



So you're enrolling in a Medicare?

The Town of Needham adopted MGL 32B, Sect. 18, which means that if you are retired from the Town and eligible for Medicare Part A and Part B, you must switch to a Medicare plan if you decide to continue with town-sponsored health coverage. Medicare Plans are not available to active employees, only retirees. 3 months prior to your Medicare plan enrollment date, please begin by:

Step 1. Determine your Medicare eligibility

1. You may or may not be eligible for Medicare Parts A and B. Please reach out to your local Social Security office *no later than 3 months prior to your anticipated enrollment date*, to determine your eligibility. The Town will NOT know your eligibility or the requirements for Medicare.
2. Based on your eligibility:
 - A. If you *are* eligible:
 1. What happens to your health plan?: You will switch to a Medicare plan through the Town (unless you are still covering a dependent child).
 2. What is required?: copies of you Medicare Part A and B card.
 - B. If you *are* eligible *but* are still covering a dependent child:
 1. What happens to your health plan?: You will remain on your current Non-Medicare family health plan, until your child terminates from you plan.
 2. What is required?: copies of you Medicare Part A and B card.
 - C. If you are *not* eligible:
 1. What happens to your health plan?: You will remain on your current Non-Medicare health plan
 2. What is required?: copy of the letter from Medicare stating you are ineligible for Medicare

Step 2. Review the new Medicare health plans available to you (if eligible for Medicare)

1. Available plans: As early as you'd like, please take a look at the Town's Medicare health plan offerings. [Rates](#) and Comparison Charts ([Advantage](#) and [Supplemental](#)) are available at NeedhamMA.gov/HR
2. What's different (in general)?:
 - A. How you use the plan: Medicare plans work with your Medicare Part A and B. When you visit a doctor's office, you hand them your Medicare Card and your Health plan card. Medicare is the first payer, and pays 80% of the Medicare eligible charge. Then your health plan pays the remaining 20% of the Medicare eligible charge.
 - B. Services covered by the plan: The types of medical services covered are dictated by Medicare. If the service is not a Medicare covered service, then it's also likely not covered by your health plan.
3. Doctors: Please check with your doctors to ensure they accept the health plan you're interested in by either calling their office or visiting the Insurance plan's website and using the "Find a Doctor" feature.
4. Residence: If you live in another part of the country for all or part of the year, you will need to sign up for one of the "No Network" Medicare plans. These plans are not limited to a provider network and are accepted anywhere that Medicare is accepted. (Please note that you are most likely covered for emergencies by all of the plans anywhere in the country, no matter the network)
5. Enrollment Form: Obtain an enrollment form for the health plan you choose, either on the [Town's website](#) or the HR Department at Town Hall

Town of Needham – Medicare Eligibility Preparation for Retirees and Spouses

Step 3. Schedule appointment with the Town’s Human Resources to submit your enrollment materials.

1. Appointment: After enrolling in Medicare, you will then receive your Medicare Part A and B card, or a letter stating you are ineligible. Once you have received either of these, please reach out to make an appointment with a member of the Benefits Administrator (781-455-7500 ext. 235) to hand in your materials. Please schedule this ASAP after receiving your card, as all materials must be received by the Town *1 month prior to your effective date* (see effective date section below).
2. Required Materials: Please bring your Medicare Part A and B card to the appointment so the HR staff can make a copy of this as proof of enrollment. The insurer will not accept your enrollment form without proof of *enrollment*; which is your Medicare Part A and B card. Insurers will NOT accept a copy of your completed Medicare *enrollment form*, nor will they accept a letter from social security stating you are *eligible*, in lieu of Medicare Cards.
3. Effective Date: Retroactive enrollment in Medicare plans is not allowed by the federal government. Therefore, all materials (including Medicare Part A and B card) must be submitted to the HR Department at Town Hall, 1 month prior to your desired effective date. The effective date of the health plan in most cases should be the date of enrollment in Medicare (as listed on your card). Medicare plans only allow enrollment on the 1st of the month.

Step 4. After enrollment

1. New Insurance Cards: Please allow at least 2-3 weeks from the time of your submission of enrollment form to the HR Department, to receive your new cards. If the effective date is within a week and you have a medical appointment scheduled soon after that, and still haven’t received your cards, please contact the Town HR Department to see if it’s possible to obtain your ID numbers ahead of the cards, to provide to you doctors.
2. Payroll deduction: Deductions for health insurance pays for coverage for the full month ahead of the payroll that they were deducted from. Please check your next MTRS or NCRB payroll statement to ensure the deduction reflects your new plan and rate. If not, **it is your responsibility** to contact the Town HR Department to notify. In the case of deduction errors, you will be responsible for **all** back-premiums owed.
3. Plan Changes: once enrolled, you will be able to switch Town plans or enroll for the first time during open enrollment which usually occurs in late October/early November annually, for plan years effective January 1 through December 31, or with a qualifying event.

Please first follow these steps. If you are unsure or have questions about your situation, feel free to contact Human Resources Department at Town Hall (781-455-7500) and speak with the Benefits Administrator (ext. 235).

PLEASE NOTE: The HR Department has implemented office hours for benefits-related inquiries on Tuesdays, Wednesdays, and Thursdays from 1:00 to 4:30pm. During these hours we are willing to see anyone without an appointment; however, making an appointment reduces the risk that we are unavailable when you come in to see us.