



2019 Annual Medicare Part B Premium Reimbursement Program Notice

On December 18, 2018, the L.A. County Board of Supervisors approved continuing the Medicare Part B Premium Reimbursement Program for 2019 (up to the standard Medicare Part B premium amount), which applies to enrollees in the following LACERA-administered Medicare Advantage Prescription Drug Plans (MAPDs) or Medicare Supplement Plan who have met all the eligibility requirements:

- Cigna HealthSpring Preferred Rx (Phoenix, Arizona)
- Kaiser Permanente Senior Advantage
- UnitedHealthcare Medicare Advantage
- SCAN Health Plan
- Medicare Supplement Plan–Anthem Blue Cross Plan III

If you are not in one of the plans listed above, no action is required on your part and you may disregard this notice.

2019 Medicare Part B Premium Reimbursement Verifications

If you and/or your eligible dependent are enrolled in one of the plans listed above, you may be eligible for premium reimbursement up to the standard amount, upon completion of the verification. Please submit a copy of your proof of 2019 Medicare Part B premium amount to LACERA by mail or fax (see reverse for instructions). ***If you have already submitted your Part B premium verification for 2019, no further action is needed.***

The following table lists the acceptable documentation for proof of premium, depending on your particular situation. **You can also visit the Retiree Healthcare section of lacera.com for more information and to view sample copies of the required documents.** *Do not submit your Form SSA-1099; it does not include the monthly Medicare Part B premium amount required for verification.*

If you and/or your eligible dependent:	You should submit:	For questions, contact:
Receive a monthly Social Security payment	The 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	The CMS 2019 quarterly invoice statement (CMS 500–Notice of Medicare Premium Payment Due), which has the 2019 monthly Medicare Part B premium amount and your personal information.	Centers for Medicare and Medicaid Services (CMS): 800-633-4227 or www.cms.gov
Receive a monthly Social Security payment, but received a letter indicating that you pay a higher Part B premium based on your income level (Income-Related Monthly Adjustment Amount, or IRMAA)	A copy of the first page of the Social Security letter, which contains your name, address and 2019 monthly Medicare Part B premium deduction. Reimbursement is up to the standard monthly amount of \$135.50 only.	SSA: 800-772-1213 or www.ssa.gov

If you and/or your eligible dependent:	You should submit:	For questions, contact:
Are billed for your Medicare Part B premiums by CMS	The CMS 2019 quarterly invoice statement (CMS 500 – Notice of Medicare Premium Payment Due), which has a 2019 monthly Medicare Part B premium amount and your personal information. If your most recent statement shows 2018 coverage dates, wait until you receive your 2019 coverage dates statement before submitting a copy to LACERA.	CMS: 800-633-4227 or www.cms.gov

Verification Timeline

Medicare Part B verifications received by January 15, 2019 will be processed with a January 1, 2019 effective date, provided verification is completed. Verifications received after January 15, 2019 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 LACERA receives your 2019 SSA Medicare Part B monthly premium verification or CMS billing notice, and the amount will be adjusted up to the standard amount only, based on date of receipt and completion of verification.

Contact Information

If you have questions regarding your documentation, contact the appropriate agency below for assistance.

- **Social Security Administration (SSA):** 800-772-1213 or www.ssa.gov
Tip: The easiest way to acquire proof of your 2019 Medicare Part B basic premium is to create a “My Social Security” account on the SSA website at www.ssa.gov/myaccount/. After creating your SSA account, you can request a Benefit Verification Letter—proof of your current Medicare coverage—to be generated and mailed to you (it may take up to 10 days for delivery). You may then submit a copy to LACERA.
- **Centers for Medicare and Medicaid Services (CMS):** 800-633-4227 or www.cms.gov
- **LACERA Retiree Healthcare Division:** 800-786-6464 (press 1) or 626-564-6132; or fax 877-399-3621
- **LACERA website:** Please visit lacera.com for information regarding the eligibility requirements for the Part B Premium Reimbursement Program and to view sample copies of the required documents.

How to Submit Medicare Part B Verification

Send copies of your proof of 2019 Medicare Part B premium to LACERA:

1. **By mail:** Use the enclosed yellow envelope or address your correspondence to:

LACERA
Attn: 2019 Part B Verification
P.O. Box 7060
Pasadena, CA 91109-7060

OR

2. **By fax:** 877-399-3621, Attn: LACERA, 2019 Part B Verification