

This document addresses Frequently Asked Questions regarding Medicare and the current State of Delaware Medicare health plan and qualified Part D prescription plan.

IMPORTANT: According to State of Delaware Group Health Insurance Plan (GHIP) Guidelines, the Office of Pensions must receive a copy of the eligible member's Medicare card or Social Security award letter in our office no later than two months before the first of the month in which the eligible member's Medicare Part A and Part B become effective. Failure to supply the Office of Pensions with a copy of the eligible member's Medicare card or Social Security award letter could result in the eligible member's health insurance being sanctioned on the 1st day of eligibility. A sanction reduces the amount that your health care will pay. All claims are covered at 20%, and there is no access to prescription coverage. It is imperative to include the Pension ID on all documentation.

1. What is Medicare?

Medicare is the United States federal health insurance program for people 65 or older. People younger than 65 with specific disabilities, permanent kidney failure (**End Stage Renal Disease**), or amyotrophic lateral sclerosis (Lou Gehrig's disease) also qualify for Medicare. The Medicare program helps with the cost of health care, but it does not cover all medical expenses.

Note: If you, your spouse, or your dependent become eligible for Medicare due to disability and are enrolled in benefits through the Pension Group, it is essential that you notify the Office of Pensions at 800-722-7300 for information regarding enrollment requirements.

2. When and why do I have to apply?

Per State of Delaware GHIP Eligibility and Enrollment Rules, if you are enrolled through the State Pension Group as a retiree, Long-Term Disability Beneficiary, or eligible dependent, **you must enroll in Medicare Part A (Hospital) and Part B (Medical) "Original Medicare" when eligible due to either age or disability.**

Note: Employees receiving Long-Term Disability (LTD) and their dependents enrolled in insurance through the Office of Pensions must enroll in Medicare Parts A and B upon eligibility.

3. How do I apply for Medicare Parts A and B?

- You can enroll online at [medicare.gov](https://www.medicare.gov)
- By phone at 1-800-772-1213.
- By contacting your local Social Security office.
 - Locate your local SSA office by visiting <https://secure.ssa.gov/ICON/main.jsp>
- If you or your spouse worked for a railroad, call the Railroad Retirement Board at 1-877-772-5772.

4. Can I delay Medicare Part B enrollment?

Yes, if you or your eligible dependents are enrolled in primary health insurance through an active employer group (not a retiree group, such as the State Pension Group). In this case, you can delay Medicare Part B enrollment until the active employer group coverage ends. Please get in touch with the Office of Pensions for further direction.

5. What if I do not receive my Medicare card?

The Office of Pensions can also accept your award letter from the Social Security Administration (SSA) that indicates when your Part A and Part B become effective, along with your unique Medicare Beneficiary ID (MBI) number. You can create an online account through [SSA.gov](https://www.ssa.gov) or contact them at 1-800-772-1213 to

obtain this letter. The Office of Pensions does not have direct access to Social Security or Medicare records.

6. Is there a charge for Medicare Part A and Part B insurance that I am responsible for paying?

Yes, the monthly premium for Medicare Part A and Part B is determined by and paid directly to the Social Security Administration. Medicare premiums are not deducted from your monthly pension payment through the Office of Pensions. Failure to pay premiums will terminate your current State of Delaware Medicare health plan and qualified Part D prescription plan.

7. How much will the current State of Delaware Medicare health plan cost me monthly?

For more information on the current State of Delaware health plan rates, please visit <https://dhr.delaware.gov/benefits/medicare/plan-rates.shtml>.

8. Does the current State of Delaware Medicare health plan include dental or vision coverage?

No, vision and dental insurance plans are separate from your medical coverage offered by the State of Delaware. Enrollment in Medicare will not affect your enrollment in these plans. If you wish to change these plans, you must do so during the open enrollment period held annually in May or within 30 days of a qualifying event (enrollment in Medicare is not a qualifying event).

Note: Dental and vision plans are a binding contract for the plan year (July 1st through June 30th).

9. What happens to my eligible dependents' coverage when I enroll in the current State of Delaware Medicare Health plan?

Once a copy of your Medicare card is received, you will be enrolled in the current State of Delaware Medicare health plan with a qualified Part D prescription plan per CMS guidelines. Your spouse and any dependents currently enrolled in coverage will continue to be enrolled in their current elected plan under a separate contract. Your rates will adjust in the month that your enrollment is effective. You will receive new cards for all members enrolled in coverage from the carrier(s).

Note: All current State of Delaware Medicare health plan information can be located at <https://dhr.delaware.gov/benefits/medicare/index.shtml>.

10. What are my copays with the current State of Delaware qualified Part D prescription plan?

All information regarding the current State of Delaware qualified Part D prescription plan can be located at <https://dhr.delaware.gov/benefits/cvs/medicare/index.shtml>.

11. What if my spouse or I have another Medigap, Medicare Advantage Plan or Part D Prescription plan through another employer or retirement?

CMS only allows enrollment in **one** qualified Part C Advantage plan and Part D prescription plan. If you are already enrolled in another plan, enrollment in the current State of Delaware qualified Part D prescription plan may be rejected or will interfere with your other Medicare Part C, Medigap, or Part D plan. Please get in touch with the Office of Pensions for any additional information.

12. What if my spouse or I have Tricare for Life? Can I continue to use Tricare?

Yes. Tricare will coordinate with the current State of Delaware Medicare health plan and qualified Part D prescription plan. Please get in touch with Tricare directly for any questions about the coordination of benefits.