ENROLLING FOR COVERAGE

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

1. Concurrent with the member’s retirement effective date as established by PSRS-STL, or
2. For medical only, during the first Open Enrollment Period following the member's Medicare 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 loss of coverage from your prior plan must be submitted with your application to PSRS-STL. Applications for enrollment made due to loss of any type of coverage may only be for the same type of coverage lost, i.e., loss of medical coverage only entitles member to enroll for PSRS-STL 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).

4. In addition, if you have a new dependent as a result of marriage, birth, adoption, you may be able to enroll your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

General requirements for Medicare-eligible members and dependents under any of the PSRS-STL-sponsored group medical plans:

- Any member or dependent eligible for Medicare must have both Parts A (hospital) and B (medical) coverage.

- Members and dependents must reside in the St. Louis Metro area to be eligible for enrollment into one of the Medicare Advantage plan options.

- Members are responsible for ensuring that their providers accept the Medicare Advantage HMO plans prior to enrolling for coverage. There is no coverage for providers who do not accept the Medicare Advantage HMO plans.

- While medical plans offered through PSRS-STL do not limit your enrollment due to pre-existing health conditions, the Centers for Medicare and Medicaid Services (CMS) may prohibit enrollment in the Medicare Advantage plans for members with End-Stage Rental Disease (ESRD). If the Medicare Advantage plans are unable to accept your enrollment because you have ESRD, you will have the option to enroll for coverage in the PPO Base or Buy-Up medical plans until your Medicare status with CMS allows you to enroll in one of the Medicare Advantage plans.

- CMS (Centers for Medicare and Medicaid Services) requires Medicare recipients to maintain creditable (“Part D compliant”) prescription drug coverage. All PSRS-STL 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 a plan sponsored by the St. Louis Public Schools (SLPS) are only required to have Part D coverage if SLPS determines that its plan will pay prescription benefits as secondary coverage to Part D.

**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 entitlement date. (Medicare entitlement only creates an opportunity for a member to change medical coverage.)
3. Concurrent with the addition of a dependent who has involuntarily lost eligibility for other creditable coverage as defined in #3 Medical Insurance above.
4. Within thirty (30) days of a member’s loss of coverage under a PSRS-STL-sponsored Medicare HMO because the member was admitted to a Skilled Nursing Facility (SNF) as a resident or moved out of the HMO service area, said member may enroll in a non-HMO medical plan.

Note: If a member is enrolled in an HMO medical plan offered by PSRS-STL and the member’s primary care physician and/or specialist should discontinue participation in the plan, the member must select another primary care physician/specialist who is a network provider. The member must wait until the next Open Enrollment Period to make a plan change.

**CANCELLING COVERAGE**

Any retired member who cancels coverage under a medical, dental or vision insurance plan offered through the PSRS-STL group will be subject to the Group Insurance Enrollment Policies above.

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