



Retiree Medicare Eligibility Notification

ACTION REQUIRED – PLEASE READ CAREFULLY

Group ID: SLO

«First_Name» «Last_Name»

«Address_1»

«City», «State» «Zip_Code»

Dear «First_Name» «Last_Name»,

This letter contains important information regarding Medicare Eligibility.

You must act to either accept or decline a County Supplemental Medicare Plan for yourself.

1. Complete the enclosed "Medicare Eligibility & Qualifying Event" form.
2. Return, by mail, to BCC with a copy of your Medicare Health Insurance card.
3. Your enrollment form must be mailed back and postmarked prior to your 65th birthday.

Send your completed form and necessary documents to:

Benefit Coordinators Corporation (BCC)
County of San Luis Obispo – Medicare Participants
Two Robinson Plaza, Ste. #200
Pittsburgh, PA 15205

Medicare eligibility is a qualifying life event at age 65, to enroll in a County Sponsored Medicare health plan.

You must elect one of the options below:

1. Enroll in a County Medicare Plan
 - A copy of your Medicare Health Insurance Part A & B card is required to enroll.
 - See page two on specific enrollment eligibility.
 - Reminder – this event is only for medical coverage:
**No changes to Dental & Vision coverage are allowed.
Changes to Dental & Vision plans can be made annually during the Open Enrollment period.**
2. Decline County Medicare Plan and Waive County Medical Insurance



Retiree Medicare Eligibility Guidelines

The Medicare qualifying event is only for the member turning age 65.

If you elect a County Medicare plan:

- Your non-Medicare County plan terminates at the end of the month **prior** to your 65th birthday.
- Your County Medicare plan is effective on the first day of the month of your 65th birthday.

Example: Date of Birth – May 15

- Non-Medicare County plan terminates April 30
- County Medicare plan effective May 1

Note: Medicare enrollment only applies to the member turning age 65.

- You cannot add or drop family members for this qualifying event.
- For a County retiree turning 65, dependent coverage automatically adjusts based on your plan election. Dependents cannot be dropped from coverage when you are electing a County Medicare plan.
- For a dependent turning 65, the County retiree's enrollment dictates what plans you may elect.

Review the Retiree Benefits Brochure for information on how the Medicare Qualifying Event can impact your dependent(s)' coverage.

If you decline a County Medicare plan:

- You and your dependents will not be eligible to enroll in County Medical insurance in the future.
- For a County retiree turning 65, declining a County Medicare plan will terminate coverage for any enrolled dependents.
- For a dependent turning 65, declining a County Medicare plan will not impact the County retiree's medical plan enrollment.

Your non-Medicare County plan will terminate at the end of the month **prior** to your 65th birthday.

Example: Date of Birth - May 15

- Non-Medicare County plan terminates April 30

If you fail to return this form:

- If BCC does not receive your enrollment form, you will be considered **opted out** of County medical insurance and will not be able to participate in the future.

Your non-Medicare County plan will terminate at the end of the month **prior** to your 65th birthday. See example in the "If you decline..." section above.



Retiree Medicare Eligibility FAQs

Questions about Medicare?

1. **Information on Medicare Parts A & B:** Contact your local Social Security Administration (SSA) office for enrollment and information on Medicare Parts A & B.
2. **General Education on Medicare:** Contact the Health Insurance Counseling & Advocacy Program (HICAP) for free and unbiased information on the different parts of Medicare.
 - o HICAP does not sell Medicare plans
 - o Local HICAP phone number: (805) 928-5663
 - o Nationwide HICAP phone number: (800) 434-0222
3. **If needed, A Broker for Non-County Medicare Plans:** Contact Alliant Medicare Solutions (AMS) at (866) 273-6420 to speak to licensed insurance agent on available Medicare plans; including Medigap, Medicare Advantage, and Part D Prescription Drug plans.
 - o AMS does not sell County Medicare plans; you must complete this form to enroll in a County Medicare plan.

Assistance on County Medicare Enrollment:

Contact the **BCC Retiree Enrollment Line at (833) 574-1838**

- BCC can confirm your current County medical enrollment details.
- BCC can confirm receipt of your Medicare form once you have mailed it.
- BCC can confirm if your County Medicare enrollment form has been processed.

Note: Enrollments are processed roughly two weeks prior to the effective date.

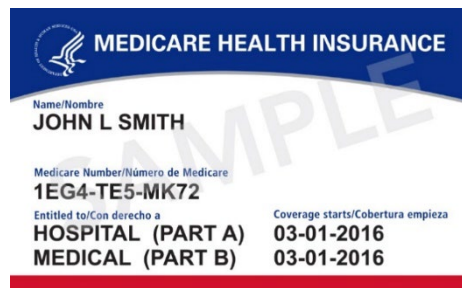
Example: If your Medicare Transition is effective May 1

- o BCC will process your enrollment around April 15.

Other Questions?

- Visit slocounty.ca.gov/retireebenefits for brochure, plan documents, and rates.
- Visit slocounty.ca.gov/medicaretransition for additional Medicare resources.
- Email the Benefits Team at hrbenefits@co.slo.ca.us

Original Medicare Parts A & B sample ID card:





Age 65 Notification Medicare Eligibility & Qualifying Event Form

Section 1: MEMBER ENROLLMENT OR CHANGE – COMPLETE IN FULL

| | | | |
|--|--|---|--|
| NAME (last, first, MI): | SOCIAL SECURITY #: | BIRTH DATE (mm/dd/yyyy): | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY |
| HOME PHONE: | MOBILE PHONE: | E-MAIL ADDRESS: | |
| HOME ADDRESS, CITY, STATE, ZIP (PO Box may NOT be used): | | | |
| MAILING STREET ADDRESS, CITY, STATE, ZIP (PO Box may be used): | | | |
| MARITAL STATUS: | <input type="checkbox"/> SINGLE <input type="checkbox"/> DOMESTIC PARTNER | <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED | <input type="checkbox"/> LEGALLY SEPARATED |

Section 2: FOR MEMBER/DEPENDENT TO ENROLL IN MEDICARE COORDINATION PLAN OR WAIVE MEDICAL INSURANCE

- Enroll in County Sponsored Medicare Plan
- Decline Medicare Coverage and Opt Out – **Skip to Section 5**

Section 3: FOR MEMBER/DEPENDENT ENROLLED IN MEDICARE PARTS A AND B

- I certify that I am enrolled in Medicare Parts A and B. I have a copy of my Medicare Card. This is the information shown on my red, white, and blue Medicare Card or Notice of Entitlement from the Social Security Administration (SSA).
- I understand that I am required to include a copy of my Medicare ID Card with this completed form.

| |
|---|
| NAME OF MEDICARE BENEFICIARY: |
| MEDICARE CLAIM NUMBER (HICN): |
| HOSPITAL (PART A) EFFECTIVE DATE: |
| MEDICAL (PART B) EFFECTIVE DATE: |
| I WOULD LIKE TO ENROLL IN THE FOLLOWING MEDICARE COORDINATION BENEFIT PLAN: <input type="checkbox"/> Blue Shield Medicare PPO <input type="checkbox"/> Blue Shield Medicare EPO |



Age 65 Notification Medicare Eligibility & Qualifying Event Form

Section 4: TO ENROLL IN MEDICARE COORDINATION PLAN – SIGNATURE REQUIRED

I declare that the information given on this form is true and complete to the best of my knowledge and belief. I understand that the information I have provided is the basis on which coverage may be issued under these plans. Any misstatements or omissions may result in future claims being denied and/or my coverage(s) being rescinded.

SIGNATURE:

DATE:

Section 5: TO WAIVE OR OPT OUT OF COUNTY MEDICAL - SIGNATURE REQUIRED

Complete Only if Declining Coverage

I understand that I am eligible for medical and pharmacy coverage through my former employer. I waive the right to enroll in the medical plan and pharmacy plans offered to me by my former employer for the following reason (please check one):

- I am covered under another Medicare Advantage/Supplement Plan
- I am covered through my spouse's employer
- I have no other coverage, but choose not to enroll

I understand that by declining coverage, myself or my dependents are no longer eligible to enroll in the County's medical insurance plans in the future and that if I am currently enrolled in a County medical plan it will terminate at the end of the month prior to my 65th birthday.

SIGNATURE:

DATE: