

Medicare Rebate Program!

When you, or a spouse, become eligible for Medicare, whether it is by reaching the age of 65 or by receiving Social Security Disability, you **must** accept Medicare Part “B” which must be paid for on a monthly basis. As soon as you are in possession of the Medicare card, which will indicate both Part A (Hospital Coverage) and Part B (Doctor Coverage) coverage, you must make a copy of it and mail it to the NYC Health Benefits (Retirees) Program, 40 Rector Street, 3rd floor, New York, N.Y. 10006. **You can print a form letter to use at the end of this article!**

If you are not in an HMO, Medicare becomes your primary coverage and your Health Plan (GHI, Blue Cross, etc.) becomes your secondary coverage. Annual deductibles apply.

The reasoning of the rebates dates back many years to when it first came into being. The City realized that once the retiree enrolled in Medicare, the rate to the City for the Health Plan that became the secondary was sharply reduced. Mayor Lindsay, who was in office at the time, decided that the fair thing to do would be to pass on some of the savings to the retiree.

Rebates are made for the retiree **and** spouses. Many of our members are not aware that the spouse is included in the program and will fail to submit them for the Rebate Program. If this oversight occurs, the City will accept a request for retroactive reimbursement for up to no more than three years. The member must submit the same documentation as when they initially registered themselves.

Rebate checks are issued annually during August. The August Rebate checks include the months that you were covered for in the previous calendar year; August 2009 check for months covered in 2008. If both you and your spouse are covered by Medicare, there will only be one Rebate check forwarded including the rebate for you and your spouse, with the check issued to the retiree.

It is necessary that you notify the Health Benefits Program of any changes to your mailing address. The check comes in a computer generated format and is sometimes mistaken for junk mail, so please be cautious in reviewing your mail during the rebate period. You also need to notify the Health Benefits Program in the event that your spouse passes away.

Health Benefits Program - Retiree Inquiries Only*

40 Rector Street, 3rd Floor

New York, NY 10006

Phone: (212) 513-0470

TTY (hearing impaired): (212) 306-7753

Office hours: 8:30 am - 5:00 pm

Click here to go to their website --> [Health Benefits Program \(OLR\)](#)

If you still have questions in regards to registering for the Medicare Rebate program, please call the LBA Office.

To print a copy of this article and a form letter, Click below:

[Medicare Article and Rebate Form](#)

Request To Be Included In The Medicare Rebate Program

(date)

**City of New York, Office of Labor Relations
Health Benefits Program
40 Rector Street 3rd floor
New York, NY 10006**

I _____, or my spouse _____

will be enrolled in Medicare effective _____, 20_____.
(month)

I am providing you with the below information for reimbursement of Medicare Premiums:

- Photocopy of Medicare Card (enclosed)
- Member's Name (print): _____
- Member's Social Sec.#: _____
- Date of Birth: _____
- Retirement Date: _____
- Pension No.: _____
- Pension System: **New York City Police Department**
- Health Plan: _____
(ex: GHI, HIP, etc.)
- Union Welfare Fund: **Superior Officers Council (SOC) NYPD**
- Spouse's Name (print): _____
- Spouse's Date of Birth: _____

Respectfully,

(signature)

(address)

(state)

(zip code)

Note to Retiree: The reimbursement amount is based on the number of months you and/or your eligible dependant(s) were enrolled in Medicare Part B and enrolled in a health plan offered through the Health Benefits Program through a retiree contract. The reimbursement check covers the period January through December of the previous year. You must contact the Health Benefits Program **IN WRITING** if your address changes, or if any recipient dies.

MAKE SURE TO INCLUDE COPY OF
MEDICARE CARD