



16-2019

OFFICE OF THE COUNTY EXECUTIVE ALL-EMPLOYEES MEMORANDUM

DATE: October 1, 2019

IMPORTANT REMINDER

ENROLLMENT IN MEDICARE PARTS A (Hospital) and B (Medical)

Do not delay your enrollment because you have EMHP coverage – EMHP becomes secondary to Medicare when you become “first eligible” for Medicare coverage.

Retirees and their eligible dependents must enroll in both Medicare Part A and Medicare Part B at the time they are “first eligible”. Failure to enroll when you and your eligible dependents are “first eligible” could result in significant expense to you. Simply retain the Medicare Card sent to you and/or your eligible dependent(s) by the Centers for Medicare & Medicaid Services (CMS) and forward a copy of this card to the Employee Benefits Unit.

See below for an explanation of when you become “first eligible”. If you have any questions about when you or your eligible dependent(s) first become eligible for Medicare, please call Employee Benefits Unit (EBU) at 631-853-4866.

As a Retiree, when am I “first eligible”?

- If you are a **disabled retiree**, under age 65 and receiving disability benefits from Social Security or certain disability benefits from the Railroad Retirement Board (RRB), you are automatically enrolled in Medicare Part A and Part B after you are receiving Social Security or Railroad Retirement benefits for 24 months. Your Medicare card will be mailed to you about three months before your 25th month of disability benefits. **DO NOT** reject Medicare Part B coverage as EMHP will become secondary on that 25th month. Retain the Medicare Part B card.
- If you **retire prior to age 65 and you subsequently become Medicare eligible** due to a disability, ALS (Lou Gehrig’s disease), etc. or End Stage Renal, you are automatically enrolled in Medicare Part A and Part B after you get Social Security or Railroad Retirement benefits for 24 months. Your Medicare card will be mailed to you about three months before your 25th month of disability benefits. **DO NOT** reject Medicare Part B coverage as EMHP will become secondary on that 25th month. Retain the Medicare Part B card.
- If you **retire prior to age 65**, you must contact Medicare four months prior to your 65th birthday, so your Medicare will be effective the first day of the month in which you turn 65.
- If you **retire at age 65 or older**, you must contact Medicare four months prior to your retirement so your Medicare will be effective the first of the month following your retirement.

When are the Spouses, Domestic Partners* or Dependents of Retirees “first eligible”?

*(*A Domestic Partner of an active employee who is covered under your health plan **must** also enroll in both Medicare Part A and Part B when he/she becomes “first eligible” as defined herein. Medicare is then primary for the domestic partner. Failure to enroll could result in significant expense to the domestic partner as EMHP will only pay benefits on a secondary basis.)*

A dependent of a **retired** employee, (your spouse, domestic partner, or child) that is covered for health benefits as your dependent must also enroll in both Medicare Part A and Part B when they become “first eligible”. Medicare will then become primary for that dependent.

- Regardless of age, when they have been classified by Social Security as disabled for more than 24 months, or receiving disability benefits from the Railroad Retirement Board (RRB), they must enroll in Medicare no later than the 25th month they are receiving disability.
- Unless you are still **actively employed** and depending upon their health benefits plan requirements, they must enroll in Medicare when they become “first eligible” (e.g., retired and they reach age 65).
- Regardless of age, when they have end stage renal disease (permanent kidney failure), they must enroll in Medicare when “first eligible”. Eligibility is determined by the Social Security Administration (SSA). You should contact the SSA as soon as dialysis treatments begin. Their Medicare coverage will still start the fourth month of dialysis treatments.
- If you are retired, and they are 65 years of age or older and are not covered for health benefits by virtue of their employment, they must contact Medicare four months prior to your date of retirement, or their 65th birthday, which comes later.

ENROLLMENT IN MEDICARE PART D (PRESCRIPTION DRUGS)

When you and/or your eligible dependent(s) become Medicare eligible, Employee Benefits will automatically enroll you in the Express Scripts Medicare (PDP) for Suffolk County Employee Medical Health Plan (EMHP) unless you notify the Suffolk County Employee Benefits Unit (EBU) that you do not want to be enrolled in that County’s prescription drug plan. If you wish to “opt out”, you must contact EBU to obtain the “opt out” form, which you must complete and return to EBU.

If you join another Medicare Part D prescription drug plan or opt-out of the EMHP’s PDP, you will lose your prescription drug coverage under the EMHP and the County will **NOT** offer secondary prescription drug coverage. However, you will not lose your hospital, medical and mental health/substance abuse coverages. If you enroll in a Medicare Part D prescription drug plan other than the plan offered through the EMHP and then no longer wish to have that Part D plan, then you may re-enroll in the EMHP Medicare Part D prescription plan on a going forward basis only.

REIMBURSEMENT FOR MEDICARE PREMIUMS

(Only if you and/or your dependent(s) are not eligible for or being reimbursed from another source¹)

- You will **not** be reimbursed for **Medicare Part A** premium costs, if any.
- You will be reimbursed for an amount equal to the “standard” **Medicare Part B** premiums once Medicare becomes primary **provided** you and/or your eligible dependent(s) have submitted a copy of your Medicare Card and the Certification for Medicare Part B Premium Reimbursement Form (available from EBU) to the Employee Benefits Unit **and are not eligible for or receiving reimbursement from another source¹**.

- If applicable, you will be reimbursed for any **Income Related Monthly Adjustment Amount (IRMAA)** associated with Medicare Part B and Medicare Part D, provided all required documentation is received and you and/or your eligible dependent(s) are not eligible for or receiving reimbursement from another source¹.

Note: If you or your eligible dependents are not enrolled in the County's Medicare Part D Prescription Drug Program, you **will not** be eligible for reimbursement of the Medicare Prescription Drug Coverage IRMAA.

Reimbursement of Standard Medicare Part B Monthly Premium

In order to receive reimbursement for the Medicare Part B premium, please forward a photocopy of your Medicare Card and/or your eligible dependents' Medicare Card, as well as the Certification for Medicare Part B Reimbursement, 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 then arrange to reimburse you for you and/or your eligible dependents' Medicare Part B premiums (excluding penalties for late enrollment) automatically.

Reimbursement for Medicare Part B & Medicare Part D Income Related Monthly Adjustment Amount (IRMAA)

You are also eligible for reimbursement of the Medicare Part B and Part D Income Related Monthly Adjustment Amount (IRMAA), unless you or your eligible dependent is eligible for or receiving reimbursement from another source². If you are eligible for reimbursement of the IRMAA, you must complete an "Application for Medicare Parts B & D Income Related Monthly Adjustment Amount (IRMAA) Reimbursement" annually and submit the required documentation requested on the application (i.e. Social Security Benefit Statement/Letter and Form SSA-1099, from the Social Security Administration) and return all to the Employee Benefits Unit, Suffolk County Department of Civil Service/Human Resources, P.O. Box 6100, Hauppauge, NY 11788-0099 by the date specified on the letter. **The application will be mailed via a separate mailing to you by EBU each year.**

Please contact the Employee Benefits Unit via e-mail at ebu@suffolkcountyny.gov or via telephone at 631-853-4866 to obtain the Medicare Part B Certification Form or if you have any questions regarding Medicare enrollment or reimbursement.



Dennis M. Cohen
Chief Deputy County Executive

Distribution:

One copy per employee/retiree

¹ If you or your eligible dependent is eligible for or being reimbursed by another source (e.g., your spouse is a retiree from a Long Island school district), then Suffolk County will not reimburse any Medicare premiums. You are required to disclose this arrangement. Your failure to disclose eligibility and/or receipt of reimbursement of Medicare premiums from another source will result in your being held financially liable for all monies paid by Suffolk County for Medicare premiums for which you were eligible for or actually received reimbursement from another source, irrespective of how many years this "dual eligibility" was in place.

² If you or your eligible dependent is eligible for or being reimbursed by another source (e.g., your spouse is a retiree from a Long Island school district), then Suffolk County will not reimburse any Medicare premiums. You are required to disclose this arrangement. Your failure to disclose eligibility and/or receipt of reimbursement of Medicare premiums from another source will result in your being held financially liable for all monies paid by Suffolk County for Medicare premiums for which you were eligible for or actually received reimbursement from another source, irrespective of how many years this "dual eligibility" was in place.