



Medicare: Who Pays First?

When a Blue Cross® Blue Shield® of Michigan or Blue Care Network subscriber or dependent is eligible for Medicare, it can be complex to determine the primary carrier for payment of medical claims.

You must first determine why the subscriber or dependent is eligible for Medicare:

- Age 65 or over
- Under age 65 disabled
- End Stage Renal Disease

Next, determine the group size, whether there are less than 20 employees* or more than 20 employees, and use the chart below to determine who will be the primary payer.

Reason	Group Size	Primary	Secondary
Age 65 or over and actively working	Less than 20 employees	Medicare	BCBSM/BCN
Age 65 or over and actively working	20 or more employees	BCBSM/BCN	Medicare
Age 65 or over and retired	All group size	Medicare	Retiree suffix
Under age 65 and disabled	Less than 100 employees	Medicare	BCBSM/BCN
Under age 65 and disabled	100 or more employees	BCBSM/BCN	Medicare
End Stage Renal Disease (ESRD)	All group sizes	BCBSM/BCN is primary for the first 30 months following the Medicare eligibility date due to permanent kidney failure. At the end of the 30 month coordination period, Medicare will become primary.	
Over age 65 or disabled and covered by Medicare and COBRA	Not applicable	Medicare	COBRA Coverage

*All full and part-time employees on the payroll, regardless of the number of hours they haveworked, will be used to determine group size.

If an employer has at least 20 employees on the payroll during 20 or more calendar weeks in the current or previous year (weeks need not be consecutive) the group is considered to have 20 or more employees.