



STATE OF NEW YORK

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For Retirees of New York State and Participating Employer Agencies only

NYSHIP Reimbursement of the 2010 Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA)

STOP!

DISREGARD this mailing IF you and/or your dependent paid ONLY the standard 2010 Medicare Part B premium of \$96.40 or \$110.50 per month.

This letter includes information for NYSHIP enrollees and their covered dependents who are eligible for Medicare primary coverage and who pay a Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA) which is higher than the standard Medicare Part B premium. NYSHIP already reimburses you the standard Medicare Part B premium. If you paid the higher IRMAA amount you may be eligible for additional reimbursement.

The following questions and answers explain who is eligible and, if you are eligible, how to apply for reimbursement.

Q: How do I know if I am eligible for this additional reimbursement of Medicare Part B premium?

A: The information in this letter applies ONLY to individuals covered under NYSHIP who paid 2010 Medicare Part B premiums that were more than the standard premium of \$96.40 or \$110.50 per month because of their income level. IRMAA for 2010 applies to individuals with Modified Adjusted Gross Income (MAGI) of more than \$85,000 per year and couples with MAGI of more than \$170,000 per year. If your 2008 income was lower than these amounts, you were not subject to the additional IRMAA premium and the information below does not apply to you.

If you and/or any of your Medicare primary enrolled dependents were subject to a higher Medicare Part B premium, or an Income-Related Monthly Adjustment Amount (IRMAA) in 2010, then late in 2009 you should have received a letter from the Social Security Administration (SSA) advising you of the IRMAA amount you were required to pay. If you were new to Medicare in 2010, the SSA letter would have been sent to you prior to your first month of Medicare eligibility. Whether this amount was deducted from your monthly Social Security benefit check or you paid it directly to Medicare, you are eligible to be reimbursed for any additional IRMAA premium over the standard 2010 Medicare Part B premium of \$96.40 or \$110.50, by NYSHIP, provided you do not receive reimbursement from another source.

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IRMAA 12/2010

Q: How do I apply for the reimbursement of Medicare Part B IRMAA for myself and/or my dependent(s) covered under NYSHIP?

A: To receive IRMAA reimbursement, you must provide the Employee Benefits Division with:

1. A copy of the IRMAA notice you and/or any of your Medicare primary enrolled dependents received from the SSA in November 2009 (or during 2010 if newly eligible for Medicare) that stated the monthly Medicare premium for 2010, **and**
2. Proof of payment of your Medicare premium. Acceptable proof of payment is a copy of the form SSA-1099 that you and/or your Medicare primary enrolled dependent will receive from SSA by January 31, 2011, or billing statements showing receipt of premium paid directly to SSA.

Q: I don't have my 2010 IRMAA notice from SSA. How can I get a copy?

A: If you need a replacement copy of your 2010 IRMAA notice, contact your local Social Security office. The location of your local office can be found in your local telephone book or at www.socialsecurity.gov/onlineservices. You also may request a replacement copy of the Form SSA-1099 through this web site.

Q: Is there a deadline for applying for IRMAA reimbursement?

A: You are encouraged to submit your request for NYSHIP reimbursement no later than May 31, 2011.

Q: How and when will I receive my reimbursement?

A: A reimbursement check for IRMAA amounts over the standard 2009 Medicare Part B premium of \$96.40 or \$110.50, paid by you and/or any dependents eligible for reimbursement by NYSHIP, will be sent to you, the enrollee. Refunds will be sent as a separate check to your address on record with NYSHIP. The refund process will take 90-120 days from receipt of documents.

Q: My dependent receives Medicare Part B reimbursement from his/her former employer. How does this affect my reimbursement from NYSHIP?

A: You are not entitled to any amount that is reimbursed from another source. If you or your dependent receives reimbursement from another source, please contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (9 am - 3 pm Eastern time).