



# ALMOST 65?

Read this important information about changes that may affect your OGB health coverage when you or your covered spouse reach age 65.

When you or your spouse turns 65, you may be eligible for Medicare Part A hospitalization coverage without paying a premium. There are a few things you should keep in mind to ensure there is no lapse in your OGB medical coverage.

You (or your spouse, if he or she is covered by your OGB plan) must enroll in Medicare 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 individually or as a dependent of your current or previous spouse.

You do not have to enroll in Medicare Part B to continue your OGB coverage if:

- » You are not retired;
- » You turned 65 before July 1, 2005;
- » You are not eligible for premium-free Medicare Part A; or
- » You are presently covered under another group health plan through your own or your spouse's present employment.

To avoid unnecessary out-of-pocket expenses, OGB recommends you and your covered spouse visit the nearest Social Security Administration office **90 days before your 65th birthday** to find out if you are eligible for Medicare Part A premium-free and to enroll in Parts A and B if you are.

You can enroll for both parts anytime in the 3 months before your birthday month, during the month of your birthday, or in the 3 months after your birthday. However, applying for Medicare **before you or your covered spouse reaches age 65** ensures that Medicare coverage begins **when you reach age 65**, allowing time for OGB to receive documents required to continue paying medical benefits **with no lapse in your OGB medical coverage**.

If you're eligible for Part A premium-free but don't enroll during the 7-month period when you are first eligible:

- » You must wait until the Medicare general enrollment period (Jan.1 through March 31

each year) for coverage that begins July 1.

- » Your Medicare Part B premium increases by 10 percent for each 12-month period in which you were not enrolled after you first became eligible.

Your OGB health plan will not process or pay any medical claims that would be covered by Part B until OGB receives a copy of your Medicare card or a letter from the Social Security Administration stating you are not eligible.

**EXAMPLE:** You're eligible for Medicare, but haven't enrolled when you visit your doctor, who orders a CT scan and prescribes physical therapy three times a week for five weeks:

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

Your OGB health plan processes the claim:

OGB pays	\$ 0
<b>Plan member pays</b>	<b>\$ 2,950</b>

**If you're eligible for premium-free Medicare Part A** - Apply for both Part A and Part B coverage. When you receive your Medicare card, send a copy to:

Office of Group Benefits  
P. O. Box 44036  
Baton Rouge, LA 70804

After you reach age 65, are retired, are enrolled in Medicare Parts A and B, AND OGB receives a copy of your Medicare card, Medicare will become your primary health coverage and your OGB health plan premiums will be reduced.

**If you're not eligible for premium-free Medicare Part A** - Obtain a letter or other written verification from the Social Security Administration confirming you are not eligible. Send a copy to OGB at the address above.

After OGB receives a copy of SSA documents verifying your ineligibility, your OGB health plan remains your primary coverage with no change in your premiums.