

A&M SYSTEM BENEFITS ADMINISTRATION TRANSITIONING TO RETIREMENT - 65 PLUS

(For retirees/spouses age 65 and older and enrolled in Medicare Parts A&B or otherwise eligible for Medicare Parts A&B)

STEP 1: Contact Medicare Benefits Coordination and Recovery Center

To avoid Coordination of Benefits discrepancies after enrolling in the 65 PLUS Plan, you should contact the Medicare Coordination of Benefits Office (855-798-2627) to request an update to the Medicare records to show Medicare-Primary.

STEP 2: Contact Blue Cross and Blue Shield

Contact Blue Cross and Blue Shield (866-295-1212) and let them know you have retired and give them your Medicare Parts A&B number so they can update their records to show Medicare-Primary.

STEP 3: Receive Your Welcome Packet and New ID Cards

You should receive new ID cards from BCBS. If you enroll in the 65 PLUS Plan with Medicare Part D, you should receive an ESI Welcome Packet within 7 to 10 days which includes new prescription drug ID cards and other important information. You and your spouse **will each receive your own Medicare Part D prescription drug ID cards.**

STEP 4: Using Your New Benefits

During your first medical appointment after Medicare becomes primary, you should inform your medical providers that Medicare is now primary, present your Medicare ID card (MBI) and request that all medical claims be filed to Medicare as the primary payer with BCBS as the secondary payer.

The next time you fill a prescription after receiving the new ESI Prescription Drug ID card, you must present the new ID card and request that your coverage be updated in the pharmacy database. Otherwise, it will be processed under the Commercial Plan, which has been canceled by ESI and replaced with the Medicare Part D Plan. In that case, your coverage will be denied at the pharmacy due to 'no coverage'.

IMPORTANT THINGS TO REMEMBER ABOUT USING MEDICARE PART D

The A&M Care 65 PLUS plan is designed for Medicare-primary retirees. The 65 PLUS plan has the same deductible of \$400 as the A&M Care Plan, but has a much lower out-of-pocket maximum and includes the Express Scripts Medicare D Prescription Drug Plan. The A&M Care plans do not fully cover what Medicare does not pay until you reach your out-of-pocket maximum. For the 65 PLUS plan, the \$1,400 out-of-pocket maximum is split between the medical plan (\$1,000) and the Express Scripts Medicare D prescription drug plan (\$400). Keep in mind that the A&M Care medical plan runs on the fiscal year (September-August) and Medicare and the Express Scripts Medicare D runs on the calendar year (January-December). This means your prescription drug out-of-pocket maximum will restart January 1.

If you choose to enroll in a Medicare Advantage Plan, outside of the ESI Medicare Part D plan, at any time during the year, you are no longer eligible for the 65 PLUS Plan. ESI will be notified by Medicare that you/your spouse have enrolled in another Medicare Part D Plan. Medicare will automatically cancel the ESI coverage for you/your spouse at the end of the month prior to the Advantage Plan becoming effective. ESI notifies the System Benefits Administration Office weekly of any Medicare Part D enrollments outside of the ESI Medicare Part D Plan. SBA will email your HR Office to request that you be contacted to discuss the available options, should this take place.