


INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: HUMAN RESOURCES

DATE: November 21, 2012

TO: Susan Boutin, Executive Director of the MWRD Retirement Fund

FROM: David St. Pierre, Executive Director 

SUBJECT: General Health Insurance Eligibility Policy – Retirees and Annuitants

Following are the revised eligibility requirements for retiree health coverage. These changes reflect the Board's recent deliberations on the subject and have been approved by the Executive Director. This policy supersedes the September 20, 2005 policy.

1. For all represented and non-represented employees hired after July 1, 2005, only retirees with at least ten years of actual District service are eligible for coverage under a District-sponsored health plan.
2. For all Commissioners of the District, only retirees having at least six years of service credit as a Commissioner for the District at the time of retirement are eligible for coverage under a District-sponsored health plan.

The following provisions apply to all annuitants (i.e., retiree, surviving spouse or qualifying dependent) regardless of date of hire:

1. Annuitants who are receiving checks from the Fund that are insufficient to cover the monthly cost of their health insurance contract may make direct payments to the Fund to cover the balance of their premiums.
2. If an annuitant is not eligible for health coverage, the surviving annuitant would also not be eligible for health coverage under a District-sponsored plan.
3. Reciprocal retirees whose final employer was not the District may enroll in the District's retiree health plan only if the retiree has ten or more years of service with the District.
4. Dependent coverage is available to eligible retirees, except:
 - a. Spouses from marriages after the effective date of the retirement are not eligible.
 - b. Coverage for child annuitants lasts until the pension eligibility ends – no other individuals may be covered under these contracts.
5. HMO enrollees may switch to PPO if they move out of the HMO service area.
6. Retirees may make plan changes – HMO to PPO and vice versa – during the regular open enrollment period for District employees.
7. Retirees will be allowed to enroll in the District plan at any time, or effect a membership change if it is caused by a change in their employment status, or that of a spouse (i.e., retiree was previously covered under spouse's medical plan). Documentation of the qualifying event must be provided.
8. Retirees, including reciprocal retirees, who have dropped their coverage for any reason may re-enroll only once, and then only during the open enrollment period.

DStP:DEK: JEF