

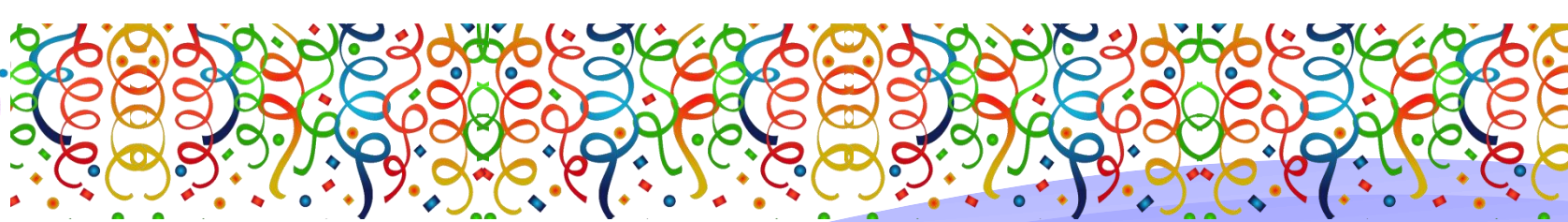
# Teachers' Retirement System of the State of Kentucky



**Turning 65  
2024**

**Gary L. Harbin, CPA**  
Executive Secretary





# Happy 65<sup>th</sup> Birthday

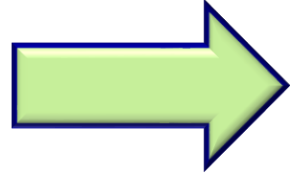




**INFO@TRS.KY.GOV**  
**1-800-618-1687**



# WHAT TO EXPECT®



## About 3 Months Before You Turn 65



Insurance companies bombard you by phone and mail with policies from the open market as early as six months before you turn 65.

*Remember, it is **not necessary** to review these materials unless you expect to pay a premium at TRS and would just like to compare policies.*





# MEHP

# Medicare Eligible Health Plan



(CLS)



*TRS does not endorse any vendor.*





# What Happens When You're About to Turn 65?

## **If you are currently on insurance through TRS**

You will be sent Turning 65 information (through email or mail) explaining the TRS Medicare Eligible Health Plan (MEHP) which is composed of a Medicare Advantage PPO plan and a Medicare Part D prescription drug plan.

## **If you are *not* currently on insurance through TRS**

**You must request Turning 65 information** explaining the TRS Medicare Eligible Health Plan (MEHP) or download materials from <https://trs.ky.gov>.

# The Turning 65 Booklet

Teachers' Retirement System  
479 Versailles Road  
Frankfort, KY 40601

TEACHERS' RETIREMENT SYSTEM  
OF THE STATE OF KENTUCKY




## Turning 65? What now?

**Inside you will find important details and instructions on the process of turning 65 and continuing TRS insurance coverage as you turn 65. Please keep this booklet for future reference.**

479 Versailles Road  
Frankfort, Kentucky 40601-3800  
800-618-1687  
Monday – Friday  
8 a.m. – 5 p.m. ET  
<https://trs.ky.gov>

PATHWAY  <https://mss.trs.ky.gov>

 [KyTeachersRS](#)

 [facebook.com/KyTeachersRS](https://facebook.com/KyTeachersRS)



# The Turning 65 Booklet

**TEACHERS' RETIREMENT SYSTEM**  
OF THE STATE OF KENTUCKY



# Turning 65? What now?

**Inside you will find important details and instructions on the process of turning 65 and continuing TRS insurance coverage as you turn 65. Please keep this booklet for future reference.**

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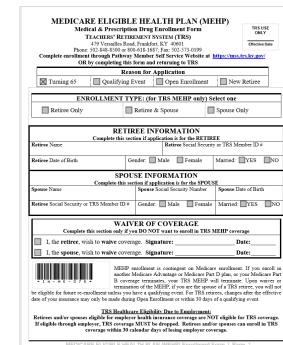
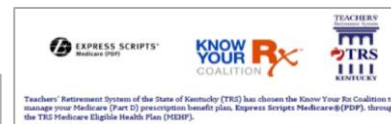
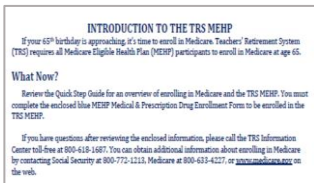


KyTeachersRS



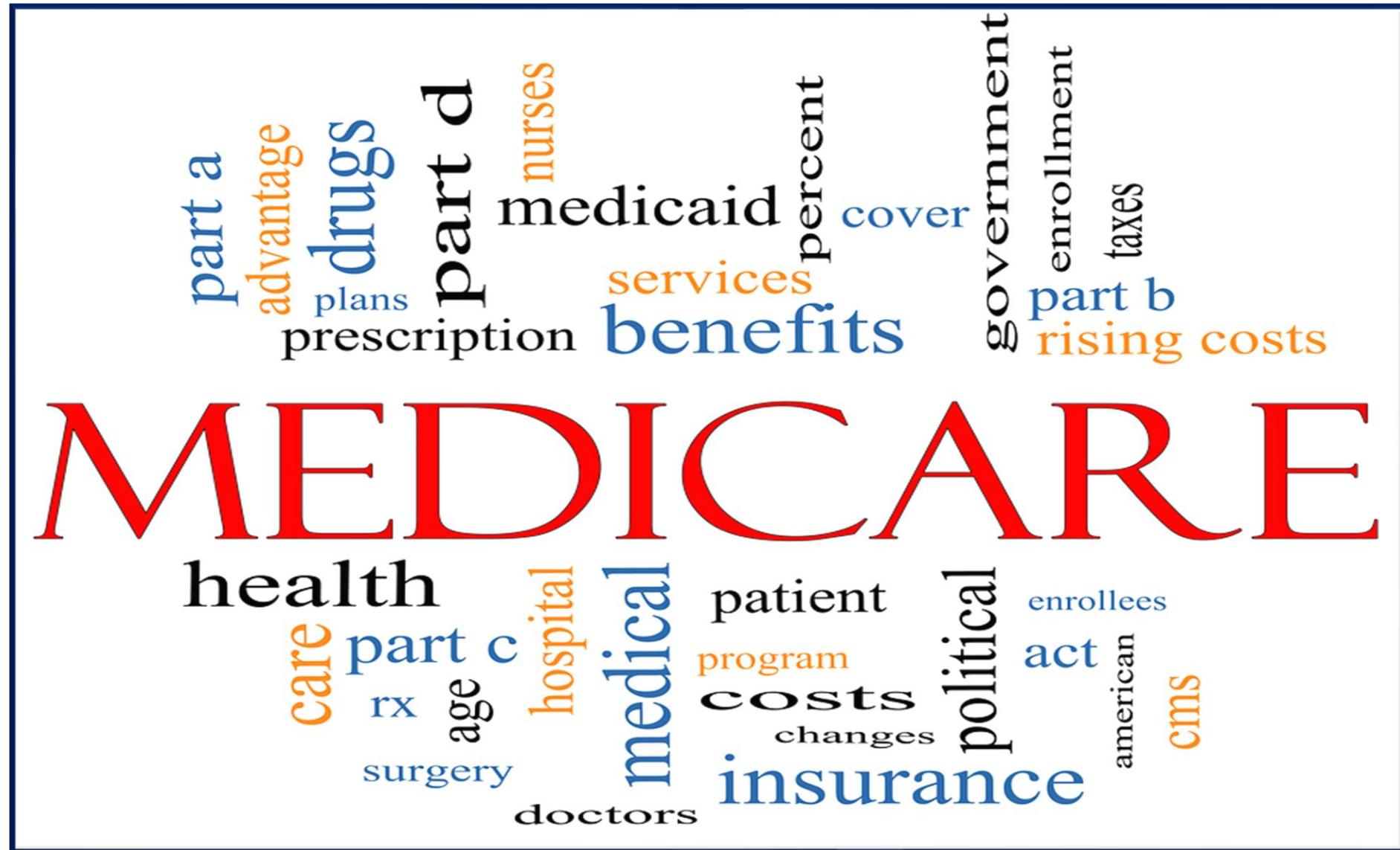
 [facebook.com/KyTeachersRS](https://facebook.com/KyTeachersRS)

- Quick Step Guide
- Introduction & MEHP description
- Transitioning from KEHP
- Medical Summary of Benefits
- Prescription flier
- Currently covered by a family, couple or parent plus plan?
- MEHP Enrollment Form (blue)
- Postage-paid return envelope



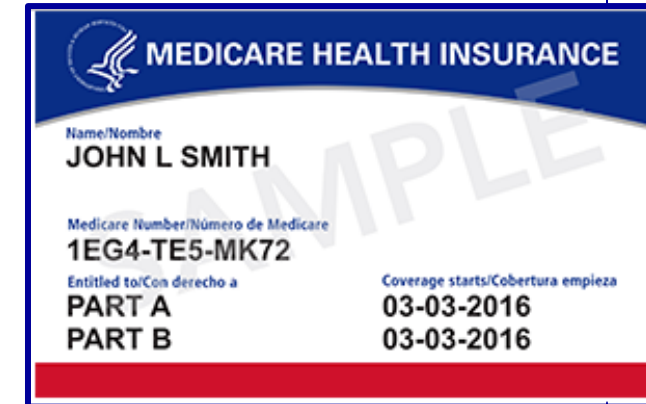


# Getting to Know ...



# Medicare is ...

**Health insurance for people age  
65 and older  
or anyone  
under 65 with certain disabilities.**



Administered by Centers for Medicare & Medicaid Services (CMS)

Enroll by contacting Social Security Administration (SSA)

or

Railroad Retirement Board (RRB)

# Ways to Receive Medicare Coverage

**There are 2  
main ways to  
receive medical  
coverage when  
on Medicare:**

**#1**

## **Original Medicare (1965)**

- **Part A** – Hospital coverage
- **Part B** – Medical coverage
- *Run by the federal government*

**#2**

## **Medicare Advantage Plan** *(Balanced Budget Act of 1997)*

- **Part C**
- *Run by private companies*

# Main Differences are Where Claims Go and How They're Processed

## Original Medicare

Claims to Medicare first, and you should purchase additional supplemental/secondary coverage.

## Medicare Advantage

Claims to private company (like UnitedHealthcare) to pay and process as primary and secondary. No need to buy supplemental coverage.

The medical portion of the TRS MEHP is a Medicare Advantage plan administered by UnitedHealthcare.

# What About Medicare Rx Coverage?

- Result of the **Medicare Modernization Act 2003**
- Also known as **Medicare Part D**
- *Run by private companies*

The logo for Medicare Rx Prescription Drug Coverage. It features the word "Medicare" in red, "Rx" in a large grey font, and "Prescription Drug Coverage" in a smaller grey font below it. The entire logo is enclosed in a thin black rectangular border.

Medicare<sup>Rx</sup>  
Prescription Drug Coverage

The prescription portion of the TRS MEHP is a Medicare Part D prescription drug plan administered by **Express Scripts**.



# Components of the MEHP

## UnitedHealthcare

Medicare Advantage plan  
covers  
**medical** claims.



## Express Scripts

Medicare Part D drug plan  
covers  
**prescription** claims.



**Do not** enroll in **another** Medicare  
Advantage plan **or** Medicare Part D plan  
outside of TRS.



# The TRS Quick Step Guide on how to enroll in the MEHP



# Enroll In Medicare

**You must ...**

- Apply for Medicare three months **before** your 65<sup>th</sup> birthday.

*If you are receiving  
Social Security  
or Railroad Retirement  
benefits ...*

- You *automatically* will be enrolled in Medicare parts A and B.
- Your Medicare card will be mailed to you.

# More About Enrolling in Medicare

Not eligible to receive Social Security benefits?  
You will NOT receive Medicare automatically. You must apply.

*The ways to apply for Medicare are:*

Call or visit your  
local Social  
Security office

Apply  
online at  
[www.ssa.gov/medicare/](http://www.ssa.gov/medicare/)

or

If you worked for a  
railroad, call the RRB  
at 877-772-5772

Take original documents such as driver's license, Social Security card, birth certificate,  
marriage license, proof of income

**You must enroll in Medicare to be eligible to  
enroll in the TRS MEHP!**

# What Parts of Medicare Do I Need?

## Retirees

- You **must enroll** in Medicare **Part B**.
- Only enroll in **Part A** if it's **free**. *You might qualify through a current, ex- or deceased spouse who paid into Social Security. Or if you started teaching April 1986 or later.*
- Not eligible for free Part A? The TRS plan will pay as Medicare would have paid on Part A expenses, excluding the MEHP deductibles and copayments.

## Spouses

- **Enroll** in Medicare **Part A**.
- **Enroll** in Medicare **Part B**.

## Retirees & Spouses

- **Do not enroll** in Medicare **Part D**.  
*You will have a Medicare Part D plan through Express Scripts when you enroll in the TRS MEHP.*





# Ways to Pay Medicare Part B Premium

## **Social Security**

If you receive a Social Security benefit check, your Part B premium will be deducted automatically.



If you don't receive a Social Security benefit check, you will receive a Medicare Premium Bill

## **Mail Payment**

Mail payment coupon with your check, money order or credit card number

## **Bank**

Pay directly from your savings or checking account online at your bank's website

## **Credit Card**

Pay at MyMedicare.gov by credit or debit card  
(Use or create secure login.)

## **Medicare Easy Pay**

Sign up through Medicare to debit from checking account

*Everyone must enroll in Part B and pay standard Part B premium (\$174.70 a month in 2024). If you don't enroll or fail to pay Part B premium, your TRS MEHP will be terminated.*



# Complete MEHP Enrollment Form

*Page 1*

## MEDICARE ELIGIBLE HEALTH PLAN (MEHP)

### Medical & Prescription Drug Enrollment Form

#### TEACHERS' RETIREMENT SYSTEM (TRS)

479 Versailles Road, Frankfort, KY 40601

Phone: 502-848-8500 or 800-618-1687; Fax: 502-573-0199

Complete enrollment through Pathway Member Self Service Website at <https://mss.trs.ky.gov/>

OR by completing this form and returning to TRS

TRS USE  
ONLY

Effective Date

#### Reason for Application

☒ Turning 65    ☐ Qualifying Event    ☐ Open Enrollment    ☐ New Retiree

#### ENROLLMENT TYPE: (for TRS MEHP only) Select one

☐ Retiree Only    ☐ Retiree & Spouse    ☐ Spouse Only

#### RETIREE INFORMATION

Complete this section if application is for the RETIREE

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

#### SPOUSE INFORMATION

Complete this section if application is for the SPOUSE

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

#### WAIVER OF COVERAGE

Complete this section only if you DO NOT want to enroll in TRS MEHP coverage

☐ I, the retiree, wish to waive coverage. Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ I, the spouse, wish to waive coverage. Signature: \_\_\_\_\_ Date: \_\_\_\_\_



MEHP enrollment is contingent on Medicare enrollment. If you enroll in another Medicare Advantage or Medicare Part D plan, or your Medicare Part B coverage terminates, your TRS MEHP will terminate. 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 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.

#### TRS Healthcare Eligibility Due to Employment:

Retirees and/or spouses eligible for employer health insurance coverage are NOT eligible for TRS coverage. If eligible through employer, TRS coverage MUST be dropped. Retirees and/or spouses can enroll in TRS coverage within 30 calendar days of losing employer coverage.

**IMPORTANT**

Use your Medicare card to complete this page. Include a copy of the card with this form or upload a copy of the card to the online MSS application. If you have applied but not received your Medicare card, contact Social Security or sign up for [your my Social Security account at www.ssa.gov](#) to obtain your Medicare information.

Complete if RETIREE is enrolling in the TRS MEHP	
Retiree Name (As shown on your Medicare Card)	Social Security Number
Medicare Number – (REQUIRED) <i>located on your Medicare card</i> ____ - ____ - ____	Hospital Part A Effective Date Medical Part B Effective Date (REQUIRED)
(REQUIRED) Are you currently working and eligible for employer insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Complete if SPOUSE is enrolling in the TRS MEHP	
Spouse Name (As shown on your Medicare Card)	Social Security Number
Medicare Number – (REQUIRED) <i>located on your Medicare card</i> ____ - ____ - ____	Hospital Part A Effective Date (REQUIRED) Medical Part B Effective Date (REQUIRED)
(REQUIRED) Are you currently working and eligible for employer insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	

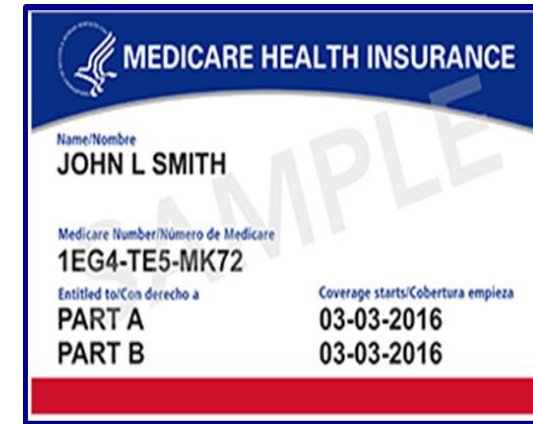
DEMOGRAPHIC INFORMATION		
Mailing Address		
City	State	ZIP
PERMANENT Street Address (REQUIRED if Mailing Address is a P.O. Box, P.O. Box Not Allowed)		
City	State	ZIP
Email Address	Primary Phone	Alternative Phone

By signing below, I confirm I have read and understand all the available materials pertaining to the TRS MEHP coverage. I also certify that I am not currently eligible for active employment insurance. I understand that if Medicare indicates I have gone 63 or more days in a row without creditable prescription drug coverage and I 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 (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE'S SIGNATURE (If enrolling in coverage) \_\_\_\_\_ DATE \_\_\_\_\_

- ◆ Complete the blue MEHP enrollment form by copying your Medicare number from your Medicare Card.



- ◆ Always keep your address current with TRS, Medicare and Social Security.

**Page 2**





# Submit Your MEHP Enrollment Form to TRS

Submit the form and a copy of your Medicare card to TRS as soon as possible, but no later than the last day of the month before you turn 65.

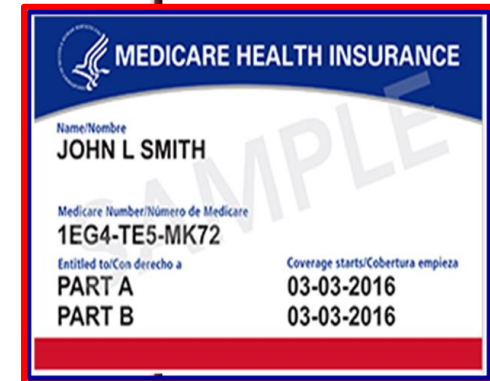
For example:

Birthday is Oct. 16, submit by Sept. 30

Born on the first day of the month?

Birthday is Oct. 1, submit one month early (i.e. by Aug 31)

If you have applied for Medicare but don't have your card, sign up for your *my* Social Security account at [www.ssa.gov](http://www.ssa.gov) to get your Medicare number and effective dates.





# Paperless Enrollment Form

Paperless enrollment can be done through TRS Pathway, the member account access site, at <https://mss.trs.ky.gov>

Instructions are in the Turning 65 booklet

You first must register on Pathway using your email and your TRS ID.

Paperless enrollment is encouraged, and we can help you with the enrollment!







# What About Covered Dependents?

## On a KEHP Couple or Family plan?

- May need to complete and return the KEHP Retiree Health Insurance Enrollment/Change Application to continue or waive coverage for remaining dependents. See page 30 of the Turning 65 booklet.
- KEHP rates are shown on the rate chart at [trs.ky.gov](http://trs.ky.gov)

## On a Parent Plus plan?

- You will receive a separate COBRA packet from HealthEquity before the termination date to continue coverage for the child, if needed.
- If the child is disabled and has Medicare Parts A & B, you can enroll them in the TRS MEHP.

# MEHP Medical Coverage Overview

## Medical Deductible

- \$150 per calendar year, then
- Member pays 4%, plan pays 96% of covered expenses

## Other copayments:

- \$200 for inpatient hospital copayment
- \$25 for urgently needed services

## Member's maximum out-of-pocket is \$1,200 per calendar year

- Once met, plan pays 100% of covered expenses

The deductible, copayments and coinsurance apply toward \$1,200 out-of-pocket annual maximum.

Medicare-covered preventive care paid at 100% with no deductible.

Receive a gift card for completing your annual wellness visit by June 30.

## UnitedHealthcare Group Medicare Advantage (PPO)

### Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	Contact your group plan sponsor to determine your actual premium amount, if applicable.	
Annual Medical Deductible	\$150 per year for some in-network and out-of-network services.  (See Additional Information About UnitedHealthcare Group Medicare Advantage (PPO) for more information on your plan year deductible.)	
Maximum Out-of-Pocket Amount	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,200 each plan year.  Please note that you will still need to pay your monthly premiums, if applicable.  (The amounts you pay for deductibles, copays and coinsurance for covered services count toward this combined maximum in-network and out-of-network out-of-pocket limit. Expenses for non-emergency care while in a foreign country do not apply toward this limit.)	

# Once coverage begins, register at [retiree.uhc.com/trs](https://retiree.uhc.com/trs) or call 844-518-5877 to see features available

- **Renew Active** fitness program provided at no cost. Find participating facilities [www.uhcrenewactive.com](https://www.uhcrenewactive.com)
- Earn a reloadable gift card through Renew Rewards for certain health care activities that you complete.



- Virtual doctor visits from your computer for minor health concerns
- UHC Hearing – access to exclusive savings and a \$500 hearing aid allowance every 36 months



- 52-week online weight loss program through Real Appeal
- HouseCalls, in home assessment program, \$0 copay. Earn a gift card!
- Healthy at Home program includes benefits such as home delivered meals, one-way medical trips and in-home personal services after each inpatient hospitalization.



- One routine hearing exam every plan year, \$0 copay

# MEHP Part D Prescription Coverage

## Retail Program

Designed for short-term, 30-day medications

Deductible is \$150 per calendar year

Coinsurance after deductible is met

- Tier 1: 20% Generic
- Tier 2: 20% Preferred drugs
- Tier 3: 50% Non-preferred drugs

## Mail Program

Designed for maintenance, 90-day medications

Deductible — \$0 per calendar year

## Copayment

- Tier 1: \$10 Generic
- Tier 2: \$20 Preferred drugs
- Tier 3: 50% Non-preferred drugs

**In the coverage gap stage (donut hole), you pay the same as shown above.**

Your 2023 Prescription Program			
STAGE	TIER	IN-NETWORK RETAIL PHARMACY (0-90 DAY SUPPLY)	EXPRESS SCRIPTS HOME DELIVERY (90-DAY SUPPLY)
Stage 1: Yearly Deductible Stage You begin this payment stage when you fill your first prescription of the calendar year. You stay in this stage until you have paid \$150 for your drugs at retail.		\$150	\$0
Stage 2: Initial Coverage Stage You pay a copayment or coinsurance for your Part D drugs until your total out-of- pocket costs reach \$7,400.	Tier 1: Generic Drugs	20% of drug cost	\$10 copay
	Tier 2: Preferred Drugs (includes brand and generic)	20% of drug cost	\$20 copay
	Tier 3: Non-Preferred Drugs (includes brand and generic)	50% of drug cost	50% of drug cost
	Specialty drugs purchased from Accredo (limited to a one-month supply) Generics \$3.33 copay Brands \$6.66 copay		
Stage 3: Coverage Gap Stage	After your total yearly drug costs reach \$4,660, you will generally pay the same cost-sharing amount as in the Initial Coverage Stage (above) until your yearly out-of-pocket drug costs reach \$7,400.		
Stage 4: Catastrophic Coverage Stage After your total out- of-pocket costs exceed \$7,400 you pay the greater of the copayments or coinsurance noted in the columns to the right, with a max not to exceed the standard cost-sharing amount during the Initial Coverage Stage at home delivery.	Tier 1: Generic Drugs	5% of drug cost with \$4.15 min	5% of drug cost with \$4.15 min and \$10 max
	Tier 2: Preferred Drugs (includes brand and generic)	5% of drug cost with \$10.35 min	5% of drug cost with \$10.35 min and \$20 max
	Tier 3: Non-Preferred Drugs (includes brand and generic)	5% of drug cost with \$10.35 min	5% of drug cost with \$10.35 min
	Specialty drugs purchased from Accredo (limited to a one-month supply) Generics \$3.33 copay Brands \$6.66 copay		

**KEHP**

**MEHP**

# Free counseling with live pharmacists

Know Your Rx Coalition *Pharm-Assist*

**Hours:** Monday to Friday, 8 a.m. to 6 p.m. ET

**Phone:** 855-218-5979

**Email:** [KYRx@uky.edu](mailto:KYRx@uky.edu)

**Website:** [www.KYRx.org](http://www.KYRx.org)





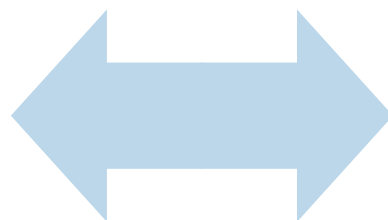


## TRS Solution: Personalized Medicine Partnership



This personalized medicine program uses DNA testing to help you find out if your medications work for you.

You  
Your Doctor  
Your Pharmacist



- MEHP enrollees: Contact CLS at **888-454-9024** or at **[www.coriell.com/trs](http://www.coriell.com/trs)** to request free DNA kit.
- Non-Medicare KEHP enrollees: Eligible for DNA kit and pay \$360 cost by credit card or CDHP HRA.

# CORIGEN<sup>®</sup>

Medication Safety Program

Epocrates<sup>®</sup> Returnturn



Spencer Krimmel

## Early Results — Real Story

- TRS member was prescribed a blood thinner after having a stroke
- TRS member had a mini-stroke while on that blood thinner
- TRS member took the DNA test and results showed the member was a slow metabolizer of the blood thinner and it did not interact well with their stomach medicine
- The Know Your Rx pharmacist worked with the TRS member and doctor to change to a different blood thinner
- The member is doing well

After turning 65, contact CLS at 888-454-9024 or at [www.coriell.com/trs](http://www.coriell.com/trs) to request free DNA kit.



## Member Testimonials



*"I've been taking different antidepressant meds for 15 years for severe depression and hospitalization. My med changed from SSNI to SNRI and I've **never felt better!** My family, friends and neighbors are overjoyed with the change."*

—Participating Member



*"I found out one medicine was not working well for me. **Now my doctor can prescribe a medication that works better.** Personalized medicine is a great benefit! The KYRx Coalition were wonderful."*

—Participating Member

After turning 65, contact CLS at **888-454-9024** or at **[www.coriell.com/trs](http://www.coriell.com/trs)** to request a free DNA kit.



# TRS MEHP Overview



- Medicare Advantage plan allows you same in- and out-of-network cost-share; therefore, **you can see any licensed provider who accepts Medicare patients and Medicare assignment and agrees to bill UHC directly.**
- Show providers your **new** UHC Medicare Advantage ID card and have them file claims directly with UHC instead of Medicare.
- Providers submit claims directly to UHC and providers bill you *after* claims have been processed by UHC. Do not pay provider anything up front.



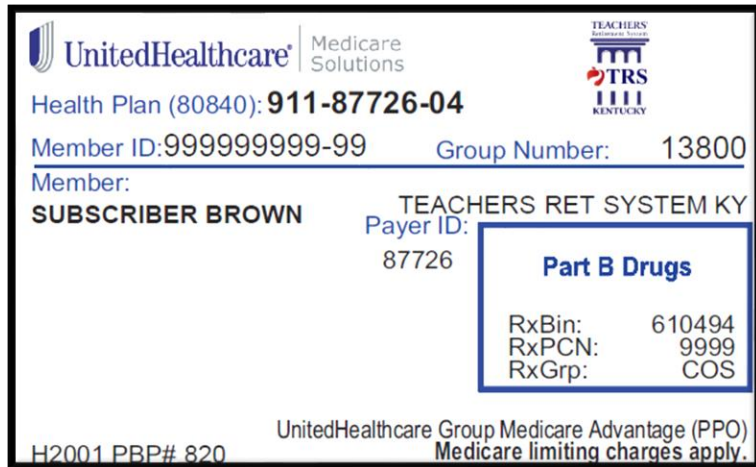
- All major chain pharmacies included in the retail pharmacy network (Excluding Kroger)
- Show your **new** Express Scripts ID card at the retail pharmacy.
- **To avoid any possible lapse in your medication with the TRS MEHP, obtain a refill through your current plan by the last day of the month prior to your birth month.**

If you enroll in another Medicare Advantage plan or Medicare Part D plan outside of TRS, your TRS MEHP terminates immediately.



# Benefit Booklets & Identification Cards

Present to doctor or at hospital



UnitedHealthcare Medicare Solutions

Health Plan (80840): 911-87726-04

Member ID: 999999999-99 Group Number: 13800

Member: SUBSCRIBER BROWN

TEACHERS RET SYSTEM KY  
Payer ID: 87726

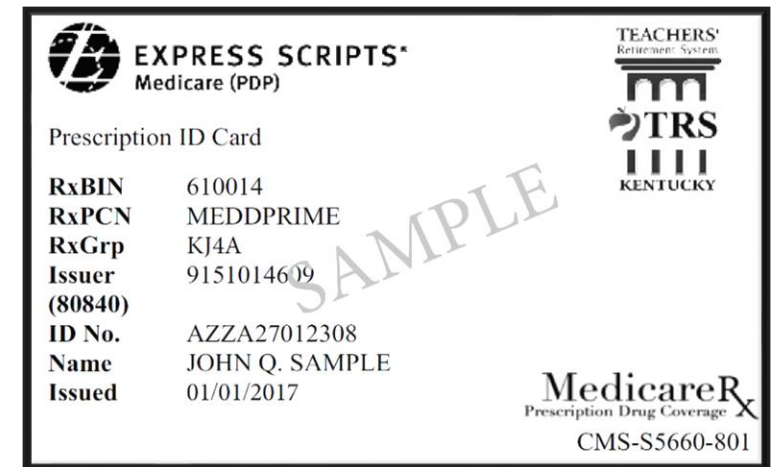
**Part B Drugs**

RxBin: 610494  
RxPCN: 9999  
RxGrp: COS

UnitedHealthcare Group Medicare Advantage (PPO)  
H2001 PBP# 820 Medicare limiting charges apply.



Present at retail pharmacy



EXPRESS SCRIPTS® Medicare (PDP)

Prescription ID Card

RxBIN: 610014  
RxPCN: MEDDPRIME  
RxGrp: KJ4A  
Issuer: 9151014609  
(80840)

ID No.: AZZA27012308  
Name: JOHN Q. SAMPLE  
Issued: 01/01/2017

TEACHERS' Retirement System  
TRS  
KENTUCKY

MedicareRx  
Prescription Drug Coverage  
CMS-S5660-801

No need to present your original Medicare card to your providers.

On the effective date of coverage, if you have not received your ID cards, you can print temporary cards by registering at [retiree.uhc.com/trs](https://retiree.uhc.com/trs) and [www.express-scripts.com](https://www.express-scripts.com).



# What Else Should You Expect?



Within 90 days  
after  
enrolling, expect:  
welcome call  
**and**  
health assessment  
call



Introduction  
call/email  
from a  
coalition  
pharmacist



Communication  
from CLS  
regarding the  
DNA test

# What Will MEHP Cost?



# Monthly Cost of the MEHP in 2024

For questions regarding payment schedule, call Teachers' Retirement System | 800-618-1687

Years of Service	If Retired & Age 65 Before Jan. 1, 2005	If Retired and/or Age 65 on or After Jan. 1, 2005			Medicare-eligible Spouses and Children pay the monthly premium of \$207 and the monthly Medicare Part B premium
		TRS 1 (Entry Before July 1, 2002)	TRS 2 (Entry On or Between July 1, 2002 & June 30, 2008)	TRS 3 & TRS 4 (Entry On or After July 1, 2008)	
5 - 9.99	\$62.10	\$155.25	\$186.30	Not Eligible	
10 - 14.99	\$41.40	\$103.50	\$155.25	Not Eligible	
15 - 19.99	\$20.70	\$51.75	\$113.85	\$113.85	
20 - 24.99	\$0	\$0	\$72.45	\$72.45	
25 - 25.99	\$0	\$0	\$20.70	\$20.70	
26 - 26.99	\$0	\$0	\$10.35	\$10.35	
27 or more	\$0	\$0	\$0	\$0	

All Medicare-eligible retirees, spouses & children pay the monthly Medicare Part B premium directly to Social Security (2023 standard premium is \$174.70)

Contact the Social Security office at 800-772-1213 regarding your 2024 Part B premium.



# Other Medicare Premiums to Expect

**Higher-income earners** pay additional monthly Medicare Part B & D premiums if your income, as reported on your IRS tax return from two years prior, is over a certain amount.

## **Late enrollment penalty**

Penalty for failing to enroll in Medicare Part B or a Medicare Part D plan when first eligible

The above are monthly premiums paid to Social Security and are in addition to the standard Part B premium paid to Social Security (\$174.70 for those new to Medicare in 2024) and the MEHP premium paid to TRS (if any). You will be notified by Social Security if you fall into either of these categories.

# What Happens if You

**W A I V E**

## MEHP Coverage?

W

A

I

V

E

## Retiree Waives MEHP Upon Turning 65

- Open enrollment effective Jan. 1
- Outside of open enrollment you must experience a valid qualifying event.
  - Loss of other coverage, COBRA expires, gaining Medicare Part B or moving back to United States

## Spouse Waives MEHP Upon Turning 65

- Open enrollment **not** an option
- You must experience a qualifying event to enroll.
  - Spouse loses other employer/retirement system sponsored coverage, spouse's COBRA expires, tag-along with retiree or death of retiree



# Re-employed Retirees Reminders

1

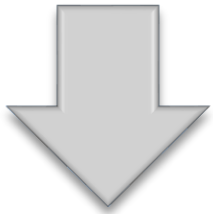
Retirees and spouses who return to the workforce must drop health insurance coverage through TRS if they are eligible for health insurance through a new job. Be aware there could be a month lapse in coverage.

2

Once you leave employment or lose eligibility for the active insurance that came with that job, contact TRS to re-enroll in its coverage within the qualifying event period (usually 30 days) and provide the required documentation.

# Before Moving From KEHP to Medicare

**KEHP**



**MEHP**



**Use or lose your  
rewards before  
KEHP coverage ends**

**HealthEquity**

**Consumer Driven Health Plan  
(CDHP) HRA funds must be  
used before moving to MEHP**



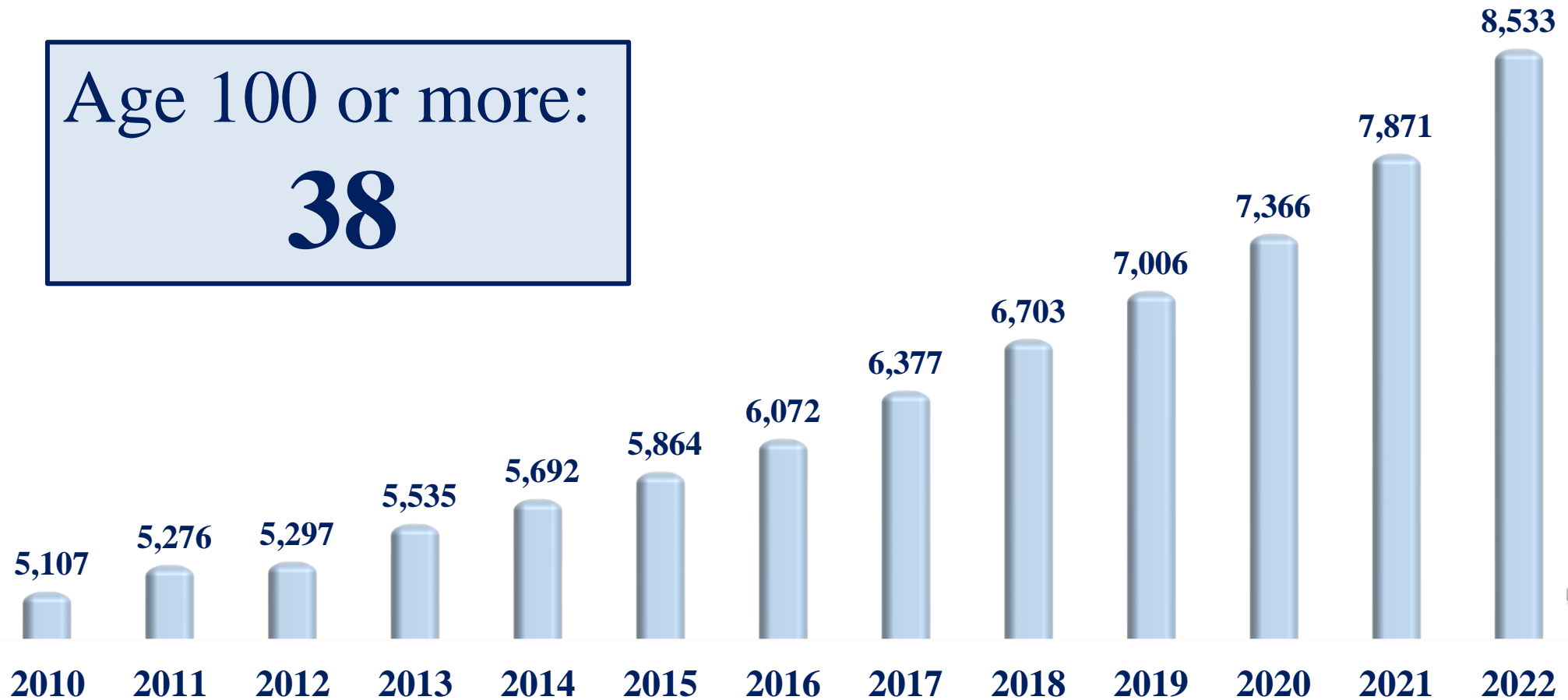
# Good News



# TRS Benefits Protect Teachers

Retirees over 80 as of Dec. 31

Age 100 or more:  
**38**



# Remember: Benefits, Costs Can Change

**Can change yearly:**

- ✓ **Deductibles**
- ✓ **Coinsurance/copayments**
- ✓ **List of covered drugs**
- ✓ **Premiums**

*Always watch TRS newsletters and website for changes and notices.*



# TRS News & Information



<https://trs.ky.gov>



<https://mss.trs.ky.gov/>



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## ***Our Members Come First!***

**800-618-1687**

**8 a.m. – 5 p.m. ET  
Monday – Friday**

**[info@trs.ky.gov](mailto:info@trs.ky.gov)**  
**<https://trs.ky.gov>**



***Protecting & Preserving Teachers' Retirement Benefits***