



Peturning to work for a participating employer after retirement If you return to active employment in an insurance-eligible position with a participating employer, you will no longer be eligible for retiree coverage. You can return to active coverage; or You can return to active coverage; or You can return to active coverage. View the How Returning to Work Will Impact Your Benefits flyer.

Insurance coverage as a non-Medicare-eligible return-to-work retiree

- If you are not eligible for Medicare and retired from an employer that does not participate in the state's Retiree Health Insurance Trust Fund, you can remain on retiree coverage if you return to work in an insurance-eligible position.
- Contact your previous employer if you are unsure if it participates in the Retiree Health Insurance Trust Fund.
 - Includes optional employers and charter schools that participate in insurance only.

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Returning to work for participating employer after retirement (Medicare-eligible)

- Medicare cannot be primary for you or any covered family members if you are enrolled in coverage as an active employee. You can:

 - Enroll as an active employee with Medicare as the secondary payer; or
 Refuse all PEBA-sponsored health coverage and have Medicare coverage only.
 - · You can keep dental and vision coverage with PEBA.
- If you enroll as an active employee with Medicare as the secondary payer, you must complete and submit the <u>other coverage questionnaire</u> to BlueCross annually.
- If you enroll in active coverage, you must notify the Social Security Administration (SSA).
 Learn more in the <u>Insurance Coverage for the Medicare-eligible Member</u> handbook.
- Once you terminate active employment, you may return to retiree coverage within 31 days, and
- Medicare will be primary.

 You must notify the SSA again.
- Medicare A and B needed for full benefits.

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Insurance coverage as a Medicare-eligible return-to-work retiree

- If you elect coverage under the State Health Plan as an active employee and you are Medicare-eligible, the State Health Plan will be primary, paying claims before Medicare.
 - You might want to drop Medicare Part B.
- If you refuse all PEBA-sponsored health coverage under the State Health Plan and you are Medicare-eligible, Medicare will be primary.
 You will not be able to enroll in PEBA'S Medicare Supplemental Plan and might want to pursue a supplemental plan on your own.

 - You will not be enrolled in drug coverage through PEBA and will need to enroll in other Part D coverage.
- View the <u>Insurance Coverage for the Medicare-</u> <u>eligible Member</u> handbook for more information.

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