



## **New Hire - Required Enrollment in Medicare Part A and Part B upon Eligibility**

Congratulations on becoming a State of Delaware employee! As an active benefit eligible employee you will be offered the opportunity to enroll in health coverage through the State of Delaware Group Health Insurance Plan (GHIP). Currently, a number of benefit plans are available to you through Aetna and Highmark Delaware. Information on these plans as well as the GHIP Eligibility and Enrollment Rules can be found on SBO's website.

As a participant in benefit plans administered by the Group Health Insurance Plan, you must be aware of your responsibilities and obligations with regards to your benefit coverage. Specifically, this Letter of Understanding is intended to provide you with important information regarding required enrollment in Medicare Part A and Part B upon eligibility based upon age or disability.

Medicare Part A benefits provide coverage for inpatient care in a hospital or skilled nursing facility. There is usually no premium for enrollment in Part A. Medicare Part B benefits provide coverage for doctor's visits, lab and medical services, and some supplies not covered through the Part A benefit. There is a premium for Part B coverage which is determined by the Social Security Administration. Additional information on Medicare can be obtained from your local Social Security Administration Office or on Medicare's website at [www.medicare.gov](http://www.medicare.gov).

The situations listed below represent examples of when enrollment is required.

- *Active employee or active employee's spouse enrolled in a State of Delaware GHIP plan turns 65.*
  - o Enrollment in Medicare Part A is required,
  - o Enrollment in Medicare Part B is not required until active employee retires or no longer has active employer health coverage.
  
- *Pensioner or pensioner's spouse enrolled in a State of Delaware GHIP plan, not covered by another active employer's health plan, turns 65 or becomes disabled.*
  - o Enrollment in Medicare Part A is required,
  - o Enrollment in Medicare Part B is required,
  - o Eligible to enroll in Medicare Supplement plan (Highmark Delaware Special Medicfill plan) with or without prescription coverage (Express Scripts Medicare PDP plan).
  
- *Pensioner or pensioner's spouse enrolled in a State of Delaware GHIP plan and covered under another active employer's health plan (under pensioner or spouse) turns 65 or becomes disabled.*
  - o Enrollment in Medicare Part A is required,

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### **STATE OF DELAWARE STATEWIDE BENEFITS OFFICE**

97 Commerce Way, Suite 201, Dover DE 19904 (D620E)  
Phone: (800) 489-8933 • Fax: (302) 739-8339 • Email: [benefits@delaware.gov](mailto:benefits@delaware.gov) • Website:  
[de.gov/statewidebenefits](http://de.gov/statewidebenefits)

- Enrollment in Medicare Part B can be deferred until no longer covered under active employer’s health plan,
- Eligible to remain enrolled in a State of Delaware GHIP non-Medicare plan until no longer covered under active employer’s health plan. Active employer’s health plan will provide primary coverage.

Special enrollment rules apply to those diagnosed with End-Stage Renal Disease (kidney disease) or Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig’s disease. More information on Medicare enrollment is also located on [SBO’s website](#).

Failure to enroll and maintain enrollment in Medicare Part A and Part B upon eligibility may result in you, as the subscriber, being held financially responsible for the cost of claims incurred, including prescription costs, for you and your spouse. You are responsible for providing your Medicare Identification Card for you and your spouse, if applicable, to your Benefit Representative, if an active employee, or the Office of Pensions, if a pensioner, upon enrollment. Pensioners enrolled in Medicare Part A and Part B must provide a copy of their Medicare Identification Card to the Office of Pensions to be enrolled in the GHIP’s Special Medicfill plan, a supplemental plan to Medicare.

**PLEASE NOTE:** If you cover a spouse under your Highmark Delaware or Aetna health plan, you are required to complete a Spousal Coordination of Benefits Form online in order to determine your spouse’s eligibility status. It is important to note that completion of the Form does not automatically guarantee coverage for your spouse. **Failure to complete a SCOB Form when required will result in a reduction of your spouse’s coverage.** Forms should be completed online at [de.gov/statewidebenefits](http://de.gov/statewidebenefits), “Select your Group” and then choose the **Spouse and Dependents** icon. The *Electronic Form* and a *Self-Service Guide* are located under the **FORMS** section on the “Spouse” tab.

By signing below or signing the New Employee Orientation Agreement to Comply, you acknowledge your understanding of enrollment in Medicare Part A and Part B, upon eligibility based on age or disability for yourself and your spouse, if applicable. Questions and concerns may be directed to the Statewide Benefits Office at 1-800-489-8933.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee’s Name

**Original:** *Employee Personnel File*  
**Copy:** *Employee*