

SUMMARY OF THE ORDER OF PAYMENT FOR MEDICARE

The following provides information regarding the order in which Medicare pays benefits for individuals enrolled in the NY44 Health Benefits Plan (Plan) and how the Plan coordinates with Medicare in such instances.

In short summary, when an individual is covered under the Plan and eligible for/entitled to Medicare, the Plan will be the primary payer to Medicare in the following instances:

- Current employees over age 65 and their covered spouse regardless of age;
- Current employees and/or any covered spouse/dependents who are Medicare-eligible due to disability (subject to special rules for end stage renal disease); and
- Current employees and/or any covered spouse/dependents who are Medicare-eligible due to end stage renal disease during the first 30 months of such eligibility/entitlement.

When an individual is covered under the Plan and eligible for/entitled to Medicare, the Plan will be the secondary payer to Medicare in the following instances:

- Retirees over the age of 65 and their covered spouse over the age of 65;
- Terminated employees and/or any covered spouse/dependents who are Medicare-eligible due to disability (subject to special rules for end stage renal disease);
- Terminated employees and/or any covered spouse/dependents who are Medicare-eligible due to end stage renal disease beyond the first 30 months of such eligibility/entitlement; and
- Current employees and/or any spouse/dependents who are Medicare-eligible due to end stage renal disease beyond the first 30 months of such eligibility/entitlement.

In the attachment labeled “Order of Medicare Claims Pay Scenario” the documentation includes a common Medicare payment scenario.

Beginning July 1, 2023, failure to enroll in Medicare Part A and Part B within six (6) months of an enrollee’s first date of eligibility will result in the loss of medical coverage through the NY44 Trust effective six (6) months from the date of first eligibility, and enrollees will not be eligible for COBRA continuation.

Please refer to the Medicare FACT SHEET and Letter 3 for more information.