



BENEFITS

GETTING READY TO RETIRE

CONTINUING COVERAGE AFTER RETIREMENT

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RETIREE ELIGIBILITY

1. Must be eligible to begin drawing an annuity from a participating retirement agency.
2. Must be actively enrolled on the ARBenefits Plan the last day of their employment.

RETIREE ELIGIBILITY RETURNING TO ACTIVE EMPLOYMENT

If you are not on Medicare and return to work with the State or Public Schools you may:

- go back to the active employee plan,
- stay on the retiree plan.

If you are Medicare eligible, you must go back to the active employee plan.

You may rejoin the retiree plan once your active employment ends.

- ❖ **If you go back to work outside the State and Public Schools, and take that organization's coverage, you will not have a qualifying event to rejoin the ARBenefits plan.**

RETIREE ELIGIBILITY

NON-MEDICARE PLANS

If you are not Medicare eligible, you can choose to enroll in the **Premium, Classic or Basic Plans**. During Open Enrollment, you can choose to switch Plan levels for the following Plan year.

Complete a Retirement Election Packet no sooner than 30 days prior to your retirement date, qualifying event, or date annuity begins.

The Retirement Packet includes:

- Retirement Enrollment Form
- Authorization to Release Information
- Spousal Affidavit
- Colonial Life Insurance Summary and Deduction Authorization Form

Coverage is effective the first of the month after the date on the election form.

RETIREE ENROLLMENT

You have the option to enroll in the ARBenefits plan later if you involuntarily lose other employer health coverage.

- **30 days** from the date you lose prior coverage to submit your election packet and proof of prior coverage

RETIREE

ENROLLMENT:

DELAYED ENROLLMENT

RETIREE ENROLLMENT

ANNUITY

You may enroll in **COBRA** or take other coverage to bridge the gap until your annuity begins. When you become eligible to start drawing an annuity, you have **30 days** to submit your retirement packet to TSS EBD.

RETIREE ENROLLMENT ADDING DEPENDENTS

You have **30 days** from the **qualifying event date** to submit an election form and supporting documentation.

- **Marriage:** Marriage license
- **Birth/Adoption:** Birth certificates, adoption paperwork
- **Loss of coverage:** Proof of credible coverage

RETIREE ENROLLMENT MONTHLY PREMIUM

The first month's premium must be deducted from your annuity

After this, you may choose to have your premium deducted from your annuity or bank account

- Must complete a **Bank Draft Authorization Form** should you choose to use your bank account.

MEDICARE ELIGIBILITY

MEDICARE PRIMARY PLAN

Once Medicare eligible, you or your covered spouse will **automatically be switched to the Medicare Primary Plan**. Medicare will become the primary insurer for the affected member.

Covered individuals who are not Medicare eligible, will still have **ARBenefits as their primary insurer at the Premium Plan level**.

MEDICARE ELIGIBILITY MEDICARE ELIGIBLE SPOUSES

You have the **option to drop coverage on your spouse to stay on the Non-Medicare Retiree plan.**

- If you want to drop your spouse, you will need to submit the [Election Form](#) no later than 60 days prior to the date your spouse becomes Medicare eligible.
 - If your spouse is dropped from coverage, they will not be able to rejoin the plan.

MEDICARE ENROLLMENT

Submit a copy of your or covered spouses Medicare card showing Parts A and B Coverage.

State (ASE) retirees who are Medicare eligible **can maintain pharmacy coverage with ARBenefits** or have the option to **pick up Part D coverage**.

Public School (PSE) retirees who are Medicare eligible do not have pharmacy coverage through ARBenefits and **must select a Medicare Part D plan**.

If you become eligible for Medicare due to disability or end-stage renal disease (ESRD), you must notify TSS EBD by providing a copy of their Medicare card.



MEDICARE COVERAGE

If Medicare does not cover a service that ARBenefits does cover for active employees, you will be **covered at the same level as an employee on the Premium plan.**

You would be responsible for any deductible and coinsurance depending on the services performed.

You **must use the Health Advantage provider network** for in-network benefits.

If ARBenefits does not cover a Medicare covered service, you will be responsible for the **20% while Medicare pays the other 80%**

RETIREE VOLUNTARY PRODUCTS RETIREE DENTAL AND VISION PLANS

- ARSEBA offers a Dental and a Dental + Vision plan for retirees who reside in Arkansas.
- Coverage is post-tax and billed through bank draft.
- Find out more information and enroll at www.mysmilecoverage.com/SOAR. Speak with an agent at 1-844-788-7627.

RETIREE VOLUNTARY PRODUCTS

RETIREE LIFE INSURANCE

Coverage is continued through Colonial Life

- Will drop 50% at retirement, and another 50% when you turn 75.

If you want to continue life coverage:

- Complete the Retirement Deduction Authorization Form included in the ARBenefits Retirement Election Packet **within 31 days** of your retirement date.

QUESTIONS?

Phone: 1-877-815-1017 (press 1, then 2)

Email: AskEBD@dfa.arkansas.gov

Walk-in: 1509 W. 7th St. Ste. 300

Little Rock, AR 72201

Monday – Friday: 8:00 a.m. to 4:30 p.m.