

IRMAA Presentation

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AGENDA

- What is IRMAA?
- Who is eligible?
- What documents do I need?
- When is it due?
- How do I submit my claim?
- How do I submit it online?

What is IRMAA?

IRMAA, or Income-Related Monthly Adjustment Amount, is a surcharge applied to Medicare Part B and Part D premiums for beneficiaries with higher incomes. It is determined by the Social Security Administration based on a beneficiary's Modified Adjusted Gross Income (MAGI) from two years prior, as reported on their tax returns. ***For 2025, IRMAA applies if your 2023 MAGI exceeds \$106,000 for individual filers or \$212,000 for joint filers.*** The surcharge increases monthly premiums on a sliding scale, with higher income brackets paying progressively larger amounts. Beneficiaries subject to IRMAA receive a notice detailing the additional costs, and they can appeal if their financial circumstances have changed significantly.

Who is Eligible

You may be eligible for IRMAA reimbursement if:

- You are a State of New Jersey retiree enrolled in the State Health Benefits Plan (SHBP) or School Employees' Health Benefits Plan (SEHBP)/25 years or disability
- You are enrolled in Medicare Part B and/or Part D
- You were charged IRMAA surcharges by Medicare during 2025
- Your 2023 modified adjusted gross income (MAGI) triggered the IRMAA brackets
- Only retirees who paid more than \$185.00/month for their Medicare Premium in 2025 need to apply for a reimbursement. Every retiree on Medicare was required to pay the base Medicare Premium of \$185.00, and the Division of Pensions reimburses you for that premium monthly in your pension check if you qualify for Free or Cost Shared health benefits in retirement. If both you and your spouse are on Medicare, that reimbursement in your pension check was for both of you (\$370.00/month).

What documents do I need?

You must submit two types of documentation for your IRMAA reimbursement claim.

1. INCOME VERIFICATION

Submit the IRMAA Claims Form (one for you and one for your spouse, if applicable), and one of the following for each person covered:

- a. A copy of your Social Security Cost-of-Living Adjustment (COLA) letter showing what you are required to pay for Medicare in 2025 (typically received in November 2024), or your first Medicare award letter if you started Medicare in 2025; **OR**
- b. A copy of the first two pages of your 2023 federal income-tax return (Form 1040).

2. PROOF OF PAYMENT

Provide proof that your Medicare premiums for 2025 were actually paid. Choose one option below:

Option A (most common):

Copy of your 2025 Social Security Form SSA-1099, showing Medicare Part B premiums deducted from your Social Security benefit. **OR**

Option B (if you do not receive an SSA-1099):

Copies of your Medicare premium bills for each month of 2025, and a Medicare.gov “Payment History” printout or screenshots showing all payments made.

Be sure that all documents are legible and that you submit separate documentation for your spouse if you are requesting reimbursement for both of you.

When is it Due?

For 2026, IRMAA reimbursement claims (for 2025 IRMAA on Medicare) must be submitted by **May 31, 2026**.

- NJDPB announced that mynjbenefitshub is mailing packets to Medicare-enrolled retirees with claim forms and eligibility instructions for 2025 IRMAA reimbursements.
- Retirees who qualify “should follow the submission procedure detailed in the packet and submit the required documentation through mynjbenefitshub no later than May 31, 2026.”

The general fact sheet also notes that all IRMAA claims must be submitted by the deadline shown in the IRMAA notification letter, so if an individual letter differs, that letter controls for that retiree.

How do I submit claims/documents?

1- Online submission (recommended by NJDPB):

- Submit the IRMAA claim online in Benefitsolver via mynjbenefitshub (through your myNewJersey account).
- Upload the claim information and all supporting documents (COLA/IRMAA letter, tax return pages, and proof of payment) under the IRMAA section.

2- Paper claim form (by mail, email, or fax):

- Complete the IRMAA Claim Form included in the packet Businessolver sends, and
- Send the form and all required documentation to Businessolver at the address/fax/email listed on the claim form.
- The fact sheet is explicit that claim information should not be sent to the NJ Division of Pensions & Benefits; it must go to Businessolver.

Process for submitting online

- Sign onto MBOS
- Click on Health Benefits
- Click on MyChoice Accounts View My Account
- Click on **Submit Claim (Get Started)**
- Who do you want to pay, click on **Myself** for both me and my wife

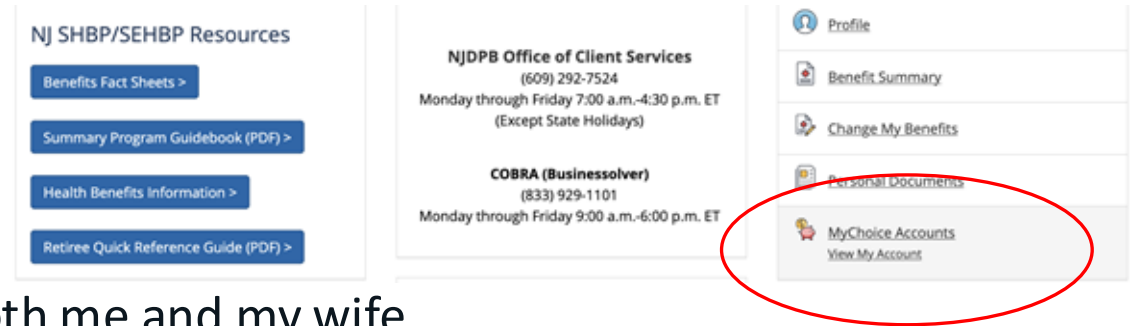
1. The site will expand

- Click on **One Time Reimbursement**
- Enter **Amount**

Enter Amount from SS letter showing the amount for the year you are applying for

1. The letter from the year prior, i.e. $185 \times 12 = 2200$

- Select **IRMAA Reimbursement**
- Who is this expense for? Select who expense is for **You** or **Spouse** from drop down
- Put in beginning and ending date, i.e. for **2025**: use 1/1/25 to 12/31/25
- NOTE: Once you enter the dates a new drop down will open. Select **Expense Type**
- Drag two required docs into **Drop Box** (no spaces in their names)
- Check the **Certification** box
- Print to PDF before submitting and name it
- **You must do it twice for each person who is eligible, i.e. Yourself and Spouse**



Online Submission Process

1. Sign onto **MBOS**
2. Click on Health Benefits



3. Click on MyChoice Accounts View my Account

NJ SHBP/SEHBP Resources

[Benefits Fact Sheets >](#)

[Summary Program Guidebook \(PDF\) >](#)

[Health Benefits Information >](#)

[Retiree Quick Reference Guide \(PDF\) >](#)

NJDPB Office of Client Services

(609) 292-7524

Monday through Friday 7:00 a.m.-4:30 p.m. ET
(Except State Holidays)

COBRA (Businessolver)

(833) 929-1101


Monday through Friday 9:00 a.m.-6:00 p.m. ET

 [Profile](#)

 [Benefit Summary](#)

 [Change My Benefits](#)

 [Personal Documents](#)

 [MyChoice Accounts](#)
[View My Account](#)

4. Click on **Submit Claim (Get Started)**

Dashboard

What do you want to do today?

Submit Claims

Get Started

Process for submitting claims

1. Submit Documentation

2. Claim Processed

3. Claim Paid

5. Who do you want to pay, click on **Myself** for both me and my wife

Submit Claim



Submitting Claims is Even Easier with the MyChoice Mobile App.

Download Now with QR Code

Claim Type

Who do you want to pay?

Myself

Pay yourself back for eligible IRMAA surcharge/premiums that you and/or spouse/partner have already paid

6. Click on One Time Reimbursement

Reimbursement Type - For IRMAA. please select One Time Reimbursement

One Time Reimbursement

DO NOT Use this Reimbursement

This will create a recurring schedule that you can manage on an ongoing basis and is the best option if you will need reimbursed for this expense regularly.

7. Enter Amount

Enter Amount from SS letter showing the amount for the year you are applying for
a. The letter from the year prior, i.e. $185 \times 12 = 2220.00$

Amount *

Amount is a required field

~~Please select IRMAA Reimbursement to submit your claim~~

8. Select IRMAA Reimbursement

Please select IRMAA Reimbursement to submit your claim

IRMAA Reimbursement

Ex: doctor visits, chiropractor appointments, childcare expenses.

DO NOT USE

Ex: buying contacts, medicine, pharmacy items, or insurance premiums.

Provider (Optional)

9. Who is this expense for? Select who expense is for **You** or **Spouse** from drop down

10. Put in beginning and ending date, i.e. for 2025: use 1/1/25 to 12/31/25

IRMAA Reimbursement Start Date *

This is the date you received the service.

IRMAA Reimbursement Start Date is a required field

IRMAA Reimbursement End Date *



This may be the same as service start date.

IRMAA Reimbursement End Date is a required field

11. NOTE: Once you enter the dates a new drop down will open. Select **Expense Type**

IRMAA Reimbursement Start Date *	IRMAA Reimbursement End Date *
<input type="text" value=""/>	<input type="text" value=""/>
<small>This is the date you received the service.</small>	<small>This may be the same as service start date.</small>
Expense Type *	
<input type="text" value="Select..."/>	
Retiree Medical (4)	
Retiree MDCR Part B	
Retiree MDCR Part D	
Spouse MDCR Part B	
Spouse MDCR Part D	

12. Drag two required Supporting Docs into Drop Box (no spaces in their names)

Supporting Documentation

To ensure your claim is submitted successfully, you must submit one of the following as proof of expenses:

- A copy of the cost-of-living adjustment (COLA) letter sent by Social Security Administration regarding the surcharges/premiums for the year you are requesting reimbursement.
- or
- A copy of the first two pages of your Federal Income-tax return (2022 return for 2024 IRMAA surcharges and 2021 return for 2023 IRMAA surcharges)

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

- A copy of your Social Security Form SSA-1099 for the year you are requesting reimbursement
- or
- A copy of your Form RRB-1099 (if in the Railroad Retirement System) for the year you are requesting reimbursement

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

- Medicare Premium Bill for each month
- Medicare.gov Payment History

If any documentation is missing, your claim will not be processed until the missing documentation is received.

13. Check the Certification box

Required Agreement

I certify that this expense has not been reimbursed by any other means.

Payments may be fulfilled by a Third Party

14. Print to PDF before submitting and name it

15. You must do it twice for each person who is eligible, i.e. Yourself and Spouse

QUESTIONS/NEED HELP?

- Contact Mike – mvinella@njpsa.org **or** 609-235-4500 **or** Zoom/In-Person
- **NJ Division of Pensions & Benefits:** 609-292-7524
- **Online:** www.nj.gov/treasury/pensions
- **Medicare IRMAA Questions:** Contact Social Security at
1-800-772-1213



THANK YOU!