**Making Medicare Enrollment Decisions When You Have Other Coverage**

**1. How do people enroll in Medicare when they turn 65?**
Most people become eligible for Medicare when they turn 65. Your Medicare enrollment steps will differ depending on whether you are collecting retirement benefits when you enter your Initial Enrollment Period (IEP). The IEP is a seven-month period in which you can enroll in Medicare for the first time. The IEP includes the three months before, the month of, and the three months following your 65th birthday. The date when your Medicare coverage begins depends on when you sign up.

- If you enroll during the first three months of your IEP, coverage begins the month in which you first become eligible for Medicare.
- If you enroll during the fourth month of your IEP, coverage begins the month following the month of enrollment.
- If you enroll during the fifth month of your IEP, coverage begins the second month following the month of enrollment.
- If you enroll during the sixth or seventh month of your IEP, coverage begins the third month following the month of enrollment.

If you are not receiving Social Security retirement benefits or Railroad Retirement benefits, you will need to actively enroll in Medicare through the Social Security Administration. It is usually best to enroll during the first three months of your IEP so that your Medicare coverage begins right away when you turn 65.

If you are receiving Social Security retirement benefits or Railroad Retirement benefits, you should be automatically enrolled in both Medicare Part A and Part B. If you are eligible for automatic enrollment, you should not have to contact anyone. You should receive a package in the mail three months before your coverage starts with your new Medicare card. There will also be a letter explaining how Medicare works and that you were automatically enrolled in both Parts A and B. If you get Social Security retirement benefits, your package and card will come from the Social Security Administration (SSA). If you get Railroad Retirement benefits, your package and card will come from the Railroad Retirement Board.

**2. How does Medicare enrollment work for those under 65 years old?**
If you become eligible for Medicare because of a disability and have been receiving Social Security Disability Insurance (SSDI) or railroad disability annuity checks for 24 months, you should automatically be enrolled in both Medicare Parts A and B at the start of your 25th month. You should not have to contact anyone. You should receive a package in the mail three months before your coverage starts with your new Medicare card. There will also be a letter explaining how Medicare works and that you were automatically enrolled in both Parts A and B. If you get Social Security retirement benefits, your package and card will come from the Social Security Administration (SSA). If you get railroad disability annuity checks, your package and card will come from the Railroad Retirement Board. The letter also explains that your monthly Part B premium will be automatically deducted from your Social Security check or railroad disability annuity check beginning the month your coverage begins. Typically, you should not turn down Part B (see question 3). If you were not automatically enrolled or have other enrollment questions, contact your local Social Security office or Railroad Retirement Board field office.

If you have been diagnosed with Amyotrophic Lateral Sclerosis (ALS), commonly known as Lou Gehrig's disease, you are eligible for automatic enrollment into Medicare the first month you receive Social Security Disability Insurance (SSDI) or a railroad disability annuity check. Once you are diagnosed with ALS, you should submit your completed application for SSDI to Social Security or your application for a railroad disability annuity to the Railroad Retirement Board. You will be subject to a five-month waiting period before

your disability benefits begin. Make sure to explicitly state that you have ALS on your disability benefits application. Once you are through your five-month waiting period, your Medicare coverage will begin the same month as your disability benefits. To apply for SSDI, contact your local Social Security office. To apply for a railroad disability annuity, call your local Railroad Retirement Board field office.

You can also qualify for Medicare if you are under 65 and diagnosed with End-Stage Renal Disease (ESRD) by a doctor (see question 11). Additionally, you must have enough work history to qualify for Social Security Disability Insurance (SSDI) or Social Security retirement benefits, or enough railroad work history to qualify for Railroad Retirement benefits or railroad disability annuity. You can also qualify through the work history of your spouse or parent. Contact the Social Security Administration (SSA) at 800-772-1213 to learn if you have enough work history to qualify for ESRD Medicare.

**3. Can I enroll later if I do not enroll when I first become eligible for Medicare?**
If you missed your Initial Enrollment Period (IEP) and need to enroll in Medicare, you likely will have to enroll during either a Special Enrollment Period (SEP) or the General Enrollment Period (GEP).

**Special Enrollment Period (SEP):** SEPs are periods of time outside of normal enrollment periods, triggered by specific circumstances. The Part B SEP lets you delay enrollment in Part B without penalty if you were covered by insurance based on your or your spouse's current work (job-based insurance) when you first become eligible for Medicare. You can enroll in Medicare without penalty while you have job-based insurance and for up to eight months after you lose your group health coverage or you (or your spouse) stop working, whichever comes first. You may also be entitled to the SEP through a family member's current work, but only if you are under 65, are Medicare-eligible due to disability, and your family member's job has at least 100 employees. Medicare coverage begins the first month after you enroll. For example, if you retire and sign up for Medicare in February, your coverage will begin March 1. To avoid a gap in coverage, enroll in Medicare the month before your job-based insurance will end.

**General Enrollment Period (GEP):** If you did not enroll in Medicare when you originally became eligible for it (either during your IEP or an SEP), you can sign up during the GEP. The GEP takes place January 1 through March 31 each year, with coverage starting July 1. Until that time, you will not be covered by Medicare. You may incur a Part B late enrollment penalty (see question 4) and face gaps in coverage if you sign up during the GEP.

**4. How are Medicare Part B late enrollment penalties (LEPs) calculated?**
For each 12-month period you delay enrollment in Medicare Part B, you will have to pay a 10% Part B premium penalty, unless you have insurance based on your or your spouse's current work (job-based insurance) or are eligible for a Medicare Savings Program (MSP). In most cases, you will have to pay that penalty every month for as long as you have Medicare. If you are enrolled in Medicare because of a disability and currently pay premium penalties, once you turn 65 you will no longer have to pay the premium penalty.

Let's say you turned 65 in 2014, and you delayed signing up for Part B until 2022 (and you did not have employer insurance, which allows you to delay enrollment). Your monthly premium would be 80% higher for as long as you have Medicare (8 years x 10%). Since the base Part B premium in 2022 is $170.10, your monthly premium with the penalty will be $306.18 ($170.10 x 0.8 + $170.10).

Note: Although your Part B premium amount is based on your income, your penalty is calculated based on the base Part B premium. The penalty is then added to your actual premium amount.

**5. Should I enroll in Medicare if I have job-based insurance?**
It depends. Job-based insurance is insurance offered by an employer or union for current employees and family members. Job-based insurance allows you to delay Medicare enrollment. However, you may want to enroll in Medicare depending on whether your job-based insurance pays primary or secondary. In most cases, you should only delay Part B if your job-based insurance is the primary payer (meaning it pays first for your medical bills) and Medicare is secondary. See the chart below to learn more about when Medicare is primary or secondary to other insurance. Even if your employer would be your primary insurance, you might consider enrolling in Medicare if you want a secondary insurance to help cover the cost of your care.

If you are eligible for Medicare and covered by your or your spouse's job-based insurance (or in some cases, a family member's job-based insurance) you have a Special Enrollment Period (SEP) to enroll in Part B up to eight months after you no longer have coverage from current work. This means that you are not required to take Part B when you first become eligible for Medicare (but for those eligible due to disability, note that you must have Part A to keep SSDI). However, remember that in most cases you should only delay Part B enrollment if your job-based insurance is the primary payer.

| Type of Insurance | Employer Conditions | Primary | Secondary |
|---|---|---|---|
| 65+ with job-based insurance | Fewer than 20 employees | Medicare | Employer |
| | 20+ employees | Employer | Medicare |
| Disabled job-based insurance | Fewer than 100 employees | Medicare | Employer |
| | 100+ employees | Employer | Medicare |

**6. Should I enroll in Medicare if I have retiree insurance?**
Yes. Retiree insurance is a form of health coverage an employer may provide to former employees. Retiree insurance almost always pays second to Medicare. This means you need to enroll in Medicare to be fully covered. Some retiree policies require you to sign up for Parts A and B once you become Medicare-eligible. You may be able to keep your retiree insurance as primary after you become Medicare-eligible if you have:

- End-Stage Renal Disease (ESRD, see question 11)
- A Federal Employees Health Benefits (FEHB) plan and you delay enrolling in Part B (see question 7), though you may face penalties and gaps in coverage if you choose to enroll in Medicare later (see question 4)

You may want to keep your retiree plan if it provides coverage for Medicare cost-sharing (deductibles, copayments, coinsurances) and you can afford its premium. If the plan offers prescription drug coverage that you like, find out if you can delay Part D enrollment (see question 12). Speak to your benefits administrator or your employer's human resources department to find out if you can choose to keep certain parts of your plan (e.g., just the drug benefit or just the health benefit) and what your costs will be. Some plans will not allow you to drop drug coverage without losing your health coverage, and vice versa. Also keep in mind that your spouse and dependents are not eligible to use your Medicare coverage and may need other insurance if you drop your retiree plan.

Rather than provide retiree insurance, some employers sponsor Medicare Advantage Plans or group Medigap policies for their Medicare-eligible retirees. These plans often combine your Medicare and retiree health benefits. Some employers require that you join their sponsored Medicare Advantage Plan to continue getting retiree health benefits after becoming Medicare-eligible. You can always choose not to take your employer's coverage and sign up for Original Medicare or a different Medicare Advantage Plan, but keep in mind that you may not be able to get that retiree coverage back if you want it later. For more information on how your retiree benefits coordinate with Medicare, contact your benefits administrator or your employer's human resources department.

**7. Should I enroll in Medicare if I have Federal Employee Health Benefits retiree coverage?**
It depends. Federal Employee Health Benefits (FEHB) plans continue paying primary for retirees who do not enroll in Medicare Part B. FEHB is only secondary if you enroll in Part B. Whether to enroll in Part B or use FEHB as primary coverage is a personal decision, based on your individual circumstances. You should look at the costs and benefits of each insurance plan and make the choice that's best for you. Questions to consider include:

- Which forms of insurance do your providers take?
- Which kind of services do you use regularly?
- Which coverage offers the flexibility you need?

If you decide to enroll in Part B, you should do so within eight months after you no longer have FEHB coverage from current employment (having FEHB retiree coverage does not make one eligible for the Part B SEP, see question 3). Review your FEHB plan brochure for more details. Note that you may be unable to enroll in FEHB again if you disenroll. If you stay enrolled in FEHB and also take Part B:

- Medicare will be primary
- FEHB may cover your Medicare cost-sharing (deductibles, copayments, coinsurances)

If you stay enrolled in FEHB and do not enroll in Part B:

- Your FEHB plan will continue providing the same coverage it did when you were actively employed
- Note that some individuals choose to enroll in Part A because it is premium-free but turn down Part B because of the additional monthly premium.
- Those who want to enroll in Part B in the future may face penalties and have to wait to enroll during the GEP (see question 3)

FEHB plans offer Health Maintenance Organization (HMO) and fee-for-service (FFS) options. FEHB HMO plans have networks of providers and facilities. FFS plans allow you to see any provider, but you may pay higher costs.

You should also compare the costs and benefits of your FEHB drug coverage and Part D to decide which best suits your needs (see question 12).

**8. Should I enroll in Medicare if I have COBRA coverage?**
Yes. The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law passed in 1986 that lets certain employees, their spouses, and their dependents keep group health plan (GHP) coverage for 18 to 36 months after they leave their job or lose coverage for certain other reasons, as long as they pay the full cost of the premium. If you have COBRA when you become Medicare-eligible, your COBRA coverage usually ends on the date you get Medicare. You should enroll in Part B immediately because you are not entitled to a Special Enrollment Period (SEP) when COBRA ends. Your spouse and dependents may keep COBRA for up to 36 months, regardless of whether you enroll in Medicare during that time. You may be able to keep COBRA

coverage for services that Medicare does not cover. For example, if you have COBRA dental insurance, the insurance company that provides your COBRA coverage may allow you to drop your medical coverage but keep paying a premium for the dental coverage for as long as you are entitled to COBRA. Contact your plan for more information. As you make COBRA-related decisions, keep in mind that health coverage under COBRA is typically expensive because it tends to be comprehensive, and you may pay the full cost of the premium yourself (though employers often pay part of the premium for current employees). However, COBRA coverage may be less expensive than similar individual health coverage. Note that enrollment considerations are different for those who are eligible for Medicare due to End-Stage Renal Disease (ESRD) and have COBRA (see question 11).

**9. Should I enroll in Medicare if I have a Qualified Health Plan (QHP) from the Marketplace?**
In most cases, you should enroll in Medicare and disenroll from your QHP, but there are two exceptions:

1. **You have End-Stage Renal Disease (ESRD).** If you have kidney disease that requires dialysis or transplant and are eligible for Medicare but have not enrolled, you have the choice to enroll in or stay enrolled in a QHP with cost assistance (tax credits). Be sure to consider how the QHP's coverage and costs compare to Medicare before deciding to delay Medicare enrollment. For counseling regarding your insurance options, contact your State Health Insurance Assistance Program (SHIP). Contact information for your SHIP is on the last page of this document.

2. **You do not qualify for premium-free Medicare Part A.** If you are eligible for Medicare but would have to pay a premium for Part A, you can keep your QHP with cost assistance as long as you do not enroll in any part of Medicare. You should consider all consequences carefully before deciding to keep a QHP instead of Medicare. If you ever decide to enroll in Medicare, you may have to wait for the General Enrollment Period (GEP) to sign up. Using the GEP to enroll means you may experience gaps in coverage and incur an LEP (see question 4).

If you qualify for premium-free Part A, you should not continue using the Marketplace to get health and drug coverage. Enroll in Medicare when you are first eligible and disenroll from your QHP in a timely manner to avoid paying extra premiums. To disenroll from QHP coverage:

- Notify a state or federal Marketplace representative of your intent to disenroll from your QHP at least 14 days before your Medicare coverage begins.
    - If you are enrolled in a QHP through the federal Marketplace, contact the Marketplace Call Center at 800-318-2596 or visit www.healthcare.gov.
    - If you are enrolled in a QHP through your state's Marketplace, contact the state marketplace to learn how and when to disenroll from your plan.
    - Ask for disenrollment steps from a Marketplace representative if you are enrolled in a family plan.

Be aware that if you delay Medicare enrollment, you will likely experience gaps in coverage and incur an LEP. It is likely not cost-effective to have both Medicare and a QHP.

**10. Should I enroll in Medicare if I am eligible for Veterans Affairs (VA) benefits?**
You can have both Medicare and VA benefits, but Medicare and VA benefits do not work together. In order for your VA coverage to cover your care, you must generally receive health care services at a VA facility. In order for Medicare to cover your care, you must receive care at a Medicare-certified facility that works with your Medicare coverage. Medicare does not pay for any care that you receive at a VA facility, and VA benefits will not pay for Medicare cost-sharing (deductibles, copayments, coinsurances).

Note: If the VA authorizes services in a non-VA hospital but does not pay for all the services you get during your hospital stay, Medicare may pay for Medicare-covered services the VA does not pay for.

If you chose not to enroll in Medicare and to keep your VA coverage, you will not have health insurance for facilities outside the VA health system. Some choose to enroll in Medicare Part A because it's premium-free but turn down Part B because of the additional monthly premium. If you want to enroll in Medicare in the future, you may face penalties and would likely have to wait to enroll during the General Enrollment Period (GEP). You will not be eligible for the Part B Special Enrollment Period (SEP) if you delay Medicare enrollment.

If you decide to enroll in Part B, you should do so during your Initial Enrollment Period (IEP). Enrolling in Part B provides you with the flexibility of getting health care outside the VA system. Also, you may qualify for programs to help pay the Part B premium and Medicare cost-sharing. Remember that you can keep your VA health benefits to get coverage for health care services and items not covered by Medicare, such as over-the-counter medications, annual physical exams, and hearing aids. Also be sure to think over your drug coverage options when deciding whether or not to delay Medicare enrollment (see question 12).

**11. If I am eligible for ESRD Medicare but have a group health plan, do I need to enroll in Medicare?**
If you have job-based insurance, retiree coverage, or COBRA when you become eligible for Medicare because you have End-Stage Renal Disease (ESRD Medicare), you do not have to enroll in Medicare right away. Your group health plan (GHP) coverage–meaning job-based, retiree, or COBRA coverage–will remain primary for 30 months, beginning the month you first become eligible for ESRD Medicare. The 30-month coordination period begins when eligibility for ESRD Medicare begins, even if you haven't signed up for ESRD Medicare yet. During the 30-month coordination period:

- You do not have to sign up for ESRD Medicare immediately if you have GHP coverage
- Your GHP coverage must pay first, and ESRD Medicare may pay second for your health care costs
- If you do not have other insurance, ESRD Medicare will pay primary as soon as you enroll

You may want to enroll in ESRD Medicare even though your GHP pays primary during the 30-month coordination period. ESRD care is typically expensive, and Medicare may cover your cost-sharing (deductibles, copayments, coinsurances). If you enroll in ESRD Medicare at the start of your 30-month coordination period, Medicare should automatically become the primary payer once the period is over. Note that if you receive a kidney transplant and want Part B to cover your immunosuppressant drug costs, you must have Part A at the time of your transplant.

You can enroll in Parts A and B at any time during your 30-month coordination period, as long as you enroll in both at the same time. If you choose to delay ESRD Medicare enrollment, you should turn down both Part A and Part B. This is because if you enroll in Part A and delay Part B, you lose your right to enroll in Part B at any time during the 30-month coordination period. Instead, you will have to wait to enroll until the General Enrollment Period (GEP) and will likely face gaps in coverage and a late enrollment penalty.

Once your 30-month coordination period ends, Medicare automatically becomes primary and your GHP coverage secondary. If you do not have Medicare when the coordination period ends you may not have adequate coverage, and you may have to sign up for Part B during the GEP. If your ESRD Medicare coverage ends and later resumes, you start a new 30-month coordination period when you first become ESRD Medicare-eligible.

If you have COBRA first and then enroll in ESRD Medicare, your employer can choose to end your COBRA coverage—though not all employers end COBRA after you enroll in ESRD Medicare. Speak to your employer before making enrollment decisions. If you have ESRD Medicare first and then qualify for COBRA, your employer must offer you COBRA coverage. In either case, COBRA coverage is primary during the 30-month coordination period and secondary after.

Note: The 30-month coordination period applies to people with ESRD Medicare only. If you have Medicare due to age or disability before developing an ESRD diagnosis, the normal rules for Medicare's coordination with other insurances apply.

**12. Should I enroll in Medicare prescription drug coverage if I have another kind of drug coverage?**
It depends. If you need to enroll in Medicare Part D for the first time, typically you will do so either during your Initial Enrollment Period (IEP), Medicare's annual Open Enrollment Period, or if you qualify for a Special Enrollment Period (SEP). Additionally, you must have Part A and/or Part B and live in the Part D plan's service area.

In many cases, you should enroll in Part D as soon as you are eligible to avoid a potential late enrollment penalty (LEP, see question 13) and gaps in coverage. If you do not enroll in Part D during your IEP, you can also enroll in or make changes to Part D coverage during Medicare's Open Enrollment Period—but you may have an LEP if you are using Medicare's Open Enrollment to enroll in Part D for the first time.

Under certain circumstances, you may have an SEP to enroll in a Part D plan, including if you have creditable drug coverage. Creditable drug coverage is, on average, as good as or better than the basic Part D benefit. You should receive a notice from your employer or plan around September of each year, informing you if your drug coverage is creditable. If you have not received this notice, contact your human resources department, drug plan, or benefits manager. Be aware that this information may not come as a separate piece of mail; it can be included with other materials, such as a plan newsletter.

Several types of plans offer creditable drug coverage, including:

- Veterans Affairs (VA) benefits
- TRICARE for Life (TFL)
- Federal Employee Health Benefits (FEHB)
- Some job-based and retiree plans

If you are considering delaying Part D enrollment because you already have prescription drug coverage, make sure to find out if your coverage is considered creditable. Maintaining enrollment in creditable drug coverage means you will not incur an LEP for delaying Part D enrollment. Additionally, having creditable coverage means that if you learn that you are going to lose such coverage and you want Part D coverage, you will have a two-month Special Enrollment Period (SEP) to enroll in a Part D plan. If you have no drug coverage, or have drug coverage that is not creditable, Part D may help you. Even if you do not take prescription drugs, it is important to enroll in Part D so that if you later need to access prescriptions you do not face penalties or gaps in coverage. Remember, if you decide to delay enrollment in any part of Medicare, keep a record of your insurance until you enroll in Medicare. You may need this documentation in order to sign up for Medicare later.

**13. How are Medicare Part D late enrollment penalties calculated?**

For each month you delay enrollment in Medicare Part D, you will have to pay a 1% Part D late enrollment penalty (LEP), unless you:

- Have creditable drug coverage (see question 12)
- Qualify for the Extra Help program
- Prove that you received inadequate information about whether your drug coverage was creditable

In most cases, you will have to pay that penalty every month for as long as you have Medicare. If you are enrolled in Medicare because of a disability and currently pay a premium penalty once you turn 65 you will no longer have to pay the penalty. This is because you will qualify for a new Part D IEP when you turn 65.

Let's say you delayed enrollment in Part D for seven months (and you do not meet any of the exceptions listed above). Your monthly premium would be 7% higher for as long as you have Part D (7 months x 1%). The national base beneficiary premium in 2022 is $33.37 a month. Your monthly premium penalty would therefore be $2.34 ($33.37 x 1% = $0.3337 x 7 = $2.34) per month, which you would pay in addition to your plan's premium.

Note: The Part D penalty is always calculated using the national base beneficiary premium. Your penalty will not decrease if you enroll in a Part D plan with a lower premium.

**14. Once I am enrolled in Medicare, how do I protect myself from Medicare fraud, errors, and abuse?**
Medicare fraud, errors, and abuse involve a wide range of behaviors that result in unnecessary costs to the Medicare program and may cause you inconvenience or harm. It is important to recognize potentially fraudulent activities by providers and suppliers. Examples of potential Medicare fraud or errors might include:

- Someone steals your Medicare number and uses it to bill Medicare for items or services you don't need and never receive.
- Someone calls you or visits your home to offer you "free" equipment that you do not need and then bills Medicare for the equipment.
- A plan agent uses your Medicare information to enroll you in a plan without your consent.

It is important to protect your Medicare number and only give it to your doctors and other providers. Be careful when others ask for personal information or offer "free" products or services if you provide your Medicare number. Check your Medicare Summary Notices (MSNs) or your Explanation of Benefits (EOBs) regularly to check for any suspicious charges or errors. Also, remember that providers are not permitted to routinely waive cost-sharing or offer gifts or financial incentives in return to receive services. If you see any suspicious charges or have any reason to believe your provider is inappropriately billing Medicare, call your provider to see if they have made a billing error. If you suspect you are experiencing Medicare fraud, errors, or abuse, contact your Senior Medicare Patrol (SMP). Contact information for your local SMP is on the last page of this document.

**15. Who should I contact about Medicare enrollment decisions?**

**Social Security Administration (SSA):** Contact SSA if you have questions about Medicare enrollment, your work history, or Medicare premium penalties and payments. You can call SSA at 800-772-1213, enroll online at www.ssa.gov, or visit your local Social Security office.

**State Health Insurance Assistance Program (SHIP):** Contact your SHIP if you would like assistance learning about and reviewing your enrollment decisions. SHIP counselors can also help you compare Part D plans or Medicare Advantage Plans offered in your area. SHIP counselors are trained and trusted to provide unbiased

Medicare counseling. They can provide you with individual counseling to support you in your specific situation. Contact information for your SHIP is on the final page of this document.

**Your group health plan or other current insurer:** If you have other health insurance and are Medicare-eligible (or will soon become Medicare-eligible), speak with your benefits administrator or your employer's human resources department to learn how your benefits will work with Medicare. If you have prescription drug coverage, see if it is considered creditable.

**Senior Medicare Patrol (SMP):** Contact your SMP to report potential incidents of Medicare fraud, errors, or abuse. SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse. Contact information for your SMP is on the last page of this document.

**SHIP case study**

Barbara has retiree insurance from her past employer—a large private company. She is turning 65 next month, and a friend told her she may want to enroll in Medicare. Barbara really likes her current coverage and would rather not change it, so is wondering if Medicare enrollment is optional.

**What should Barbara do?**

- Barbara should call her State Health Insurance Assistance Program (SHIP).
    - If Barbara doesn't know how to contact her SHIP, she can call 877-839-2675 and say "Medicare" when prompted, or visit www.shiphelp.org and use the online SHIP Locator.
- The SHIP counselor will explain to Barbara the effects of delaying Medicare enrollment.
    - The counselor will tell Barbara that retiree insurance almost always pays secondary to Medicare, meaning that she will need to be enrolled in Medicare to be fully covered. The counselor will explain that some retiree policies even require beneficiaries to sign up for Parts A and B once they become Medicare-eligible.
    - The counselor will explain that having retiree insurance will not grant Barbara a Special Enrollment Period to enroll in Medicare later, meaning that if she does not enroll during her Initial Enrollment Period, Barbara will likely have to wait for the General Enrollment Period, face a gap in coverage, and pay a late enrollment penalty each month.
    - The counselor should advise Barbara to enroll in Medicare during her Initial Enrollment Period. Since Barbara turns 65 next month, she can enroll in Medicare this month and have her coverage begin on the first of the next month. She can also enroll the month she turns 65 and up to three months after, though her Medicare start date will be delayed up to three months. Barbara should contact Social Security to enroll in Medicare.
- The SHIP counselor will tell Barbara that she may want to keep her retiree plan in addition to enrolling in Medicare, if the retiree plan provides coverage for Medicare cost-sharing (like deductibles, copayments, and coinsurances) and if she can afford the premium. They will tell Barbara that if she drops her retiree plan, she may not be able to get that coverage back if she wants it later.
- The counselor will encourage Barbara to check if the retiree plan includes prescription drug coverage that is considered creditable.
    - If so, Barbara can delay Medicare Part D enrollment without facing coverage gaps or late enrollment penalties later.
    - If not, Barbara should enroll in a Part D plan, in addition to Parts A and B.

- The SHIP counselor will also advise that Barbara consult with her benefits administrator or previous employer's human resources department to learn more about how her retiree plan would work with Medicare and if there are consequences of dropping the retiree coverage.

**SMP case study**

Teddy recently enrolled in Original Medicare. He received his Medicare Summary Notice (MSN) and saw that it listed a service that he does not remember receiving. He isn't being charged for the service, so Teddy wonders if this really matters.

**What should Teddy do?**

- Teddy can contact his Senior Medicare Patrol (SMP) for help to see if the charge has affected his Medicare benefits or services in any way.
    - If Teddy doesn't know how to contact his SMP, he can call toll-free at 877-808-2468 or visit www.smpresource.org.
- The SMP can tell Teddy to learn as much as he can about the claim he is suspicious about on his MSN.
    - If he keeps a calendar of his appointments or uses an SMP My Health Care Tracker, he should check the dates of service on the MSN against that calendar or his My Health Care Tracker appointment notes.
    - He should also reach out to the provider listed on the claim to see if they made a billing error and if they can correct it.
- If Teddy finds that the charge is suspicious, and he suspects that it was a result of fraud, error, or abuse, the SMP can help him report it to the proper authorities.
- The SMP can encourage Teddy to continue reading his MSNs and checking for any errors or suspicious claims.

| Local SHIP Contact Information | Local SMP Contact Information |
|---|---|
| **Aging & Disability Resource Center:**<br>**Benefit Specialist**<br>**1541 Annex Road, Jefferson, WI 53549**<br>**920-674-8734** | **SMP toll-free: 888-818-2611**<br>**SMP Email: smp-wi@gwaar.org**<br>**SMP Website:**<br>**https://gwaar.org/senior-medicare-patrol** |

SHIP National Technical Assistance Center: 877-839-2675 | www.shiphelp.org | info@shiphelp.org
SMP National Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org

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