

# **Little Traverse Bay Bands of Odawa Indians Health Department**

## **Medicare Premium Reimbursement Program**

Dear Tribal Citizen,

The Little Traverse Bay Bands of Odawa Indians Health Department has created a Medicare Premium Reimbursement Program to support the costs of Medicare insurance coverage for LTBB members *nationwide*. To qualify for this program, you must:

- 1) Be an enrolled member of LTBB (Must submit copy of Tribal ID)
- 2) Be enrolled in Medicare (Must submit copy of Medicare card)
- 3) Show proof of Medicare plan expenses (See below)

### **Medicare Plan Expenses:**

For the Medicare Part B Reimbursement, you will need to submit a copy of your social security benefit letter showing the Medicare premium deduction (We have enclosed a sample of this letter for your reference). We will reimburse up to the CMS published rate for Medicare Part B premiums.

For Medicare Part D Reimbursement, you will need to submit proof of your premium payment for each of the six months that you are requesting reimbursement. There are two acceptable documents that satisfy this requirement: a bank statement showing premium payment or an insurance company statement showing payment.

If you require assistance in obtaining proof of your Medicare expenses, please contact Valorie Glazier, LTBB Patient Benefits Specialist at: (231) 242-1748. She can guide you in gathering the documents needed for reimbursement.

If you do not have your Tribal ID, we have included an enrollment release form that will allow the LTBB Enrollment Department to provide us with a copy of your Tribal ID.

### **Payment Schedule**

**January Payment:** Will cover expenses incurred from July 1st- December 31<sup>st</sup> of the prior year. Completed application and all supporting documentation **due by February 14<sup>th</sup>**. Late submissions will not be processed. Applications will be processed in order they are received.

**July Payment:** Will cover expenses incurred from January 1st- June 30<sup>th</sup> of the current year. Completed application and all supporting documentation due by August 14<sup>th</sup>. Late submissions will not be processed. Applications will be processed in order they are received.

Please send completed application and supporting documentation to:

LTBB Health Department  
1260 Ajijaak Ave  
Petoskey, MI 49770

Medicare Premium Reimbursement Application

Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*\*\*Check will be sent to address on file with LTBB Enrollment\*\*\***

**Medicare Part B Reimbursement**

The following items must accompany this application:

\_\_\_\_ Social Security Letter Showing Deduction      \_\_\_\_ Copy of Medicare Card

\_\_\_\_ Copy of LTBB Tribal ID

The LTBB Health Department will reimburse your Medicare Part B expenses up to the current year published rate. Payments will be issued twice per year. See Page 1 for payment schedule. The above requirements must be submitted **twice per year. Payment will not be issued automatically.**

**Medicare Part D Reimbursement**

The following items must accompany this application:

**If you are applying for premium reimbursement for both programs, only one copy of Tribal ID is required.**

\_\_\_\_ Proof of Premium Payment (See page 1)      \_\_\_\_ Copy of LTBB Tribal ID

\_\_\_\_ Copy of Medicare Card

The LTBB Health Department will reimburse your Medicare Part D expenses up to **\$75 per month.** Payments will be issued twice per year. See page 1 for payment schedule. The above requirements must be submitted **twice per year. Payment will not be issued automatically.**

I certify that all information included in this application is accurate and complete. I understand if I do not submit all required information by the payment deadlines on Page 1 of this application, my application will not be processed, and I will not receive reimbursement. No late applications will be processed in future reimbursement periods.

Member Signature: \_\_\_\_\_

# Your New Benefit Amount

## SAMPLE SSA BENEFIT LETTER

### **BENEFICIARY'S NAME:**

Your Social Security benefits will increase by **2.8%** in 2019 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

### **How Much Will I Get And When?**

- Your monthly amount (before deductions) is
- The amount we deduct for Medicare Medical Insurance is  
(If you did not have Medicare as of November 16, 2018,  
or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is  
(We will notify you if the amount changes in 2019. If you did not elect  
withholding as of November 1, 2018, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is  
(If you did not elect voluntary tax withholding as of  
November 16, 2018, we show \$0.00.)
- After we take any other deductions, you will receive  
on or about January 16, 2019.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit [www.ssa.gov/non-medical/appeal](http://www.ssa.gov/non-medical/appeal) to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at [www.godirect.org](http://www.godirect.org) online.

### **What If I Have Questions?**

- Visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**)
- Contact your nearest Social Security office

SUITE 8  
308 STATE ST  
PETOSKEY MI 49770

### **Other Help For Seniors**

Call the Eldercare Locator service of the U.S. Administration on Aging at **1-800-677-1116** or visit [www.eldercare.acl.gov](http://www.eldercare.acl.gov) to learn about a wide variety of services that may be helpful to you.



# Little Traverse Bay Bands of Odawa Indians

Enrollment Office  
7500 Odawa Circle  
Harbor Springs, MI 49740  
(231) 242-1520 \* (231) 242-1521  
FAX (231) 242-1526



## Release of Information

\*\*\* First 3 pages no Charge - FEE: \$ 1.00 for each page thereafter. \*\*\*  
(please make check/money order payable to LTBB of Odawa Indians)

I, authorize the Little Traverse Bay Bands Enrollment Office to release the following documentation.

Documentation to be released: \_\_\_\_\_

Whose documents need to be released:

Check below

Printed Name

Date of Birth

Myself \_\_\_\_\_

Minor \_\_\_\_\_

Please supply the name and address **OR** fax/email to whom the documents will be released

| <u>Mailing Address</u>           | <u>Email or Fax Number</u>                          |
|----------------------------------|-----------------------------------------------------|
| Attn: _____                      | Attn: _____                                         |
| Mailing address, city, state zip | Phone number: (area code) xxx-xxxx<br>Email address |

### **Documents to be included with this form:**

Requestor **must** provide identification, such as Tribal or State Identification Card, or State Driver's License. If you are the parent of a minor requesting documentation, you must provide your identification. If you are the legal guardian of a minor requesting documentation, you must provide proof of guardianship. This form must be completed in its entirety. **The LTBB Enrollment Office may decline your request if proof(s) of identification is not included with this request.**

\_\_\_\_\_  
Signature of requestor

\_\_\_\_\_  
Date

Relationship to Tribal Citizen:  Self  Parent  Legal Guardian

Other, please list relationship \_\_\_\_\_

\*For others, documentation available for requesting is limited.