

# Teachers' Retirement System of the State of Kentucky

**Turning 65**2026





## Questions?

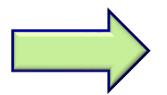


info@trs.ky.gov 800-618-1687









# 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

## TRS Partners

#### Medicare Eligible Health Plan



















## 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 <a href="https://trs.ky.gov">https://trs.ky.gov</a>.

## 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.

View a previously recorded Turning 65 webinar at <a href="https://trs.ky.gov/retired-members/turning-65/">https://trs.ky.gov/retired-members/turning-65/</a>

O1

register for a live webinar hosted on the first Wednesday of each month at <a href="https://trs.ky.gov/home/seminars-workshops/">https://trs.ky.gov/home/seminars-workshops/</a>

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









## The Turning 65 Booklet

#### **Included**



- Quick Step Guide
- MEHP and Medicare Explained
- Transitioning from KEHP
- Benefit Highlight

- Prescription flier
- Currently covered by a family, couple or parent plus plan?
- MEHP Enrollment Form (blue)
- Postage-paid return envelope











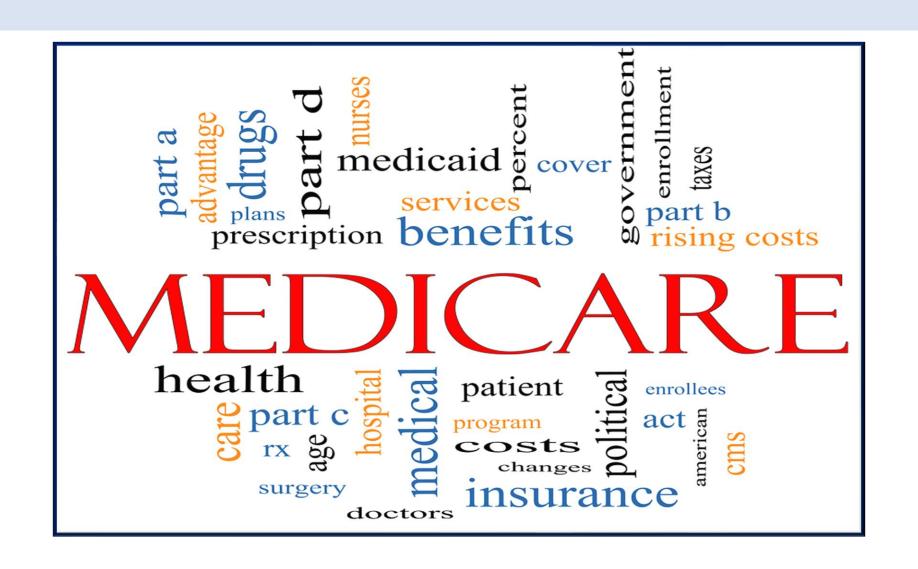








## Getting to Know ...





## 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

#### Medicare Advantage Plan (1997)

- Part C
- Run by private companies

## Main Differences

#### Where Claims Go and How They're Processed

#### **Original Medicare**



#### **Medicare Advantage**

Claims to private company (like Humana) 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 Humana.



## What About Medicare Rx Coverage

Result of the Medicare Modernization Act 2003

Also known as Medicare Part D



Run by private companies

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



## Components of the MEHP

Medicare Advantage plan covers medical claims.

Humana

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

#### You Must Enroll in Medicare to Enroll in TRS MEHP

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 ssa.gov/medicare/sign-up

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

## What Parts of Medicare Do I Need?

#### Different for Retirees and Spouses

#### 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 and Part B.

## Retirees and 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.

## MEHP

## Part B Premium

#### Ways to Pay

Either deducted automatically from a Social Security benefit check **or** billed quarterly.

#### Medicare Easy Pay

Sign up through Medicare to deduct automatically from checking account

#### **Mail Payment**

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

#### Bank

Pay directly using your bank's online bill payment service

#### **Credit Card**

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

Everyone must enroll in Part B and pay standard Part B premium. Failure to pay the Part B premium results in termination of MEHP coverage.



# 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: 502-848-8550

Effective Date

TRS USE

ONLY

Complete enrollment through Pathway Member Self Service Website at <a href="https://mss.trs.ky.gov/">https://mss.trs.ky.gov/</a>
OR by completing this form and returning to TRS.

	Reason fo	or Applica	tion		
☐ Turning 65	Qualifying Event	Ор	en Enrollment	New Retiree	:
ENROLLMENT TYPE: (for TRS MEHP only) Select one					
Retiree Only	Retin	ee & Spou	se	Spouse Only	
	RETIREE			FF	- 1
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			T.	
Spouse Name	Complete this section i		ecurity Number	Spouse Date of Bir	th
Retiree Social Security or 7	TRS Member ID # Gen	nder: M	ale 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, wis	h to waive coverage.	Signature:		Date:	
I, the <b>spouse</b> , wis	h to waive coverage.	Signature:		Date:	
effective date of your insur  TRS Health Care Eligibilit insurance through an emple for health insurance through	Medicare Advantag terminates, your TH MEHP, if you are the enrollment unless y ance may only be made d	e or Medical RS MEHP was spouse of a ou have a quaring Open I Retirees and	re Part D plan, or y rill terminate. Upon a TRS retiree, you w alifying event. For Enrollment or within	ng and eligible for he	coverage ion of the future re- s after the ring event.

state, county and state police employees; and Judicial Form Retirement System (JFRS) for judges and legislators.

MEDICARE ELIGIBLE HEALTH PLAN (MEHP) Enrollment Form | Page 1



#### 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) located on your Medicare card	Hospital Part A Effective Date			
	Medical Part B Effective Date (REQUIRED)			
(REQUIRED) When coverage is needed, will you be an employer that participates in a Kentucky state re				
Complete if SPOUSE is e	nrolling in the TRS MEHP			
Spouse Name (As shown on your Medicare Card)	Social Security Number			
Medicare Number – (REQUIRED) located on your Medicare card	Hospital Part A Effective Date (REQUIRED)			
	Medical Part B Effective Date (REQUIRED)			
(REQUIRED) When coverage is needed, will you be an employer that participates in a Kentucky state re				
an employer that participates in a reentucky state re	themene system.			
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DEMOGRAPHIC INFO  Mailing Address  City  St  PERMANENT Street Address (REQUIRED if Mailin  City  Email Address  Print Street Address (Required in Mailin City)  By signing below, I confirm I have read and understand coverage. I also certify that I am not currently eligible for in one of the Kentucky state retirement systems. I understand coverage, if I don't complete the form, I may be required coverage, if I don't complete the form, I may be required.	RMATION (REQUIRED)  ate ZIP  g Address is a P.O. Box, P.O. Box Not Allowed)  ate ZIP  imary Phone Alternative Phone  all the available materials pertaining to the TRS MEHP  r health insurance through an employer that participates  tand that if Medicare indicates I have gone 63 or more  age and I receive a form asking about prior drug			
DEMOGRAPHIC INFO  Mailing Address  City  PERMANENT Street Address (REQUIRED if Mailin  City  Email Address  Property of the Mailing Street Address (Required and Understand Coverage. I also certify that I am not currently eligible for in one of the Kentucky state retirement systems. I understand coverage, if I don't complete the form, I may be required RETIREE'S SIGNATURE	RMATION (REQUIRED)  ate ZIP  g Address is a P.O. Box, P.O. Box Not Allowed)  ate ZIP  imary Phone Alternative Phone  all the available materials pertaining to the TRS MEHP  r health insurance through an employer that participates  tand that if Medicare indicates I have gone 63 or more  age and I receive a form asking about prior drug  to pay a monthly premium penalty to TRS.			

 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.









## 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 <a href="www.ssa.gov">www.ssa.gov</a> 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

<u>Instructions are in the Turning 65 booklet</u>

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!



## Covering 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 the Turning 65 booklet for the application.
- KEHP rates are shown on the rate chart at 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.

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.			
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 premiums, if applicable.	need to pay your monthly		
	(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.)			

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



## Once coverage begins, register at your.humana.com/trsky or call 866-307-2494 to see features available

• Silver Sneakers fitness program provided at no cost.

SilverSneakers'

• Earn rewards through Go365



- Free Personal Emergency Response System from Lifeline
- One routine hearing exam every plan year and a \$500 hearing aid allowance for each ear, every 36 months through TruHearing
- Non-Emergency transportation for members diagnosed with chronic kidney disease, end stage renal disease, or cancer through SafeRide.

  SafeRide Health
- In-home wellness assessment, \$0 copay. Earn a \$50 Walmart gift card.
- Inpatient discharge program includes benefits such as home delivered meals, one-way medical trips and nonmedical personal care after hospitalization.
- One routine vision exam every plan year, through EyeMed

## MEHP

## Prescription Coverage

#### **Medicare Part D**

#### **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 is \$0 per calendar year

Copayment for up to a 90-day supply

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





## MERP Know Your Rx Coalition

## 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 Website: www.KYRx.org





## MEHP

## Personalized Medicine

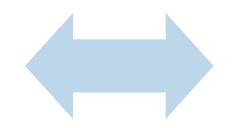


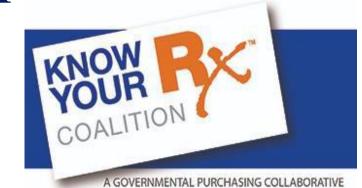
# TRS Solution: Personalized Medicine Partnership



You Your Doctor Your Pharmacist







Call 888-454-9024 or go to enroll.dnaimpact.com/trsky to request a free DNA kit.

## MEHP

## Personalized Medicine

#### **Could Your Medication or Condition Benefit From DNA Test**

20 Most Used Drugs By TRS Members			
Atorvastatin calcium	Meloxicam		
Metoprolol	Carvedilol		
Rosuvastatin calcium	Pravastatin sodium		
Omeprazole	Sertraline HCL		
Pantoprazole sodium	Escitalopram oxalate		
Metformin	Trazodone HCL		
Hydrocodone-acetaminophen	Tramadol HCL		
Simvastatin	Clopidogrel		
Tamsulosin HCL	Oxycodone		
Ondansetron	Duloxetine HCL		

<b>Top 20 Disease States</b>	For TRS Members
High blood cholesterol	Anxiety
Pain/inflammation	Alzheimer's disease
Heartburn/ulcer disease	Mental diseases
High blood press/heart disease	Skin infections
Depression	Seizures
Diabetes	Ophthalmic conditions
Urinary disorders	Glaucoma
Nausea/vomiting	Irregular heartbeat
Antiplatelets	Skin conditions
Sleep disorders	Anticoagulant

Source: Medications and disease states provided by Know Your Rx Coalition as of 2025



## TRS MEHP Overview

#### Humana

- Medicare Advantage cost-share is the same for inand out-of-network; you can see any provider who accepts Medicare and agrees to bill Humana.
- Show providers your **new** Humana ID card
- Providers will submit claims directly to Humana
- Do not pay provider anything up front; providers bill you *after* claims have been processed by Humana.

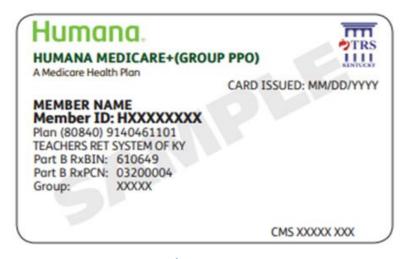


- All major chain pharmacies included in the retail pharmacy network
- Show your **new** Express Scripts ID card at the retail pharmacy.
- To avoid any possible lapse in your medication with the TRS MEHP, obtain a refill through your current plan by the last day of the month prior to your birth month.

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

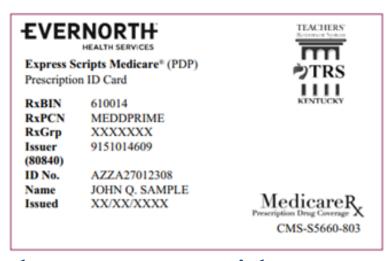
## Benefit Booklets and ID Cards

#### Present to doctor or at hospital





#### Present at retail pharmacy



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 <u>your.humana.com/trsky</u> and <u>www.express-scripts.com</u>.

## What Will MEHP Cost?







#### **Monthly Cost of the MEHP in 2026**

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

<b>X</b> 7	If Retired an	Medicare-		
Years of Service	TRS 1 (TRS Entry Date Before July 1, 2002)	TRS 2 (TRS Entry Date on or Between July 1, 2002 and June 30, 2008)	TRS 3 & TRS 4 (TRS Entry Date on or After July 1, 2008)	eligible Spouses and Children pay the monthly premium
5 - 9.99	\$150.00	\$180.00	Not Eligible	of
10 - 14.99	\$100.00	\$150.00	Not Eligible	\$200
15 - 19.99	\$50.00	\$110.00	\$110.00	and the monthly
20 - 24.99	\$0	\$70.00	\$70.00	Medicare Part
25 - 25.99	\$0	\$20.00	\$20.00	B premium
26 - 26.99	\$0	\$10.00	\$10.00	premium
27 or more	\$0	\$0	\$0	

All Medicare-eligible retirees, spouses & children pay the monthly Medicare Part B premium directly to Social Security (2025 standard premium is \$185)



## 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 Medicare and are in addition to the standard Part B premium 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



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



## Reemployed Retiree Reminders

1

Retirees and spouses working and eligible for health insurance through an employer that participates in one of the Kentucky state retirement systems are not eligible for health insurance through TRS.

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.

## Reminder

#### **Before Moving From KEHP to Medicare**







#### Health**Equity**®

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



Use or lose your rewards before KEHP coverage ends





## Good News





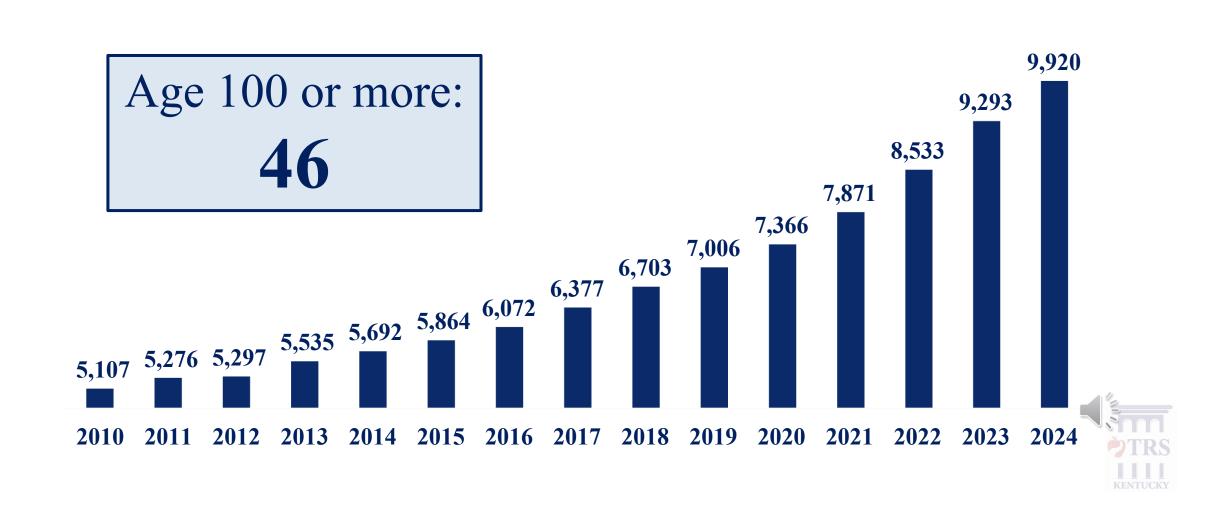






## TRS Benefits Protect Teachers

#### Retirees Over 80 as of Dec. 31



## Remember

#### Benefits, Costs Can Change

#### Can change yearly:

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

Watch TRS newsletters and website for changes and notices.

## TRS News and Information







https://trs.ky.gov









facebook.com/KyTeachersRS

https://www.youtube.com/@trskentucky





## Our Members Come First!

800-618-1687

8 a.m. – 5 p.m. ET Monday – Friday

info@trs.ky.gov
https://trs.ky.gov



Protecting & Preserving Teachers' Retirement Benefits