



Medical Plan

Administrative Rule 1401 Post-Retirement Medical Benefits

Benefits Plan Reference

Article XIV

Original Date

01/17

Replaces: Administrative Rules 601, 1008, 1009, 1010, 1011, 1012, 1015

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 he or she 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 a qualified health plan. If the member moves out of the geographic coverage area of his/her 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 one time.

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.

If a member is Medicare-eligible but the spouse and child(ren) are not, the member is charged for the cost of Member + Child(ren) medical continuation coverage.