



STATE OF NEW YORK

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**Reimbursement of the 2014 Medicare Part B Income-Related
Monthly Adjustment Amount (IRMAA)**

STOP!

**DISREGARD this mailing IF you and/or your dependent paid ONLY
the standard 2014 Medicare Part B premium of \$104.90 per month.**

This letter includes information for New York State Health Insurance Plan (NYSHIP) enrollees and their covered dependents who are eligible for Medicare primary coverage and who pay a Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA) that is higher than the standard Medicare Part B premium. NYSHIP automatically reimburses the standard Medicare Part B premium on a monthly or quarterly basis, but you must request IRMAA reimbursement and provide acceptable proofs of payment if you are subject to the higher IRMAA.

The following questions and answers explain who is eligible and, if you are eligible, how to apply for reimbursement.

Q: How do I know if I am eligible for this additional reimbursement of Medicare Part B premium?

A: The information in this letter applies ONLY to individuals covered under NYSHIP who paid 2014 Medicare Part B premiums that were more than the standard premium of \$104.90 per month due to their 2012 income level. IRMAA for 2014 is assessed by Medicare to individual income tax filers with Modified Adjusted Gross Income (MAGI) of more than \$85,000 per year and married income tax filers with MAGI of more than \$170,000 per year. If your 2012 MAGI was lower than these amounts, you are NOT eligible for IRMAA premium reimbursement and the information below does not apply to you.

If you and/or any of your Medicare primary enrolled dependents were subject to a higher Medicare Part B premium due to IRMAA in 2014, then you probably received a letter from the Social Security Administration (SSA) advising you of the IRMAA you were required to pay in November 2013. If you were new to Medicare in 2014, the SSA letter would have been sent to you prior to your first month of Medicare eligibility. Whether the higher amount was deducted from your monthly Social Security benefit check or you paid it directly to Medicare, you are eligible to be reimbursed by NYSHIP for any additional IRMAA premium paid for 2014 over the standard Medicare Part B premium of \$104.90, provided you do not receive Medicare reimbursement from another source.

IRMAA 10/2014

Q: How do I apply for the reimbursement of 2014 Medicare Part B IRMAA for myself and/or my dependent(s) covered under NYSHIP?

A: To receive IRMAA reimbursement, you must provide:

1. A completed, signed application (see attached).
2. A copy of the SSA notice you and/or any of your Medicare primary enrolled dependents received dated November 2013 (or during 2014 if newly eligible for Medicare) that states your 2014 monthly Medicare premium includes IRMAA, and
3. Proof of payment of the Medicare premium. Acceptable proof of payment is a copy of the 2014 form SSA-1099 that you and/or your Medicare primary enrolled dependent received from SSA or proof of direct payments and billing statements for all premiums paid directly to CMS in 2014.

Q: I cannot locate my 2014 SSA notice regarding IRMAA. How do I get a copy?

A: If you need a replacement copy of your 2014 SSA notice, contact your local Social Security office. The location of your local office can be found in your telephone directory or at www.socialsecurity.gov/onlineservices. Note: If necessary, you can request a replacement copy of the Form SSA-1099 through this web site.

Q: Is there a deadline for applying for 2014 IRMAA reimbursement?

A: No, but we encourage you to submit your request for NYSHIP reimbursement as timely as possible; the request should be received no later than December 31, 2015.

Q: How and when will I receive my reimbursement?

A: All reimbursements for IRMAA are issued as a refund check from the New York State Office of the State Comptroller. All IRMAA reimbursement checks, including those reimbursements for eligible dependents, are issued in the name of the NYSHIP enrollee, to the mailing address of record on your enrollment file. Due to the volume of requests for IRMAA reimbursement, you can expect the process to be complete within 90 - 120 days from receipt and acceptance of ALL REQUIRED IRMAA documents.

Q: My dependent receives Medicare Part B reimbursement from his/her former employer. How does this affect my reimbursement from NYSHIP?

A: You are not entitled to any amount that is reimbursed from another source. If you and/or your dependent receive Medicare reimbursement from another source, please contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (9 am - 4 pm Eastern time) for additional instructions or provide that information with your application materials.

Q: Can I be reimbursed for my Medicare Part D (drug coverage) IRMAA payments?

A: No, the Department has no legal authority to reimburse the Medicare Part D portion of the IRMAA assessment.