



Resource Documents for Medicare: Navigating Traps and Gaps

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CMS 40B

CMS L564

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Understanding Medicare Enrollment Periods

Information compiled from medicare.gov and medsupinsurance.net

Initial Enrollment Period (IEP)

- This is the time for most people to sign up for Medicare.
- This period runs for seven months, starting three months before the month in which you turn 65 and ending three months after that month.
 - Example: Your birthday is in May. (Your IEP begins Feb. 1 and ends August 31)

Use this period to enroll in Part A (hospital insurance), even if you do not want to enroll in Part B (an exception may be if you are still working and have employer Health coverage in the form of an HSA (Health Savings Account)).

Use this period to enroll in Part B (doctor visits and outpatient services) if,

- You have no other health insurance
- You still have health benefits from a former employer but you have retired, stopped working, or plan to stop working soon.
- You still have health benefits from the former employer of your spouse who has retired, stopped working, or plan to stop working soon.
- You are covered by COBRA insurance that extended employer health benefits after you or your spouse stopped working.
- You have group health insurance from an employer with fewer than 20 employees.
- You have individual health insurance you have purchased yourself.
- You do not qualify for Part A and have no other health insurance (the Social Security Administration states that someone who doesn't qualify for premium-free Medicare Part A is nevertheless eligible for Part B at age 65 if he or she lives in the United States and is either a U.S. citizen or a legal immigrant (green card holder) who has lived here for at least five years. They describe this as an "alternate requirement" for Medicare eligibility).
- You are living outside the United States.

Be aware that if you are in any of the situations previously mentioned and delay in signing up for Part B beyond your IEP, you may face a late penalty and when you do finally sign up, you can only do so during the open enrollment period.

Initial enrollment period (IEP) for Medicare through disability

- If you become eligible for Medicare under age 65 because of disability, you will receive a letter from Social Security saying when your Medicare coverage will begin. It typically starts 24 months after your disability benefits were approved. Social Security will automatically enroll you in Part A and Part B. If you wish to opt out of Part B, you can if you or your spouse is still working for an employer with more than 100 workers that provides health coverage.
- The Part B penalty clock starts ticking at the beginning of the month after your IEP expires. However, if you delay signing up at that time and incur a penalty, the clock will be reset as soon as you turn 65. At that point you'll get a new seven-month IEP based on your age. Provided that you sign up again for Part B before your new IEP expires, you will no longer have to pay the penalty.

General Enrollment Period (GEP) for Medicare:

Jan. 1 through March 31

This period is specifically for people who missed signing up for Medicare Part B at the required time — either during their initial enrollment period or during a special enrollment period for Part B. If you need to sign up for Part B during this period, be aware that your coverage will not begin until July 1, and you may be required to pay a late penalty based on how many years you have delayed.

When Does the Part B Late Penalty Clock Start Ticking?

The law says that a 10 percent penalty is imposed “for each full 12-month period” that people delay enrolling in Part B when eligible to do so (unless they have group health insurance from their own or their spouse’s current employment). If the delay is less than 12 full months, the penalty should not apply.

Social Security states that the penalty clock starts ticking at the beginning of the month after your seven-month initial enrollment period (IEP) expires and shuts off on the final day of the annual open enrollment period (OEP) in which you sign up for Part B.

Missing each March 31 deadline means another full 12-month delay and a further 10 percent late penalty. For example, delaying enrollment by five years results in a 50 percent penalty.

Special enrollment period (SEP) for Part B

This SEP allows you to enroll in Part B without penalty beyond age 65 provided that you can show you have had group health insurance from an employer (or employers) for whom you or your spouse were still working since you turned 65. The SEP runs for eight months from the date you (or your spouse) stopped working. But you can enroll before this date to ensure unbroken health coverage. Your Part B coverage begins on the first of the month after you enroll.

You do **not** get an SEP, even if you have group health insurance and plan to continue working past 65, if:

- Your employer or union health plan automatically becomes secondary to Medicare when you (or your spouse) turn 65; or
- You are covered by COBRA temporary group health insurance.
- If you have individual health insurance and continue to work after age 65, the penalty clock starts ticking at the beginning of the month after your IEP expires. (With individual, instead of group, insurance, you don't get an SEP if you delay joining Part B.)

Initial Enrollment Periods for Part C and Part D

- **If you're newly eligible for Medicare because you turn age 65, you can,**
 - sign up for a Medicare Advantage and/or Medicare Prescription Drug Plan.

When: During the 7-month period that starts 3 months before the month you turn age 65, includes the month you turn age 65, and ends 3 months after the month you turn age 65.

- **If you're newly eligible for Medicare because you're disabled (under age 65), you can,**
 - sign up for a Medicare Advantage or Medicare Prescription Drug Plan. Your Medicare coverage begins 24 months after you get Social Security or RRB disability benefits.

When: Starting 21 months after you get Social Security or RRB benefits, your chance to sign up lasts through the 27th month after you get Social Security or RRB benefits.

- **If you're already eligible for Medicare because of a disability, and you turn age 65, you can;**
 - Sign up for a Medicare Advantage and/or 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

When; During the 7-month period that starts 3 months before the month you turn age 65, includes the month you turn age 65, and ends 3 months after the month you turn age 65.

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.

- **If 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), you can;**
 - Sign up for a **Medicare Prescription Drug Plan.**

When: Between April 1–June 30.

- **You HAVE Medicare Part A coverage, and you enroll in Medicare Part B during the Part B General Enrollment Period (January 1–March 31), you can;**
 - Sign up for a **Medicare Advantage Plan or Medicare Prescription Drug Plan.**

When: Between April 1–June 30.

Annual Enrollment Periods for Medicare Advantage (Part C) AND Medicare prescription drug coverage (Part D)

Open Enrollment:

Current Open Enrollment Period = October 15 – December 7

If you make a change during this period, your new coverage will begin on January 1 of the following year.

During this time you can,

- 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.

Enrollment Period January 1 – March 31

During this time you can:

- If you're in a Medicare Advantage Plan (with or without drug coverage), you can switch your plan to another Medicare Advantage Plan (with or without drug coverage)
- You can disenroll from your Medicare Advantage Plan and return to Original Medicare. You can also join a Medicare Prescription Drug Plan to add drug coverage.

Note: During this period, you **can't** do the following:

- Switch from Original Medicare to a Medicare Advantage Plan.
- Switch from one Medicare Prescription Drug Plan to another.

Special enrollment period (SEP) for Part D

Part D drug coverage has different rules than Part B. You can delay enrolling in Part D beyond age 65 provided that you continue to have "creditable" drug coverage — meaning that Medicare considers it of at least equal value to Part D. When this coverage ends, you will be entitled to this SEP and can sign up immediately and without penalty in the following circumstances:

- When drug benefits from your current employer (or from your spouse's employer) terminate on retirement or through no fault of your own.
- When COBRA coverage terminates.
- When you lose drug benefits from a retiree health plan through no fault of your own.
- When you return from abroad to live permanently in the United States.
- When you are released from prison.

In all these cases, the special enrollment period lasts for 63 days beyond the crucial date — such as the end of drug coverage, your return to the United States or your release from prison. But your actual coverage in a Part D drug plan must have begun on or before the 63rd day to avoid a late penalty. Since coverage cannot begin until the first of the month after enrollment, it's best to sign up no later than the end of the second calendar month after the critical date.

If you let this SEP expire before enrolling in a Part D drug plan, you must wait until the next annual enrollment period (see below), and you will receive a [late penalty](#) — added permanently to your plan's premiums — for every month of delay.

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

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? ☐ YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City

State

Zip Code

6. Phone Number (including area code)

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7. Written Signature (DO NOT PRINT)

SIGN HERE

8. Date Signed

 / /

**IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT
MUST SUPPLY THE INFORMATION REQUESTED BELOW.**

9. Signature of Witness

10. Date Signed

 / /

11. Address of Witness

12. Remarks

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1230. The time required to complete this information is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

REQUEST FOR EMPLOYMENT INFORMATION**SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)**

1. Employer's Name		2. Date [][] / [][] / [][][][]	
3. Employer's Address			
City		State [][]	Zip Code [][][][][]
4. Applicant's Name		5. Applicant's Social Security Number [][][] - [][] - [][][][]	
6. Employee's Name		7. Employee's Social Security Number [][][] - [][] - [][][][]	

SECTION B: To be completed by Employers**For Employer Group Health Plans ONLY:**

1. Is (or was) the applicant covered under an employer group health plan? Yes No		
2. If yes, give the date the applicant's coverage began. (mm/yyyy) [][] / [][][][]		
3. Has the coverage ended? Yes No		
4. If yes, give the date the coverage ended. (mm/yyyy) [][] / [][][][]		
5. When did the employee work for your company?		
From: (mm/yyyy) [][] / [][][][]	To: (mm/yyyy) [][] / [][][][]	Still Employed: (mm/yyyy) [][] / [][][][]
6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.		
From: (mm/yyyy) [][] / [][][][]	To: (mm/yyyy) [][] / [][][][]	

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? Yes No		
2. If yes, does the applicant have hours remaining in reserve? Yes No		
3. Date reserve hours ended or will be used? (mm/yyyy) [][] / [][][][]		

All Employers:

Signature of Company Official		Date Signed [][] / [][] / [][][][]
Title of Company Official	Phone Number ([][][]) [][][] - [][][][]	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

2020 Medicare Income Index Surcharge Chart:**If your yearly income in 2018 was:**

File individual tax return	File joint tax return	File married & separate tax return	Your 2020 Part B Premium is:	Your 2020 Part D Premium is:
\$87,000 or less	\$174,000 or less	\$87,000 or less	\$144.60	Your plan premium
above \$87,000 up to \$109,000	above \$174,000 up to \$218,000	N/A	\$202.40	\$12.20 + your plan premium
above \$109,000 up to \$136,000	above \$218,000 up to \$272,000	N/A	\$289.20	\$31.50 + your plan premium
above \$136,000 up to \$163,000	above \$272,000 up to \$326,000	N/A	\$376.00	\$50.70 + your plan premium
above \$163,000 up to \$500,000	above \$326,000 up to \$750,000	above \$87,000 up to \$413,000	\$462.70	\$70.00 + your plan premium
above \$500,000	above 750,000	above \$413,000	\$491.60	\$76.40 + your plan premium

Monthly Medicare Supplement rates for Standardized Plans

NOTE: The rates shown may vary by mode of payment. Check with the company for more information.

COMPANIES	PLANS AVAILABLE TO ALL APPLICANTS									ONLY AVAILABLE TO THOSE ELIGIBLE FOR MEDICARE PRIOR TO 2020			KEY DATES	
Company/Individual Plans	A (1)	B (1)	D	G	G (2) High Deductible	K	L	M	N	C (1)	F	F (2) High Deductible	Date Approved (3)	Effective On or After
Anthem Blue Cross & Blue Shield	\$826.37			\$201.57					\$166.08		\$285.33		10/03/2019	01/01/2020
Cigna Health & Life Insurance Co.	\$260.16			\$275.21					\$217.29		\$325.21	\$77.33	08/07/2019	11/01/2019
Colonial Penn Life Insurance Co.	\$1,233.40	\$907.25		\$551.59	\$66.65	\$129.57	\$389.10	\$537.92	\$359.39		\$719.63	\$60.68	10/03/2019	01/01/2020
Combined Insurance Co. of America	\$335.11			\$289.12					\$248.00		\$320.24		11/30/2018	02/01/2019
First Health Life and Health Ins. Co.	\$204.17	\$250.98		\$275.06					\$173.18		\$295.72		01/06/2020	04/01/2020
Globe Life & Accident Insurance Co.	\$190.50			\$281.50	\$49.50				\$198.50		\$299.00	\$47.50	02/25/2019	03/01/2019
Humana Insurance Company (5)	\$349.84			\$284.56	\$75.35	\$121.04	\$210.60		\$259.79		\$331.01	\$75.65	02/01/2019	06/01/2019
Loyal American Life Insurance Co.	\$303.75			\$270.33					\$192.40		\$323.99		03/21/2019	08/01/2019
Omaha Insurance Company	\$622.94			\$369.59	\$55.00				\$219.49		\$437.00	\$88.68	05/06/2019	07/01/2019
Transamerica Life Insurance Co.	\$218.93		\$263.47	\$263.34		\$124.69	\$185.11	\$227.93	\$214.33		\$343.98		11/25/2019	03/01/2020
United American Insurance Co.	\$222.00	\$317.00	\$352.00	\$348.00	\$50.00	\$135.00	\$200.00		\$207.00	\$354.00	\$313.00	\$50.00	12/13/2019	02/15/2020
USAA Life Insurance Company	\$348.33			\$234.26					\$171.53		\$263.16		04/24/2019	09/01/2019
Group Plans (4)	A (1)	B (1)	D	G	G (2) High Deductible	K	L	M	N	C (1)	F	F (2) High Deductible	Date Approved (3)	Effective On or After
United HealthCare Ins. Co./AARP	\$166.25	\$290.75		\$198.25		\$63.50	\$123.50		\$160.75	\$361.75	\$259.00		09/09/2019	01/01/2020

- (1) Plans for Disabled - All companies must offer Plans A. If a company also offers Plan(s) B and/or C, then it must also offer the plan(s) to disabled Medicare beneficiaries.
- (2) Plans F and G also have a high deductible option which first require paying a deductible of **\$2,340 for 2020** before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, these plans credit your payment of the Medicare Part B deductible (but not the foreign travel deductible) towards meeting the plan high deductible.
- (3) The date a company's rate was approved is not necessarily the date the rate change will take effect. Check with the company for the effective date.
- (4) These are group plans that are available to group members enrolled in Medicare. Payment of a group membership fee is required.
- (5) Company also offers Plans A, F, HDF, K and N with dental and vision benefits for an additional monthly cost of \$13.25.

* The rates on this chart are monthly electronic funds transfer (EFT) rates in most cases.