

Retiree Health Insurance FAQs

Are there any eligibility requirements I must meet in order to purchase health insurance coverage through the District after I retire?

An advantage of being a PSRS/PEERS retiree is the option to participate in your last PSRS/PEERS-covered employer's health insurance plan after retirement. Your premium rates will be the same as premiums for an active employee. You must retire from District employment and be receiving (or eligible to receive) pension benefits from the PSRS/PEERS retirement system to be eligible to participate in District health plans.

The statute provides a one-year window of eligibility after your last date of employment to sign up for coverage. After expiration of the one-year window of eligibility, your rights to participate in District health plans expires. However, to avoid a gap in coverage, you must make the election within 60 days of your retirement date.

Do I have to be on the District's health insurance plan for a certain period of time before retirement to be eligible to purchase health insurance after retirement?

Before retirement you must be eligible to receive benefits on the District's health insurance plan (employed 30 or more hours per week on a regular basis). After retirement you must be eligible for pension benefits from the PSRS/PEERS retirement system. Opting out of the District's medical plan while employed does not preclude you from purchasing health insurance benefits through the District after retirement.

Can I purchase health insurance coverage for my spouse or dependent children through the District?

Yes, during the one-year window of eligibility a retiree can enroll a spouse or dependent children and pay the required premiums. Please be aware that in the event of your death, the only way that family member(s) can continue to purchase retiree coverage is if they are enrolled as a spouse or dependent child in a District health plan.

Will my spouse be able to purchase health insurance through the District after my death?

In the event of the death of a retiree who has been enrolled in District health plans as a retiree, a spouse or dependent child may continue to purchase retiree coverage.

Will my spouse and dependents be able to purchase health insurance after I turn 65 and go on Medicare?

In the event a retiree becomes eligible for Medicare, a spouse or dependent child may continue to purchase retiree coverage.

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How long am I eligible to purchase coverage as a retiree?

Retirees, their spouse and eligible dependents that elect to participate in retiree health insurance coverage may continue coverage so long as premiums are paid in a timely manner. Please be aware that premium rates typically adjust annually. If a monthly premium is not paid in a timely manner, a delinquent notice will be sent. If delinquent premiums are not promptly paid in full, your retiree insurance coverage will be terminated retroactive to the last day of the month for which the premium was paid. If your retiree insurance coverage is terminated, coverage for a spouse or any enrolled dependents will also be terminated. Afterward, you lose your eligibility to purchase health insurance coverage as a retiree.

What happens if I discontinue coverage through the District?

Retirees are eligible to purchase three types of coverage through the District. These include (1) health insurance, (2) dental insurance, and (3) vision insurance. In the event a retiree discontinues coverage for one or more types of coverage, the retiree is no longer eligible in the future to re-purchase coverage that has been dropped.

How do I pay premiums for coverage purchased through the District?

The District will direct debit premiums from a checking account you designate. This is mandatory in order to obtain insurance coverage through the District. Direct debit is a great benefit for many reasons including:

- *Convenience of no more checks, no hassle, no worry...you can travel and carry on with life knowing your insurance is paid automatically...conveniently debited after your PSRS/PEERS retirement check has been directly deposited to your account.*
- *Consistency with the premium being debited for the same amount on the second banking day each month.*
- *Accuracy of payment...after annual confirmation, the same amount occurs automatically every month.*

Does Medicare enrollment impact my HSA eligibility?

Since retirement and Medicare enrollment often occur around the same age, it's not surprising that some frequently asked HSA questions involve issues related to age, Medicare, and eligibility. If you delay enrolling in Medicare past age 65, you should stop contributing to an HSA account at least six months in advance of enrolling in Medicare. Otherwise, you may be subject to a tax penalty because Part A of Medicare provides six months of retroactive coverage upon enrollment.

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If I enroll in Medicare and continue to purchase health insurance through the District, which coverage will be considered primary?

If you're retired and have Medicare coverage and continue to purchase health insurance coverage from the District as a retiree, Medicare typically is primary. You can find out more about Medicare by clicking here:

<https://www.medicare.gov/supplements-other-insurance/retiree-insurance>

Will I be able to receive supplemental insurance from the District after I am eligible for Medicare?

The District does not offer a supplemental insurance plan for retirees eligible for Medicare.

Eligible retirees should enroll with Medicare. Medicare enrollment begins three months before your 65th birthday and continues for 7 months. If you wait until the month you turn 65 (or the 3 months after you turn 65) to enroll, your Part B coverage will be delayed. This could cause a gap in your coverage. In most cases, if you don't sign up for Medicare Part B when you're first eligible, you'll have to pay a late enrollment penalty. You can find out more about Medicare by clicking here: <https://www.medicare.gov/sign-up-change-plans/getting-started-with-medicare>

If the District changes health insurance providers, is the new provider required to continue my coverage?

Yes. Missouri law requires that school districts entering into a contract with an insurance company that provides group health insurance shall specify that such contract provides coverage for persons who have retired.

Helpful Resources - We recommend that you work with a financial planner, tax or legal professional familiar with Medicare and Social Security rules.

The following resources are available to help you navigate the timing of coverage and benefits under Medicare and Social Security:

- *For information regarding Medicare and the postponement of coverage, contact Medicare at 1- 800-MEDICARE or visit [Medicare.gov](https://www.Medicare.gov).*
- *For information regarding Social Security and the postponement of benefits, visit your local Social Security office, call 1-800-772-1213, or visit [SocialSecurity.gov](https://www.SocialSecurity.gov).*
- *For information regarding whether you have “creditable” prescription drug coverage (to avoid late enrollment penalties under Medicare Part D), check with your employer, insurance company or plan administrator.*