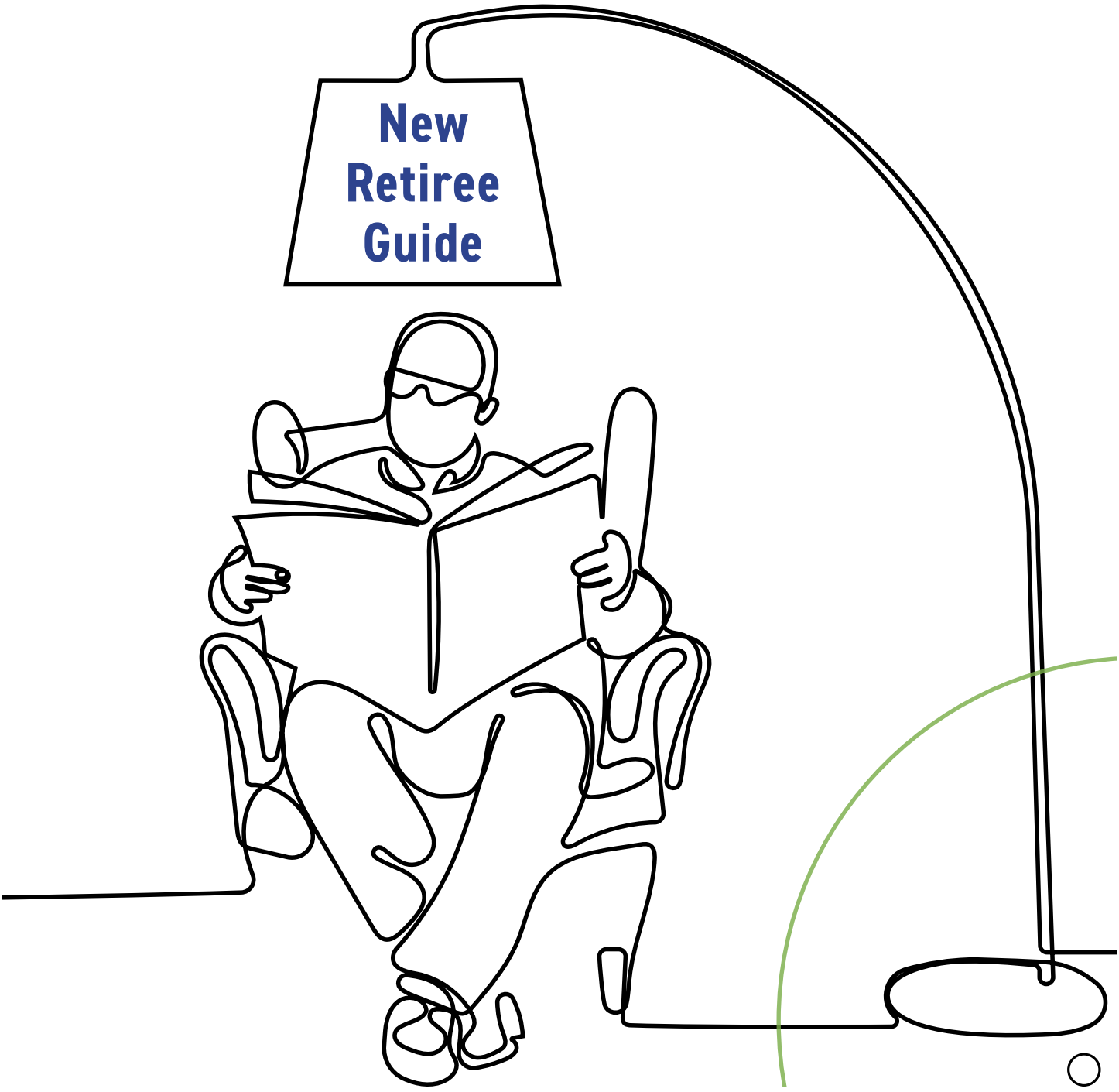
# Public School Retirement System

of the City of St. Louis



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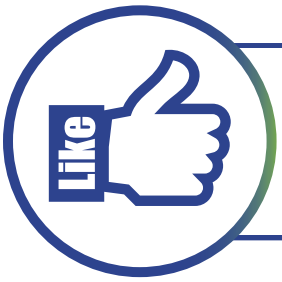
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MRTA Letter

Retired School Employees of St. Louis

PSRSSTL Retiree Newsletter




# 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.psrsstl.org/forms**.

☐ **3.** **Attend a PSRSSTL Retirement Seminar.** Check the System's website, **www.psrsstl.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, 2026 | January 16, 2026 |
| March 1, 2026 | February 13, 2026 |
| April 1, 2026 | March 17, 2026 |
| May 1, 2026 | April 16, 2026 |
| June 1, 2026 | May 18, 2026 |
| July 1, 2026 | June 16, 2026 |
| August 1, 2026 | July 17, 2026 |
| September 1, 2026 | August 17, 2026 |
| October 1, 2026 | September 16, 2026 |
| November 1, 2026 | October 16, 2026 |
| December 1, 2026 | November 16, 2026 |
| January 1, 2027 | December 17, 2026 |

# 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 (¼) 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.psrsstl.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.psrsstl.org** for a schedule of current member premium costs for the PSRSSTL group plans.

## 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, dental or vision 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.psrsstl.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 X .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% | 77.7% | 87.4% |
| 2 years | 80.0% | 88.9% | 78.4% | 87.8% |
| 1 year | 73.6% | 89.4% | 80.8% | 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% | 82.5% | 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.

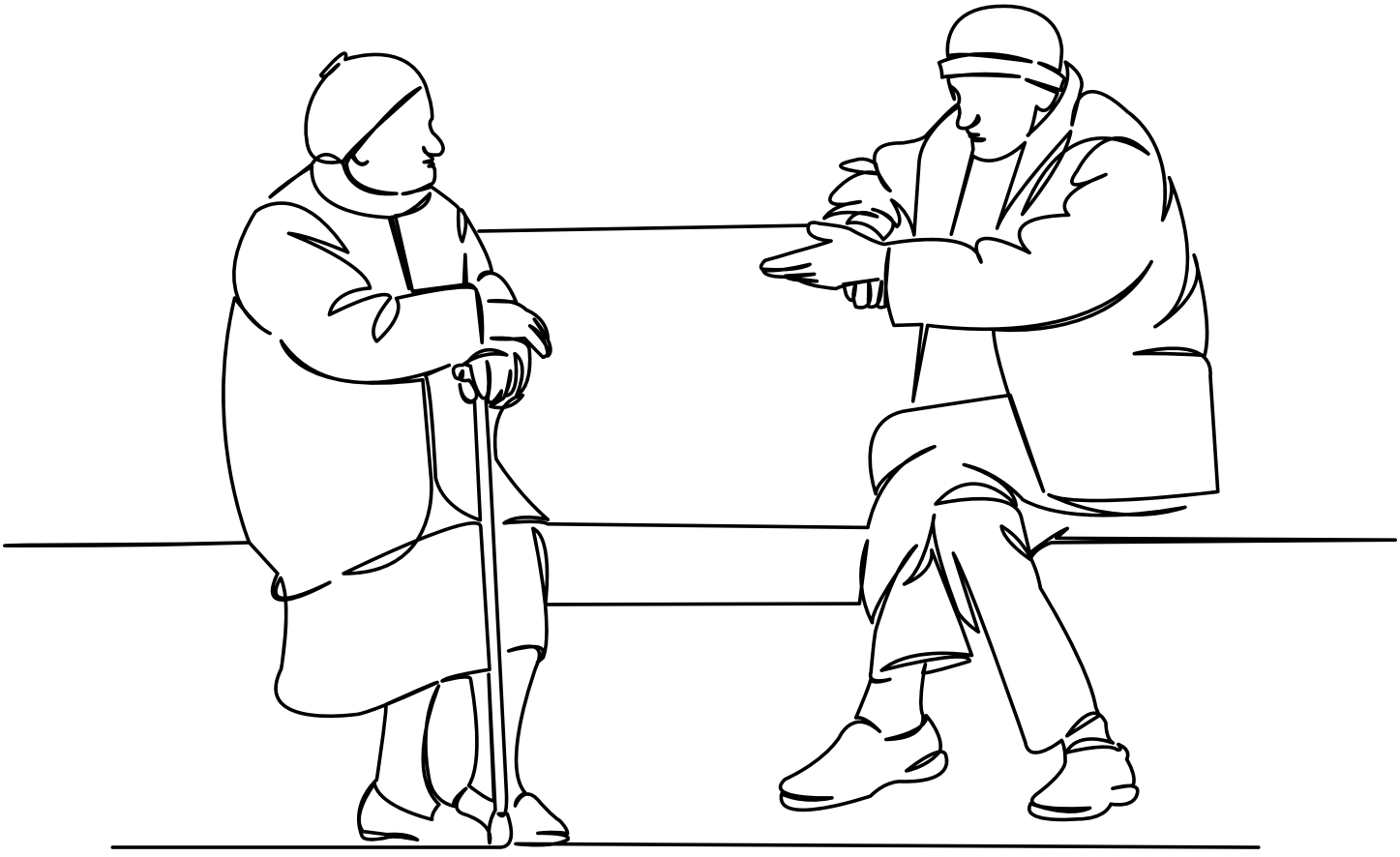
# Retirement Estimate

**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 X YOS (Years of Service) X 2% or 1.75% 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.

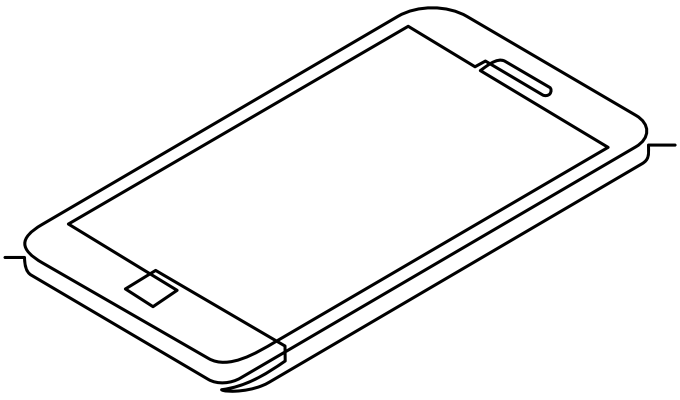


# May I Work After Retirement?

## 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.



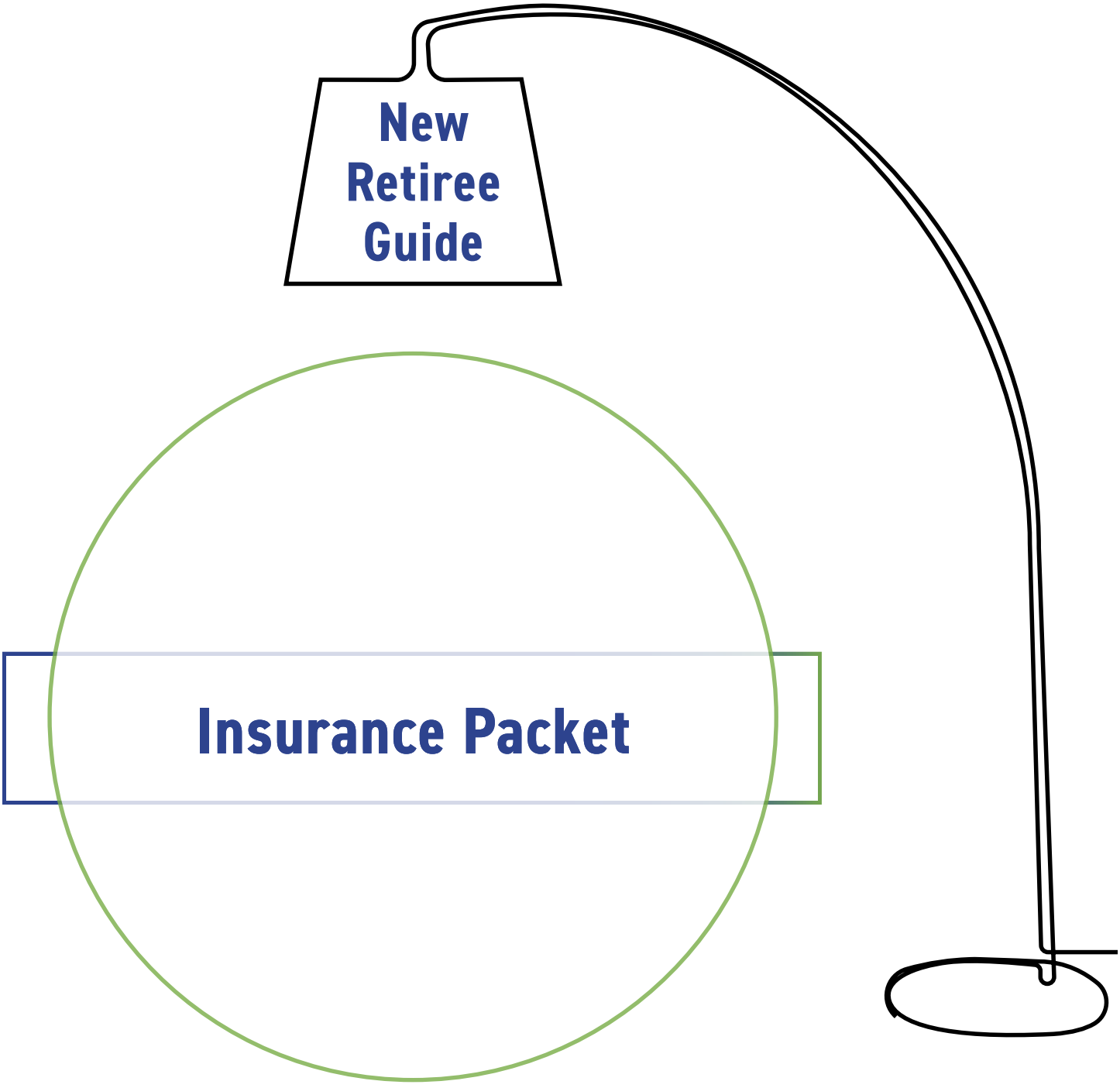
## Q. May I work for a school district other than the Saint Louis Public Schools or Charter Schools outside the St. Louis City School District after I retire and continue drawing my pension benefits from PSRSSTL?

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.

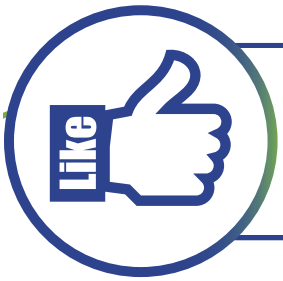
**If you are interested in the SLPS Return to Work Program, please contact Laterica Williams, Executive Director of Human Resources at Laterica.Williams@slps.org.**

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




# Insurance Packet

# 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.



# PSRSSTL Insurance Coverages

Member monthly premiums for each of the coverages can be viewed on our website in the Open Enrollment Guide at https://psrsstl.org/download/2026-open-enrollment-guide/ or contacting our Insurance Benefits Specialist, Monica Brewer at (314) 534-7444, ext. 3011.

To see the Summaries of Benefits and Frequently Asked Questions, 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.psrsstl.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.psrsstl.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 <u>three months prior to the start date of Medicare Part B</u>** *(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. <u>PSRSSTL does not need copies of these forms</u>.

### 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.

*<u>Section B must be completed by your current employer's Human Resources Representative</u>*.

**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. **<u>Please do NOT send copies of the CMS forms to the PSRSSTL office</u>**.

# 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 2026 standard premium is **$206.50 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 new for 2026?

People with Medicare prescription drug coverage will benefit from a yearly cap ($2,100 in 2026) on what they pay out-of-pocket for Part D prescription drugs, starting in 2026. Unfortunately, these out-of-pocket limits do not apply to Part B drugs provided by a medical professional in an outpatient hospital setting. They will also have the option to pay their prescription costs in monthly amounts spread over the year rather than all at once, beginning in 2026. Carefully review the Medicare Advantage and Medicare Part D Plan Annual Notice of Change (ANOC) letter you receive as it will share changes specific to your plan. Medicare Advantage plans must evaluate how prior authorization policies impact certain at-risk populations and publicly display analysis results on their websites. A new program called Guiding an Improved Dementia Experience (GUIDE) will offer services to people with dementia and their unpaid caregivers, aiming to keep patients at home longer.

## 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**

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




Tap on **bit.ly** and watch as it comes to life on your screen. In an instant, you can schedule an appointment.

# 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



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# Extra Programs and Features

## Health Products Benefit Program

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

In plan year 2025, retirees will have one ID card that they will use for both their medical/pharmacy and their OTC benefit. This is referred to as a UCard. It will have a magnetic stripe so it can be used at local stores for OTC products or you can continue to order through vendor partner, Solutran.

## Solutran® Personal Care Benefits

**1-833-832-7306, TTY 711, anytime.**
**www.solutran.com/sponsor-programs/healthcare/otc-benefits/**

## 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 UnitedHealthcare's national vendor when referred by a UnitedHealthcare® Advocate.
- 12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare® Advocate. Contact SafeRide at **1-844-876-6177**.
- 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**.

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

## Silver Sneakers® Fitness Program

To utilize this benefit, members must call UnitedHealthcare® Member Services at **844-876-6160 TTY 711**, to obtain their access code for the participating gyms. Members can also access information by creating an online account at **retiree.uhc.com**.

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

*SafeRide*

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 SafeRide toll-free at 1-844-876-6177.
There are two types of transportation available: UBER or LYFT
NEMT (non-emergency medical transport) requires a 72 hour notice.

## 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**. For the UnitedHealthcare® Group Medicare Advantage Plans, register at **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 randing from $699 - $2,499. Each hearing aid is custom programmed for your unique hearing needs. To learn more, call UnitedHealthcare™ Hearing at **855-523-9355**, 9 a.m. to 5 p.m. CT, Monday - Friday or visit **www.uhchearing.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 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** 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** 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 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** 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** 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** 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** 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:

LensCrafters, Target Optical, Ray-Ban, 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**.

## 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**.

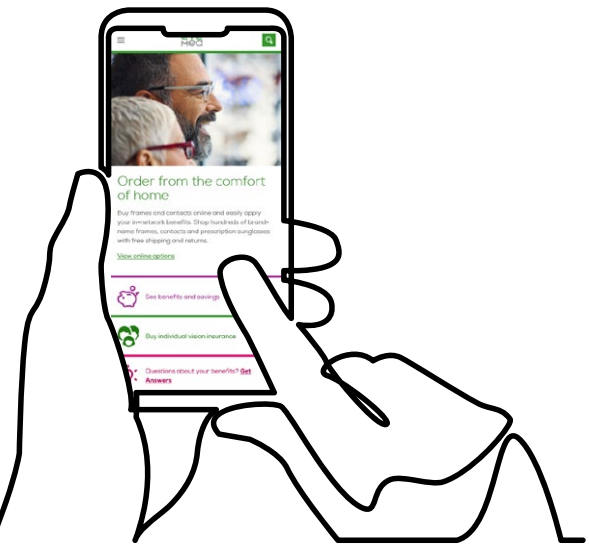
## Q. Can I get the same care at a retail provider as I can at an independent doctor?

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.

Independent Provider Network + LensCrafters, Target Optical, Pearle Vision

[1]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**

[2]All About Vision, "Vision Problems of Preschool Children," Oct. 26, 2017, **http://www.allaboutvision.com/parents/preschool.htm**



MetLife | Legal Plans

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.[1]

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.[2]

## 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.[3]

| | | | |
|---|---|---|---|
| **Money Matters** | • Debt Collection Defense<br>• Identity Theft Defense<br>• LifeStages Identity Restoration Services[4] | • Negotiations with Creditors<br>• Personal Bankruptcy<br>• Promissory Notes | • Tax Audit Representation<br>• Tax Collection Defense |
| **Home & Real Estate** | • Boundary or Title Disputes<br>• Deeds<br>• Eviction Defense<br>• Foreclosure | • Home Equity Loans<br>• Mortgages<br>• Property Tax Assessments<br>• Refinancing of Home | • Sale or Purchase of Home<br>• Security Deposit Assistance<br>• Tenant Negotiations<br>• Zoning Applications |
| **Estate Planning** | • Codicils<br>• Complex Wills<br>• Healthcare Proxies<br>• Living Wills | • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) | • Revocable & Irrevocable Trusts<br>• Simple Wills |
| **Family & Personal** | • Adoption<br>• Affidavits<br>• Conservatorship<br>• Demand Letters<br>• Garnishment Defense<br>• Guardianship<br>• Immigration Assistance | • Juvenile Court Defense, Including Criminal Matters<br>• Name Change<br>• Parental Responsibility Matters<br>• Personal Property Protection | • Prenuptial Agreement<br>• Protection from Domestic Violence<br>• Review of ANY Personal Legal Document<br>• School Hearings |
| **Civil Lawsuits** | • Administrative Hearings<br>• Civil Litigation Defense | • Disputes Over Consumer Goods & Services<br>• Incompetency Defense | • Pet Liabilities<br>• Small Claims Assistance |
| **Elder-Care Issues** | Consultation & Document Review for your parents:<br>• Deeds<br>• Leases | • Medicaid<br>• Medicare<br>• Notes<br>• Nursing Home Agreements | • Powers of Attorney<br>• Prescription Plans<br>• Wills |
| **Traffic & Criminal* Matters** | • Defense of Traffic Tickets[5]<br>• Driving Privileges Restoration | • Habeas Corpus<br>• License Suspension Due to DUI | • Repossession |



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

MetLife Legal Plans | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114

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Allstate IDENTITY PROTECTION

# all-in identity and scam protection that never clocks out

Safeguard yourself and your family from evolving identity threats and scams with always-on protection from Allstate — provided by your company as a benefit.

Our enhanced 2026 identity protection features deliver stronger security to help you and your family stay ahead of rising scams and identity fraud. Get 24/7 monitoring, advanced scam detection, and expert support for peace of mind.

## 2026 benefits highlights:

(See page 2 for expanded features list)

### NEW Allstate Scam Protection℠

Get powerful, all-in-one digital defense with proactive scam monitoring, robust detection, alerts and phone and text scam blocking, and up to $50K in scam reimbursement*—plus up to $5M† in other financial protections.

### Family digital safety

Monitor 30+ apps and sites, track loved ones, and access mental health support. Plus with a family plan get protection for you and all family “under roof or under wallet” as well as any family member 65 or older.

### Award-winning cybersecurity

Protect your devices with top-rated** anti-malware and threat detection that runs in the background without slowing you down.

## scammers are getting smarter

Even the most tech-savvy are falling for AI-powered scams

**80%**
of scam victims said they thought they could spot a scam before falling for one[1]

**49%**
of scam victims experienced two or more scams in just the past two years[1]

**95%**
of our members were satisfied with the identity theft recovery support they received[2]

[1] Javelin Strategy and Research, Breaking Barriers to Innovation, 2024

[2] Allstate Identity Protection internal analysis, 2022

**Overall Score. July 2011 – February 2025. Source: AV TEST.org

Coverage subject to terms, conditions, and exclusions. Reimbursement limits apply. See full policy for details.

# With Allstate Identity Protection, get identity and cyber protection features designed to help you defend yourself from today's risks.

- **NEW** Allstate Scam Protection℠ with alerts and education plus phone and text scam blocking, mobile scam alerts, email scan, web protection, URL blocking, and scam takedown
- **NEW** Reimbursement categories for scams, social engineering, cyberbullying, cryptocurrency, and ransomware payments††
- **NEW** In-portal conveniences like one-on-one personal coaching, Identity Fraud Finder, online scheduler and specialist chat
- **NEW** Data removal tool discovers and removes your data on broker sites automatically
- **UPGRADED** Full-service identity restoration with up to $5 million in expense reimbursement† for stolen funds and out-of-pocket costs due to identity theft including ransomware expense reimbursement*
- Allstate Digital Footprint®, our proprietary privacy tool, shows where your data lives online and how it might be exposed‡
- Comprehensive identity and financial monitoring
- Identity Health Status gives you at-a-glance insight into your risk
- Allstate Security Pro® delivers updates and education on scams and emerging threats relevant to you
- Social media account takeover monitoring
- Tri-bureau credit monitoring with annual reporting and credit score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- Dark web monitoring

## Cyber protection

- **UPGRADED** Device protection tools for up to 10 devices
  - Malware and anti-virus protection
  - Safe browsing
  - Phishing protection
  - Anti-tracker
  - Missing and stolen device tools (Android only)
  - Smart watch protection (Android only)
  - Firewall (Windows only)
  - Webcam protection (Windows only)
  - Safe pay (Windows only)
  - File shredder (Windows only)
- Network security
- Military-grade VPN with thousands of servers to stay safe without slowing down
- Password manager

## Opt for a family plan and get:

- **NEW** Child credit check
- **UPGRADED** Family mobile and desktop device protection for up to 10 devices per adult
- Coverage can extend to you and family members "under your roof or wallet" plus senior family members aged 65+ who don't live with you or who are not financially dependent up on you
- Family digital safety tools from Bark that monitor 30+ apps and websites for signs of danger plus location tracking, screen time management, and web filtering
  - **NEW** Free access to TalkSpace Go for family plan members and their loved ones including tailored help and $100 off TalkSpace Therapy

## Plans and pricing

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

## Questions?

1-800-789-2720
or visit myaip.com

† 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 and intended for information 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. Products and features are subject to change.

* Does not cover cyber ransom payments to hackers.

Bark and Talkspace Go are third-party services subject to their own terms, conditions, and availability.

†† Cyber insurance, which includes data recovery, cyber extortion, cyber crime and cryptocurrency coverage is underwritten by Houston Casualty Company, a Tokio Marine HCC Company. Please refer to the actual policy for all the terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Products and features are subject to change. Certain features require additional activation and may have additional terms.

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

AIP1043_OE_SUBSCRIBERFLYER_PRO+CYBER_VB_070125

# 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**

**Express Scripts Pharmacy**

**1-877-850-3348**

**Virtual Doctor Visits**

(Non-Emergency Medical & Behavioral Health)

**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**

(To create an online account)

**OptumRx Pharmacy Benefits**

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

**SilverSneakers® Fitness Program**

**1-877-876-6160** | **retiree.uhc.com**

**Health Products Benefit Program**

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

**Solutran® Personal Care Benefit**

**1-833-832-7306** | TTY **711** | **www.solutran.com**

## UnitedHealthcare®

Group Medicare Advantage PPO Plans

**Transportation Program – SafeRide**

**1-844-876-6177**

**UnitedHealthcare® Hearing Program**

**1-855-523-9355** | **www.uhchearing.com**

**Virtual Doctor Visits**

(Non-Emergency Medical & Behavioral Health)

**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**

## EyeMed

Vision Plan – Insight Network

**Member Services**

**1-866-800-5457** | **www.eyemed.com**

## MetLife

Prepaid Legal

**Member Services**

**1-800-821-6400** | **members.legalplans.com**

## Allstate Insurance Company

Identity Theft Protection

**Member Services**

**1-800-789-2720** | **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:**

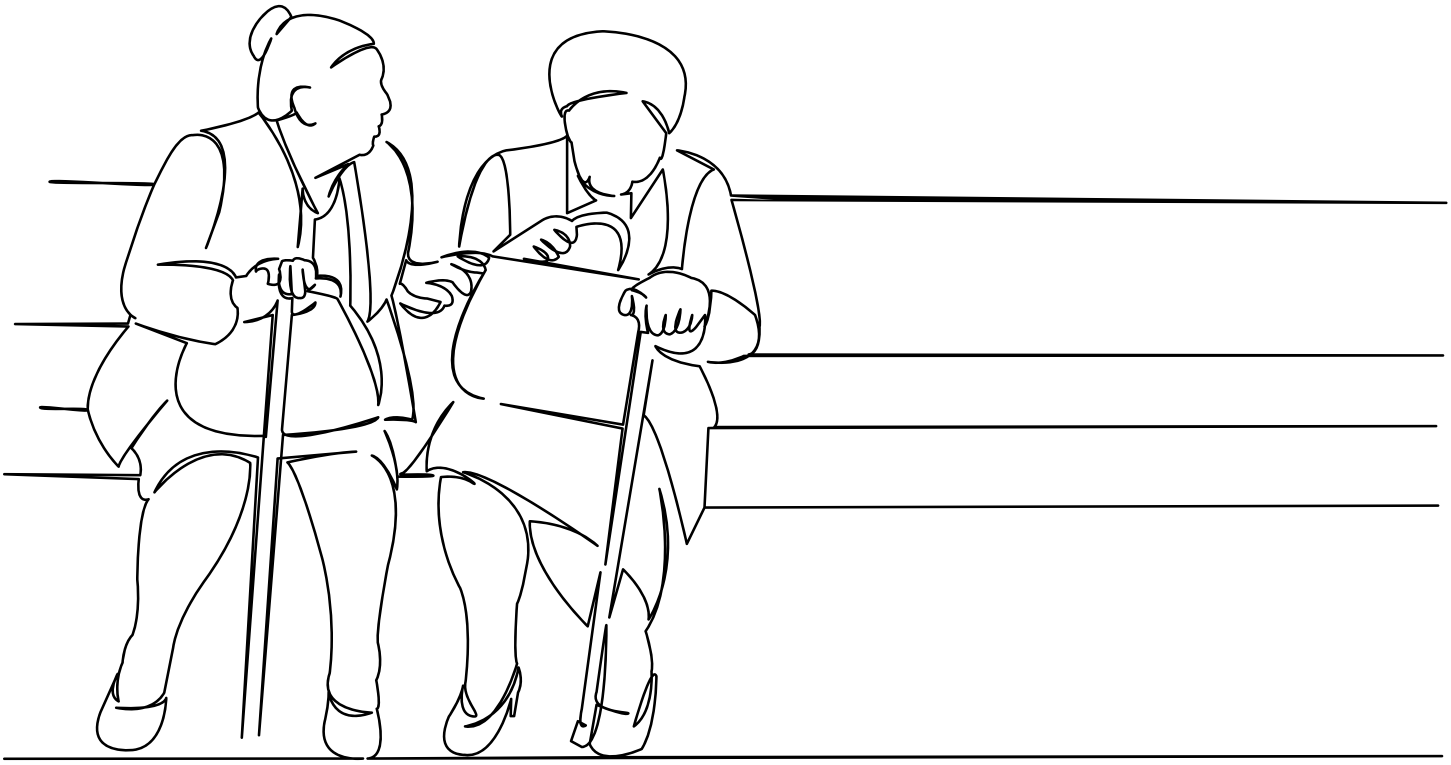
   - Any member or dependent eligible for Medicare must have both Parts A (hospital) and B (medical) coverage.
   - CMS (Centers for Medicare and Medicaid Services) requires Medicare recipients to maintain creditable ("Part D compliant") prescription drug coverage. All PSRSSTL medical plans include creditable 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 39. 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 (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

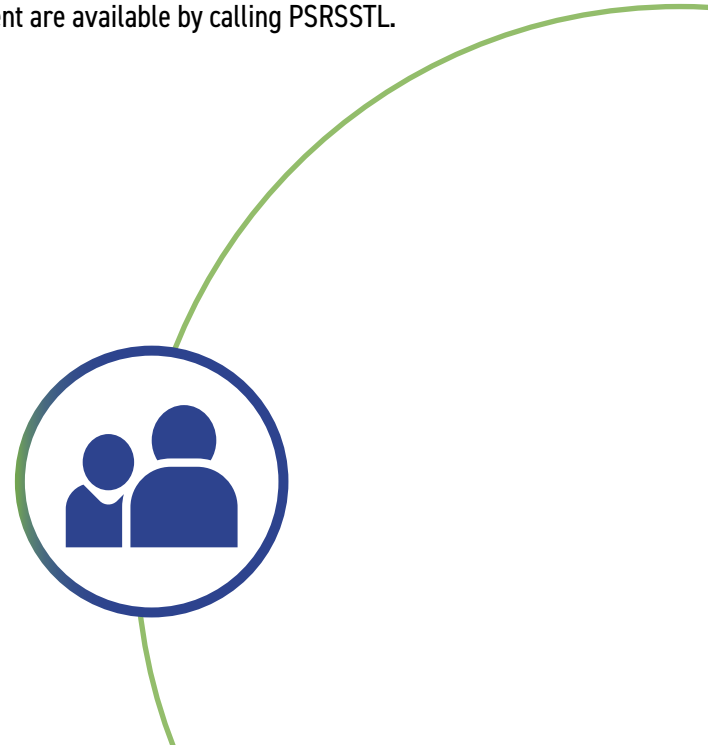
1. Concurrent with the member's retirement effective date as established by PSRSSTL, or

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.

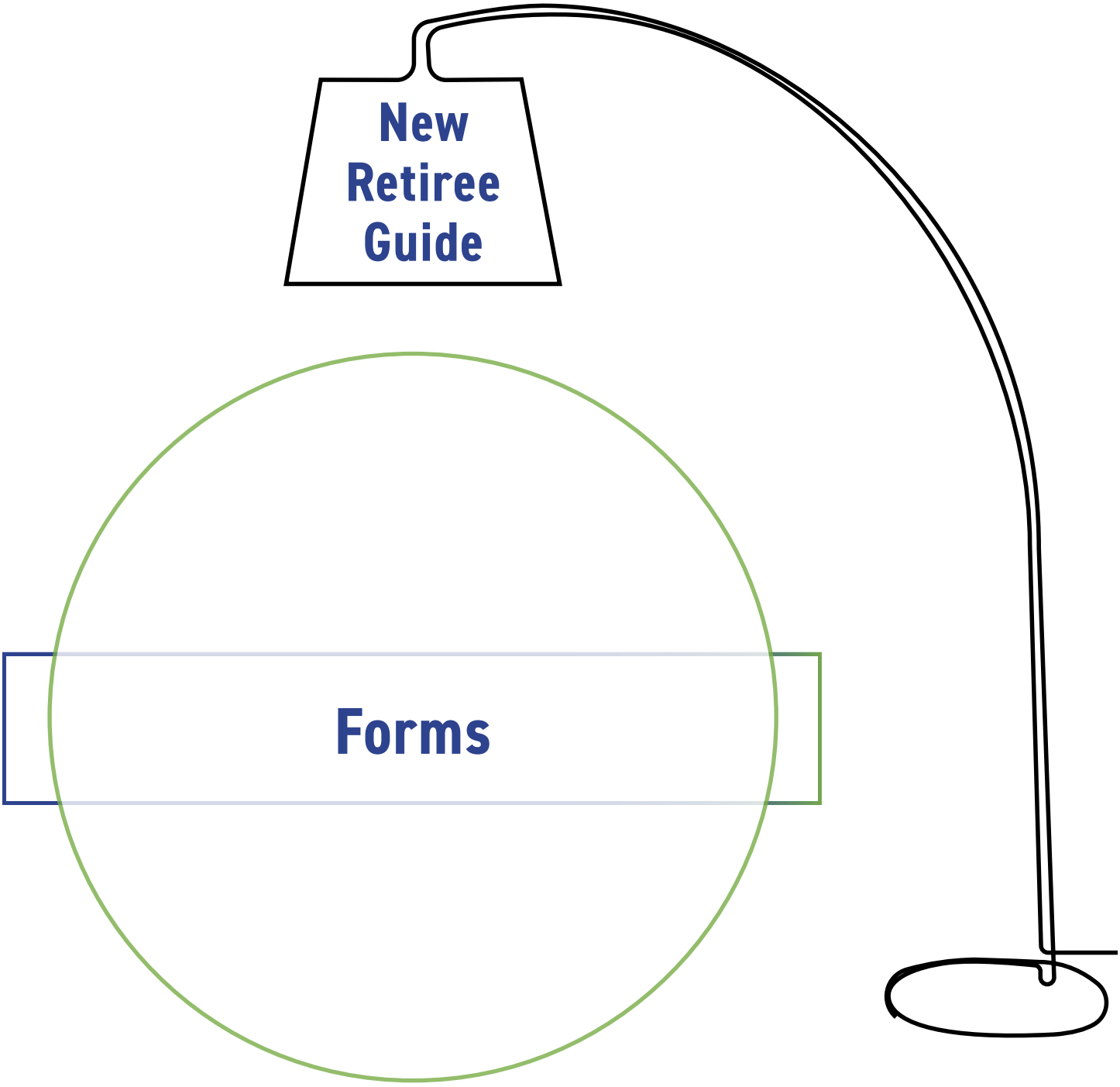
## Canceling Dependent Coverage

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.


New
Retiree
Guide
Forms

# 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 ☐ Female ☐ |
| 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 ☐ | 10.5 month ☐ | 11 month ☐ 12 month ☐ |

## 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: |

_____

Signature Date

## 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.

You are NOT automatically enrolled. Please contact our Insurance Benefits Specialist at 314-534-7444, ext.3011 for enrollment.

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

Your Signature: Date of Signature:

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

# Benefit Enrollment Form

## Section 1: Personal Information

| | |
|---|---|
| Your Name: | Sex: Male ☐ Female ☐ |
| Street Address: | Marital Status: |
| Address 2: | Birth Date: |
| City: | Cell Phone: |
| State: Zip: | Home Phone: |
| Soc. Sec. No.: Last 4 digits: | |
| Email: | |

## Section 2: Reason, Effective Date, Plan Selection

**Why?** ◯New Retiree ◯Involuntary Coverage Loss ◯OE Plan Change ◯Medicare Eligibility
◯Other Reason _____

**When?** _____

**What?**

### UnitedHealthcare®
◯ Base - Commercial
◯ Buy-Up - Commercial
◯ Low - Medicare Advantage
◯ High - Medicare Advantage

◯ Retiree Only
◯ Retiree +

### Delta Dental
◯ Low
◯ High

◯ Retiree Only
◯ Retiree +

### EyeMed
◯ Retiree Only
◯ Retiree +

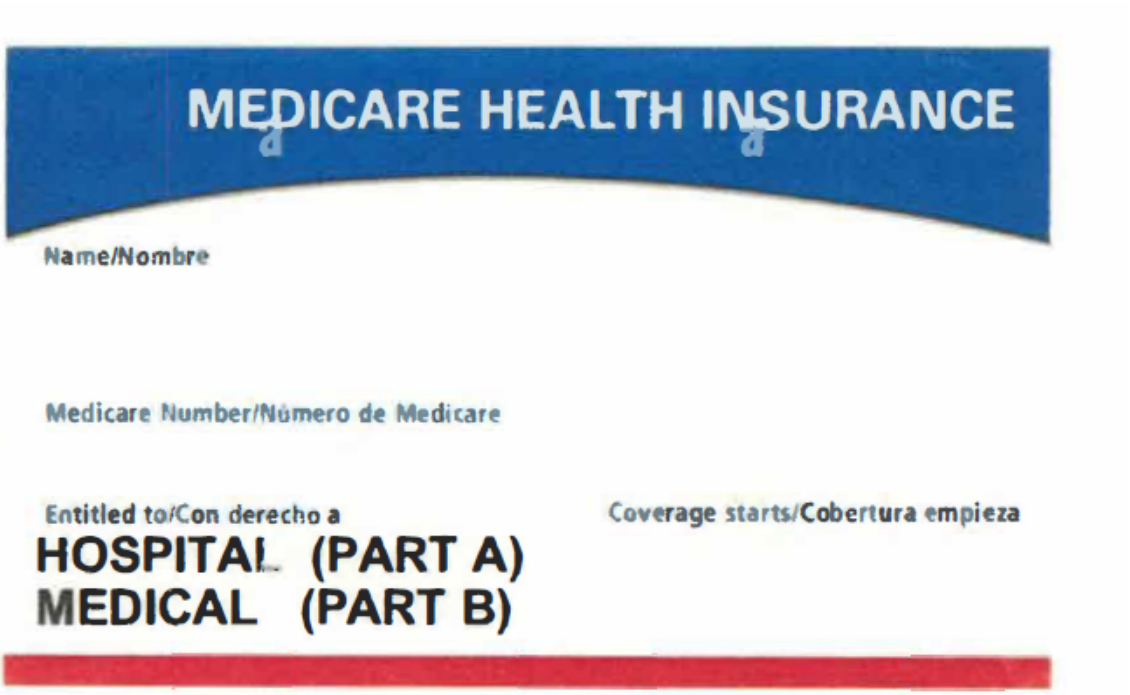
### MetLife Legal Aid
◯ Retiree +

### AllState Identity Theft Protection
◯ Retiree Only
◯ Retiree +

## Section 3: Medicare Information

_____ Yes _____ No Have you had continuous creditable coverage since becoming Medicare eligible?
_____ Yes _____ No Are you a resident of a long term care facility?
_____ Yes _____ No Do you have End Stage Renal Disease (ESRD)?
_____ Yes _____ No Did you become eligible for Medicare because you were diagnosed with End Stage Rental Disease and has it been less than 30 months since you became eligible?
_____ Yes _____ No Are you enrolled in your state Medicaid Program? If yes, provide your Medicaid number:

_____


MEDICARE HEALTH INSURANCE

Name/Nombre

Medicare Number/Número de Medicare

Entitled to/Con derecho a

Coverage starts/Cobertura empieza

HOSPITAL (PART A)
MEDICAL (PART B)

I request enrollment in the PSRSSTL sponsored plans for myself and dependents as selected in Section 1. I authorize PSRSSTL to deduct the amount necessary to cover premiums from my PSRSSTL retirement benefit. This may include any catch up deductions. I understand that to cancel coverage, I must submit request to the PSRSSTL Insurance Specialist prior to the cancellation date and premiums cannot be refunded retroactively. All coverage is subject to the Insurance policies available from each insurance provider.

Retiree Signature: _____ Date: _____

Dependent Signature: _____ Date: _____

Dependent Signature: _____ Date: _____

## Section 4: Dependents

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 No.: _____ Group No.: _____

**Dependent** **Sex:** **Male** ☐ **Female** ☐

| | |
|---|---|
| Name: | Relationship: |
| Soc. Sec. No.: | Date of Birth: |

_____ Yes _____ No Have you had continuous creditable coverage since becoming Medicare eligible?

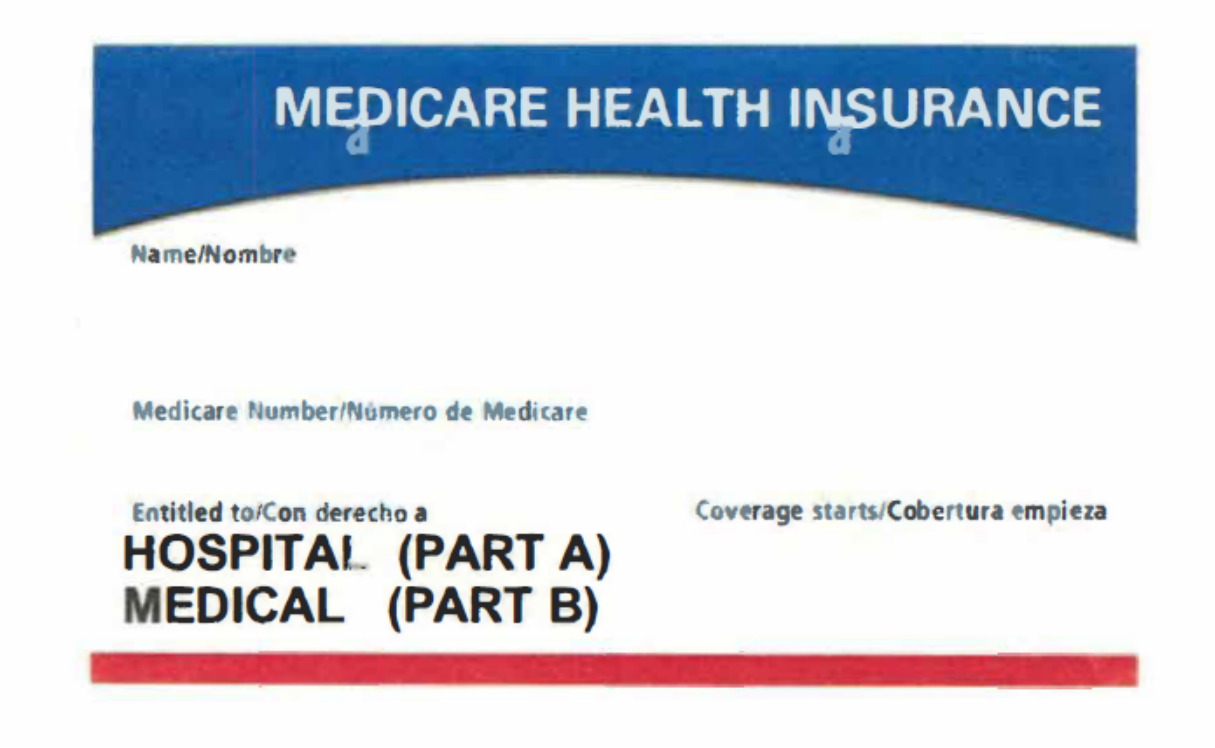
_____ Yes _____ No Are you a resident of a long term care facility?

_____ Yes _____ No Do you have End Stage Renal Disease?

_____ Yes _____ No Did you become eligible for Medicare because you were diagnosed with End Stage Rental Disease and has it been less than 30 months since you became eligible?

_____ Yes _____ No Are you enrolled in your state Medicaid Program? If yes, provide your Medicaid number:

_____



## 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 guilt 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.

*Upon form completion, email it to monica.brewer@psrsstl.org or drop it off at 3641 Olive Street, Saint Louis, MO 63108 in the drop box adjacent to the front door. Thank you.*

Retiree Signature: _____ Date: _____

Dependent Signature and Date below is only required if enrolling in a Medicare Advantage plan.

_____

_____

# 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.psrsstl.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**

| **Name(s) of Current Prescription Medications** *(from your current medication labels)* | **Actual Monthly Retail Cost** *(not co-pay amount) Call your pharmacy OR go to: www.goodrx.com Type name of each drug in the search box, click "Search", The avg retail price should be listed.* | **Drug Tier** *The Drug Tier is listed in the UHC Drug Formulary on our website: www.psrsstl.org - Click on "Health Insurance" tab There is an alphabetial index at the front of the formulary, go to page listed, write down the tier of each drug* | **Co-Pays** *Work through first three columns to determine the plan you need. Then, the copays can be found in the Open Enrollment booklet under "Prescriptions"* |
|---|---|---|---|
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| | | | |
| | # Tier 1 meds ➔ | | |
| | # Tier 2 meds ➔ | | |
| | # Tier 3 meds ➔ | | |
| | **IF YOU TAKE TIER 4 MEDICATIONS OR IF YOU'VE BEEN DIAGNOSED WITH END STAGE RENAL DISEASE - PLEASE CONTACT THE INSURANCE SPECIALIST BEFORE ENROLLING** | | |
| TOTAL MONTHLY RETAIL RX COSTS ➔ | | **TOTAL MONTHLY COPAYS ➔** | |
| | x 12 MONTHS | | |
| **TOTAL ANNUAL RETAIL RX COST** | | | |
| | | | |
| TOTAL ANNUAL COSTS OVER $4,660 ➔ | AND YOU ONLY TAKE TIER 1 MEDS ➔ | **LOW PLAN** | |
| TOTAL ANNUAL COSTS OVER $4,660 ➔ | AND YOU TAKE TIER 1, 2 AND OR 3 MEDS ➔ | **HIGH PLAN** | |

# 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**

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 SERVICES

Form 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 SERVICES

Form 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 ☐☐ / ☐☐ / ☐☐☐☐
3. Employer's Address
City
State ☐☐ Zip Code ☐☐☐☐☐
4. Applicant's Name
5. Applicant's Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐
6. Employee's Name
7. Employee's Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐

## 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? ☐ Yes ☐ No
2. If yes, give the date the applicant's coverage began. (mm/yyyy) ☐☐ / ☐☐☐☐
3. Has the coverage ended? ☐ Yes ☐ No
4. If yes, give the date the coverage ended. (mm/yyyy) ☐☐ / ☐☐☐☐
5. When did the employee work for your company?
   From: (mm/yyyy) ☐☐ / ☐☐☐☐
   To: (mm/yyyy) ☐☐ / ☐☐☐☐
   Still Employed: (mm/yyyy) ☐☐ / ☐☐☐☐
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) ☐☐ / ☐☐☐☐
   To: (mm/yyyy) ☐☐ / ☐☐☐☐

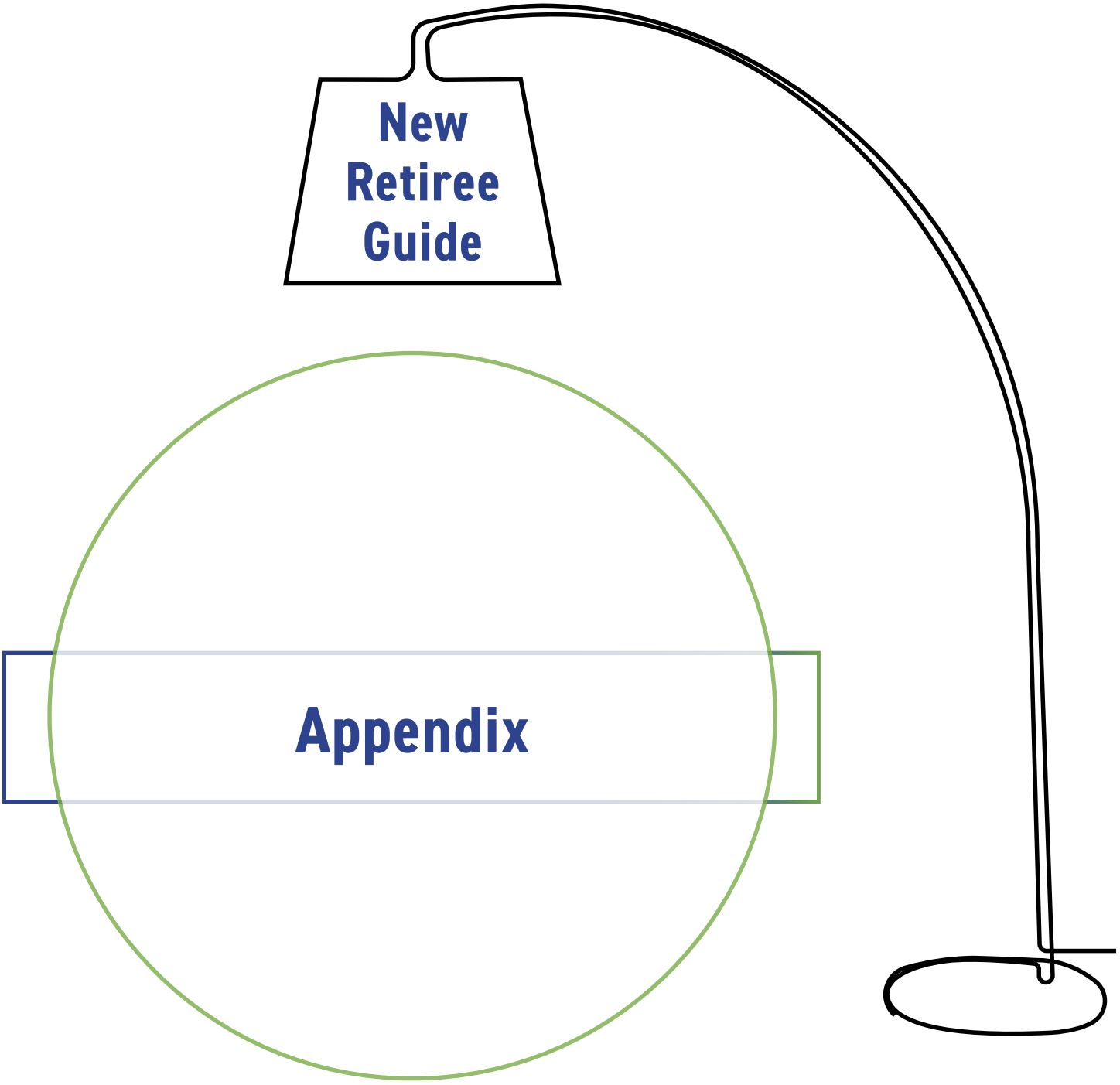
### For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? ☐ Yes ☐ No
2. If yes, does the applicant have hours remaining in reserve? ☐ Yes ☐ No
3. Date reserve hours ended or will be used? (mm/yyyy) ☐☐ / ☐☐☐☐

### All Employers:

Signature of Company Official
Date Signed ☐☐ / ☐☐ / ☐☐☐☐
Title of Company Official
Phone Number ( ☐☐☐ ) ☐☐☐ – ☐☐☐☐

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.




# Appendix




September 2025

Dear PSRSSTL Retiree:

Congratulations on your recent retirement! An exciting new future awaits you. 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. $39 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) represents over 30,000 retired educators and support staff whose purpose is to promote and protect public education resulting in a financially secure retirement. MRTA has been instrumental in its advocacy efforts protecting the retirement security of the over 110,000 Missouri public school retirees and educational professionals. Throughout the past 64 years, MRTA has advocated for retired teachers and educational professionals in Missouri. Our teachers and education staff are the heart of our local communities.

There is STRENGTH IN NUMBERS! Join your educational colleagues in protecting your pension with MRTA. MRTA is here to advocate for you and to preserve and protect your hard-earned pension benefits. Join MRTA today!

## Why Join MRTA?

**Advocacy** - Protect your financial future and public education.

**Benefits** - Save thousands with MRTA discounts!

**Community Impact** - Maintain connections with community, friends, family, and former colleagues.

**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 advocate for active public school teachers.

**A Full-Time Advocate** - MRTA annual dues are $39 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** – Simply complete and return the enclosed application to MRTA! You need to become a member of the largest association of public school retirees in Missouri. You may also join online at ***www.mrta.org***. If you have any questions, feel free to call our office at 573-634-4300, where an MRTA staff person is ready to help!

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



Sincerely,

Maria Walden

Maria Walden
MRTA Executive Director

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

**Advocacy: Protecting Your Financial Future -** While retirement is an exciting new chapter, it is also a time to stay engaged and protect your retirement.




- **Advocating for your pension -** Education retirees often live to be over 87 years old, many things can change politically and economically in the years after retirement. Your cost-of-living adjustment (COLA) will be essential to maintain your quality of life. A COLA means your pension will increase with inflation, which is why you need to join MRTA. **MRTA is that advocate with over 30,000 of your colleagues who are counted as members**. 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 professionals, administrators and public school personnel.

**Benefits: Will I need dental, vision, or other types of insurance? What about a rental car, computer, or other discounts?** MRTA has an exciting new benefits provider, Association Member Benefits Advisors (AMBA) who provide group rates for dental, vision and other insurance products as well as thousands of product discounts and savings opportunities for MRTA members at a significantly reduced rate. Call 573-634-4300 to find out how to activate these savings.

- MRTA partners with AMBA to offer our members various discounts. MRTA offers group rates on professional liability, dental, vision, and other insurance type policies. As well as discounts for over 900 companies for travel, hotels, and theme parks. (Example: $20 discount on a new Sam's Club membership, 15% off at Silver Dollar City, 43% off ground and air ambulance coverage, 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 webinars on topics of value to you! Retirees are often inundated with information and materials at the time of retirement. Webinars 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 provides education retirees 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 84 classroom grants in 2025 to 14 regions in Missouri and 14 grants to our public school personnel. Since 2011, the Association's Foundation has awarded over $705,000 in scholarships and grants back to active 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 2023, MRTA members volunteered 939,796 hours, which amounted to $31,138,868 in value to communities. MRTA members donated over 70,703 food items and $1,529,274 cash donations.

# 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**

**Rose Mary Johnson, President**

**Rosemary_Johnson@prodigy.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)

# PSRSSTL

Public School Retirement System of the City of St. Louis

Volume XXIV | Issue IIIA | Fall/Winter 2025

## 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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## Autumn Time

**"There is no better time than the autumn to begin forgetting the things that trouble us, allowing them to fall away like dried leaves."**

**Paulo Coehlo**

## Annual Report Summary

Annually, PSRSSTL works with outside experts to produce an Annual Comprehensive Financial Report (Annual Report). This includes financial information from the annual Independent Auditor's Report and demographic information from the annual Actuarial Valuation. The Annual Report Summary provides some of the key details from the Annual Report and is included with this newsletter. Highlights from the report show that the overall investment return for the System in 2024 was 7.3%, higher than the 7.0% actuarial assumed rate of return. Active membership also rose to 5,000, an increase of more than 1% from 2024. Please take a few minutes to review the Annual Report Summary. The full Annual Report is posted on the PSRSSTL website or can be requested by contacting the PSRSSTL office.


## Board of Trustees

Dr. Candice Carter-Oliver
Christina C. Bennett
Louis C. Cross III (Chairman)
William Heisse
Emily Hubbard
Kimberly Johnson
Shanise Johnson
Dr. Yvette A. Levy
Jennifer Orr
Bobbie Richardson (Vice-Chairperson)
Dr. Albert J. Sanders, Jr.
Andrew Vien
Dorris Walker (Treasurer)

Newsletter Editors: Susan Kane, Executive Director & PSRSSTL staff


## 2025 Regular Board Meeting Schedule

December 15, 2025

2026 Schedule will be available after December meeting

Meetings are currently open to the public via LiveStream on YouTube. The link is available on the website, **www.psrsstl.org**.

Usually 4:30 p.m.



# In Memoriam

**There is no foot too small, that it cannot leave an imprint on this world.**

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

Mary Ellen Anderson
Elmer Balven III
Mary Barnard
Judith Beyer
William Brotemarkle
Geraldine Brown
Vickie Callahan
Amy Cann
Ammie Coleman
Bernice Culmore
Rose Davis
Sandra Dino
William Dodson
Robert Eichhorn
James Economon
Erma Elazer
Beverly Foster
Pancheita Frazier
Rosa Glass
James Grimaud
Dana Hamilton
Sheryl Hayes
Malvina Henagan
Norman Hertel
Jeanette Hollins
Jane Hutcherson
Ada Huggans
Eulalia Jackson
Kinlow Jakes
Hiawatha Johns
Grover Johnson
Carole Johnson
Jacqueline Jordan
Richard Kinest
Robert Knepper
Delores Lotts
Mary Murphy
Geneva Purnell
Agnes Quinn
Lillian Quinn
Phyllis Quinones
Leroy Rice
Gloria Rosenbloom
Josephine Russo
Ernestine Shivers-Jones
Altha Smith
Jewell Smith
Reviviam Smith
Norma Tinsley
Edwa Ugwuzor
Nadine Walker
Karen Ware-Harris
Joyce Washington
Jerry West
Dorothy White
Laura Wilkerson
Alice Wilson
Walter Young

## Have more than one address?

If you live for an extended period between two or more different addresses, please make sure that PSRSSTL has your current address as you move between locations. Keeping your contact information updated ensures that you receive important communications from PSRSSTL, such as newsletters, tax forms, and retiree insurance updates. Address change forms are available on the website and by contacting the PSRSSTL office.

## Correction

**The names of the following deceased members were listed incorrectly in the last newsletter:**

**Rosemarie Carnes**
**Carol Mixon**
**Lucile Moore**
**Mary Moran**
**Rosalind Steel**
**Mary Ann Stenger**

**The editors aplogize for this error.**

# 2025 Third Quarter Investment Brief

"Investing Your Money For Lifetime Security"



The Retirement System's investment portfolio increased by 4.11% in the Third Quarter, ranking in the 79th percentile of similar public funds. Returns were up significantly for the quarter as the investment markets anticipated interest rate reductions. During the one year period ending September 30, 2025, the Retirement System recorded a return on investments of 9.47%, ranking in the 73rd 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 9/30/25** | **One Quarter** | **One Year** |
| Beginning Market Value | $886,642,954 | $869,374,713 |
| Net Additions/Deductions[1] | -$20,935,635 | -$46,811,101 |
| Return on Investment | $ 35,845,090 | $78,988,797 |
| Ending Market Value | $901,552,409 | $901,552,409 |
| [1]Deductions fund pension payments | | |

| Period Ending 9/30/25 | Percentile Ranking (Public Funds Universe) | Investment Return |
|---|---|---|
| One Quarter | 79th | 4.11 |
| One Year | 73rd | 9.47 |
| Three Years | 77th | 12.65 |
| Five Years | 59th | 8.62 |
| Ten Years | 78th | 7.84 |
| Since 1997 | 56th | 7.04 |

| Asset Allocation Summary Period Ending 9/30/25 | | |
|---|---|---|
| **Asset Class** | **Market Value** | **% of Portfolio** |
| Domestic Stocks | $257,524,263 | 28.6% |
| Domestic Fixed Income (Bonds) | $100,587,964 | 11.2% |
| International Equity | $144,236,351 | 16.0% |
| Global Equity | $53,760,574 | 6.0% |
| Global Fixed Income (Bonds) | $63,455,690 | 7.0% |
| Emerging Markets Debt | $25,281,991 | 2.8% |
| Tactical Asset Allocation (GTAA) | $24,725,593 | 2.7% |
| Hedge Funds | $50,899,345 | 5.6% |
| Real Estate | $67,933,180 | 7.5% |
| Alternatives | $106,593,314 | 11.9% |
| Cash | $ 6,554,144 | .7% |
| Total | $901,552,409 | 100% |

## Reminders



PSRSSTL Office will be closed on December 24 and 25 for Christmas Eve and Christmas Day Holidays, January 1 for New Year's Day, January 19 for MLK Day and February 16 for President's Day Holidays.

Staff is available Monday – Friday from 8:00 a.m.- 4:30 p.m. via email and telephone or in person by appointment. A secure drop box is located outside the PSRSSTL office.

## Reminder on Important Mailings Coming in January

**The 1099 Tax Form which is needed when filing 2025 taxes, will be mailed to all retired PSRSSTL members by January 31, 2026. The insurance cost statements for 2025 will be available by request beginning January 2026 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 2025. If you would like to request a statement, please email Monica Brewer, Insurance Specialist at monica.brewer@psrsstl.org or phone at 314-534-7444, ext. 3011.**

### We are social – follow and like us on Facebook today!

**Want the inside scoop on your pension, healthcare benefits, and much more? Simply like and follow our PSRSSTL Facebook page at https://www.facebook.com/PSRSSTL! With just one click, you'll stay informed of pension news, other benefit information, special announcements, important dates, office news, and fun facts. It's also our virtual high-five opportunity to show our appreciation to you, our superheroes, for everything you do to help students learn, grow, and thrive. One quick click here: https://www.facebook.com/PSRSSTLto follow and like us, and you'll stay connected to the resources you've earned! You can also follow us on Linked In and receive helpful information by visiting our website, https://psrsstl.org/.**

## A Note about 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, 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. **The dates impacted for early 2026 are January 1 (New Year's Day Holiday), February 1, and March 1. Deposits may not be completed until the next business day.** Retirees should contact their bank for information on the timing of these direct deposits.

**IMPORTANT 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.

## PSRSSTL Staff Contacts

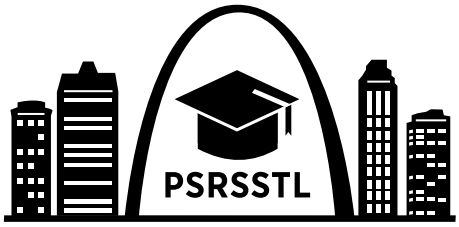
ph: 314-534-7444 fax: 314-533-0531

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 |
| Miata Reeves-Borne, ext. 3012 | Accounting Specialist |
| Susan Kane, ext. 3015 | Executive Director |

### PSRSSTL Staff News

Congratulations to Robin Willis on her upcoming retirement effective January 1, 2026. Robin has worked at PSRSSTL since 2016 and has assisted many members and their families, particularly those who have just lost a family member. We wish her the best as she begins this new phase in her life.




# 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.

New Retiree Guide_PSRSSTL_MM_05334