300 N. Lake Ave., Pasadena, CA 91101 / P.O. Box 7060, Pasadena, CA 91109-7060 / www.lacera.com / 800/786-6464

December 30, 2021

«Sequential» «Opt. Endorsement Line» T«Sack» P«Pallet» «Vis»

«FULLNAME»

«Company»

«ALTADDR» «DELADDR»

«CITY» «ST» «ZIPCODE»

2022 Annual Medicare Part B Premium Reimbursement Program Notice

On December 21, 2021, Los Angeles County Board of Supervisors approved continuing the Medicare Part B Premium Reimbursement Program for 2022 (up to the standard Medicare Part B premium amount only). This program applies to enrollees in the following LACERA-administered Medicare Advantage Prescription Drug Plans (MAPDs) or Medicare Supplement Plan who have met all the eligibility requirements:

- Cigna Preferred Rx (Phoenix, AZ)
- Kaiser Permanente Senior Advantage
- UnitedHealthcare MA
- SCAN Healthplan
- Anthem Blue Cross Plan III: Medicare Supplement Plan

If you and/or your eligible dependent are under age 65 and not enrolled in Medicare Part A and Part B or one of the plans listed above, you are not eligible and can disregard this notice.

2022 Medicare Part B Premium Reimbursement Verifications

If you and/or your eligible dependent are enrolled in one of the plans listed above and meet all the requirements, you can now submit your proof document(s) for reimbursement. Please submit a copy of your proof of 2022 Medicare Part B premium amount from Social Security or Medicare to LACERA by mail or fax, or upload to My LACERA (see reverse for instructions). **PROVIDE THIS PAGE with your 2022 Medicare Part B Verification (if mailing, use the enclosed yellow envelope).** If you have already submitted your proof, no further action is needed. Please do not send multiple copies of the same document.

The acceptable proof documents are listed in the table below, depending on your situation. You can see sample copies at www.lacera.com/program-basics/premium-reimbursement. Please note that Form SSA-1099 is not an acceptable document. Do not send it, as it will be rejected.

If you and/or your eligible dependent:	You should submit:	For questions, contact:
Receive a monthly Social Security payment	A copy of your Social Security Benefit Verification Letter You can download or print your verification letter at: www.ssa.gov/myaccount	Social Security Administration (SSA): • 800-772-1213 (TTY: 800-325-0778) or • Your local SSA office
Receive a monthly Social Security payment, but received a letter indicating that you pay a higher Part B premium based on your income level (Income-Related Monthly Adjustment Amount, or IRMAA)	A copy of the first page of the Social Security letter, which includes your name, address and 2022 Part B premium amount. You can download or print your Social Security letter at: www.ssa.gov/myaccount	Social Security Administration (SSA): • 800-772-1213 (TTY: 800-325-0778) or • Your local SSA office



If you and/or your eligible dependent:	You should submit:	For questions, contact:
Are billed for your Medicare Part B premiums by Medicare	Medicare quarterly bill for 2022. If your most recent bill statement shows 2021, wait until you receive your Medicare bill for 2022 before submitting a copy to LACERA. You can download or print your 2022 Medicare bill at: www.medicare.gov/account/	Centers for Medicare and Medicaid Services (CMS): • 800-633-4227 (TTY: 877-486-2048) or • www.cms.gov

Verification Timeline

Medicare Part B verifications received by February 15, 2022 will be processed with a January 1, 2022 effective date, provided the verification review process is completed. Verifications received after February 15, 2022 will be processed on a time-forward basis, based on the date of receipt (with no exceptions). The amount will be adjusted up to the standard amount only. If the verification received shows a zero amount, the current reimbursement will be suspended. You may need to contact Social Security.

You will continue to receive your current Medicare Part B premium amount until LACERA receives and reviews your new 2022 Part B premium verification.

If another agency pays for your Medicare Part B premium amount to SSA or Medicare, you do not qualify, and your reimbursement will stop. In addition, if you are enrolled in a non-LACERA MAPD plan and receive financial assistance toward your Part B premium payment, your reimbursement will be adjusted accordingly.

HOW TO SUBMIT YOUR MEDICARE PART B VERIFICATION TO LACERA

Provide the first page of this letter along with copies of your and/or your eligible dependent's proof of 2022 Medicare Part B premium verification. <u>Our Member Service Center no longer accepts walk-ins</u>, so please use one of the following methods:

- Upload via My LACERA: Go to lacera.com and click on the green button on the top right to log in
 to My LACERA, then select Uploads from the top right line. This is the fastest method, and you will
 receive automatic confirmation of receipt.
- Mail: Use the enclosed yellow envelope or address your correspondence to:

LACERA

Attn: Part B Verification

P.O. Box 7060

Pasadena, CA 91109-7060

The yellow envelope is for Part B verification document only; do not use for other LACERA forms.

OR

• Fax: 877-399-3621, Attn: LACERA, Part B Verification

If you have questions or need help completing the verification process, please contact LACERA's Retiree Healthcare Division at 800-786-6464 (press 1), Monday–Friday, 7:00 a.m.–5:30 p.m., Pacific Time.