

Medicare Open Enrollment

Medicare annual open enrollment is October 15 through December 7. This period is typically for individuals already enrolled in a Medicare plan and allows you to change plans or drop coverage.

Special Enrollment Periods (SEP)

Certain life events may qualify you for a Medicare Special Enrollment Period (SEP), allowing you to enroll in Medicare Part A and/or Part B, or make changes to existing coverage, without incurring late-enrollment penalties. SEP rules vary by event and may include loss of employer health insurance, termination of employment under a group health plan, loss of COBRA coverage, or moving out of a service area. Please check with Medicare to confirm eligibility for you or a covered spouse.

Medicare and Disability

Medicare generally begins 24 months after an individual starts receiving SSDI benefits. The 24-month waiting period may be waived for individuals with Amyotrophic Lateral Sclerosis (ALS). Individuals with End-Stage Renal Disease (ESRD) may also be eligible for Medicare prior to age 65, depending on circumstances.

COBRA and Medicare

COBRA is a temporary extension of the health insurance you had while working. Because COBRA does not count as insurance from active employment, you will not be protected from delayed coverage and late penalties if you wait to enroll in Medicare later than you should.

If your Medicare benefits (Part A or Part B) become effective on or before the day you elect COBRA coverage, you can continue COBRA coverage as well as having Medicare. This is true even if your Part A benefits begin before you elect COBRA, but you chose not to sign up for Part B until later.

If you become entitled to Medicare after you've signed up for COBRA, your COBRA benefits may end. (If COBRA covers your spouse and/or dependent children, their coverage may be extended for up to 36 months even though you qualified for Medicare.)

IMPORTANT: Should you choose to terminate group insurance coverage solely because of your Medicare entitlement, covered dependent(s) will not be eligible for an extension of group insurance coverage through COBRA.





Medicare and Health Savings Accounts (HSA)

An HSA is an interest-bearing account where funds may be used to help pay employee and/or family deductible, coinsurance and any qualified health care expenses not covered by their group health plan.

- If you are enrolled in Medicare, you are NOT eligible to contribute funds into an HSA. In addition, the IRS prohibits employers from contributing HSA funds.
- If you are NOT enrolled in Medicare, then you are eligible to enroll and contribute into an HSA up to the maximum contribution amounts.
- If you are an ACTIVE employee NOT on Medicare but covering a spouse that is enrolled in Medicare, you are eligible to enroll and contribute into an HSA up to the maximum contribution amounts. These funds can be utilized for the active employee and spouse expenses.
- If you are an ACTIVE employee ON Medicare and covering a spouse NOT enrolled in Medicare, you may not contribute or receive any HSA funding. Any remaining balance in an HSA account can be utilized until there are no funds remaining.

Questions?

- Talk to your HR/Benefits Staff about your group health plan and how it coordinates with Medicare
- Visit Medicare.gov or speak to a Medicare representative
1-800-MEDICARE (1-800-633-4227)
- SHINE (Serving Health Insurance Needs of Elders) Floridashine.org or 1-800-963-5337



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