

**Floyd County Government  
Retiree Insurance Program**



# **Continuing Health Insurance at Retirement**

**Public Safety Officers  
(Sheriff Merit Officers)**

**Floyd County Government**  
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@floydcount.in.gov
Health Insurance	Humana	800.733.9203 — 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

All enrollment forms referenced in this guide are available in the HR or Auditor's office.

## INTRODUCTION

### Overview

The Health plan by Humana via Floyd County Government provides options available to you at retirement and 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 Bargaining Agreements where applicable. This booklet and Plan is only for Public Safety Employees as defined and qualified as such per IC 5-10-8-2.2

### 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](mailto:aschnobrich@floydcounty.in.gov)

Auditors Office Contact: Serena Liebert, Payroll, 812-981-4696 or [sliebert@floydcounty.in.gov](mailto:sliebert@floydcounty.in.gov).

### Authority

Benefits and premiums for local government Active and Retired members are set by the County Commissioners. The Commissioners as the Executive Branch is authorized to:

- add, change or end any coverage offered through the state group insurance program
- change or discontinue benefits
- set premiums benefit eligible or retirees pay to the County
- establish or changes rules for eligibility as necessary

## **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. For Retiring Public Safety Officers (Sheriff Merit Officers) dependent children may also be continued on the plan until meeting the eligibility requirements per IC 5-10-8-2.2 (a).

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](mailto: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.

## **Service Requirements**

**The eligibility guidelines for Floyd County Sheriff Merit Officers are:\***

- Attained the age of forty-nine (49) 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 years in the Floyd County Police Department pension fund and/or 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 ten (10) years of participation in the Floyd County Police Department pension, on or before the employee's retirement date.

\*For Eligibility of Retired Public Safety Employees, refer to the current signed Floyd County Sheriff's Bargaining Agreement, Article 17.

## **Application to Continue Group Health Coverage**

You must submit an application to continue coverage at retirement/start of disability to the HR Director within 90-days of the commencement of the retirement or disability (if a disability retirement as a Public Safety Officer) per State law. However, for continuity it is highly encouraged to make these arrangements well ahead of last day worked before retiring. At this time there is only one medical plan offered by Floyd County via Humana Insurance products. Retirees will be afforded the opportunity to go through an open enrollment period each fall and will be kept informed of plan coverage and costs.

## **Effective Date of Retiree Group Health Coverage**

Retiree coverage is effective on the first day of the month following the end of Active insurance coverage.

## **Dental Coverage**

Retirees may enroll or continue to remain enrolled in the Humana Dental plan upon retiring. Floyd County does not pay any premium towards the cost of Retiree Dental Coverage. If an employee is preparing to retire and is carrying Dental and wishes to dis-enroll that must be indicated upon submitting the retiree health application to HR or Payroll.

## Vision Coverage

Retirees may enroll or continue to remain enrolled in the Humana Vision plan upon retiring. Floyd County does not pay any premium towards the cost of Retiree Vision Coverage. If an employee is preparing to retire and is carrying Vision and wishes to dis-enroll, that must be indicated upon submitting the retiree health application to HR or Payroll.

## Dependent Coverage

Coverage of Dependents is governed by Indiana State Code and is not set by the County.

- For Local Unit Public Employees (Non-Public Safety): A retiree may cover a spouse only on the health plan.
- For Public Safety Employees (In Floyd County Sheriff Merit Officers): A retiree may carry a spouse and dependent children on the health plan.

You may continue coverage for eligible dependents if they are covered at your retirement. Newly acquired dependents i.e. birth, adoption, marriage etc. must be added within 30 days. If you are no longer eligible for the group health plan you cannot add dependents to the County plan.

## Dependent Eligibility for Local Public and Public Safety Officer RETIREES

(see Indiana State Code 5-10-8-2.2 for exact verbiage)

The following dependents are eligible for coverage:

- Your spouse (legally married) for Local Public and Public Safety Officers
- Natural or adopted children - Public Safety Officers only
- Stepchildren - Public Safety Officers only
- Children for whom you are the legal guardian - Public Safety Officers only
- Children for whom the plan has qualified medical child support orders - Public Safety Officers only. All dependents must be listed by name on the application to continue insurance at retirement.

## Dependent Child Ages for Public Safety Officers

### Dependent Child per IC 5-10-8-2.2 Public safety employees; surviving spouses; dependents

Sec. 2.2. (a) As used in this section, "dependent" means a natural child, stepchild, or adopted child of a public safety employee who:

- (1) is less than eighteen (18) years of age;
- (2) is at least eighteen (18) years of age and has a physical or mental disability (using disability guidelines established by the Social Security Administration); or
- (3) is at least eighteen (18) and less than twenty-three (23) years of age and is enrolled in and regularly attending a secondary school or is a full-time student at an accredited college or university.

Note: Retiree plans and Active Employee plans are treated different under the Affordable Care Act as it pertains to ages of dependent children.

## Individuals Not Eligible for Coverage as a Dependent

- Ex-spouse (even if court ordered)
- Parents of the employee or spouse (with the exception of long-term care)
- Foster children
- Children over age 26 (unless they meet qualifications for incapacitation)
- Live-in companions who are not legally married to the employee

## **Adding New Dependents**

To add new dependents to your coverage, submit a retiree insurance change application within 30 days of the date the dependent is acquired. The acquire date is the date of birth, marriage or, in case of adoption, when a child is adopted or placed for adoption. Proof of the dependent's eligibility is required. Refer to the dependent definitions and required documents chart for the types of proof you must provide to Human Resources. Premium changes start on the first day of the month in which the dependent is acquired or the first of the next month depending on the coverage start date. A child named under a qualified medical support order must be added within 40 days of the court order. Dependent age restrictions still apply as per previous paragraph.

If adding dependents while on single coverage, you must request the correct family coverage tier for the month the dependent was acquired so claims are paid for that month. This change is retroactive and you must pay the premium for the entire month the dependent is insured.

## **Updating Personal Information**

You must update personal information, such as home address, by calling the Payroll contact in the Auditor's office. 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 Payroll. Only Payroll or Human Resources can update your information in the Humana Employer Portal.

## **Annual Open Enrollment Period**

During the fall of each year, as a Retiree you can still make changes in your health, vision or dental coverage. Information will be mailed to your home address prior to the enrollment period normally the latter part of October each year. The options you choose during the enrollment period will take effect on the following January 1. Coverage will remain in effect through December 31 of each plan year.

## **Canceling Coverage**

Outside of the annual enrollment period, you can only cancel coverage for yourself and your dependents, if:

- You lose eligibility for the County group insurance program, or
- You experience a special qualifying event, family status change or other approved qualifying event, or
- You are enrolled in the prepaid dental option and there is not a participating general dentist within a 40-mile radius of your home

You must notify HR/Payroll within one full calendar month of any event that causes you or your dependents to become ineligible for coverage. You must repay any claims paid in error. Refunds for any premium overpayments are limited to three months from the date notice is received.

When canceled for loss of eligibility, coverage ends the last day of the month eligibility is lost. In the case of a divorce or legal separation, a Spouse that is on the plan will be removed as being ineligible/non-covered on the date legal separation or divorce is finalized, whichever comes first.

## **If You Do Not Apply When First Eligible**

Per Indiana State Law, state and local government health plans require enrollment in the Retiree portion of the County's health plan within 90-days of separation date as a retiree.

## Premium Payments for all Retirees on Floyd County Health Plan

Per Floyd County Resolution 1988-1, Floyd County Ordinance 1995-7, The Floyd County Personnel Policies Handbook, 4.15.3 and Article 7 of the Floyd County Sheriff's Bargaining Agreement:

*"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."*

## Disability Participants

If you experience an injury or illness in the line of duty which results in a disability and the inability to work for the County prior to an actual retirement, there are provisions in IC-5-10-8.2.2 that allow Disabled Public Safety Officers to retain the same medical benefits as they would have had they been classified as a Retiree. This includes the same coverage for a Spouse or Dependent children per the same code to include age limits. Should a retiree in this situation become eligible for Medicare then the same inability criteria exist as with anyone else that becomes eligible for Medicare.

## Coverage for Dependents in the Event of Death in the line of Duty

There are provisions in IC-5-10-8.2.2 (i) and IC-36-8-10-16.5 as well as Floyd County Ordinance 2016-17 that cover in detail the health coverage for dependent spouses, children as well as payments made in total by the County. In the event an Officer's family is faced with this unfortunate event, all efforts will be put forth to insure there are no disruptions in coverages or payments.

## Dental and Vision Coverage

Your surviving dependents may apply to continue coverage after your death as long as they still meet the eligibility rules. Application must be made within 60 days of the end of coverage under your enrollment or within 60 days of the notice of the termination of coverage, whichever is later.

## Premium Payment

### Pension directed to County

Premiums may be set up to be deducted from your monthly pension benefit.

### Direct Payment by Personal Check

If you send a check for your premium, it must be received by the last day of the month for the next month's coverage. For example, your January premium is due no later than December 31. Checks are to be made out to Floyd County Treasurer, and sent to Accounts Receivable, Office of the Treasurer, 311 Hauss Sq, New Albany, In 47150. Retirees may pay by the month or can pay several payments in advance when paying by check.

### Non-payment of Premiums

Coverage will be canceled retroactively to the last month paid if premiums are not paid in full within 60 days of the due date.

## Claims

If continuing group health coverage, you will continue to use your current ID cards after you retire. You may receive a new card if changes are made. Questions regarding payment of claims should be directed to the insurance company numbers as listed in the above table of contacts. Questions about Medicare claims processing should be directed to Medicare.

## 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 Human Resources and submit an application within one full calendar month of the loss of eligibility.

If there is any kind of error in your coverage or an error affecting the amount of your premium, you must notify Human Resources/ Payroll.

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.

## Appeal or Grievance

If you experience a problem relating to the Humana plan policies or the services provided, there are established Humana Plan procedures to help you resolve your complaint. You may still reach out to the Floyd County Human Resources Department and there may be some level of items that assistance can initially be provided through the County's Employer Single Point of Contact with Humana.

## 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.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice of Privacy Practices. The Notice of Privacy Practice is located on the Floyd County Employee Portal under the notices tab.

## Prescription Drug Coverage and Medicare

Medicare prescription drug coverage (Part D) became available in 2006 to everyone with Medicare. By law, we are required to inform plan members of this coverage yearly. You can find a copy of the required notice regarding your options on the Floyd County Employee Portal. The link is on the lower left portion of the Floyd County Community Portal ([www.floydcounty.in.gov](http://www.floydcounty.in.gov)).

If you are actively employed or a pre-65 retiree enrolled in health coverage, you have pharmacy benefits as part of the Humana Medical plan. You do not need to enroll in Medicare prescription drug coverage regardless of your age. Once your retiree group health coverage terminates due to becoming Medicare eligible you may want to enroll in Medicare prescription drug coverage if you need pharmacy benefits. The current Medicare Employer Plan from Humana offers such prescription coverage.

## Summary of Benefits and Coverage

As required by law, Floyd County Government has made plan documents accessible for plan subscribers to include Retirees Online on the Floyd County Employee Portal. The Summary of Benefits and Coverage is located inside the Humana Benefit Booklet. Access code to the Employee Portal for Retirees and Active Employees is [FloydCounty47150](#)

### Plan Document

The information contained in this guide provides a basic overview of the medical related benefits available to you as a retiree through Floyd County Government as a retired Public Safety Officer. 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 will govern in all cases. You can find a copy in the Benefits tab of the Employee Portal or by contacting HR at 812-941-3239.

### Public Safety Official/Officer

As used in this section, "public safety employee" means a full-time firefighter, police officer, county police officer, or sheriff, In Accordance with IC 5-10-8-2.2 (b).

## OTHER TERMS AND DEFINITIONS

### Acquire Date

The acquire date is the date that establishes a relationship between you and your dependents. Some examples are date of marriage for a spouse, date of birth for a natural child or date of legal obligation if you are appointed as a guardian.

### 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 Humana 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 insurance provider/plan administrator after a member obtains medical services and then submits charges for reimbursement. Claims are currently processed by Humana.

### 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. Coinsurance is another way to explain the cost/dollar amount you pay outside of what insurance covers after meeting the deductible.

### Copay

A copay is a flat dollar amount that you pay for certain services like office visits and prescriptions. These are set fees and do not count toward your overall deductible amount.

### Date of Retirement

Your date of retirement is the effective date of your retirement pension starting and you are off the active records of the County. The pension start date normally begins on the 1st of the month.



## **Deductible**

A fixed out of pocket dollar amount you must pay each year as your share of the cost before the plan pays for services at a higher rate than what the plan pays prior to meeting a deductible.

## **Dependent Child of Retiree**

### **IC 5-10-8-2.2 Public safety employees; surviving spouses; dependents**

Sec. 2.2. (a) As used in this section, "dependent" means a natural child, stepchild, or adopted child of a public safety employee who:

- (1) is less than eighteen (18) years of age;
- (2) is at least eighteen (18) years of age and has a physical or mental disability (using disability guidelines established by the Social Security Administration); or
- (3) is at least eighteen (18) and less than twenty-three (23) years of age and is enrolled in and regularly attending a secondary school or is a full-time student at an accredited college or university.

## **Drug List**

The drug list is a list of covered drugs. The listing includes generic and preferred brand drugs covered by Humana's Medical Plan.

## **Drug Tiers**

The drugs covered by the Humana'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.

## **Fully Insured Plan**

Under a fully insured plan, an insurance company, rather than a group sponsor pays all claims. The sponsor pays a premium to the insurance company to use their plan and for them to process the claims. Floyd County has a Fully Insured Plan with Humana.

## **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 the Floyd County. It does not include the Medicare supplement plan.

## **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 take an amount of coverage below a certain set threshold such as in Life Insurance elections etc.

## **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. This includes paper as well as electronically transmitted or stored information.

## **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 and/or discounts between insurance carriers and providers.

## **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.

## **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 normally lower negotiated fees.

## **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 Humana. 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.

## **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.

## **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 Floyd County each month for your coverage, regardless of whether or not you receive/consume health services. What you pay depends on the employee premium rates set each year by the County Commissioners. These are communicated during Open Enrollment. The County's contribution combined with the Employee contribution make up the overall set premium rate for each employee that Humana charges Floyd County each month. The County allows for the retiree to pay their premium share on a monthly basis.

## **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. Preventive care is normally covered by the medical plan, but not all items that are categorized as a Preventative procedure is covered at 100%. The plan preventative services guide would be the proper document to refer to as well as the online information on the Humana site.

## **Primary Care Physician**

Primary care physician (also known as PCP) refers to your regular medical doctor. This is the doctor you see most often. 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**

Under a self-insured plan, a group sponsor such as the County/employer, rather than an insurance company, is financially responsible for paying the plan's expenses, including claims and plan administration costs. Floyd County is in a fully insured plan which means we pay Humana for coverage and to administer the plan and the County is bound by their terms and cannot make plan adjustments.

## **Special Enrollment Provision**

A rule that allows persons to request enrollment beyond the initial eligibility period due to certain life events.

## **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. These are also commonly referred to as Qualifying Life Events.

## **Subscriber**

Subscriber is the retiree who worked for a participating employer group and enrolled in coverage. Two married retirees who both worked for participating employer groups could each be a Subscriber or one could be the Main Subscriber 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. Two retirees on their own plan as a sole Subscriber is actually less expensive than Employee + Spouse Coverage on the Floyd County medical plan)

## **The Plan**

In the broadest sense of the word, plan is the applicable Medical plan provided to Floyd County Employees and Retirees via Humana at this point in time.

## **Q&A**

**If I am Medicare eligible when I retire or become so after I retire, can I continue to cover my spouse who is not yet Medicare eligible?**

If you meet the criteria to continue group health coverage and are in paying status (if you are a PERF participant), you may continue your spouse's group health coverage. If you do not continue spouse coverage immediately upon retirement, you cannot add them to coverage at a later date. I

f you are enrolled in coverage based upon the eligibility of your deceased spouse, you cannot add your new spouse to coverage under the Floyd County Plan if you remarry.

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

No, there would be no re-entry onto the Floyd County Health Plan. After an initial 90-days from retirement retirees are no longer allowed entry or back on the plan.

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

At this time Floyd County only has one Medical plan via Humana. There are no other options to choose from. Should a new plan design/option be added, all current participants will be notified in writing to include options or steps to be taken.

**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 - Public Safety

County of Floyd • Human Resources • 2425 Corydon Pike, Suite 203, New Albany, In 47150

• 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: New Retiree, Surviving Spouse Continuing Coverage
PARTICIPANTS AFFECTED: Retiree, Spouse, Child(ren)
COVERAGE AFFECTED: Health
AGENCY RETIRED FROM: Floyd County Government
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?, 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, spouse, child(ren)

PART 4: DEPENDENT INFORMATION — attach a separate sheet if necessary
NAME (FIRST, MI, LAST), DATE OF BIRTH, RELATIONSHIP, GENDER, SOCIAL SECURITY NUMBER, MEDICARE ELIGIBLE?, DATE EFFECTIVE

Proof of a dependent's eligibility must be submitted with this application for all new dependents (see page 2). A SEPARATE SHEET WITH MORE DEPENDENTS 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: Pension, NON-Pension
PREMIUM: BIL, RET
ACTIVE CVG TERM DATE, RET CVG EFFECT DATE, YEARS OF CREDITABLE SVC, LENGTH OF PARTICIPATION IN THE PLAN IMMEDIATELY PRIOR TO TERMINATION OF EMPLOYMENT: 3 OR MORE YEARS, 1-3 YEARS, LESS THAN 1 YEAR
NAME OF AGENCY: Floyd County Government
Department or HR SIGNATURE, DATE, PHONE NUMBER: 812-941-3239

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

## Dependent Eligibility Definitions and Required Documents

TYPE OF DEPENDENT	DEFINITION	CLARIFICATIONS
Spouse	A person to whom the participant is legally married	
Natural (biological) child under age 23	A natural (biological) child	Covered on Retiree plan up to age of 18, from 18-22 if a FT student Retiree plan coverage and Active Employee plan coverage have different ACA required age limitations. Dependent Eligibility ages are IAW I C 5-10-8-2.2 (a).
Adopted child under age 23	A child the participant has adopted or is in the process of legally adopting	
Child for whom the participant is legal guardian	A child for whom the participant is the legal guardian	
Stepchild under age 23	A stepchild	
Child for whom the plan has received a qualified medical child support order	A child who is named as an alternate recipient with respect to the participant under a qualified medical child support order (QMCSO)	
Disabled dependent	A dependent of any age (who falls under one of the categories previously listed) and due to a mental or physical disability, is unable to earn a living. The dependent's disability must have begun before age 23 and while covered under a state-sponsored plan.	

## Instructions

Members who meet the eligibility rules to continue health insurance at retirement for themselves or covered eligible dependents must submit an application within one full calendar month of the date active coverage ends. If you do not submit the paperwork within this timeframe the only way you can later enroll in the retirement plan would be to meet the special qualifying event criteria.

**PART 1:** This section should be completely filled out by the retiree and separating Department. 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 your 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 entitled to Medicare you must submit a copy of your Medicare card with this application.

**PART 3 GROUP HEALTH:** Eligibility requirements to continue group health coverage for retirees and their dependents are outlined in the Floyd County County Handbook and other related documents, i.e. Ordinances, Resolutions and Bargaining Agreement.

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 dependent 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 from Floyd County 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. Often those with a Social Security rated disability award may be enrolled in Medicare for example.

In all cases, it is the responsibility of the retiree to notify Human Resources or Payroll within 5 working days if the retiree or a covered dependent 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 a dependent. 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, 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 or Human Resources must complete and certify the application. The correct premium collection method should also be designated:

- BIL = the retiree will be manually paying the county via check for the premiums owed the county to continue on the plan.
- 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. The agency should 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 designated agency official. By signing the employer certification section the agency is also certifying the correct term date of employment and date of retirement has been completed in Part 1.