

MEDICARE PART B MEDICAL INSURANCE
REIMBURSEMENT POLICY

Who is eligible?

City of Warren retirees who

- have Medicare Part B Medical Insurance (Medicare is a federal health insurance program for people who are 65 years of age or older, or have been entitled to Social Security Disability benefits for 24 months, or have end stage renal disease)
- complete the application process
- are eligible for City of Warren health care coverage
- are not receiving reimbursement from another source

What is the application process?

- complete and sign an application for reimbursement
- attach a copy of the red-white-blue Medicare card showing Part B coverage

When is the reimbursement made?

Semiannual reimbursement is made on the City List of Bills

- at the end of June
- at the end of December

Applications received July 1st or after will be reimbursed in December. Applications received January 1st or after will be reimbursed in June.

How much is reimbursed?

If eligible for the entire period of reimbursement

- The base premium, usually deducted from the monthly social security check, for the prior six month period

If eligible for a prorated benefit

- New retirees are eligible if they meet all the above criteria, starting in the month following their retirement. They receive a prorated reimbursement based on the number of months they were eligible during the prior six-month period.
- Premiums are reimbursed for retirees who decease through the month of their death, and are made payable to estate of decedent.

Surcharges to the base premium amount are not reimbursable.

There shall be no retroactive payments paid.

What happens if eligibility for Medicare premium reimbursement is lost?

It is the responsibility of the retiree to notify the City of Warren of any change that would affect eligibility for Medicare premium reimbursement. Persons receiving benefits after eligibility ceases are liable for premiums that are incorrectly reimbursed.

Adopted by Board of Trustees on 10/27/04.
CITY OF WARREN EMPLOYEES RETIREMENT SYSTEM
Revised 9/13/14

X _____
Signature of Retiree Acknowledging Receipt of Policy

X _____
Date