



## Retiree Health Insurance Plan

Congratulations on your retirement! The Shawnee Mission School District offers an opportunity for eligible retirees to continue their district health insurance plan until becoming Medicare eligible. Unlike COBRA, which extends a maximum of 18 months, you may continue on the Retiree plan until age 65. You are eligible for this plan if you are a retiree from Shawnee Mission Schools with 10 years of service, who will begin receiving KPERS retirement or disability benefits at the time of retirement AND who is participating in the district's health insurance plan.

- ✓ Subject to any COBRA rights, coverage for the **retiree and/or dependent(s)** will cease when the earliest of the following occur:
  - The covered member becomes Medicare eligible at the age of 65, dependents may be offered COBRA.
  - The retiree and/or dependent becomes covered under another employer-sponsored medical plan
  - Premium payments are not made on a timely basis
  - When the dependent(s) no longer qualifies as a dependent according to health insurance guidelines, the dependent coverage only will end.

### How to Enroll

- ✓ Review the monthly premium rates on the back side of this form, and please be aware you will be responsible for the full monthly premium for your plan. Once retired, there is *not* a district-paid contribution towards the plan.
  - You will be billed directly by Blue Cross every month.
- ✓ Complete the entire retiree enrollment form included in this packet, indicating the plan in which you are enrolled. Plan changes are allowed only during open enrollment each year.
  - During open enrollment each year, retirees participating in the plan will receive benefits information in the mail.
- ✓ Send your retiree benefits enrollment form back to Jennifer Lumley Benefits Assistant in the Benefits department at the district:

Center for Academic Achievement Attn:  
Human Resources, Jennifer Lumley  
8200 W. 71<sup>st</sup> Street  
Shawnee Mission, KS 66204

**Note: Retirees who wish to take advantage of the retiree health insurance plan, must complete the written application within 30 days after retirement. If a participating retiree dies, discontinues participation in the plan or reaches age 65, the spouse and/or children may qualify for a limited period of COBRA continuation coverage. Once a retiree discontinues his/her membership in the group health insurance, he/she may not reinstate his/her participation as a retiree.**

## 2023 Monthly Benefit Premiums for COBRA & Retiree Members

### Medical Plans

<u>PREFERRED BLUE SAVER QHDHP</u>	<u>RETIREE</u>	<u>COBRA</u>
Single Coverage	\$ 687.11	\$ 645.40
Employee & Spouse	\$1,440.79	\$1,352.79
Employee & Child(ren)	\$1,305.50	\$1,226.26
Family Coverage	\$2,096.32	\$1,969.67
<u>BLUE SELECT PLUS QHDHP</u>	<u>RETIREE</u>	<u>COBRA</u>
Single Coverage	\$ 616.10	\$ 579.63
Employee & Spouse	\$1,291.21	\$1,214.24
Employee & Child(ren)	\$1,170.59	\$1,101.29
Family Coverage	\$1,880.46	\$1,769.73
<u>PREFERRED CARE BLUE PPO</u>	<u>RETIREE</u>	<u>COBRA</u>
Single Coverage	\$ 951.16	\$ 890.97
Employee & Spouse	\$1,997.03	\$1,870.10
Employee & Child(ren)	\$1,807.20	\$1,692.84
Family Coverage	\$2,899.04	\$2,716.21
<u>BLUE SELECT PLUS PPO</u>	<u>RETIREE</u>	<u>COBRA</u>
Single Coverage	\$ 848.46	\$ 795.73
Employee & Spouse	\$1,780.70	\$1,669.47
Employee & Child(ren)	\$1,612.08	\$1,511.88
Family Coverage	\$2,586.84	\$2,426.67
<u>BLUE SELECT PLUS EPO</u>	<u>RETIREE</u>	<u>COBRA</u>
Single Coverage	\$ 860.29	\$ 806.70
Employee & Spouse	\$1,805.61	\$1,692.58
Employee & Child(ren)	\$1,634.56	\$1,532.72
Family Coverage	\$2,622.50	\$2,460.02
<u>BLUE CARE HMO</u>	<u>RETIREE</u>	<u>COBRA</u>
Single Coverage	\$ 964.61	\$ 903.43
Employee & Spouse	\$2,025.35	\$1,896.36
Employee & Child(ren)	\$1,832.75	\$1,716.53
Family Coverage	\$2,939.91	\$2,754.10



# RETIREE HEALTH INSURANCE PLAN ENROLLMENT FORM

To be returned within 30 days after retirement

Employee I.D. #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Retiree Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street number) (City, state) (Zip code)

E-mail Address: \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Retirement Date \_\_\_\_\_  
From Position  
(School or department)

Yes, I and/or my dependent(s) wish to participate in the Retiree Health Insurance plan. If marked yes, please complete the following:

I am currently enrolled in: (circle answer)

- Blue Care HMO
- Blue Select Plus EPO
- Blue Select plus PPO
- Preferred Care Blue Saver HDHP
- Blue Select plus HDHP
- Preferred Care Blue PPO

Dependents currently enrolled on the plan AND who will continue on the Retiree plan:

\_\_\_\_\_  
\_\_\_\_\_

Yes, I understand that if I ever discontinue my Retiree Health Insurance plan, I will not be eligible to reinstate to the Retiree Health plan.

Yes, I understand that the benefits and services selected above are currently in effect. Any specification within them is subject to change at any time and possibly without notice.

OR

No, neither my dependent(s) nor I wish to participate in the Retiree Health Insurance plan. I am aware of my rights under COBRA and understand my health insurance coverage with the district will be expire at the conclusion of my employment.

\_\_\_\_\_  
(Retiree's signature)

\_\_\_\_\_  
(Date)