



California State Teachers'
Retirement System
Health Benefits
P.O. Box 15275
Sacramento, CA 95851-0275
800.228.5453
www.calstrs.com
HB-0985 Letter (Rev. 12/2005)

Dear CalSTRS Member:

You may be eligible for CalSTRS to pay your Medicare Part A (hospital) premiums if you are at least 65 and are not eligible to receive Medicare Part A premium-free. The CalSTRS Medicare Premium Payment Program pays your Medicare Part A premium if you or your spouse did not pay into Medicare and now are required to pay a monthly premium.

The information in this packet tells you who is eligible for this CalSTRS benefit and how to participate. Materials include:

- Medicare and CalSTRS Medicare Premium Payment Program information (yellow sheet)
- *Medicare Payment Authorization* form
- Self-addressed envelope to return the completed form

Because CalSTRS does not have access to your Social Security or Medicare records, we do not know your eligibility status. Call the Social Security Administration toll-free at 1-800-772-1213 or TTY 1-800-325-0778 to determine your eligibility and to enroll in Medicare.

For your convenience, we can also deduct the Medicare Part B (medical) premium from your CalSTRS monthly benefit. You have this option even if CalSTRS does not pay your Medicare Part A premium.

If you have any questions or concerns about the CalSTRS Medicare Premium Payment Program, please call Member Services at 1-800-228-5453 or visit www.calstrs.com.

Sincerely,

Service Retirement

Medicare

Medicare is a nationwide, federally administered health insurance program for eligible individuals, usually age 65 and older. Medicare has two parts: Medicare Part A covers inpatient hospital costs and Medicare Part B covers outpatient medical and physician costs.

Medicare Premium Costs

The federal government determines the Medicare premiums each year. The monthly premiums for 2007 are:

	2007 Monthly Premiums
Medicare Part A	\$410.00/month
Medicare Part A with 30-39 credits	\$226.00/month
Medicare Part B	\$93.50/month*

*Premiums may be higher based on your income.

Most people do not have to pay a monthly premium for Medicare Part A because they or a spouse paid Medicare taxes while they were working. Everyone pays the Medicare Part B premium. If you (or your spouse) did not pay the Medicare tax while you worked and you are age 65 or older, you can request to purchase Medicare Part A.

Medicare Enrollment Periods

There are three times when you can sign up for Medicare Parts A and B.

Initial Enrollment Period

You may sign up for Medicare Parts A and B during your initial enrollment period, which

- Begins three months before the month you turn 65.
- Ends three months after the month you turn 65.

General Enrollment Period

If you do not enroll in Medicare Parts A and B during the Initial Enrollment Period, you can sign up during the Medicare General Enrollment Period.

- January 1 through March 31 of each year.
- Your Medicare coverage will start July 1 of the year you sign up.
- You may be charged penalties for late enrollment in Medicare. CalSTRS cannot pay these penalties for you.

Special Enrollment Period

This period is available if you are eligible for Medicare and waited to enroll in Medicare because you or your spouse was actively working and had group health plan coverage through an employer. You can sign up for Medicare:

- Any time you are still covered by an employer group health plan, through your or your spouse's current employment or
- During the eight months following the month that the group health plan coverage ends, or when the employment ends (whichever is first).

For more information about Medicare enrollment periods, please contact the Social Security Administration at 1-800-772-1213 or www.socialsecurity.gov.

CalSTRS Medicare Premium Payment Program

Under the CalSTRS Medicare Premium Payment Program, CalSTRS will pay your Medicare Part A premium if you do not qualify for Medicare Part A without paying a premium and you meet the eligibility requirements (see below). This benefit is not available to a member's spouse or beneficiary(ies). Federal regulations require that you also enroll in Medicare Part B. You will have to pay the Medicare Part B premium. As a convenience to you, CalSTRS can deduct your Medicare Part B premium from your monthly retirement benefit and forward the payment to the Centers for Medicare and Medicaid Services, the federal agency that administers Medicare.

CalSTRS cannot pay Medicare penalties for late enrollment in Medicare Part A or Medicare Part B.

CalSTRS Medicare Premium Payment Program Eligibility Requirements

You must meet the following CalSTRS Medicare Premium Payment Program eligibility requirements:

- Be a retired or disabled CalSTRS member receiving a monthly benefit
- Age 65 or older
- Not eligible for premium-free Medicare Part A
- Enrolled in Medicare Part A and Medicare Part B

If you retired prior to January 1, 2001, you are eligible for CalSTRS Medicare Premium Payment Program.

You must retire from a District that has held a Medicare Election if your retirement date is between January 1, 2001, and June 30, 2012. To determine if your district has held a Medicare Election, please contact your district's Human Resources Department or visit the CalSTRS Web site at www.calstrs.com.

How to Enroll in the CalSTRS Medicare Premium Payment Program

1. Enroll in Medicare Part A and Part B. Call Social Security at 1-800-772-1213 or visit your local Social Security office.

Note: If the Social Security representative tells you that you are not qualified, eligible or do not have enough credits to receive Medicare Part A premium-free, tell the representative that you would like to purchase Medicare Parts A and B. Medicare will then send you a Notice of Medicare Premium Payment Due for Medicare Parts A and B (Medicare bill).

2. Your First Notice of Medicare Premium Due (Medicare bill) should arrive the month before your Medicare coverage begins. If you want CalSTRS to pay your Medicare Part A and/or deduct your Medicare Part B from your retirement benefit, complete the attached *CalSTRS Medicare Payment Authorization* form. Mail the completed form *and* a photocopy of your Medicare bill to CalSTRS in the enclosed envelope. **Do not pay this bill.**
3. If you are eligible for the Medicare Premium Payment Program, CalSTRS will send you a letter to confirm that we have received your documents. We will explain when CalSTRS will begin paying your Medicare Part A and/or when to expect your Medicare Part B to be deducted from your monthly benefit check. If you are not eligible, CalSTRS will notify you.

Note: Because of normal processing time, receiving a SECOND Medicare bill with past due premiums is not unusual. Please contact CalSTRS only if you receive a DELINQUENT Medicare bill.

CalSTRS Medicare Payment Authorization Form

The enclosed form does not enroll you in Medicare, but is required for CalSTRS to pay your Medicare Part A premium or deduct the Medicare Part B premium from your monthly benefit. (See the form for details.)

CalSTRS Information

If you have questions or concerns about the CalSTRS payment of Medicare Part A or deducting Medicare Part B premiums, call us at 1-800-228-5453 (Monday through Friday, 7:00 am to 6:00 pm) or TTY 916-229-3541 (24 hours a day) or e-mail CalSTRS at www.calstrs.com.



California State Teachers' Retirement System
MEDICARE PAYMENT AUTHORIZATION

For CalSTRS use only

CalSTRS does not provide health or dental insurance for retired members.

If you are currently receiving a Social Security benefit and a Medicare premium is deducted from that benefit, please disregard this form. However, if you enroll in Medicare Part A (hospital) and will be charged a premium, you may qualify for the CalSTRS Medicare Premium Payment Program. Furthermore, if you are billed for Medicare Part B (medical), you can use this form to authorize CalSTRS to deduct the monthly premiums from your CalSTRS monthly benefit and send it to Medicare.

This form DOES NOT enroll you in Medicare.

To enroll in Medicare call Social Security at 1-800-772-1213 or TTY 1-800-325-0778.

PLEASE READ THE REVERSE BEFORE COMPLETING THIS AUTHORIZATION

PLEASE COMPLETE

NAME	(Last)	(First)	(Initial)	SOCIAL SECURITY NUMBER
ADDRESS	(Number)	(Street)	(Apt #)	MEDICARE CLAIM NUMBER
	(City)	(State)	(Zip Code)	TELEPHONE NUMBER ()

I authorize the California State Teachers' Retirement System to pay Medicare Part A premiums to the federal Centers for Medicare & Medicaid Services (CMS), the Medicare administrator, on my behalf. With my initials and signature below, I request the federal CMS to send premium notices to CalSTRS rather than to me. With this form I also authorize the federal CMS to furnish CalSTRS with such information from time to time as may be necessary to administer this premium payment arrangement.

Initial one or both of the authorizations that apply:

_____ I hereby authorize CalSTRS to *pay Medicare Part A* (hospital) premiums for me. (See reverse for instructions.)

_____ I hereby authorize CalSTRS to *deduct Medicare Part B* (medical) premiums, which I must pay, from my monthly benefit and send them to the federal Medicare administrator. (See reverse for instructions.)

I hereby release CalSTRS from liability to me or my estate for any claim arising from the nonpayment of Medicare Part B premiums if designated above, or for premiums paid to the Medicare administrator subsequent to my death.

I understand that if I am electing to have the Medicare Part B premium deducted from my benefit, this deduction will continue until I or Medicare notifies CalSTRS in writing.

RETURN THIS FORM TO CalSTRS ALONG WITH A COPY OF YOUR NOTICE OF MEDICARE PREMIUM PAYMENT (MEDICARE BILL) IN THE ENCLOSED ENVELOPE OR TO THE ADDRESS BELOW

SIGNATURE 	DATE (mo/day/yr)
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HOW TO ENROLL IN CalSTRS MEDICARE PREMIUM PAYMENT PROGRAM

1. Enroll in Medicare. Call Social Security at 1-800-772-1213 or visit your local Social Security office.
Note: If the Social Security representative tells you that you are not qualified, eligible or do not have enough credits to receive Medicare Part A premium-free, tell the representative that you would like to purchase Medicare Parts A and B. Medicare will then send you a Notice of Medicare Premium Payment Due for Medicare Parts A and B (Medicare bill).
2. Your first Notice of Medicare Premium Due (Medicare bill) should arrive the month before your Medicare coverage begins. **Do not pay this bill.**
3. Complete, initial, sign and date this *Medicare Payment Authorization* form after you receive your first Medicare bill.
4. Mail the *Medicare Payment Authorization* form **and** a copy of your Medicare bill to CalSTRS. If you are eligible, CalSTRS will begin paying Medicare Part A premiums or deducting Medicare Part B from your monthly benefit, or both, if you choose.
Because of normal processing time, you may receive a second premium notice from Medicare's federal administrator (Centers for Medicare and Medicaid Services) stating a past due premium. Do not pay it. Please contact CalSTRS only if you receive a Delinquent Medicare bill.

MEDICARE PAYMENT AUTHORIZATION FORM

To complete this *Medicare Payment Authorization* form

Please use a typewriter or print in black or blue ink. Do not erase; erasures will void your authorization. If you make a mistake, line through the error, make your correction and initial the correction OR obtain a new form. Please make a copy for your records.

Authorization: You must initial one or both statements that apply to you.

- Initial the first statement to have CalSTRS **pay** your Medicare Part A (hospital) monthly premium.
- Initial the second statement to have CalSTRS **deduct** the Medicare Part B (medical) premium from your monthly benefit. We will notify Medicare of the monthly deduction.

Please note

Once CalSTRS begins taking deductions, you or Medicare must notify us in writing of any change in status or to request cancellation of premium deductions.

If you write to us, please include your Social Security number, full name, address, and telephone number including area code. If you call, have your Social Security number ready for the Member Services representative.