



OFFICE OF LABOR RELATIONS
EMPLOYEE BENEFITS PROGRAM

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nyc.gov/olr

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First Deputy Commissioner

GEORGETTE GESTELY
Director, Employee Benefits Program

BETH KUSHNER
Deputy Director, Administration

SANG HONG
Deputy Director, Operations

MICHAEL BABETTE
Director, Financial Management Unit

April 2018

Re: **Medicare Part B Reimbursement for 2017**

Dear Retiree,

Your standard Medicare Part B reimbursement for 2017 was deposited directly into your bank account in April 2018. If you do not have direct deposit for your pension payment, your Medicare Part B reimbursement was issued by check and sent by regular mail.

The reimbursement amount was based on the standard Medicare Part B premium that you paid. If your Medicare Part B reimbursement amount for 2017 is less than what you paid in Medicare Part B premiums, excluding penalties, for 2017, you may be eligible for an additional reimbursement amount referred to as a differential payment.

To receive the differential payment, please complete the Medicare Part B Differential Request form on the back of this letter.

DO NOT COMPLETE THIS FORM:

- If your Medicare enrollment effective date was during calendar year 2016 or later (because you already received the monthly maximum standard reimbursement of \$134.00).
- If you have applied, or intend to apply, for IRMAA reimbursement for 2017. (The additional differential payment will be issued to you automatically - separate from your IRMAA payment).

Please note: Penalties relating to late Medicare Part B enrollment are not reimbursed.

COMPLETE THIS FORM ONLY:

If your 2017 monthly Medicare Part B premium was between \$110.00 and \$134.00 because:

- Your Medicare Part B, and/or your dependent's Medicare Part B, effective date is prior to 2016.
- You and/or your dependent did not receive Social Security benefits; therefore, you were billed directly for Medicare Part B premiums.
- You were newly enrolled in Medicare Part B in 2017 and did not receive the higher reimbursement because you are a member of TIAA (CUNY), Brooklyn Public Library, Queens Public Library or are a Line of Duty Survivor.

If you and/or your covered dependents meet the criteria above, complete and submit the form on the back of this letter.

Sincerely,

City of New York
Health Benefits Program

