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Medicare Insurance Fact Sheet

To ensure benefits are coordinated appropriately, and to prevent financial liabilities with health care claims, participants must submit documentation to the Central Management Services (CMS) Medicare Coordination of Benefits Unit (MCOB) when becoming eligible for Medicare.

TRAIL - Total Retiree Advantage Illinois Medicare Advantage Program

Initial Enrollment: which is offered to all Medicare-eligible retirees and their Medicare-eligible dependents within 60-days of the 65th birthday (of the youngest enrollee).

Open Enrollment: an annual enrollment held in the fall of each year. This period is open to change elections or enroll. Changes are effective January 1st.

If you have questions about Medicare or how it coordinates with Group Insurance, please contact:

**CMS MCOB
PO Box 19208
Springfield, IL 62794-9208
217-782-7007 OR
1-800-442-1300 ext. 7007
CMS.Ben.MedicareCOB@illinois.gov**

Medicare is a federal health insurance program for individuals 65 and older, individuals under age 65 with certain disabilities, and individuals at any age with End Stage Renal Disease.

The State of Illinois Group Insurance Program requires retired or disabled plan participants, and their dependents who become eligible for premium free Medicare Part A (hospitalization) to enroll in Medicare Part B (outpatient services including office visits, labs, x-rays, and some medical supplies).

If you are unsure you qualify for premium free Medicare Part A, contact your local Social Security Administration (SSA) Office. If a retiring or disabled plan participant fails to purchase Medicare Part B once they become eligible for premium free Medicare Part A, the State will reduce its benefits and the member will pay the portion Medicare would have paid.

If a member and/or member dependent are not eligible for premium free Medicare Part A, the State will pay your health insurance claims at the normal benefit level with no reduction. A letter from the SSA must be provided to the Medicare Coordination of Benefits Unit (MCOB) of CMS to verify ineligibility for premium free Medicare Part A.

State health insurance premiums are lower for Medicare Primary (enrolled in both Medicare Part A and Medicare Part B) dependents.

CMS will mail a letter to the member 90 days prior to turning age 65 that provides important information on both the requirement to enroll in Medicare and the transition to the TRAIL Medicare Advantage Prescription Drug Program (MAPD).

If you and/or your dependents receive or have Medicare cards from SSA, please send a photocopy of the card(s) to MCOB to ensure your insurance is coded correctly to avoid claim and/or premium errors.