

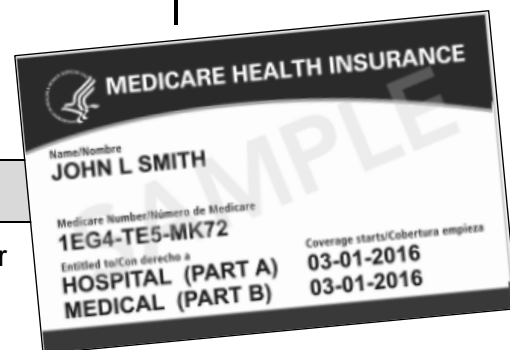


Health Insurance Integrated with Medicare

Wis. Stat. § 40.52 (2)

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931

1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov



Steps to Prepare for Medicare

The following information is for those transitioning into Medicare under the State or the Wisconsin Public Employers Group Health Insurance Programs. Follow these steps to prepare for Medicare:

1. If you haven't already enrolled in Medicare, contact the **Social Security Administration** at **1-800-772-1213** or visit www.ssa.gov. If you and/or your insured family members are eligible for Medicare, you must sign up for Medicare Part B.

Medicare Eligibility Reasons:

- Age 65 and over
- Receipt of Social Security disability payments for 24 months
- End Stage Renal Disease (ESRD)
- Lou Gehrig's Disease (ALS)

2. Obtain the Medicare Eligibility Statement (ET-4307):

- Online at etf.wi.gov
or
- By calling ETF toll free at 1-877-533-5020 (option 1).

3. Complete the Medicare Eligibility Statement (ET-4307) and include the following as soon as possible. If you are changing your health plan and you don't have your Medicare card, you should submit the form without the card (send the card later):

- Effective dates of Parts A and B,
- Medicare Number, and
- A copy of the Medicare card(s), when available.

4. Send the completed Medicare Eligibility Statement (ET-4307) to ETF:

- By mail at: PO BOX 7931, Madison WI 53707-7931
or
- By fax at 608-267-4549.

Your Medicare Eligibility

If either you or your spouse will be age 65 within the next few months and will become eligible for federal Medicare benefits. You may contact the **Social Security Administration at 1-800-772-1213** or visit <http://www.ssa.gov> for more information on how to enroll. The *Medicare Eligibility Statement (ET-4307)* is enclosed.

You and/or your insured dependents must be enrolled for both portions of Medicare (Hospital Part A and Medical Part B), **when first eligible**. This is required by state statute, as the programs are designed to integrate with, rather than duplicate, Medicare benefits.

What You Need to Do

Please complete the enclosed *Medicare Eligibility Statement (ET-4307)*. Be sure to enter the Medicare number and Parts A and B effective dates, then sign and date the form. Return the form as soon as possible in the enclosed envelope. If you want to change health plans, it's important that ETF receives your Medicare number and effective dates in the month before you turn age 65. Send a photocopy of your and/or your insured dependent's Medicare card(s) when you get it to the Department of Employee Trust Funds. **We must be provided proof of Medicare enrollment.**

If you have not received your Medicare card (s), you may also send ETF a copy of other correspondence from the Social Security Administration that shows your Medicare number and the effective dates instead of a copy of your Medicare card. Visit either website below to obtain this information online:

- www.ssa.gov
(Under "Get a benefit verification letter")
- www.mymedicare.gov

Note: The subscriber must sign the Medicare Eligibility Statement (ET-4307) or the Group Health Insurance Application/Change for Retirees (ET-2331). Any forms signed by a spouse or dependent will be rejected.

Additional Information

If you have questions regarding the Group Health Insurance Program's requirements to be enrolled in Medicare, contact ETF toll free at 1-877-533-5020.

Important Medicare Information

- The Social Security Administration charges for Medicare Part B coverage. If you and/or your insured dependents do not enroll in Medicare Parts A and B when first eligible, Social Security can charge permanent premium surcharges called "Late Enrollment Penalties."
- You do not need to elect Medicare Part D coverage. Your prescription drug coverage will be provided by Navitus Health Solutions and is considered a creditable Medicare Part D Plan. Medicare beneficiaries are only able to be enrolled in one prescription drug plan at a time. If you elect more than one plan, you may experience enrollment issues leading to no prescription drug coverage and therefore Late Enrollment Penalties.
- Your group health insurance coverage will be transferred to a plan integrated with Medicare effective on the first of the month in which you are required to be enrolled in Medicare under the group health insurance program. The amount of your monthly premium will be reduced according to the enclosed premium schedule. Please note that premiums can only be adjusted in accordance with the contract. We will notify your health insurance plan of the change in your status.

You can also choose a different health plan when you and/or your dependent enroll in Medicare Part A and/or B. Please submit a *Health Insurance Application/Change for Retirees (ET-2331)* form if you wish to change your health plan. **If your Medicare Parts A and B coverage are not effective on or before the first of the month in which you are required to be enrolled in Medicare, you will be liable for the claims Medicare would have paid.**

- In most circumstances, you should present both your health insurance plan ID card and your Medicare ID card to your medical provider when receiving services.

It is your responsibility to notify us when other family members covered under your policy become eligible for Medicare. This will ensure that your coverage and premium amount remain correct.