

## **ANNUAL UPDATE FOR CITY OF PLAINFIELD RETIREES**

The following is offered to those City Retirees and Spouses who will be turning age 65 during the upcoming calendar year:

1. All Retirees and their Spouse must apply for Medicare Part A and Part B upon reaching the age of 65.
2. Most will receive Part A free of charge provided they or their spouse have worked sufficient number of quarters to qualify Part A
  - a. If neither has qualified for Part A they will need to pay for same out of pocket
3. Part B requires all participants to arrange to pay premiums out of pocket
4. Both Part A and Part B premiums may be deducted from Social Security Monthly Income if you qualify for same
5. Once enrolled each Retiree and Spouse need to obtain Certification of Participation with Medicare Part A and Part B and submit proof to City and State Health Benefits Plan annually since Medicare Premiums increase each Retiree and Spouse should submit update Medicare Certification to City- **Reimbursement is for Part B only. Eligibility is based on retirees having participated in the State Health Benefits Plan and its eligibility guidelines. Eligible retirees are defined as employees, including their spouses and dependents, who retire with at least 25 years of credited service in a State of locally administered pension system at the time of retirement and with a minimum of 25 years of actual service with the City of Plainfield.**
6. City will mail or email Vouchers for reimbursement of any and all premiums paid (regardless of source of payment) semiannually (**July and December**) to each Retiree and Spouse, simply sign and return the voucher to be processed for payment.
7. On submissions of Medicare Certifications your individual coverage will be changed to Aetna Medicare Advantage coverage through City and State Programs.

**FAILURE TO SUBMIT DOCUMENTATION OF COVERAGE MAY RESULT IN LOSS OF HEALTH BENEFIT COVERAGE BY THE STATE.**

**RETIREES ARE REMINDED IF THEY SHOULD OPT OUT OF MEDICAL COVERAGE WITH SHBP THEY MAY LOSE SOME BENEFITS AND/OR REIMBURSEMENT FOR COST. BEFORE OPTING OUT THEY SHOULD CAREFULLY REVIEW THEIR OPTIONS WITH MEDICARE AND SHBP.**

IF YOU HAVE ANY QUESTIONS OR CONCERNS WITH REGARDS TO MEDICARE PART B REIMBURSEMENT, PLEASE CONTACT ILLONA WADE, 908-753-3220, **BY EMAIL TO** [Illona.wade@plainfieldnj.gov](mailto:Illona.wade@plainfieldnj.gov)