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Governor

Department of Civil Service

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Reimbursement of the 2015 Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA)

STOP!

DISREGARD this mailing if you and your dependent paid ONLY the standard 2015 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 Medicare primary and 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 reimbursement for any IRMAA premium paid by completing the enclosed form and providing acceptable proofs of payment.

The following questions and answers explain who is eligible and, if so, 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 2015 Medicare Part B premiums that were more than the standard premium of \$104.90 per month due to their 2013 income level. IRMAA for 2015 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 you did not pay IRMAA for Medicare Part B coverage, 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 2015, you probably received a letter in November 2014 from the Social Security Administration (SSA) advising you of the IRMAA you were required to pay. If you were new to Medicare in 2015, 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 2015 over the standard Medicare Part B premium of \$104.90, provided you do not receive Medicare reimbursement from another source.

Q: How do I apply for the reimbursement of 2015 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), and
2. A copy of the SSA notice you and/or any of your Medicare-primary enrolled dependents received dated November 2014 (or during 2015 if newly eligible for Medicare) that states your 2015 monthly Medicare premium includes IRMAA, and
3. Proof of payment of the Medicare premium. Acceptable proof of payment is a copy of the 2015 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 the Centers for Medicare and Medicaid Services (CMS) in 2015.

Q: I cannot locate my 2015 SSA notice regarding IRMAA. How do I get a copy?

A: If you need a replacement copy of your 2015 SSA notice, request one from your local Social Security office or online at www.socialsecurity.gov/onlineservices. The location of your local office can be found in your telephone directory or on the Social Security web site address provided in this answer.

Q: Is there a deadline for applying for 2015 IRMAA reimbursement?

A: All requests for reimbursement must be submitted within three years of the tax filing year. For example, the filing date for 2012 Income Tax was April 15, 2013. Therefore, you may request IRMAA reimbursement for 2012 until April 15, 2016.

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.

Q: I filed an appeal for reconsideration of my IRMAA rate. What do I need to do?

A: If your IRMAA rate for the current or prior year is adjusted by Medicare, you must submit all correspondence regarding the adjustment to the Employee Benefits Division