New Member Medicare Information in myETF Benefits

New Medicare Info in MEBs…

❖ **Medicare Parts A & B** [see slide 3]

- ✓ **Termination Date**

❖ **Medicare Parts C & D** [see slide 3]

- ✓ **Effective Date**
- ✓ **Termination Date**
- ✓ **Contractor Number**

❖ **ESRD (End Stage Renal Disease)** [see slide 3]

- ✓ **Coordination Period Start Date**
- ✓ **Coordination Period End Date**

❖ **Medicare Blank Reason** [see slides 3 & 4]

New Medicare Info in MEBs...

Other Health Insurance:

Insurance Company: DEAN HEALTH PLAN   Group Number: 18257   Policy Number: 123456789

Medicare:

Medicare Eligibility Reason: Medicare A Effective Date: Medicare B Effective Date:

Health Insurance Claim Number: Medicare A Expiration Date: Medicare B Expiration Date:

Medicare Blank Reason:

Additional Medicare Info:

Medicare C Effective Date: Medicare D Effective Date: ESRD Start Date:

Medicare C Expiration Date: Medicare D Expiration Date: ESRD End Date:

Medicare C Contract No: Medicare D Contract No:

New Medicare Info in MEBs...

Other Health Insurance: NO

Medicare: YES

Medicare Eligibility Reason: AGE

Health Insurance Claim Number: 123456789A

Medicare Info Blank Reasons:

Select One
Incomplete Information
Survivor with Family1 Contract
Other Non-State Primary Coverage
Part B Declined
Grandfathered Contract
Federal Employee
Not Eligible For Part A

Medicare A Effective Date:

Medicare B Effective Date: 01/01/2014

Physician:

National Provider ID: ...ast/Clinic Name: DEAN CLINIC - FIS   Physician First Name:

Subscriber – MyInfo Update Screen

Identification:

Member ID: [REDACTED]
SSN: XXX-XX-X876
Name: [REDACTED]
Gender: MALE

Date of Birth: 07/11/1933
Date of Death:
Marital Status: MARRIED
Marital Status Date: 07/20/1953
Spouse ETF ID: 96315601411111120

Tax Dependent: YES
Disabled: NO
Begin Date: 01/01/2014
End Date:
Employee Type: LOCAL EMPLOYER PAID ANNUITANT
Employment Status:

ETF's Insurance: SECONDARY
Relationship: SELF
Standard Plan Wait Indicator: NO
Employer Resolution ID: 96732555235191114
Previous Employer: 0991000

Other Health Insurance: NO

Medicare: YES

Medicare Eligibility Reason: AGE
Health Insurance Claim Number: [REDACTED]
Medicare Info Blank Reasons:

Select One
Incomplete Information
Survivor with Family1 Contract
Other Non-State Primary Coverage
Part B Declined
Grandfathered Contract
Federal Employee
Not Eligible For Part A

Medicare A Effective Date:
Medicare B Effective Date: 01/01/2014

Physician:

National Provider ID:
Last/Clinic Name: DEAN CLINIC - FI!
Physician First Name:

Dependent – myInfo Update Screen (no Medicare selected)

Dependent – myInfo Update Screen (Medicare selected; editing)

Dependent – myInfo Update Screen (inquiry)

ETF Member ID:		SSN: XXX-XX-X517		Subscriber:	
Employer: MADISON, CITY OF P02/S01 $1605.50		Health Plan: DEAN HEALTH PLAN		Coverage Level: FAMILY	Begin Date: 09/01/2000

Identification:

Member ID:	Date of Birth: 09/09/1937
SSN:	Date of Death:
Name:	Marital Status: MARRIED
Gender: MALE	Marital Status Date: 06/06/1964

Tax Dependent: YES	ETF's Insurance: SECONDARY
Disabled: NO	Relationship: SPOUSE
Begin Date: 09/01/2000	Standard Plan Wait Indicator: NO
End Date: 12/31/2013	

Other Health Insurance:

Insurance Company: DEAN HEALTH PLAN	Group Number: 18257	Policy Number: 390387264

Medicare:

Medicare Eligibility Reason:	Medicare A Effective Date:	Medicare B Effective Date:
Health Insurance Claim Number:	Medicare A Expiration Date:	Medicare B Expiration Date:
Medicare Blank Reason:		

Additional Medicare Info:

Medicare C Effective Date:	Medicare D Effective Date:	ESRD Start Date:
Medicare C Expiration Date:	Medicare D Expiration Date:	ESRD End Date:
Medicare C Contract No:	Medicare D Contract No:	

Physician:

Manage Retirement Screen

Add Coverage Screen

Change Health Plan Screen