



New York City Health Benefits Program
2015 Medicare Part B Premium Reimbursement

ANSWERS TO FREQUENTLY ASKED QUESTIONS

The standard reimbursement amount for Calendar Year 2015 is **\$104.90 per person per month**, depending upon Medicare eligibility. The reimbursements are being distributed in June 2016. **If you are currently receiving your pension check through Electronic Fund Transfer (EFT) or direct deposit, your reimbursement will be deposited directly into your bank account. This will be separate from your pension payment.** If you don't have EFT or direct deposit, you will receive a check in the mail beginning in June.

Question: How do I enroll for Medicare Part B reimbursement?

Answer: Send a copy of your Medicare card to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006.

Question: I am a City retiree. Is my spouse/domestic partner/Medicare-eligible dependent entitled to Medicare Part B reimbursement?

Answer: They are eligible if they are covered on your health plan and enrolled in Medicare Part B. A copy of their Medicare card (along with your name and Social Security number) must be sent to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006. There is no form required for enrollment.

Question: Many people received their reimbursement and I didn't get mine yet. What should I do?

Answer: Medicare reimbursements were direct deposited into the same account that you use for your pension payment. Please check your bank statement.

Question: I don't have direct deposit for my pension payment and still have not received my Medicare reimbursement. What should I do?

Answer: You should write to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006. Please include your name, retiree's name, retiree's Social Security number, agency in which retired from, current address, telephone number, and a copy of your Medicare card. This process may take up to 8 weeks from receipt of the information.

Question: **The reimbursement I received is not the correct amount. What should I do?**

Answer: You should write to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006. Include your name, Social Security number, current address and telephone number, and a copy of your Medicare card. State the reason you believe the amount is incorrect. This process may take up to 8 weeks from receipt of the information.

Question: **The check that I received is torn/ripped and the bank will not cash it. What should I do?**

Answer: You should return the check to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006. Include your name and Social Security number. It may take 6-8 weeks for a replacement check to be issued.

Question: **I am the retiree and received a reimbursement for my spouse/domestic partner/Medicare-eligible dependent who died during the reimbursement year. What should I do?**

Answer: Contact the Health Benefits Program in writing. Include both the retiree's and deceased person's name, Social Security numbers, address, phone number and a copy of the death certificate. Mail the information to the Health Benefits Program, 40 Rector Street, Third Floor, Attn: Medicare Unit, New York, NY 10006.

Question: **My spouse/domestic partner was a City retiree who died before the reimbursements were issued. How do I claim the reimbursement?**

Answer: You should write to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006. Include the retiree's name and Social Security number, your name, your address, phone number and a copy of the death certificate. Upon receipt of the death certificate, we will contact you if further documentation is required.

Question: **Do I have to re-enroll every year for Medicare Part B Reimbursement?**

Answer: No, but if you change your address or if one of the recipients dies, you must notify the Health Benefits Program, in writing. The address is 40 Rector Street, Third Floor, New York, NY 10006.

Question: **What if my bank account information changes?**

Answer: Please notify your pension system directly of any bank account changes.

Question: **I paid more than the standard premium for Medicare Part B am I entitled to the higher premium reimbursement?**

Answer: You may be entitled to the higher reimbursement through Income Related Monthly Adjustment Amount (IRMAA). You should visit our [Website](#) for further information and to obtain the required form for submission.