

When an employee retires, the Agency needs to:



1. Ask the employee if they want to continue their coverage under the SEHP Direct Bill program or through COBRA. If the employee wishes to continue their SEHP under the SEHP Direct Bill program, please mark 'Yes' to the question, on the **mid-year change request** in MAP, "Is the employee continuing Direct Bill?", if unknown, mark 'Yes'.

2. Ask the employee if they or any covered spouse or dependent is Medicare eligible now or will be at the time of enrollment.

3. If needed, direct the employee to the SEHP website to review enrollment resources and the electronic version of the Direct Bill/Retiree Enrollment booklet, which includes Non Medicare and Medicare plan options.

4. SEHP will open either a Medicare or Non Medicare enrollment portal for the member to make their elections for Direct Bill coverage.

When an employee decides to retire, the employee needs to:

- Notify their agency of their date of retirement. Typically, it is important the last day to NOT be the 1st of any month. **If an employee retires on the 1st then all current coverage would end that day.** If an employee retires any other day of the month, then they will continue to have coverage in force through the end of the month.
- Decide if they want to continue with the SEHP Medical coverage upon retirement. **If the Retiree does not elect Direct Bill nor COBRA, they will not be able to return to SEHP Medical coverage later.**
- If Medicare eligible, the primary member must be enrolled in both **Medicare Part A and Part B** to enroll in a Medicare Direct Bill. If the member is enrolled only in Part A, the member must obtain from their agency Medicare Part B memo (forms in MAP) to take to their local Social Security office to enroll in Medicare Part B and Part D.
- If the Retiree is electing one of the Kansas Senior Plans, they must indicate if they want to maintain the **SEHP Part D drug coverage**. The Retiree has the option of electing the SEHP Part D drug coverage each year at Open Enrollment as long as they have some coverage with the SEHP Retiree Program. If the Retiree does not keep the SEHP Part D drug coverage, they need to obtain an Agency Medicare Memo Part B from their agency HR that indicates they have had creditable drug coverage before retirement. If the Retiree is electing one of the Medicare Advantage Plans, Part D coverage is included in their coverage automatically.
- Decide if they want to maintain the **Dental and Prescription Eyewear coverage** with the SEHP.
- If medical coverage is dropped, dental and vision coverage can continue. The employee may drop medical coverage and still have Dental and/or Prescription Eyewear coverage. **It is important to note that if medical or dental is dropped, they will not be able to re-enroll later. Prescription Eyewear coverage can be added or dropped each year, provided the Retiree has medical and/or dental coverage with the SEHP Retiree Program.**
- If a Retiree drops/waives ALL coverage from the SEHP, they will not be able to re-enroll at a later date.
- Include a copy of all applicable Medicare cards or a letter from Social Security indicating their Medicare number and effective dates for Medicare Part A and B. **Enrollment in the Medicare Direct Bill program cannot be completed without the Medicare information.**
- Provide appropriate dependent documentation for any dependents to be included in their coverage if dependent documentation has not previously been submitted to the SEHP.
- IMPORTANT!** If you have waived Medicare Part A and are contributing to an HSA, you must **STOP** contributing to your HSA 6 months before you apply for Medicare, if you are over age 65! You will need to sign in to MAP and click on the Mid-Year Benefits Changes tab and click on the blue "Start a New Request" button.