Select Health

Select Health FEHB and Medicare 2027

Medicare eligibility is just around the corner

This guide is designed to help you learn more about Medicare, how those benefits coordinate with your Select Health Federal Employees Health Benefits (FEHB), and ensure your plans work together seamlessly.

Please note: The benefits described in this booklet assume that Medicare will be your primary coverage, which usually means that you or the person through whom you have your FEHB coverage (the "enrollee") is an annuitant. It also assumes you are enrolled in a Select Health FEHB plan option at the time you begin receiving your Medicare benefits. If you or the enrollee remain actively employed and/or enrolled in a plan other than one of the Select Health FEHB plan options, the Medicare waiver of cost share described in this booklet may not apply to you.

What is Medicare?

Medicare is a federal health insurance program for individuals age 65 and older, and those under age 65 with qualifying disabilities and/or diseases.

If you have Medicare coverage, your doctor or the hospital where you received care will send a claim to Medicare for any provided services. Medicare will pay benefits to the doctor or hospital, and you will be responsible to pay the balance if you don't have other coverage.

The Original Medicare Part A and Part B, when combined with your FEHB benefit, offer more comprehensive coverage and minimize your out-of-pocket expenses for healthcare.

Part A

Medicare Part A refers to your **hospital coverage**. If you or your spouse paid Medicare taxes for at least 10 years, you should qualify without having to pay a premium. Most federal employees and annuitants are entitled to Medicare Part A at no cost.

Part B

Medicare Part B is your **medical coverage**. This covers expenses such as doctor's appointments and outpatient care. Most people opt to pay for their Part B monthly premium by having the cost deducted from their Social Security check.

Part C

This is also known as **Medicare Advantage**[1] and includes health plan options (like an HMO or PPO) approved by Medicare and offered by private companies. These plans provide your health coverage and, in some cases, your prescription drug coverage. Medicare Advantage is not a Medicare supplement plan.

[1] Select Health FEHB waivers do not apply to Medicare Advantage plans.

Part D

This is prescription **drug coverage** offered by private companies approved by Medicare. Your Select Health prescription drug benefits are "creditable coverage" that eliminate the need for you to enroll in a Part D plan now and help you avoid the late enrollment penalty if you decide to enroll later.

When can I enroll in Medicare?

If you don't receive Social Security benefits and/or you are still working, you won't be automatically enrolled in Medicare. For those 65 or older and employed, Select Health FEHB benefits will remain primary so you won't need to enroll in Original Medicare Part B. If you choose to enroll in Medicare, you have i**f you choose to enroll in Medicare, you may do so in the period beginning three months before your 65th birthday and ending three months after it.**

If you're already collecting Railroad Retirement Board or Social Security retirement benefits when you turn 65 and you signed up for Original Medicare Part B with your retirement benefits, you will automatically be enrolled in Original Medicare Part A and Part B. If you are a resident of Puerto Rico or a foreign country, you are not automatically enrolled and must elect Part B coverage if you want it.

How do I enroll in Medicare?

Visit **medicare.gov** or call **1-800-MEDICARE (633-4227)** to find out if you qualify. TTY users can call **1-877-486-2048**.

Other resources

US Office of Personnel Management (OPM):
opm.gov
888-767-6738

OPM Retirement Office:
retireefehb.opm.gov
800-332-9798

National Active and Retired Federal Employees Association (NARFE):
narfe.org
1-800-456-8410

Need help?

Visit **selecthealth.org/fehb** or call **844 345-FEHB (3342)**.

Please note:

- Medicare does not cover everything. You can bridge "gaps" in coverage by enrolling in both Original Medicare Parts A and B, as well as one of our Select Health FEHB plan options.
- Select Health will coordinate your benefits directly with Medicare, so you can simply present your Medicare and Select Health ID cards each time you receive medical care and rest easy knowing your claims are being sent to the right place.
- Waiting to enroll for Part B coverage until after you first become eligible will result in your Part B premium being higher by 10% for every 12-month period beyond your initial eligibility date.
- If you enroll in Part D, we'll coordinate your Select Health prescription drug benefits with your Medicare Part D plan.

	Standard Option You pay ***without*** Original Medicare Parts A & B	Standard Option You pay ***with*** Original Medicare Parts A & B as primary
Standard Option benefit[1]	In-network	In-network
Deductible Self Family (per person/per family)	$250 $250/$500	Nothing
Out-of-pocket maximum (Catastrophic Protection) Self Family (per person/per family)	$7,500 $7,500/$15,000	$7,500 $7,500/$15,000
Part B premium reimbursement offered	N/A	N/A
Primary care physician	$15	Nothing
Specialist	$35	Nothing
Urgent care	$35	Nothing
Emergency room (ER)	$250 after deductible	Nothing
Inpatient hospital	15% of allowable, after deductible	Nothing
Outpatient hospital	15% of allowable, after deductible	Nothing

[1] Please refer to your FEHB Brochure or member guide for out-of-network benefit information.

Determining the effective date of your medicare coverage

- If you first sign up for Original Medicare Part A and/or Part B before you turn 65, your Medicare coverage will start the first day of your birthday month.
- If you sign up the month you turn 65, or during the 3 months following your birthday month, your coverage starts the first day of the month after you sign up.
- If your birthday is the first day of the month, your 7-month period starts 4 months before the month you turn 65 and ends 2 months after the month you turn 65.

We will coordinate with Medicare

You don't have to change health plans to get Medicare benefits. We'll coordinate your benefits with Medicare.

When you have Medicare Advantage (which includes Parts A and B) as your primary insurance paired with the Select Health Standard Option, Medicare pays your claims first, and then Select Health will pay benefits.

When Original Medicare is the primary payor, your coverage is enhanced because Select Health will cover or waive:[2]

- 100% of Part A member cost-share
- 100% of Part B member cost-share
- Select Health Medical Deductible
- Coinsurance and copays for care covered by Select Health and Original Medicare
- Medicare's cost-share that applies to physician and other outpatient services

[2] When Original Medicare (Part A and Part B) is your primary coverage and you are enrolled on our FEHB Standard Option, Select Health will waive applicable deductibles, copayments, and coinsurance for most medical, surgical, mental health, and substance use services. Any deductible, copayments, and coinsurance associated with prescription drugs will not be waived. If coverage is denied by Original Medicare Part A and/or Part B, Select Health will act as the primary carrier.

When you are enrolled in Select Health's High Deductible Health Plan (HDHP), Select Health does not waive deductibles, copayments, or coinsurance, but will still coordinate benefits with Medicare, which may reduce or eliminate your out-of-pocket expenses. For more information, call Member Services at 844-345-3342.

Benefits of being a Select Health member

Select Health Med® network

Select Health Med covers all of Utah's Intermountain Health® hospitals, facilities, and physicians, in addition to thousands of providers that are contracted under the Med network. This network also covers specialty care facilities like TOSH and Huntsman Cancer Institute for cancer treatment.

National and Worldwide Coverage for Emergency and Urgent Care

You're covered if you get sick or injured while out of the state or country.

Enhanced access to care

Members enrolled in a Select Health FEHB plan option are able to enjoy **both** in- and out-of-network benefits across the United States, even while they are traveling.

Out-of-network benefits do have a higher member cost-share with limited coverage, potential for balance-billing, and may require preauthorization.

Members who are enrolled in Original Medicare Parts A and B as their primary insurance, with a Select Health FEHB plan option, can access any provider or facility that accepts Medicare.

Wellness programs and rewards

Get paid to stay healthy and earn up to $250 per eligible enrollee or $500 per family, per year for participating in qualifying wellness activities.

Visit **selecthealth.org/plans/fehb/healthy-living** to learn more.

Pharmacy and prescription services

These integrated services connect with your Select Health member account and allow you to compare medication prices, explore lower-cost alternatives, and make more informed decisions before heading to the pharmacy:

- Drug lookup and cost comparison
- Rx Savings Solutions
- Pharmacy Compass

Log in to your member account at **selecthealth.org/fehb** to learn more.

Member discounts

As a Select Health member, you have access to programs that may help you save money on health-related expenses. Visit **selecthealth.org/discounts** to learn more.

We also partner with ChooseHealthy™ and Active&Fit Direct™ to offer low-cost fitness programs, discounts on popular fitness brands, services from specialty healthcare practitioners, and more. Log in to your Select Health member account at **selecthealth.org/fehb** or the mobile app to access these discount options.

Virtual care

The following covered services are available at no additional cost with in-network providers:*

- Nonurgent care with in-network primary care physicians and specialists.
- Urgent care, primary care, behavioral health, lactation consults, nutritional counseling, pain management and physical therapy visits, and more through Intermountain Connect Care®.
- Intermountain Employee Assistance Program (EAP).

Visit **intermountainhealth.org/services/virtual-care** to access Intermountain Health's virtual services.

** For an HDHP it will apply to the deductible until the deductible is met, then $0 copay will apply.*

Frequently asked questions

Q: If I continue to work past age 65, is my FEHB coverage still primary?

A: Your FEHB coverage will be your primary coverage until you retire.

Q: Can I change my FEHB enrollment when I become eligible for Medicare?

A: Yes, you may change your FEHB enrollment to any available plan or option at any time beginning 30 days before you become eligible for Medicare. You may only use this enrollment change opportunity once. You may also change your enrollment during the annual Open Season, or because of another event that permits enrollment changes (such as a change in family status).

Q: Does an FEHB plan count as creditable coverage?

A: Because all FEHB Program plans have as good or better coverage than Medicare, their coverage is considered creditable.

Q: Do current FEHB members have to enroll in Medicare when turning 65? If no, when do they need to start enrolling?

A: It depends on the Medicare plan.

- Part A is automatic.*
- Part B is automatic unless you request a delay in coverage.*
- Part D is not automatic, you must enroll or retain your coverage if you have credible coverage with FEHB.

** If you are automatically enrolled in Part A or Part B, call Social Security at 1-800-772-1213 for more information about your Medicare eligibility and to sign up for Part A and/or Part B. TTY users can call 1-800-325-0778. If you worked for a railroad or get RRB benefits, call the RRB at 1-877-772-5772. TTY users can call 1-312-751-4701.*

Q: If I don't sign up for Medicare when I'm first eligible, can I sign up later?

A: Yes, however, there are a few things to keep in mind:

- You may pay a late enrollment penalty (a 10% premium increase for each year you delay enrollment) if you don't enroll in Medicare Part B when first eligible.
- If you choose to enroll later, you may have to wait until the general Medicare Annual Enrollment Period (January — March) to sign up.
- If you or your spouse are still actively working during your initial enrollment period and you choose to keep your employer-sponsored health coverage, the penalty doesn't apply to you. Once you retire, you'll have eight months to enroll in Medicare without penalty. You can also sign up at any time while still working.
- For Part D, enrollment is not automatic. You must elect to continue coverage with your employer or seek coverage through a private insurance company. Delay or gaps in coverage may incur penalties.

The five-year rule

- To keep your medical coverage — you must have five years of continuous enrollment in FEHB before you retire. This rule only applies to FEHB coverage — not FEDVIP.
- The federal government will continue to pay a portion of your FEHB premium (about 70%) and you pay the rest.
- Premium payments are paid monthly, but they usually can come out of your annuity.
- Your payroll office becomes the U.S. Office of Personnel Management (OPM). They will handle any questions or changes in regard to your enrollment.
- If you die, your eligible surviving family members can keep your coverage. You must be enrolled in a Self Plus One or Self and Family plan at the time of death for this to apply.

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, veteran status, and/or any other characteristic protected by applicable federal or state law.

This information is available for free in other languages and alternate formats by contacting: **/ Select Health FEHB: 844 345-3342 (FEHB) (TTY: 711)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

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