

**Acknowledgement of Medicare Obligation to:**  
**(1) Timely Enroll in Medicare Part A or Parts A&B, and**  
**(2) Timely Elect Post-Employment Health Insurance Coverage**

Your employer sponsored health insurance is received through the Hampshire County Group Insurance Trust (the Trust or HCGIT). **While the following information pertains to the Trust's policies, please be sure to inquire with your employer/HR administrator to determine what their policies and deadlines are.**

Under M.G.L. c. 32B § 18A and according to the Trust's policy, all employees, retirees and eligible spouses/dependents are required to enroll in Medicare as soon as they are eligible. This typically occurs at age 65, but it is possible a person under age 65 may be eligible for Medicare if they are disabled or ESRD. The same policies apply for the individual and the Medicare information or any changes in status should be provided immediately.

**Individuals should begin the Medicare process THREE MONTHS PRIOR to the effective date.** Medicare will always be effective on the 1<sup>st</sup> of the month. It is strongly recommended to create an account online with [www.SSA.gov](http://www.SSA.gov) to apply for Medicare; this will yield the quickest turnaround time for the information. You can also go into an SSA office in person to apply. The process with SSA can take 6-10 weeks so it's imperative to begin early.

**ALL individuals are required to apply for Medicare when they reach age 65** (regardless of if a person knows they are eligible or not). Medicare will begin on the 1<sup>st</sup> of the birth month, or the 1<sup>st</sup> of the previous month if the person's birthday falls on the 1<sup>st</sup> of the month. If a person is not eligible for Medicare independently, it is possible they may qualify under a spouse/ex-spouse; they should also explore this option with SSA.

**Determining if you need Medicare Part A only or Parts A&B, and the Next Steps:**

What part of Medicare a person should apply for is determined by the primary subscriber's working status. A spouse's working status does not matter as they receive their coverage under this employer sponsored group health plan.

- (1) If the **employee is ACTIVELY** working, the person applying for Medicare should enroll in **Medicare Part A only** at this time, deferring Part B. A copy of the Medicare card<sup>1</sup> showing Part A must be supplied to the employer. The current coverage will remain the same. The current coverage is primary payor, Medicare will be secondary.
- (2) If the **employee is RETIRED**, the person applying for Medicare should enroll in **Medicare Parts A&B** and the individual will need to select a supplemental coverage to enroll in as they will no longer be eligible to remain on the current plan. The Trust offers one supplemental plan called Medex 2 w/ Blue Medicare Rx PDP. **Eligibility for this plan will need to be discussed with the employer and their policies should be followed.**
  - If eligible for Medex w/ PDP, the individual would need to provide the employer with a copy of the Medicare card<sup>1</sup> showing parts A & B on it and complete forms (BCBS form and PDP form) to change coverage. Medicare is the primary payor and the Trust's Medex plan is secondary.
  - If not eligible per the employer policy or opting to decline the supplemental coverage, a form to cancel coverage should be submitted to the employer for processing.
- (3) If the employee is **ACTIVE BUT PLANNING TO RETIRE** it's imperative that the employee pre-plans the retirement to ensure the proper information is in place PRIOR to the date of retirement, or coverage will be jeopardized.
  - If the employee/spouse will be over age 65 when the employee retires, please refer to #2 above explaining the need for obtaining Medicare A & B and changing to a supplemental coverage.
  - If the employee/spouse will be under age 65 when the employee retires, the individual does not need to apply for Medicare. The current coverage would remain the same until the individual reaches age 65.
  - If the employee decides to retire within 3 months of the employee/spouse turning 65, please know that the individual will struggle with SSA to obtain Medicare Part B so soon after obtaining Part A; SSA has a waiting period once B is deferred. It's best to apply for both when the individual turns age 65.

If a person is **not eligible for Medicare**, either individually or through spousal (current or ex) eligibility, a copy of the denial letter from SSA must be provided to the employer. The person would remain on the current coverage.

**Any financial penalties due to late enrollment will be the sole responsibility of the employee/retiree (or spouse or dependent).**

**The Trust office requires all Medicare information at least one week prior to the effective date or by the predetermined deadline that may be set in advance, whichever comes first. Failure to comply with providing the appropriate information by the Trust's deadline will result in a loss of coverage due to non-compliance, no exceptions.** Reenrollment will only be allowed during the proper open enrollment period if the employer allows it.

<sup>1</sup> The Verification of Benefits letter may also be accepted in lieu of the card. This letter from SSA must state the Medicare claim number (not the BNC #) as well as the Medicare Part A or Parts A&B effective date(s). This information is in the body of the letter.