

CITY OF LOS ANGELES
CALIFORNIA



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EMAIL: PEN.PENSIONS@LACITY.ORG

November 25, 2009

RE: Medicare Part B Premium Increase for 2010

Effective January 2010, Medicare Part B standard premium rates will increase for approximately 27% of beneficiaries. Based on their 2009 Part B withholding status, beneficiaries will fall into one of the following three groups:

- (1) Members who currently have the Social Security Administration (SSA) withhold their Part B premium and have yearly incomes of \$85,000 or less (or \$170,000 or less for joint filers) will not be subject to the increase and continue to pay \$96.40 per month.
- (2) Members who have yearly incomes above \$85,000 (or above \$170,000 for joint filers) will be subject to the higher Part B standard premium of \$110.50 per month.
- (3) Members who do not currently have the SSA withhold their Part B premium (including new Part B beneficiaries) will be subject to the higher Part B standard premium of \$110.50 per month.

Accordingly, effective January 2010, Los Angeles Fire and Police Pensions will implement a two tier Medicare Part B reimbursement structure applicable only to members with Parts A and B. By default, reimbursement will be at \$96.40 per month. For members who are subject to the higher Part B standard premium, the Department will provide, upon approval, a reimbursement at the higher amount of \$110.50 per month if members submit the requested documentation (refer to back of page).

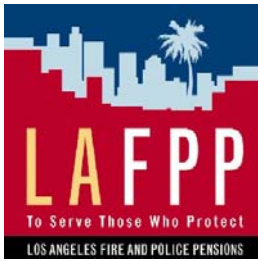
If you are affected by the Part B premium increase, please submit the form and supporting documentation to us by December 31, 2009. Please do not submit the form if you do not anticipate a premium increase for 2010. If the submission is received by the deadline, the updated reimbursement amount should be reflected by the January 31, 2010 pension payment.

If you have further questions, please contact us at (213) 978-4560 or (800) 787-2489, EXT. 84560, and we will be happy to assist you.

Sincerely,

Gregory Mack, Manager
Medical & Dental Benefits Section





**LOS ANGELES FIRE AND POLICE PENSIONS
MEDICAL AND DENTAL BENEFITS
*Medicare Part B Premium Reimbursement Application***

Please fill out the following fields **ONLY** if you are eligible for Medicare Parts A and B and are subject to the new Medicare Part B premium increase (refer to front of page). Submit this form and requested document by December 31, 2009 to:

**Los Angeles Fire and Police Pensions
Medical and Dental Benefits
360 E. 2nd Street, Suite 400
Los Angeles, CA 90012**

Member Information

Name _____
First Middle Initial Last

Address _____
Apt/Suite/Unit Number

City _____ State _____ Zip _____

Phone _____ Social Security Number _____
Last 4 Digits

Date of Birth _____
Enclosed Documentation SSA Benefits Statement
(See below for instructions. CMS Billing Statement
Check one.)

Verification Information

Please submit either 1) a copy of the statement provided by the Social Security Administration (SSA) detailing the Part B monthly premium or 2) a copy of the most recent billing statement provided by the Centers for Medicare and Medicaid Services (CMS). The submission must be a copy of the original document without any alterations or omissions.

You are responsible for making all required monthly Medicare Part B premium payments to SSA or CMS. If a lapse occurs in your Medicare coverage, you are required to notify the Department of Fire and Police Pensions immediately and authorize recoupment from your pension payment of the reimbursement(s) distributed to you during the period in which the lapse occurred.

By signing below, you acknowledge your understanding and agreement with the above Medicare Part B premium reimbursement policy.

Signature _____ Date _____