


December 20, 2023

<NAME>
 <ADDRESS>
 <ADDRESS>

2024 Annual Medicare Part B Premium Reimbursement Notice

On *December 5, 2023*, the Los Angeles County Board of Supervisors approved the Medicare Part B Premium Reimbursement Program for 2024 (up to the standard Medicare Part B premium amount), which applies to enrollees in LACERA-administered Medicare Advantage Prescription Drug plans (MAPDs)—Cigna HealthSpring Preferred Rx (Phoenix, Arizona), Kaiser Permanente Senior Advantage, UnitedHealthcare Medicare Advantage, and SCAN Healthplan—or the Medicare Supplement Plan (Anthem Blue Cross Plan III) and have met all the eligibility requirements.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, AS THE SUBMISSION PROCESS HAS CHANGED.

- If you and/or your eligible dependent are currently being reimbursed for the **standard Medicare Part B premium amount** (\$164.90 for a single party in 2023) and will continue to pay the standard amount for 2024 (\$174.70 for a single party), your Medicare Part B reimbursement amount will be automatically adjusted. **You do not need to submit a verification for 2024.** Stop here. 
- If you and/or your eligible dependent are currently being reimbursed less than \$164.90 in 2023, submit your Part B verification for 2024 so we can verify and update the amount for reimbursement.

Listed below are the acceptable documentations, depending on your particular situation. Please visit lacera.com, Retiree Healthcare > Program Basics > Medicare > Premium Reimbursement to view samples. **Do not submit Form SSA-1099.** We cannot accept this document.

If you and/or your eligible dependent:	You should submit:	For questions, contact:
Receive a monthly Social Security payment	SSA New Benefits Amount Statement (Form SSA-4926)	Social Security Administration (SSA): 800-772-1213 or www.ssa.gov
Do not qualify for Social Security income, but qualify for Medicare and pay your premiums directly to CMS	CMS 2024 quarterly invoice statement (CMS 500–Notice of Medicare Premium Payment Due). Must include your computer-generated name.	Centers for Medicare and Medicaid Services (CMS): 800- 633-4227 or www.cms.gov

If you and/or your eligible dependent:	You should submit:	For questions, contact:
Receive a monthly Social Security payment and received a letter indicating that you pay a higher Part B premium based on your income level	Copy of the first page of the Social Security letter, with your name, address, and 2024 monthly Medicare Part B premium amount.	SSA: 800-772-1213 or www.ssa.gov
Are billed for your Medicare Part B premiums by CMS	CMS 2024 quarterly invoice statement (CMS 500–Notice of Medicare Premium Payment Due), with your computergenerated name and 2024 monthly premium amount.	CMS: 800-633-4227 or www.cms.gov

Verifications received by February 15, 2024 will be processed with a January 1, 2024 effective date, provided that verification is completed (up to the standard amount). Verifications received **after** February 15, 2024, will be processed on a time-forward basis, based on the date of receipt. There are no exceptions.

You will continue to receive the current Medicare Part B premium amount on file until we receive a copy of your 2024 Medicare Part B premium verification. If the verification shows a zero amount, the current reimbursement will be suspended.

If you have questions on how to obtain your documentation, contact the appropriate agency below for assistance:

- **Social Security Administration (SSA):** 800-772-1213 or www.ssa.gov
Tip: You can create a “My Social Security” account on the SSA website at www.ssa.gov/myaccount to request a Benefit Verification Letter to be generated and mailed to you or access your account.
- **Medicare:** 800-633-4227 or medicare.gov
Go to www.medicare.gov to create an account, or if you already are signed up, log in to “My Medicare” at www.medicare.gov/account/login to view/download a copy of your Part B Verification. Make sure your name is printed on the documentation.
- **LACERA Retiree Healthcare Division:** 800-786-6464 or visit www.lacera.com, Retiree Healthcare tab

How to Submit Your Medicare Part B Verification

Applies only to those who are paying less than the standard Part B premium amount. Do not submit duplicate copies if you have already submitted your documents.

Return the first page of this letter with copies of your and/or your eligible dependent’s 2024 Medicare Part B premium verification using one of the following methods:

- **Upload** your documents on My LACERA at members.lacera.com. You will need to register if you are not already signed up. Uploading is recommended as the quickest and easiest option.
- **Fax** to 877-399-3621, Attn: LACERA, 2024 Part B Verification **OR**
- **Mail** to LACERA *using the enclosed yellow envelope* or address your correspondence to:
LACERA
Attn: 2024 Part B Verification
P.O. Box 7060
Pasadena, CA 91109-7060 **OR**
- **Drop off** at our location using the secure mail drop outside the Member Service Center.