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# BENEFITS

**GETTING READY TO RETIRE**

CONTINUING COVERAGE AFTER RETIREMENT

# TABLE OF CONTENTS

Eligibility	3
Enrollment	6
Medicare	11
Voluntary Products	16
Rehired Retirees	18
Contact Information	19

# RETIREE ELIGIBILITY

1. Must be eligible to begin drawing an annuity from a participating retirement agency (APERS, ATRS, Highway Dept, VALIC/TIFF)
2. Must be actively enrolled on the ARBenefits Plan the last day of their employment.
3. Retirees can bring dependents on their active plan onto their retirement plan assuming the spouse is not actively with employer group health insurance available through their employer.

# RETIREMENT ELIGIBILITY

## **PARTICIPATING RETIREMENT AGENCIES**

**APERS (ARKANSAS STATE EMPLOYEES): CITY AND COUNTY MUNICIPALITIES WHO ARE NOT ELIGIBLE UNDER OUR PLAN.**

**ARTRS (TEACHER RETIREMENT): ONLY PUBLIC-SCHOOL EMPLOYEES ARE ELIGIBLE UNDER THE PLAN. DOES NOT COVER UAMS AND LARGER COLLEGES.**

**VALIC/TIFF/CREFF: MEMBERS UNDER THIS ALTERNATE PLAN MUST HAVE PREMIUMS BANK DRAFTED AND A LETTER FROM THEIR RETIREMENT AGENCY WHICH STATES THE MEMBER IS MAKING MONTHLY WITHDRAWALS ON THEIR RETIREMENT FUNDS.**

# RETIREE ELIGIBILITY

## NON-MEDICARE PLANS

If you are not Medicare eligible, you can choose to enroll in the Premium, Classic, or Basic Plans. You can elect to change plan levels during Open Enrollment.

# RETIREE ENROLLMENT

Complete a Retirement Election Packet for either State Employees or Public-School Employees no sooner than *30* days prior to your retirement date, qualifying event, or date annuity begins.

Inside the Retirement Packet you will find:

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

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

*\*\*Example: If election form is dated 4/16, coverage begins 5/1\*\**

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

You have **30 days** from the date you lose prior coverage to submit your election packet and Certificate of Credible Coverage (COCC).

There can also be **NO GAPS** in coverage to be eligible to reenroll.

# RETIREE ENROLLMENT

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## DELAYED ENROLLMENT

# RETIREE ENROLLMENT

## ANNUITY

You may enroll in **COBRA or take other group 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 and form and supporting documentation.

**Marriage:** Marriage license and Spousal Affidavit

**Birth/Adoption:** Birth certificate, adoption paperwork

**Loss of other group coverage:** Certificate of Credible Coverage (COCC) letter

# RETIREE ENROLLMENT MONTHLY PREMIUM

The first month's premium *MUST* be deducted from a check.

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

If you choose this OR if your annuity is not enough to cover the entire premium, then fill out the [Bank Draft Authorization Form](#). Please provide a voided check.

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# MEDICARE ELIGIBILITY

## MEDICARE PLANS

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Once Medicare eligible, you and/or your covered spouse can choose between the Health Advantage Medicare Primary Plan or the ARBenefits Group Medicare Advantage Plan (MAPD).

\*\*\*Medicare eligible spouse **MUST** follow the Medicare eligible subscriber's selection of plans.\*\*\*

# MEDICARE ELIGIBILITY

## PRIMARY (Health Advantage)

- Pays hospital deductible
- Pays copayment per day in hospital up to 150 days
- Pays copayment per day up to 100 days in Skilled Nursing Facility
- Pays Part B deductible
- Pays 20% of Medicare-approved amount for physician

## MAPD (United Healthcare)

- \$0 copay for many services
- Unlimited days for inpatient hospital stay
- Ability to see any provider if they accept Medicare
- Access to in-home visits to review your health history and perform health screenings
- Free gym memberships
- Additional programs not covered by Medicare
- Vision, Dental & Prescription drug coverage

# 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, then fill out the [Election Form](#) at least 60 days prior to the date your spouse becomes Medicare eligible.

You will also be sent a letter 90 days prior to the month you are Medicare eligible to make your plan selection.

**\*\*If your spouse is dropped from coverage, they will NOT be able to rejoin the plan.\*\***

# MEDICARE ENROLLMENT

Submit a copy of you or your covered spouse's Medicare card(s) showing enrollment in Parts A & B.

State Employee (ASE) retirees who are Medicare eligible will maintain pharmacy coverage with ARBenefits and do **NOT** need to enroll in Part D coverage.

Public School (PSE) retirees who are Medicare eligible must enroll in Part D coverage if enrolling on ARBenefits Medicare Primary Plan. *You do NOT need Part D if enrolled on the MAPD Group 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 your 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.

For the MAPD plan, you may use anyone who accepts Medicare (In-Network or Out-of-Network).

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

# RETIREE VOLUNTARY PRODUCTS

RETIREE DENTAL & VISION  
PLANS

- ARSEBA offers Dental and a Dental + Vision plan for retirees who live in Arkansas
- Coverage is post-tax and billed through bank draft
- For more information and to enroll visit  
[www.mysmilecoverage.com/SOAR](http://www.mysmilecoverage.com/SOAR)  
or call 1-844-788-7627



# RETIREE VOLUNTARY PRODUCTS

## RETIREE LIFE INSURANCE

- Coverage is continued through Colonial Life
  - ✓ Upon retirement, coverage is reduced by 50% of the active employee coverage. At 75, the coverage is reduced by an ADDITIONAL 50%
- If you want to continue life coverage complete the *Colonial Life Enrollment Form*

# REHIRED RETIREES

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** return to the active employee plan, this is related to FICA taxes and is required by the federal government.

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.\*\*\*



# QUESTIONS?

PHONE: 1-877-815-1017

UNITED HEALTHCARE: 1-844-488-3953

HEALTH ADVANTAGE: 501-378-2364

EMAIL: [Ask.EBD@arkansas.gov](mailto:Ask.EBD@arkansas.gov)

WALK-IN: 501 WOODLANE ST, SUITE 500  
LITTLE ROCK, AR 72201

OFFICE HOURS: MONDAY – FRIDAY: 8:00AM - 4:30PM