TEACHERS' RETIREMENT SYSTEM

of the State of Kentucky

GARY L. HARBIN, CPA
Executive Secretary

ROBERT B. BARNES, JD
Deputy Executive Secretary
Operations and General Counsel

J. ERIC WAMPLER, JD
Deputy Executive Secretary
Finance and Administration

To: Teachers' Retirement System (TRS) Retiree

From: TRS Insurance Department

Re: Medicare Eligible Health Plan (MEHP) Open Enrollment

TRS Medicare Eligible Health Plan (MEHP) Open Enrollment is generally October 15 to December 7 for the effective date of January 1. The MEHP is a Medicare Advantage Plan through UnitedHealthcare and a Medicare Part D Prescription Drug Plan through Express Scripts. You can access benefit materials and the rate chart online at https://trs.ky.gov.

Currently, TRS pays all or a portion of the full premium for retirees based on their TRS entry date and years of service credit at retirement. In addition to paying your portion of the MEHP premium (if any), you must pay the Medicare Part B premium directly to Social Security. Reciprocity retirees with service in TRS and KRS should contact TRS and KRS to determine their premiums. Medicare-eligible spouses of retired members **cannot** enroll during the annual MEHP open enrollment **unless** the retiree is not currently enrolled, and the spouse enrolls with the retiree. If enrolling an eligible spouse, retiree must provide proof of marriage in the form of a marriage certificate or a copy of the top half of your most recent Federal tax return Form 1040 and proof of spouse's enrollment in Medicare Parts A and B. Please note that if Medicare indicates you have gone 63 or more days in a row without other creditable prescription drug coverage you may receive a form asking about any drug coverage you had. Complete the form and return it to Express Scripts by the deadline in the letter. If you do not return the form, you may have to pay a Part D penalty to TRS.

To request this coverage, complete an MEHP enrollment form, attach a copy of the applicant's Medicare card, and return it to TRS no later than December 7 for coverage effective January 1.

If at any time the enrollee's Medicare terminates, is enrolled in another Medicare Advantage Plan or Medicare Part D prescription drug plan, the enrollee's MEHP coverage will be terminated. Please be aware that TRS medical coverage is through the retiree. If at any time the retiree's coverage is terminated, the spouse's coverage will also be terminated.

MEDICARE ELIGIBLE HEALTH PLAN (MEHP)

Medical & Prescription Drug Enrollment Form for the
TEACHERS' RETIREMENT SYSTEM (TRS)

479 Versailles Road, Frankfort, KY 40601
Phone: 502-848-8500 or 800-618-1687 Fax: 502-573-0199

Upload the application through the Pathway member self-service portal at https://mss.trs.ky.gov/

Reason for Application	☒ Open Enrollment

ENROLLMENT TYPE: (for TRS MEHP only) Select one		
☐ Retiree Only	☐ Retiree & Spouse*	***Spouse eligible ONLY if Retiree enrolling now**

RETIREE INFORMATION

Complete only if RETIREE is enrolling in the TRS MEHP

Retiree Name	**Retiree** Social Security or TRS Member ID #	
Retiree Date of Birth	Gender: ☐ Male ☐ Female	Married: ☐YES ☐NO

SPOUSE INFORMATION

Complete only if SPOUSE is enrolling in the TRS MEHP

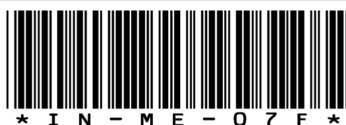
Spouse Name	**Spouse** Social Security Number	Date of Birth
Retiree Social Security or TRS Member ID #	Gender: ☐ Male ☐ Female	Married: ☐YES ☐NO

WAIVER OF COVERAGE

☐ I, the **retiree**, wish to **waive** coverage. **Signature:** ______________________

☐ I, the **spouse**, wish to **waive** coverage. **Signature:** ______________________

Your MEHP enrollment is contingent on your Medicare enrollment. Also, if you are enrolled in another Medicare Advantage plan, another Medicare Part D prescription drug plan or your Medicare Part B coverage terminates, your TRS MEHP will be terminated. Upon waiver or termination of the MEHP, if you are the spouse of a TRS retiree, you will not be eligible for future re-enrollment unless you have a valid TRS qualifying event. For TRS retirees, changes after the effective date of your insurance may only be made during Open Enrollment or within 30 days of a qualifying event. Obtaining Medicare Part B is considered a qualifying event for TRS retirees only; but you will only have 30 days from the event to enroll.



IMPORTANT

Use your Medicare card to complete this page and return with a copy of the card to TRS. If you have applied but not yet received your Medicare card, contact Social Security or sign up for your *my* Social Security account at www.ssa.gov to obtain your Medicare number and effective dates.

Complete if RETIREE is enrolling in the TRS MEHP	
Retiree Name	Social Security Number
Medicare Number – ***located on your Medicare card*** **(Ex. 1EG4-TE5-MK72)** ___ ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___	Hospital Part A Effective Date Medical Part B Effective Date **(REQUIRED)**
Do you have End Stage Renal Disease (ESRD)? ☐ YES ☐ NO	

Complete if SPOUSE is enrolling in the TRS MEHP	
Spouse Name	Social Security Number
Medicare Number – ***located on your Medicare card*** **(Ex. 1EG4-TE5-MK72)** ___ ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___	Hospital Part A Effective Date **(REQUIRED)** Medical Part B Effective Date **(REQUIRED)**
Do you have End Stage Renal Disease (ESRD)? ☐ YES ☐ NO	

DEMOGRAPHIC INFORMATION		
Mailing Address		
City	State	ZIP
PERMANENT Street Address **(REQUIRED** if Mailing Address is a P.O. Box, P.O. Box Not Allowed)		
City	State	ZIP
Email Address	Primary Phone	Alternative Phone

By signing below, I confirm I have read and understand all the enclosed materials pertaining to the TRS MEHP coverage. I also understand that if Medicare indicates I have gone 63 or more days in a row without creditable prescription drug coverage that I may receive a form asking about prior drug coverage. If I don't complete the form, I may be required to pay a monthly premium penalty to TRS.

RETIREE'S SIGNATURE ___________________________________ **DATE** ___________
(REQUIRED)

SPOUSE'S SIGNATURE
(If enrolling in coverage) ______________________________________ **DATE** ___________