

UC Policies on Medicare Enrollment Chart

If you don't know if you are eligible for Medicare, contact the Social Security Administration **1-800-772-1213**.
Remember if you do not qualify on your own, you may qualify through a current or former spouse.

Status at age 65	UC Requirement(s)	What to do?
1. <u>Eligible</u> for Premium Free Medicare Part A <ul style="list-style-type: none"> • Already retired and receiving Social Security benefits 	<ul style="list-style-type: none"> • You and/or your eligible family members must enroll in Medicare Part B and notify the University of your enrollment. • You/your eligible family members will automatically be enrolled in Medicare Part D in most cases, so there is no need to take any action.* • HMO members must assign their Medicare benefits to the plan. 	<ul style="list-style-type: none"> • Enrollment in Medicare Parts A and B is <u>automatic</u>. Shortly before your and/or your family member's 65th birthday, Social Security will mail the Medicare card(s) and start deducting the Part B premium from the Social Security check. • Complete the UC Medicare Declaration Form** and mail it to the address on the form. UC will enroll you in the Medicare coordinated version of the plan • If you and/or your dependent are enrolled in an HMO, contact the HMO and request the Medicare plan enrollment form. Complete and return it to your HMO.
2. <u>Eligible</u> for Premium Free Medicare Part A <ul style="list-style-type: none"> • Already retired but not receiving a Social Security benefit yet; or • Retiring at age 65 or older 	<ul style="list-style-type: none"> • You and/or your eligible family members must enroll in Medicare Part B and notify the University of your enrollment. • You/your eligible family members will automatically be enrolled in Medicare Part D, in most cases, so there is no need to take any action. • HMO members must assign their Medicare benefits to the plan. 	<ul style="list-style-type: none"> • Call Social Security and request/complete a Medicare enrollment form to enroll in Medicare. Medicare will send you an I.D. card. • Complete the UC Medicare Declaration Form** and mail it to the address on the form. UC will enroll you in the Medicare coordinated version of the plan • If you and/or your dependent are enrolled in an HMO, contact the HMO and request the Medicare plan enrollment form. Complete and return it to your HMO.
3. <u>Eligible</u> for Premium Free Medicare Part A <ul style="list-style-type: none"> • Still working at UCSF (never retired) and insured as an active employee 	<ul style="list-style-type: none"> • Active UC employees and their dependents <i>are not</i> required to enroll in Medicare Part B or Part D. • You and/or your eligible family members' coverage will continue under the UC medical plan for employees. 	<ul style="list-style-type: none"> • No action is necessary at this time. You can delay enrollment in Part B and D until you retire, without penalty from the University or Medicare. When you retire, follow the guidelines in #2. above.

Status	UC Requirement(s)	What to do?
<p>4. <u>Eligible</u> for Premium Free Medicare Part A</p> <ul style="list-style-type: none"> • Retiring from UC but also insured as an employee through another employer 	<ul style="list-style-type: none"> • You and/or your eligible family members must enroll in Medicare Part B and notify the University of your enrollment. • You will automatically be enrolled in Medicare Part D so there is no need to take any action.* • HMO members must assign their Medicare benefits to the plan. • Please note your employer's health plan will be <u>primary</u> payer to Medicare and your UC retiree plan. 	<ul style="list-style-type: none"> • Call Social Security and request/complete a Medicare enrollment form to enroll in Medicare. Medicare will send you an I.D. card. • Complete the UC Medicare Declaration Form** and mail it to the address on the form. UC will enroll you in the Medicare coordinated version of the plan. • If you and/or your dependent are enrolled in an HMO, contact the HMO and request the Medicare plan enrollment form. Complete and return it to your HMO.
<p>5. <u>Not Eligible</u> for Premium Free Medicare Part A</p> <ul style="list-style-type: none"> • Already retired or; • Retiring at age 65 or older 	<ul style="list-style-type: none"> • Those not eligible for premium free Medicare Part A will not be required to enroll in Part B or Part D. • Coverage will continue under the basic UC retiree medical plan. 	<ul style="list-style-type: none"> • Call Social Security and request your denial letter. • Once received, complete the UC Medicare Declaration Form** attach a copy of your Social Security denial letter and return to the address on the form.
<p>6. <u>Not Eligible</u> for Premium Free Medicare Part A</p> <ul style="list-style-type: none"> • Still working at UCSF (never retired) and insured as an active employee 	<ul style="list-style-type: none"> • Active UC employees and their dependents <i>are not</i> required to enroll in Medicare Part B or D. • You and/or your eligible family members' coverage will continue under the UC medical plan for employees. 	<ul style="list-style-type: none"> • No action is necessary at this time. • When you retire, follow the guidelines in #5. above.
<p>7. <u>Not Eligible</u> for Premium Free Medicare Part A</p> <ul style="list-style-type: none"> • Retiring from UC but also insured as an employee through another employer 	<ul style="list-style-type: none"> • Those not eligible for premium free Medicare Part A will not be required to enroll in Part B or D. • Coverage will continue under the basic UC retiree medical plan. • Please note your employer's health plan will be <u>primary</u> payer to your UC retiree plan. 	<ul style="list-style-type: none"> • Call Social Security and request your denial letter. • Once received, complete the UC Medicare Declaration Form** attach a copy of your Social Security denial letter and return to the address on the form.

*Kaiser Mid-Atlantic and United Health Care plans do not coordinate with Medicare Part D, so no enrollment is initiated or required. If you choose to enroll in a non-UC sponsored Medicare Prescription Drug plan, you may not continue to be covered by a UC sponsored retiree medical plan.

**If you are already retired when you reach age 65, UCOP will usually mail you the Medicare Declaration form about 2 months prior to your 65th birthday. If you retire after age 65 and/or haven't received the form, contact UCOP at 1-800-888-8267 and request the form, or download the form by clicking the following link, http://atyourservice.ucop.edu/forms_pubs/forms_worksheets/uben126.pdf.