Today 50 million Americans are enrolled in Medicare and you are about to join their ranks. We have created this booklet to help you through the process of signing up and making choices about the options open to you.
Prior to Medicare, those Americans over 65 without access to an employer’s or a private insurance plan were on their own. UFT members were in that group. Despite President Harry Truman’s repeated efforts to win legislation for a national health insurance program, the bills died in Congress. Medicare legislation finally passed in ’65 and 19 million people immediately signed up.

Al Shanker, then UFT President, along with other labor union leaders petitioned the city to provide health insurance coverage for public employee retirees who, until then, had no health benefits. For retirees between the ages of 55 to 65, they won continuation of the health coverage they had enjoyed while in service. For retirees 65 and over — Medicare-eligible retirees — the city agreed to cover the 20% not covered by Medicare.

Today that formula still holds. The city continues to pay the 20% and the full reimbursement to retirees for Medicare Part B benefits.

As a member of the UFT-RTC, you can also supplement your health benefit package with the UFT Supplemental Health Insurance Program (SHIP) as well as with the NYSUT Catastrophe Major Medical Plan.

We’ve worked hard as a union to secure the very best health care package for both our in-service and retiree members but there are forces at work today trying to erode what we have won. We ask you to join us in our political battle to oppose those forces.

*This handout should not be solely relied upon, as it is based on currently available information that is subject to change. In all cases, the specific provisions of the governing laws, contractual agreements, rules and regulations prevail.*
WHAT IS MEDICARE?

Medicare is one of the nation’s premier earned benefits program. It is a health insurance program for people age 65 or older, or for people under 65 who are disabled. When you are in a Medicare program, Medicare pays 80% of the allowable charge after your deductible has been met. The remaining 20% is paid for by your city health plan as a result of the UFT and the Municipal Labor Committee negotiating with the city for this benefit. If you chose an HMO (Medicare Advantage Plan) as your health plan, Medicare is incorporated into the city’s medical plan.

Medicare Part A will cover hospital services, skilled nursing facilities, rehabilitation facilities and hospice care. Part A is provided to most members in retirement at no cost because you paid for it through payroll deductions when you were an in-service member.

Medicare Part B covers physician’s visits and laboratory tests. If you are collecting Social Security, you pay for your Medicare Part B payments through monthly deductions from your Social Security check. If you are not collecting Social Security, you will be billed directly for your Medicare Part B payment. Part B pays 80% of allowable charges for doctors. Your NYC health insurance, also known as a Medigap policy, picks up the remaining 20% of allowable charges. NYC health-insured retirees and their dependents whose primary coverage is Medicare are reimbursed the full cost of their Medicare Part B premium by the City of New York because your union, along with other unions, lobbied successfully for legislation that provides for the full reimbursement.

Medicare Part D covers most prescription medications and is paid for through the optional benefits rider of your city health plan. The UFT Welfare Fund presently reimburses part of the cost of the optional rider. This automatically comes to you in February. In the first year of retirement, the reimbursement from the Welfare Fund is pro-rated based on the month in which you retired. Beginning with the next calendar year, you will receive a reimbursement for the full twelve months.
Applying for Medicare

Most individuals do not need to sign up for Medicare until their 65th birthday. However, if you become disabled prior to age 65 and become eligible for Medicare, you need to sign up immediately for Medicare Parts A and B. **Do not delay doing this as it could end up that you will pay more for your Medicare coverage.**

Now that you or your spouse/domestic partner are 64 or eligible for Medicare due to disability, you need to prepare to apply for Medicare. You can apply for Medicare online at [www.medicare.gov](http://www.medicare.gov) or call 1(800)772-1213. Depending on your current employment status (see section below) you will need to sign up for just Medicare A or both Medicare Parts A and B. We suggest you sign up three months ahead of your 65th birthday to ensure seamless health coverage. Those members who are receiving a disability pension and Social Security disability payments may be eligible for Medicare earlier than age 65.

***If you took the optional rider from your insurance provider, your prescription drug plan will become a Medicare Part D plan because it has met federal requirements for Medicare Part D prescription drug coverage.

If you are retired from the DOE...

You should apply for Medicare Parts A and B three months prior to your 65th birthday. The same holds true for your spouse or domestic partner if they are covered under your health plan.

Medicare should be effective on the first day of the month of your 65th birthday unless your birthday is on the first of the month. In that case, your Medicare should be effective on the first day of the month prior to your birthday.

If you are still working for the DOE...

If you are still working when you or your spouse (if they are on your health plan) are going to turn 65, then apply for only Medicare Part A and DEFER Part B until your retirement date. Three months prior to retirement you must apply for Medicare Part B. Your NYC health plan will be your primary plan until retirement.

A domestic partner must be covered by Medicare Parts A and B as soon as they turn 65 even if you are still working.
How Do You Get Reimbursed for Medicare Part B?

Once you have both Medicare A and B you will be able to receive a reimbursement from the NYC Retiree Benefits Dept. for the cost of Medicare Part B for yourself and your spouse/domestic partner, if they are covered under your health plan.

In order to receive the reimbursement from the City of New York for your Medicare Part B payments you must notify them immediately upon receipt of your Medicare card.

This is done by downloading the Medicare Part B Reimbursement Program Application form on the UFT site. Go to www.uft.org/chapters/retirees. Once there, scroll down to Quick Links on the bottom of the page, and click on Medicare Part B Reimbursement Program Application. Once printed and filled out, the form must be mailed, regular mail, to the address listed on the form with a photocopy of your/your dependent’s Medicare card.

The city will then update your records accordingly. The Part B premium reimbursements will be sent automatically once a year, during the month of April, for the prior year. Members who have direct deposit will receive the reimbursement into the same account used for their pension payment. Members, who do not participate in direct deposit, will receive a paper check as usual.
What’s IRMAA?

You may have to pay an income-related surcharge for Medicare Part B if your income is above $87,000 for a single and above $174,000 for a couple (see chart on Social Security website). This charge is called Income Related Monthly Adjustment Amount (IRMAA) and you may be eligible for reimbursement for yourself, your spouse, or domestic partner.

What Do you Have to Do to Get Your IRMAA Reimbursement?

To apply for this reimbursement you must do the following each year you pay a surcharge:

- For members receiving Social Security benefits: In order to receive the IRMAA reimbursement, you must file the IRMAA application and attach the 1099-SSA (that you received from Social Security) and a copy of the Social Security Benefits letter for the year in question. See sample at right.

- For members not collecting Social Security benefits: In order to receive the IRMAA reimbursement, the member must file the IRMAA application and proof of statements and payment (i.e. cancelled checks, direct bank withdrawal statements, etc.) for the year in question.

IRMAA should be paid to the member in October of that year. Again, payment will be directly deposited into the accounts of members who participate in direct deposit. Members who do not participate in direct deposit will receive a paper check.
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