



Reference Guide to Medicare

We have been a trusted provider of retirement plans to Catholic entities across the U.S. for nearly 70 years. We understand the unique needs of Catholic employers and their employees.

Secondary Small Group Carve-Out Benefits



How does Medicare work with other coverage?

Your coverage under the Christian Brothers Employee Benefit Trust must follow Medicare's Guidelines which tells us if an Employer has fewer than 20 full and/or part time employees on their payroll for less than 20 weeks within a calendar year, then they are considered a "Small Group" by Medicare.

Therefore, Medicare must be primary for that employee when they become eligible for Medicare.

What will happen to my dependent's coverage?

The Medicare Guideline referenced above will also apply for spouses. Therefore, Medicare will become primary on the 1st of the month in which he/she turns 65, or the 1st day of the prior month if their birthday falls on the 1st day of the month.

When should I have my Medicare coverage begin?

Medicare needs to become the primary payer the 1st day of the month in which an employee turns 65, or the 1st day of the month prior if the birthday falls on the 1st. You should contact Medicare within the three months prior to turning 65.

Christian Brothers Health Benefit Services will send out a Medicare Election form to your employer three months prior to you turning age 65. You will be given the opportunity to either elect to continue our coverage(s) or waive our coverage(s) and take Medicare only. You are allowed to waive our coverage(s) only if you contribute to the costs of your benefits.

What if I waive my employer coverage and take medicare only?

Should you decide you want to waive the Christian Brothers coverage(s), you should complete and sign the Employee Election form given to your Employer prior to your 65th Birthday. (If you are already age 65, then complete a Waiver of Optional Benefits form.) Your dependent(s) are eligible to continue on an extension as long as they meet the Extension of Benefits requirements listed in the Administrator Guidelines.

Should you elect to come back on to the plan, you must be actively working and you will be subject to the Late Entrant waiting period as described in the Administrator Guidelines given to your Employer.

How do I file my claims?

At the time of treatment, give your provider both your Medicare ID card and your CBEBT ID card. In most cases, your provider will automatically bill Medicare first and then send the charges and Medicare's Explanation of Benefits (EOB) to us for consideration of the charges. Check with your provider regarding claims procedures. If your provider does not file claims directly with the CBEBT automatically, you may send an itemized bill along with Medicare's EOB to the address listed on the back of your CBEBT ID card. Check with your provider, they may also file electronically.

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What happens if I do not elect Medicare?

Three months prior to turning 65, your employer will receive an Employee Election form which should be passed along to you for completion. The election form does indicate that you will need to contact Medicare to sign up for Medicare parts A & B. There is also a letter that will be mailed to your home three months prior to turning 65 which also informs you to be sure to sign up for Medicare Parts A & B. In the event that you do not sign up for Medicare Parts A & B when turning 65, the Christian Brothers medical plan can only assume Medicare's payments when determining benefits payable by the Christian Brothers plan.

What is the Difference Between Medicare Parts A, B and D?

Medicare coverage consists of three parts:

Medicare Part A covers inpatient care in hospitals and skilled nursing facilities, and provides some coverage for hospice and home health care.

Medicare Part B covers doctor services and outpatient care. Part B also covers some services not covered by Part A, such as physical therapy and some home health care.

Medicare Part D is the name for Medicare's Prescription Drug Coverage Program. Medicare offers drug coverage through private insurance companies to persons eligible for Medicare. This coverage will not be necessary as long as you remain an active employee on our plan. The Trust's prescription coverage is at least equivalent to Medicare Part D or better. Annually, our office sends out to eligible members a Notice of Creditable Coverage letter regarding the prescription drug plan.



If you have any questions on how the benefit coordination between Medicare and your plan is processed, please call our Customer Care Department at the number listed on the back of your ID Card.

For Medicare questions contact [medicare.gov](https://www.medicare.gov) or call **(800) MEDICARE**. Another excellent resource to refer to is the National Council on Aging (ncoa) at www.ncoa.org.