



Dear City of Boston Retiree/Surviving Spouse:

The City of Boston will provide a refund of 50% of the Medicare Part B premiums paid by retirees, spouses, and surviving spouses enrolled in a City of Boston Medicare plan in 2020 (Blue Cross Blue Shield Medex 2, Medicare HMO Blue, Managed Blue for Seniors, Tufts Medicare Supplement, Tufts Medicare Preferred HMO, or Harvard Pilgrim Medicare Enhance).

**Please verify what you paid for Medicare Part B in 2020**

**OPTION 1**

- I paid **\$144.60** per month (\$433.80 per quarter/\$1,735.20 per year)

 **NO FURTHER ACTION NEEDED** 

Do **not** send in the Medicare Part B refund request form if you paid \$144.60 per month in 2020 for Medicare Part B. You will automatically be reimbursed 50% of your Part B premiums.

**OPTION 2**

I paid **Part B IRMAA** (Income Related Monthly Adjustment Amount):

- \$202.40/month (\$607.20 per quarter/\$2,428.80 per year)
- \$289.20/month (\$867.60 per quarter/\$3,470.40 per year)
- \$376.00/month (\$1,504.00 per quarter/\$6,016.00 per year)
- \$462.70/month (\$1,388.10 per quarter/\$5,552.40 per year)
- \$491.60/month (\$1,474.80 per quarter/\$5,899.20 per year)

**Complete the enclosed Medicare Refund Request Form and include proof of payment for Medicare Part B in 2020. Please see the reverse side for directions.**

**Disclosures:**

- The City of Boston cannot reimburse IRMAA paid for Part D.
- Refunds are based on the number of months you were enrolled in a City of Boston Medicare plan in 2020.
- Failure to provide documentation of IRMAA will result in automatically receiving 50% of the standard Medicare Part B premium of \$144.60/month.
- The City of Boston has no data on your Part B premiums; contact Social Security to determine what you pay monthly if you do not know.

**The following documentation is acceptable verification of Part B premiums:**

1. Social Security Benefit Statement Form SSA-1099 for you or your spouse. This will be sent to you in early 2021 by the Social Security Administration.

**- OR -**

2. Copies of monthly or quarterly invoices for all of 2020 payments from CMS (Center for Medicare and Medicaid Services) if you or your spouse pay Medicare Part B premiums by check.

**- OR -**

3. Social Security Form SSA-2458 (if you cannot locate Form SSA 1099). Call the Social Security Administration at 1-800-772-1213 and ask them to complete Form SSA-2458.

Postmark all forms by the **firm deadline of April 30<sup>th</sup>, 2021** to ensure receipt of the refund in July 2021:

**Health Benefits and Insurance  
1 City Hall Square, Room 807  
Boston, MA 02201**

If you have any questions, please contact the Health Benefits and Insurance (HBI) office at [hbi@boston.gov](mailto:hbi@boston.gov) or 617-635-4570.

**Please check with the HBI office to ensure your paperwork has been received. HBI is not responsible for forms that do not arrive at City Hall due to the U.S. Postal Service's errors. Please call or email to confirm receipt.**