

FAQ (Frequently Asked Questions) - Medicare and the Alliance Health Plan Participants under a “Small Employer” (Employer with fewer than 20 employees)

When is my Medicare Age-Eligibility Date?

The 1st day of the month of your 65th birthday, unless your birthdate falls on the 1st of a month. If your birthdate is the 1st day of the month, your Medicare-eligibility date is the 1st day of the month prior to your 65th birthday. (For example: DOB 7/15/1960 = Medicare 7/1/2025. DOB 7/1/1960 = Medicare 6/1/2025.)

Am I required to enroll in Medicare?

If your employer has fewer than 20 employees and you choose to continue coverage on the Alliance Health Plan, the Alliance Health Plan requires you to enroll in Medicare Parts A (Hospital) and B (Outpatient/Doctor visits) **effective your Medicare age-eligibility date, because Medicare will become Primary payer of your medical claims.** (If you do not qualify for Social Security or have not yet earned enough quarter hours for premium-free Part A, you are still required to enroll. You will either have to pay monthly Part A premiums **OR** you may qualify for cost-free Part A based on your spouse’s work history if your spouse is **62+** years of age. To find out if you are eligible for premium-free Part A through your spouse’s work history, you must call the Social Security Administration at 800-772-1213.)

When I enroll in Medicare, does my health coverage on the Alliance Health Plan automatically end?

No. You can be enrolled in Medicare and the Alliance Health Plan. Your Alliance Health Plan coverage will not end unless we receive a termination request from your employer or you otherwise become ineligible to participate on the plan (for example, end of employment or employer no longer eligible to participate in the group health plan).

Can my spouse and/or child(ren) remain enrolled in the Alliance Health Plan if I choose to end my coverage?

No. The Alliance Health Plan is an employer group health plan, which means an eligible employee of an Alliance-affiliated employer must be enrolled in the Alliance Health Plan for a spouse and or child(ren) to be eligible for coverage on the plan. Alliance Benefits does not sell individual insurance policies. If you terminate your coverage on the Alliance Health Plan, your spouse and/or child(ren) will end. (Spouses and children may be eligible for temporary Coverage Extension.)

Once enrolled in Medicare, what happens to my HSA (Health Savings Account)?

The HSA account included in the Alliance Health Plan package is solely owned by the employee/plan participant and is only in this participant’s name. Your annual allowable maximum for HSA contributions is prorated based on the number of months in the calendar year you are not enrolled in Medicare. HSA monies in your account belong to you and can continue to be utilized for eligible healthcare expenses until the balance in your HSA reaches \$0. The owner of the HSA account can continue to utilize HSA funds to pay healthcare expenses for their spouse and any child(ren) they claim as a dependent on taxes, regardless of health plan enrollment. (Spouses are not an owner of this HSA account and spouse’s Medicare status does not affect the owner’s eligibility for contributions.) Refer to our document “**2025 HSA Changes once on Medicare**” for more details.

If I am enrolled in the Alliance Health Plan and Medicare, which plan pays my medical claims?

If your employer has fewer than 20 employees, your Alliance Health Plan coverage will change to Secondary payer of medical claims. The Alliance Health Plan requires you to enroll in Medicare Part A (Hospital) and Part B (Outpatient/Doctor visits) because Medicare will be Primary payer of your medical claims.

Which medical ID card do I give to my doctor and other medical providers?

For all medical healthcare visits, including doctor/outpatient or hospital services, present both your Medicare ID card (Medicare Part A & B) and your Alliance Health Plan medical coverage ID card, and tell them your medical coverage is Medicare Primary and your Alliance medical plan is Secondary.

Am I required to enroll in Medicare Part D drug plan for prescription coverage?

You are not required by the Alliance health plan to enroll in Medicare Part D. Prescription coverage on the Alliance Health Plan is considered **Creditable** by Medicare guidelines. You have the option with Medicare, to postpone Part D enrollment while covered on a Creditable employer prescription plan, without a future penalty, as long as you enroll within their guidelines once you no longer have Creditable employer coverage.

If I am enrolled in the Alliance Health Plan and Medicare Part D, which plan pays my prescription claims?

There is no coordination of benefits for your Alliance prescription coverage and Medicare Part D. This means if you are enrolled in both, you can determine which prescription plan is most financially beneficial for you to utilize when purchasing prescriptions. Prescription purchases with Part D will not count toward your deductible on the Alliance Health Plan.

Will my Alliance Health Plan monthly premiums be reduced since the plan requires me to enroll in Medicare?

Yes. Because the Alliance Health Plan requires you to enroll in Medicare Part B, we will reduce our monthly health plan billing by the current year Medicare Part B “standard monthly premium,” which is \$185.00 in 2025. Our discount is intended to offset the cost of Part B you will have to pay to Medicare. **To begin our discount** you must provide a copy of your Medicare Part B coverage card to Alliance Benefits. (Spouses on Medicare are not eligible for this discount.)

Alliance Benefits automatically stops billing your employer for HSA contributions on the date you are eligible for Medicare. Refer to our document “2025 HSA Changes once on Medicare” for more details.

Option to end medical package and continue Basic Life and LTD (Long Term Disability) insurance:

If you opt to end coverage on our plan on your Medicare-eligibility date, or your spouse’s Medicare-eligibility date, specifically due to our Medicare Primary rule, you have the option to continue your Basic Life insurance and LTD (Long Term Disability) which is included in our Premium Plan package, as long as you remain an eligible C&MA employee.

Dental and vision coverage are included in our Premium medical packages. These products are not available for individual purchase and will end once medical coverage ends.

How can I find assistance in making Medicare decisions?

Alliance Benefits is not a licensed broker and cannot advise participants making healthcare decisions. The following are links to resources found through a general search on the internet, intended only to provide a small example of the many resources available as you make Medicare decisions. This is not an endorsement of any organization or their services.

- Medicare website: www.medicare.gov
- Medicare & You Handbook (available in various formats and language options (ex. large print or Spanish)): <https://www.medicare.gov/forms-help-resources/medicare-you-handbook/download-medicare-you-in-different-formats>
- The National Association of Benefits and Insurance Professionals (**NABIP**):
 - [NABIP | Find an Agent](#) Search for a local insurance broker
 - [NABIP | consumer-guide-to-medicare](#) Quick facts on Medicare, The Four Parts of Medicare, etc.
- eHealthinsurance.com: **eHealth** is a national search option for finding individual health insurance policies including medical, dental, and vision coverage. **This may be useful to your family if you drop the Alliance plan for Medicare and your spouse and/or children are seeking other coverage.** eHealth also has other resources including Medicare coverage search options.