MAMARONECK PUBLIC SCHOOLS
BENEFITS IN RETIREMENT
Teaching Assistants

MEDICAL & PRESCRIPTION DRUG COVERAGE

The following conditions must be met in order for you to be eligible for uninterrupted health insurance coverage in retirement:

- You worked for the Mamaroneck Union Free School District for ten (10) or more years
- You are at least 55 years of age at the time of retirement
- You participate in the Mamaroneck health plan at the time of retirement
- You retire from the Mamaroneck Union Free School District in accordance with the procedures set forth by your New York State Retirement System

Your cost for health insurance coverage in retirement will be 15% of the District's premium.

Until you reach age 65, insurance claims will continue to be submitted by your health care provider to UMR.

Health Insurance Contact:	UMR 1-800-826-9781
Prescription Contact:	Pro Act 1-877-635-9545
Teladoc Contact:	1-800-835-2362
Lawley Consultants:	Joe Schroeder 716-849-8287 email: jschroeder@lawleyinsurance.com

SURVIVING SPOUSE

If you pre-decease your covered spouse, (s)he will continue to receive health insurance coverage until the end of the month. After that, the benefits will automatically end. Your surviving spouse may continue the benefits by paying full cost under COBRA. At that time, your spouse will be contacted with information about this option.

MEDICARE

- Eligibility for Medicare occurs when you and your spouse each reach age 65.
- Medicare becomes the primary coverage on yours and your spouse's 65th birthdays and the district plan will provide supplemental (secondary) coverage.
- To ensure that you retain maximum coverage, you and your spouse must enroll in Medicare Parts A & B ***one to three months before your 65th birthdays*** in order to have Medicare coverage effective in a timely manner.
- Failure to sign up for Medicare promptly will create a gap in your health insurance coverage, cause you to incur late enrollment fees, and could significantly increase your out-of-pocket expenses.
- Please contact Social Security (800) 772-1213 to enroll in Medicare Parts A & B or to apply online visit: https://www.ssa.gov/medicare.
- Once enrolled, you must provide the district with your Medicare ID number to properly coordinate benefits. The district will reimburse you annually at the base level for your Medicare Part B premium.

DENTAL & VISION COVERAGE

The school district does not administer the dental or vision coverage. However, you may contact the Mamaroneck Teachers' Association Office regarding the purchase of retiree dental and vision coverage. The MTA Office telephone number is (914) 220-4321.

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