

TRANSITION TO MEDICARE

When you turn 65, you will need to enroll in Medicare and make decisions regarding your City health coverage. The following presents some basic information and guidelines that you may find helpful in making this transition. It is, however, not a complete explanation of the process and is not intended as such. Complete information can be obtained by contacting the various, relevant entities directly. See the **Important Numbers and Web Sites** section below for a suggested listing.

ENROLLING IN MEDICARE

There are two basic choices for receiving Medicare coverage: Original Medicare and Medicare Advantage Plans. Original Medicare which includes Part A (Hospital Insurance) and Part B (Medical Insurance) can be supplemented by a separate plan(s) for Drug Coverage (Part D) and a Medigap plan (Medicare Supplement Insurance). An alternative to Original Medicare is a Medicare Advantage Plan (Part C) which includes both Part A (Hospital Insurance) and Part B (Medical Insurance). The plan may also include a Drug Plan. A Medigap plan is not necessary and cannot be used. Details are contained in the “Welcome to Medicare” booklet which you will receive with your Medicare card from the Centers for Medicare & Medicaid Services (CMS).

If you are already receiving Social Security, you do not need to apply for Medicare. Three to four months prior to the month in which you turn 65, you will receive your Medicare card automatically from the Centers for Medicare & Medicaid Services (CMS). Follow up with them if you do not get it in a timely fashion, i.e., at least a month prior to the beginning of your birth month.

If you are not yet receiving Social Security, you should apply for Medicare three months prior to the month in which you turn 65. You can call Social Security (1-800-772-1213) or apply on line at the Social Security web site (www.socialsecurity.gov/retirement). Technically there is a longer application period but it is best to do your application early to ensure no gaps in medical coverage or penalties.

Your effective date of coverage will be the first day of the month in which you turn 65 unless your birthday is the first of the month in which case your effective date is the first of the month prior to your birth month. Note that if you apply on or after the first day of your birth month, your effective date will be delayed.

If you or your spouse is still working and you have group health coverage through an employer, you may delay your Medicare B coverage and obtain it at a later date generally without penalties. Check the rules carefully to avoid penalties.

NOTIFYING THE OFFICE OF LABOR RELATIONS

(Also applies to spouses if they are enrolling in Medicare)

Once you receive your Medicare card, forward a copy of it to the Office of Labor Relations (OLR) advising them of the Medicare effective date and asking them to update their records. Send the letter to:

**City of New York, Office of Labor Relations
Health Benefits Section
40 Rector St, 3rd Floor
New York, NY 10006**

Your letter should include the following:

- Date on which you will be eligible for Medicare
- If you are enrolled in Medicare B, mention it to ensure that you receive your annual reimbursement from the City (See Medicare B Premium Reimbursement section below)
- Social Security number
- Date of Birth
- Retirement Date
- Agency from which you retired
- Pension Number
- Name of Health Plan and ID number
- Name of HMO you are enrolling in if applicable
- Note that you are a member of the Management Benefit Fund (or your spouse's welfare fund if you are writing on their behalf)
- If applicable, note the names of your dependents covered by your City health plan and that they should continue to be covered after you enroll in Medicare
- If the letter is regarding your spouse, include your name and Social Security number on the copy of their Medicare card.

The Health Benefits Program will advise your health plan that you are now enrolled in Medicare.

Special case – If both you and your spouse are City of New York employees or City retirees and if you are a dependent on your spouse’s City health plan or vice versa, you may want separate coverage into individual plans at the time the first of you becomes eligible for Medicare. To do so, both of you should prepare letters to OLR explaining your situation with all of the above information and ask that the dependent party be dropped from one plan and that party start their own individual coverage on their Medicare effective date. You will need to include two Health Benefits Applications, one for the drop and one for the new coverage of the person being dropped. Both must have the same effective date, preferably the Medicare effective date to keep things simpler.

SUPPLEMENTAL AND GAP INSURANCE AND HMO’s

If you are Medicare-eligible and are still working for the City, your City health plan will automatically be your primary coverage and Medicare will be secondary.

If you are retired, Medicare becomes your primary insurance and the City Health Benefits Program supplements it.

If you are enrolled in GHI with the optional rider, you will automatically be enrolled in the GHI/EBCBS Senior Care Program for your gap/supplement insurance and Medicare D prescription drug coverage. If you currently have GHI but do not have prescription drug coverage and want it, contact OLR Health Benefits in writing to request an application. Note that if you do not want the GHI/EBCBS Senior Care Program, you will need to advise OLR Health Benefits in writing. If you have the prescription drug coverage, the Management Benefit Fund will pay a \$50 per month subsidy towards the cost of your GHI premium. This will happen automatically and will reduce your monthly premium accordingly.

If you have other coverage, you will need to decide which insurance you want when you go onto Medicare. For example, if you have HIP, you will switch to HIP-VIP and, if you have Aetna, you will switch to Aetna Golden Medicare. Contact the providers directly for information as necessary. Their telephone numbers are listed in the [**Important Numbers and Web Sites**](#) section below.

If you wish to enroll in a Medicare HMO, for example HIP-VIP or Aetna Golden Medicare, you must submit an application directly to the health plan. Contact the HMO directly to obtain an enrollment form. It is extremely important to advise them that you are a retired City of New York manager and emphasize the fact that you will have your drug option premiums paid directly to them by the OLR Management Benefits Fund. Stress the importance that they send you the correct form. If the plan participates in the City's Health Benefits Program, the HMO will send a copy of your application to the Health Benefits Program.

If you are enrolled in a qualified Medicare HMO plan, the Management Benefits Fund will pay the prescription drug option premium on your behalf. The payment is made directly to the HMO reducing your pension deduction for your premium.

It is a good idea to follow up with your gap/supplement, HMO and drug plans prior to your Medicare effective date to ensure that everything is in place correctly.

MEDICARE B PREMIUM REIMBURSEMENT

When you advise Health Benefits of your Medicare effective date and submit a copy of your Medicare card, they will automatically enroll you in the Medicare Part B Reimbursement Program. The City will be reimbursing you for your premiums for the period you are covered by Medicare Part B and are enrolled in a NYC health plan as a retiree.

In August of each year, the City will automatically reimburse you for the previous calendar year's standard Medicare B premium. If you do not receive this by the end of September, follow up by writing to:

**Attn: Medicare Unit
City of New York, Office of Labor Relations
Health Benefits Section
40 Rector St, 3rd Floor
New York, NY 10006**

The Office of Labor Relations will include with this check instructions on how to obtain a reimbursement for any additional Medicare B premium that you may be paying, i.e., the Income-Related Monthly Adjustment Amount (IRMAA). This additional refund will take several months and should be received by the following March.

IMPORTANT NUMBERS AND WEB SITES:

Social Security - 1-800-772-1213; www.socialsecurity.gov/retirement

Medicare - 1-800-MEDICARE (633-4227); www.medicare.gov

OLR Health Benefits - General Information - 212-306-7200; Retirees 212-513-0470;

www.nyc.gov/html/olr/html/health/health_benefits_prog.shtml

Useful Sections:

- Frequently Asked Questions - Retiree Benefits
- Frequently Asked Questions - Medicare Part B Reimbursement
- Creditable Coverage Notice (Employees Age 65 or Over)
- Health Benefits Program - Summary Program Description. Following Sections: City Coverage for Medicare-Eligible Retirees; Special Provisions for Medicare-Eligible Employees; Important Information About Health Plan Enrollment and Disenrollment; and Health Plans for Medicare- Eligible Retirees and Their Medicare-Eligible Dependents.

Management Benefits Fund

212-306-7290 or (888) 4000MBF (888-400-0623) from Outside NYC

www.nyc.gov/html/olr/html/man_benefits/general_info.shtml

Health Plan Phone Numbers and Web Addresses:

- Empire Medicare-Related Coverage
(800) 767-8672; www.empireblue.com/nyc
- GHI/EBCBS Senior Care - GHI: (212) 501-4444; www.ghi.com
- Empire BlueCross BlueShield: (800) 767-8672; www.empireblue.com/nyc

Medicare HMO's Available in the New York Metropolitan Area:

- Aetna Golden Medicare10 Plan (800) 282-5366; www.aetna.com
- Elderplan (718) 921-7898; www.elderplan.org
- Empire MediBlue (800) 499-9554; www.empireblue.com/nyc
- GHI HMO Medicare Senior Supplement (877) 244-4466; www.ghi.com
- HIP VIP Premier (800) 447-6929; www.hipusa.com
- SecureHorizons by UnitedHealth Care (800) 203-5631; www.securehorizons.com

Medicare HMO's Available Outside the New York Metropolitan Area:

- Aetna Golden Medicare10 Plan (800) 282-5366; www.aetna.com
- AvMed Medicare Plan (800) 782-8633; www.avmed.com
- BlueCross BlueShield of Florida Health Options, Inc. (800) 876-2227
- CIGNA HealthCare for Seniors (800) 592-9231; www.cigna.com
- GHI HMO Medicare Senior Supplement (877) 244-4466; www.ghi.com
- Humana Gold Plus (800) 833-1289; www.humana.com