

Medicare enrollees (High Option Plan)



**Brian
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When you are eligible and enroll in the federal Medicare program, the NALC Health Benefit Plan (the Plan) is here to give you the added security you need. In most cases, when you are enrolled in Medicare Parts A and B and the Plan, you will have no out-of-pocket costs for medical services. You also continue to have the same great prescription drug coverage but with lower coinsurances and copayments.

The decision to enroll in Medicare is yours; however, if you decide to enroll, we encourage you to apply for Medicare benefits three months before you turn age 65. It's easy. Just call the Social Security Adminis-

tration at its toll-free number, 800-772-1213 (TTY: 800-325-0778), to set up an appointment to apply.

Medicare is a health insurance program for:

- People age 65 and older
- Some people with disabilities, under age 65
- People with end-stage renal disease (permanent kidney failure requiring dialysis or a transplant)

Medicare has four parts, including Medicare Part A, Medicare Part B, Medicare Part C and Medicare Part D:

Medicare Part A (hospital insurance)—Most people do not have to pay for Part A. If you or your spouse worked for at least 10 years in Medicare-covered employment, you should be able to qualify for premium-free Part A insurance. For those who do not meet the work-credit requirements, you may be able to buy Part A (and Part B) by paying a monthly premium. Part A benefits help to pay for inpatient hospital care, inpatient skilled nursing facility care, home health and hospice care. There are deductibles and coinsurance that apply to these expenses, but when you are enrolled in the High Option Plan, and Medicare Part A is your primary payor, we pay these for you.

Medicare Part B (medical insurance)—Most people pay monthly for Part B. Generally, Part B premiums are withheld from your monthly Social Security check or your retirement check. Medicare Part B benefits help you pay for doctor charges, diagnostic services, ambulance charges, surgeries, medical equipment and covered services not covered under Medicare Part A. When Medicare Part B is your primary payor, the Plan will pay the Medicare Part B deductible and coinsurance on covered services.

Medicare Part C (Medicare Advantage plans)—These are Medicare health plan options that are part of the Medicare program. If you decide to join one of the many Medicare Advantage plans, you generally must receive all your Medicare-covered health care through that Plan. Medicare Advantage plans can also include prescription drug coverage. Included in the Medicare Advantage plans are Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), private fee-for-service plans and Medicare Special Needs plans. In some cases, there are extra benefits and lower copayments than in the original Medicare plan. However, to receive benefits, you may be required to receive treatments or referrals only from providers that belong to that Medicare Advantage Plan. We will still provide benefits when your Medicare Advantage plan is primary, even when you receive services from providers who are not in the Medicare Advantage plan's network and/or service area. We waive coinsurance, deductibles and most copayments when you use a participating provider with your Medicare Advantage plan. If you receive services from providers that do not participate in your Medicare Advantage plan, we do not waive any coinsurance, copayments or deductibles.

Medicare Part D (prescription drug plan)—If you are enrolled in Medicare, you are eligible to enroll in a Medicare prescription drug plan. There are many plans from which to choose, and each has an additional premium. When you are enrolled in a Medicare Part D plan and Medicare Part D pays first, the NALC Health Benefit Plan will waive your retail fill limit and retail day's-supply limitations. We will coordinate benefits as the secondary payor and pay the balance after Medicare's drug payment, up to our regular benefit.

You can get more information about Medicare plan choices by calling 800-633-4227 or at medicare.gov.

Reminder: You must tell us if you or a covered family member has Medicare coverage, and let us obtain information about services denied or paid under Medicare if we ask. You also must tell us about other coverage you or your covered family members may have, as this coverage may affect the primary/secondary status of this Plan and Medicare.

Note: *The information located in this article is only a summary of some of the NALC Health Benefit Plan benefits. Detailed information can be found in the NALC Health Benefit Plan's official 2018 brochure (RI 71-009). All benefits are subject to the definitions, limitations and exclusions set forth in the official brochure.*