

Health Insurance Policy – Retirees

Employees retiring prior to September 1, 2010

Employees retiring prior to September 1, 2010, have certain post-retirement health insurance benefits. These benefits vary depending upon the health insurance policy in effect at the date of retirement. Employees and/or spouses will continue receiving these benefits in accordance with the terms set forth at the time of retirement.

Employees retiring on or after September 1, 2010

Full-time employees retiring from the Authority with a minimum qualification of twenty (20) years of service will be eligible to receive post-employment health insurance benefits. Years of service will be calculated on a calendar year basis and to receive credit for a year of service an employee must have worked a minimum of 1,600 hours (including earned benefit time) during a calendar year. Partial years of service will not be granted.

Employees meeting the above years of service requirement who retire prior to their Medicare eligible age may opt to maintain coverage under the Authority's employee health insurance plan after retirement. The Authority will be responsible for seventy-five percent of the cost related to the plan while the retiree will be responsible for the remaining twenty-five percent of the plan cost. Retirees participating in the plan will be required to make monthly payments to the Authority for their share of the plan cost. The Authority reserves the right to cancel insurance for any retiree delinquent in payments and re-enrollment will not be allowable. Retirees will have the option of choosing individual, two-person, or family coverage as allowed by the plan. The Authority reserves the right to choose the type of health insurance plan it deems most beneficial. Retirees may opt out of coverage with prior written notice. This benefit is only available until a retiree becomes Medicare eligible. Spouses and/or dependents may continue coverage under the plan at full cost to the spouse and/or dependent after a retiree becomes Medicare eligible or after the death of a retiree.

Upon reaching Medicare eligibility, a retiree may choose to obtain coverage under the Authority's Medicare supplement insurance program. All costs associated with coverage under the plan will be the responsibility of the retiree. Retirees participating in the plan will be required to make monthly payments to the Authority. The Authority reserves the right to cancel insurance for any retiree delinquent in payments and re-enrollment will not be allowable. Future changes to Medicare may result in changes or elimination of this benefit.

Employees retiring with less than twenty (20) years of service as defined above will have the option of maintaining coverage under either the Authority's employee health insurance plan or the Medicare supplement insurance program, as applicable, at full cost to the retiree.

August 6, 2010
APPROVED 9/7/10