pricing

### Allstate Identity Protection Pro+ Cyber

\$9.50 per person / month  
\$18.50 per family / month

## with Allstate Identity Protection Pro+ Cyber, get features designed to help you defend yourself from today's risks

### Count on the most comprehensive identity protection features:

- See and control your personal data with our unique tool, Allstate Digital Footprint<sup>SM</sup>
- Catch fraud at its earliest sign with comprehensive identity and financial monitoring
- Keep tabs on your risk potential by checking your Identity Health Status
- Get personalized threat insights to help you protect yourself against the latest fraud trends
- Monitor social media accounts for questionable content and signs of account takeover
- Rely on tri-bureau credit monitoring and an annual tri-bureau credit report and score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- See if your personal data has been compromised with dark web monitoring
- Receive alerts for financial transactions like cash withdrawals and large purchases, to help you detect potential fraud
- Eliminate worry about unraveling complex and costly fraud incidents with access to full-service remediation and resolution support
- Count on up to \$1 million in expense reimbursement for stolen funds and out-of-pocket costs, due to fraud, identity theft, ransomware, or cyber threats<sup>†</sup>

### Browse confidently with powerful cybersecurity features\*:

powered by Lookout mobile app

- Mobile device and app security scan
- Mobile device locator and theft alerts
- Mobile safe browsing and phishing protection
- Wi-Fi network scan and alerts

### Plus, get generous protection for loved ones with a family plan that includes:

- Coverage for your whole household, plus senior family coverage for parents, in-laws, and grandparents age 65+
- Family mobile device protection\*\*
- Up to \$2 million in expanded identity theft, cyber and ransomware expense reimbursement<sup>†</sup>

\*5 devices  
\*\*10 devices

<sup>†</sup>Terms and conditions apply. Certain features require additional activation and will not be available until a later date. Product may be updated or modified prior to availability. Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

<sup>††</sup>Cyber and ransomware expense reimbursement does not cover cyber ransom payments to hackers.

<sup>†††</sup>Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.



### It's easy to get started

- 1 Choose your plan**  
You're protected from your effective date.
- 2 Activate key features**  
Explore additional features in our easy-to-use portal and apps.
- 3 Live your best life online**  
We've got you covered with 24/7 alerts.

**Allstate**  
IDENTITY PROTECTION

## Retiree Insurance Contact Information

Questions regarding claims should be directed to Member Services at the following numbers:

### UnitedHealthcare®

SLPS-Sponsored Base and Buy-Up Point of Service Medical Plans

#### Member Services

**1-844-298-8930** | [www.myuhc.com](http://www.myuhc.com)

#### Express Scripts Pharmacy

**1-877-850-3348**

#### Virtual Doctor Visits

(Non-Emergency Medical & Behavioral Health)

[www.myuhc.com](http://www.myuhc.com)

(To schedule an appointment, create an account or logon)

### UnitedHealthcare®

Group Medicare Advantage PPO Plans

#### Member Services

**1-844-876-6160** | [retiree.uhc.com](http://retiree.uhc.com)

(To create an online account)

#### OptumRx Pharmacy Benefits

**1-888-279-1828** | TTY **711**

#### Renew Active Fitness Program™

**1-877-651-2848** | [www.uhcrenewactive.com](http://www.uhcrenewactive.com)

#### Health Products Benefit Program

(Over-the-Counter (OTC) Health and Wellness Products)

#### First Line Medical – Customer Service

**1-833-216-6709** | TTY **711** | [www.HealthProductsBenefit.com](http://www.HealthProductsBenefit.com)

[FirstLine\\_Medical@uhc.com](mailto:FirstLine_Medical@uhc.com)

After receiving the 2024 catalog and member ID card, retirees do need to activate the member ID card as they can use the card at retail locations such as Walmart, CVS, Walgreens, etc. to purchase over the counter pharmacy items.

### Lifeline Personal Emergency Response System

**1-855-595-0389** | TTY **771** | [lifeline.phillips.com/uhcgroup](http://lifeline.phillips.com/uhcgroup)

Email: [LifelineCares@Phillips.com](mailto:LifelineCares@Phillips.com) | Fax: **1-800-548-7695**

### UnitedHealthcare®

Group Medicare Advantage PPO Plans

#### Transportation Program – ModivCare

**1-833-219-1182** | TTY **1-844-488-9724**

[www.modivcare.com/BookNow](http://www.modivcare.com/BookNow)

#### UnitedHealthcare® Hearing Program

**1-855-523-9355** | [www.uhchearing.com](http://www.uhchearing.com)

#### Virtual Doctor Visits

(Non-Emergency Medical & Behavioral Health)

[www.UHCRetiree.com](http://www.UHCRetiree.com)

(To schedule an appointment, create an account or logon)

### Delta Dental of Missouri

PPO and Premier Networks

#### Member Services

**1-800-335-8266** | [www.deltadentalmo.com](http://www.deltadentalmo.com)

### EyeMed

Vision Plan – Insight Network

#### Member Services

**1-866-800-5457** | [www.eyemed.com](http://www.eyemed.com)

### MetLife

Prepaid Legal

#### Member Services

**1-800-821-6400** | [members.legalplans.com](http://members.legalplans.com)

### Allstate Insurance Company

Identity Theft Protection

#### Member Services

**1-800-789-2720** | [www.MyAIP.com](http://www.MyAIP.com)

## Group Insurance Enrollment Policy Revised June 28, 2018



### 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.

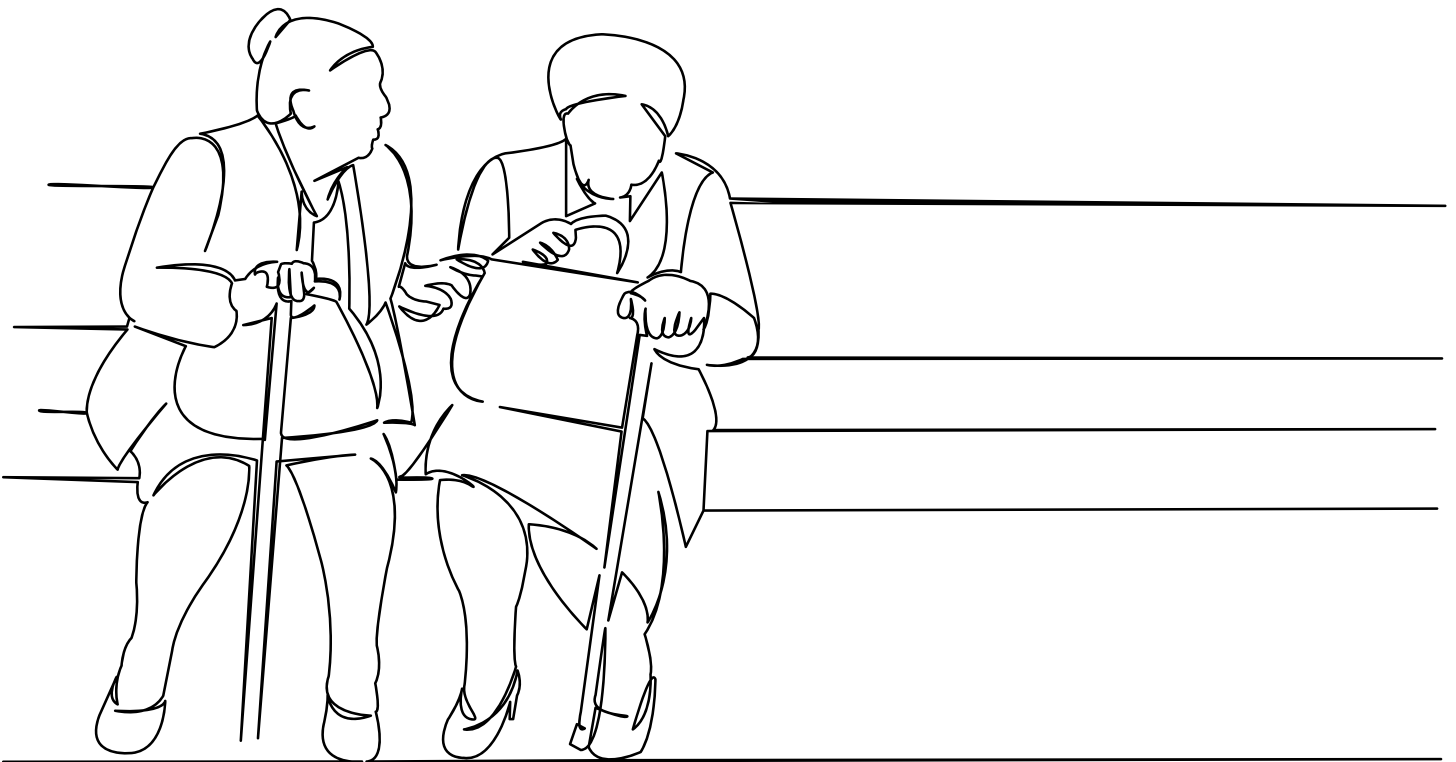
Examples of situations that would create an involuntary loss of other creditable coverage include: loss of employment, termination of employer contributions toward other coverage; moving out of an HMO service area, if the other plan does not offer alternative coverage; ceasing to be a "dependent" as 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, 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 in Group Insurance Enrollment Policy found on page 50 in this guide.



### Cancelling Coverage

Any retired member who cancels coverage under a medical, dental or vision insurance plan offered through the PSRSSTL 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 on Page 50. 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.



## Dependent Eligibility for Medical, Dental and Vision Coverages

Revised June 28, 2018



### Unless Otherwise Defined by the Group Insurance Carrier, Eligible Dependents are Limited to:

#### Spouse

Your **husband or wife** (but not a person who is a common law spouse or someone from whom you are legally divorced or separated); and

#### Dependent Child

An **unmarried dependent child up to the limiting age** of the plan in which you are enrolled, unless the dependent child is employed by St. Louis Public Schools ("SLPS") or the Public School Retirement System of the City of St. Louis ("PSRSSTL"), or

An **unmarried dependent child over the limiting age** of the plan in which you are enrolled if the dependent child is:

- certified by the benefit plan medical professional as mentally or physically disabled (Refer to Disabled Children section for additional information.); or

#### An individual is your dependent child if:

- you are one of the biological parents of the dependent child and the dependent child has not been legally adopted by another person (member must provide a copy of the dependent child's certificate of live birth);
- you are the legally-appointed guardian of the estate of the dependent child (member must provide a copy of the court guardianship document);
- you have legally adopted the dependent child (member must provide a copy of the court adoption document);

- the dependent child has been placed in your physical custody for the purpose of adoption (member must provide a copy of the adoption placement document);
- the dependent child is a dependent child of your spouse (your dependent stepchild), financially dependent upon you for support and has a parent-child relationship with you; or
- the dependent child is a child you must cover as required by a Qualified Medical Child Support Order.

#### Dependent Limiting Age

The Limiting Age is the latest age through which a dependent child may be covered as your dependent under the PSRSSTL medical, dental or vision programs. The Limiting Ages for each plan offered are as follows:

##### ⇒ SLPS-Sponsored Base and Buy Up Medical Plans, Dental Plans – Low or High Option, Vision Plan

Midnight on the last day of the month during which your dependent child becomes twenty-six (26) years of age, if the dependent child is a resident of Missouri, and not covered by any other individual or group health benefit plan.

##### ⇒ Group Medicare Advantage PPO Plans (Gold, Low or High)

Only disabled dependent children with Medicare Parts A and B are eligible for coverage under this plan. No Limiting Age applies to Disabled Children.

## Enrolling Dependents for Coverage



**Dependents May Be Covered In the Same Plan Only When the Member Is Also Covered. An Eligible Dependent May Be Enrolled 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 following the date an individual becomes a new dependent, or
4. Within thirty (30) days of a dependent'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 dependent, Medicare, Medicaid, a State Children's Health Insurance Program or coverage through the Peace Corps. Proof of involuntary coverage loss from the dependent's prior plan must be submitted with your application to PSRSSTL.

Examples of situations that would create an involuntary loss of other creditable coverage include: loss of employment, reaching a lifetime limit on all plan benefits (medical only); termination of employer contributions toward other coverage; moving out of an HMO service area if the other plan does not offer other coverage; ceasing to be a "member" 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).

**Note:** Applications for enrollment made due to loss of any coverage type may only be for the same coverage type lost, (i.e., loss of medical coverage only entitles dependent to enroll for PSRSSTL medical coverage, etc.);



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

1. Any dependent eligible for Medicare must have both Parts A (hospital) and B (medical) coverage.
2. Medicare Prescription Drug Plans (Part D) entitlement requirements:
  - a. Dependents 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.
  - b. Dependents enrolling for Medicare Advantage coverage will automatically receive their Part D coverage through their Medicare Advantage plan. Medicare Advantage members should not enroll in a separate Medicare prescription drug plan.

## Dental and Vision Insurance

1. Concurrent with the member's retirement effective date as established by PSRSSTL, or
2. Within thirty (30) days following the date an individual becomes a new dependent, or
3. Within thirty (30) days of a dependent's involuntary loss of eligibility for other creditable dental and / or vision coverage sponsored through sources as defined in #4 Medical Insurance on the previous page.

Enrollment forms for dependents enrolled on or after your retirement are available by calling PSRSSTL.

**If you do not enroll a Dependent when the dependent becomes eligible as defined in this document, no further opportunity to apply for that person's coverage is available.**



## Effective Dates



### Dependent Status

Spouse:	Date of marriage
Stepchild:	Date of marriage to stepchild's parent
Child:	Date of birth, date of adoption or placement for adoption, or date on which you are appointed legal guardian

### Dependent Coverage

Contingent upon the date on which you apply for coverage. Dependent coverage will be effective as follows:

1. A dependent enrolled at the time you retire will be covered concurrent with your retirement date.
2. A dependent enrolled within thirty (30) days of his/her loss of eligibility for other group coverage will be covered effective on the day following his/her last day of coverage under the other group plan.
3. A newly acquired dependent, e.g., marriage, birth, adoption, etc., enrolled within thirty (30) days following the date he/she becomes your dependent will be covered effective on the date that person became your dependent.

Coverage effective dates are always subject to plan approval.



## Dependent Information



### Disabled Children

If your child is mentally or physically disabled and reaches the Limiting Age while covered under a PSRSSTL-sponsored plan, you can continue coverage if the child is unmarried, chiefly dependent upon you for support, and incapable of self-support due to mental or physical disability which commenced prior to the Limiting Age.

You may continue the child's coverage if you provide a doctor's statement confirming the child's disability to PSRSSTL. The doctor's statement must be submitted to PSRSSTL within thirty (30) days following the date the child reaches the Limiting Age. The doctor's statement is subject to review and approval by the plan or plans under which continued coverage is requested. A new doctor's statement may be required every two years.

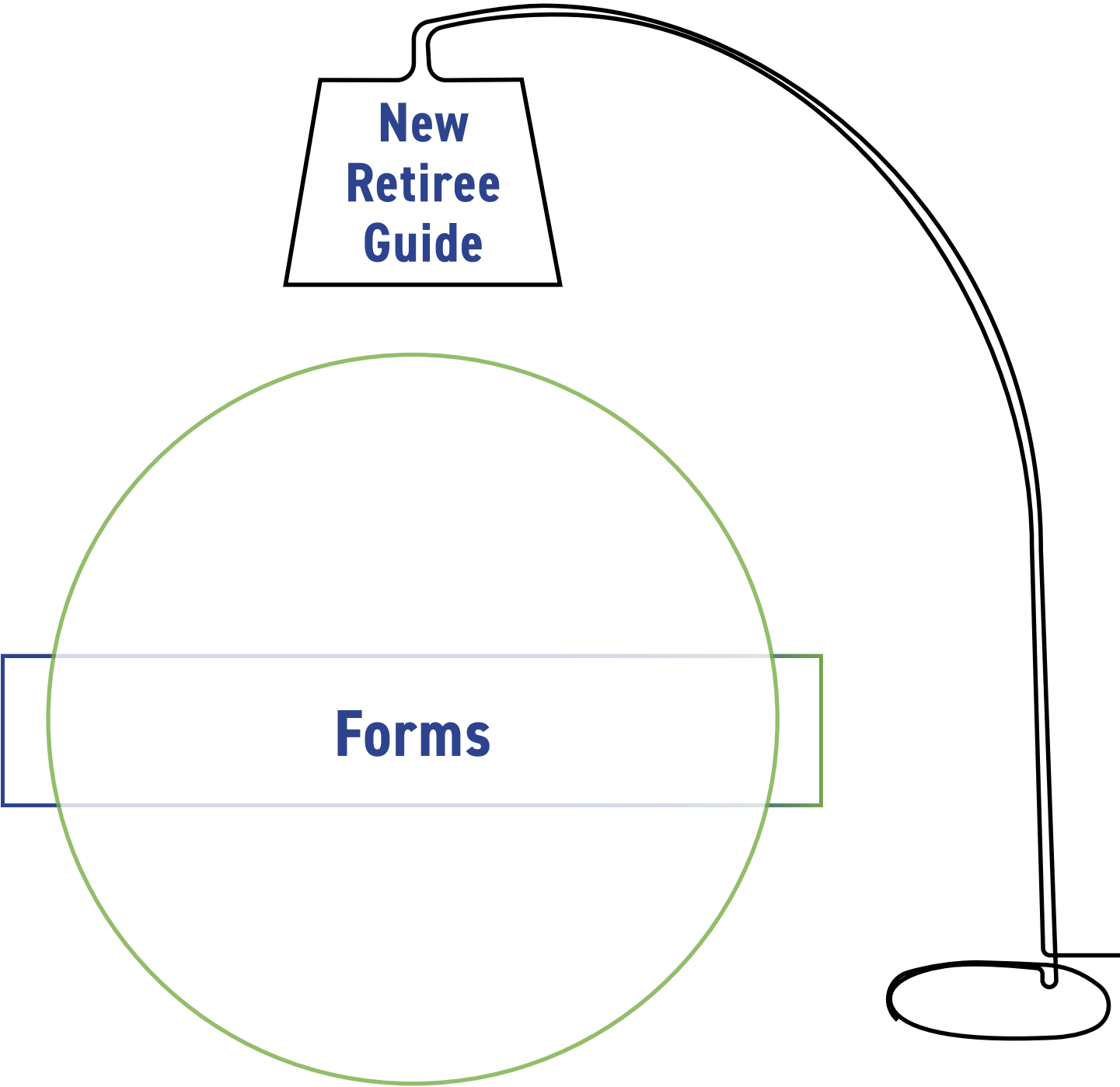
### Canceling Dependent Coverage

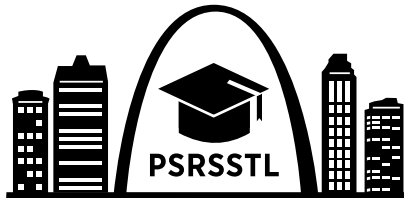
Subject to a legal judgment requiring you to maintain coverage for your dependent children or a plan limitation requiring your dependent to maintain coverage for a specified period, you may cancel dependent coverage at any time. To cancel dependent coverage, either send a letter to PSRSSTL requesting cancellation of dependent coverage or contact PSRSSTL for a cancellation form. The cancellation will become effective at midnight on the last day of the month during which your written cancellation request is received at PSRSSTL unless the affected insurance plan requires receipt of the cancellation by an earlier date.

Once you cancel coverage for a dependent, you will only be permitted to re-enroll that dependent as described under the "Enrolling Dependents for Coverage" section of this document.

### Events Causing Dependents to Lose Coverage

Events are defined under each of the health plans offered through PSRSSTL. Such events include, but are not limited to, a divorce or legal separation and your child marrying. In the event your dependent becomes ineligible for coverage, you must contact PSRSSTL immediately. Your affected dependents may be eligible to continue their coverage as allowed under federal law if you notify PSRSSTL of the dependent status change within thirty (30) days following your divorce, legal separation, or your dependent child marrying. If you fail to advise PSRSSTL of the occurrence of one of these events, affected dependents may lose a valuable opportunity to continue medical, dental, and/or vision coverage.





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

### Retirement Application

1. Please type or print in ink.
2. You **MUST** complete every section of this form.
3. You **MUST** sign and date Sections 2, 3, 4 and 5.
4. PSRSSTL must receive this Application **AT LEAST** 15 days prior to your Retirement Effective Date. Late receipt of this Retirement Application will cause your Retirement Effective Date to be delayed.
5. To obtain a quote under Benefit Payment Option 5, 6 or 7, you must provide an estimate from Social Security of your benefit amount at age 62.
6. The beneficiary designations you make on this Retirement Application will replace any designations on file with PSRSSTL effective on your Retirement Effective Date.

#### Section 1: Personal Information

Your Name:		Sex:      Male <input type="checkbox"/> Female <input type="checkbox"/>	
Street Address:		Marital Status:	
Address 2:		Birth Date:	
City:		Age at Retirement:	
State:	Zip:	Work Phone:	
Soc. Sec. No.:	Personnel No:	Home Phone:	
Job Title:			
Employment Type:      10 month <input type="checkbox"/> 10.5 month <input type="checkbox"/> 11 month <input type="checkbox"/> 12 month <input type="checkbox"/>			

#### Section 2: Application for Pension Benefits

Enter the last day for which you expect to be paid by your employer (include salary, sick leave, etc.):	
Enter the last day that you expect to work at your employer (not the last day that you expect to be paid):	
Enter the effective date of your retirement (must be "beginning of day" the first day of a month.):	
Your signature:	Date of signature:

### Section 3: Benefit Payment Options

- ☐ I **DO NOT** elect a benefit payment option.

If you check this box, you must sign and date below and initial here:

- ☐ I **DO** elect a benefit payment option.

I understand that if I elect to receive my retirement benefits under one of the survivor payment options described below, my benefits will be reduced in order to provide monthly payments to my option beneficiary after my death. I understand that I may not change my payment option or my option beneficiary after my retirement benefit payments begin. I also understand that if I select one of the survivor payment options below, I must provide PSRSSTL with a copy of the birth certificate and Social Security card of my option beneficiary at least 15 days prior to my retirement effective date.

Place a check mark in the appropriate box to indicate the Payment Option you are electing. Provide Option Beneficiary information and sign and date below.

- ☐ Option 1 If the Option Beneficiary I have designated below is still living at the time of my death, my reduced monthly benefit payments shall continue to my Option Beneficiary on a monthly basis for his/her lifetime.
- ☐ Option 2 If the Option Beneficiary I have designated below is still living at the time of my death, half of the amount of my reduced monthly benefit payments shall continue to my Option Beneficiary on a monthly basis for his/her lifetime.
- ☐ Option 3 The same as Option 1, except that, if my Option Beneficiary dies before I do, effective the first day of the month following my Option Beneficiary's death, my reduced monthly benefit will be increased to the amount I would have received at the time of my retirement had I not elected this Benefit Payment Option.
- ☐ Option 4 The same as Option 2, except that, if my Option Beneficiary dies before I do, effective the first day of the month following my Option Beneficiary's death, my reduced monthly benefit will be increased to the amount I would have received at the time of my retirement had I not elected this Benefit Payment Option.
- ☐ Option 5 My monthly benefit prior to age 62 shall be increased so that my pension prior to age 62 shall be approximately equal to the sum of my pension after age 62 plus my estimated federal Social Security benefit.
- ☐ Option 6 My monthly benefit shall be a combination of Benefit Payment Option 1 and Benefit Payment Option 5.
- ☐ Option 7 My monthly benefit shall be a combination of Benefit Payment Option 2 and Benefit Payment Option 5.

Name of Option Beneficiary:	Option Beneficiary's Social Security Number:	
Relationship:	Option Beneficiary's Date of Birth:	
Street Address:		
Address 2:		
City:	State:	Zip:
Your signature:	Date of signature:	

Office Use Only: Eligibility Determined \_\_\_\_\_ Verified \_\_\_\_\_ To Ins. Dept. \_\_\_\_\_

## Section 4: Beneficiary Designation

Designation of beneficiary is for any unpaid contributions to the System only. Member contributions are paid out first when retirement benefits begin and are typically exhausted within 2-3 years of retirement. This designation does not provide a monthly retirement benefit to the beneficiary after Member's death.

Primary Beneficiary(ies)		
Name:	Relationship:	
Soc. Sec. No.:	Date of Birth:	
Street Address:		
Address 2:		
City:	State:	Zip:

Name:	Relationship:	
Soc. Sec. No.:	Date of Birth:	
Street Address:		
Address 2:		
City:	State:	Zip:

Name:	Relationship:	
Soc. Sec. No.:	Date of Birth:	
Street Address:		
Address 2:		
City:	State:	Zip:

Contingent Beneficiary(ies)		
Name:	Relationship:	
Soc. Sec. No.:	Date of Birth:	
Street Address:		
Address 2:		
City:	State:	Zip:

Name:	Relationship:	
Soc. Sec. No.:	Date of Birth:	
Street Address:		
Address 2:		
City:	State:	Zip:

## Section 5: Health Care Insurance Information

You may only enroll for PSRSSTL-sponsored insurance (1) upon your retirement, (2) during the open enrollment period immediately following your eligibility for Medicare Part A & B, or (3) within thirty days of your involuntary loss of other group coverage. Enrollment form and benefit information about the PSRSSTL available insurance programs are included in this retirement packet, which starts on Page 19. If you would like to enroll in PSRSSTL sponsored benefits, please complete the Benefit Enrollment Form found on Page 63.

### Medical Insurance

As of your retirement date, will you or any of the dependents you wish to enroll for medical insurance be entitled to Medicare insurance benefits due to age or disability status with the Social Security Administration?

Yes ☐No ☐

Medicare-entitled members and dependents must have both Part A and Part B coverage to be eligible to enroll for PSRSSTL insurance.

Provide the name of the medical plan under which you are currently covered through St. Louis Public Schools.

---

Your Signature:

Date of Signature:

---



BENEFITS ENROLLMENT FORM				
PUBLIC SCHOOL RETIREMENT SYSTEM OF THE CITY OF ST. LOUIS				
SECTION 1 – PLAN SELECTION, REASON & EFFECTIVE DATE				
Reason for Enrollment/Change: <input type="checkbox"/> Other _____			Coverage Effective Date	
<input type="checkbox"/> New Retiree <input type="checkbox"/> Involuntary Coverage Loss <input type="checkbox"/> OE Plan Change <input type="checkbox"/> Medicare-Eligibility				
UnitedHealthcare Group Medical Plans	Delta Dental of Missouri Networks: PPO & Premier	EyeMed Network: "InSight"	NEW VOLUNTARY BENEFIT OFFERINGS	
<input type="checkbox"/> Base Plan <input type="checkbox"/> Buy-Up Plan <input type="checkbox"/> Gold Plan <input type="checkbox"/> Low Plan <input type="checkbox"/> High Plan	<input type="checkbox"/> Low Plan <input type="checkbox"/> High Plan  <i>If using PPO Network Providers, enroll in the Low Plan</i>	<input type="checkbox"/> Vision	<input type="checkbox"/> Prepaid Legal	<input type="checkbox"/> Identity Theft
			Coverage cannot be cancelled until member has been enrolled for at least 12 months.	
<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse* <input type="checkbox"/> Retiree, Spouse + Child(ren)* <input type="checkbox"/> Retiree + Child(ren)*	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + 1 Dependent* <input type="checkbox"/> Retiree + Family	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + 1 Dependent* <input type="checkbox"/> Retiree + Family	<input type="checkbox"/> Retiree + Family	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Family
*If enrolling dependents in medical, dental and/or vision coverages, you must complete SECTION 4				
<input type="checkbox"/> Yes  <input type="checkbox"/> No	Do you have other prescription drug coverage (including private insurance, workers' compensation, VA benefits or through the State Pharmaceutical Assistance Program? If yes, please complete the following: Name of other coverage: _____ ID #: _____ Group #: _____			
SECTION 2 – RETIREE PERSONAL INFORMATION				
First Name - M.I. - Last Name - Suffix (Jr., Sr.)		PSRS Member ID (PSRS to provide)		Date of Birth
Last 4 digits of SSN		Gender	Marital Status	
		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Permanent Street Address (no P.O. Boxes)		City	State	Zip Code
Mailing Address (P.O. Boxes)		City	State	Zip Code
Home Phone (required, if applicable)		Cell Phone (required, if applicable)	Email	
SECTION 3 – RETIREE MEDICARE INFORMATION				
(Complete this section ONLY if you are Medicare-eligible AND are enrolling in OR changing medical plans)				
Medicare Claim Number		Part A Effective Date		Part B Effective Date
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had continuous creditable prescription coverage since becoming Medicare-eligible?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a resident of a long-term care facility?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have End State Renal Disease (ESRD)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you become eligible for Medicare because you were diagnosed with End Stage Renal Disease <i>and</i> has it been less than 30 months since you became eligible?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you enrolled in your State <u>Medicaid</u> Program? If yes, provide your <u>Medicaid</u> number:		
Medicare Election Period				
<input type="checkbox"/> Initial Enrollment		<input type="checkbox"/> Annual (Open Enrollment)		<input type="checkbox"/> Special Enrollment

**SECTION 4 – DEPENDENTS' PERSONAL INFORMATION**

**Note: Per PSRS Group Enrollment Policy, all dependents must be enrolled in the same plan(s) as the Retiree**  
**Dependent enrollment in the Identify Theft Protection and Prepaid Legal is handled directly with the Vendor.**

**DEPENDENT #1**

First Name / M.I. / Last Name & Suffix (Jr., Sr.)	Gender	Relation	Date of Birth	SSN
	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Spouse		
Indicate the coverages enrolling in:	<input type="checkbox"/> Medical		<input type="checkbox"/> Dental	<input type="checkbox"/> Vision

**DEPENDENT #2**

First Name / M.I. / Last Name & Suffix (Jr., Sr.)	Gender	Relation	Date of Birth	SSN
	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child		
Indicate the coverages enrolling in:	<input type="checkbox"/> Medical		<input type="checkbox"/> Dental	<input type="checkbox"/> Vision

**DEPENDENT #3**

First Name / M.I. / Last Name & Suffix (Jr., Sr.)	Gender	Relation	Date of Birth	SSN
	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child		
Indicate the coverages enrolling in:	<input type="checkbox"/> Medical		<input type="checkbox"/> Dental	<input type="checkbox"/> Vision

Complete this section if Medicare-eligible AND if enrolling in/changing medical plans	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3
Medicare Claim Number			
Part A Effective Date			
Part B Effective Date			
Have you had continuous creditable prescription coverage since becoming Medicare-eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a resident of a long-term care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have End State Renal Disease (ESRD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you become eligible for Medicare because you were diagnosed with End Stage Renal Disease <i>and</i> has it been less than 30 months since you became eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enrolled in your State Medicaid Program? If yes, provide your Medicaid number	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other prescription drug coverage (including private insurance, workers' compensation, VA benefits or through the State Pharmaceutical Assistance Program)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have other prescription drug coverage, please provide: 1. Name of other coverage 2. Member ID # 3. Group #			
Medicare Election Period	<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Annual (Open Enrollment) <input type="checkbox"/> Special Enrollment	<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Annual (Open Enrollment) <input type="checkbox"/> Special Enrollment	<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Annual (Open Enrollment) <input type="checkbox"/> Special Enrollment

**AGREEMENT:** Please read the following carefully.

1. I apply for membership in UnitedHealthcare for myself and for any eligible dependents listed. I authorize PSRSSTL to make deductions for the premiums.
2. I and my eligible dependents shall abide by the provisions of coverage in the UnitedHealthcare Enrollment agreement, Certificate of Coverage and Benefit Riders under which we are enrolled.
3. By signing this form, I authorize the Public School Retirement System and any physician, hospital, medical group or other facility providing me care, treatment or consultation, to disclose to UnitedHealthcare, or receive from UnitedHealthcare, any medical or claim information pertaining to the persons identified in this enrollment form receiving coverage under this plan, as may be necessary to enable UnitedHealthcare to make coverage determinations, pay claims or otherwise administer plan programs, including without limitation, credentialing of physicians and as applicable, other providers, all of which shall be conducted in accordance with state and federal confidentiality laws. UnitedHealthcare will not disclose any information pertaining to HIV/AIDS or chemical dependency/substance abuse except as specifically permitted by applicable law.
4. I understand and agree no benefits shall take effect until this application is approved by UnitedHealthcare and, if applicable, Medicare.
5. I understand that my membership may be cancelled for one or both of the following reasons: 1) failure to pay the amount due under the UnitedHealthcare Enrollment Agreement or Certificate of Coverage, for which I am legally responsible, or (2) fraud or material misrepresentation in enrollment or in the use of services or facilities.
6. I understand that it is my responsibility to report to the Public School Retirement System any change in the eligibility of myself or my dependents.

By signing this form, I certify ALL information given is true and accurate.

By enrolling in one of the UnitedHealthcare® Group Medicare Advantage PPO Plans, I agree to the following: **This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.** I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. **I can only have one Medicare Advantage or Prescription Drug plan at a time.**

- Enrolling in this plan will automatically dis-enroll me from any other Medicare health plan. If I dis-enroll from this plan, I will be automatically transferred to Original Medicare. If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I have prescription drug coverage or if I get prescription drug coverage from somewhere other than this plan, I will inform UnitedHealthcare®.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

**If I do not have prescription drug coverage, I may have to pay a late enrollment penalty.** This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I get a late enrollment penalty, I will receive a letter making me aware of the penalty and what the next steps are. **The service area includes the 50 United States, the District of Columbia and all U.S. territories.** I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S., I am covered for emergency or urgently needed care. **I will get a Plan Details book that includes an Evidence of Coverage (EOC).**

- The EOC will have more information about services covered by this plan. If a service is not listed, it will not be paid for by Medicare or this plan without authorization.
- I have the right to appeal plan decisions about payment or services if I do not agree.

**My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.** Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Plans are insured through UnitedHealthcare® Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare® members, except in emergency situations. Please call our customer service number (1-844-876-6160) or see your Evidence of Coverage for more information.

By enrolling in the Delta Dental Plan, I understand: 1) that there may be instances where treatment decisions made by my dentist or me or dental expenses which I have incurred may not be covered by my dental plan; 2) that information collected in connection with administration of the benefit plan may be used to bring to my attention health products or services that might be valuable to me and otherwise as permitted by law; 3) that you may combine that information with other information so that it is no longer individually identifiable and use it for commercial and other purposes. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. The Delta Dental Certificate provides dental benefits only. Review the Certificate of Coverage carefully.

By signing this form, I certify ALL information given is complete, true and accurate.

**Pension Deduction Authorization:** By signing this application, member authorizes the Public School Retirement System to withhold insurance premiums for such coverage from member's monthly pension check. Monthly premiums for the available plans are determined annually by each respective insurance company. This authorization may not be withdrawn unless member cancels the coverage for which the premium deductions are authorized. By signing this application, member understands that some of the insurance companies impose restrictions on cancellations. Member also understands that he/she must notify the Public School Retirement System in writing in order to cancel coverage and withdraw this deduction authorization.

**RETIREE SIGNATURE (Required):**

**SIGNATURE DATE:**

**DEPENDENT SIGNATURE REQUIRED WHEN ENROLLING DEPENDENT IN A MEDICARE ADVANTAGE PLAN**

**DEPENDENT #1 SIGNATURE:**

**SIGNATURE DATE:**

**DEPENDENT #2 SIGNATURE:**

**SIGNATURE DATE:**

**DEPENDENT #3 SIGNATURE:**

**SIGNATURE DATE:**

**EMAIL:** [monica.brewer@psrstl.org](mailto:monica.brewer@psrstl.org)

**PHONE:** 314-534-7444 Ext. 3011

**FAX:** 314-533-0531

**MAIL:** Public School Retirement System  
3641 Olive Street, Suite 300  
St. Louis, MO 63108  
Attention: Monica Brewer

## PUBLIC SCHOOL RETIREMENT SYSTEM OF THE CITY OF ST. LOUIS WAIVER OF GROUP HEALTH COVERAGES

*(Complete this form if you are waiving any PSRSSTL coverages)*

I am declining the following PSRSSTL coverages:

- ☐ Medical
- ☐ Dental
- ☐ Vision
- ☐ Prepaid Legal Services
- ☐ Identity Theft Protection

I have read the PSRSSTL Group Insurance Enrollment Policy and the Dependent Eligibility for Medical, Dental and Vision Coverage Policy which are contained in this booklet. I understand that by declining coverages at the time of retirement, future enrollments are subject to “events” (i.e., Medicare eligibility, involuntary loss of coverage through an employer group plan, etc.).

The PSRSSTL Enrollment Policies are located on the website: [www.psrstl.org/health-insurance/](http://www.psrstl.org/health-insurance/). Any questions, please contact the PSRSSTL Insurance Specialist: (314) 534-7444, Ext. 3011.

\_\_\_\_\_  
Retiree’s Name *(Please print)*

\_\_\_\_\_  
Social Security Number *(Last Four Digits)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

## Worksheet for Prescriptions

**For Medicare-Eligible Members Enrolled or Enrolling in the UnitedHealthcare Group Medicare Advantage PPO Plans**

[illegible]

## Medicare/PSRSSTL Enrollment Instructions For New Retirees 65+ Who Have Medicare Part A Only



Per the PSRSSTL Group Insurance Enrollment Policy, “any member or dependent who is eligible for Medicare must have both Parts A and B to be enrolled in PSRSSTL’s medical coverage. Additionally, Medicare will impose lifetime penalties for not enrolling in Part B coverage when eligible (unless you were enrolled in employer group coverage).”

### Medicare Part B Enrollment

1. Contact the Social Security Administration (“SSA”) at **(800) 772-1213** to enroll (up to three months prior to your effective date). Request the local SSA office address so you can forward the necessary enrollment forms (CMS-L564 and CMS-40B) to the Social Security Administration.
  - **CMS-L564:** Request for Employment Information – Section B must be completed by your Employer’s Human Resources Department. The purpose of the form is to confirm that you waived Part B because you were enrolled in employer-sponsored group health coverage. Completion of this form will keep Medicare from imposing a lifetime Part B late enrollment penalty; and
  - **CMS-40B:** Application for Enrollment in Medicare – Part B (Medical Insurance). Your Part B effective date should be the same date your medical insurance starts with PSRSSTL.
2. Mail both forms to the local SSA office address. A new Medicare card will be mailed to you.

### PSRSSTL Medical Enrollment

Once you have been enrolled in Medicare Parts A and B, contact the PSRSSTL Insurance Specialist at **(314) 534-7444, Ext. 3011** to discuss the medical plan options. Be prepared to provide your current prescription medication list so that the Insurance Specialist can assist you in selecting the plan that best fits your needs.

Complete the PSRSSTL Benefit Enrollment-Change Form and submit to the PSRSSTL office:

Email: [monica.brewer@psrsstl.org](mailto:monica.brewer@psrsstl.org)

Fax: **(314) 533-0531**

Drop Box: Outside the building, next to the door at the following address:

Public School Retirement System of the City of St. Louis

3641 Olive Street, Suite 300

St. Louis, MO 63108

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESForm Approved  
OMB No. 0938-1230  
Expires: 04/24**APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)**

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? ☐ YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City

State

Zip Code

6. Phone Number (including area code)

 (  )  - 

7. Written Signature (DO NOT PRINT)

SIGN HERE

8. Date Signed

 /  / **IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT  
MUST SUPPLY THE INFORMATION REQUESTED BELOW.**

9. Signature of Witness

10. Date Signed

 /  / 

11. Address of Witness

12. Remarks

Please enroll me for Part B effective: \_\_\_\_\_ .

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1230. The time required to complete this information is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESForm Approved  
OMB No. 0938-0787**REQUEST FOR EMPLOYMENT INFORMATION****SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)**

1. Employer's Name	2. Date <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>
3. Employer's Address	
City	State <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Zip Code <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>
4. Applicant's Name	5. Applicant's Social Security Number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>
6. Employee's Name	7. Employee's Social Security Number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>

**SECTION B: To be completed by Employers****For Employer Group Health Plans ONLY:**

1. Is (or was) the applicant covered under an employer group health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. If yes, give the date the applicant's coverage began. (mm/yyyy) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		
3. Has the coverage ended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. If yes, give the date the coverage ended. (mm/yyyy) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		
5. When did the employee work for your company?		
From: (mm/yyyy) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>	To: (mm/yyyy) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>	Still Employed: (mm/yyyy) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>
6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.		
From: (mm/yyyy) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>	To: (mm/yyyy) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>	

**For Hours Bank Arrangements ONLY:**

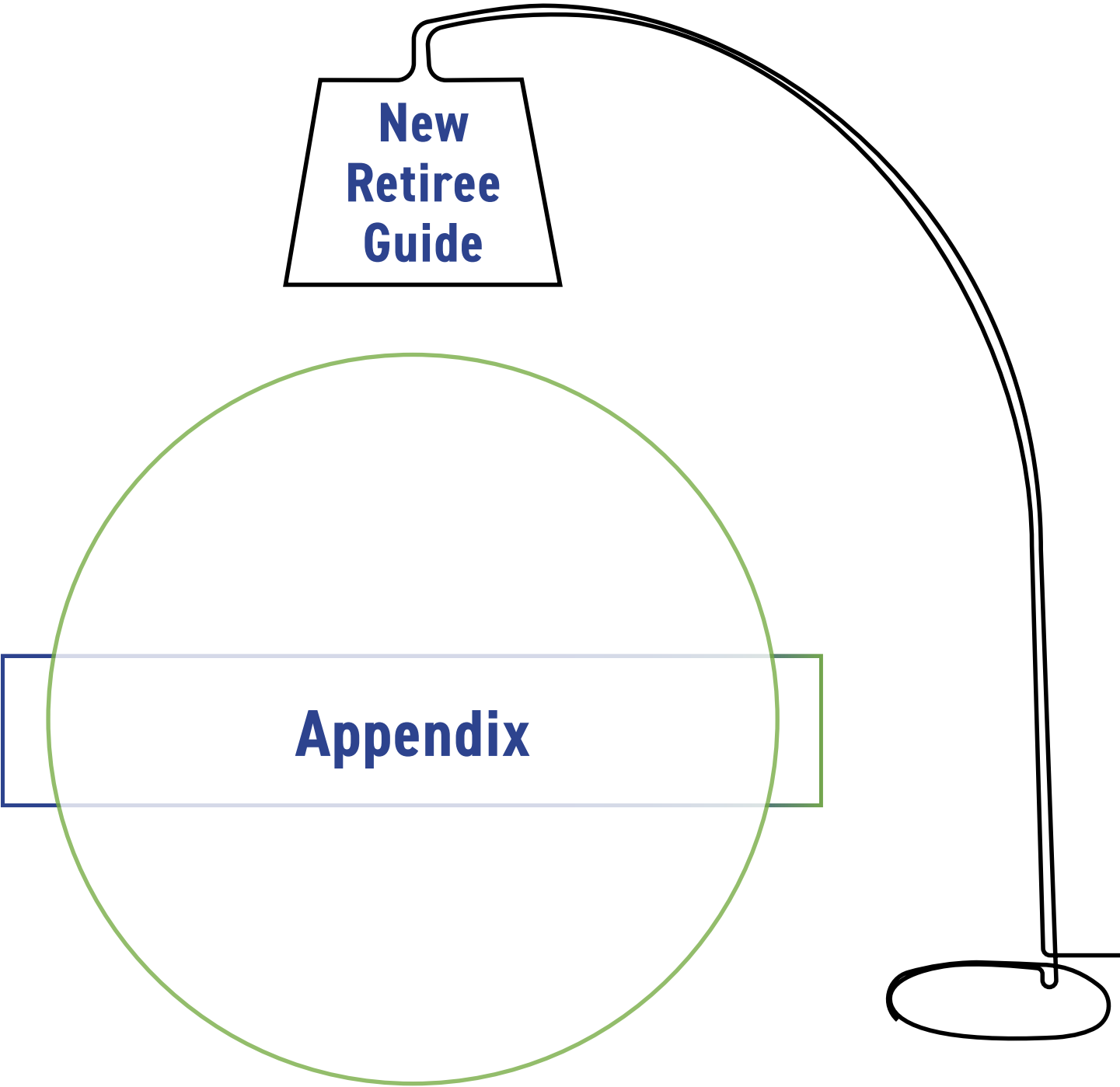
1. Is (or was) the applicant covered under an Hours Bank Arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If yes, does the applicant have hours remaining in reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Date reserve hours ended or will be used? (mm/yyyy) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>	

**All Employers:**

Signature of Company Official	Date Signed <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>
Title of Company Official	Phone Number ( <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> ) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.







February 17, 2023

Dear Retiree:

Congratulations on your retirement! Your many years in the Missouri public school system have provided you with generous pension benefits, whether you realize it or not your pension is likely your largest asset. \$44 a year is a small price to pay to protect your future benefits. Most retirees retire with 75% of their final average salary and will collect 100% of their contributions in the first five years of retirement.

Missouri Retired Teachers Association and Public School Personnel (MRTA) is an association representing nearly over 30,000 retired educators and support staff whose purpose is to promote the professional, social, and economic welfare of all retired school employees. MRTA has been instrumental in its advocacy efforts protecting the retirement security of the over 100,000 Missouri public school retirees and educational professionals. Throughout the past 63 years, MRTA has advocated for retired teachers and educational professionals in Missouri. Our teachers and educational staff are the heart of our local communities.

There is STRENGTH IN NUMBERS, join your educational colleagues in protecting your pension with Missouri Retired Teachers Association and Public School Personnel (MRTA). MRTA is here to advocate for you and to preserve and protect those hard-earned pension benefits. [Join MRTA today!](#)

#### Why Join MRTA?

**Advocacy. Protecting Your Financial Future** - While this is an exciting time, it is also a time to step back and consider what the future holds. Important questions to consider are:

- **Advocating for your pension** The average education retiree lives to be 87 years old, many things can change politically and economically in the years after retirement. During this period, where the state has a large budget surplus and is able to provide some financial stability to state employees, we are requesting that elected officials look at providing some type of one-time cost of living increase for the retirees of both Kansas City Public School Retirement System and St. Louis School Retirement System. This will not impact the financial stability of the retirement system, but will provide some adjustment for retirees. **MRTA is that advocate with nearly 30,000 of your colleagues who are counted as members of MRTA.** Join MRTA today!
- **Advocating for Missouri's children.** Teaching is one of the few professions that truly shapes the future of every child. As former educators, we understand how important it is to support our state's public education system. Through outreach, advocacy, and volunteer efforts, MRTA's members make a substantial contribution to protecting Missouri's school children, current teachers, public school professional, administrators and public school personnel.

**Benefits. Will I need dental, vision, or other types of insurance?** MRTA has an exciting new benefits provider, Association Member Benefits Advisors (AMBA) who provide Dental, Vision and other insurance products as well as thousands of product discounts and savings opportunities to MRTA members at a significantly reduced rate.

- MRTA partners with AMBA to offer our members various discounts. Group rates on professional liability, dental, vision, and other insurance type policies. Discounts at over 900 companies for travel, hotels, and theme parks. (Example, \$20 discount on Sam's Club membership, 15% off at Silver Dollar City, 43% off ground and air ambulance coverage. Various discounts up to 30% at Hertz Rental Car, Dell, Apple Products, etc.) **On average, members who take advantage of the benefits can save up to \$10,000 a year!**
- Informational seminars on topics of value to you! Retirees are often inundated with information and materials at the time of retirement. Webinars that provide valuable information and resources in smaller "bite sized" portions. These important topics include long-term care insurance (over 65% of people over 50 will spend some time in a long-term care facility during their elder years), Medicare, financial health, travel insurance and many more topics.

**Community Impact.** MRTA works to maintain strong connections with community, friends, family, and former colleagues. MRTA and our committees provide opportunities for member retirees. MRTA unit gatherings, state gatherings, community service opportunities, legislative committee advocacy, and others provide the education retiree a sense of community and fellowship with other retirees.

- Missouri Retired Teacher Association - Foundation continues to provide grants to our active, public school teachers and education employees. We provided over 126 grants in 2022 to 14 regions in Missouri and 20 grants to our public school personnel. Since 2011, the Association's Foundation has awarded over \$535,000 in scholarships and grants back to current Missouri public school employees.
- MRTA members are encouraged to continue their public service by providing and encouraging opportunities to serve their local communities as retired educators. In 2021, MRTA members volunteered 680,294 hours, which accounted for \$19,415,590 volunteer hours worked. MRTA members donated over 51,125 food items and \$953,228 cash donations.

**MRTA is the ONLY association whose #1 priority is** to promote and protect pensions, programs, and benefits of all public school personnel in retirement and advocating for public school active teachers.

**A Full-Time Advocate** - MRTA annual dues are \$44 per year, a small investment to assure your pension is protected and you have an advocate fighting on a full-time basis to protect your well-deserved retirement benefits.

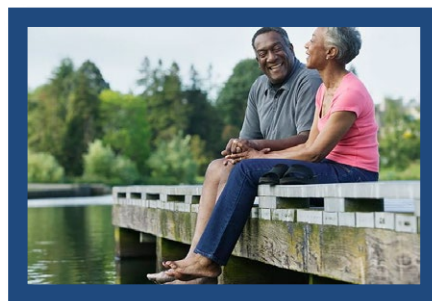
**How to Join** – You need to become a member of the largest association of public school retirees in Missouri. You may join online at [www.mrta.org](http://www.mrta.org). If you have any questions feel free to call our office at 877-366-6782, where an MRTA staff person will answer your questions and accept your application to join MRTA.

**Protect your future – JOIN MRTA TODAY!**

Sincerely,



Maria Walden  
MRTA Executive Director



***P.S. Retirees need MRTA now more than ever! Join MRTA today to protect your largest asset, your pension!***

## Retired School Employees of St. Louis



The Retired School Employees of St. Louis is an organization open to all certificated and non-certificated retirees. The fiscal year is from July 1st thru June 30th.

**Lunch is available at the cost of \$15.00 per person**

**To inquire about joining, please contact**

**Dr. Lynn Beckwith, President**

**[LLBeckwith@sbcglobal.net](mailto:LLBeckwith@sbcglobal.net)**



### **Dues:**

\$20.00 per year or  
\$200.00 for a lifetime membership

### **Regular Meetings:**

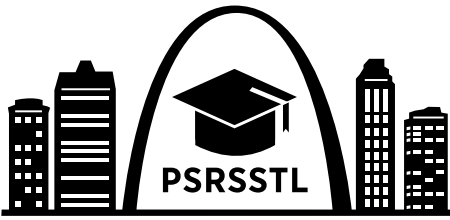
Second Mondays in September, November, February and April

### **Time:**

11:00 a.m.

### **Meeting Location:**

Polish Heritage Center  
1413 North 20th Street (near Cass Ave)



## Mission Statement

The Mission of the Public School Retirement System of the City of St. Louis is to enhance the well-being and financial security of its members, retirees and beneficiaries through benefit programs and services which are soundly financed and prudently administered in an effective and efficient manner.



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## Happy New Year

Warmest thoughts and best wishes to all of our Retired Members. May the New Year only bring happiness and joy to you and your loved ones. May peace, love, and prosperity follow you always.

## Upcoming Mailing

Watch your mailbox for an important tax mailing in January. The 1099 Tax Form which is needed when filing 2023 taxes, will be mailed by January 31, 2024, (the IRS mailing deadline) to all retired PSRSSTL members.

This year, the insurance cost statements for 2023 will be available by request and not automatically mailed to all Retired Members with PSRSSTL insurance. The cost statement provides a breakdown of the amount of premium paid for PSRSSTL sponsored medical, dental, and vision insurance premiums during 2023. If you would like to request a statement, please email Monica Brewer, Insurance Specialist at [monica.brewer@psrsstl.org](mailto:monica.brewer@psrsstl.org) or phone at **314-534-7444**, ext. **3011**.

## Board of Trustees

Angela Banks  
Christina C. Bennett  
Louis C. Cross III (Chairman)  
Sheila P. Goodwin (Treasurer)  
Emily Hubbard  
Shanise Johnson

Yvette A. Levy  
Martel Mann  
Bobbie Richardson (Vice-Chairperson)  
Albert J. Sanders, Jr.  
Dorris Walker  
  
Editors: Susan Kane, Executive Director  
& PSRSSTL staff

## 2024 Regular Board Meeting Schedule

February 26, 2024	August 19, 2024
April 15, 2024	October 21, 2024
June 17, 2024	December 16, 2024

Meetings are currently open to the public via LiveStream on YouTube. The link is available on the website, [www.psrstl.org](http://www.psrstl.org).





## In Memoriam

*Those we love don't go away; they walk beside us every day.*

The Public School Retirement System expresses condolences to family and friends of the following deceased members:

Mattie P. Agins	Denise R. Davis	Richard Kretzler	Raymond W. Saur
RoseMarie M. Baker	William R. Entenman	Brenda K. Lancaster	Richard A. Simmons
Joyce E. Balls	Joanne F. Farley	Lawrence Lewis	Norland C. Tentschert
Jerome S. Buterin	Irene A. Fischer	Edna L. Martin	Robert C. Urberger
Gwendolyn Calhoun	Ceola Fulcher	Oruelle D. Mershon	Robert Valle, Jr.
Virginia Campbell	Yvette C. Gilleylen	Cecelia M. Nangle	Zana M. Ware
Robert L. Campbell	Marilyn Green	Julia Oyen-Keller	Dorothy G. White
Clara Clinton	Frank E. Harris	Teresa M. Presnell	Gwendolyn Williams
Catherine J. Cloyd	Beatrice D. Hennings	Doris M. Quarles	Franklin D. Wynn
Regina A. Cotton	D.C. Johnson	Ruth E. Robertson	
George Cross	Celestine B. Johnson	Lilyan F. Russell	
Steven Davis	Yvonne D. Johnson	Matty G. Sanders	

### Important Notice

Please make sure that PSRSSTL has your current address information. Keeping your contact information updated ensures that you receive important communications from PSRSSTL, such as newsletters, trustee election ballots, tax forms and retiree health insurance updates. Address change forms are available on the website and by contacting the PSRSSTL office.

### Direct Deposit Reminder

When submitting a direct deposit form for a new bank account, please make sure to include a voided check with Bank Routing and Account Numbers. This is to ensure that PSRSSTL has the correct information to make sure your monthly retirement benefit is sent to the correct bank account.

## 2023 Third Quarter Investment Brief

“Investing Your Money For Lifetime Security”



The Retirement System's investment portfolio increased by 2.37% in the Second Quarter, ranking in the 83rd percentile of similar public funds. Returns were positive for the quarter amidst some signs that inflation might be trending lower even while the US economy remained strong. During the one year period ending June 30, 2023, the Retirement System recorded a return on investments of 7.91%, ranking in the 71st percentile. The summaries of the PSRSSTL market value, rankings, investment returns, and asset allocation of funds held in trust on behalf of the membership for the reporting period are listed in the tables below.

### Market Value

Period Ending 9/30/23	One Quarter	One Year
Beginning Market Value	\$820,892,253	\$753,659,926
Net Additions/Deductions <sup>1</sup>	-\$22,183,237	-\$50,350,889
Return on Investment	-\$15,936,958	\$79,463,021
Ending Market Value	\$782,772,058	\$782,772,058

<sup>1</sup>Deductions fund pension payments

Period Ending 9/30/23	Percentile Ranking (Public Funds Universe)	Investment Return
One Quarter	20th	-1.98
One Year	61st	10.61
Three Years	29th	5.37
Five Years	66th	4.69
Ten Years	73rd	5.84
Since 1997	42nd	6.54

### Asset Allocation Summary Period Ending 9/30/23

Asset Class	Market Value	% of Portfolio
Domestic Stocks	\$225,456,011	28.9%
Domestic Fixed Income (Bonds)	\$86,892,167	11.1%
International Equity	\$117,278,914	15%
Global Equity	\$45,077,308	5.7%
Global Fixed Income (Bonds)	\$57,907,908	7.5%
Emerging Markets Debt	\$21,270,492	2.6%
Tactical Asset Allocation (GTAA)	\$21,651,633	2.8%
Hedge Funds	\$51,426,926	6.6%
Real Estate	\$64,408,581	8.2%
Alternatives	\$83,210,116	10.6%
Cash	\$8,192,002	1%
Total	\$782,772,058	100%

## Reminders



PSRSSTL Office will be closed on Monday, December 25 and Tuesday, December 26 for Christmas Eve and Christmas Day Holidays and Monday, January 1 for New Year's Day. The PSRSSTL Office will also be closed on Monday, January 15 for Martin Luther King Jr. Day and Monday, February 19 for President's Day.

## COLA Increase Requirements

The law governing ways in which cost-of-living adjustments (COLA's) may be adopted is specific and lays out the financial requirements that must be satisfied prior to awarding COLA's. Specifically, the funded ratio of a pension plan must be at least 80% before consideration may be given to adopting a COLA.

In 2017, the Missouri Legislature passed SB 62, which contained provisions lowering the Employer Contribution rate affecting the funding status and actuarially soundness of PSRSSTL. After this legislation was passed, the actuary calculated that PSRSSTL's funding ratio will remain below 75% until at least 2034. Earlier in 2023, the actuary calculated that PSRSSTL had a funding ratio of 73.3% which is far below the 80% requirement for the retirement system to consider granting a COLA.

Until PSRSSTL is at least 80% funded, the retirement system is prohibited by law from adopting or considering any type of retirement benefit increases. After PSRSSTL becomes at least 80% funded, an actuary must also be willing to certify the actuarial soundness of the retirement plan after a pension increase is implemented. Unfortunately, under current conditions, it will be many years before PSRSSTL will be able to consider granting a COLA.

### A Note about 2024 Direct Deposits



The System pays pensions with a payment date on the 1st of each month. In months when the 1st falls on a weekend or holiday weekend, PSRSSTL sends direct deposits by the last business day of the prior month but the funds may not be deposited by your financial institution until the first business day of the month. Retirees should contact their bank for information on the timing of direct deposits falling on a weekend or holiday. In 2024, the 1st will fall on a holiday in January, which means funds may not be available until Tuesday, January 2. The 1st will fall on a weekend in June, September and December but funds should be available no later than the following Monday in these months.

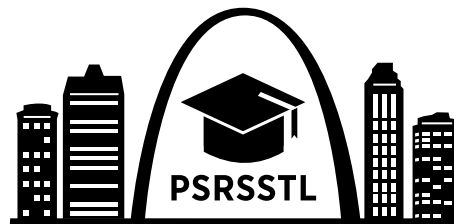
### PSRSSTL Staff Contacts

 **ph: 314-534-7444**  **fax: 314-533-0531**

 **address: 3641 Olive Street, Suite 300  
St. Louis, MO 63108**

Angela Johnson, ext. 3014	Member Services Manager
Ann Connor, ext. 3013	Receptionist/Clerical Assistant
Monica Brewer, ext. 3011	Insurance Benefits Specialist
Robin Willis, ext. 3010	Customer Service/Beneficiary Family Contact Representative
Randy Elam, ext. 3017	Technology Manager
Terry Mayes, ext. 3012	Accounting Specialist
Susan Kane, ext. 3015	Executive Director





# **Public School Retirement System**

of the City of St. Louis

**3641 Olive Street, Suite 300 | St. Louis, MO 63108 | (314) 534-7444**

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources / Benefits Department.