

# How Medicare Enrollment Works

## Enrolling in Medicare Based on a Qualifying Disability

Individuals that are under 65 and qualify for Social Security Disability Insurance (SSDI) will be **automatically enrolled in Medicare Part A and Part B** after they receive disability benefits for 24 months. The beneficiary will still need to enroll in Part D prescription drug coverage and other supplemental coverage (for Original Medicare enrollees).

## Enrolling in Medicare at Age 65

### Signing up for Medicare at age 65 requires proactive steps to avoid problems.

Individuals must have at least **40 quarters of work credits** (which is equal to about 10 years of work) to qualify for **Medicare Part A** without having to pay a premium. People earn work credits when they work in a job and pay Social Security taxes. Learn more at [www.ssa.gov/planners/disability](http://www.ssa.gov/planners/disability).

- People who turn 65 without having the necessary work credits to qualify can sign up for **Medicare Part A** coverage, but they will have to pay premiums. They must also be a U.S. citizen or have been a permanent resident for at least five years.
- People can sign up for **Medicare Part B** at age 65 regardless of how many work credits they have.

### For individuals that have claimed Social Security benefits before their 65th birthday:

- Enrollment in Medicare Parts A and B is automatic. Their Medicare card will arrive in the mail **three months before** their birthday and coverage begins the first day of the month in which they turn 65.

### For individuals that have *not yet* signed up for Social Security benefits, Medicare offers an Initial Enrollment Period around their 65th birthday.

- They can sign up for Part A once their **Initial Enrollment Period** starts. But they can only sign up for Part B at specific times.
- If they miss the window to sign up for Part B, they will be subject to a late enrollment surcharge equal to 10 percent of the standard Part B premium for each 12 months of delay—a **penalty that continues forever**.

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of Medicare eligibility and coverage for RWHAP clients and other people with HIV.



#### Find the answers to these questions:

1. What is the difference between the Initial Enrollment Period, Special Enrollment Period, and General Enrollment Period for Medicare?
2. When do clients need to enroll in Medicare to avoid late enrollment penalties?
3. What should clients enrolled in a Marketplace plan do when they enroll in Medicare?
4. How can clients make changes to their Medicare coverage?

#### Medicare Parts At-a-Glance



Medicare Part A:  
Hospital coverage



Medicare Part B:  
Medical coverage



Medicare Part D:  
Prescription drug coverage

# Timelines to Apply for Medicare

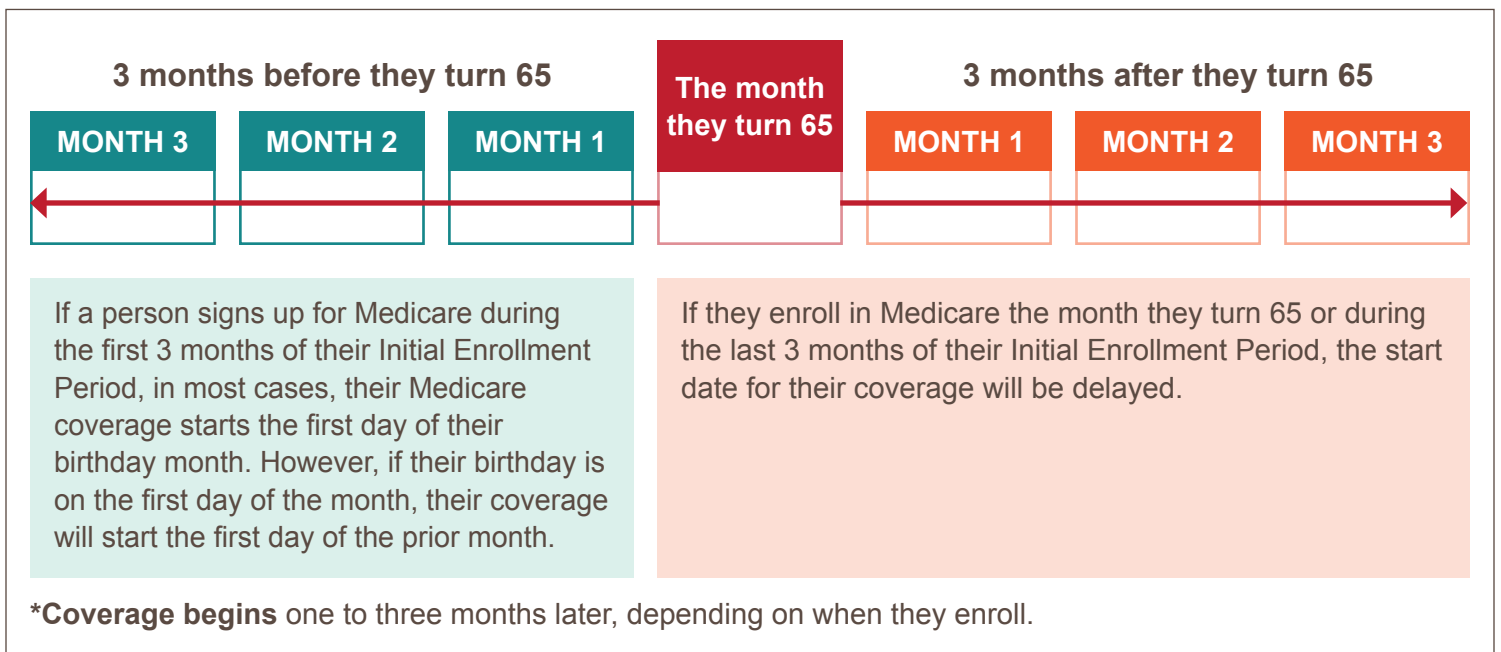
## Medicare has three enrollment periods for people who qualify based on age:

1. An **Initial Enrollment Period** for people about to turn 65
2. A **Special Enrollment Period** for people transferring from employer coverage at other ages
3. A **General Enrollment Period** for late enrollees

The following timelines apply to Medicare Part A (for individuals that have to pay Part A premiums), Part B, Part D, and Medicare Advantage plans.

### 1. Initial Enrollment Period into Medicare for People About to Turn 65

Individuals can first sign up for Medicare during the 7-month period that begins 3 months before the month they turn 65, includes the month they turn 65, and ends 3 months after the month they turn 65.



## 2. Special Enrollment Period for People Transferring from Employer Coverage at Other Ages

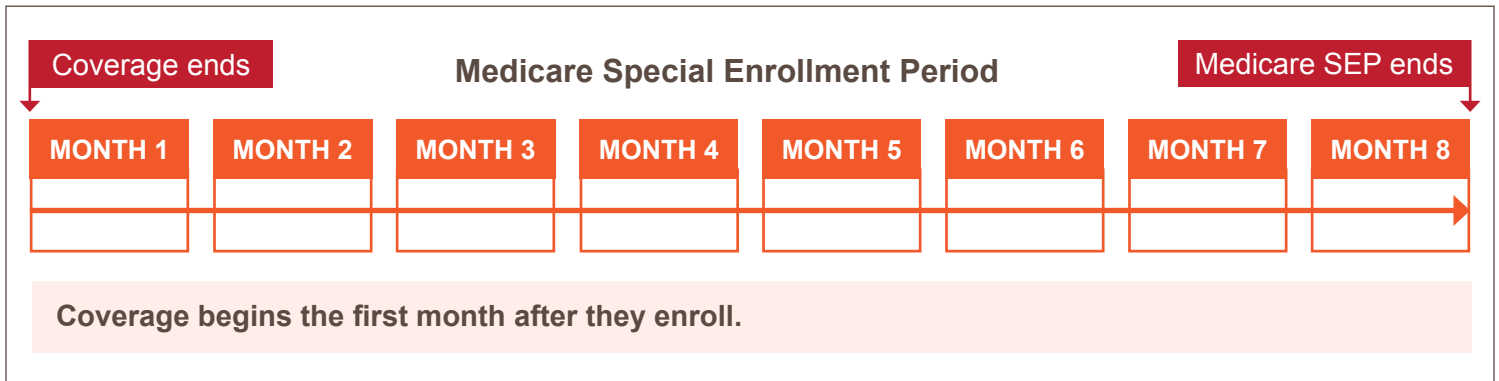
Individuals that are covered under employer-based health insurance (their own, a spouse's, or a family member's, if they have a disability—see note below) are **not required** to sign up for Medicare at age 65 when they are first eligible.

People over age 65 who are transitioning from employer coverage are eligible for a Special Enrollment Period (SEP). These individuals must apply within eight months after their other insurance ends.

Through this SEP, individuals can sign up for Medicare:

1. Anytime they are still covered by the group health plan.
2. During the 8-month period that begins the month after the employment ends or the coverage ends, whichever happens first.

Marketplace and COBRA health plans **are not** considered coverage based on current employment. Individuals covered via these plans **are not eligible** for a Medicare SEP when that coverage ends. *See additional detail about Marketplace health plans on the following page.*

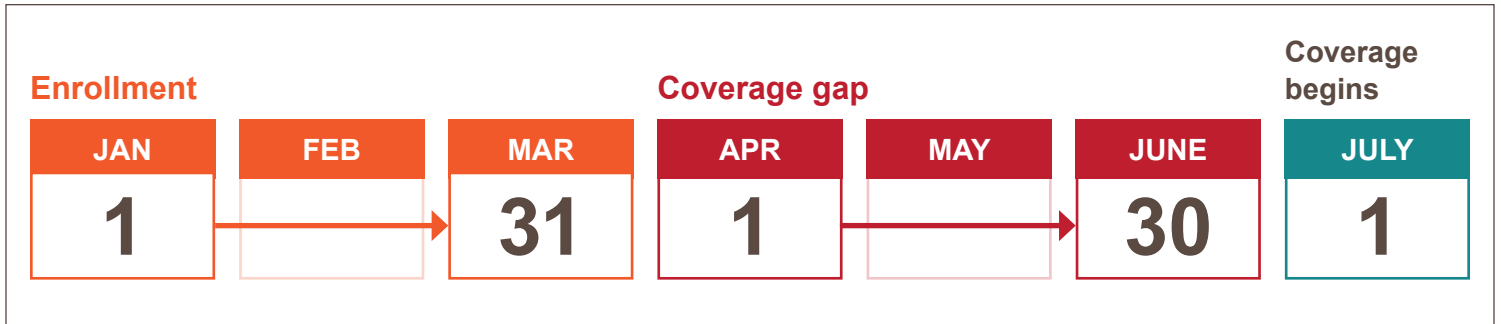


*Note: If the qualifying individual has a disability, and their group health plan coverage is based on the current employment of a family member, the employer offering the group health plan must have **100 or more employees** for them to get a Medicare SEP.*

### 3. General Enrollment Period for Late Enrollees

Individuals who missed the initial 7-month enrollment period for Medicare around their 65th birthday, and who don't qualify for a SEP, must wait for a General Enrollment Period that runs from **January 1 to March 31 each year**.

**Coverage will not start until July 1** of that year, and the individuals may have to pay a higher Medicare Part A (if they do not qualify for premium-free Part A) and/or Part B premium for late enrollment.



### Transitioning from Marketplace Health Coverage to Medicare

Individuals with Marketplace coverage should enroll in Medicare during their **Initial Enrollment Period** to avoid a delay in future Medicare coverage and possible Medicare late enrollment penalties.

People are not required to drop Marketplace coverage upon enrolling in Medicare. However, once individuals are considered eligible for Medicare Part A, they will no longer qualify for help paying their Marketplace plan premiums or other medical costs. If they continue to get financial help paying Marketplace plan premiums (e.g., Premium Tax Credits) after they have Medicare, they may have to pay back the tax credits when they file their taxes.

People who become eligible for Medicare mid-year (e.g., turn 65 in July) should actively terminate their Marketplace plan coverage after their Medicare coverage starts to avoid a gap in coverage. They will not be terminated automatically from their Marketplace plan upon enrolling in Medicare.

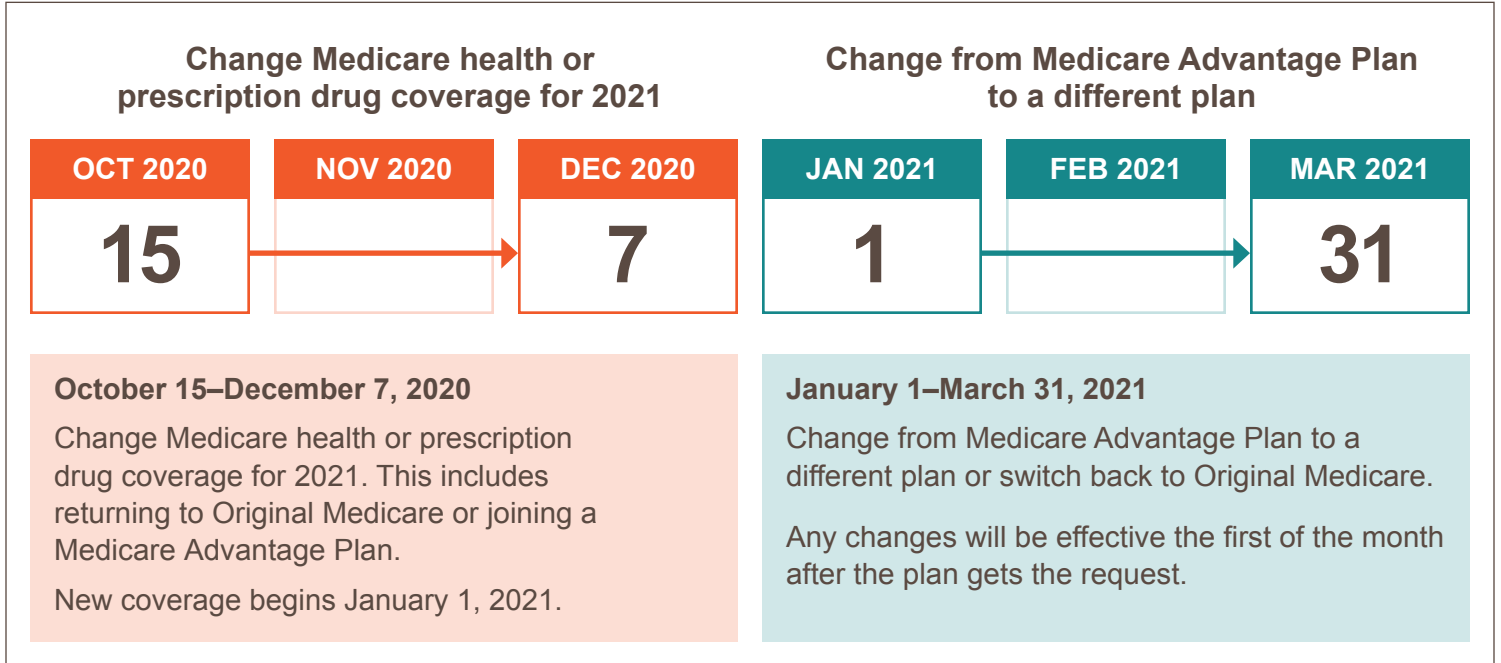
Individuals can visit HealthCare.gov to connect to the Marketplace in their state and find out how to terminate their Marketplace plan or Marketplace financial help when their Medicare enrollment begins. They can also call the Marketplace Call Center at 1-800-318-2596.



This resource on [Medicare & the Marketplace](#) features FAQs to address the most common Marketplace coverage questions and scenarios about consumers who are aging into Medicare.

# Changing Medicare Plans After Enrollment

After signing up for Medicare, individuals can also make changes to their Medicare plan choices at different times in subsequent years. This includes switching between Original Medicare and a Medicare Advantage Plan.



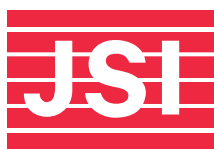
**The RWHAP, including its AIDS Drug Assistance Program (ADAP), are still able to support clients after they enroll in Medicare.**

See our other fact sheets for more information:

- The Basics of Medicare for RWHAP Clients
- Medicare Prescription Drug Coverage for RWHAP Clients



The Access, Care, and Engagement (ACE) TA Center aims to help Ryan White HIV/AIDS Program recipients and subrecipients support their clients, especially people of color, to navigate the health care environment through enrollment in health coverage and improved health literacy. For more information, visit: [www.targethiv.org/ACE](http://www.targethiv.org/ACE)



*This resource was prepared by JSI Research & Training Institute, Inc., and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30143: Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*