



ALMOST 65?

YOU ARE REQUIRED TO APPLY FOR MEDICARE PART A AND PART B.

When you or your covered spouse turns 65, you may be eligible for Medicare Part A hospitalization coverage and Part B outpatient medical care coverage. Here are a few things you should keep in mind to avoid denied claims.

You (or your spouse, if he or she is covered by your OGB plan) must enroll in Medicare Part A and Part B to continue receiving benefits from your OGB health plan if:

- » You are retired;
- » You turned 65 on or after July 1, 2005; and
- » You are eligible for Medicare Part A and Part B, individually or as a dependent of your current or previous spouse.

Your initial enrollment period to apply for Medicare Part A and Part B is seven months—three months before your birthday month, during your birthday month, and three months after your birthday month. To avoid unnecessary out-of-pocket expenses, OGB recommends you contact the nearest Social Security Administration office 90 days before your or your covered spouse's 65th birthday to apply for Medicare Part A and Part B. If you don't apply during your initial enrollment period, be aware that:

1. you may be subjected to Medicare penalties; and,
2. your OGB health plan will not pay any medical claims that should be covered by Medicare.

EXAMPLE: You are age 65 and eligible for Medicare but not enrolled. You visit your doctor, who orders a CT scan and prescribes physical therapy three times a week for five weeks. Your doctor submits a claim to your OGB health plan for the following expenses:

Doctor visit	\$ 75
CT scan	1,000
Physical therapy	+ 1,875
TOTAL CHARGES	\$ 2,950

Your OGB health plan processes the claim:

OGB pays	\$ 0
Plan member pays	\$ 2,950

How to ensure OGB pays benefits:

- Apply for Medicare Part A and Part B coverage.
- If approved for Medicare coverage, send a copy of your Medicare card to:
Office of Group Benefits
P. O. Box 44036
Baton Rouge, LA 70804
- If not approved for Medicare coverage, send a copy of the denial letter from the Social Security Administration (SSA) to OGB at the address above.

Who pays first, Medicare or OGB?

If you are approved for Medicare coverage and OGB receives a copy of your Medicare card, Medicare becomes your primary health coverage and pays first. Your OGB health plan becomes your secondary health coverage and your OGB premiums are reduced.

If you are not approved for Medicare coverage and OGB receives a copy of your SSA denial letter, your OGB health plan remains your primary health coverage and your OGB premiums are not reduced.

Keeping Your OGB Coverage

If you lose your OGB coverage by joining a health plan not sponsored by OGB, you are prohibited from regaining your OGB health coverage forever.