

# Employer's Guide to Alliant Medicare Solutions

Complimentary Service: Medical Referral Resource

**Alliant Medicare Solutions is not connected with or endorsed by the  
United States government or the federal Medicare program.**



# **Enrolling in Medicare is not simple.**

Your employees nearing age 65 are presented with a confusing stream of phone, mail, and TV information about Medicare and Medigap plans. Choosing a plan can be overwhelming and completing enrollment paperwork can be a hassle. For HR professionals, it can be a challenge to assist with employees' Medicare questions.

The Alliant Medicare Solutions (AMS) Complimentary Service is a no-cost referral resource available to all Alliant benefits clients, helping individuals transition to Medicare with clarity and confidence.

The AMS Complimentary Assist Line and website are available to assist your employees:

**Phone:** (877) 888-0165

**Website:** <https://www.alliantmedicareolutions.com>

Alliant Medicare Solutions Complimentary Service provides general informational materials about the transition to Medicare. Please note the interaction between Medicare and group health plans is a significantly regulated space, and you should consult your own legal counsel and other advisors with specific questions about providing Medicare education to your employees. Alliant Insurance Services does not provide legal advice or a risk analysis related to the provision of this service. This material is provided on an "as is" basis without any warranty of any kind. Alliant Insurance Services disclaims any liability for any loss or damage from reliance on this material documents. These documents do not create an attorney-client relationship, nor do they constitute attorney advertising.

# Alliant Medicare Solutions

## Complimentary Service Scope of Services

### Services Overview

Alliant Medicare Solutions Complimentary Service provides employers with resources to support Medicare-eligible individuals (and those approaching Medicare eligibility) with access to:

- A suite of educational content that includes a PDF flyer, Benefit Summary page, Open Enrollment slide, and links to an online, educational Medicare guide and video. Content is updated annually as needed.
- Licensed Medicare consultants available through a toll-free number to:
  - Educate callers on Medicare coverage considerations, timelines, risks, and product options
  - Conduct a needs analysis to determine suitable fit
  - Offer a choice of products and carriers based on the caller's providers, prescriptions, cost limitations, and other relevant coverage criteria, as identified
  - Support callers through the enrollment process
  - All Medicare consultants are salaried, and receive no bonus differential for product steerage

### Eligibility

Alliant Medicare Solutions is an educational service that can be accessed by active and retiring employees, as well as their friends and family.

### Employer Responsibilities

The employer is responsible for promoting the program, using the templates provided by Alliant Medicare Solutions without alteration. The employer understands that under no circumstance should they coerce or provide a financial or other incentive for Medicare-eligible individuals who are enrolled in or eligible for the employer's group health plan to drop (or not enroll in) the employer's group health plan. The interaction between Medicare and group health plans is a significantly regulated space, and the employer should consult their own legal counsel and other advisors with specific questions about providing Medicare education to their employees. Alliant Insurance Services does not provide legal advice or a risk analysis related to the provision of this service.

### Fees

The Complimentary Service is offered to the employer at no cost.

# How Alliant Medicare Solutions Works

Alliant Medicare Solutions Complimentary Service is a white-glove, concierge approach to Medicare with a top priority of educating Medicare-eligible individuals. Our dedicated insurance agents are licensed, contracted, and certified in all 50 states to provide Medicare advice and products. We help individuals find an “A-rated” or better insurance carrier at a competitive rate.

## What Callers Can Expect

1. Individuals gather their current plan coverage and costs, health care providers, and prescription details, and then call the Alliant Medicare Solutions toll-free number.
2. A dedicated agent documents needs and concerns and provides a seamless, transparent experience by:
  - Researching Medicare options and supporting health plans
  - Evaluating fit for each individual’s needs
  - Tabulating final costs
  - Managing all enrollment and renewal paperwork
3. Individuals choose the best option and enroll by having Alliant Medicare Solutions help them enroll immediately **or** having Alliant Medicare Solutions email the policy materials for later review and enrollment.
4. Alliant Medicare Solutions performs an annual policy review and manages renewals.

## Promotional Materials

The following promotional materials are available with the Complimentary Service level:

- Flyer (PDF format)
- Benefit Summary page (PowerPoint format)
- Open Enrollment deck slide (PowerPoint format)

Materials include links to an online, educational Medicare guide and video.

## Implementation Process

You can expect the following steps and requests from your Alliant team as we work with you to implement Alliant Medicare Solutions:

1. Employer legal counsel reviews program.
2. Alliant team shares promotional materials with employer.
3. Employer distributes promotional materials and introduces program to employees, as needed.

# Medicare Enrollment Overview

*In general, eligibility for Medicare Parts A and B includes individuals who are 65 and have worked 10 years in this country (or whose spouse has), or individuals who are younger than 65 and have received Social Security disability benefits for at least 24 months. Individuals already receiving Social Security likely enrolled in Parts A and B when they turned 65.*

## How the Seven-Month Initial Enrollment Period Is Determined

Individuals who are eligible for Medicare at age 65 have a seven-month window to enroll, starting three months before the month they turn 65, and ending three months after their birthday month.

Birthday Month	Enrollment Opens	Enrollment Closes
January	October	April
February	November	May
March	December	June
April	January	July
May	February	August
June	March	September
July	April	October
August	May	November
September	June	December
October	July	January
November	August	February
December	September	March

## Other Important Dates for Medicare Enrollment

- **Oct. 15–Dec. 7: Medicare** Open Enrollment (also known as the Annual Election Period) for anyone enrolled in Medicare to enroll into or change a Medicare Advantage Plan (MA or MAPD) or a Part D Plan.
- **Jan. 1–March 31:** Open Enrollment for MA or MAPD and the General Enrollment Period for individuals who missed their Initial Enrollment Period.
- **Jan. 1–Dec. 31:** Medicare Supplement plans can be purchased year-round. Certain life events may qualify individuals for a Special Enrollment Period.

# Medicare and Employer Coverage

It's important for employers to understand how Medicare interacts with group health plans.

## Medicare Secondary Payer

The general rule of thumb is that if a member is covered by both Medicare and a group health plan, the group health plan pays claims first. Medicare is the secondary payer.

There are some exceptions to this rule, where Medicare will be the primary payer:

- Member is 65 or older and enrolled in a group retiree medical plan
- Employer sponsoring the plan has fewer than 20 employees (excludes employers in multi-employer plans where any one employer employs 20 or more employees)
- Member has end-stage renal disease **after a 30-month coordination period**
- Member is disabled **and** employer sponsoring plan has fewer than 100 employees (excludes employers in multi-employer plans where any one employer employs 100 or more employees)

Medicare also pays primary when the member is covered by **COBRA and Medicare** in the following situations:

- Member is 65 or older
- Member is disabled
- Member has end-stage renal disease **after a 30-month coordination period**

It should be noted that Medicare secondary payer rules are intended to protect the Medicare program and shift costs to private payers such as employer-sponsored group health plans. Employers that encourage or incent members to drop the employer's group health plan and enroll in Medicare may be subject to significant fines and penalties.

## Medicare Part D

Individuals who delay enrollment in Medicare Part D coverage and cannot show sufficient creditable prescription drug coverage history may be subject to an ongoing penalty if they sign up for Medicare Part D at a later time.

If one of your prescription drug plans is **not creditable**, members of that plan should consider enrolling in Medicare part D when they are initially eligible.

Individuals on creditable plans who delay enrollment must keep records of their creditable coverage history (i.e., the annual creditable coverage notices).

## Health Savings Account (HSA) Contributions

In most cases, individuals covered by Medicare cannot contribute to an HSA, nor can their employer. Group health plan members who enroll in Medicare when they turn 65 should stop contributing to their HSA in the month that Medicare is effective.

Group health plan members who delay enrollment in Medicare should stop contributing to their HSA six months before they plan to enroll in Medicare. This is because Medicare Part A includes six months of retroactive coverage (not going back farther than the initial month of eligibility.)

In all cases, individuals can continue to withdraw funds from their HSA tax-free for qualified medical expenses.



# Sample Employee FAQs

Employees who have questions about Medicare may approach human resources for guidance. The following questions are some of the most commonly asked, and the sample responses provided are compliant with CMS employer guidelines.

## **I'm turning 65 soon. Do I need to enroll into Medicare right away?**

If you are covered by a group health insurance policy through your or spouse's active employment, and that employer has 20 or more employees, you do not have to enroll into Medicare. There is no penalty for not doing so.

- If the company offering your group policy has fewer than 20 employees, you most likely need to enroll into Medicare. You need to enroll during a seven-month period around your birth month, starting three months prior to your birth month and ending three months after.
- As long as you do not have a high-deductible plan that you, your company, or both contribute to, you can enroll into Part A at any time.

## **I did not enroll into Medicare when I turned 65. Will I be penalized?**

As long as you were covered by a group health insurance policy through your or spouse's active employment, and that employer has 20 or more employees, you will not be penalized. You and the employer offering your group policy will need to fill out a CMS-L564 form. This form shows the Social Security Administration that you have had health insurance coverage since you turned 65, which will eliminate any penalty you would otherwise have accrued for not enrolling into Part B when you turned 65.

## **It's my company's open enrollment period. Should I enroll into Medicare?**

You should review your current and new group coverage options and compare cost differences and coverage. If you have a spouse or dependents who are covered through your employer's group policy and are not yet eligible for Medicare, it may be a good idea for you to remain on your employer's group plan so they can keep that coverage.

## **How do I figure out which of my health insurance options is best?**

Review the following questions. If you answer "yes" to some of these questions, call Alliant Medicare Solutions to discuss your options. If you answer "no" to most of these questions, your current health insurance situation will likely be fine.

- Do you usually meet your annual deductible?

- Would the monthly premium for your current insurance policy be more than the premium for Medicare Part B? (see IRMAA chart)
- Do you usually reach the maximum out-of-pocket limit for your current insurance policy?
- Do you have chronic health conditions?

**I am retiring soon. What do I need to do about my health insurance?**

Call Alliant Medicare Solutions to discuss your options. The licensed agent will consider your individual needs, ask about what's important to you, and guide you through the enrollment process.

**I already enrolled in Medicare Part A, and I want to keep my group plan through COBRA. Do I need to sign up for Part B?**

Yes. The COBRA insurance plan will assume you have both Parts A and B, and it will pay claims as a secondary payer. You have an eight-month Special Enrollment Period to sign up for Part B, starting on your last date of employment. If you're already past the eight-month Special Enrollment Period, you will need to wait until Medicare's General Enrollment Period, which is Jan. 1–March 31 each year.

**I have retiree coverage (through an employer group plan, TRICARE, or federal retirement plan) that does not require me to be enrolled into Medicare. Will that affect me if I don't enroll into Medicare as soon as I turn 65?**

In order to avoid late-enrollment penalties once you become eligible for Medicare, you need to have creditable coverage. Without creditable coverage, you may be assessed a penalty for each full year you do not sign up for Medicare while eligible. If you get your health insurance coverage through your (or your spouse's) active employment, then an employer group plan, federal plan, or TRICARE all count as creditable coverage. However, those plans no longer count as creditable coverage after you (or your spouse) retire.