



Medical Plan

Administrative Rule 1401 Post-Retirement: Medical Benefits

Benefits Plan Reference

Article XII Post-Retirement Medical Plan

Original Date

01/2017

Revision Date

01/2022

Residence Outside United States

A retired member who permanently resides outside the U.S. is not eligible to enroll in the Medicare Supplement Plan. If a retired member wants to retain the right to enroll in the Medicare Supplement Plan, should they return to reside permanently in the U.S., the member must file a waiver form and have continuous coverage in a qualified health plan.

Postponed Entry to Medicare Supplement Plan

A member may waive coverage and enroll in a Medicare Advantage plan, TRICARE, or other qualified health plan. If the member moves out of the geographic coverage area of their plan, the Medicare Advantage plan or TRICARE terminates, or the Medicare Advantage plan or TRICARE has significant changes to its benefits and/or premium requirements, a member (or spouse) may then enroll in the Medicare Supplement Plan if the member (or spouse):

- was eligible for, or previously enrolled in, the Medicare Supplement Plan;
- has had continuous coverage in a qualified health plan; and
- enrolls within 60 days of the coverage change.

The member may waive entry into the Medicare Supplement Plan only once in their lifetime. Additionally, a member may choose to withdraw from and reenroll in Medicare Supplement only once in their lifetime.

Maximum Subscriptions

Eligible retirees and their eligible family members generally are charged two subscriptions, one for the member and one for the spouse and/or eligible dependent child(ren). In cases where the family unit of the member consists of a spouse, plus one or more dependent children, the monthly subscription will not exceed two subscription charges in total.

Costs

- If a member and spouse are both eligible for Medicare and have no eligible dependent children, each month they pay two Medicare Supplement subscription charges.
- If the member is Medicare-eligible but the spouse is not and they have no eligible dependent children, the member is charged for one Medicare Supplement enrollment and one Member-only medical continuation enrollment.
- If the member and spouse are both Medicare-eligible and have eligible dependent children covered under medical continuation, the member is charged for one Medicare Supplement enrollment and one Member-only medical continuation enrollment.
- If a member is Medicare-eligible but the spouse and child(ren) are not, the member is charged for one Medicare Supplement subscription plus the cost of Member + Child(ren) medical continuation coverage in effect at that time.