

How and when do I apply for Medicare?

When you or your covered dependents become entitled to Medicare, the person entitled to Medicare should contact the nearest [Social Security](#) office to ask about the advantages of immediate or deferred enrollment in Medicare Part B. Medicare will not penalize you for delaying enrollment in Medicare Part B when covered by employer-sponsored health care.

If you are age 65, still working, and enrolled in SEBB benefits through your employer, you may choose to:

- Sign up for Medicare Part A at age 65 since most people do not pay a premium for Part A, and Part A may help pay some costs not covered by your SEBB health plan. However, if you are in a high deductible health plan (HDHP) with a health savings account (HSA), you should not sign up for Medicare unless you are changing plans. See section titled “Can I enroll in a HDHP and Medicare” below.
- Wait to sign up for Medicare Part B while covered by SEBB benefits as an employee since there is a premium for Part B and benefits may be of limited value while enrolled in a group health plan. If you are not working more than 3 months after turning age 65, use caution and make sure you are aware of the initial enrollment timelines to enroll in Part B. The Medicare Initial Enrollment Period (IEP) trumps any Special Enrollment Period (SEP). Contact Social Security for advice.
- Decline employee benefits to enroll in Medicare instead.

To sign up for Medicare Part A and Part B

- Contact [Social Security](#) three months before you turn 65 (if you worked for a railroad, [contact RRB](#) to sign up).
- The initial enrollment period is seven months. It begins three months before the month you turn 65, includes the month you turn 65, and ends three months after the month you turn 65.
- If you wait until the last four months of the initial enrollment period to sign up your coverage will be delayed.

Entitlement to Medicare also qualifies as a special open enrollment event, allowing you to change your health plans.

If you waive enrollment in a SEBB medical plan, you can reenroll during the next annual open enrollment (for coverage effective January 1 of the following year) or if you have a special enrollment event that allows the change. However, you will remain enrolled in SEBB dental, vision, basic life and accidental death and dismemberment (AD&D) insurance, and long-term disability (LTD) coverage.

How does Medicare work with SEBB employee benefits?

If you're on Medicare and SEBB employer-sponsored benefits, SEBB medical plans provide primary coverage, and Medicare coverage is ordinarily secondary. SEBB coverage, as the primary, pays up to the limits of its coverage, and then Medicare, as the secondary payer, only pays if there are costs not covered by the primary payer that are within the Medicare-approved amounts.

There are circumstances where Medicare would be the primary payer even when you are enrolled in employer-sponsored benefits. Review the [Medicare and Other Health Benefits: Your Guide to Who Pays First](#) for an explanation of those circumstances.

Note: Medicaid and TRICARE never pay first for services covered by Medicare. They only pay after employer group health plans and Medicare.

What are the different parts of Medicare and what do they cover?

Medicare Parts A and B

When you or your covered dependents become entitled to Medicare Part A and Part B, the person entitled to Medicare should contact the nearest Social Security office to ask about the advantages of immediate or deferred enrollment in Medicare Part B. Find contact information for your local office.

For employees and their enrolled spouses ages 65 and older, SEBB medical plans provide primary coverage, and Medicare typically provides secondary coverage. You may choose to waive your enrollment in SEBB medical coverage and have Medicare as your medical coverage. However, you will remain enrolled in SEBB dental, vision, basic life and AD&D insurance, and basic LTD insurance (if eligible), and your dependents will not remain enrolled in medical coverage.

Note: You cannot remove your spouse from medical coverage when they become entitled to Medicare during the year. You must remove them during the annual open enrollment period that occurs before or after their Medicare entitlement. Since your employer's medical plan would be the primary coverage over any Medicare plans, they should consider whether enrolling in a Medicare plan holds any value for them. For example: If they join a Medicare supplement plan, that plan will not pay claims unless Medicare is the primary payer.

If you waive medical coverage initially, and later want to enroll in SEBB medical coverage, you can reenroll during the annual open enrollment (for coverage effective January 1 of the following year). Or, if you have a special open enrollment event that allows the change, you can enroll in medical coverage.

Medicare Part B—Medical insurance

- Helps cover doctors' and health care providers' services, outpatient care, durable medical equipment, and home health care.
- Helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse.
- There is a premium for Medicare Part B. Contact [Medicare](#) with questions.

In most situations, you and your spouse can elect to defer Medicare Part B enrollment, without penalty, as long as you are an active employee enrolled in another group medical plan. Contact your nearest Social Security office for information on deferring or reinstating Medicare Part B. Make sure you understand the Medicare enrollment timelines to avoid late enrollment penalties.

If your Medicare entitlement is due to a disability, contact a Social Security office regarding deferred enrollment.

Medicare Part D—Prescription drug coverage

- Helps cover the cost of prescription drugs.
- May help lower your prescription drug costs and help protect against higher costs.
- Part D plans are run by Medicare-approved private insurance companies.
- There is a premium for Medicare Part D.

Medicare Part D is available to people enrolled in Medicare Part A and/or Part B. Part D coverage provides prescription drug benefits through private plans. These plans provide at least a standard level of coverage set by Medicare.

All SEBB medical plans provide creditable prescription drug benefits that are as good as or better than Medicare Part D coverage. When you become entitled to Medicare Part A and/or Part B, you normally would also enroll in Medicare Part D, or have other creditable drug coverage to avoid penalties. You can avoid penalties by deferring Medicare enrollment when you're enrolled in SEBB coverage.

If you lose or cancel SEBB medical coverage

To avoid paying a higher premium, you should enroll in a Medicare Part D plan **within 63 days** after your SEBB medical coverage ends. If you don't enroll within the 63-day deadline, your Medicare Part D plan's monthly premium may increase by 1 percent or more for every month you didn't have creditable coverage.

If you enroll or cancel (terminate) enrollment in Medicare Part D, you may need a "notice of creditable coverage" to prove to Medicare or the prescription drug plan that you have had continuous prescription drug coverage to reenroll at a later date without penalties. You can call the SEBB Program at 1-800-200-1004 (select menu option 6) to request a notice of creditable coverage.

For questions about Medicare Part D, call the [Centers for Medicare & Medicaid Services](#) at 1-800-633-4227.

What is Medicare Supplement Insurance (Medigap)?

A Medicare supplement plan, or Medigap plan, can help pay for some of the health care costs that Medicare Part A and B don't cover, such as copayments, coinsurance and deductibles.

Each supplement plan is identified by a letter A through N. All plans offer the same basic benefits and some offer additional benefits.

Supplement plans do not offer prescription drug coverage, so you will also need to purchase a Part D Medicare prescription drug plan on the open market as the PEBC Program does not offer a Part D plan.

You may choose to purchase a Medicare supplement plan from a private insurance company or enroll in the supplement plan PEBB offers, if eligible for PEBB retiree insurance coverage. The PEBB Program offers Premiera Blue Cross Medicare Supplement Plan G at a lower cost for PEBB eligible retirees than the same plan offered to the general public. There is no prescription drug coverage with this plan. If you select this plan, you may have to enroll in Medicare Part D to get your prescriptions, unless you have other creditable prescription drug coverage (e.g., VA).

Please contact Medicare for coverage questions as Medicare Part B is primary. Premiera Blue Cross Medicare Supplement Plan G only pays when Medicare pays for services billed under Part B.

What if I'm thinking about retiring?

The SEBB Program does not offer retiree insurance coverage. Retiree health plan coverage for SEBB members is offered through the [PEBB Program](#). PEBB requires enrollment in both Medicare Part A and Part B for those entitled as one of the eligibility requirements for PEBB retiree insurance coverage. Be sure you understand the Medicare enrollment timelines, especially if you will be leaving employment within a few months of becoming eligible for Medicare or are in your Medicare Initial Enrollment Period (IEP) and want to enroll in PEBB retiree health plan coverage. When you plan to terminate your employment and want to enroll in PEBB retiree health plan coverage, you will need to contact the PEBB Program about 90 days prior to terminating employment at 1-800-200-2004 (select menu 5) to ask general PEBB retiree insurance questions. You can also request a PEBB Retiree Enrollment Guide. You have 60 days from the date your employer-paid SEBB coverage or COBRA coverage ends for PEBB to receive your application for retiree insurance coverage. Once your form is received, PEBB Program staff will review your form for eligibility and contact you if they have additional questions.

Can I enroll in a HDHP and Medicare?

No. If you are enrolled in a HDHP with a HSA and you enroll in Medicare Part A or Part B during the year, you should change to another SEBB medical plan that is not a HDHP, or you could be subject to IRS tax penalties.

The SEBB Program should receive your enrollment/change form 30 days before the Medicare enrollment date, but must receive it **no later than 60 days** after the Medicare enrollment date. If you plan on enrolling in Medicare at age 65, you

should consider switching to a plan that is not a HDHP plan during the annual open enrollment prior to the year you turn age 65. If you change medical plans mid-year, your annual deductible and out-of-pocket maximum will start over with your new plan.

Are there more resources?

- [Medicare](#)
For general or claim specific information about Medicare.
Phone: 1-800-MEDICARE (1-800-633-4227)
- [Social Security Administration](#)
For information on Medicare Part A or B eligibility, entitlement, and enrollment; replacement Medicare cards; change of name or address; premium questions; and to report a death.
Phone: 1-800-772-1213
- [Statewide Health Insurance Benefits Advisors \(SHIBA\)](#)
Through the Washington State Office of the Insurance Commissioner, SHIBA provides free, unbiased and confidential one-on-one help with your Medicare options and questions.
Phone: 1-800-562-6900