



What You Need to Know About TCC & Medicare

Coordination of Benefits Coverage

If you are a separated employee and are eligible for Medicare in addition to group health coverage under Temporary Continuation of Coverage (TCC), your Medicare plan(s) will pay as the primary carrier and your TCC coverage will serve as the secondary payer. Claims must be sent to the primary carrier first. Any claims unpaid by the primary carrier should be submitted to the secondary payer.

Please Note: If you are a separated employee age 65 or older and are not enrolled in Medicare Part B, the TCC plan will apply the deductibles, copayments and other plan limits and pay the remaining charges minus what Medicare Part B would have paid. You will be responsible for any charges not covered by the TCC plan. Please refer to your medical plan's Summary Plan Description for additional details on coordination of benefits with Medicare.

Medicare & the Four Parts

Medicare is a federal health insurance program for people who are age 65 or older that is composed of four parts:

- **Part A: Hospital Insurance**
Helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), some home health care and hospice care.
- **Part B: Medical Insurance**
Helps pay for the services of doctors and other health care providers, outpatient care, home health care, durable medical equipment and some preventative services.
- **Part C: Medicare Advantage Plans**
Pays many of the same services as Part A and Part B, but through a government-approved provider organization, rather than directly from Medicare.
- **Part D: Prescription Drug Coverage**
Helps pay for the cost of prescription drugs.

Eligibility

You are eligible for Part A (which is normally free of charge) at age 65 if:

- You receive or are eligible to receive Social Security benefits.
- You receive or are eligible to receive railroad retirement benefits.
- Your spouse receives or is eligible to receive Social Security or railroad retirement benefits.
- You or your living, deceased or former spouse worked long enough in a government job where Medicare taxes were paid.
- You are the dependent parent of a fully insured deceased child.

If you do not meet any of the above requirements, you may be able to get Medicare Part A coverage by paying a monthly premium. Anyone who is eligible for Part A can enroll in any combination of Parts B, C, and D.

Please Note: Once you are no longer working, your timeframe for Medicare enrollment is three months before you reach age 65, the month you turn 65, and ends three months after that birthday month (e.g., if you reach age 65 on August 25, 2015, you have the seven-month period from May 1, 2015 through November 30, 2015 to sign up).

Important Reminders

This publication is a summary of the general rules covering Medicare eligibility and enrollment.* If you have any questions or special circumstances, you should directly contact Medicare or the Social Security Administration.

Enrolling Outside Normal Enrollment Period

If you do not enroll during your normal enrollment period, two things may happen – your coverage will be delayed and your premiums for Parts B, C, and D will be higher (10% higher for each 12-month period you were eligible, but did not enroll).

Domestic Partnerships

While District law recognizes registered domestic partners for health benefits, federal law – which includes Social Security and Medicare – does not. This is especially important if you work beyond age 65 or your partner reaches age 65 before you.

*Based on the Social Security Administration publication “Medicare,” available online at <http://www.ssa.gov/pubs/EN-05-10043.pdf>.