



# New York City Office of Labor Relations

## Health Benefits Program

40 Rector Street - 3<sup>rd</sup> Floor  
New York, NY 10006  
nyc.gov/hbp



### 2017 Medicare Part B Premium Reimbursement

#### ANSWERS TO FREQUENTLY ASKED QUESTIONS

The standard reimbursement amount for Calendar Year 2017 is **\$109.00 per person per month (for those newly enrolled in Medicare for 2017 the standard amount is \$134.00)**. The reimbursements are being distributed in April. **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 in April.

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

*Answer: Complete the [Medicare Part B Reimbursement Program Application](#) and return it with a copy of your Medicare card to the address listed above, Attention: Medicare Unit.*

**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 and the health plan has the dependent in Medicare status. Complete the [Medicare Part B Reimbursement Program Application](#) and return it with a copy of **their** Medicare card to the address listed above, Attention: Medicare Unit.*

**Question: I received the standard premium for Medicare Part B reimbursement of \$109.00 per month for 2017. I paid \$134.00 per month in 2017. Can I be reimbursed the difference of \$25.00 per month?**

*Answer: Yes. In order to receive the differential of \$25.00 per month, the retiree and/or dependent must submit a copy of proof of this additional payment (for example, the Form SSA-1099, bank statements, CMS-500 Notice of Medicare Payment Due) to our office for review. If approved, you will receive the differential payment at a later date. For further information and to download the required form, visit our [Website](#).*

**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 address listed above, Attention: Medicare Unit. 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 address listed above, Attention: Medicare Unit. 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 address listed above, Attention: Medicare Unit. 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 address listed above, Attention: Medicare Unit.*

**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 address listed above, Attention: Medicare Unit. 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.*

**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 (IRMAA)?**

*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.*