TO: Medicare Retirees
FROM: Division of Pensions and Benefits
SUBJECT: Reimbursement of 2019 Medicare Part B and Part D Premiums for Retirees Who Were Subject to Additional Income Related Premiums in 2019

This notice is for retirees who qualify for reimbursement for the full cost of Medicare Part B and Part D coverage from the State of New Jersey and paid more than the standard monthly Part B and Part D premiums during 2019.

If you paid only $135.50 per month for Medicare Part B premiums in 2019, you are not owed any additional reimbursement and should disregard this letter.

If you or your eligible spouse/partner paid more than $135.50 per month for Medicare Part B, please forward:

1) A copy of the cost-of-living adjustment letter you received from Social Security in November of 2018 notifying you of your 2019 Medicare Part B and Part D premium increases and the income-related premiums. If you need a copy of this letter contact your local Social Security office. If you are unable to locate the cost of living letter, please send the first 2 pages of your 2017 federal tax return; AND

2) A copy of your 2019 Social Security Form SSA-1099 (or Form RRB-1099 if in the Railroad Retirement System). If you do not receive a Form SSA-1099 you must submit other proof of Medicare Part B and Part D premium payments for 2019. Proof of payment may be shown by forwarding copies of billing statements and cancelled checks.

If you or your eligible spouse/partner paid more than $135.50 per month for Medicare Part B, please forward:

<table>
<thead>
<tr>
<th>Your 2019 Part B Monthly Premium</th>
<th>Your 2019 Part D Monthly Premium</th>
<th>If you file an individual tax return with income of:</th>
<th>If you file a joint tax return with income of:</th>
<th>If you are married and lived with your spouse at any time during the year but file a separate tax return from your spouse with income of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$135.50</td>
<td>$0.00</td>
<td>$85,000 or less</td>
<td>$170,000 or less</td>
<td>$85,000 or less</td>
</tr>
<tr>
<td>$199.60</td>
<td>$12.40</td>
<td>Greater than $85,000 and less than or equal to $107,000</td>
<td>Greater than $170,000 and less than or equal to $214,000</td>
<td>NA</td>
</tr>
<tr>
<td>$270.90</td>
<td>$31.90</td>
<td>Greater than $107,000 and less than or equal to $133,500</td>
<td>Greater than $214,000 and less than or equal to $267,000</td>
<td>NA</td>
</tr>
<tr>
<td>$352.20</td>
<td>$51.40</td>
<td>Greater than $133,500 and less than or equal to $320,000</td>
<td>Greater than $267,000 and less than or equal to $320,000</td>
<td>NA</td>
</tr>
<tr>
<td>$433.40</td>
<td>$70.90</td>
<td>Greater than $160,000 and less than or equal to $500,000</td>
<td>Greater than $320,000 and less than or equal to $750,000</td>
<td>Greater than $85,000 and less than or equal to $415,000</td>
</tr>
<tr>
<td>$460.50</td>
<td>$77.40</td>
<td>Greater than $500,000</td>
<td>Greater than $750,000</td>
<td>Greater than $415,000</td>
</tr>
</tbody>
</table>

If you or your eligible spouse/partner paid more than $135.50 per month for Medicare Part D premiums in 2019, you are eligible for reimbursement of Part D premiums if:

- You file a joint tax return with income of:
  - $170,000 or less
  - Greater than $170,000 and less than or equal to $214,000
  - Greater than $214,000 and less than or equal to $267,000
  - Greater than $267,000 and less than or equal to $320,000
  - Greater than $320,000 and less than or equal to $750,000
  - Greater than $750,000

- You file an individual tax return with income of:
  - $85,000 or less
  - Greater than $85,000 and less than or equal to $415,000

Send all required documentation to the following address no later than April 1, 2020:
Division of Pensions and Benefits
ATTN: Health Benefits Financial Section
Trenton, NJ 08625-0295

If you wish to use a delivery service other than USPS, please send all required documentation to:
Division of Pensions and Benefits
ATTN: Health Benefits Financial Section
50 W. State St.
Trenton, NJ 08608-1220

If you are eligible for reimbursement of Part B and/or Part D premiums, you will receive a check representing the unreimbursed balance you paid in 2019. Reimbursement checks will be issued beginning April 30, 2020.

You must forward the requested information by April 1, 2020 in order to receive a reimbursement check. No 2019 reimbursements will be issued if requested after the April 1, 2020 filing deadline.

If you or your eligible spouse/partner did not pay any additional premiums for Medicare Part B or Part D coverage you are not eligible for any additional reimbursements.

In addition, if you pay higher Medicare Part B or Part D premiums due to a late enrollment penalty, you will not be reimbursed for the penalty.

For more information about Medicare Part B and Part D premiums based on income, visit the Social Security Administration’s website at www.socialsecurity.gov or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

February 2020
State of New Jersey
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295

ADDRESS SERVICE REQUESTED

REIMBURSEMENT OF MEDICARE PART B PREMIUMS
FIRST CLASS MAIL
U.S. POSTAGE PAID
TRENTON, NJ PERMIT NO. 21

State of New Jersey
Department of the Treasury
Division of Pensions and Benefits
PO BOX 295
Trenton, NJ 08625-0295
ADDRESS SERVICE REQUESTED