

## Frequently Asked Questions

Please be advised that 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. You are eligible for Medicare if you have paid into Social Security for at least 10 years or you are eligible to receive Social Security benefits on your 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 and have group health plan coverage through your 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?**

If you are the covered employee and return as a working retiree, your A&M System medical plan will be your and your spouse’s primary coverage (if your spouse is covered under your plan) during the months in which you actually work. This means that you would need to see network doctors during the months you work.

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

If you return to work for more than six months in a plan year (September through August) you must switch to another plan. Premiums are based on the 65 PLUS plan being secondary to Medicare. When you return to work, your A&M System health coverage becomes primary.

### **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 my spouse and I are both covered by the A&M System Health Plan and through my spouse’s employer-sponsored health plan, which one is primary?**

Determining primary and secondary payer varies based on several factors, including, but not limited to: the policyholder, the date the policy was effective, whether the policy holder is active or retired. Check with your other Group health plans’ Administrator/Sponsor or your spouse’s HR office for further guidance.

**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 (Amythrophic 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 ERS D 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.hhs.gov/EmployerServices/04\\_endstagerenaldisease.asp](http://www.cms.hhs.gov/EmployerServices/04_endstagerenaldisease.asp)

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

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 TRICARE 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>).