

**OFFICE OF THE COUNTY EXECUTIVE  
ALL-EMPLOYEES MEMORANDUM**

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**DATE: OCTOBER 24, 2025**

**EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY (EMHP)**

**IMPORTANT REMINDER - ENROLLMENT IN MEDICARE PARTS A (Hospital) and  
B (Medical)**

*Retirees and their eligible dependents must enroll in both Medicare Part A and Medicare Part B at the time they are “first eligible” (See below for an explanation of when you become “first eligible”). Do not delay your enrollment because you have EMHP retiree coverage – EMHP becomes secondary to Medicare when you become “first eligible” for Medicare coverage, even if you fail to enroll in Medicare.) Failure to enroll when you and your eligible dependents are “first eligible” could result in significant expense to you. When you receive your Medicare Card for yourself and/or your eligible dependent(s) from the Centers for Medicare & Medicaid Services (CMS), you must forward a copy of this card to the Employee Benefits Unit.*

**As a Retiree, when am I “first eligible”?**

- If you are a **disabled retiree, under age 65 and receiving disability benefits from Social Security or certain disability benefits from the Railroad Retirement Board (RRB)**, you are automatically enrolled in Medicare Part A and Part B after you are receiving Social Security or Railroad Retirement benefits for 24 months. Your Medicare card will be mailed to you about three months before your 25<sup>th</sup> month of disability benefits. **DO NOT** reject Medicare Part B coverage, as EMHP will become secondary on that 25<sup>th</sup> month. Retain the Medicare Part B card.
- If you **retire prior to age 65 and you subsequently become Medicare eligible** due to a disability, ALS (Lou Gehrig’s disease), etc. or End Stage Renal, you are automatically enrolled in Medicare Part A and Part B after you get Social Security or Railroad Retirement benefits for 24 months. Your Medicare card will be mailed to you about three months before your 25<sup>th</sup> month of disability benefits. **DO NOT** reject Medicare Part B coverage as EMHP will become secondary on that 25<sup>th</sup> month. Retain the Medicare Part B card.
- If you **retire prior to age 65**, you must contact Medicare four months prior to your 65<sup>th</sup> birthday, so your Medicare will be effective the first day of the month in which you turn 65.
- If you **retire at age 65 or older**, you must contact Medicare four months prior to your retirement so your Medicare will be effective the first of the month following your retirement.

## **When are the Spouses, Domestic Partners\* or Dependents of Retirees “first eligible”?**

*(\*A Domestic Partner of an active employee who is covered under your health plan **must** also enroll in both Medicare Part A and Part B when he/she becomes “first eligible” as defined herein. Medicare is then primary for the domestic partner. Failure to enroll could result in significant expense to the domestic partner as EMHP will only pay benefits on a secondary basis.)*

A dependent of a **retired** employee, (your spouse, domestic partner, or child) that is covered for health benefits as your dependent must also enroll in both Medicare Part A and Part B when they become “first eligible”. Medicare will then become primary for that dependent.

- Regardless of age, when they have been classified by Social Security as disabled for more than 24 months or receiving disability benefits from the Railroad Retirement Board (RRB), they must enroll in Medicare no later than the 25<sup>th</sup> month they are receiving disability.
- Unless you are still **actively employed** and depending upon their health benefits plan requirements, they must enroll in Medicare when they become “first eligible” (e.g., you are retired, and they reach age 65).
- Regardless of age, when they have end stage renal disease (permanent kidney failure), they must enroll in Medicare when “first eligible”. Eligibility is determined by the Social Security Administration (SSA). You should contact the SSA as soon as dialysis treatments begin. Their Medicare coverage will still start the fourth month of dialysis treatments.
- If you are retired, and they are 65 years of age or older and are not covered for health benefits by virtue of their employment, they must contact Medicare four months prior to your date of retirement, or their 65<sup>th</sup> birthday, which comes later.

**If you have any questions about when you or your eligible dependent(s) first become eligible for Medicare, please call Employee Benefits Unit (EBU) at 631-853-4866.**

## **ENROLLMENT IN EXPRESS SCRIPTS MEDICARE PART D PRESCRIPTION DRUGPLAN (PDP)**

When you and/or your eligible dependent(s) become Medicare eligible, Employee Benefits will automatically enroll you in the Express Scripts Medicare PDP for EMHP. You only need to notify us if you wish to opt out of Express Scripts Medicare PDP. If you wish to “opt out”, you must contact EBU to obtain the “opt out” form, which you must complete and return to EBU. Please note that Express Scripts Medicare PDP is designed as a wrap to the Commercial plan which avoids the need for a Medicare Advantage Plan. If you have any questions about how this choice affects you and/or your eligible dependent(s) please call EBU.

Medicare allows for one Medicare Part D enrollment, and Suffolk County offers an Employer sponsored Medicare Part D plan. It is not necessary for any member to enroll in a Medicare Advantage Plan. If you enroll in another Medicare Part D prescription drug plan or opt-out of the EMHP’s Medicare PDP, you will lose your prescription drug coverage under the EMHP. In compliance with CMS policy, the County will **NOT** offer secondary prescription drug coverage. However, you will not lose your hospital, medical and mental health/substance abuse coverages. If you enroll in a Medicare Part D prescription drug plan other than the plan offered through the EMHP and then no longer wish to have that Part D plan, then you may re-enroll in the EMHP Medicare Part D prescription plan on a going forward basis only.

## REIMBURSEMENT FOR MEDICARE PREMIUMS

*(Only if you and/or your dependent(s) are not eligible for or being reimbursed from another source<sup>1</sup>)*

- You will **not** be reimbursed for **Medicare Part A** premium costs, if any.
- You will be reimbursed for an amount equal to the “standard” **Medicare Part B** premiums once Medicare becomes primary **provided** you and/or your eligible dependent(s) have submitted a copy of your Medicare Card and the Certification for Medicare Part B Premium Reimbursement Form (available from EBU) to the Employee Benefits Unit **and are not eligible for or receiving reimbursement from another source<sup>1</sup>**.
- If applicable, you will be reimbursed for any **Income Related Monthly Adjustment Amount (IRMAA)** associated with Medicare Part B and Medicare Part D, provided **all required documentation is received and you and/or your eligible dependent(s) are not eligible for or receiving reimbursement from another source<sup>1</sup>**.

**Note:** If you or your eligible dependents are **not** enrolled in the EMHP’s Medicare Part D Prescription Drug Program, you **will not** be eligible for reimbursement of the Medicare Prescription Drug Coverage IRMAA.

### Reimbursement of Standard Medicare Part B Monthly Premium

In order to receive reimbursement for the Standard Medicare Part B Monthly premium, please forward a photocopy of your Medicare Card and/or your eligible dependents’ Medicare Card, as well as the Certification for Medicare Part B Reimbursement, to the Employee Benefits Unit, Suffolk County Department of Human Resources, Personnel and Civil Service, P. O. Box 6100, Hauppauge, NY 11788-0099. The Employee Benefits Unit will then arrange to reimburse you and/or your eligible dependents’ Medicare Part B premiums (**excluding penalties for late enrollment**) automatically.

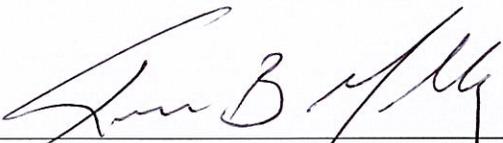
### Reimbursement for Medicare Part B & Medicare Part D Income Related Monthly Adjustment Amount (IRMAA)<sup>2</sup>

You also may be eligible for reimbursement of the Medicare Part B and Part D Income Related Monthly Adjustment Amount (IRMAA), unless you or your eligible dependent is eligible for or receiving reimbursement from another source<sup>1</sup>. If you are eligible for reimbursement of the IRMAA, you must complete an “Application for Medicare Parts B & D Income Related Monthly Adjustment Amount (IRMAA) Reimbursement” annually and submit the required documentation requested on the application (i.e. Social Security Benefit Statement/Letter and Form SSA-1099, from the Social Security Administration) and return all to the Employee Benefits Unit, Suffolk County Department of Human Resources, Personnel and Civil Service, P.O. Box 6100, Hauppauge, NY 11788-0099 by the date specified on the letter. **The application will be mailed via a separate mailing to you by EBU each year.**

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<sup>1</sup> If you or your eligible dependent is eligible for, or being reimbursed by another source (e.g., your spouse is a retiree from a Long Island school district), then Suffolk County will not reimburse any Medicare premiums. You are required to disclose this arrangement. If you received Medicare premium reimbursements for which you were not eligible, or actually received reimbursement from another source, irrespective of how many years this “dual eligibility” was in place, your failure to disclose eligibility and/or receipt of reimbursement of Medicare premiums from another source will result in your being held financially liable for all monies paid by Suffolk County.

Please contact the Employee Benefits Unit via e-mail at [ebu@suffolkcountyny.gov](mailto:ebu@suffolkcountyny.gov) or via telephone at 631-853-4866 to obtain the Medicare Part B Certification Form or if you have any questions regarding Medicare enrollment or reimbursement.



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**KEVIN B. MOLLOY**  
**CHIEF DEPUTY COUNTY EXECUTIVE**

**DISTRIBUTION: ONE COPY PER EMPLOYEE**