

MEDICARE ENROLLMENT QUICK REFERENCE GUIDE

This guide is intended to provide you with important information regarding required enrollment in Medicare Part A and Part B upon eligibility based upon age or disability under the State of Delaware Group Health Insurance Plan (GHIP).

Additional information on Medicare can be obtained at your local Social Security Administration Office, on Medicare's website at www.medicare.gov or by contacting the State of Delaware, Department of Insurance's Delaware Medicare Assistance Bureau (DMAB) at 1-800-336-9500 or online at www.insurance.delaware.gov/divisions/dmab.

- **Medicare Part A** usually has no premium and helps to cover inpatient care in a hospital or skilled nursing facility.
- **Medicare Part B** has a monthly premium (an amount determined by the Social Security Administration) and helps cover doctors' services, some medical services and some supplies not covered by hospital insurance.
- **Medicare Part D** is a prescription drug coverage program. It helps cover the cost of prescription drugs and includes a monthly premium.

ACTIVE EMPLOYEES

You are **required** to enroll in Medicare Part A upon eligibility due to age or disability; however, enrollment in Medicare Part B is optional as long as you are **1)** an active employee working in a benefit eligible position, or **2)** the spouse of an active employee working in a benefit eligible position.

If you enroll in Medicare Part A and Part B and choose Medicare as your primary insurer while you are eligible for coverage as an active employee or as a spouse of an active employee through the GHIP, **Medicare will be your primary payer and you will not be eligible to participate in any health plan offered by the State of Delaware.**

ELIGIBLE FOR MEDICARE DUE TO AGE OR DISABILITY	MEDICARE PART A REQUIRED?	MEDICARE PART B REQUIRED?	ELIGIBILITY UNDER STATE PLAN
Active Employee Age 65	YES	NO	Primary
Active Employee (Retired Military) Age 65	YES	<i>Special Rules Apply for Tricare Eligible Members</i>	N/A
Active Employee's Spouse Age 65	YES	NO	<i>Determined by SCOB Policy¹</i>
Active Employee or Spouse on Social Security Disability with Medicare Coverage.	YES	MAYBE*	<i>Determined by Part B Enrollment</i>

STATE OF DELAWARE STATEWIDE BENEFITS OFFICE

¹A spouse's eligibility for primary coverage under the State of Delaware GHIP is determined by the Spousal Coordination of Benefits Policy. Enrollment **does not** automatically guarantee primary coverage for a spouse. The complete Spousal Coordination of Benefits Policy and accompanying chart is located on the Statewide Benefits Office website at de.gov/statewidebenefits.

*Special enrollment rules may apply for those diagnosed with End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's disease. Additional information regarding eligibility and enrollment for those diagnosed with ESRD is available online at www.medicare.gov/basics/end-stage-renal-disease.

Please remember, should you choose Medicare as your primary insurer as an active employee, or as the spouse of an active employee, the GHIP **does not** offer or subsidize a health care plan to supplement Medicare benefits; therefore, you will **no longer be eligible** for health coverage through the State of Delaware.

PENSIONERS

Per the State of Delaware Group [State of Delaware Group Eligibility and Enrollment Rules](#), Pensioners, Long-Term Disability Beneficiaries or their spouses and dependents who become eligible for Medicare, by reason of age (65) or disability, are required to enroll in both Medicare Parts A and B when first eligible and **must** enroll in the Medicare benefit plan provided by the State of Delaware Group Health Insurance Plan (GHIP). Medicare then becomes the primary coverage.

The current State of Delaware Medicare benefit plan options are available online at <https://dhr.delaware.gov/benefits/medicare/index.shtml>.

Members who **do not** apply for Medicare Part A and B and provide the Office of Pension or their Participating Group Employer with a copy of a Medicare Card as required, will have a sanction applied to their State of Delaware health insurance. A sanction means your medical claims will be processed at 20 percent of the allowable charges and you will be responsible for the remaining balance. In addition, while a sanction is in place, you must pay for all prescriptions in full at the pharmacy.

State of Delaware Medicare-eligible (or becoming eligible) members should enroll in Medicare Parts A and B as early as **three months prior** to their 65th birthday.

- Members can apply for Medicare Parts A and B [online](#) (at Social Security). Members can create an account online, apply for benefits and track the progress of their application. They can even print the acceptance letter in advance of receiving their card.
- Members can also enroll by calling 1-800-772-1213 or contacting their local [Social Security Office](#).

Members should contact the Social Security Office National Number (**1-800-772-1213**) or Medicare(**1-800-MEDICARE**) with questions about eligibility and enrollment.

ELIGIBLE FOR MEDICARE DUE TO AGE OR DISABILITY	MEDICARE PART A REQUIRED?	MEDICARE PART B REQUIRED?	ELIGIBILITY UNDER STATE PLAN*
Pensioner	YES	YES	Secondary
Pensioner's Spouse	YES	YES	<i>Determined by SCOB Policy¹</i>

* Medicare is the primary coverage.

¹A spouse's eligibility for secondary coverage under the State of Delaware GHIP is determined by the Spousal Coordination of Benefits Policy. Enrollment **does not** automatically guarantee secondary coverage for a spouse. The complete Spousal Coordination of Benefits Policy and accompanying chart is located on the Statewide Benefits Office website at de.gov/statewidebenefits.

The Centers for Medicare & Medicaid Services (CMS) only allows enrollment in one qualified Medicare Part D prescription drug plan. Enrollment in another plan will terminate coverage with the State of Delaware Part D prescription drug plan.