

**Group Insurance
Program**



**Continuing
Insurance at
Retirement**

Floyd County Government Employees (Non-Merit)

August 2018

If you need help...

For additional information about a specific benefit or program, refer to the chart below.

BENEFITS	CONTACT	PHONE	WEBSITE/E-Mail
General Benefit Questions	Arnie Schnobrich, FC HR Director	812.941.3239 Office 812.572.6827	aschnobrich@floydcounty.in.gov
Auditor's Office/Payroll	Serena Liebert, 2d Deputy, Payroll	812.981.4696	sliebert@floydcounty.in.gov
Health Insurance	Humana	866.427.7478 — 24/7	www.humana.com
Dental Insurance	Humana	1-800-233-4013	www.humana.com
Vision Insurance	EyeMed via Humana Vision	877.398.2682 M-Sat 0730-2300 EST	www.humana.com or www.eyemed.com
Humana Group Medicare PPO	Humana/local Rep - Zane Harris	Zane - 812-989-1448 Humana 1-866-396-8810	zharris@humana.com www.humana.com

Forms and handbooks...

Enrollment forms and plan documents referenced in this guide are available on the Employee Portal under the Retiree Information tab.

INTRODUCTION

Overview

The Health plan options available to you at retirement are outlined in this guide. The first section explains eligibility and enrollment requirements and includes two subsections. The health plan offered to qualified retirees is governed by Floyd County Ordinances, Indiana State Code, and the Floyd County Personnel Policies Handbook. This booklet is for those retiring from Floyd County Government that are considered General Public Employees per state code. A separate booklet is published separately for those that are considered Public Safety Officials, i.e. Sheriff Merit Officers.

For Additional Information

Your main point of contact for retiree health plan related benefits is the County Human Resources Department. The main point of contact for payments to the plan is the Auditor's office.

Human Resources Contact: Arnold Schnobrich, 812-941-3239 or aschnobrich@floydcounty.in.gov

Auditors Office Contact: Serena Liebert, Payroll, 812-981-4696 or sliebert@floydcounty.in.gov.

Authority

Benefits and premiums for local government members are set by the County Commissioners. The committee is authorized to:

- add, change or end any coverage offered through the state group insurance program
- change or discontinue benefits
- set premiums
- establish or changes rules for eligibility

ELIGIBILITY AND ENROLLMENT

Continuing Coverage at Retirement

If you are enrolled in health insurance and meet the service requirements, you may continue coverage with Floyd County at retirement until you become eligible for Medicare (Age 65). Covered Spouses can also continue coverage until they become eligible for Medicare or no longer qualify as eligible dependents.

If you are eligible for Medicare, you may be eligible for the Medicare Employer PPO Plan offered via the County from Humana. To learn more about enrollment into this type of plan please contact Zane Harris, Humana Medicare specialist at 812-989-1448 or zharris@humana.com

To continue insurance benefits with partial premium paid by the County, as a retiree you must continue to participate in the Floyd County government plan. Floyd County does not pay toward any other health plan or supplement plans.

The same stipulations apply to those on the retiree plan as current active plan participants as it pertains to allowing a spouse to be on the plan. If a spouse is currently covered by their employer or are on Medicare, they would not be authorized to remain or have entrance on the County Health Plan.

Retirees who are Medicare eligible are no longer eligible for the Floyd County health plan, however they could use the Employer Group Medicare PPO option which is a plan purchased at an employer discount directly from Humana.

You may also be eligible to remain in or enroll in dental and vision coverage. This guide explains your options and the rules for each type of coverage for you and dependents should they otherwise not qualify.

Floyd County per Resolution and per the Employee Handbook, the County will pay toward the Premium for a Retiree the amount for an Employee Only Coverage.

Regardless if a former employee is enrolled in the Plan as a former employee that is retired, or a Spouse that is covered if a retiree is deceased or is eligible for Medicare, the Premium is the amount of Employee plus Spouse coverage is paid at the Employee plus Spouse Coverage rate.

Service Requirements

Your initial date of hire in any PERF related position in the State/Local or municipal government must give you at least 10 years of creditable service with in PERF covered positions to continue insurance coverage.

The eligibility guidelines are:

- Attained the age of fifty-five (55) years on or before his/her retirement date but who will not be eligible on that date for Medicare coverage as prescribed by 42 U.S.C. 1395, et seq.; **and**
- Completed at least twenty (20) years of creditable (PERF eligible) employment with a public employer on or before the employee's retirement date, ten (10) years of which must have been completed immediately preceding such retirement date; **and**
- Completed at least fifteen (15) years of participation in the retirement plan or plans sponsored or recognized by Floyd County, on or before the employee's retirement date,

Application to Continue Group Health Coverage

You must submit an application to continue coverage at retirement to the County no later than 90-days past your effective date of retirement as determined by PERF. It is highly encouraged that those retiring apply for coverage prior to retirement so there is no loss of coverage or coverage is terminated due to lack of premium payments to the County.

Effective Date of Retiree Group Health Coverage

Retiree coverage is effective on the first day of the month which corresponds to your PERF retirement date.

Individuals Eligible for Medicare

Per State Code IC 5-10-8-2.6, Floyd County Ordinance, and the Floyd County Personnel Policies Handbook, an employee upon retirement that is Medicare Eligible (Age 65) may not continue health coverage on the County's Plan. Likewise, if during retirement a retiree reaches Medicare Eligibility, a Retiree will be disenrolled upon reaching Medicare Eligibility. A retiree that reaches Medicare Eligibility and has a spouse enrolled on the County Plan, the retiree may continue coverage of the spouse if a retired employee's spouse pays the amount the retired employee would have been required to pay for coverage selected by the spouse.

In order to keep a spouse on the Floyd County Retiree Plan once the retiree turns 65 and becomes Medicare eligible, the retiree would be required to pay for Employee+Spouse Coverage as a Spouse cannot be on the plan as a sole subscriber. Floyd County would not pay the supplement for this coverage as there would not be an active or retiree member on the plan.

Dental Coverage

Continuation of dental insurance is NOT automatic at retirement. An Employee that is retiring must elect to continue coverage for Dental and agree to pay the full premium cost of the coverage based on the election made.

Vision Coverage

Continuation of vision insurance is NOT automatic at retirement. An Employee that is retiring must elect to continue coverage for Vision and agree to pay the full premium cost of the coverage based on the election made.

GENERAL INFORMATION FOR ALL MEMBERS

Dependent Coverage

Coverage of Dependents is governed by Indiana State Code (IC 5-10-8-2.6) and is not allowed to be set by the County.

For Local Unit Public Employees (Non-Public Safety): A retiree may cover a spouse only on the health plan upon becoming a PERF eligible Retiree.

Dependent Eligibility

The following dependents are eligible for coverage:

- Your spouse (legally married)

Individuals Not Eligible for Coverage as a Dependent on the Retiree plan option

- Ex-spouse (even if court ordered)
- Live-in companions who are not legally married to the employee

Adding New Dependents (Spouse Only)

To add a new or existing Spouse to your coverage, submit a retiree insurance change application within 30 days of the date the Spouse is acquired. The acquire date is the date marriage or if a Spouse loses coverage from another employer plan. To add a Spouse more than 30 days after the acquire date, the following rules apply based on the type of coverage you currently have. The 30-day requirement is set by the health plan provider, Humana, and is not subject to discretion by Floyd County.

Updating Personal Information

You must update personal information, such as home address, by calling or sending correspondence to Human Resources or the Office of the Auditor Attention: Payroll. You must also confirm authorization of the change before our office can update your information. It is your responsibility to keep your address and phone number current with the County. PERF retirees must submit a separate request directly to PERF.

Annual Enrollment Period

During the fall of each year, you can make changes in your health, vision or dental coverage. Information will be mailed to your address of record with the County that you have ensured is correct as listed above prior to the enrollment period. The options you choose during the enrollment period will take effect on the following January 1st. Coverage will remain in effect through December 31st of the plan year.

Canceling Health Coverage

As a retiree you may cancel your coverage with the County at any time. All Insurance such as Medical, Dental or Vision ends on the last date of the month of cancellation.

If You Do Not Apply When First Eligible

If you do not apply to continue health coverage within the 90-day period as defined by the State (IC5-10-8-2.6), there is no reentry onto the County Plan.

Reinstatement Following Voluntary Cancellation

If you cancel coverage and change your mind, coverage cannot be reinstated with the County Plan

Disability Participants

If you experience an injury or illness which results in disability prior to an actual retirement date, your initial date of employment with the local government agency you are retiring from was prior to July 1, 2015, and you and have at least five years of creditable service, you may be able to continue health coverage as a disability retiree. There can be no lapse in coverage. The date retirement benefits start (retirement date) must be on or before the date your active coverage ceased. If you are eligible for a service retirement, you must prove that total disability existed at the time of retirement. Proof of total disability must be shown by submitting an award letter from the Social Security Administration or approval by PERF based on review of medical records. The required proof must show total disability existed on or before the date your active coverage ended.

If the effective date of your disability retirement is determined to be after the date that your active coverage ended, you are not eligible for reinstatement of health coverage. Disability Retirement and continuation on the Floyd County Medical plan will be In Accordance With IC 5-10-8-2.6.

If eligible for Medicare, you cannot continue coverage under the local group health government plan even with a disability retirement.

Coverage for Dependents in the Event of Your Death

Survivor insurance is a continuation of insurance that allows for a covered spouse only to apply to continue enrollment in the event of your death. There is no provision to allow enrollment of your non-covered dependents after your death. A covered spouse may be eligible to remain on the Floyd County Health Plan until one of the following:

The surviving spouse's eligibility ends on the earliest of the following:

- (1) When the spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.
- (2) When the employer terminates the health insurance program.
- (3) Two (2) years after the date of the employee's death.
- (4) The date of the spouse's remarriage.

Dental and Vision Coverage

Your surviving spouse may apply to continue coverage after your death as long as they still meet the eligibility rules as listed above. Application must be made within 30 days of the end of coverage under your enrollment or within 30 days of the notice of the termination of coverage, whichever is later.

Premium Payment

PERF Retiree

Premiums may be deducted and paid to Floyd County from your monthly PERF pension benefit. It is up to the Retiring Employee to make these coordinated efforts with PERF. If a deduction is not coordinated with PERF by the retiree, the premium benefits will be billed directly and expected to be paid by the retiree No Later Than the end of the month prior to the month of coverage expected by the retiree to Floyd County.

Non-payment of Premiums

Coverage will be canceled retroactively to the last month paid if premiums are not paid in full within 30 days of the due date. If your coverage is canceled due to failure to pay premiums on time, re-entry onto the plan is not authorized.

Floyd County Commissioners may grant up to a one-time 30-day grace period before benefits are discontinued. This request must be initiated by the Retiree and the County will not take action to remind retirees that premium payments are due.

Premiums for Surviving Dependents

Premiums may be submitted via a deduction from any continuing PERF retirement benefits if coordinated by and by the Retiree or Surviving Spouse. Otherwise, individuals will be billed directly. Dependents acquired by the survivor(s) after your death are not eligible for coverage under the Floyd County Plan.

Premiums for Retirees

Per Floyd County Resolution 1988-1, Floyd County Ordinance 1995-7, and the Floyd County Personnel Policy Handbook, Floyd County shall pay toward such retired employee's group health insurance premium a sum equal to the amount which Floyd County shall pay, from time to time, toward the single member group health insurance premium for active employees (**Employee Only Coverage Rate**). Please check with Human Resources in advance of a planned retirement to discuss your options and what the cost of coverage will be. A signed Retiree Application for benefits must be on file in order to have benefit continuation as an early retiree (term for those under the age of 65 and Medicare eligible).

OTHER INFORMATION

Fraud, Waste and Abuse

Making a false statement on an enrollment or claim form is a serious matter. Only those persons defined by the group insurance program as eligible may be covered. Eligibility requirements for retirees and dependents are covered in detail in this guide.

If your covered dependent becomes ineligible, you must inform Benefits Administration and submit an application within one full calendar month of the loss of eligibility. Once a dependent becomes ineligible for coverage, he or she cannot be covered on a Retiree Plan even if you are under court order to continue to provide coverage. Floyd County is not obligated to cover any dependents outside of a current spouse.

If there is any kind of error in your coverage or an error affecting the amount of your premium, you must notify Floyd County Human Resources of Floyd County Payroll. Any refunds of premiums are limited to three months from the date a notice is received by Human Resources or Payroll. Claims paid in error for any reason will be recovered from you. Financial losses due to fraud, waste or abuse have a direct effect on you as a plan member. When claims are paid or benefits are provided to a person who is not eligible for coverage, this reflects in the premiums you pay for the cost of your healthcare. It is estimated that between 3-14 percent of all paid claims each year are the result of provider or member fraud. You can help prevent fraud and abuse by working with your plan administrator to fight those individuals who engage in fraudulent activities.

How You Can Help

- Pay close attention to the explanation of benefits (EOB) forms sent to you when a claim is filed under your contract and always call the carrier to question any charge that you do not understand
- Report anyone who permits a relative or friend to "borrow" his or her insurance identification card
- Report anyone who makes false statements on their insurance enrollment applications
- Report anyone who makes false claims or alters amounts charged on claim forms
- Please contact Benefits Administration to report fraud, waste or abuse of the plan. All calls are strictly confidential.

To File an Appeal

If you experience a problem relating to the plan policies or the services provided, there are established internal and external procedures to help you resolve your complaint. These procedures do not apply to any complaint or grievance alleging possible professional liability, commonly known as malpractice, or for any complaint or grievance concerning benefits provided by any other plan.

You should direct any specific questions regarding initial levels of appeal (the internal appeal process) to the insurance carrier, Humana.

Administrative Appeals to the County

To file an appeal about an Application administrative process or premium payment related areas, you may submit your request for review in writing to Human Resources, Floyd County.

Benefit Appeals

Before starting an appeal related to benefits (e.g., a prior-authorization denial or an unpaid claim), you should first contact the insurance company, Humana, to discuss the issue. You may ask for an appeal if the issue is not resolved to your satisfaction. As Floyd County is not Self-Insured, the Retiree must communicate directly with Humana.

Different insurance companies manage approvals and payments related to your medical, behavioral health, substance abuse and pharmacy benefits. To avoid delays in the processing of your appeal, make sure that you direct your request to the correct company, i.e. Humana. You have insurance cards for medical and pharmacy. You can find member service numbers for medical and behavioral health and substance abuse on your medical card. Your pharmacy card will have the member service number for pharmacy.

Appealing to the Insurance Company

To start an appeal (sometimes called a grievance), call the toll-free member service number on your insurance card or on the Humana Website. You may file a formal request for an appeal or member grievance by completing a form or as otherwise instructed only through Humana.

Humana will process internal levels of appeals. Floyd County cannot and will not be an intermediary of Appeals or Grievances with Humana due to Floyd County not being in a Self-Insured situation with Humana.

Pursuing Further Action

In cases where internal and external appeal procedures have been completed, decision letters will notify you of the option to pursue further action through litigation.

LEGAL NOTICES

Anti-Discrimination and Civil Rights Compliance

Floyd County nor Humana does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

If you think you have been treated in a different way for these reasons, please mail this information to Humana Insurance.

Your name, address and phone number. You must sign your name. (If you write for someone else, include your name, address, phone number and how you are related to that person, for instance wife, lawyer or friend.)

The Notice of Privacy Practice

Your health record contains personal information about you and your health. This information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). The Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), including Privacy and Security Rules. The notice also describes your rights regarding how you may gain access to and control your PHI.

Plan Document

The information contained in this guide provides a detailed overview of the benefits available to you through the Floyd County Government. More information is contained within the formal plan documents. If there is any discrepancy between the information in this guide and the formal plan documents, the plan documents to include the documents provided by Humana will govern in all cases. You can find a copy on the Floyd County Employee Portal or by contacting HR at 812-941-3239.

TERMS AND DEFINITIONS

Acquire Date

The acquire date is the date that establishes a relationship between you and your spouse. Some examples are date of marriage for a spouse or spouse loss of coverage.

Balance Billing

If you get treated by out-of-network providers, you can be subject to balance billing by the out-of-network provider. This is the process of billing a patient for the difference between the provider's charges and the amount that the provider will be reimbursed from the patient's insurance plan. For example, let's say that a doctor typically charges \$100 for a certain service. An in-network doctor has agreed to provide the same service for a reduced rate of \$75 and he or she writes off the rest of the charge. An out-of-network provider has not agreed to any reduced rates as he or she does not have a contract with the carrier and will bill the entire charge of \$100. However, the insurance carrier will not reimburse more than \$75 for the service which means that you may owe the out-of-network provider the additional \$25.

Claims

Claims are the bills received by the plan after a member obtains medical services.

Coinsurance

Coinsurance is the percentage of a dollar amount that you pay for certain services. Unlike a fixed copay, coinsurance varies, depending on the total charge for a service.

Copay

A copay is a flat dollar amount that you pay for certain services like office visits and prescriptions.

Creditable Service

You earn creditable service when an agency that participates in the state group health plan contributes to your pension with PERF for your service with the state of Indiana or a participating local education or local government agency.

Date of Retirement

For PERF participants, your date of retirement is the effective date of your retirement pension, normally the first day of the month following separation from employment with Floyd County Government.

Deductible

A fixed dollar amount you must pay each year before the plan pays for services that require coinsurance.

Drug List

The drug list is a list of covered drugs. The listing includes generic and preferred brand drugs covered by the plan. This list is often called a formulary.

Drug Tiers

The drugs covered by the state's pharmacy benefit are grouped into three tiers — generic, preferred brand and non-preferred brand. Each tier has a different payment amount.

Due to Age (Medicare Eligibility)

Due to age refers to the first of the month that a member turns age 65. If your birthday falls on the first day of the month, then you will be considered eligible due to age on the first of the prior month. You may also become Medicare eligible prior to age 65 due to disability. Enrollment into Part A is highly encouraged at least 3-months prior to your 65th birthday as a minimum, however retirees must come off the County plan at age 65.

Fully Insured Plan

Under a fully insured plan, an insurance company, rather than a group sponsor (like the state) pays all claims. The sponsor pays a premium to the insurance company. The County's Medical, Dental and Vision plans are fully insured. Floyd County is in a Fully Insured Plan arrangement.

Generic Drug (Tier One)

A generic drug (also called tier one) is a Food and Drug Administration (FDA) approved copy of a brand name drug. A generic medicine is equal to the brand name product in safety, effectiveness, quality and performance. You pay the least when you fill a prescription with a generic drug.

Group Health Plan

Group health plan refers to the healthcare options offered by Floyd County as a group insurance program. It does not include the Medicare supplement plan. The Employer Group Medicare Plan Supplement is offered via Floyd County, but is not paid in any part by or on behalf of Floyd County on behalf of Retirees.

Guarantee Issue

Guarantee issue means that you cannot be denied coverage and do not have to answer questions about your health history as long as you enroll within a certain amount of time or are currently enrolled with Floyd County upon the time of your retirement.

Head of Contract

The head of contract is the retiree who worked for a participating employer group i.e. Floyd County, and enrolled in coverage. Two married retirees who both worked for participating employer groups i.e. Floyd County, could each be the head of their own contract or one could be the head of contract and the other a covered dependent spouse. A surviving spouse who continues coverage based on the eligibility through a deceased retiree also becomes a head of contract on the new enrollment. This remains in effect until the requirements to maintain eligibility remains intact and in compliance with the Plan.

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) is legislation that protects health insurance coverage for persons who lose or change jobs and establishes a privacy rule and national standards for protecting personal health information. HIPAA means your personal health information cannot be shared without your consent and protects your privacy.

In-Network Care

In-network care is provided by a network provider. Costs for in-network care are usually less expensive than out-of-network care as a result of special agreements between insurance carriers and providers. For In or Out of Network providers, Retirees on the Floyd County Plan in a Retiree Status must verify Providers with Humana. Floyd County will not maintain responsibility for any In or Out of Network disputes.

Maximum Allowable Charge (MAC)

The maximum allowable charge (MAC) is the most that a plan will pay for a service from an in-network provider. If you go to an out-of-network provider who charges more than the MAC, you will pay the difference between the MAC and the actual charge.

Meeting Your Deductible

Meeting your deductible means you have reached your annual deductible. This is the amount you pay each year before the plan pays for services that require coinsurance. A Retiree on the Floyd County Plan via Humana is responsible for any verification and meeting of Deductibles.

Network

A network is a group of doctors, hospitals and other healthcare providers contracted with a health insurance carrier to provide services to plan members for set fees. Humana has a large range of In-Network Providers and it is the responsibility of the Retiree to ensure that In-Network Providers are considered when making healthcare provisions for theirs or their spouses' coverage.

Non-Preferred Brand Drug (Tier Three)

A non-preferred brand drug (also called tier three) belongs to the most expensive group of drugs. You will pay the most if your prescription is filled with a non-preferred brand.

Out-of-Network Care

Out-of-network care refers to healthcare services from a provider who is not contracted with your insurance carrier. Costs for out-of-network care are usually more than for in-network care. The benefits paid are usually based on the maximum allowed by the plan. When out-of-network charges are higher than the maximum allowed, the member pays the difference. It is the responsibility of each Retiree on the Floyd County Plan to be aware of and responsible for any charges that are considered as Out-Of-Network.

Out-of-Pocket Maximum

An out-of-pocket maximum is the most you will pay for services in any given year. The out-of-pocket maximum does not include premiums. Once you reach your out-of-pocket maximum, the plan pays 100 percent of your eligible expenses for the rest of the year. There are separate maximums for in-network and out-of-network services. A separate out-of-pocket maximum applies to in-network pharmacy in the standard and partnership options.

Preferred Brand Drug (Tier Two)

A preferred brand drug (also called tier two) belongs to a group of drugs that cost more than generics but less than non-preferred brands. It is the responsibility of each Retiree and any Covered Spouse on the Floyd County Retiree plan to be aware of any Drug Tier coverage.

Preferred Provider Organization (PPO)

A PPO gives plan participants direct access to a network of doctors and facilities that charge pre-negotiated (and typically discounted) fees for the services they provide to members. Plan participants may self-refer to any doctor or specialist in the network. The benefit level covered through the plan typically depends on whether the member visits an in-network or out-of-network provider when seeking care.

Premium

The amount you pay each month for your coverage to Floyd County to remain on the Group Health Plan provided by Humana, regardless of whether or not you receive health services. What you pay depends on your status at the date of recognized retirement with Floyd County. As per the governing documents on file with Floyd County, the County will pay towards the premium as they would for Employee Coverage for an Employee Only Health Plan of an active Employee.

Preventive Care

Preventive care refers to services or tests that help identify health risks. For example, preventive care includes screening mammograms and colonoscopies as well as regular blood pressure checks. In many cases, preventive care helps a patient avoid a serious or even life-threatening disease.

Primary Care Physician

Primary care physician (also known as PCP) refers to your regular medical doctor. This is the doctor you see most often for normal medical care. A PCP can be a general practitioner, a doctor who practices family medicine, internal medicine, pediatrics or an OB/GYN. Nurse practitioners, physician's assistants and nurse midwives (licensed healthcare facility only) may also be considered primary type providers when working under the supervision of a primary care provider.

Self-Insured Plan

Floyd County is not in a Self-Insured agreement or situation. Floyd County is in a Fully-Insured Agreement with Humana.

Special Enrollment Provision

A rule that allows persons to request enrollment beyond the initial eligibility period due to certain life events. In the case of a Retiree from Floyd County, a Special or Life-Event would pertain to a Retiree removing themselves from the Floyd County Plan, or adding a qualified Spouse to the Floyd County Retiree Plan.

Special Qualifying Event

A personal change in status, such as divorce or termination of spouse or ex-spouse's employment, which may allow persons to change benefit elections.

The Plan

In the broadest sense of the word, plan is the applicable Floyd County Comprehensive Medical and Hospitalization Program. Plan may also refer to specific group plans within the larger comprehensive plan, such as the state plan, the local education plan or the local government plan. This plan does not include any Voluntary Work-Place Benefits such as Life Insurance, cancer, critical illness, etc. Retiree Health Plans are not compatible with Active Employee Plan Coverages.

Q&A

Is my spouse eligible for Humana Employer Group Medicare Coverage from the County?

If you are enrolled in Employer Group Medicare PPO with Humana, you may apply to Humana to also cover your Medicare-enrolled spouse. If you do not apply within 30 days of initial eligibility, your spouse must apply as a late applicant and will be subject to approval.

If I do not continue group health coverage when I retire because I will have coverage through my spouse, can I apply for coverage later?

No, per State Code, Retirees must apply to remain on the County's Health Plan no later than 90-days following the first day of retirement. There is no re-entry onto the plan past that date.

Can I change my health insurance option or carrier when I continue coverage at retirement?

You must continue with the same health insurance option you were enrolled in immediately prior to retirement. At this time Floyd County only has one medical plan option.

Who do I make payments to for my retiree coverage premiums:

Payment of premiums are to be sent or delivered to:

**Office of the Auditor
Attention: Accounts Receivable
311 Hauss Square
New Albany, IN 47150**

Checks are to be made out to: Floyd County Treasurer



**FLOYD COUNTY GOVERNMENT GROUP INSURANCE PROGRAM
APPLICATION TO CONTINUE INSURANCE AT RETIREMENT**

County of Floyd • Human Resources • 2425 Corydon Pike, Suite 203, New Albany, In 47150
• Human Resources Phone 812-941-3239 (Ext 138) • Fax 812-948-4744

You must apply to continue coverage at retirement within 90-days of retirement date. See page 3 for detailed instructions on each part of this form. It is highly recommended this be completed as close as possible to the actual retirement date once know.

PART 1: ACTION REQUESTED					
TYPE OF ACTION Add Coverage Update Personal Info	REASON FOR ACTION	PARTICIPANTS AFFECTED Retiree Spouse	COVERAGE AFFECTED Health Dental Vision	AGENCY RETIRED FROM Floyd County Government	
	____ New Retiree ____ Surviving Spouse Coverage			ORIGINAL HIRE DATE	TERMINATION DATE
				DATE OF RETIREMENT	

PART 2: RETIREE INFORMATION					
FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER	MARITAL STATUS
SOCIAL SECURITY NUMBER	ELIGIBLE FOR MEDICARE? Yes__ No		IF YES, MEDICARE PART A EFFECTIVE DATE		MEDICARE PART B EFFECTIVE DATE
HOME ADDRESS	UPDATE MY ADDRESS	CITY	ST	ZIP CODE	COUNTY

PART 3: GROUP HEALTH COVERAGE CONTINUATION	
CHECK ALL THAT APPLY retiree <input type="checkbox"/> spouse <input type="checkbox"/>	

PART 4: SPOUSE INFORMATION — attach a separate sheet if necessary					
NAME (FIRST, MI, LAST)	DATE OF BIRTH	RELATIONSHIP	GENDER	SOCIAL SECURITY NUMBER	MEDICARE ELIGIBLE?
					Yes No DATE EFFECTIVE
Proof of a SPOUSES eligibility must be submitted with this application for all new/initial Spouse add on to plan (see page 2)				A SEPARATE SHEET WITH MORE INFORMATION IS ATTACHED	

PART 5: AUTHORIZATION			
I confirm that all of the information above is true. I understand that I must apply to continue coverage within 90-days of my retirement date. I know that I can lose my insurance if I give false information. I may also face disciplinary and legal charges. If my dependents lose eligibility, I know that I must tell Human Resources within one calendar month. If I do not, then I will have to pay the plan back for all of my dependent's healthcare bills. I authorize healthcare providers to give my insurance carrier the medical and insurance records for me and my dependents. I have read and understand the information and eligibility criteria on page three.			
SIGNATURE	DATE	HOME PHONE	EMAIL ADDRESS

PART 6: HUMAN RESOURCES AND DEPARTMENT CERTIFICATION			
RETIREE IS: PERF RETIREMENT ELIGIBLE		PREMIUM: RETIREE WILL SUBMIT RET PLAN WILL SUBMIT PAYMENTS	
ACTIVE TERM DATE	RET EFFECT DATE	YEARS OF CREDITABLE SVC	WAS RETIREE/SPOUSE ON PLAN PRIOR TO RETIREMENT?
NAME OF AGENCY Floyd County Government		AGENCY SIGNATURE	DATE 812-941-3239

Please complete in blue or black ink or typed and return completed form to Human Resources or Payroll

Dependent Eligibility Definitions and Required Documents

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
Spouse	A person to whom the participant is legally married	<p>You will need to provide a document proving marital relationship</p> <p>Proof of Marital Relationship</p> <ul style="list-style-type: none"> • Government issued marriage certificate or license • Naturalization papers indicating marital status <p>If just married in the previous 12 months, only a marriage certificate is needed for proof of eligibility</p> <p>An employee currently on plan with spouse would not be required to provide this information, adding a spouse or entering the plan for initial time requires dependent eligibility to be verified as described above.</p>

Instructions

Members who meet the eligibility rules to continue health insurance at retirement for themselves and an eligible Spouse must submit an application within 90-days from the effective date of retirement and of the date active coverage ends. If you do not submit the paperwork within this time frame Indiana State Code does not have deliberate language that allows the County to add a retiree back onto the plan after the 90-day window has passed. If the application to remain on the plan is not received, coverage will not continue.

PART 1: This section should be completely filled out by the retiree and Human Resources. The original hire date is with the qualifying agency. For PERF members, the date of retirement is the effective date of your retirement with the Public Employee Retirement Fund. The termination date of employment is either the last day in an active paid status or the last day of an approved leave of absence, whichever is later. This date must be confirmed by your separating agency and is certified by Floyd County Human Resources by signing the employer certification section of this form.

PART 2 RETIREE INFORMATION: This section must be completed by the retiree. If you are a surviving spouse who is continuing coverage as the new head of contract on the retiree plan, please complete the application with your information as the retiree. If you are Medicare Eligible you will not be authorized to remain on the Floyd County Group Health Plan.

PART 3 GROUP HEALTH: Eligibility requirements to continue group health coverage for retirees and their spouse is outlined in the Floyd County Employee Retiree Continuation of Benefits Document which would accompany the application provided each eligible retiree.

I further understand per the eligibility requirements as outlined in the Floyd County plan documents, that if I am a retiree who qualifies to continue group health coverage and either myself or a covered spouse becomes entitled to Medicare Part A prior to the age of 65, the retiree and/or their covered Medicare Part A eligible dependent must enroll in Part B in order to maintain group health coverage until entitled to Medicare by virtue of age. You must submit a copy of your Medicare card to Human Resources as documentation you have enrolled in Part A and B. If the pre 65 Medicare entitled retiree or retiree dependent does not enroll in Medicare Part B when eligible, coverage under the county group health plan will be terminated. The Floyd County Medical Plan is secondary payer to Medicare up to age 65 when full Medicare eligible in which then the retiree is dis-enrolled from the Floyd County Plan.

In all cases, it is the responsibility of the retiree to notify Human Resources or Payroll within 30-days if the retiree or a covered spouse has become eligible for Medicare prior to the age of 65.

PART 4 DEPENDENT INFORMATION: This section must be completed if you are applying to cover an Eligible Spouse who does not have healthcare from an employer and is not on Medicare. If your Spouse is an early Medicare eligible recipient, you must complete the Medicare eligibility information in this section and submit a copy of your dependent's Medicare card. If you have not previously submitted dependent verification documentation on a dependent you are applying to cover for initial entry onto the Floyd County Plan, please submit the applicable documentation with this application as outlined on page 2.

PART 5 RETIREE AUTHORIZATION: This section must be signed and dated by the retiree (or surviving spouse if they are the new head of contract). If the retiree has a designated power of attorney, a copy of the POA must be attached to this application.

PART 6 EMPLOYER CERTIFICATION: The designated official i.e. Human Resources must complete and certify if the retiree is an eligible PERF retiring member. The correct premium collection method should also be designated:

- Submit = the retiree will be manually paying the county via check for the premiums owed the county to continue on the plan. The full responsibility of the premiums being received in a timely manner is the responsibility of the retiree
- RET = premiums will be sent automatically from the Retirees Pension account

Active coverage term date indicates the date an active employee's insurance is terminated and Retirement begins, normally with no underlap in benefits. Years of creditable service must be certified by PERF. Human Resources will also review and mark on the form the applicable time frame the retiree has been continuously covered on the plan immediately preceding termination of employment. The form must be signed and dated by the retiree as well as Human Resources. By signing the employer certification section Human Resources is also certifying the correct term date of employment and date of retirement has been completed in Part 1.