



This session focuses on the Health Insurance Marketplace (sometimes called the “Marketplace” or “Exchange”) and other provisions of the health care law, and what people with Medicare need to know.

This training module was developed and approved by the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Federally-facilitated Health Insurance Marketplace.

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To check for updates on the health care law, visit HHS.gov/HealthCare/.

Topics

- Medicare Eligibility & Enrollment
- Enrollment Decisions
- Medicare and Marketplace Transition
- Resources

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Medicare Eligibility & Enrollment

Enrolling in Medicare—Automatic

- Automatic enrollment for those receiving
 - Social Security benefits
 - Railroad Retirement Board benefits
- Initial Enrollment Period Package
 - Mailed 3 months before
 - 65, or
 - 25th month of disability benefits
 - Includes your Medicare card



If you're already getting Social Security benefits (for example, getting early retirement at least 4 months before you turn 65), you'll automatically be enrolled in Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) without an additional application. You'll get your Initial Enrollment Period package, which includes your Medicare card and other information, about 3 months before you turn 65 (coverage begins the first day of the month you turn 65), or 3 months before your 25th month of disability benefits (coverage begins your 25th month of disability benefits).

If you're not getting retirement benefits from Social Security or the Railroad Retirement Board (RRB), you must sign up to get Medicare. We'll talk about the periods when you can enroll later.

NOTE: If you live in Puerto Rico and get benefits from Social Security or the RRB, you'll automatically get Part A the first day of the month you turn 65 or after you get disability benefits for 24 months. However, if you want Part B, you'll need to sign up for it. If you don't sign up for Part B when you're first eligible, you may have to pay a late enrollment penalty for as long as you have Part B. Contact your local Social Security office or the RRB for more information.

NOTE: "Welcome to Medicare," CMS Product No. 11095, is pictured on this slide. It's part of the Initial Enrollment Period package. Visit [Medicare.gov/Pubs/pdf/11095.pdf](https://www.Medicare.gov/Pubs/pdf/11095.pdf).

Enrolling in Medicare When It's Not Automatic

- If you're not automatically enrolled
 - You need to enroll with Social Security
 - Visit [socialsecurity.gov](https://www.socialsecurity.gov), or
 - Call 1-800-772-1213, or
 - Visit your local office
 - If retired from Railroad, enroll with the Railroad Retirement Board (RRB)
 - Call your local RRB office or 1-877-772-5772

- If you aren't getting Social Security or Railroad Retirement Board (RRB) benefits at least 4 months before you turn 65 (for instance, because you're still working), you'll need to sign up for Part A (even if you're eligible to get Part A free) and Part B. You should contact Social Security to apply for Medicare 3 months before you turn 65. If you worked for a railroad, contact the RRB to sign up. You don't have to be retired to get Medicare.
- For persons born in 1938 or later, their Social Security benefit may be affected by a provision that raises the age at which *full* Social Security benefits are payable.
- Social Security benefits will gradually increase from 65 to 67 over a 22-year period beginning in 2000 for those retiring at 62.
- You can calculate your age for collecting *full* Social Security retirement benefits at [SSA.gov/retirement/ageincrease.htm](https://www.ssa.gov/retirement/ageincrease.htm).
- For those who retired or will retire at 62, you get partial benefits.
- The earliest a person can start receiving reduced Social Security retirement benefits remains 62.

For more information, visit [SSA.gov/pressoffice/IncRetAge.html](https://www.ssa.gov/pressoffice/IncRetAge.html).

NOTE: Although the age to receive full Social Security benefits is increasing, Medicare benefit eligibility still begins at 65.

When to Enroll in Medicare

- Your Initial Enrollment Period (IEP) lasts 7 months
 - Begins 3 months before your 65th birthday
 - Includes the month you turn 65*
 - Ends 3 months after you turn 65*
 - *Your start date will be delayed if you enroll during these last 4 months
- May have a lifetime penalty if you don't enroll during IEP

Your first and most important chance to enroll in Medicare, especially Part B, is during your Initial Enrollment Period (IEP). Your IEP lasts 7 months. It begins 3 months before you turn 65 and ends 3 months after you turn 65.

NOTE: If your birthday is on the 1st of the month, your IEP is 1 month earlier. This means that your IEP begins 4 months before you turn 65 and ends 2 months after you turn 65.

First, we'll talk about enrolling in Part A:

- If you're eligible for **free** Part A, you can enroll in Part A once your IEP begins (3 months before you turn 65) and any month afterward. You usually don't pay a monthly premium for Medicare Part A coverage if you or your spouse paid Medicare taxes while working. This is sometimes called "premium-free Part A."
- If you're not eligible for free Part A because you or your spouse didn't pay Medicare taxes, you have to pay a premium for Part A, you can only enroll in Part A during your IEP or during the limited Part B enrollment periods.

More About Enrolling During Your Initial Enrollment Period (IEP)

- You can first enroll in Part B (and premium Part A) during your IEP
- Can enroll in free Part A anytime after IEP begins
- Can only enroll in Part B (and premium Part A) during IEP and other limited times
- Your coverage starts based on when you enroll

The first time you can enroll in Medicare is at the beginning of your IEP. Again, your IEP begins 3 months before you turn 65 and ends 3 months after you turn 65.

During your IEP, you can enroll in Part A and Part B. We'll talk about Part B and premium Part A first. Only people who don't qualify for free Part A must pay a premium for Part A coverage. You must pay a monthly premium for both Part B and premium Part A coverage.

Your Part B (or premium Part A) coverage will start based on when you enroll in it. If you enroll during the first 3 months of your IEP (the 3 months before the month you turn 65), your Part B coverage will begin the first of the month you turn 65.

If you enroll the month you turn 65, your coverage will begin the first of the next month.

If you enroll in the last 3 months of your IEP (the 3 months after you turn 65), your coverage will begin 2 to 3 months after you turn 65. These delays are required by law. If you don't enroll in Part B (or premium Part A) during your IEP, you may have to pay a lifetime penalty.

If you're eligible for free Part A, you can enroll in only Part A at any time after your IEP starts. If you enroll in free Part A during any month of your IEP or 2 months after your IEP ends, your Part A coverage will begin the first of the month you turn 65.

If you enroll in free Part A later, your Part A coverage will start 6 months back from the date Social Security determines you're eligible. This is also required by law. You can't pick your free Part A start date. The date free Part A begins is important to people who contribute to a Health Savings Account (HSA) because they can't deposit money in their HSA for 6 months before their Part A start date.

Enrolling During the General Enrollment Period (GEP)

- GEP
 - For people who didn't sign up for Part B (or premium Part A) during Initial Enrollment Period
- Occurs January 1 through March 31 annually
- Coverage starts July 1
- May have to pay a lifetime penalty
 - 10% for each 12 months eligible but not enrolled

If you didn't sign up for Part B (or premium Part A) during your Initial Enrollment Period (IEP), you can enroll during the General Enrollment Period (GEP). For most people who don't enroll during their IEP, this is their only chance to enroll in Part B.

The GEP occurs each year. It begins January 1 and ends March 31. If you enroll in the GEP, your coverage will start on July 1. This is required by law. In addition, if more than 12 months passed since you turned 65, you'll likely have to pay a lifetime penalty that is added to your monthly Part B premium. This means that your monthly premium will be higher than if you signed up during your IEP. The longer you go without the coverage, the higher the penalty.

Enrolling During the Limited Special Enrollment Period (SEP)

- Most people don't qualify for a SEP
- Must have group health plan coverage based on active, current employment of you or your spouse
- No Medicare SEP due to loss of Marketplace coverage

Note: Retiree and COBRA coverage not considered active employment.

There are very few Special Enrollment Periods (SEPs) for Part B and premium Part A enrollment allowed by law. Most people don't qualify for an SEP. However, if you're still working, you may be eligible. An SEP allows you to enroll after your Initial Enrollment Period (IEP) and not wait for the General Enrollment Period (GEP). And, you won't have to pay a penalty. If you didn't sign up for Part B (or premium Part A) during your IEP, you may be able to enroll during the SEP. This SEP is limited.

To be eligible, you must have group health plan coverage based on active, current employment. If you're 65 or older, you must get this employer-sponsored coverage based on your or your spouse's current employment. If you have Medicare based on disability, you can also have employer-sponsored coverage based on a member's current employment.

It's important to note that COBRA, retiree coverage, long-term worker's compensation, or VA coverage isn't considered active, current employment.

To qualify for the SEP, you must have this group health plan coverage for all the months you were eligible to enroll in Part B, but didn't. For most people, this means you had group health plan coverage since you turned 65.

You can enroll using the SEP at any time while you have group health plan coverage based on active, current employment. If you lose either the group health plan coverage **or** the current employment, you have 8 months to enroll. If you don't enroll within the 8 months, you'll have to wait until the next GEP to enroll, you'll have a gap in your coverage, and you may have to pay a penalty.

Marketplace consumers can choose to delay Medicare and stay enrolled with the Marketplace, but terminating Marketplace coverage doesn't provide an SEP to enroll in Medicare. As we'll discuss further, there are important considerations to keep in mind including designated Medicare enrollment periods and possible late enrollment penalties. We'll talk more about making the decision to delay Part B enrollment later.

Enrollment Decisions

Decision: Do I Need to Sign up for Part A?

- Consider
 - It's free for most people
 - You can pay for it if your work history isn't sufficient
 - There may be a penalty if you delay
 - If you/your spouse is actively working and covered by employer plan
- Stop contributions to Health Savings Account 6 months prior to enrollment
- Private insurance doesn't have to pay primary if you aren't enrolled

If you're receiving Social Security or Railroad Retirement Benefits at least 4 months before you turn 65, you'll be automatically enrolled in free Part A.

If you don't get Part A automatically, you should consider signing up for Part A when you're first eligible (during your IEP). Most people don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working.

If you aren't eligible for free Part A, and you don't buy it when you're first eligible, your monthly premium may go up 10% for every 12 months you didn't have the coverage. You'll have to pay the higher premium for twice the number of years you could have had Part A, but didn't sign up. The 10% premium surcharge will apply only after 12 months have elapsed from the last day of the IEP to the last date of the enrollment period you used to enroll. In other words, if it's less than 12 months, the penalty won't apply. This penalty won't apply to you if you're eligible for a Special Enrollment Period (SEP). Remember, you're only eligible for an SEP if you or your spouse (or family member if you're disabled) is actively working, and covered by a group health plan through the employer or union based on that work, or during the 8-month period that begins the month after the employment ends or the group health plan coverage ends, whichever happens first.

If you're still working or have coverage through a spouse, talk to your employer benefits coordinator to learn how enrolling in Medicare (or delaying enrollment) will affect your employer coverage. You can no longer contribute to an HSA if you have Medicare. Talk to your company's benefits administrator about when you should stop contributing to an HSA if you plan to sign up for Medicare. You may have to stop contributing to your HSA up to 6 months before your Medicare starts. You can withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses (like deductibles, premiums, copayments). If you contribute to your HSA after you have Medicare, you could be subject to a tax penalty by the IRS. See IRS Publication 969 for more information, and visit [IRS.gov/pub/irs-pdf/p969.pdf](https://www.irs.gov/pub/irs-pdf/p969.pdf).

NOTE: If you have a Marketplace plan and you sign up for Medicare, you'll lose any tax credit and/or reduced copayments and coinsurances you may be getting.

When You Must Have Part B

- You must have Part B if
 - You want to buy a Medigap policy
 - You want to join a Medicare Advantage Plan
 - You're eligible for TRICARE for Life (TFL) or CHAMPVA
 - Your employer coverage requires you have it (less than 20 employees)

You must have Part B if

- You want to buy a Medigap (Medicare Supplement Insurance) policy
- You want to join a Medicare Advantage Plan
- You're eligible for TRICARE for Life (TFL)* or Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
- Your employer coverage requires you or your spouse/family member to have it—less than 20 employees (talk to your employer's or union benefits administrator).

Veterans benefits are separate from Medicare. With Veterans benefits, you may choose to not enroll in Part B, but you pay a penalty if you don't sign up for Part B during your Initial Enrollment Period (visit VA.gov). If you have VA coverage, you won't be eligible to enroll in Part B using the Special Enrollment Period (SEP).

*TFL provides expanded medical coverage to Medicare-eligible uniformed services retirees 65 or older, to their eligible family members and survivors, and to certain former spouses. You **must** have Medicare Part A **and** Part B to get TFL benefits. However, if you're an active-duty service member, or the spouse or dependent child of an active-duty service member, you don't have to enroll in Part B to keep your TRICARE coverage. When the active-duty service member retires, you must enroll in Part B to keep your TFL coverage. You can get Part B during a Special Enrollment Period if you have Medicare because you're 65 or older, or you're disabled. For more information, visit Tricare.mil/mybenefit.

- You must have Part A and Part B to keep your CHAMPVA coverage.

NOTE: See also Medicare.gov/Pubs/pdf/02179.pdf for more information on "Who Pays First."

Part B and Active Employment

- If you don't have coverage from active employment
 - Delaying Part B may mean
 - Higher premiums
 - Paying for your health care out of pocket
 - Waiting until next General Enrollment Period to enroll (January 1 – March 31)
 - With coverage not starting until July 1
- If you do have coverage through active employment
 - You may want to delay Part B
 - No penalty if you enroll while you have coverage or within 8 months of losing coverage

- If you don't take Part B when you're first eligible, you'll have to pay a premium penalty of 10% for each full 12-month period you could have had Part B but didn't sign up for it, except in special situations. In most cases, you'll have to pay this penalty for as long as you have Part B.

If you don't take Part B when you're first eligible, you may have to wait to sign up during the annual General Enrollment Period (GEP), which runs from January 1 through March 31 of each year. Your coverage will be effective July 1 of that year.

Having coverage through an employer (including federal or state employment, but not military service) or union while you or your spouse (or family member if you're disabled) is still working can affect your Part B enrollment rights. If you or your spouse are covered through active employment, you have a Special Enrollment Period (SEP). This means you can join Part B anytime that you or your spouse (or family member if you're disabled) is working, and covered by a group health plan through the employer or union based on that work, or during the 8-month period that begins the month after the employment ends or the group health plan coverage ends, whichever happens first. Usually, you don't pay a late enrollment penalty if you sign up during an SEP. This SEP doesn't apply to people with End-Stage Renal Disease (ESRD).

You should contact your employer or union benefits administrator to find out how your insurance works with Medicare and if it would be to your advantage to delay Part B enrollment.

Medicare and the Marketplace - Considerations

The Marketplace and People with Medicare

- Considerations for Marketplace enrollees
 - Minimum essential coverage (Part A)
 - Becoming eligible for Medicare
 - Terminating Marketplace coverage (timing)
 - Medicare and people with disabilities
 - Small Business Health Options Program (SHOP)
 - Help paying Medicare costs for people with limited incomes and resources

This section will focus on the individual Marketplace and what people who either have Medicare, or may soon be eligible for Medicare, need to know to make informed health care decisions. This information is provided to help ensure that this audience is aware of how their decisions could affect their coverage and possible penalties.

The Health Insurance Marketplace is designed to help you find and buy health insurance that fits your budget. But it generally isn't a place for someone with Medicare to look for health care coverage.

We will explain when people with Medicare may have coverage in the Marketplace, and when they can't. And we will talk about what someone might need to know about the Marketplace, as it relates to getting Medicare Prescription drug coverage (Part D).

There is a Marketplace for small employers too. It's called the Small Business Health Options Program, or SHOP. We will briefly talk about SHOP later. Some people who are eligible for Medicare could have employer coverage through the SHOP.

Lastly, we will cover information about help paying Medicare costs for people with limited incomes and resources.

Medicare and the Marketplace

- Medicare Part A is considered minimum essential coverage (MEC)
- The Marketplace doesn't offer
 - Medicare Supplement Insurance (Medigap) policies
 - Medicare Prescription Drug Plans (Part D)
- If you have Medicare you don't need to do anything related to the Marketplace
- Medicare isn't part of the Marketplace

Medicare isn't a part of the Health Insurance Marketplace. If you have Medicare Part A you have minimum essential coverage (MEC), which means you won't be subject to the individual shared responsibility payment (sometimes called a penalty or fee) for not having MEC. If you only have Medicare Part B, you don't have MEC.

The Marketplace doesn't change your Medicare plan choices or your benefits. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan (like an HMO or PPO), you won't have to make any changes. The Marketplace doesn't offer Medicare Supplement Insurance (Medigap) policies or Medicare Part D plans.

If You Have Medicare

- No one can sell you a Marketplace plan
 - Even if you only have Medicare Part A or Part B
 - Except an employer through the Small Business Health Options Program (SHOP) if you're an active worker or dependent of an active worker
 - The size of the employer helps determine who pays first
 - No late enrollment penalty if you enroll anytime you have SHOP coverage, or within 8 months of losing that coverage

It's against the law for someone who knows that you have Medicare to sell you a Marketplace plan. This is true even if you have only Part A or only Part B. The exception is a Marketplace plan through your employer (sold through the Small Business Health Options Program (called SHOP) if you're an active worker or a dependent of an active worker. SHOP coverage may pay first, before Medicare. If you delay enrollment because you have employer coverage through SHOP, you won't have a late enrollment penalty if you enroll anytime you have SHOP Marketplace coverage, or within 8 months of losing that coverage (if employer has 20 or more employees). This doesn't include COBRA coverage.

If You Have a Marketplace Plan First and Then Get Medicare Coverage

- You lose eligibility for any premium tax credits and/or reduced cost sharing for your Marketplace plan
- If you choose to drop your Marketplace plan, pay special attention to the timing
 - If ending coverage for everyone on the application, the termination can take effect as soon as 14 days from the day you cancel
 - If ending coverage for some people on the application, in most cases coverage ends right away

When you become eligible for Medicare, any premium tax credits or cost-sharing reductions you qualified for in the Marketplace stop.

- If you choose to drop your Marketplace plan, take action as soon as possible. If you're ending coverage for [everyone](#) on the application, your termination can take effect as soon as 14 days from the day you cancel. Your health insurance company will collect premiums for this final two-week period of coverage. You can set the Marketplace coverage end date to a day more than 14 days in the future, like if you know your new coverage will start on the first day of the following month, and that's more than two weeks away.
- If you're ending coverage for just [some people](#) on the application, in most cases their coverage will end immediately. In some cases, coverage won't end immediately, including when the household members who remain enrolled in coverage qualify for a [Special Enrollment Period](#).
- As we've already discussed, once you're eligible for Medicare, you'll have an Initial Enrollment Period to sign up. In most cases it's to your advantage to sign up when you're first eligible because once you're getting Medicare, you won't be able to get lower costs for a Marketplace plan based on your income like premium tax credits and reduced cost-sharing (except if you only have Part B).
- If you have limited income and resources, you may be eligible for help paying your Medicare Part B and Part D premiums and for some reduced cost sharing for Medicare Part D coinsurance/copayments. We'll talk about this later.

Choosing a Marketplace Plan Instead of Medicare

- If you have an individual Marketplace plan
 - And you must pay a premium for Part A, you would need to drop Part A and Part B to be eligible to get a Marketplace plan
 - However, if you're also receiving Social Security benefits, you would have to drop your Social Security if you drop Medicare
- If you delay enrolling in Medicare after your Initial Enrollment Period (IEP) ends, a late enrollment penalty may apply
 - You would **only** be able to enroll during the Medicare GEP, January 1 to March 31, with coverage starting July 1

Again, it's against the law for someone who knows you have Medicare to sell you a Marketplace plan. However, there are a few situations when you can choose Marketplace coverage instead of Medicare:

- You'd have to pay a premium for Medicare Part A
- If you're paying a premium for Part A, you can drop your Part A and Part B coverage and get a Marketplace plan instead
- You have a medical condition that qualifies you for Medicare, like End-Stage Renal Disease (ESRD), but haven't applied for Medicare coverage
- You're not collecting Social Security, Railroad retirement, or disability benefits before you're eligible for Medicare

As we've discussed, before choosing a Marketplace plan over Medicare, there are 2 important points to consider:

1. If you enroll in Medicare after your Initial Enrollment Period (IEP) ends, you may have to pay a late enrollment penalty (LEP) for as long as you have Medicare.
2. Generally you can only enroll in Medicare during the Medicare General Enrollment Period (from January 1 to March 31). Your coverage won't begin until July 1 of that year.

If you don't have or dropped Medicare Part A because you have to pay a premium and enroll in a Marketplace plan, you'd be eligible for the tax credit and cost-sharing reductions, assuming that you meet the eligibility requirements.

Terminating Medicare for Marketplace Plan

- If you're enrolled in premium Part A (meaning you pay monthly for Part A) and Part B, or Part B only
 - You can disenroll from Medicare and choose a Marketplace plan
 - You can qualify for advanced payments of the premium tax credit (APTC) or cost sharing reductions (CSRs) if you meet eligibility requirements
- Enrolled in Medicare premium free Part A
 - Must withdraw the application for Social Security benefits
 - Pay back all Social Security and Medicare benefits received
 - Lose APTC and CSR

If you're enrolled in Medicare, you could opt to terminate it and enroll in a Marketplace plan; however, your eligibility for a premium tax credit could be affected.

For instance, if you're enrolled in premium Part A and Part B, or Part B only, you can disenroll from Medicare and enroll in a Marketplace plan. In this case you could qualify for an advanced payments of the premium tax credit (APTC) or cost sharing reductions (CSRs) if you meet the eligibility requirements. However, if you're enrolled in Medicare premium free Part A, you must withdraw your application for Social Security benefits and pay back all Social Security and Medicare benefits received before you could terminate Medicare. In such cases, you will lose your eligibility for APTC and CSR.

Terminating Marketplace for Medicare

- If you're enrolled in a Marketplace plan first and become eligible for Medicare
 - You can choose to remain enrolled in your Marketplace plan, but there are important considerations:
 - No longer qualify for APTC or CSR once your Medicare Part A begins
 - Medicare doesn't coordinate benefits with the Marketplace
- If you choose to terminate your Marketplace plan, pay close attention to disenrollment timeframes

If you're enrolled in a Marketplace plan, and become eligible for Medicare, you can choose to remain enrolled in the Marketplace. However, there are important considerations:

- Once your Medicare Part A starts, you're no longer eligible for APTC or CSR. If you plan to keep both your Marketplace plan and Medicare, you should update your Marketplace application to reflect Medicare coverage so that your Marketplace eligibility can be redetermined.
- Medicare doesn't coordinate benefits with the Marketplace, and your Marketplace plan won't pay like a Medicare supplement. Depending on your Marketplace plan benefits, they may pay for some services after Medicare pays.

If you do decide to terminate your Marketplace plan when you enroll in Medicare, it's important to time that termination appropriately. If you choose to drop your Marketplace plan, take action as soon as possible. You can set the Marketplace coverage end date to a day more than 14 days in the future, like if you know your new coverage will start on the first day of the following month, and that's more than two weeks away.

The Marketplace Call Center (1-800-318-2596) can help you with that termination.

Medicare for People with Disabilities and the Marketplace

- You may qualify for Medicare based on a disability
 - You must be entitled to Social Security Disability Insurance (SSDI) benefits for 24 months
 - Starts on the 25th month, you're automatically enrolled in Medicare Part A and Part B
- If you are getting SSDI, you can get a Marketplace plan to cover you during your 24-month waiting period
 - You may qualify for Medicaid or a Marketplace plan with premium tax credits and reduced cost-sharing until your Medicare coverage starts

If you're entitled to Social Security Disability Insurance (SSDI), you may qualify for Medicare. However, there is a 24-month waiting period before Medicare coverage can start. The waiting period begins once you start receiving SSDI benefits, which don't start until you have been disabled for 5 months. During this waiting period, you can apply for coverage in the Marketplace. The Marketplace application process will determine if you'll qualify for Medicaid or for premium tax credits that lower your monthly Marketplace plan premium, and cost-sharing reductions that lower your out-of-pocket costs.

Your Medicare coverage is effective the 25th month of receiving SSDI. Your Medicare card will be mailed to you about 3 months before your 25th month of disability benefits. If you don't want Part B, follow the instructions that are included on the back of the card. However, once you're eligible for Medicare, you won't be able to get lower costs for a Marketplace plan based on your income.

Again, once your Part A coverage starts, you're no longer eligible for any premium tax credits or reduced cost-sharing you may have qualified for through the Marketplace. That's because Part A is considered minimum essential coverage, not Part B.

Medicare and Coverage through the Small Business Health Options Program (SHOP)

- Medicare Secondary Payer rules apply
- You may delay your Part B enrollment while covered by the Marketplace through your or your spouse's current employment
- You'll have a Special Enrollment Period (SEP) to sign up for Part B
 - Any time you're still covered by a group plan through your/your spouse's current employment
 - During 8-month period after current employment/coverage ends

You may get health coverage from an employer through the Small Business Health Options Program (SHOP) based on your or your spouse's current employment. Coverage from an employer through SHOP is treated the same as coverage from an employer group health plan. If you're getting health coverage from an employer through SHOP based on your or your spouse's current employment, Medicare Secondary Payer rules apply.

You can delay enrollment (in Medicare Part B) if you're getting health coverage from an employer through the SHOP Marketplace based on your or your spouse's current employment.

You have a Special Enrollment Period (SEP) to sign up for Part B without penalty

- Any time you're still covered by a group health plan based on your or your spouse's current employment
- During the 8-month period that begins the month after the current employment ends or the coverage ends, whichever happens first

If you don't sign up during this SEP

- You may have to pay a Part B late enrollment penalty for as long as you have Medicare
- You can only enroll during the General Enrollment Period which occurs each year from January–March, with coverage beginning July 1

The Marketplace & Medicare Prescription Drug Coverage

- Medicare prescription drug coverage (Part D)
 - Prescription drug coverage in Marketplace plans (including SHOP) isn't required to be creditable
 - Plan is required to let you know each year, in writing
 - You may have to pay a late enrollment penalty for Part D if you enroll after your Initial Enrollment Period and haven't had creditable drug coverage

While prescription drug coverage is an essential health benefit, prescription drug coverage in a Marketplace or Small Business Health Options Program (SHOP) plan isn't required to be at least as good as Medicare Part D coverage (creditable). However, all private insurers offering prescription drug coverage, including Marketplace and SHOP plans, are required to determine if their prescription drug coverage is creditable each year and let you know in writing. You may have to pay a late enrollment penalty for Part D if you enroll after your Initial Enrollment Period and haven't had creditable drug coverage since you were first eligible for Medicare.

The rules for Marketplace plans to provide information regarding creditable coverage are the same as all private insurers offering drug coverage to Medicare-eligible individuals. If you don't enroll in Part D during your Initial Enrollment Period, you may have to pay a late enrollment penalty for as long as you have Part D coverage.

To find out which prescriptions are covered through your new Marketplace plan

- Visit your insurer's website to review a list of prescriptions your plan covers.
- See your "Summary of Benefits and Coverage," which is also available at [HealthCare.gov/see-plans](https://www.healthcare.gov/see-plans).
- Call your insurer directly to find out what is covered, and have your plan information available. The number is on your insurance card, the insurer's website, and [HealthCare.gov](https://www.healthcare.gov).
- Review any coverage materials that your plan mailed to you.

Marketplace Dental Coverage

- Dental coverage for adults
 - Covered by some Marketplace plans
 - People with Medicare generally can't join a stand-alone Federally-facilitated Marketplace dental plan
 - If your state runs its own Marketplace, check with your state to see if it is permitted
 - Not covered by Original Medicare
 - May be covered by Medicare Advantage Plans

In most cases, you may not be able to purchase a stand-alone dental plan through the Marketplace. If the Marketplace in your state is run by the federal government, you won't be able to buy a stand-alone dental plan. If your state is running its own Marketplace, you may be able to purchase a stand-alone dental plan, if one is available. Check with your state.

Dental coverage is not an Original Medicare benefit. However, it may be covered by Medicare Advantage Plans.

Medicare Savings Programs

- Help from Medicaid paying Medicare costs
 - For people with limited income and resources
 - Often higher income and resources than full Medicaid
- Programs include
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low-income Medicare Beneficiary (SLMB)
 - Qualifying Individual (QI)
 - Qualified Disabled & Working Individuals (QDWI)

Some people who are transitioning from the Marketplace to Medicare coverage may be concerned because they received premium tax credits in the Marketplace to help with the premium cost and lose them when they qualify for Medicare. However, they may qualify for help paying some of their Medicare costs.

States have other programs that pay Medicare premiums and, in some cases, may also pay Medicare deductibles and coinsurance for people with limited income and resources. These programs frequently have higher income and resource guidelines than full Medicaid. These programs are collectively called Medicare Savings Programs and include the Qualified Medicare Beneficiary (QMB), Specified Low-income Medicare Beneficiary (SLMB), Qualifying Individual (QI), and Qualified Disabled & Working Individuals (QDWI) programs.

Eligibility for these programs is determined by income and resource levels. The income amounts are updated annually with the federal poverty level. Many states figure your income and resources differently. If you have income from working, you may qualify for benefits even if your income is higher than the limits above. Additionally, some states offer their own programs to help people with Medicare pay the out-of-pocket costs of health care, including State Pharmacy Assistance Programs (SPAPs).

Contact your State Health Insurance Assistance Program (SHIP) to find out which programs may be available to you. You can find the contact information for your local SHIP, see shiptacenter.org. Or contact your local Medicaid office.

NOTE: For annual updates, visit [Medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html](https://www.medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html). For more information, visit “Getting Help with your Medicare Costs” at [Medicare.gov/Pubs/pdf/10126.pdf](https://www.medicare.gov/Pubs/pdf/10126.pdf).

What Is Extra Help?

- Program to help people pay for Medicare prescription drug costs (Part D)
 - Also called the low-income subsidy
- People with the lowest income and resources
 - Pay no premiums or deductible, and small or no copayments
- If you have slightly higher income and resources
 - Pay reduced deductible and a little more out of pocket
- No coverage gap or late enrollment penalty if you qualify for Extra Help

The resource limits are available in the prior year's fall. If you have limited income and resources, you may get Extra Help paying for your Medicare prescription drug (Part D) costs. The Federal Poverty Level (FPL) guidelines are updated annually in late January (aspe.hhs.gov/poverty-guidelines) and determine the income level requirements for people applying for Extra Help.

If you have the lowest income and resources, you'll pay no premiums or deductible, and have small or no copayments. If you have slightly higher income and resources, you'll have a reduced deductible and pay a little more out-of-pocket.

If you qualify for Extra Help, you won't have a coverage gap or late enrollment penalty. You'll also have a continuous special enrollment period and can switch plans at any time, with the new plan effective the first day of the next month.

It's easy and free to apply for "Extra Help." You or a family member, trusted counselor, or caregiver can apply online at [SocialSecurity.gov/i1020](https://www.socialsecurity.gov/i1020), or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

NOTE: Residents of U.S. territories aren't eligible for Extra Help. Each of the territories helps its own residents with Medicare drug costs. This help is generally for residents who qualify for and are enrolled in Medicaid. This assistance isn't the same as Extra Help.

See Guide to Consumer Mailings (Social Security, CMS and plans at <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/Downloads/2015-2016-Mailings.pdf>

Qualifying for Extra Help

- You automatically qualify for Extra Help if you get
 - Full Medicaid coverage
 - Supplemental Security Income (SSI)
 - Help from Medicaid paying your Medicare premiums
- All others must apply
 - Online at socialsecurity.gov
 - Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778)
 - Ask for "Application for Help with Medicare Prescription Drug Plan Costs" (SSA-1020)
 - Contact your state Medicaid agency

You automatically qualify for Extra Help (and don't need to apply) if you have Medicare and get full Medicaid coverage, Supplemental Security Income (SSI) benefits, or help from Medicaid paying your Medicare Part B premiums (Medicare Savings Program). Medicare will provide "Extra Help" that may cover 85% to 100% of prescription costs, and may also pay a part or all of your Medicare Part D premiums.

If you don't meet one of the above conditions, you may still qualify for Extra Help, but you'll need to apply for it. If you think you qualify but aren't sure, you should still apply. You can apply for Extra Help at any time, and if you're denied, you can reapply if your circumstances change. Eligibility for Extra Help may be determined by either Social Security or your State Medical Assistance (Medicaid) Office.

You may qualify for extra help in 2016 if your yearly income is below \$17,505 for a single person (or \$23,595 for a married couple living together or even more if you have dependent children or grandchildren living with you), and if your resources are below \$13,640 for a single person (or \$27,250 if you're married). These amounts may change each year. You may qualify even if you have a higher income (like if you still work, live in Alaska or Hawaii, or have dependents living with you). You can apply for Extra Help by completing a paper application you can get by calling Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You may also apply online at ssa.gov/i1020. You may also apply through your state Medicaid agency, or by working with a local organization, such as your State Health Insurance Assistance Program (SHIP). When you complete an Application for Extra Help (Form SSA-1200), Social Security can start your application process for MSP automatically. Social Security will send information to your state to begin the MSP application process unless you opt out by selecting the "No" block. You can still file for MSP by contacting your state directly.

Steps to Take

- If you think you might qualify for any of these programs
 - Review the income and asset guidelines
 - Collect your personal documents
- To get more information call your
 - State Medical Assistance (Medicaid) Office
 - Local State Health Insurance Assistance Program (SHIP)
 - Local Area Agency on Aging
- Complete application with your State Medical Assistance (Medicaid) Office

Here are some steps you can take to find out if you qualify for help with your Medicare costs:

1. Review the income and resource (or asset) guidelines for your area.
2. If you think you may qualify, collect the personal documents the agency requires for the application process. You will need
 - Your Medicare card
 - Proof of identity
 - Proof of residence
 - Proof of any income, including pension checks, Social Security payments, etc.
 - Recent bank statements
 - Property deeds
 - Insurance policies
 - Financial statements for bonds or stocks
 - Proof of funeral or burial policies
3. You can get more information by contacting your State Medical Assistance (Medicaid) Office, your local State Health Insurance Assistance Program, or your local Area Agency on Aging.
4. Complete an application with your State Medical Assistance (Medicaid) Office.

Check Your Knowledge—Scenario 1

Jim has Medicare Part A only. He didn't enroll in Part B during his Initial Enrollment Period (IEP). He signed up for Part B in January 2016, during the General Enrollment Period, and his coverage began on July 1.

Could he have enrolled in a Marketplace plan while he waited for his Part B to take effect?



Jim has Medicare Part A only. He didn't enroll in Part B during his Initial Enrollment Period (IEP). He signed up for Part B in January 2016, during the General Enrollment Period, and his coverage began on July 1.

Could he have enrolled in a Marketplace plan while he waited for his Part B to take effect?
See next slide.

Scenario 1—Discussion

No. Medicare Part A is considered minimum essential coverage. Jim couldn't get a Marketplace plan since he already had minimum essential coverage.

Remember, it's illegal for anyone to sell you a Marketplace plan if you have Medicare.



No. Medicare Part A is considered minimum essential coverage. Remember, it's illegal for anyone to sell you a Marketplace plan if you have Medicare.

Check Your Knowledge—Scenario 2

Barbara works part-time and isn't getting Social Security retirement benefits yet. Her employer doesn't offer health coverage, so she enrolled in a Marketplace plan. Her Medicare Initial Enrollment Period ends next month, but she decided to keep her Marketplace plan and wait to sign up for Medicare.

- Will Barbara have a late enrollment penalty when she signs up for Medicare Part B?
- What about Part D?
- What else should you tell her?



Barbara works part-time and isn't getting Social Security retirement benefits yet. Her employer doesn't offer health coverage, so she enrolled in a Marketplace plan. Her Medicare Initial Enrollment Period ends next month, but she decided to keep her Marketplace plan and wait to sign up for Medicare.

Will Barbara have a late enrollment penalty when she signs up for Medicare Part B? What about Part D? What else should you tell her? See next slide.

Scenario 2—Discussion

Barbara can choose Marketplace coverage if she's eligible for Medicare but hasn't enrolled in it (because she'd have to pay a premium, or because she's not collecting Social Security benefits).

Before making this choice, there are 2 important points for Barbara to consider:

1. Generally she can enroll in Medicare **only** during the Medicare General Enrollment Period (from January 1 to March 31). Her coverage won't begin until July 1 of that year
2. If she enrolls in Medicare after her Initial Enrollment Period ends, she may have to pay a late enrollment penalty for as long as she has Medicare.



Barbara can choose Marketplace coverage if she's eligible for Medicare but hasn't enrolled in it (because she'd have to pay a premium, or because she's not collecting Social Security benefits).

Before making this choice, there are 2 important points for Barbara to consider:

1. If she enrolls in Medicare after her Initial Enrollment Period ends, she may have to pay a late enrollment penalty for as long as she has Medicare.
2. Generally she can enroll in Medicare **only** during the Medicare General Enrollment Period (from January 1 to March 31). Her coverage won't begin until July of that year.

See next slide.

Scenario 2—Discussion Continued

Barbara should consider enrolling in Medicare to be sure she doesn't get a late enrollment penalty for Part B and/or Part D. She can also choose to keep Marketplace coverage and also enroll in Medicare. In either case, Barbara won't be eligible for tax credits and there's no coordination of benefits. It's her choice.



If her Marketplace plan's prescription drug coverage isn't creditable, she may also have to pay a late enrollment penalty (LEP) for Medicare Part D coverage if she waits to enroll after her initial enrollment period (IEP) for as long as she has Part D coverage.

Barbara should consider enrolling in Medicare to be sure she doesn't get an LEP for Part B and/or Part D. She can also choose to keep Marketplace coverage and also enroll in Medicare. In either case, Barbara won't be eligible for tax credits for Marketplace coverage and there's no coordination of benefits, but it's her choice.

Helpful Resources

Ways to Connect with the Marketplace

1. Sign up for updates at HealthCare.gov/subscribe/ or CuidadoDeSalud.gov/es/subscribe/
2. Twitter.com/HealthCareGov – Follow @HealthCareGov
3. Facebook.com/Healthcare.gov
4. Youtube.com/HealthCareGov
5. The Health Insurance Blog: HealthCare.gov/blog/
6. If you're an agent, broker, Navigator, in-person assister, or Certified Application Counselor in a Federally-facilitated or State Partnership Marketplace, you can take required training at Marketplace.medicare.learningnetworklms.com

Don't miss key dates and information about the Health Insurance Marketplace. Here's how to stay connected:

1. Sign up for email or text updates HealthCare.gov/subscribe/ or CuidadoDeSalud.gov/es/subscribe/. Get updates in your inbox or on your mobile phone.
2. Twitter: Twitter.com/HealthCareGov. Follow @HealthCareGov.
3. Facebook: Facebook.com/Healthcare.gov. Join the conversation. Like, share, and respond to our latest posts.
4. YouTube: Youtube.com/HealthCareGov. Watch and share videos about the Marketplace.
5. The Health Insurance Blog on HealthCare.gov/blog/. Find tips for consumers and small businesses, top things to know about the Marketplace, frequently asked questions, and more. Make comments to continue the discussion.
6. If you're an agent, broker, Navigator, in-person assister, or Certified Application Counselor in a Federally-facilitated or State Partnership Marketplace, you can take required training at Marketplace.medicare.learningnetworklms.com.

Medicare Resources

- Your State Health Insurance Assistance Program (SHIP)
 - For free personal assistance, find the contact information for your local SHIP visit shiptacenter.org
- Medicare - Medicare.gov
- 1-800-MEDICARE (TTY users should call 1-877-486-2048)
- [Facebook.com/Medicare.gov](https://www.facebook.com/Medicare.gov)
- Medicare & the Marketplace FAQ: [CMS.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Overview1.html](https://www.cms.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Overview1.html)
- Medicare and the Health Insurance Marketplace Fact Sheet at [Medicare.gov/Pubs/pdf/11694.pdf](https://www.Medicare.gov/Pubs/pdf/11694.pdf)

There are a variety of resources available to help you learn more and answer any questions, including:

- Your State Health Insurance Assistance Program (SHIP)
 - For free personal assistance, find the contact information for your local SHIP visit shiptacenter.org
- Medicare website - Medicare.gov
- You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- [Facebook.com/Medicare.gov](https://www.facebook.com/Medicare.gov)
- Medicare & the Marketplace FAQ: [CMS.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Overview1.html](https://www.cms.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Overview1.html)
- Medicare and the Health Insurance Marketplace Fact Sheet at [Medicare.gov/Pubs/pdf/11694.pdf](https://www.Medicare.gov/Pubs/pdf/11694.pdf)

Resources Continued

- Health Insurance Marketplace website - [HealthCare.gov](https://www.healthcare.gov)
- Medicaid – [Medicaid.gov/](https://www.medicaid.gov/)
- Insure Kids Now website - [InsureKidsNow.gov](https://www.insurekidsnow.gov)
- Social Security - [socialsecurity.gov](https://www.socialsecurity.gov)
- CMS National Training Program - [CMS.gov/Outreach-and-Education/Training/ CMSNationalTrainingProgram/index.html](https://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html)

There are a variety of resources available to help you learn more and answer any questions, including:

- Health Insurance Marketplace website - [HealthCare.gov](https://www.healthcare.gov)
- Insure Kids Now website - [InsureKidsNow.gov](https://www.insurekidsnow.gov)
- Social Security – [socialsecurity.gov](https://www.socialsecurity.gov)
- CMS National Training Program - [CMS.gov/Outreach-and-Education/Training/ CMSNationalTrainingProgram/index.html](https://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html)

NOTE: A complete list is available at [Web Resources Job Aid](#).

CMS National Training Program

To view all available NTP training materials, or to
subscribe to our email list, visit

[CMS.gov/Outreach-and-Education/Training/
CMSNationalTrainingProgram/index.html](https://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html)

For questions about training products email
training@cms.hhs.gov

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