



Department of Civil Service

ANDREW M. CUOMO
Governor

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2016 Standard Medicare Part B Premium Reimbursement Information

The New York State Health Insurance Program (NYSHIP) reimburses New York State enrollees for their standard Medicare premiums when Medicare is primary to NYSHIP coverage, unless the premium is paid by another entity or is fully reimbursed elsewhere. In 2016, there are two standard Medicare Part B premiums, \$104.90 or \$121.80.

You should have received either an annual benefits statement from the Social Security Administration (SSA) or the Railroad Retirement Board (RRB) or a quarterly billing statement from the Centers for Medicare and Medicaid Services (CMS) explaining whether your standard premium is \$104.90 or \$121.80 for 2016. Please refer to these documents to determine if you are subject to the increased premium.

If your 2016 monthly Medicare Part B premium is \$104.90, STOP!

This letter does NOT apply to you, and you will automatically receive your Medicare Part B standard reimbursement of \$104.90.

The following individuals may be subject to the \$121.80 Medicare Part B premium:

- Enrollees/dependents who newly enroll in Medicare Part B in 2016
- Enrollees/dependents who do not have Medicare Part B premium withheld from their Social Security check
- Enrollees/dependents who are subject to the Income-Related Monthly Adjustment Amount (IRMAA) for Medicare Part B, and
- Enrollees/dependents who are eligible for both Medicare and Medicaid

NYSHIP will update the enrollment record and reimburse the standard Medicare Part B premium of \$121.80 for any enrollee/dependent believed to be newly eligible for Medicare primary coverage and eligible for Medicare as a result of turning 65.

NYSHIP is already reimbursing the standard Part B premium of \$104.90 for those who are not newly enrolled. If you or your covered dependent meets one of the criteria listed above other than newly enrolling in 2016 and pay the higher amount, you must apply for the \$16.90 per month difference. Please complete the enclosed application and submit

it to the address provided, along with a copy of your annual benefits statement from the SSA or RRB, or your quarterly billing statement from CMS.

Note: All NYSHIP personal information must be correct and must match the personal information on file with the SSA or RRB.

Upon receipt and acceptance of your documentation, the Department of Civil Service will adjust your Part B reimbursement amount to include the additional Medicare premium credit of \$16.90 per month for each eligible individual. You will receive a confirmation letter when your application has been processed.

If you have further questions, please contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (9 a.m. to 4 p.m. Eastern Time).