

Frequently Asked Medicare Questions

This information is directed to individuals who are working for, or retired from, the Texas A&M University System. If you are employed by or retired from another organization, be sure to check with that organization's HR Office concerning your Medicare eligibility and any special provisions that may apply to you.

Will I still get Medicare at age 65 if I'm not yet eligible for Social Security retirement benefits?

Although the retirement age is rising, age 65 remains the starting date for Medicare eligibility. An employee is eligible for Medicare if he/she has paid into Social Security for at least 10 years or the employee is eligible to receive Social Security benefits on his/her spouse's earnings.

If you do not meet these requirements, you can still get Medicare hospital insurance (Part A) by paying a monthly premium if you are a citizen or a lawfully admitted alien who has lived in the U.S. for at least five years. Individuals age 65 and citizens or lawfully admitted aliens with five years of residency in the U.S. can also pay a premium for Medicare Part B.

Should I sign up for Medicare Part A if I am still working?

Even if you keep working after you turn 65, you should sign up for Medicare Part A. Part A, hospital insurance, may still help pay some of the costs not covered by your group health plan. You will not have to pay for Medicare Part A if you (or your spouse) worked and paid Medicare taxes for at least 10 years.

Can I delay Medicare Part B enrollment without paying higher premiums when I enroll later?

Yes, you can delay your Medicare Part B enrollment without having to pay higher premiums if you or your spouse are working at least 50% time (20 hours a week) for at least 4 1/2 consecutive months and have group health plan coverage through you or your spouse's employer and the person carrying the coverage under their name is the employed person.

If I am still working and I delay my initial enrollment, when can I sign up for Medicare Part B?

You can sign up during a Special Enrollment Period. Special Enrollment Periods are: Anytime you are still covered by the employer health plan through your or your spouse's current or active employment, or during the 8 months following the month the employer group health plan coverage ends, or when the employment ends (whichever is first).

What if I miss my Special Enrollment period?

If you miss your opportunity during the Special Enrollment Period your next opportunity is the next General Enrollment Period, which is January 1 through March 31 of each year and coverage would not begin until July 1 of that year. You will have a higher Medicare Part B premium because you could have had Medicare Part B and did not take it.

If I am retired, and delay my initial enrollment, will I have a “Special Enrollment Period”?

No, if you delay your Medicare enrollment, your next opportunity is the next General Enrollment Period, which is January 1 through March 31 of each year and coverage would not begin until July 1. You will have a higher Medicare Part B premium because you could have had Medicare Part B and did not take it.

What is the Medicare Late-Enrollment Penalty?

If a beneficiary fails to sign up for Medicare Part B during their initial or special enrollment period, premiums will be higher. The cost of Part B may be increased up to 10% for each 12-month period that a beneficiary did not have Part B. Beneficiaries will pay this extra cost or penalty as long as they have Medicare.

What is “assignment” and why is it important?

Assignment is an agreement between Medicare and doctors, or other health care providers and suppliers. Doctors and suppliers who agree to accept assignment accept the Medicare approved amount as payment in full for Part B services and supplies. You pay the deductible and 20% of the approved amount (the coinsurance). Your cost for using providers that do not accept Medicare “assignment” will be higher. You will have to pay the entire amount at the time of service. Medicare will reimburse you their share of the charge, 80% of the Medicare approved amount.

If Medicare is primary, do I have to see a BCBS network provider to get the highest level of benefit from my A&M Care Plan?

No, you do not have to use a BCBS network doctor. The benefit will be the same if it is a BCBS network or non-network provider when Medicare is primary.

If, after I retire, I return to work for the A&M System, how will my coverage change?

In general, coverage is determined by the status of the A&M Care plan policy holder. If the policy holder is Medicare-eligible and working at the A&M System at least 50% time (20 hours per week) for at least 4 1/2 consecutive months, the A&M System health plan will be primary to Medicare for you and your spouse (if your spouse is covered under your plan).

If I return to work, can I stay in the 65 PLUS Plan?

If you are working at least 50% time (20 hours per week) for at least 4 ½ consecutive months, you cannot enroll in the 65 Plus Medicare Advantage Plan.

Should I notify Medicare when my spouse and I are no longer working?

Yes, it is important that you contact Medicare when you or your spouse are no longer working or any other information has changed.

If I travel out of the country, will I have coverage?

Medicare will not cover expenses incurred in a foreign country. Each System Health Plan has rules and limitations governing coverage in a foreign country. If you plan to travel out of the United States, check with your carrier for guidance on services provided by physicians/facilities in a foreign country.

I am under age 65 and have ALS (Amyotrophic Lateral Sclerosis), known as Lou Gehrig's disease? Can I get Medicare before I turn 65?

Yes, Congress passed a new law. Starting July 1, 2001, if you are under the age of 65 and have Lou Gehrig's disease (ALS), you can get your Medicare benefits the first month you get disability benefits from Social Security or the Railroad Retirement Board.

If I am diagnosed with End Stage Renal Disease (ESRD), how will this affect my coverage?

Regardless of your employment status, your A&M System health coverage will pay first on your claims for 30 months, whether or not you are enrolled in Medicare. At the end of 30 months, Medicare becomes the primary payer. Benefits on the basis of ESRD are for all covered services not only those related to the kidney failure condition.

How can I get more information on ESRD and my Medicare Benefits?

Contact Medicare at 1-800-MEDICARE (1-800-633-4227) or visit the website, <http://www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html>

I will be 65 years old soon. What will happen to my TRICARE?

Ninety days before you turn 65 you will receive a letter from the Defense Enrollment Eligibility Reporting System informing you of the changes in your TRICARE benefits. The letter will explain to you in detail what TRI- CARE options are available to you as well as provide information on what actions you need to take. If you have questions regarding your TRICARE eligibility, contact the Defense Manpower Data Center at 1-800-538-9552. For information on TRICARE benefits for beneficiaries 65 years of age or older, please contact your regional TRICARE contractor (<http://www.tricare.osd.mil>).

I am under age 65, and my spouse is also under age 65 but has Medicare due to a disability. My spouse is covered on my A&M System policy. Who is the primary payer for my wife?

Because of your current employment, your A&M System health plan is the primary payer.

I am over age 65 and retired from the A&M System with retiree insurance coverage. I am now working for another company and I have insurance through this new company. I also have Medicare. What is the order of payment?

Your current employer coverage would be primary, Medicare secondary, and your A&M System plan, tertiary (third).

I am retired, disabled, and have just become eligible for Medicare due to my disability. Do I have to enroll?

The A&M Care plans will assume you have Medicare once you are eligible and will pay secondary whether or not you enroll. Even though you are not 65, physician and hospital bills will often include a reference to Medicare.

I am over age 65 and retired, my spouse is under age 65 and has Medicare due to a disability. Can I enroll in the 65 Plus Medicare Advantage Plan (PPO)?

Yes. As long as all covered members have Medicare, you can enroll.

I am a retiree, age 67 and I come back to work in the fall semester part time. Who pays first?

In general, coverage is determined by the status of the A&M health plan policy holder. If the policy holder is Medicare-eligible and working at the A&M System at least 50% time (20 hours a week) for at least 4 1/2 consecutive months, the A&M System health plan will be primary to Medicare for you and your spouse (if your spouse is covered under your plan).

I am retired from the A&M System with insurance. I am now working elsewhere but have no other insurance. When I turn 65, do I need to sign up for Medicare since I am working?

You DO need to sign up for Medicare when you turn 65. Even though you are working, since you are not working for the A&M System, your A&M insurance will be secondary to Medicare and will pay as if you had Medicare. If you are enrolled in the 65 Plus Medicare Advantage Plan (PPO), you must be in Medicare Part A and B.

I am retired from the A&M System with insurance, and now work elsewhere, with insurance. Which insurance is primary? When I retire, with retiree insurance from my current employer, which insurance is primary? When I become eligible for Medicare, what is the order of insurance?

If you are employed, that is your primary coverage. If you have two retiree policies, the one with the earlier start date is primary. When you become eligible for Medicare, if you are working, the order is: current employer, Medicare, A&M System policy. If you are not working, the order is: Medicare, A&M System policy, other employer policy. If you postpone Medicare Part B enrollment because you are currently employed, the order of insurance is Employer policy pays primary; Retiree policy pays secondary.

Human Resources offices should notify BlueCross BlueShield that Part B enrollment is postponed so claim payment will not be delayed waiting for Medicare payment. Once the individual stops working, he/she needs to notify their Human Resources office and enroll in Medicare Part B. The Human Resource office will once again notify BlueCross BlueShield that Medicare is primary, and BlueCross BlueShield is secondary.

If you are enrolling in the 65 Plus Medicare Advantage Plan (PPO), you must be enrolled in Medicare Part A and B.