Retiree Dental

At retirement, if the employee is currently enrolled in dental coverage, their coverage will continue automatically on an after-tax basis. There is no retiree dental enrollment form to complete. The retiree will receive a Confirmation Kit from GaBreeze containing important retiree benefit information, as well as phone numbers to other benefit vendors should they want to continue coverage with them.

If the retiree does not want to continue the same coverage in place, they may cancel, change their dental option, or reduce their coverage by contacting the GaBreeze Benefit Center at 1.877.342.7339. But, note, if the retiree ceases their Retiree Dental at any time, the coverage cannot be elected at a later time.

As part of the Retirement process, a COBRA notice for Dental, Vision, and HCSA will be issued, as required by law. The COBRA notice will be sent in addition to the Confirmation Kit sent to the retiree confirming the Retiree Dental coverage.

Retiree Option Change Period (ROCP)

Annually, the retiree has the opportunity to make changes to their coverage, if they choose. The retiree may continue

### What benefits can be continued after retirement?

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Retiree Coverage Available Through Retirement Plan Benefit Deductions</th>
<th>Coverage Can Be Direct Billed By Carrier Or Converted To An Individual Policy</th>
<th>You Must Decide And Complete Carrier Forms Within</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular &amp; PPO</td>
<td>Yes</td>
<td>No</td>
<td>----</td>
</tr>
<tr>
<td>DHMO Option</td>
<td>Yes</td>
<td>Yes</td>
<td>30 days</td>
</tr>
<tr>
<td>Vision Coverage*</td>
<td>No*</td>
<td>No*</td>
<td>----</td>
</tr>
<tr>
<td>Health Care Spending Accounts*</td>
<td>No*</td>
<td>No*</td>
<td>----</td>
</tr>
<tr>
<td>Dependent (Child) Care Spending Account</td>
<td>No</td>
<td>No</td>
<td>----</td>
</tr>
<tr>
<td>Employee/Spouse/Child Life Insurance</td>
<td>No</td>
<td>Yes</td>
<td>30 days</td>
</tr>
<tr>
<td>AD&amp;D Insurance</td>
<td>No</td>
<td>Yes</td>
<td>30 days</td>
</tr>
<tr>
<td>Specified Illness</td>
<td>No</td>
<td>Yes</td>
<td>30 days</td>
</tr>
<tr>
<td>Disability/Coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-Term</td>
<td>No</td>
<td>No</td>
<td>----</td>
</tr>
<tr>
<td>Long-Term</td>
<td>No</td>
<td>Yes</td>
<td>30 days</td>
</tr>
<tr>
<td>Legal Insurance</td>
<td>No</td>
<td>Yes <em>(Through end of the plan year of retirement)</em></td>
<td>30 days</td>
</tr>
<tr>
<td>Long-Term Care Insurance</td>
<td>No</td>
<td>Yes</td>
<td>30 days</td>
</tr>
</tbody>
</table>

*Dental, vision and health care spending account may be continued for a limited time under COBRA. See COBRA job aid for details.
with their current coverage, change their dental option, or reduce their coverage by contacting the GaBreeze Benefit Center at 1.877.342.7339 or via web site at www.gabreeze.ga.gov.

Retirees will receive a postcard and an email, if on file, of the ROCP dates and time.

**When the retirement annuity is not sufficient**
If the retirement annuity is not enough to cover benefits or if there is a delay in starting retirement benefits, the direct billing and payment process will be initiated. Retirees who begin payments through direct billing may contact the Benefits Center to elect that their deductions be taken from their retirement annuity should it increase (i.e., cost of living adjustments) and become sufficient.

**Survivor Enrollment When the Retiree Deceases**
If a retiree dental participant deceases, the surviving spouse can cover the surviving child(ren) under the family plan as long as the surviving children are eligible dependents. If surviving children are no longer eligible to be covered under the family plan by the surviving spouse, the children are eligible to continue the dental coverage under COBRA and the spouse will move to a single option. If there is no surviving spouse, the dependent child(ren) would continue the dental coverage through COBRA.

If the retiree had single coverage in dental, the surviving spouse and dependent child(ren) would not be eligible for the dental plan.

**Continuation of Benefits:**
It is the responsibility of the retiree to contact the vendor directly within the specified timeframe if they wish to continue coverage.

**Note:** Retirees do not have the option of adding dependents at the time of retirement or during the retiree option change period (ROCP).

**Life Insurance Options**
- Retiree has two options for Life Insurance: Conversion or Portability
- Conversion switches the Life option to a Whole Life policy
  - No age reduction in coverage up to age 100
  - Acquires a cash value
  - Premium increases once to the whole life premium and remains the same
- Portability keeps the Life option as a Term Life policy
  - Coverage reduces based on age
  - Premium increases every 5 years
  - Coverage can be converted to a whole life policy at any time

**Accidental Death & Dismemberment Insurance Option**
- Retiree may take the AD&D option through Portability only
- Level premium based on a flat rate and coverage amount
  - Maximum coverage: $150,000
  - Coverage reduction based on age

**Specified Illness Insurance Options**
- Retiree may take the Specified Illness option(s) through Portability only
- Eligibility Requirements
  - Had coverage at least 6 months prior to retirement
  - Under the age of 70
- Premium(s) will remain the same
- Coverage reduces by 50% once age 70 is reached

**Long Term Care Insurance Option**
- Retiree may take the Long Term Care as an individual policy
- Premium will remain the same
- No coverage reduction based on age
- Survivor's Benefit (if applicable)

**Legal Insurance Option**
- Retiree may keep the Legal Insurance for the duration of the Plan Year in which they end active employment
- Premium will remain the same

**NOTE:** The State Health Benefit Plan (SHBP) operates independent of the Flexible Benefits Program. For more information regarding retiree health eligibility, contact SHBP at 1.800.610.1863.

**Need Help?**
If you need help navigating the GaBreeze Employer Web site or have questions about any of the features described in this job aide, you can contact the DOAS Team at 1-888-968-0490, or 404-656-2730 if calling within the metro-Atlanta area, Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern Time.