

TRANSITION TO MEDICARE

When you reach the age of 65, you will need to enroll in Medicare and make decisions regarding your City health coverage. Noted below is basic information and guidelines that may be 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 reach the age of 65, you will receive your Medicare card automatically from the Centers for Medicare and Medicaid Services (CMS). Contact CMS if you experience a delay in receiving your Medicare card. For example, it is advisable to connect with CMS at least one month prior to your birthdate.

If you are not yet receiving Social Security, you should apply for Medicare three months prior to the month in which you become 65. You can call Social Security (1-800-772-1213) or apply online at the Social Security web site (www.socialsecurity.gov/retirement). Technically, there is a longer application period, but it is best to complete 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 become 65. If your birthday is on the first day of the month, the effective date of coverage will be one month prior to your birthday. Note, that if you apply on or after the first day of your birth month, the 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
22 Cortlandt Street, 12th Floor
New York, NY 10007**

Your letter should include the following:

- Date of Medicare eligibility
- If you are enrolled in Medicare Part B, mention it to ensure that you receive your annual reimbursement from the City (See Medicare Part B Premium Reimbursement section below)
- Employee ID or Pension Number
- Date of Birth
- Retirement Date
- Agency from which you retired
- Name of Health Plan and ID number
- Name of HMO 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, include the names of dependents covered by your City health plan. Indicate that coverage for dependents should continue upon Medicare enrollment.

- You must include your name and Social Security number on any information related to your spouse, including a copy of the Medicare card.

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

Important Notice

The Health Benefits Retiree client service walk-in center is currently closed.

We cannot access or process faxed forms or correspondence sent on or after March 11, 2020. Please resubmit the documents as follows:

- 1) Inquiries and questions can be emailed to healthbenefits@olr.nyc.gov
- 2) Forms/documents can be sent via email to NYCRetireesHBP@emblemhealth.com

Please do NOT include your Social Security number, include your Employee ID or pension number only.

- 3) For questions regarding the PICA prescription drug benefit program please call 1-800-467-2006.

4) If you are a HIP-HMO member turning 65 or on Medicare due to a disability, please contact HIP at (800) 447-9169 to enroll over the phone. Please identify yourself as a City of New York retiree or dependent of a retiree. For all other members enrolled in a HMO plan, please contact your health plan at the customer service numbers on the back of your ID card.

Please note that **active employees** can contact NYCAPS Central by:

- 1) Phone - 212-487-0500
- 2) Email - nycapscentral@dcas.nyc.gov Or HealthBenefits@dcas.nyc.gov

Please check our website periodically for updates.

Special case – If both you and your spouse are City of New York employees, City retirees, or a dependent on your spouse’s plan, you can consider separate coverage into an individual plan, upon becoming eligible for Medicare. This can be done by submitting a letter to OLR, with a full explanation. Indicate that the dependent should be dropped from one plan and provided individual Medicare coverage, according to the 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 Part D prescription drug coverage. If you currently have GHI but do not have prescription drug coverage and would like to receive 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 the monthly premium accordingly.

If you have other insurance coverage, you will need to decide which option is more beneficial, when you become eligible for 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
22 Cortlandt Street, 12th Floor
New York, NY 10007**

The Office of Labor Relations will include with this check instructions regarding how to obtain 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