

MEDICARE OVERVIEW

Eligibility and Enrollment

US CITIZENS AND LONG-TERM PERMANENT RESIDENTS WITH TEN (10) YEARS OR MORE US WORK HISTORY

If you and/or your dependent are 65 years of age, and a US citizen, or lawfully admitted permanent resident who has worked in the US and has paid Social Security/Medicare taxes in the US for at least ten (10) years, you must register for Medicare Part A and Part B. The registration period is seven (7) months and includes the three (3) months prior to your 65th birthday, the month of your 65th birthday, and the three (3) months following your 65th birthday. Registration for Medicare Parts A and B is required under the IDB Group Medical Benefits Program if you fall into this category.

Please note, if you do not enroll when you first become eligible, you may have to pay a late enrollment penalty, and you may have to wait until the next Medicare General Enrollment Period. However, if you are still working full-time at age 65 and are covered as an active employee under the IDB Group Medical Benefits Program, you may wait until you retire to register for Medicare under a “Special Enrollment Period.”

It is important to understand that registration for Medicare and registration for your Social Security benefits are now two separate processes in most cases. For many years, the Social Security “full retirement age” was 65, and most people were automatically registered for Medicare when they became eligible to receive their Social Security benefits. However, in recent years, the “full retirement age” for Social Security has changed. The full retirement age is now 66 years plus X months, depending on birth year, and for those born in 1960 or later, the full retirement age is 67.

This change means that because their full retirement age for Social Security is beyond 65, most people will be required to register for Medicare independent of their registration to receive Social Security benefits, because Medicare benefits still begin at age 65, regardless of Social Security status.

If you are eligible for Social Security and for some reason plan to begin receiving your Social Security benefits at age 65 (now considered “early retirement” for Social Security for most people), and you have already applied for your Social Security benefits your enrollment in Medicare Parts A and B is usually automatic in this case. Regardless, it is your responsibility to make sure you have enrolled in Medicare by age 65.

It is very important that you understand that registering only to receive Medicare benefits at age 65 is a separate process from registering to receive your Social Security pension benefits. If you do not plan to start receiving your Social Security benefits at age 65, you must be certain that you do not apply to begin receiving Social Security benefits at the same time you register for Medicare.

Three months before reaching age 65, it is your responsibility to enroll in Medicare Parts A and B. You may apply for Medicare Part A and Part B at <https://www.ssa.gov/benefits/medicare/> and follow the steps described below.

Please note that you should NOT register for any Medicare Part D prescription drug program. This is not required, and you do not need this coverage, due to the benefits you receive under the IDB Group Medical Benefits Program.

You may also enroll online at www.Medicare.gov where you will find additional helpful information about Medicare.

You may also call the Social Security Administration (SSA), toll free, at [1-800-772 1213](tel:1-800-772-1213) to make an appointment to apply in person, at your local Social Security Administration Office.

If enrolling at ssa.gov/benefits/Medicare, you may follow these steps:

- 1. Under the "GET READY" Section on the "APPLY FOR BENEFITS" page, make sure you meet the requirements to apply for benefits online and you have the information you will need.**
- 2. Once you know you qualify for benefits online and you have all the information you need to apply, select the "START A NEW APPLICATION" button.**
- 3. You will then be asked to agree to the terms of services agreement and create or log in to your personal "MY SOCIAL SECURITY" account. If SSA cannot process your request, you will receive specific instructions.**

- **SOCIAL SECURITY OFFICES**

When applying in person, make certain to be clear that you are applying only for Medicare and not for your Social Security pension benefits.

As noted above, registering for Social Security pension benefits is a separate process with specific rules and requirements, and you should review these carefully if you are or will be eligible to receive Social Security benefits pension in the U.S.

G4 VISA HOLDERS WHO WILL BECOME US PERMANENT RESIDENTS UPON RETIREMENT

G4 visa holders and their eligible dependents who apply for US permanent resident status upon retirement from the IDB Group must also register for Medicare at age 65.

If you are a member in this status, you will register for Medicare Part B ONLY. You are not eligible for Medicare Part A, and you should not accept this coverage if it is offered to you for a monthly premium. You do not need Medicare Part A coverage under the IDB Group Plan, and the IDB Group will not reimburse you for any Part A premium cost.

Please note that you should NOT register for any Medicare Part D prescription drug program. This is not required, and you do not need this coverage, due to the benefits you receive under the IDB Group Medical Benefits Program.

It is your responsibility to register for Medicare Part B as you reach age 65. Your registration period for Medicare Part B is seven (7) months and includes the three (3) months prior to your 65th birthday, the month of your 65th birthday, and the three (3) months following your 65th birthday.

In the event you are still working full-time at age 65 and are covered as an active employee under the IDB Group Medical Benefits Program, you may wait until you retire to register for Medicare under a “Special Enrollment Period.”

You should call the Social Security Administration (SSA), toll free, at **1-800-772-1213** to make an appointment to apply in person, at your local Social Security Administration Office.

You may also apply for Medicare Part B at <https://www.ssa.gov/benefits/medicare/> or you may enroll online at www.Medicare.gov where you will find additional helpful information about Medicare. If you enroll online, the steps to follow are the same as shown above.

IMPORTANT NOTE: Eligibility for Medicare Part B requires five (5) years status as a U.S. permanent resident. Years in G4 status prior to your retirement DO COUNT toward the five-year requirement. You DO NOT have to wait until age 67 or later to apply for Medicare Part B, and you should not accept this advice from Social Security Office personnel. The Employee Well-Being and Health Benefits Team (HRD/INS@iadb.org) will provide you with the necessary documentation to confirm your eligibility at age 65.

If you live outside the United States and its territories, and need to apply for Medicare, please contact the nearest U.S. Social Security office, U.S. Embassy or consulate.

Paying your Medicare Part B Premiums

If you are receiving a monthly Social Security payment from the U.S. government, your Medicare Part B premium will be deducted from that payment monthly. Upon receipt of a copy of your Medicare card and proof of the amount of the premium that is deducted from your Social Security benefit by the Employee Wellbeing and Health Benefits Team, you will be reimbursed the current Medicare Part B premium on a monthly basis.

If you are not collecting Social Security, you will receive a quarterly invoice from Medicare, which you must pay directly. You must then submit a copy of the invoice as directed below to receive reimbursement of your Medicare Part B premium. You will be reimbursed each quarterly amount in advance.

If you are not eligible for Medicare Part B, you must request an official letter, or the office of the Social Security Administration should inform you in writing of its decision indicating the reason for the denial. You must submit this letter to the Employee Wellbeing and Health Benefits Team, and the IDB Group will review the information to determine if you will be granted a “waiver” and the IDB Group Program will continue to cover you as your primary insurance, until you meet the eligibility requirements for the next Medicare enrollment.


If you or your dependent are not eligible for Medicare, you must e-mail the Employee Wellbeing and Health Benefits Team to explain why you (or your dependent) cannot participate, so that we may review your personal situation.

ONCE ENROLLED - NEXT STEPS

Once you receive your Medicare card, you **MUST** send a copy to the Employee Wellbeing and Health Benefits Team to register you in the IDB GROUP system as Medicare eligible to receive reimbursements.

If your dependent is also eligible and enrolled in Medicare Part B, then you **MUST** provide the WB&HB office a copy of the Medicare card and the Social Security number. This is necessary for the IDB Group to register your dependent's SSN in the system for eligibility purposes, and to collect Medicare Part D subsidy from the US government.

After receiving your Medicare card(s) and Social Security number(s), the Employee Wellbeing and Health Benefits Team will send you the Reimbursement Request Form.



You may use the toll-free number sponsored by the U.S. Government, 1-800-MEDICARE (1-800-633-4227) to initiate the enrollment process, order publications about Medicare, or hear pre-recorded information in English or Spanish. You may also access the Medicare website at <http://www.medicare.gov>.

Coordination of Benefits

Once enrolled, coordination of benefits takes place. Medicare becomes your primary insurance, and the IDB GROUP Program will be your secondary insurance. This means, Medicare will pay first (the “first payer”), and Aetna International will pay as secondary (the “second payer”).

From the first date of your Medicare eligibility, when you go to the doctor or other provider, make sure to provide both ID cards and advise your provider that Medicare is your primary insurance and Aetna International is your secondary insurance. This will allow your providers to submit your claims properly.

The IDB Group Medical Benefits Program pays for 100% of the balance of allowed expenses left after Medicare pays the amount it covers. For eligible expenses that Medicare does not cover, the Medical Program still provides 100% reimbursement, or reimbursement at the percentage stated in the Medical Benefits Program Handbook.

If you (or your dependent) qualify for enrollment in Medicare and fail to do so when you (or your dependent) are first eligible (i.e., shortly before reaching age 65), Aetna International will not process any of your claims until it receives the Explanation of Benefits from Medicare for the medical services you received from your provider. This means that you will not be reimbursed for your medical claims until you enroll in Medicare. Once you are enrolled, you will receive reimbursement for the portion that would be paid by the IDB GROUP Program after Medicare has made payments for eligible charges.

In this case, you must enroll for Medicare during the next “**open enrollment period**” of January through March, for an effective date of July.

There are a number of different scenarios that may occur in submitting claims and paying your providers when you have Medicare, depending on whether your provider is “in-network”

for Aetna International, “out-of-network” for Aetna International, non-participating in Medicare for some or all services, or has “opted out” of Medicare altogether.

It is very important that you advise all of your U.S. providers, including doctors, hospitals and other health care providers, that Medicare is your “first payer,” and Aetna International is your “second payer,” so your providers will file your claims correctly and the process called “Coordination of Benefits” can occur, allowing Aetna International to pay the proper amount remaining after Medicare has paid its authorized amount for covered services.

When you use providers that are in-network with Aetna International and that are also participating providers with Medicare (these providers “accept Medicare assignment”), your claims should be filed electronically by your provider with no issues, if you have provided the payer information noted above in the proper order. If you have a copay/co-insurance amount applicable to the type of service you receive, your provider will typically collect this at the time of your appointment.

If you use providers that are in-network with Aetna International and participate with Medicare for some services but are non-participating with Medicare for certain other services, the provider should still file your claim electronically with both Medicare and with Aetna International. Providers may selectively choose to participate with Medicare for individual services they provide based on the CPT (Current Procedural Terminology) Code of each service, so you may find that your provider “accepts Medicare assignment” for some services but is “non-participating” for other services. In this case, you will receive a check from Medicare for the Medicare approved amount which you will then be required to pay to your provider. There is no provision for Medicare to operate in any other manner in these cases. Aetna International will then pay you by check or direct deposit for the remaining eligible amount due, and you will also be required to pay your provider for the portion that Aetna has reimbursed to you. You may also have a co-pay/co-insurance amount due to your provider, depending on the type of service you received, if your provider did not collect it at the time of your appointment.

If you use providers that are out of network for Aetna International but are participating with Medicare, you will receive an Explanation of Benefits (EOB) from Medicare showing what Medicare paid to the provider after the provider files electronically with Medicare. In this case you MUST send the Medicare EOB to Aetna International along with your claim form and invoice/documentation in order to receive reimbursement for the balance you are owed after Medicare has paid its portion of the bill and you have paid your provider for the balance. Aetna International has no way of knowing what the Medicare payment was in this case, nor will Aetna International directly receive the Medicare EOB, so you are required to submit it with your claim to Aetna International. In this scenario, your provider may, as a courtesy, also file your claim electronically with Aetna International, although the provider is not required to do so. If this occurs, Aetna will hold your claim pending receipt of the Medicare EOB from you. You will receive a notice that Aetna “needs more information” requesting that you provide a copy of the Medicare EOB. You may also have a co-pay/co-insurance amount due to your provider, depending on the type of service you received, if your provider did not collect it at the time of your appointment.

If your provider is in-network with Aetna International but has “opted-out” entirely from Medicare – meaning that the provider does not accept Medicare in any case, your provider will file your claim with Aetna and will send a copy of his/her Medicare “opt-out letter” to

Aetna along with your claim. Aetna will process your claim, minus any applicable co-pay/co-insurance amount, as an in-network claim.

When your provider is out of network with Aetna International and has opted-out from Medicare, you must pay your provider the full amount you owe and then file your claim for reimbursement with Aetna International. You will need to ask your provider for a copy of his/her Medicare “opt-out Letter” to file with your claim for reimbursement, as Aetna will have no information on your provider’s Medicare status.

The chart below summarizes the various scenarios for claim submission with Medicare.

HOW YOUR CLAIMS WORK WITH MEDICARE

| SITUATION | ACTION | PAYMENT |
|---|---|---|
| Your provider is in-network for Aetna AND participates with Medicare (“accepts Medicare assignment”) | Your provider will electronically file your claim with Medicare, and it will be automatically passed to Aetna | <p>PAY ONLY CO-PAY, IF ANY, AT TIME OF SERVICE</p> <p>Medicare pays its approved portion directly to the provider and Aetna pays the remaining balance directly to the provider.</p> <p>If you had an applicable co-pay/co-insurance and did not pay it out-of-pocket at the time of your appointment, you may receive a bill from your provider for that amount.</p> |
| Your provider is in-network for Aetna BUT is non-participating with Medicare for certain services and is participating for other services (This means your provider chooses not to accept the Medicare negotiated rates for some services, but does accept them for others) | Your provider will electronically file your claim with Medicare, and it will be automatically passed to Aetna | <p>PAY ONLY CO-PAY, IF ANY, AT TIME OF SERVICE</p> <p>For the services for which your provider is non-participating in Medicare, Medicare will send you a check for its approved portion for any “non-participating” services and Aetna will then send you a check for the remaining balance. YOU MUST PAY THESE AMOUNTS TO YOUR PROVIDER.</p> <p>For services for which your provider does participate with Medicare, Medicare pays its portion directly to your provider and Aetna pays the remaining balance directly to your provider.</p> <p>If you had an applicable co-pay/co-insurance and did not pay it out-of-pocket at the time of your appointment, you may receive a bill from your provider for that amount.</p> |
| Your provider is in-network for Aetna BUT | Your provider will electronically file | |

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|--|--|---|
| has “opted out” of Medicare | your claim with Aetna and will include his/her Medicare “opt out” letter when filing | <p>PAY ONLY CO-PAY, IF ANY, AT TIME OF SERVICE</p> <p>Aetna will pay the provider directly; minus any applicable co-insurance/co-pay you may have.</p> <p>If you had an applicable co-pay/co-insurance and did not pay it out-of-pocket at the time of your appointment, you may receive a bill from your provider for that amount.</p> |
| Your provider is out-of-network for Aetna but DOES participate in Medicare | <p>Your provider will electronically file your claim with Medicare ONLY, and you must file a claim directly with Aetna for the balance after Medicare pays.</p> <p>OR</p> <p>Your provider will electronically file your claim with Medicare and as a courtesy MAY choose to also file your claim electronically with Aetna</p> | <p>PAYMENT AT TIME OF SERVICE DEPENDS ON PROVIDER</p> <p>You will receive a Medicare “EOB” showing the amount Medicare paid to your provider. You must send the Medicare EOB to Aetna along with your claim for the balance owed.</p> <p>In this case, Aetna will not process the claim from the provider until you provide Aetna with a copy of the Medicare EOB you received. Aetna has no way of obtaining this Medicare information, so Aetna will pend your claim for “more information” and will send you an EOB asking for you to send a copy of your Medicare EOB so the balance of the claim can be correctly paid to the provider.</p> |
| Your provider is out-of-network for Aetna and DOES NOT participate in Medicare (has “opted out”) | <p>Your provider MAY file your claim with Aetna as a courtesy, along with a copy of his/her Medicare opt-out letter but is NOT OBLIGATED to do this.</p> <p>Your provider chooses not to file claims with any insurance/payer at all.</p> | <p>PAYMENT AT TIME OF SERVICE DEPENDS ON PROVIDER</p> <p>Aetna will pay the Reasonable & Customary amount of the claim directly to the provider, less any applicable co-insurance/co-pay.</p> <p>In this case you must pay your provider out of pocket and file a claim for reimbursement with Aetna yourself. You MUST request a copy of your provider’s Medicare opt-out letter to file with your claim.</p> |

If you have any questions about Coordination of Benefits or other questions about your Program, please contact Aetna International Customer Service at 1-888-633-1055. For questions about your Medicare coverage or claims, you may go to www.medicare.gov and follow the instructions to create a “My Medicare” account where you can view your claims,

deductibles and other information, or you may use the tools on the Medicare website to find the telephone numbers for your geographic area, in order to speak to a Medicare representative.

Medicare Basic Benefits Parts

Medicare Part A. It helps to pay for hospital care, skilled nursing facilities, hospices, and some home health care at no cost to you. To be eligible for Medicare Part A, you (or your spouse) will need to have paid Medicare taxes for 10 years (or 40 “quarters”). If you meet these criteria, you are eligible to enroll for Medicare Part A coverage.

Medicare Part B. It helps to pay for doctors’ office charges, outpatient hospital care, and some other medical services that Medicare Part A does not cover. Under the IDB Group Program, you are required to enroll in Medicare Part B and pay the premium, which will be billed to you quarterly in advance or will be deducted from your monthly Social Security benefits if you are receiving Social Security payments. The Medicare Part B premium will be reimbursed by the IDB GROUP.

What is covered by Medicare Part A & B?

Part A

- ✓ Inpatient hospital services
- ✓ Inpatient skilled nursing facilities care
- ✓ Short-term nursing home care
- ✓ Home health care services
- ✓ Hospice care

Part B

- ✓ Physicians’ office visits
- ✓ Outpatient care
- ✓ Preventive services
- ✓ Some home health care services
- ✓ Durable medical equipment
- ✓ Mental healthcare
- ✓ Ambulance services

Medicare Part A & B does not cover

- ✓ Long term care (also called custodial care)
- ✓ Acupuncture

- ✓ Naturopathy
- ✓ Routine foot care
- ✓ Routine eye care, including prescription glasses
- ✓ Cosmetic surgery
- ✓ Hearing aids and examinations
- ✓ Dental care and dentures
- ✓ Prescription drugs
- ✓ Care outside the United States

Medicare Part B Premium Cost Reimbursement

The IDB Group will reimburse the cost of Medicare Part B premium(s) to all participants in the Medical Insurance Program, who are enrolled in Medicare Part B, including their eligible dependents (spouse and dependent parents) also enrolled in Medicare.

In order to receive reimbursement, you must provide a copy of your Social Security card and documentation, usually a Social Security determination letter or invoice from the Social Security Administration, to verify the amount of the premium you are paying.

Medicare participants are required to send their Medicare Part B premium information to the P&A Group each calendar year so P&A Group can process the correct monthly or quarterly reimbursement amount.

P&A Group

P&A Group is contracted by the IDB Group to administer the Medicare Part B reimbursement process.

To receive reimbursement, you are required to send a completed request form for yourself and for your eligible dependent(s), if applicable, to P&A Group. You must also send a copy of the letter you receive each year from the Social Security Administration, which indicates your (current year) Medicare Part B monthly premiums.

If Medicare Part B premiums are deducted from your Social Security Pension Benefit, a copy of your statement reflecting the premium amount is also sufficient. You do not need to send a copy of your Medicare card to P&A Group.

You may submit your Medicare Premium Reimbursement Request to P&A Group as follows:

Online Reimbursement Request – You may create a “USERNAME” and “PASSWORD” directly online through the P&A website at: www.padmin.com.

Login to your account and select “Upload a Claim” (Medicare Part B reimbursement request) under the **Members Tools** tab.

Regular Mail:



P&A Group

Flex Department

Attn: IDB Reimbursement Account

17 Court Street, Suite 500

Buffalo, NY 14202

Fax: Toll-free (855) 362-7711 (IDB participants' line)

Access to Customer Service at 1(800) 688-2611 Monday to Friday from 8:30 am to 8:00 pm.

Fax: Complete a P&A reimbursement request claim form and fax it to: Toll- free 1-855-362-7711.

Need more information

If you have additional questions, you may contact the Employee Well-being and Health Benefits Team at (202) 623-3090 or at HRD/INS@iadb.org