

United Nations

Health and Life Insurance Section, FF-300, 304 East 45th St. New York, NY 10017 – EMAIL: ashi@un.org

MEDICARE FAQS

Section I: Eligibility & enrolment

1. Q: *Am I eligible for Medicare?*

A: You are eligible for free Medicare Part A (hospitalization) if you contributed to Social Security for 40 quarters (ten years) and will be automatically enrolled in Medicare when you become 65.

You are eligible for Medicare Part B (doctors' visits from age 65), if you have lawfully resided in the United States for a minimum of 5 years, including periods under a G-4 visa.

- For example: You retire at age 62 after being on a G4 visa at UNHQ and apply for permanent resident status (Green card). You are eligible to apply for Medicare three years later at age 65, although you were only a permanent resident for approximately 3 years. You do not have to receive US Social Security payments to be eligible for Medicare Part B.

Although most individuals become eligible for Medicare Part B upon attainment of age 65, there is an exception to the age requirement if Social Security has declared you disabled. If you are currently enrolled in both Medicare Part A due to a disability and a UN after-service Medical Insurance plan, you are required to enrol in Medicare Part B.

2. Q: *How do I apply for Medicare Part B?*

A: If you are entitled to US Social Security payments, you will be automatically enrolled as you approach age 65 and should receive a card in the mail.

If you are not entitled to Social Security or if you declined to enrol when you reached age 65, but need to enrol in Medicare Part B, you may do so by contacting your local Social Security Administration office. You can locate your local office by going to the Social Security Administration website, www.socialsecurity.gov.

3. Q: *I have never paid into the US Social Security system. Do I have to enrol into the Medicare part A and/or B?*

A: If you did not contribute to Social Security, you do not need to enrol in Part A since it will be an additional cost to you. However, you need to enrol in Part B as the United Nations has made the enrolment in Part B a requirement for all eligible ASHI participants and their dependents as of 1 January 2011.

4. Q: *I am a US citizen but did not work in the US long enough to qualify for social security. Am I eligible for Medicare and do I have to enrol?*

A: Yes you are eligible to enrol in Medicare Part B even though you did not contribute to Social Security. You need to enrol in Part B as the United Nations has made the enrolment in part B a requirement for all eligible ASHI participants and their dependents as of 1 January 2011. However, you do not need to enrol in Part A since it will be an additional cost to you.

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5. Q: *What will happen if I choose not to enrol in Medicare part B even though I am 65 and eligible for Medicare?*

A: Your claims will be adjudicated as if you had Medicare Part B. In other words, when Aetna, Blue Cross, or HIP receives a claim from one of your physicians, they will only pay the balance of the claim as if you had enrolled in Medicare part B. You will be responsible for 80% of your claims.

6. Q: *I was previously enrolled in Medicare Part B but dropped the coverage. Do I need to reenrol in Medicare Part B? Will the UN pay any penalties associated with my reenrolment?*

A: Yes. You should re-enrol as soon as possible because your claims will be adjudicated as if you had Medicare Part B.

No. The UN will not pay any additional penalties incurred during the period when the Medicare Part B coverage was dropped.

7. Q: *Will I be required to pay a penalty if I have not joined Medicare B during the enrolment period? If so, how much?*

A: Yes. There is a penalty of 10% for every year for which you were eligible for Medicare and did not apply. If you are 65 or older and have not applied for Medicare part B as yet, please do so as soon as possible to avoid or limit the penalties.

8. Q: *Do I need to apply for Medicare D (prescription drugs)?*

A: No. Since our US based insurance plans (Aetna, Blue Cross, and HIP) cover prescription drugs and have attestation from an Actuarial Consultant to provide Creditable Coverage, there is no need to apply for Medicare D. Moreover, the United Nations receives a drug subsidy from the US Government for each UN retiree enrolled in Medicare Part A or Part B or both, and not enrolled in Part D. We therefore require our ASHI participants **not to** enrol in Medicare Part D. If you have already applied for part D, please drop the Medicare part D plan as soon as possible.

9. Q: *As a UN retiree, does my Medicare-eligible spouse have to apply for Medicare Part B if I am not eligible? If so, will my spouse be reimbursed the amount of the Medicare Part B premium and how will the payment be made?*

A: Your spouse does not need to apply as long as you are in an active plan. Otherwise, he/she is required to enrol if eligible. The reimbursements for Medicare Part B premiums are being made on a monthly basis directly to your bank account that you will provide on the Medicare reimbursement form. Please note that the Health & Life Insurance Section will need to receive a duly filled Medicare Part B Reimbursement Request Form and the notices or letters from the Social Security Administration (SSA) and a copy of the Medicare card before refunding premiums.

10. Q: *What are Medicare Advantage Plan (part C) and MediGap? Do I need to enrol in those plans?*

A: Medicare Advantage Plan and MediGap are supplemental coverage plans offered to eligible members at an additional cost. You do not need to enrol in these supplemental insurance plans since our US based insurance plans will reimburse what Medicare A and B do not cover under what is determined to be reasonable and customary, and covered under UN plans.

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11. Q: I live in Puerto Rico, am I eligible for Medicare?

A: Yes. People who live in US Territories such as Puerto Rico are eligible and should apply for Medicare part B as their claims will be adjudicated if they do not enrol.

12. Q: I just signed up for Medicare. What are the next steps?

A: Please submit the following documentation:

- A copy of your Medicare card to ensure that we coordinate your benefits with the insurance carriers.
- The Medicare Part B Reimbursement form - which may be found under the Forms Section of our website at www.un.org/insurance.
 - Include your banking details on the Reimbursement Form to ensure your reimbursement is disbursed to your bank account. If Medicare reimbursement is for your spouse, please be sure that banking details provided are for at least a joint account as funds will be rejected otherwise. It is helpful to include a copy of a void cheque for reimbursements to a checking account. Please note that UNFCU account numbers have 13 digits.
- A letter or billing notice from the SSA indicating your Medicare premium amount.

13. Q: I am covered under the UN Worldwide Plan administered by Cigna (formerly Vanbreda) and I am eligible for Medicare Part B. Am I required to enrol?

A: No. You are only required to enrol for Medicare Part B under the US based plans. If you are relocating to the US and will need to change your plans, you will then be required to enrol in Medicare part B. Please note that the UN will not reimburse any Medicare premium amounts if you decide to enrol in Medicare Part B while covered under the UN Worldwide plan.

Section II: Benefits

1. Q: How do I find a Medicare doctor?

A: Please visit www.medicare.gov. This is the most accurate resource in determining whether a Doctor is in Medicare. **Please note that there are three categories of doctors in relation to Medicare:**

- *Participating doctors* are those who accept the set Medicare assignment (maximum amount a doctor can charge for a specific service).
- *Non-participating doctors* are allowed to go above the Medicare assignment, up to a federal maximum of an additional 15% (for NY, the maximum is 5%)
- *Opt-out doctors* are those doctors who have fully opted out of Medicare. This means that if you go to such a doctor, Medicare will not cover your claim and you are advised to follow your normal claim process. Please note that opt-out doctors may still be within your medical insurance plan's network.

Additionally, please note that being enrolled in Medicare Part B does not restrict your choice of doctors under a UN plan and you will still be reimbursed as before if the doctor has “opted-out” of Medicare. Your claims have to be accompanied by a letter from your doctor indicating he/she has opted out of Medicare before sending claims to insurance carriers.

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2. ***Q: Does Medicare cover dental services?***

A: No, it does not. If you are enrolled under the UN Cigna dental plan, the Medicare Part B enrolment/eligibility has **no** impact on your Cigna Dental coverage.

Section III: Coordination of Benefits (COB) & claims

1. ***Q: Will Medicare be primary or the UN Insurance?***

A: The date your Medicare Part B coverage becomes effective will be the first day when your UN insurance becomes secondary when you visit a doctor who has not “opted-out of Medicare”.

2. ***Q: My spouse is not a staff member and is enrolled in Medicare Part B, but I am not yet eligible to enrol. What is his or her primary plan?***

A:

- If you are a retired staff member, Medicare is primary for your spouse and the insurance carriers (Aetna, Blue Cross, and HIP) is secondary. However, the insurance carriers remains primary for you as a subscriber.
- If you are an active staff member, the UN insurance is always primary and Medicare secondary, even if you or your spouse both have Medicare Part B. As a result, your spouse has the choice to keep or drop his/her Medicare insurance for as long as you remain an active staff member.
- Medicare premiums will not be reimbursed under an active plan.

3. ***Q: Does a doctor who does not accept new Medicare patients have the right not to admit me? If yes, can I be admitted based on my secondary coverage?***

A: Yes. Any doctor has the right not to accept a new patient.

4. ***Q: If my Aetna or Blue Cross physician is not a Medicare provider, will my UN insurance be primary or will I need to find another physician?***

A: If your physician is not a Medicare provider, you can still remain with the same physician. Your physician’s billing procedures will not change.

- If the doctor is an in-network doctor, you will only have to pay your co-pay of either \$15.00 or \$20.00;
- If the doctor is an out-of-network doctor; you will be responsible for the applicable deductibles and co-insurance.

5. ***Q: I have Medicare Part B: who is responsible for submitting the claims to Medicare and then to UN insurance (Aetna, Blue Cross or HIP)?***

A: For UN members that have Medicare and go to providers that accept Medicare, claims are automatically processed by Medicare and insurance carriers (Aetna, Blue Cross, or HIP) as it is the provider’s responsibility to submit claims to Medicare. Once you enrol in Medicare Part B and you provide your Medicare details to the UN via the Medicare Part B Premium Reimbursement form, we will update our system with your information and pass it to the applicable insurance carrier (Aetna, Blue Cross, or HIP) for future processing. Please note that it takes the carriers 6-8 weeks to establish this relationship (also known as “Crossover”) with Medicare from the time that we receive your documents at the UN.

B: For UN members that elect to go to providers that do not accept Medicare, it is the member’s responsibility to adhere to the standard claims processes currently in place.

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6. Q: What if the medical service I am planning to get is not covered by Medicare? How will it be paid?

A: If the medical service that you are planning to receive is not covered by Medicare, your secondary insurance plan (hence the UN plan) will pay for it, as long as the service is included into the secondary plan's reimbursable items.

7. Q: If my doctor opted out of Medicare, but is in the UN plan network, whose responsibility is it to file a claim? How will a doctor make the UN plan administrator know that s/he opted out of the Medicare and should be reimbursed by the UN plan as a primary coverage?

A: Doctors who opt out of Medicare are provided with a Medicare Opt-Out Letter. Most providers who opt out of Medicare are updated in Aetna and Blue Cross's Provider Databases already. However, if the insurance carrier does not have record that the provider opted out of Medicare, the provider should include this information with the claims that are submitted. (i.e. copy of the Medicare Opt-Out Letter)

8. Q: How do I file my claims for the doctors who are out of the UN plans' network and opted out of Medicare?

A: The itemized bill or claim can be submitted directly to Aetna or Blue Cross. Providers who have opted out of Medicare should include that information with the claim. If neither Aetna nor Blue Cross has a record that the provider has opted out of Medicare, the claim may be pending for a Medicare Explanation Of Benefits (EOB)/Copy of Medicare Opt-Out Letter.

9. Q: Will I be reimbursed for the 20% that Medicare does not pay for?

A: No. The UN insurance plan (Aetna, Blue Cross, or HIP) will pay up to the remaining 20% as applicable and if the services are covered.

10. Q: Do I have to pay the annual Medicare deductible?

A: The UN insurance plans (Aetna, Blue Cross, or HIP) will cover the yearly Medicare deductible. It is best for your provider to claim the deductible with your insurance carrier as opposed to your paying out of pocket and filing a claim yourself with your carrier as it may be difficult or impossible to recover this money from the carrier. Please note that the carrier will not pay out the amount paid directly to you. So, you will have to request the physician to directly reimburse you the deductible.

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Section IV: UN Subsidy /Reimbursement

1. Q: How will I be reimbursed for the Medicare Part B premium by the UN?

A: Beginning 2016, the reimbursements for Medicare Part B premiums will be made directly to your bank account on a monthly basis on the last working day of the month.

Please note that the UN Health and Life Insurance Section will need to receive a duly filled "Medicare Part B Annual Premium Reimbursement Request" form along with a copy of the letter/notice from SSA indicating premium amount before refunding any premiums. If you are submitting for the first time, you must also submit a copy of your Medicare card. This request only needs to be submitted once a year, unless there is a change in your monthly Medicare Part B premium.

When submitting for subsequent years, please note that the UN will only reimburse the minimum amount in place until document relating to the current year are submitted. An adjustment is then made to reimburse the retroactive amount due from the beginning of the year.

2. Q: How do I provide proof of payment if I do not receive monthly or quarterly premium statements from Social Security?

A: You may contact Social Security and request a “Social Security Benefit Verification” document. You may request this document online at www.socialsecurity.gov, by calling 800-772-1213, or by visiting your local Social Security office.

3. Q: I am an active staff member and my spouse who is covered under my UN medical insurance plan has Medicare. Am I eligible for reimbursement for my spouse’s Medicare Part B premiums?

A: No. You are not eligible for reimbursement as the Medicare Part B requirement only applies to retired staff members covered under ASHI. There are two options:

- Your spouse can drop the Medicare coverage then re-enrol when you retire.
- Your spouse can keep the coverage without any reimbursements from the UN.

4. Q: I am a post-retirement appointee who has re-joined the Pension Fund. I am therefore no longer covered in ASHI, but rather in the active group. I have Medicare Part B; do I continue to receive reimbursement for the Medicare premiums?

A: No. The Medicare Part B premiums are only reimbursed to ASHI participants. As soon as your ASHI coverage is terminated, so is the reimbursement. You may drop your Medicare coverage and re-enrol when the active insurance coverage ceases. However, everything has to be done in a timely fashion to avoid any a gap in your Medicare coverage when you re-join ASHI. If you decide not to drop the Medicare coverage for the period of the post-retirement appointment, please note that the UN will not reimburse the premiums during that period. Once you return to your ASHI plan, please resubmit all Medicare documents such as Medicare reimbursement form, Medicare ID card along with SSA notice or letter informing of your Medicare premium amount for your reimbursement as this process is not automatic. This is necessary to re-establish your crossover with Medicare along with your reimbursements.

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5. ***Q: Medicare terminated my coverage due to non-payment. What are my options?***
Your claims will be adjudicated as if you had Medicare. You will be responsible for 80% of your claims. It is important to re-enrol in Medicare as soon as possible if they allow you or at the very least, during the following Medicare general enrolment period which is held from January to March every year. You are required to send us the notice from Social Security Administration indicating the date of termination.
6. ***Q: I plan to be away from the US for a prolonged period of time. What will happen if I am unable to pay for my Medicare Part B coverage?***
A: If you plan to be away from the US for a prolonged period of time, you are still responsible for ensuring that Medicare payments are made in a timely manner. In the event the SSA terminates your coverage due to non-payment, your claims will be adjudicated as if you had Medicare and you will therefore be responsible for 80% of your claims. The UN **will not** grant exceptions for a retiree's failure to pay their Medicare premiums.

Section V: Miscellaneous

1. ***Q: How do I pay my Medicare premiums if I don't receive a Social Security check?***
A: If you do not receive a social security check, you will be billed by Medicare for Medicare Part B premiums once every quarter. However, if you sign up for direct payments, the premium will be deducted from your account monthly.
2. ***Q: Will I experience lower quality medical service from providers and hospitals, now that I have Medicare?***
A: You maintain your full right to select the doctor of your choice. The quality of medical service from doctors rather depends on each individual provider and quality of his/her skills. Evaluating your medical providers should always take place regardless of the type of insurance you have. There is also a large variation in the quality of hospitals.