

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

Medicare enrollment periods

March 2017 Training

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Learning objectives

Volunteers will know or be able to:

- Define and describe three enrollment periods for Parts A and B.
- Identify three reliable resources to assist someone in enrolling in Medicare at the right time given their individual circumstances.
- Use the *Understanding Medicare C & D Enrollment Periods tip sheet*.
- Display confidence when assisting people with questions about:
 - Who can sign up for Part C or Part D;
 - When a person can sign up; and
 - How the timing, including signing up late can affect costs.
- Familiarize with the *CMS partner tip sheet: Understanding the Order of Medicare Part A and Part B Enrollment Periods*.
- Identify two considerations when someone might want to delay enrollment in Medicare.

Medicare enrollment periods

What is an enrollment period?

- A period of time during the year in which a consumer can:
 - Sign up for Medicare for the first time
 - Make changes to his or her Medicare coverage
- Enrollment periods vary depending on the situation.

Things to keep in mind:

- Consumers are usually restricted to make changes during specific enrollment periods.
- If consumers do not sign up when first eligible, they may:
 - Incur monetary penalties
 - Experience gaps in coverage
 - Be locked out of coverage

Three enrollment periods *Medicare and You* pages 23-24

Initial Enrollment Period (IEP)

- The timeframe when consumers sign up for Medicare when they're first eligible.

Part B Special Enrollment Period (SEP)

- The eight-month period that starts the month after coverage from current employer ends. **(NOTE: SEP for Parts C and D is 63 days)**
- Consumers can sign up for Medicare if they didn't sign up during their IEP.
- There's no penalty for delaying Medicare enrollment if someone provides supporting evidence of a group health plan through active work.

General Enrollment Period (GEP)

- The period in which consumers can enroll in Medicare Part B if they missed their IEP.
- It occurs January 1 – March 31 each year; coverage begins July 1.
- The penalty for delaying Part B enrollment; Part A and D if applicable.

Initial Enrollment Period (IEP) *Medicare and You* page 23

Consumers are automatically enrolled into Medicare if they:

- Are turning 65 and receive Social Security Retirement Benefits
- Have been receiving Social Security Disability Insurance (SSDI) for 24 months
- Get SSDI because they have ALS or End Stage Renal Disease (ESRD)

Consumers must actively sign up for Medicare if they:

- Are turning 65 years old and don't receive Social Security benefits
 - They will not receive anything in the mail prompting them to sign up.

Changing Medicare coverage

Annual Open Enrollment Period

- It occurs October 15 – December 7 each year. New coverage begins January 1.
- Consumers can make changes to their Medicare health and/or drug coverage.
- Consumers can switch from Original Medicare to Medicare Advantage and vice versa, change Medicare Advantage Plans, and sign up for Part D.

Medicare Advantage Disenrollment Period (MADP)

- It occurs January 1 – February 14 each year. New coverage begins the first of the month following enrollment.
- Consumers can only switch from Medicare Advantage plan to Original Medicare and a Part D plan.

Special Enrollment Period (SEP)

- Consumers can switch Medicare Advantage plans and/or drug coverage outside of standard enrollment periods (reference *Understanding Medicare Part C&D Enrollment Periods* – **CMS pub#11219**).

Late enrollment penalties

This is the amount consumers have to pay, in addition to premiums, if they delay enrollment.

- Part B penalty ***Medicare and You* page 29**
 - Part B: Medical insurance
 - Sign up for Part B during GEP
 - Penalty: 10% of Part B premium for each 12-month period consumer delayed Part B enrollment and was not covered by active employer insurance
- Part D penalty ***Medicare and You* page 90-92**
 - Part D: Medicare prescription drug benefit
 - Sign up for Part D during Fall OEP
 - Penalty: 1% of National Base Beneficiary Part D premium for each month consumer delayed Part D enrollment and wasn't covered by creditable drug coverage (around 38 cents per month for each month not in a creditable drug plan)
 - Penalty can be waived if the consumer is eligible for Extra Help

Where can clients get more information about enrolling in Medicare?

- Read *Medicare & You* booklet
- Visit www.medicare.gov and click on "Getting started with Medicare"
- Visit www.ssa.gov/medicare
- Call Social Security at 1-800-772-1213

Scenarios

1. Jesse turns 65 on January 13th. He has selected a Medicare Advantage plan that he wants to enroll in. What months constitute his Initial Enrollment Period?

2. Greg turned 65 in November 2016. He has Employer Group Health Plan (EGHP) coverage through his current employment and decides to retire starting January 1, 2017. He plans to enroll in Part B using his SEP in December, so that his coverage will be effective January 1, 2017. Can Greg do this?

3. Mr. Smith turned 65 in November 2016. He has EGHP coverage through his current employment and wants to work through May 2017 for a June 1, 2017 effective date of Medicare Parts A and B. Will this work for Mr. Smith?

4. Bob turned 69 in November 2016. He had EGHP coverage until he was 67. When Bob retired he lost EGHP coverage and filed for Social Security and signed up for Part A. Bob declined Part B because he used the Veterans Administration. Now at age 70, he wants to add Part B. What can you tell Bob?

5. Mary will turn 65 in March 2017. She has retiree coverage that requires her to enroll in Medicare Parts A and B. When should Mary apply? What else might she consider?

6. Bonnie is 79. She says she has not worked or has had any health insurance coverage since she was 65. Bonnie is widowed, receiving \$1,200 per month from Social Security, so you know she does have Medicare Part A. She is having trouble making ends meet. She is now having multiple medical problems and wants to know how soon she can start Medicare. What enrollment period is she in? What options does she have? Will she have a penalty?

Scenarios (use Understanding Medicare Parts C&D and HSA)

1. Betty and Jim are married and both age 65. They've been living in Costa Rica for two years. They have Medicare Part A, but they dropped Part B when they moved since they can't use it outside the U.S. They have decided to move back to the U.S. to help take care of their new twin grandchildren. Which parts of Medicare can they enroll in and when can they do this?

2. Jonas has Medicare Parts A and B, and he just lost his employer-based insurance when he quit his job. Does he have to wait until Open Enrollment to sign up for Medicare Part C or Part D? How long does he have to make any changes?

3. Beatrice was on Medicaid and Medicare, but she won a million dollars in the lottery, and she got a letter she was no longer eligible for Medicaid. What can she do and how much time does she have to do it?

4. Susan is 70, lives in Southern California and has a Part D plan called Anthem Blue Cross Medicare RX Standard. She is moving to your county. What can she do about her drug coverage? When can she sign up?

5. Howard has been on Medicare due to disability for six years and is turning 65 next month. What kind of coverage options does he have? How long does he have to do this?

6. Juanita only has Medicare Part A and just signed up for Medicare Part B during the General Enrollment Period. Her Part B will start July 1 of this year. When can she sign up for Medicare Part C or Part D? When will it start?

7. George works for a large employer with more than 20 employees who offers a high-deductible health plan with a Health Savings Account (HSA), to which he and his employer both make contributions. George can use the money tax-free to pay for medical expenses. He is 64 and thinking about Medicare. George plans to keep working at his current job until he is 68. He has heard that there might be a problem with his HSA if he goes on Medicare. What can you tell George?

Matching (match the letter to the correct number)

- | | |
|---|---|
| 1. Initial Enrollment Period _____ | A. October 15 – December 7 |
| 2. General Enrollment Period _____ | B. January 1 – February 14 |
| 3. Medicare Advantage Disenrollment Period
_____ | C. Lasts 8 months from the date that your employer coverage ends |
| 4. Fall OEP _____ | D. 7-month period that includes 3 months before and 3 months after the month you turn 65 |
| 5. Special Enrollment Period for Part B _____ | E. Must have a qualifying life event. Length of period will vary depending upon the circumstances |
| 6. Special Enrollment Period for Medicare Advantage or Part D _____ | F. January 1 – March 31 |



Partner Tip Sheet: Understanding the Order of Medicare Part A and Part B Enrollment Periods

It's becoming more common for individuals to not collect Social Security benefits prior to turning 65, as they continue to work and have group health plan coverage through that employer. However, some individuals plan their retirement around the same time they are becoming eligible for Medicare. The purpose of this tip sheet is to provide information on the order for the Medicare Part A and Part B Initial Enrollment Period and the Special Enrollment Period for the Working Aged so that you can better inform and counsel those who are enrolling in Medicare.

In the case where an individual qualifies for more than one enrollment period, the order for Medicare enrollment periods is:

1. Initial Enrollment Period (IEP)
2. Special Enrollment Period (SEP)
3. General Enrollment Period (GEP)

Both the Special Enrollment Period and the General Enrollment Period are only available following the end of an individual's IEP. Section 1837(i)(1) of the Social Security Act outlines that an individual is eligible for the SEP for the Working Aged if he or she is covered under a group health plan based on their (or their spouse's) current employment AND they didn't enroll during their IEP. This means that the individual must be out of their IEP before they can use the SEP to enroll. If an individual tries to use the SEP and enroll during the last 3 months of his/her IEP, the enrollment will be processed as an IEP enrollment and the individual will have a delay in the start of the Part B coverage. The effective dates for IEP enrollments are outlined in law.

This chart explains the enrollment dates and coverage effective dates for the IEP and SEP for the aged. Note: Coverage always starts on the 1st of the month

Initial Enrollment Period									
3 months before	2 months before	1 month before	Month turn age 65	1 month after	2 months after	3 months after	4 months after	5 months after	6 months after
Enroll in any of these months →			Coverage starts						
			Enroll →	Coverage starts					
				Enroll →	Coverage starts				
					Enroll →	Coverage starts			
						Enroll →	Coverage starts		
							Enroll (SEP) →	Coverage can start*	
								Enroll (SEP) →	Coverage can start*

*The SEP can only be used once the individual's IEP is over.

The effective dates for a SEP enrollment vary based on when the enrollment request is made. If an individual enrolls in Part B while still enrolled in a group health plan or during the first full month when not enrolled in a group health plan based on their (or their spouse's) current employment status, coverage begins with either:

- the month the individual enrolls in Part B, or
- at the individual's option, with the first day of any of the following three months.

If the individual enrolls in Part B during any of the remaining 7 months of the SEP, coverage begins with the first day of the month after the month of enrollment.

In addition, an individual who enrolls in an SEP month that occurs in January, February, or March may elect to have the enrollment processed as either a GEP or as an SEP. If the individual elects to have the enrollment processed as a GEP, coverage will be effective July 1 of that year.

IEP/SEP Scenario: Mr. Smith turns 65 in November, 2012. He has GHP coverage through his current employment and decides to retire starting January 1, 2013. He plans to enroll in Part B using the SEP in December so that his coverage will be effective January 1. Can he do this?

Answer: No, Mr. Smith's IEP is from August 1, 2012 through February 28, 2013. Therefore, if Mr. Smith submits his enrollment in December, it must be processed using his IEP, because his IEP isn't over. Mr. Smith's enrollment for Part B in December will be effective February 1, 2013.

When counseling individuals, you can look at the Part B enrollment effective dates for the IEP and the SEP, assuming the individual is eligible for the SEP, to help them determine when to enroll in Medicare.

CAUTION: It's important to consider that SSA makes the final determination of eligibility for the SEP based on information provided by the employer regarding the end date of group health plan coverage and the end date of the employment. If the individual isn't eligible for the SEP and doesn't file during the IEP, the individual will have to wait until the GEP to enroll. The coverage won't start until July of that year and the individual may be subject to a Part B late enrollment penalty for as long as they have Part B coverage.

Remember, the SEP for the Working Aged is only available if the individual has or recently had group health plan coverage based on current employment of themselves or their spouse. The SEP is available while the individual has group health plan coverage based on current employment or the 8 months following the end of the group health plan coverage or the employment, whichever occurs first. COBRA and retirement coverage don't count as current employment. In addition, following the Defense of Marriage Act (DOMA), a spouse is defined as a marriage between a man and a woman, even if your State permits same-sex marriages. Individuals in same-sex marriages aren't considered spouses for the purposes of this SEP.

For more information about enrolling in Medicare, please see the following links:

www.medicare.gov

www.medicare.gov/sign-up-change-plans/index.html

www.medicare.gov/sign-up-change-plans/get-parts-a-and-b/when-and-how-to-get-parts-a-and-b.html



Understanding Medicare Part C & D Enrollment Periods

Revised October 2016

Enrollment in Medicare is limited to certain times. You can't always sign up when you want, so it's important to know when you can enroll in the different parts of Medicare. This tip sheet is designed to help you learn more about enrolling in Medicare Advantage Plans (Part C) and Medicare Prescription Drug Plans (Part D), including who can sign up, when you can sign up, and how the timing, including signing up late, can affect your costs.

Note: For information about signing up for Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), visit Medicare.gov/publications to view the booklet “Enrolling in Medicare Part A & Part B.”

When can I sign up?

There are specific times when you can sign up for a Medicare Advantage Plan (like an HMO or PPO) or Medicare prescription drug coverage, or make changes to coverage you already have:

- During your Initial Enrollment Period when you first become eligible for Medicare or when you turn 65. See page 3.
- During certain enrollment periods that happen each year. See page 5.
- Under certain circumstances that qualify you for a Special Enrollment Period (SEP), like:
 - You move.
 - You're eligible for Medicaid.
 - You qualify for Extra Help with Medicare prescription drug costs.
 - You're getting care in an institution, like a skilled nursing facility or long-term care hospital.
 - You want to switch to a plan with a 5-star overall quality rating. Quality ratings are available on Medicare.gov.

See the charts beginning on page 7 for a list of different SEPs, including rules about how to qualify.

Note about joining a Medicare Advantage Plan

You must have Medicare Part A and Part B to join a Medicare Advantage Plan. In most cases, if you have End-Stage Renal Disease (ESRD), you can't join a Medicare Advantage Plan.

Initial Enrollment Periods

If this describes you...	You can...	At this time...
<p>You're newly eligible for Medicare because you turn 65.</p>	<p>Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.</p>	<p>During the 7-month period that starts 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.</p> <p>If you sign up for a Medicare Advantage Plan during this time, you can drop that plan at any time during the next 12 months and go back to Original Medicare.</p>
<p>You're newly eligible for Medicare because you're disabled and under 65.</p>	<p>Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.</p>	<p>Starting 21 months after you get Social Security or Railroad Retirement Board (RRB) benefits. Your Medicare coverage begins 24 months after you get Social Security or RRB disability benefits. Your chance to sign up lasts through the 28th month after you get Social Security or RRB benefits.</p>
<p>You're already eligible for Medicare because of a disability, and you turn 65.</p>	<ul style="list-style-type: none"> ▪ Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan. ▪ Switch from your current Medicare Advantage or Medicare Prescription Drug Plan to another plan. ▪ Drop a Medicare Advantage or Medicare Prescription Drug Plan completely. 	<p>During the 7-month period that starts 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.</p>
<p>You HAVE Medicare Part A coverage, and you get Medicare Part B for the first time by enrolling during the Part B General Enrollment Period (January 1–March 31).</p>	<p>Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.</p>	<p>Between April 1–June 30.</p>



Part D late enrollment penalty

The late enrollment penalty is an amount that's added to your Part D premium. You may owe a late enrollment penalty if at any time after your Initial Enrollment Period is over, there's a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage. Creditable prescription drug coverage is coverage (for example, from an employer or union) that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. If you have a penalty, you may have to pay it each month for as long as you have Medicare drug coverage. For more information about the late enrollment penalty, visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Enrollment periods that happen each year

Each year, you can make changes to your Medicare Advantage or Medicare prescription drug coverage for the following year. There are 2 separate enrollment periods each year. See the chart below for specific dates.

During this enrollment period...	You can...
<p>October 15–December 7 Medicare Open Enrollment Period (Changes will take effect on January 1.)</p>	<ul style="list-style-type: none"> ▪ Change from Original Medicare to a Medicare Advantage Plan. ▪ Change from a Medicare Advantage Plan back to Original Medicare. ▪ Switch from one Medicare Advantage Plan to another Medicare Advantage Plan. ▪ Switch from a Medicare Advantage Plan that doesn't offer drug coverage to a Medicare Advantage Plan that offers drug coverage. ▪ Switch from a Medicare Advantage Plan that offers drug coverage to a Medicare Advantage Plan that doesn't offer drug coverage. ▪ Join a Medicare Prescription Drug Plan. ▪ Switch from one Medicare Prescription Drug Plan to another Medicare Prescription Drug Plan. ▪ Drop your Medicare prescription drug coverage completely.
<p>January 1–February 14 Medicare Advantage Disenrollment Period</p>	<ul style="list-style-type: none"> ▪ If you're in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare. Your Original Medicare coverage will begin the first day of the following month. ▪ If you switch to Original Medicare during this period, you'll have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. Your prescription drug coverage will begin the first day of the month after the plan gets your enrollment form. <p>Note: During this period, you can't:</p> <ul style="list-style-type: none"> ▪ Switch from Original Medicare to a Medicare Advantage Plan. ▪ Switch from one Medicare Advantage Plan to another. ▪ Switch from one Medicare Prescription Drug Plan to another. ▪ Join, switch, or drop a Medicare Medical Savings Account Plan.



Special Enrollment Periods

You can make changes to your Medicare Advantage and Medicare prescription drug coverage when certain events happen in your life, like if you move or you lose other insurance coverage. These chances to make changes are called Special Enrollment Periods (SEPs) and are in addition to the regular enrollment periods that happen each year. Rules about when you can make changes and the type of changes you can make are different for each SEP.

The SEPs listed on the next pages are examples. **This list doesn't include every situation.** For more information about SEPs, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Changes in where you live

If this describes you...	You can...	At this time...
<p>You move to a new address that isn't in your plan's service area.*</p>	<p>Switch to a new Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>If you tell your plan before you move, your chance to switch plans begins the month before the month you move and continues for 2 full months after you move.</p>
<p>You move to a new address that's still in your plan's service area, but you have new plan options in your new location.</p>	<p>* Note: If you're in a Medicare Advantage Plan and you move outside your plan's service area, you can also choose to return to Original Medicare. If you don't enroll in a new MA plan during this SEP, you'll be enrolled in Original Medicare when you're disenrolled from your old Medicare Advantage Plan.</p>	<p>If you tell your plan after you move, your chance to switch plans begins the month you tell your plan, plus 2 more full months.</p>
<p>You move back to the U.S. after living outside the country.</p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you move back to the U.S.</p>
<p>You just moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital).</p>	<ul style="list-style-type: none"> ▪ Join a Medicare Advantage or Medicare Prescription Drug Plan. ▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. ▪ Drop your Medicare Advantage Plan and return to Original Medicare. ▪ Drop your Medicare prescription drug coverage. 	<p>Your chance to join, switch, or drop coverage lasts as long as you live in the institution and for 2 full months after the month you move out of the institution.</p>
<p>You're released from jail.</p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you're released from jail.</p>



Changes that cause you to lose your current coverage

If this describes you...	You can...	At this time...
<p>You're no longer eligible for Medicaid.</p>	<ul style="list-style-type: none"> ▪ Join a Medicare Advantage or Medicare Prescription Drug Plan. ▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. ▪ Drop your Medicare Advantage Plan and return to Original Medicare. ▪ Drop your Medicare prescription drug coverage. 	<p>Your chance to change lasts for 2 full months after the month you find out you're no longer eligible for Medicaid.</p>
<p>You find out that you won't be eligible for Extra Help for the following year.</p>	<ul style="list-style-type: none"> ▪ Join a Medicare Advantage or Medicare Prescription Drug Plan. ▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. ▪ Drop your Medicare Advantage Plan and return to Original Medicare. ▪ Drop your Medicare prescription drug coverage. 	<p>Your chance to change is between January 1–March 31.</p>
<p>You leave coverage from your employer or union.</p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month your coverage ends.</p>
<p>You involuntarily lose other drug coverage that's as good as Medicare drug coverage (creditable coverage), or your other coverage changes and is no longer creditable.</p>	<p>Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you lose your creditable coverage or are notified of the loss of creditable coverage, whichever is later.</p>
<p>You have drug coverage through a Medicare Cost Plan and you leave the plan.</p>	<p>Join a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you drop your Medicare Cost Plan.</p>
<p>You drop your coverage in a Program of All-inclusive Care for the Elderly (PACE) plan.</p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you drop your PACE plan.</p>

You have a chance to get other coverage

If this describes you...	You can...	At this time...
You have a chance to enroll in other coverage offered by your employer or union.	Drop your current Medicare Advantage or Medicare Prescription Drug Plan to enroll in the private plan offered by your employer or union.	Whenever your employer or union allows you to make changes in your plan.
You have or are enrolling in other drug coverage as good as Medicare prescription drug coverage (like TRICARE or VA coverage).	Drop your current Medicare Advantage Plan with drug coverage or your Medicare Prescription Drug Plan.	Anytime.
You enroll in a Program of All-inclusive Care for the Elderly (PACE) plan.	Drop your current Medicare Advantage or Medicare Prescription Drug Plan.	Anytime.
You live in the service area of one or more Medicare Advantage or Medicare Prescription Drug Plans with an overall quality rating of 5 stars.	Join a Medicare Advantage, Medicare Cost, or Medicare Prescription Drug plan with an overall quality rating of 5 stars.	One time between December 8–November 30.

Changes in your plan’s contract with Medicare

If this describes you...	You can...	At this time...
Medicare takes an official action (called a “sanction”) because of a problem with the plan that affects you.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch is determined by Medicare on a case-by-case basis.
Your plan’s contract ends (terminates) during the contract year.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch starts 2 months before and ends 1 full month after the contract ends.
Your Medicare Advantage Plan, Medicare Prescription Drug Plan, or Medicare Cost Plan’s contract with Medicare isn’t renewed for the next contract year.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Between October 15 and the last day in February.

Changes due to other special situations

If this describes you...	You can...	At this time...
You're eligible for both Medicare and Medicaid.	Join, switch, or drop a Medicare Advantage Plan or Medicare prescription drug coverage.	Anytime.
You qualify for Extra Help paying for Medicare prescription drug coverage.	Join, switch, or drop Medicare prescription drug coverage.	Anytime.
You're enrolled in a State Pharmaceutical Assistance Program (SPAP).	Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.	Once during the calendar year.
You're enrolled in a State Pharmaceutical Assistance Program (SPAP) and you lose SPAP eligibility.	Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.	Your chance to switch starts either the month you lose eligibility or are notified of the loss, whichever is earlier. It ends 2 months after either the month of the loss of eligibility or notification of the loss, whichever is later.
You dropped a Medicare Supplemental Insurance (Medigap) policy the first time you joined a Medicare Advantage Plan.	Drop your Medicare Advantage Plan and enroll in Original Medicare. You'll have special rights to buy a Medigap policy.	Your chance to drop your Medicare Advantage Plan lasts for 12 months after you join the Medicare Advantage Plan for the first time.
You have a severe or disabling condition, and there's a Medicare Chronic Care Special Needs Plan (SNP) available that serves people with your condition.	Join a Medicare Chronic Care SNP that serves people with your condition.	You can join anytime, but once you join, your chance to make changes using this SEP ends.

If this describes you...	You can...	At this time...
<p>You joined a plan, or chose not to join a plan, due to an error by a federal employee.</p>	<ul style="list-style-type: none"> ▪ Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan. ▪ Switch from your current plan to another Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan. ▪ Drop your Medicare Advantage Plan with drug coverage and return to Original Medicare. ▪ Drop your Medicare prescription drug coverage. 	<p>Your chance to change coverage lasts for 2 full months after the month you get a notice of the error from Medicare.</p>
<p>You weren't properly told that your other private drug coverage wasn't as good as Medicare drug coverage (creditable coverage).</p>	<p>Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you get a notice of the error from Medicare.</p>
<p>You weren't properly told that you were losing private drug coverage that was as good as Medicare drug coverage (creditable coverage).</p>	<p>Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you get a notice of the error from Medicare.</p>
<p>You DON'T have Medicare Part A coverage, and you enroll in Medicare Part B during the Part B General Enrollment Period (January 1–March 31).</p>	<p>Sign up for a Medicare Prescription Drug Plan.</p>	<p>Between April 1–June 30.</p>



Get more information

For more detailed information about signing up, including instructions on how to join, visit Medicare.gov. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Extra Help is available!

If you have limited income and resources, you may be able to get Extra Help paying your prescription drug coverage costs. People who qualify may be able to get their prescriptions filled and pay little or nothing out of pocket. You can apply for Extra Help at any time. There's no cost to apply for Extra Help, so you should apply even if you're not sure if you qualify. To apply online, visit socialsecurity.gov/i1020. Or, call Social Security at 1-800-772-1213 to apply by phone or to get a paper application. TTY users should call 1-800-325-0778.

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit <https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html>, or call 1-800-MEDICARE for more information.



CMS Product No. 11219

Health Savings Accounts (HSAs) and Medicare

A health savings account (HSA) is an account that someone who has a high deductible health plan (HDHP) can contribute to on a tax-free basis. HSA funds are not taxed as long as they are used to pay for qualified medical expenses. Your current employer may oversee your HSA or you may have an individual HSA that is overseen by a bank, credit union or insurance company. If you have an HSA and you will soon be eligible for Medicare, it is important to plan ahead and understand how enrolling in Medicare will affect your HSA.

In order to qualify for an HSA, you must be a part of a high deductible health plan (HDHP). An HDHP is health insurance coverage that does not cover members until they meet their costly deductible. This means that HDHP members must pay in full for the first few thousand dollars of yearly health care services. After HDHP members meet this deductible, all costs are covered by their plan. HDHPs are either offered by employers or purchased by individuals.

If you enroll in Medicare Part A and/or B you can no longer contribute to your HSA. The month you enroll in Medicare (typically the month of your 65th birthday), the account overseer switches the contributing balance to your HSA to zero dollars per month. By law, people with Medicare are not allowed to put money into an HSA. This is because you generally cannot have any health coverage other than an HDHP if you are putting money into an HSA. However, you may withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses (deductibles, premiums, copays or coinsurances). If you use the account for qualified medical expenses, it will continue to be tax-free.

Whether you should delay enrollment in Medicare so you can continue contributing to your HSA depends on your circumstances. If you work for a small employer (fewer than 20 employees), you typically need to take Medicare when you first qualify even though you will lose the tax advantages of your HSA. Health care coverage from small employers pays secondary to Medicare. This means that if you fail to enroll in Medicare when you are first eligible, you may have little or no health coverage. Health care coverage from large (20 or more employees) current employers pays primary before Medicare so you may not need to have Medicare in order to pay your health expenses. This means that if you are currently working for a large employer and you wish to decline Medicare Part B, you can do so and enroll in Part B later when you lose your

current employer coverage. However, you cannot decline Medicare Part A. An exception to this is, if you're not accepting Social Security benefits. As long as you are not accepting Social Security benefits, you can choose to decline Part A also, which preserves your HSA tax benefit. As soon as you want to stop contributing to the HSA (and are if you are still currently working) you can enroll in Part A and get 6 months of retroactive coverage.

If you qualify for Medicare because you are 65 or older, an employer is small if it has fewer than 20 employees. If you qualify for Medicare because of a disability, an employer is small if it has fewer than 100 employees. Remember that if you delay enrollment in Medicare when you are first eligible, you must enroll when you lose your current employer coverage.

If you are collecting Social Security retirement benefits when you become eligible for Medicare, you will be automatically enrolled in Medicare Part A and Part B. If you are not collecting Social Security retirement benefits when you become eligible for Medicare, you must actively enroll yourself during your initial enrollment period. You can actively enroll by calling your local Social Security office. Whether you are enrolled in Part A and Part B automatically or you enroll yourself, you cannot continue to contribute to an HSA once you have Medicare.

Importantly, if you do not take Medicare when you first qualify, you must take special precautions if and when you do decide to collect Social Security benefits (either while working or when you retire). You need to be sure to stop all contributions to your HSA up to six months before you collect Social Security. This is because when you apply for Social Security, Medicare Part A will be retroactive for up to six months (as long as you were eligible for Medicare during those six months). If you do not stop contributing the six months before you apply for Social Security, you may have a tax penalty. The penalty is because you were not supposed to put money into your HSA while you had Medicare.

Training Course Evaluation

How can SHIBA improve the monthly trainings?

What additional trainings within our SHIBA scope would you like to see?

What SHIBA training materials (including QRCs) would you like to see added to My SHIBA?

Other: _____

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