

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

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

### *Life Insurance*

PSRSSTL does not sponsor group life insurance coverage for its members. However, you may be eligible to apply for a conversion of your group term life insurance coverage to an individual plan. Contact the St. Louis Public Schools (SLPS) Insurance Department at (314) 345-2260 to obtain life insurance conversion information.

### *Enrolling for Medical, Dental or Vision Coverage*

You will need to select medical, dental and/or vision coverage, complete the appropriate enrollment forms, and return the enrollment forms to the PSRSSTL Insurance Department. It is recommended that you return your completed insurance enrollment forms by the first day of the month prior to the date of your retirement. This will help to avoid delays in the transition between your coverage through the St. Louis Public Schools (SLPS) and your coverage through PSRSSTL. Your medical, dental or vision coverage through PSRSSTL may be provided by different insurance carriers.

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

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

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

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

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

- Change medical or dental coverage; or
- Enroll for medical coverage if you became entitled to Medicare during the year in which the Open Enrollment period is held.

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

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

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

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

### ***Effective Date for Medical, Dental or Vision Coverage***

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

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

### ***Your Cost for Medical, Dental or Vision Coverage***

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

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

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

### ***Medical Coverage***

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

***UnitedHealthcare Choice Plus and Choice Plus H Point of Service (POS) Plans with Medco (formerly PharmaCare/Caremark) prescription drug coverage.*** These plans allow you to use the medical provider of your choice; however, benefits are paid at a higher level when you use a medical provider within the UnitedHealthcare nationwide POS network. Not all medical services are covered out of network. UnitedHealthcare POS benefits for hospital, physician and laboratory services and Medco prescription drugs are available for individuals with or without Medicare coverage. Contact the PSRSSTL Insurance Department to determine whether Medicare Part D will be primary to your Medco prescription drug coverage.

***Group Health Plan Advantra Low Option HMO and Group Health Plan Advantra High Option HMO Medicare Advantage Plans.*** These plans are Health Maintenance Organizations (HMOs) available only to members with Medicare Insurance. Advantra Low and High Option HMO's are Medicare Advantage plans governed by CMS and their benefits do not allow you to use your Medicare coverage independent of the HMO. These Medicare Advantage plans change your Medicare Insurance into an HMO type of coverage, thereby restricting your medical providers to participating physicians, hospitals or laboratory facilities. You must reside in the Metropolitan St. Louis area to be eligible for enrollment in these plans.

At the time you enroll for coverage, you must select a primary care physician and designate that physician on your enrollment form. Before you list the name of the physician on your enrollment form, you should call the physician to verify that he/she will accept you as a new or existing patient with the HMO insurance you are selecting. If you require specialty care, you may have to obtain a written referral authorization from your primary care physician to a specialist affiliated with your HMO.

Routine emergency services are covered when authorized by your primary care physician. Simply call your physician's 24-hour emergency number to obtain an authorization for treatment and instructions on where to receive that treatment. If you experience a life-threatening emergency such as uncontrollable bleeding, a suspected heart attack or unconsciousness, you may obtain medical care at the nearest medical facility to

stabilize your condition. You are, however, required to contact your primary care physician as soon as your condition is stabilized to obtain authorization for the emergency medical treatment and any follow-up care you receive.

When using participating providers in the GHP Advantra participating provider network, copayments are required for routine outpatient care, nervous/mental care, emergency room services and prescription drugs. You are not required to file claims for medical services when covered through the GHP Advantra Low and High Option Plans. The prescription drug benefits under each of these plans are provided through creditable Medicare D drug plans. If you enroll for one of these Medicare Advantage plans, do not enroll for a Medicare D plan through another provider; otherwise, your prescription drug AND medical benefits through these plans will be cancelled and you will lose any further option to enroll for PSRSSTL-sponsored medical coverage.

If you have a family membership where one member has Medicare Insurance and the other does not, you may not split your memberships between the POS and Medicare Advantage HMO plans. You may only enroll for one of the POS plans.

**Group Health Plan Advantra Freedom Private Fee for Service Medicare Advantage Plan.** This plan is available to members who are enrolled in Medicare Parts A & B and reside outside the St. Louis area, as well as retirees enrolled in GHP Advantra Low & High Option Plans who temporarily reside out of the St. Louis area for up to nine months per year. **GHP Advantra Freedom Private Fee for Service Advantage HMO (PFFS)** is an alternative medical plan for out of area retirees currently enrolled in the SLPS United HealthCare POS Plans. Advantra Freedom gives members the ability to choose their health care provider. However, **not all providers accept this plan**, even Medicare providers may not accept this plan. If you choose this plan, it is very important that all the providers you choose know, before providing services to you, that you have Advantra Freedom coverage in place of Medicare. This gives your provider the right to choose whether or not to accept Advantra Freedom's terms and conditions of payment for treating you. **There is no coverage for providers who will not/do not accept the Advantra Freedom PFFS plan.** Please refer to the Advantra Freedom PFFS HMO Enrollment Packet for additional information regarding this plan.

### ***Dental Coverage***

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

- The ***Aetna Dental Maintenance Organization (DMO) Plan*** requires that you select a primary care dentist from the list of participating DMO providers. You and each of your covered dependents may select different dentists. You may change dentists during the year by contacting the Aetna member services office with your choice of a new dentist. Requests for a DMO dentist change must be made to Aetna before the 15<sup>th</sup> of a month for the change to become effective on the first day of the following month.

You will receive the majority of your dental care from your primary care dentist. In the event you require specialty dental care, your primary care dentist will provide you with a referral to a dental specialist within the Aetna DMO specialist network. Copayments are required for diagnostic, preventive and restorative services.

- The ***Aetna Preferred Provider Organization (PPO) Plan*** is a traditional form of dental coverage that allows you to receive dental services from any dentist or dental specialist. Preventive, basic and major restorative dental services are subject to deductibles and copayments. Benefits will be paid at a higher level if you receive dental care from a participating PPO provider.

If you are enrolled for DMO coverage and you move out of the DMO service area, you will be eligible to transfer your enrollment to the PPO Plan during the plan year. This transfer would require that you contact PSRSSTL prior to your move to obtain and complete an application to change your dental option.

Questions regarding dental benefits may be directed to Aetna at (877) 238-6200.

### ***Vision Coverage***

Routine vision service benefits are available through Vision Benefits of America (VBA). Eye exam benefits are available every 12 months. Benefits for eyeglasses or contact lenses are available every 24 months.

- *VBA Participating Providers:* You may select an eye doctor from the VBA nationwide network of eye care providers. Eye exams, eyeglasses or contact lenses are paid in full by VBA after you pay a \$10 copayment. VBA furnishes cosmetic contact lenses from a participating provider at an allowance in lieu of the benefit for spectacle lenses and a frame.
- *Non-Participating Providers:* Eye exams, eyeglasses or contact lenses are covered under a reimbursement schedule of benefits. When receiving services from a non-participating provider, you must pay for the services at the time they are received and submit a claim to VBA.

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

VBA claim forms may be obtained by calling VBA at (800) 432-4966. Present the claim form to your participating VBA provider and pay that provider your copayment at the time you receive vision services. If you receive services from a non-participating provider, you will be required to pay the full cost of your vision services to your provider at the time you receive your vision services. You may then send your completed VBA claim form along with your paid, itemized bill for vision services to VBA that will reimburse you for the appropriate benefit amount.

### ***Survivor Coverage***

Surviving dependents not eligible for a survivor option pension benefit yet covered under your medical, dental and/or vision insurance at the time of your death are eligible to continue the same type of coverage after your death as allowed by state and federal laws. Currently, surviving dependents eligible for and electing a survivor option pension benefit may continue the same type of coverage after your death for an indefinite period of time as long as insurance benefits are available through the PSRSSTL group.

Survivors who elect an option pension benefit and continue PSRSSTL-sponsored coverage after your death may:

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- enroll for medical insurance if not currently enrolled as long as on or after January 1 of the year during which the Open Enrollment period is held the survivor became entitled to Medicare Part A (survivor must also have Medicare Part B); or
- change from one medical plan to another or from one dental option to the other.

Surviving dependents with a monthly survivor option pension benefit amount that does not cover the cost of their monthly insurance premiums must arrange to pay the PSRSSTL directly for any coverage they elect to continue. Surviving dependents who temporarily continue insurance benefits as allowed by state or federal law must arrange to pay the PSRSSTL directly for their continued coverage.

Surviving dependents receiving an option pension benefit yet not covered under your medical, dental and/or vision insurance at the time of your death may not enroll for coverage after your death unless they waived coverage at the time of your death because they had other group coverage sponsored by their employer, Medicare, Medicaid, a State Children's Health Insurance Program or coverage through the Peace Corps and subsequently lost that coverage involuntarily. A survivor may, within 30 days of losing other group coverage, enroll for group coverage through PSRSSTL. The survivor's application must include the appropriate insurance enrollment forms and a Certificate of Creditable Coverage from the other group insurance plan.

### ***Medicare Insurance***

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

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

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

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

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

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

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

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

Consult your potential medical plan to determine how Medicare Part A, B or D Insurance will affect your medical coverage through PSRSSTL.

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

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