

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

## Group Insurance Enrollment Policy

Revised Effective December 15, 2025

### ENROLLING FOR COVERAGE

**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, including any special enrollment period established by the PSRSSTL Board of Trustees 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 Medical Insurance above.

## **CANCELLING COVERAGE**

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

## **SURVIVING SPOUSE COVERAGE**

### **DEFINITIONS**

“Retired Member” means an individual who is receiving a retirement benefit from PSRSSTL and who was eligible for and enrolled in PSRSSTL group health or welfare coverage immediately prior to death for purposes of Surviving Spouse eligibility.

“Surviving Spouse” means the legal spouse of a Retired Member who was enrolled as a dependent under a PSRSSTL medical, dental, or vision plan on the date of the Retired Member’s death. The Surviving Spouse must provide satisfactory proof of marriage and the Retired Member’s death.

### **SURVIVING SPOUSE COVERAGE**

1. **Eligibility and Election.** Upon the death of a Retired Member, a Surviving Spouse who was enrolled in PSRSSTL medical, dental, or vision coverage on the date of death may elect to remain covered under the applicable PSRSSTL plan(s) for the Surviving Spouse’s lifetime, unless the Surviving Spouse remarries or otherwise cancels coverage. Election must be made by submitting a PSRSSTL Benefits Enrollment form and required documentation to the PSRSSTL Office within sixty (60) days of the Retired Member’s date of death. Coverage elected under this section will be effective the first day of the month following timely election, retroactive to the first day of the month following the Retired Member’s death if elected within the sixty (60) day election period.
2. **COBRA Rights and Notices.** PSRSSTL will provide a COBRA continuation coverage notice to the Surviving Spouse following the Retired Member’s death. Electing lifetime Surviving Spouse coverage under this policy is voluntary and does not limit the Surviving Spouse’s independent right to elect COBRA continuation coverage. If the Surviving Spouse elects COBRA, such coverage will continue for the maximum period permitted by law unless COBRA terminates earlier under applicable rules. A Surviving Spouse may elect lifetime coverage in lieu of COBRA. If a Surviving Spouse initially elects COBRA, PSRSSTL will permit a one-time transition to lifetime Surviving Spouse coverage at COBRA exhaustion or earlier termination, provided the Surviving Spouse submits an election within sixty (60) days of COBRA termination and there is no gap in premium payment.
3. **Coverage Scope and Plan Changes.** The Surviving Spouse may continue only those lines of coverage (medical, dental, and/or vision) in which the Surviving Spouse was enrolled on the date of the Retired Member’s death. The Surviving Spouse may change from one PSRSSTL plan option to another within the same line of coverage during an Open Enrollment Period, including any special enrollment period established by the PSRSSTL Board of Trustees, or concurrent with the Surviving Spouse’s Medicare Part A entitlement date (medical coverage only).
4. **Premiums and Subsidy.** The Surviving Spouse is not eligible for any PSRSSTL premium subsidy. The Surviving Spouse must timely pay the full monthly premium as determined by PSRSSTL and the plan vendors, which premiums are subject to change. Payment must be received by the end of the month for which coverage is due (e.g., October premium must be received by October 31). Coverage may be cancelled without further notice for nonpayment. If

coverage is cancelled for nonpayment or voluntarily cancelled by the Surviving Spouse, coverage may not be reinstated, and the Surviving Spouse will be ineligible to re-enroll in the future.

5. Remarriage; Termination of Coverage. The Surviving Spouse must notify the PSRSSTL Insurance Specialist within thirty (30) days of remarriage. Coverage will terminate on the last day of the month in which remarriage occurs. Upon termination due to remarriage, the Surviving Spouse is ineligible to re-enroll in PSRSSTL coverage at any time in the future.
6. Documentation; Administration. PSRSSTL may require reasonable documentation to establish eligibility and continued eligibility, including proof of marriage, proof of the Retired Member's death, proof of Medicare enrollment, and other information necessary for plan administration. PSRSSTL reserves the right to correct administrative errors and to adjust coverage and premiums prospectively to reflect changes in plan terms or vendor requirements.
7. Dependent Coverage. Coverage under this section is limited to the Surviving Spouse only. No new dependents may be added after the Retired Member's death. Any dependents enrolled on the date of the Retired Member's death will be offered COBRA continuation coverage in accordance with applicable law.
8. Effective Date; Transition. This Surviving Spouse coverage provision is effective for deaths occurring on or after December 15, 2025.