



Almost 65?

Read this important information about changes that may affect your OGB health coverage when you or your covered spouse reach age 65.

Records at the Office of Group Benefits indicate you or your spouse soon will be 65 years old. At age 65, one or both of you may be eligible for Medicare Part A hospitalization coverage without paying a premium. Here are some important facts that can help you avoid unnecessary out-of-pocket expenses...

OGB considers Medicare primary health care coverage for retired OGB plan members and dependents who are age 65 or older, regardless of the OGB health plan you choose. If you are eligible to enroll in Medicare Part A without paying a premium, you MUST also enroll (and remain enrolled) in Medicare Part B medical coverage (for which you must pay a premium each month) to continue receiving benefits from your OGB health plan for medical claims.

This applies to you (and your spouse, if applicable, if he or she is covered by your OGB health plan) if:

- ◇ You are retired and reached age 65 on or after July 1, 2005; and
- ◇ You are eligible for Medicare Part A premium-free as an individual or as a dependent of your current or previous spouse.

If you or your covered spouse are retired but are not yet age 65, this will apply to you when you reach age 65.

This does not apply to you or your covered spouse if:

- ◇ You are not retired;
- ◇ You reached age 65 before July 1, 2005; or
- ◇ You are not eligible for Medicare Part A premium-free.

If you are eligible for Part A premium-free but do not enroll in Part B during the 7-month period when you are first eligible to sign up (the 3 months before your birthday month, your birthday month and the 3 months after):

- ◇ You must wait to enroll during the Medicare general enrollment period (January 1 through March 31 each year) for coverage that begins July 1.
- ◇ Your Medicare Part B premium increases by 10 percent for each 12-month period in which you were not enrolled after you first became eligible.

To avoid unnecessary out-of-pocket costs, OGB urges you and your covered spouse to visit the nearest Social Security Administration office about 90 days before you reach age 65 to find out if you are eligible for Medicare Part A premium-free and enroll in Parts A and B if you are.

Applying for Medicare before you or your covered spouse reach age 65 ensures that Medicare coverage begins when you reach age 65. It also allows time for OGB to receive documents required to continue paying medical benefits with no lapse in your OGB coverage.

If you are eligible for Medicare Part A premium-free, your OGB health plan will not process or pay medical claims that would be covered by Medicare Part B **until you enroll in Medicare Part A and Part B and OGB receives a copy of your Medicare card.** If you are not eligible for Medicare Part A premium-free, OGB will not process or pay medical claims **until OGB receives a copy of a letter from the Social Security Administration** stating you are not eligible.

EXAMPLE: You are age 65 and retired, but have not yet applied for or enrolled in Medicare Part A or Part B when you visit your doctor, who orders a CT scan and physical therapy 3 times a week for 5 weeks:

Doctor visit	\$ 75
CT scan	1,000
Physical therapy	+ 1,875
TOTAL CHARGES	\$ 2,950

This is how your OGB health plan processes the charges:

OGB pays	\$ 0
You pay	\$ 2,950

If you are eligible for Medicare Part A premium-free...

Apply for both Part A and Part B coverage. When you receive your Medicare card, send a copy to:

**Office of Group Benefits
P. O. Box 66678
Baton Rouge, LA 70896**

After you reach age 65, are retired and enrolled in Medicare Parts A and B -- and OGB receives a copy of your Medicare card -- Medicare becomes your primary health coverage and your monthly OGB health plan premiums are lowered.

If you are not eligible for Medicare Part A premium-free...

Obtain a letter or other written verification from the Social Security Administration confirming you are not eligible for Medicare. Send a copy to OGB at the address above.

After OGB receives a copy of SSA documents that verify your ineligibility, your OGB health plan remains your primary coverage with no change in your OGB premiums.