

Supplement to City Directive 2.20 – Retiree and Line of Duty Death or Disability Health Dental and Vision Benefits

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GUIDE TO PROCESSING RETIREE AND LINE OF DUTY BENEFITS

The purpose of this guide is to provide procedural information regarding how retiree and line of duty death and disability benefits are administered.

- A. Eligible employees must notify the Department of Human Resources, in writing, that they intend to continue coverage under the City's group medical, dental, and/or vision plans. In order to ensure continuous coverage, the Department of Human Resources must receive this notification no later than the employee's effective date of retirement.
- B. Employees who were enrolled in the City's medical, dental, and/or vision plan and were eligible for retiree coverage at the time of retirement, but chose to waive retiree coverage or dropped coverage after retirement, can return to the City's group medical, dental, and/or vision plans by providing proof of continuous coverage. The proof of continuous coverage must be from the date their City coverage ended to the date of the request to return to the City's coverage. The retiree must not be eligible for Medicare at the time of the request and the application must be received during the City's open enrollment period or within 30 days of the retiree's loss of coverage.
- C. The amount the City pays for the eligible retiree with 20 or more years of City service credited into VRS, will be the same amount as paid for an active employee enrolled in the City's group medical, and dental plans. Retirees with at least 15, but less than 20, years of City service credited to the VRS, will pay the entire premium for coverage with no administrative fee. The City does not contribute towards vision coverage.
- D. The retiree will be responsible for paying the cost of the plan and tier of coverage selected one month in advance of coverage. All retirees with 20 or more years of service who elect medical, dental and/or vision insurance coverage from the City must enroll in the VRS automatic payroll deduction. Retirees with less than 20 years of service, or retirees with 20 or more years of service whose VRS pension check is insufficient to cover the medical, dental and/or vision premium, must enroll in automatic draft deductions from the retiree's financial institution through the City's Finance Department.
- E. These benefits will cease for the retiree when they become eligible for Medicare. The retiree is responsible for notifying the City's Finance Department when they become eligible for Medicare.

- F. These benefits will cease for the retiree's spouse when the spouse becomes eligible for Medicare and for the retiree's dependents when the dependents become eligible for Medicare, Medicaid, or no longer qualify as a dependent under the City's group medical, dental, and/or vision plans. The retiree's spouse and/or dependent is responsible for notifying the City's Finance Department when they become eligible for Medicare, Medicaid, or no longer qualify as a dependent.

- G. When the retiree's coverage ceases for reason of death, a covered spouse and/or dependents can continue coverage under the City's group medical, dental, and/or vision plans through COBRA continuation coverage for a period of up to 36 months.

- H. When the retiree becomes ineligible due to becoming Medicare eligible, a covered spouse and/or dependents can continue coverage under the City's group medical, dental, and/or vision plans; however, the spouse or eligible dependents must pay the unsubsidized cost of the premium for the selected plans with no administrative fee.