

NJ SHBP/SEHBP

PO Box 295
Trenton, NJ 08625

DO NOT MAIL CORRESPONDENCE OR PAYMENTS TO THIS ADDRESS



MEMBER NAME
ADDRESS
CITY, STATE ZIP

Notice Date: February 28, 2023

Member Name: MEMBER NAME

Your IRMAA Claim Form(s) Are Enclosed

Mail correspondence to this address only:

**NJ SHBP/SEHBP
P.O. Box 105168
Atlanta, GA 30348-5168**

If you have any questions regarding your benefits or this notice, please login to <http://mynjbenefitshub.nj.gov>

Hello MEMBER NAME,

Please find the following form(s) attached: **State of New Jersey IRMAA Claim Form**

Your and your family's privacy is our top priority and submitting your claim requests online at <http://mynjbenefitshub.nj.gov> is the fastest and most secure method to request reimbursement for your IRMAA surcharges.

Managing Your Accounts Online Is Easy & Secure

- Go to <http://mynjbenefitshub.nj.gov>** and log in with your username and password. If you don't know them, you may reset your username and password or **Register** as a first-time user. Your Company Key is **SHBP/SEHBP**.
- Select your name** from the top right corner of the page and choose **MyChoice Accounts** from the drop-down menu.
- See the IRMAA tab** found at the top of the website and click on it. Directions on how to submit your IRMAA reimbursement request can be found on that page.

No matter which accounts you have, you can manage them all in the same place. Whether you visit your benefits portal or through the MyChoice™ Mobile App, you'll be able to:

- Submit claims for reimbursement
- Upload documentation in real time
- See your reimbursement status in real time

Download the MyChoice™ Mobile App

All your benefits in the palm of your hand

Once you download it, log in to <http://mynjbenefitshub.nj.gov> to receive your access code.

Thank you,

NJ SHBP/SEHBP Benefits Service Center



This notice is for retirees who qualify for reimbursement of the full cost of Medicare Part B and Part D coverage from the State of New Jersey and paid more than the standard monthly premium during 2022.

Please review this notice in its entirety as the instructions to request reimbursement may be different than in prior years.

If you and your eligible spouse/partner paid only \$170.10 per month for Medicare Part B premiums in 2022, **you are not eligible for any additional reimbursement and should disregard this letter.**

If you or your eligible spouse/partner paid more than \$170.10 per month for Medicare Part B, you **may** be eligible for reimbursement of the additional income-related surcharges.

Medicare Premium Charges

Medicare charges premiums for Medicare Part B, covering doctor visits, and Part D, the prescription drug benefit, to people on Medicare. In 2022, the basic premium for Part B was \$170.10 per month. In addition to the basic premium, some individuals must also pay a surcharge related to their income. This surcharge is called the **Income Related Monthly Adjustment Amount (IRMAA)**. An individual's IRMAA surcharge is based on their reported Modified Adjusted Gross Income (MAGI) together with their tax filing status. The standard premiums are increased by the surcharge imposed when MAGI exceeds certain levels, as shown in the chart below.

2-Year Lookback

Medicare uses the MAGI reported on the federal tax return from two years prior to determine the IRMAA surcharge. For example, the income reported on your 2020 tax return was used to determine your monthly IRMAA surcharge in 2022.

Filing Single	Married Filing Joint	Married Filing Separately (MFS) *	Monthly Part B Surcharge	Monthly Part D Surcharge**
Over \$91,000 to \$114,000	Over \$182,000 to \$228,000	Not applicable	\$68.00	\$12.40
Over \$114,000 to \$142,000	Over \$228,000 to \$284,000	Not applicable	\$170.10	\$32.10
Over \$142,000 to \$170,000	Over \$284,000 to \$340,000	Not applicable	\$272.20	\$51.70
Over \$170,000 to <\$500,000	Over \$340,000 to <\$750,000	Over \$91,000 to <\$409,000	\$374.20	\$71.30
\$500,000 and above	\$750,000 and above	\$409,000 and above	\$408.20	\$77.90

*Applies to married couples that filed separately (MFS) and lived with their spouse at any time during the year.

** Part D premiums vary by plan and are not included in this chart. Only the Part D surcharge is shown.

Claim your IRMAA Surcharge Reimbursement

If you or your eligible spouse/partner paid **more than \$170.10 per month** for Medicare Part B, you **may** be eligible for reimbursement from the State of New Jersey for the IRMAA surcharges you paid. To claim your reimbursement, you must provide proof of the IRMAA premiums paid in 2022.¹

IRMAA claim processing will begin no later than May 1, 2023.

Documentation received after May 31, 2023, may not be accepted. Therefore, claims should be submitted timely, or you may forfeit reimbursement.

Note: Separate claim forms must be submitted for each eligible retiree and spouse.

Having Difficulty and Need Help

If you have questions regarding this notice, please login to <http://mynjbenefitshub.nj.gov> and visit the IRMAA page.

For telephone assistance with your IRMAA claim, call **mynjbenefitshub** at (833) 929-1101.

If you have questions about the standard Medicare Part B pension reimbursements or your eligibility for reimbursement, call the Division of Pension and Benefits at (609) 292-7524.

¹ If you did not pay an IRMAA surcharge, you will not be reimbursed and do not need to submit a claim.

IRMAA Claim Form Instructions

How to file a claim:

The fastest way to receive reimbursement for your completed claim is through the MyChoice Mobile App. Once the 2022 processing window begins, reimbursements for completed claims submitted via web or the mobile app are processed within 7-10 business days.

1. **Online:** Login to <http://mynjbenefitshub.nj.gov> or download the MyChoice Mobile App to submit your claim electronically
2. **Via email, fax or mail:** Fill out the attached form(s) and submit via email, fax or mail.
 - o **Email:** sonjclaims@mychoiceaccounts.com
 - o **Mail:** MyChoice Accounts, MSC 100535
PO Box 105168
Atlanta, GA 30348-5168
 - o **Fax:** (856) 807-5560

Instructions for filling out this form:

Complete each section in full. If filling out by hand, use black or blue ink and CAPITAL LETTERS. Do not use red ink.

In completing Section 3 of the form, please use the appropriate documentation to obtain the following details:

- A. Expense Type** (*Indicate Medicare B/D and either retiree or spouse. Add Spouse SSN, if applicable*)
- B. Select Checkbox for Modified Adjusted Gross Income (MAGI)**

Filing Single	Married Filing Joint	Married Filing Separately (MFS)	Monthly Part B Surcharge	Monthly Part D Surcharge
Over \$91,000 to \$114,000	Over \$182,000 to \$228,000	Not applicable	\$68.00	\$12.40
Over \$114,000 to \$142,000	Over \$228,000 to \$284,000	Not applicable	\$170.10	\$32.10
Over \$142,000 to \$170,000	Over \$284,000 to \$340,000	Not applicable	\$272.20	\$51.70
Over \$170,000 to < \$500,000	Over \$340,000 to \$750,000	Over \$91,000 to < \$409,000	\$374.20	\$71.30
\$500,000 and above	\$750,000 and above	\$409,000 and above	\$408.20	\$77.90

Submitting a completed claim:

To ensure your claim is complete and can be processed as timely as possible, provide all information as requested in the “Your Information” section along with the listed corresponding documentation.

To ensure your claim is submitted successfully, you must submit one of the following with this form:

- A copy of the cost-of-living adjustment (COLA) letter sent by Social Security Administration regarding 2022 surcharges/premiums **or**
- A copy of the first two pages of your 2020 Federal Income-tax return

You must include proof of payment for ALL months that you were eligible for reimbursement. Proof of payment can be one or a combination of the following:

- A copy of your 2022 Social Security Form SSA-1099, or
- A copy of your 2022 Form RRB-1099 (if in the Railroad Retirement system)

If you did not receive Form SSA-1099, you can submit alternative proof of your Medicare Part B or D payments:

- Medicare Premium Bill
- Medicare.gov Payment History

If any of the required documentation or information is missing, your claim will not be complete and may be delayed in processing.

State of New Jersey IRMAA B/D Claim Form

Section 1: Your Information

SOCIAL SECURITY NUMBER (Required, No Dashes) DATE OF BIRTH (Required, MM/DD/YYYY)

COMPANY NAME

LAST NAME

HOME ZIP CODE

Section 2: Your Banking Information

BANKING INSTITUTION NAME

NAME ON BANK ACCOUNT

ACCOUNT TYPE

CHECKING: SAVINGS:

ROUTING NUMBER

ACCOUNT NUMBER

Section 3: Your Expenses

EXPENSE TYPE

RETIREE MEDICARE PART B/D

SPOUSE MEDICARE PART B/D

SPOUSE OR DOMESTIC PARTNER CLAIM?

IF YES, SPOUSE/DOMESTIC PARTNER SOCIAL SECURITY NUMBER

YES: NO:

ANNUAL MODIFIED ADJUSTED GROSS INCOME (MAGI) LAST CALENDAR YEAR

Select the checkboxes next to the B & D surcharge amounts that align to your Modified Adjusted Gross Income (MAGI).

Filing Single	Married Filing Joint	Married Filing Separately (MFS)	Monthly Part B Surcharge	Monthly Part D Surcharge
Over \$91,000 to \$114,000	Over \$182,000 to \$228,000	Not applicable	<input type="checkbox"/> \$68.00	<input type="checkbox"/> \$12.40
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Over \$142,000 to \$170,000	Over \$284,000 to \$340,000	Not applicable	<input type="checkbox"/> \$272.20	<input type="checkbox"/> \$51.70
Over \$170,000 to < \$500,000	Over \$340,000 to < \$750,000	Over \$91,000 to < \$409,000	<input type="checkbox"/> \$374.20	<input type="checkbox"/> \$71.30
\$500,000 and above	\$750,000 and above	\$409,000 and above	<input type="checkbox"/> \$408.20	<input type="checkbox"/> \$77.90

Section 3: Certification

By submitting this form, I certify that:

- The information contained within the form is correct and is not a duplicate of a previously submitted request.
- I have not received reimbursement previously for these expenses from my accounts or any other plan and will not seek reimbursement by any other plan.
- Any expenses submitted on behalf of a dependent, qualifying relative or adult child are in accordance with IRS definitions of dependents, the guidelines for adult dependent children, or my employer's plan.

I understand that:

- Reimbursement is not a guarantee that this payment is tax free.
- Expenses reimbursed through this account cannot be used as a deduction on my personal tax return.

I hereby authorize release of payment from my MyChoice Account. I hereby authorize Businessolver or its representatives to obtain necessary information from my service providers to consider my claim for reimbursement under my MyChoice Account.



MCA-RET-SoNJ

State of New Jersey IRMAA B/D Claim Form

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SOCIAL SECURITY NUMBER (Required, No Dashes) DATE OF BIRTH (Required, MM/DD/YYYY)

COMPANY NAME

LAST NAME

SHBP/SEHBP

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Section 2: Your Banking Information

BANKING INSTITUTION NAME

NAME ON BANK ACCOUNT

ACCOUNT TYPE

CHECKING: SAVINGS:

ROUTING NUMBER

ACCOUNT NUMBER

Section 3: Your Expenses

EXPENSE TYPE

RETIREE MEDICARE PART B/D

SPOUSE MEDICARE PART B/D

SPOUSE OR DOMESTIC PARTNER CLAIM?

IF YES, SPOUSE/DOMESTIC PARTNER SOCIAL SECURITY NUMBER

YES: NO:

ANNUAL MODIFIED ADJUSTED GROSS INCOME (MAGI) LAST CALENDAR YEAR

Select the checkboxes next to the B & D surcharge amounts that align to your Modified Adjusted Gross Income (MAGI).

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