

**OFFICE OF THE COUNTY EXECUTIVE  
ALL-EMPLOYEES MEMORANDUM**

**DATE:** October 27, 2009

**IMPORTANT REMINDER**  
**MEDICARE PART A AND PART B**

**RETIREES WHO ARE 65 YEARS OF AGE OR OLDER, AS WELL AS DISABLED RETIREES ONCE THEY BECOME ELIGIBLE FOR MEDICARE (even if you are not yet 65 years old), MUST ENROLL IN MEDICARE PART A AND PART B AS SOON AS YOU ARE ELIGIBLE OR RISK A SIGNIFICANT REDUCTION IN THE LEVEL OF MEDICAL BENEFITS**

At the time of your eligibility for Medicare benefits, you must enroll in both Medicare Part A and Medicare Part B. In order to enroll, simply retain the Medicare Card sent to you by the Department of Health & Human Services, Centers for Medicare & Medicaid Services, and do nothing else. **Otherwise, you risk substantial reduction of medical benefits available under the EMHP.**

Your dependents must also be enrolled in Medicare as soon as they become eligible. Suffolk County will reimburse you for the usual cost of the Medicare Part B premiums as well as any Medicare Part B Income Related Surcharges for you and your covered eligible dependents, **PROVIDED REIMBURSEMENT IS NOT RECEIVED FROM ANOTHER SOURCE.**

Many Suffolk County employees who are eligible for a Disability Retirement might also be eligible for a Social Security Disability Insurance (SSDI) allowance -a monthly benefit paid to disabled individuals under the Social Security system. After 24 months of SSDI eligibility, you automatically become eligible for, **and must enroll in,** Medicare Parts A and B. In order to enroll, simply retain the Medicare Card sent to you by the Department of Health & Human Services, Centers for Medicare & Medicaid Services, and do nothing else. If you are not eligible for Social Security Disability Insurance (SSDI) allowance, you must enroll in Medicare when you are 65 years of age or if you subsequently become eligible for Medicare because you become eligible for Social Security Disability Insurance (SSDI).

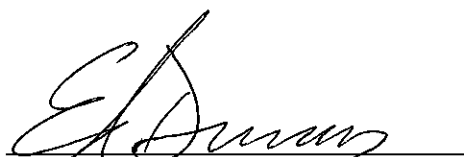
**If you do not enroll in Medicare Parts A and B when you are first eligible, your health benefits will be drastically reduced. You will be responsible for the full cost of medical services that Medicare would have covered because EMHP will not provide any benefits for coverage that would otherwise be available under Medicare.**

A dependent of a retired employee, (your spouse, domestic partner, or child) who is covered under your policy must also be enrolled in both Medicare Part A and Part B when first eligible.

A Domestic Partner of an active employee who is covered under your policy must also enroll in both Medicare Part A and Part B when first eligible. Your dependent is eligible for Medicare:

- regardless of age, when they have been classified by Social Security as disabled for more than 24 months, or
- regardless of age, when they have end stage renal disease (permanent kidney failure), or
- if you are retired, when they are 65 years of age or older and are not otherwise covered for health benefits by virtue of their employment.

Please forward a photocopy of your Medicare card and/or your dependent's Medicare card to the Employee Benefits Unit, Suffolk County Department of Civil Service/Human Resources, P.O. Box 6100, Hauppauge, NY 11788-0099. The Employee Benefits Unit will arrange to reimburse you for your and/or your dependent's Medicare Part B premiums (**excluding penalties for late enrollment**) as well as any Medicare Part B Income Related Surcharges, unless you or your dependent receives reimbursement from another source. If you are eligible for reimbursement of Medicare Part B Income Related Surcharges, in addition to submitting your Medicare Card, you must also complete an "Application for Medicare Part B Income Related Surcharge Reimbursement" and submit the documentation requested on the form (i.e. Social Security Benefit Statement, Form SSA-1099, from the Social Security Administration). Please contact the Employee Benefits Unit via e-mail at [ebu@suffolkcountyny.gov](mailto:ebu@suffolkcountyny.gov) or via telephone at 631-853-4866 to obtain the Application Form.



**ED DUMAS**  
Chief Deputy County Executive

Distribution

One copy per employee