

September 18, 2024

Hello Retirees,

This is a reminder regarding the funding of your Health Equity Medicare Reimbursement account. As the retiree enrolled in the reimbursement program, we are asking that you please review your account to ensure the funding for you and your eligible spouse is correct.

If your amount is incorrect, please submit copies of both your and, if applicable your spouse's Benefit Verification Letter from Social Security, the letter will detail the amount you are being charged for Medicare Part B. If you receive Part B through RRB, please contact RRB and request a verification letter. The letter must include the amount you and your spouse are charged for Medicare Part B premiums for 2024. If your account is correct, no action is required.

The 2024 Medicare Part B reimbursement deadline will be on March 31, 2025. Your early review of your account will help ensure timely receipt of your funds. Claims received on or after April 1, 2025, will not be processed.

Note: There is no reimbursement for Medicare Part D.

To be eligible, you must meet all the following:

1. Retired after July 1, 2000; and
2. Retired as a Port Authority/PATH permanent non-represented employee, including Field Police (FP), or a member of the FM or FS Unions; and
3. Are age 65 or older (a dependent spouse is not eligible until the retiree turns 65)

To review your account, or to create an account with Health Equity, please log onto www.healthequity.com and refer to the attached [Health Equity guide for further instructions](#).

As a reminder, you must submit one of the following acceptable documents showing proof of your Medicare Part B premium, for acceptable documentation please see the samples below:

- 2024 Benefit Verification Letter, or
- 2024 Cost of Living Adjustment (COLA) Letter or,
- Medicare Bill (if you are paying monthly or quarterly)

**Please note:* RRB retirees must submit a copy of their Benefit Verification Letter or COLA letter to receive reimbursements. To obtain a current Benefit Verification or COLA letter please contact the Railroad Retirement Board at 877-772-5772. For all other members, please contact the Social Security Administration at www.ssa.gov/manage-benefits/get-benefit-letter.com.

Your Health Equity account is funded based on your Medicare Part B premiums. You must provide us with any updates regarding your Medicare Part B to receive the correct funding. Please email us at HR_EmployeeBenefits@panynj.gov with your updated information or questions regarding your Medicare Part B funding.

Sample Documentation

1. **Medicare Bill:** This should be submitted with proof of payment for retirees who are **not** collecting Social Security benefits, being billed directly by Medicare, and are paying by credit card, check, or money order.

Sample Page 1

CMS-500(11/21)
DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Premium Bill 1 DELINQUENT BILL

Statement Date **09/27/2021** E4955-DEB-0112589-T01997 *****ALL FOR AADC 212
 CHARLIE MEDICARE
 123 EXAMPLE STREET
 APARTMENT A
 ANYTOWN, USA 12345-6789

2 Your Medicare Number **1EG4TESMK70**
 3 Last Payment Received **\$678.90 on 07/22/2021**
 4 Total Amount Due **\$2,715.60 by 10/25/2021**

Want to pay electronically?
 • Pay online at Medicare.gov
 • Establish online bill pay with your bank
 • Enroll in Medicare Easy Pay

5 Summary Of Charges

Coverage Periods	Part A (Hospital Insurance)	Part B (Medical Insurance)	Part B IRMAA	Part D IRMAA	Total Amount
Current Premium Due 11/01/2021 – 11/30/2021	\$471.00	\$148.50	\$59.40	\$0	\$678.90
8 Past Premium Due 08/01/2021 – 10/31/2021	\$1,413.00	\$445.50	\$178.20	\$0	\$2,036.70
Total Amount Due:					\$2,715.60
Due In Full By:					10/25/2021

9 Coverage Termination Dates For Past-due Accounts
 Your Medicare coverage will end on this date if we don't get your payment by the due date. If your Medicare coverage is canceled, contact your local Social Security field office or call 1-800-772-1213. TTY users call 1-800-325-0778.

Part A Termination	Part B Termination	Part D Termination
10/31/2021	10/31/2021	

NOTE: Don't send letters with your payment or write notes on the coupon - this will delay your payment.

10 CHARLIE MEDICARE
 123 EXAMPLE STREET
 APARTMENT A
 ANYTOWN, USA 12345-6789

11 Visa/MasterCard/American Express/Discover Accepted:
 - - -
 Expiration Date: (mm/yyyy) -
 Credit/Debit Card Billing ZIP Code:

12 Amount You're Paying: \$.
 Amount Due: \$ 2,715.60 Due In Full By: **10/25/2021**

Medicare Number: **1EG4TESMK70**

13 **Send just one payment and one coupon per envelope.** Write your Medicare Number on your check or money order. Use the return envelope included with your bill.

Send Payment To:
 Medicare Premium Collection Center
 P.O. Box 790355
 St. Louis, MO 63179-0355

4320224635204728264944 182834 0271 560 120

2. 2024 Benefit Verification Letter (SSA): This document should be submitted by retirees collecting Social Security Benefits.

Social Security Administration
Important Information

Date: November 23, 2022
[REDACTED]

|||||||
[REDACTED]

We review Social Security benefits each year to make sure they keep up with the cost of living. Your Social Security benefits will increase by 8.7% in 2023 because of a rise in the cost of living.

The law requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and Part D (Prescription Drug Plan) because of their income. These increases in the premiums are called the Income-Related Monthly Adjustment Amounts (IRMAA). Based on your income, you are required to pay IRMAA. We use information from the Internal Revenue Service (IRS) to decide if you will need to pay IRMAA. The information in this letter is for one year only.

How Much You Will Get

This letter explains your benefit amount, your Medicare premiums, your IRMAA, and what you can do if you disagree or your situation has changed. The information below shows your monthly benefit amount before and after deductions:

- Your new 2023 monthly benefit amount before deductions is: - \$3,124.50
- Your 2023 monthly deduction for the Medicare Part B premium is: - \$527.50
 - \$164.90 for the standard Medicare premium, plus
 - \$362.60 for the Medicare Part B IRMAA based on your 2021 income tax return
- Your 2023 deduction for Medicare Part D IRMAA based on your 2021 income tax return is: - \$70.00
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 05, 2023 is: - \$2,527.00

3. COLA/Benefits Verification Letter (RRB): This document should be submitted by retirees collecting benefits through RRB.



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
215 PINE ST STE 203

HARRISBURG PA 17102
E-MAIL: harrisburg@rrb.gov

OFFICE HOURS: 9:00 A.M. TO 3:30 P.M.
MONDAY - FRIDAY

TOLL-FREE NUMBER: 1-877-772-5772
FACSIMILE NUMBER: 717-221-3464

|||||

March 28, 2023



In reply refer to



We adjusted your railroad retirement benefits effective with your January 3, 2022 payment because of a rise in the cost of living. The payment you receive in January will be as follows:

Tier 1	\$2,992.00
Tier 2	\$1,787.47
Gross RRB Benefit	\$4,779.47
(less Federal income taxes withheld)	\$198.00
(less other deductions)	\$0.00
RRB Benefit (before Medicare)	\$4,581.47
(Less Total Medicare Premiums)	\$615.60
Part B Premium	\$170.10
Part B IRMAA Premium	\$374.20
Part D IRMAA Premium	\$71.30
Benefit Amount	\$3,965.87

The cost-of-living increase for Tier 1 and social security benefits is 5.9 percent. The increase for Tier 2 is 1.9 percent. If you are receiving other government benefits such as social security, a public service pension or another railroad retirement annuity, your Tier 1 amount may not have increased because of a reduction required by law. If you disagree with any of the amounts shown, you have the right to request reconsideration within 60 days of the date of this notice.

For Additional Information

Please review the important information enclosed with this notice. If you have any questions about this notice, write to us at the address shown above or telephone us at 1-877-772-5772. For general information about railroad retirement benefits visit our Web site at www.rrb.gov. If you need a separate letter as proof of your monthly benefit amount or need a replacement Medicare card, you can request them by calling our automated RRB HelpLine, or by clicking on Benefit Services on our website.

QUICKSTART GUIDE

Your Medicare Part B Premium Reimbursement Program



At-a-Glance

Your Medicare Part B Premium Reimbursement Program: The Essentials

Managing Your Account

How To Request Reimbursement

Register online now!

If you haven't registered online yet, please do so today. To register, just visit www.healthequity.com/wageworks, select "LOG IN/REGISTER" and then "Employee Registration." You'll need to answer a few simple questions and create a username and password.

Questions?

If you have any questions or concerns, you can talk to a trained expert to learn more about the program. Just call 877.924.3967.

Download the EZ Receipts® mobile app!

Use your mobile device to file claims and take care of your account paperwork from anywhere. Go to www.healthequity.com/wageworks to learn more.

Welcome to HealthEquity. Start Saving. Here's How.

Welcome to your Medicare Part B Premium Reimbursement Program sponsored by Port Authority, and administered by HealthEquity. Through this program, Port Authority will reimburse you for Medicare Part B premiums that you have paid. You must submit proof of premium payments through the online portal, HealthEquity's EZ Receipts app or by fax or mail. Upon approval, you will receive reimbursement by direct deposit or check, depending on how you set up your account.

Inside you'll find the quick-reference information you need to pay for Medicare Part B Premiums using your Medicare Part B Premium Reimbursement Program and track your transactions – plus tips for getting the most from the program.

Your Medicare Part B Premium Reimbursement Program: The Essentials

Your Medicare Part B Premium Reimbursement Program is governed by IRS regulations that detail who is eligible to use the account, and where and how the money in it is to be used. Your Medicare Part B Premium Reimbursement Program was designed to be simple. To keep it that way, it's important to comply with the IRS regulations that govern the program. The following guidelines will help you avoid any inconvenience.

- **Make sure account funds are only spent on expenses for those who are eligible.** Those eligible are you and your spouse who are enrolled in the Medicare Part B plan.
- **Know what expenses are eligible.** The Medicare Part B Premium Reimbursement Program funds can only be used to receive reimbursement for Medicare Part B Premiums.
- **Keep an eye on your Medicare Part B Premium Reimbursement.** Log in to your account at www.healthequity.com/wageworks to monitor, manage and/or track your premium reimbursement(s) or call HealthEquity Customer Service at 877.924.3967 for assistance.
- **You can set up direct deposit as your reimbursement preference.** Be sure to have your bank name, routing number and account number handy.
- **Please note:** If direct deposit is not set as your reimbursement preference, payment to you will be sent via live check.

QUICKSTART GUIDE

Managing Your Account

You can manage and check up on your account through HealthEquity online or over the phone. The “Claims and Activity” page online details all your account activity.

For the latest information, visit www.healthequity.com/wageworks and log in to your account 24/7. In addition to reviewing your most recent Medicare Part B Reimbursement Program activity, you can:

- Update your account preferences and personal information.
- Set up direct deposit as your reimbursement preference. Be sure to have your bank name, routing number and account number handy.
- Manage your account while on the go via the HealthEquity mobile website.
- Download the EZ Receipts app to file claims.

Using Your Medicare Part B Premium Reimbursement Program Dollars

When you pay Medicare Part B premiums, you can request reimbursement right away. We give you multiple options for filing reimbursement requests.

Using your Mobile Device

With the EZ Receipts mobile app, you can file and manage your reimbursement claims on the spot, with a click of your mobile device camera, from anywhere.

To use EZ Receipts:

- Download at www.healthequity.com/wageworks/employees/go-mobile.
- Log in to your account.
- Choose the type of receipt from the simple menu.
- Enter some basic information about the claim.
- Use your mobile device camera to capture the documentation.
- Submit the image and details to HealthEquity.

Filing a claim

You also can file a claim online to request reimbursement for your Medicare Part B Premium expenses.

- Go to www.healthequity.com/wageworks, log in to your account and select “Submit Receipt or Claim.”
- Select “Pay Me Back.”
- Fill in all the information requested on the form and submit.
- Scan or take a photo of your receipts, COLA and all other necessary supporting documents.
- Attach supporting documentation to your claim by using the upload utility.
- Make sure your documentation includes the five following pieces of information required by the IRS:
 - Date of service or purchase
 - Detailed description (Ex: Medicare Part B premium for the period <include month and year>)
 - Retiree or spouse name
 - Proof of payment (e.g. cleared check, bank statement, or credit card statement that shows the amount you paid for the Medicare Part B premium). Additional instructions can be found within the Claims Filing Instructions document you received from Port Authority.

Most claims are processed within one to two business days after they are received, and payments are sent shortly thereafter.

If you prefer to submit a paper claim by fax or mail, download a Pay Me Back claim form at www.healthequity.com/wageworks and follow the instructions for submission.

The deadline for submitting your Medicare Part B form and documentation to HealthEquity is March 31 of the current year for the prior year. EX: March 31, 2023 for 2022.