



From Marketplace to Medicare



September 2021

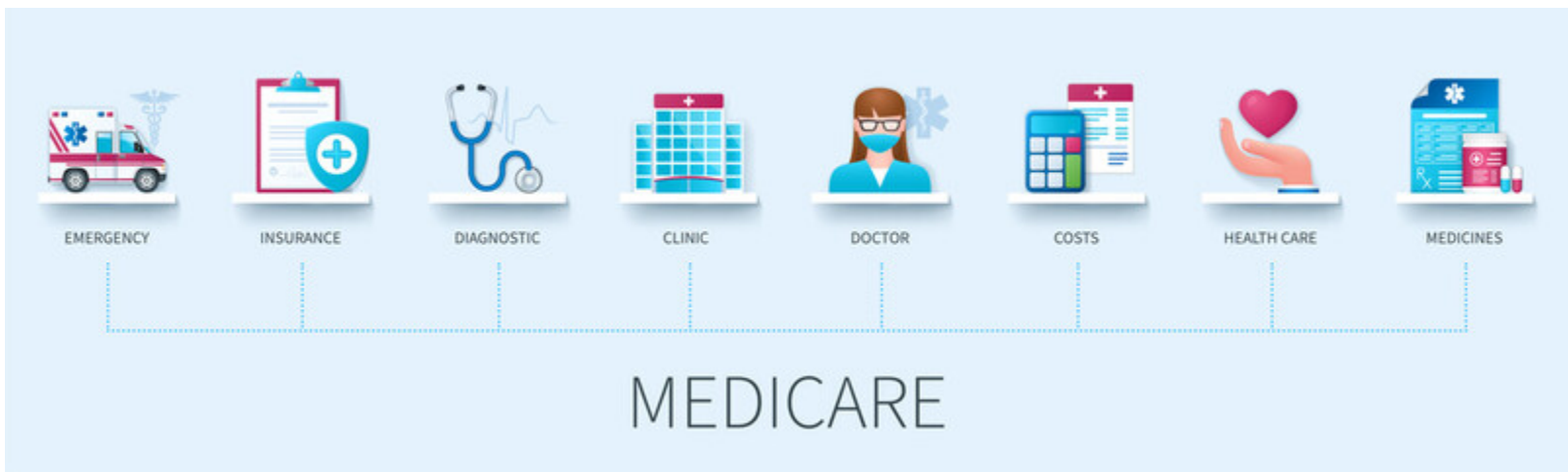
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Agenda

- Background on Medicare
- Automatic versus active enrollment
- Premium and premium-free Medicare Part A effective dates
- How to end or make changes to Marketplace coverage
- Medicare Periodic Data Matching (PDM)
- Medicare and eligibility for financial assistance through the Marketplace
- Scenarios

What is Medicare?

- Medicare is a federal health coverage program for:
 - People 65 or older,
 - People under 65 with certain disabilities, and
 - People of any age with End-stage Renal Disease (ERSD) (permanent kidney failure requiring dialysis or a kidney transplant).



What is Medicare? (Cont.)

- There are four different parts of Medicare:
 - Medicare Part A (Hospital Insurance) – minimum essential coverage (MEC)*
 - Medicare Part B (Medical Insurance)
 - Medicare Part C (Medicare Advantage Plans) – MEC*
 - Medicare Part D (Prescription Drug Coverage)



Understanding Medicare Part A (Hospital Insurance)



- Medicare Part A coverage includes:
 - Hospital care
 - Skilled care in a nursing facility
 - Hospice
 - Home health services for homebound individuals who require skilled services, observation, or education
- **Part A is considered MEC**

Understanding Medicare Part B (Medical Insurance)

- Part B covers many services in two main categories:
 - **Medically necessary items and services:** Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice.
 - **Preventive services:** Health care to prevent illness (like the flu) or detect it at an early stage when treatment is most likely to work best.
- Medicare Part B covers medically necessary services, like outpatient doctor visits, ambulance services, durable medical equipment, and other benefit categories.
- **Part B is NOT considered MEC.**



How Much Does Part B Cost?

- Consumers will need to pay a premium for Part B. In 2021, most consumers will pay the standard monthly premium amount, which is \$148.50 per month.
- If your modified adjusted gross income (MAGI) as reported on your IRS tax return from two years ago is above a certain amount, you may pay an Income-related Monthly Adjustment Amount (IRMAA) in addition to the standard monthly premium amount for Part B. (You may also pay an IRMAA in addition to the monthly premium if you enroll in a Part D plan.)
- For more information on IRMAA, including how much you might owe based on your MAGI, consumers can visit [Medicare.gov/your-medicare-costs/part-b-costs/part-b-late-enrollment-penalty](https://www.Medicare.gov/your-medicare-costs/part-b-costs/part-b-late-enrollment-penalty).
- Many consumers may be eligible for assistance with paying the Part B premium through the Medicare Savings Programs (MSPs). In addition, the programs may cover deductibles, coinsurance, and copayments if you meet certain conditions. For more information, visit [Medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs](https://www.Medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs).

Medicare Part C (Medicare Advantage Plans) and Part D (Prescription Drug Coverage)

- Qualifying private insurance companies and HMOs may elect to contract with CMS to provide Medicare benefits through Medicare Advantage (MA) plans. All MA plans provide Part A (Hospital Insurance) and Part B (Medical Insurance).
- Most MA plans also provide Part D, or prescription drug benefits. Most plans offer **extra benefits that Original Medicare doesn't cover** – like some routine exams and vision, hearing, and dental services.



How Consumers Enroll in Medicare Part A: Automatic vs. Manual Enrollment

- Enrollment in Medicare Part A is automatic for people who:
 - Turn 65 and have already been getting Social Security benefits (SSB) or Railroad Retirement Board (RRB) benefits for at least four months prior to their 65th birthday.
 - Are under age 65 and have been getting Social Security disability benefits or RRB disability benefits for 24 months.
 - Have amyotrophic lateral sclerosis (ALS) and have been getting Social Security disability benefits or RRB disability benefits.



How Consumers Enroll in Medicare Part A: Automatic vs. Manual Enrollment (Cont.)

- Groups that must actively (manually) apply to enroll into Medicare Parts A and B include:
 - Those who aren't getting SSB or RRB benefits for at least four months prior to their 65th birthday.
 - Those who have ESRD and get a regular course of dialysis or a kidney transplant.*
 - Those who must pay a premium for Medicare Part A (those not eligible for premium-free Medicare Part A).
- If you live in Puerto Rico, you're signed up for Part A automatically if you get SSB or RRB benefits. You must sign up for Part B manually.

***Note:** Eligibility for Medicare coverage based on ESRD works differently than other types of Medicare eligibility. If you're eligible for Medicare based on ESRD and don't sign up right away, your coverage could start up to 12 months before the month you apply. For more information, visit [Medicare.gov/manage-your-health/i-have-end-stage-renal-disease-esrd](https://www.Medicare.gov/manage-your-health/i-have-end-stage-renal-disease-esrd).

Knowledge Check #1

Which of these qualifies a consumer for automatic enrollment into Medicare Parts A and B?

- A. A consumer who has ESRD and is getting regular treatment.
- B. A consumer who must pay a premium for Medicare Part A.
- C. A consumer who is over age 65 and isn't getting SSB.
- D. A consumer who is age 65 and has been getting SSB for at least four months prior to their 65th birthday.



Knowledge Check #1 Answer

Which of these qualifies a consumer for automatic enrollment into Medicare Parts A and B?

- A. A consumer who has ESRD and is getting regular treatment.
- B. A consumer who must pay a premium for Medicare Part A.
- C. A consumer who is over age 65 and isn't getting SSB.
- D. A consumer who is age 65 and has been getting SSB for at least four months prior to their 65th birthday.



How Consumers Enroll in Medicare: Automatic Enrollment

- If automatically enrolled, the consumer will get a Medicare card in the mail three months before their 65th birthday.
- Medicare Part A and Part B coverage usually begins on the first day of the month the consumer turns 65.



How Consumers Enroll in Medicare: Active (“Manual”) Enrollment

- Consumers can sign up with Social Security by:
 - Visiting [SSA.gov/benefits/medicare](https://www.ssa.gov/benefits/medicare).
 - Calling Social Security at 1-800-772-1213 (TTY: 1-800-325-0778).
 - Contacting a local Social Security office.
- If a consumer or their spouse worked for a railroad, they can call the RRB at 1-877-772-5772 (TTY: 312-751-4701).
- Assistors can refer clients to a local State Health Insurance Assistance Program (SHIP) for more help with Medicare eligibility and enrollment and information about Medicare benefits ([Shiphelp.org](https://shiphelp.org)).



Who Qualifies for Premium-free Medicare Part A?

- Consumers can get premium-free Medicare Part A at 65 or older if:
 - They or their spouse worked for the equivalent of 10 years, either consecutively or non-consecutively, at jobs where they paid Medicare taxes.
 - They're already getting (or are eligible to get) benefits from Social Security or the RRB.
 - They or their spouse had Medicare-qualified government employment.
- Consumers can get premium-free Medicare Part A before age 65 if:
 - They got SS or RRB disability benefits for 24 months or have ALS and are getting SS or RRB disability benefits.
 - They have ESRD and meet other specific requirements.



The Medicare Initial Enrollment Period



- For consumers who are eligible for Medicare based on turning age 65, the Initial Enrollment Period (IEP) to sign up for Medicare Part A and for Medicare Part B, if not automatically enrolled, is seven months long.
- Consumers who must actively sign up for Medicare are encouraged to sign up as soon as possible during their IEP.
- Most consumers have to wait until Medicare's General Enrollment Period (GEP) or qualify for a Special Enrollment Period (SEP) if they do not enroll during their IEP. In addition to potential gaps in coverage, these consumers may also be subject to a monthly late enrollment penalty that may be required as long as the consumer has Part B.

The Medicare Initial Enrollment Period (Cont.)



- The IEP begins three months before the consumer's 65th birthday, the month they turn 65, and ends three months after their 65th birthday.

***Note:** If the consumer's birthday falls on the first of the month, their IEP starts four months prior to their 65th birthday.

When Does Premium-free Medicare Part A Coverage Start?

- For people automatically enrolled, coverage starts the first of the month they turn 65. If their birthday is on the first of the month, coverage starts a month earlier -- the month before they turn 65.
- Consumers who are turning 65 and must actively sign up for their premium-free Part A can sign up any time after their IEP begins.

If you sign up for Part A (if you have to buy it) in this month:	Your coverage starts:
The month you turn 65	One month after you sign up
One month after you turn 65	Two months after you sign up
Two months after you turn 65	Three months after you sign up
Three months after you turn 65	Three months after you sign up

When Does Premium-free Medicare Part A Coverage Start? (Cont.)



- If consumers sign up after their IEP has ended, their Premium-free Part A coverage start date will go back (retroactively) up to six months from when they submit the application for Medicare Part A, but no earlier than the first day of the month they turn 65, or the month before they turn 65 if their birthday is the first of the month.

When Does Premium-free Medicare Part A Coverage Start? (Cont.)

- Consumers who are newly eligible for or enrolled in premium-free Medicare Part A should report this change as soon as possible to the Marketplace and either end their Marketplace coverage or, if they choose, remain in their Marketplace plan.
- Once consumers are considered eligible for or enrolled in premium-free Medicare Part A, they'll no longer be eligible for any premium tax credits or other cost savings they may be getting for their Marketplace plan. Consumers considered eligible for or enrolled in Medicare Part A will have to pay full price for the Marketplace plan.
- Generally, individuals getting advance payments of the premium tax credit (APTC) while dually enrolled in coverage through the Marketplace and Medicare may have to pay back all or some of the APTC received for months the individual was enrolled in both Marketplace coverage with APTC and Medicare Part A when they file their federal income tax return. However, due to the changes to tax reconciliation in the American Rescue Plan (ARP) Act, individuals aren't required to repay excess APTC for the 2020 federal income tax year.

Knowledge Check #2

Fill in the blank: Premium Medicare Part A or Premium-free Medicare Part A Consumers who are considered eligible for or enrolled in _____ are no longer eligible to get financial assistance for their current Marketplace plan. Consumers are encouraged to compare their Medicare benefits and costs with their current Marketplace plan (understanding they'll be responsible for the full cost of their Marketplace plan premium). Consumers who don't enroll in Medicare Part B during their initial IEP but enroll after their IEP has ended may incur a penalty for the duration of the time they're enrolled in Medicare Part B.



Knowledge Check #2 Answer

Fill in the blank: Premium Medicare Part A or Premium-free Medicare Part A

Consumers who are considered eligible for or enrolled in **Premium-free Medicare Part A** are no longer eligible to get financial assistance for their current Marketplace plan. Consumers are encouraged to compare their Medicare benefits and costs with their current Marketplace plan (understanding they'll be responsible for the full cost of their Marketplace plan premium). Consumers who don't enroll in Medicare Part B during their initial IEP but enroll after their IEP has ended may incur a penalty for the duration of the time they're enrolled in Medicare Part B.



When Can Consumers Sign Up for Premium Part A?

- Consumers who are eligible for premium Part A must decide if they want to enroll and pay premiums for Part A. If they decide to do so, they must sign up during their IEP. Otherwise, they may have to wait until the Medicare GEP or qualify for an SE to sign up.
- The Medicare GEP begins in January and ends in March, with coverage beginning July 1.
- SEPs for Medicare aren't the same as SEPs for the Marketplace.
- Terminating Marketplace coverage doesn't result in an SEP to enroll in Medicare.
- If these consumers don't enroll during their IEP, they could face late enrollment penalties that make Medicare premiums more expensive for as long as they are enrolled in Medicare.



Premium Medicare Part A and Part B Effective Dates

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*

*This SEP can only be used once the individual IEP is over.

Why Consumers Should Set a Date to End Their Marketplace Coverage

- To avoid paying double premiums for overlapping coverage (in the Marketplace and Medicare) since Marketplace coverage duplicates the coverage you are receiving through Medicare.
- To avoid gaps in coverage.
- To prevent unintentionally ending coverage for other members on the Marketplace plan.
- To avoid having to pay back all or some of the APTC they may have incorrectly received while eligible for or enrolled in Medicare.



When Consumers Should End Marketplace Coverage

- Consumers should end their Marketplace plan the day before their Medicare coverage begins. Consumers should select the date they want to end coverage. Generally, they can set a date for their Marketplace coverage to end.
- For more instructions on how to time ending Marketplace coverage and signing up for Medicare, visit [HealthCare.gov/medicare/changing-from-marketplace-to-medicare](https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare).



How Consumers Should End Marketplace Coverage

- Most consumers will want to end Marketplace coverage when they become eligible for Medicare or when they know their Medicare start date.
- In some cases, consumers will need to end their Marketplace coverage by calling the Marketplace Call Center.
- In other cases, consumers can end their coverage on HealthCare.gov.
- This depends on:
 - If everyone on the application is ending their coverage, or just some people; and
 - If the person who is ending their Marketplace coverage is the household contact (subscriber) on the application. There may be circumstances when the person who is ending their Marketplace coverage is the household contact under which other enrollees in that person's coverage who want to continue their coverage will need to select the same or a new plan and may have their accumulators (such as deductible or annual limit on cost sharing) reset.

How Consumers Should End Marketplace Coverage (Cont.)

- When the person transitioning from Marketplace coverage to Medicare is the household contact, they should call the Marketplace Call Center to:
 - End the household contact's Marketplace coverage.
 - Designate a new household contact.
 - Ensure that those remaining on their Marketplace plan don't lose their coverage.

***Note:** Don't try to change or remove the household contact online unless you're ending coverage for everyone on the plan.



Complex Case Scenario #1



- Beth is married to John, who is 63.
- Their daughter Mary, 24, is a dependent enrolled on the same Marketplace plan as her parents.
- Beth would like to enroll in Medicare but is confused about how to end her Marketplace coverage. She tried to end her coverage online but isn't sure if she followed the process correctly.

Points to Discuss and Helpful Tips

- To avoid a gap in coverage, Beth shouldn't terminate her Marketplace plan before her Medicare coverage starts. Once Beth knows when her Medicare coverage starts, she can end her Marketplace plan.
- Beth shouldn't try to change or end Marketplace coverage online unless she wants to end coverage for everyone on the plan. Ending her coverage by phone instead ensures Beth, who wants to end her coverage, gets the desired termination date for herself and ensures that other enrollees in the Marketplace plan can continue to have Marketplace coverage.
- Beth should therefore contact the Marketplace Call Center for assistance.



Applicable Rules

- If you're enrolled in a Marketplace plan first and then become eligible for premium-free or enrolled in premium-free or premium Medicare, you can choose to remain enrolled in your Marketplace plan at least through the end of the plan year.
- But there are important considerations:
 - Once you become eligible for or enrolled in Medicare Part A, you are no longer eligible for APTC or cost-sharing reductions (CSRs) and may have to pay back some or all of the APTC you receiving during months of overlapping coverage. You'll pay for duplicative coverage.
 - Medicare doesn't coordinate benefits with Marketplace plans.
 - If you choose to terminate your Marketplace plan, pay close attention to disenrollment timeframes.



Medicare Periodic Data Matching: Notices to Dually Enrolled Consumers

- The Marketplace sends Medicare Periodic Data Matching (PDM) notices to consumers who may be dually enrolled in Medicare that is MEC (referred to as MEC Medicare) and Marketplace coverage with APTC and CSRs. Medicare Part A is MEC Medicare. Notices are uploaded to the consumer's My Account or mailed via the U.S. Postal Service, depending on the consumer's stated preference.
- Medicare PDM notices include:
 - Name(s) of consumer(s) found to be dually enrolled.
 - A recommendation that individuals found to be enrolled in MEC Medicare and a Marketplace plan should end their Marketplace coverage.
 - Consequences of dual enrollment, including paying for coverage that is duplicative to Medicare and potential for late enrollment penalties if the consumer doesn't sign up for Medicare Part B when they are supposed to.
 - Instructions on how to end Marketplace coverage or Marketplace financial assistance.
 - Where to find contact information to confirm if they're enrolled or if they have any questions about Medicare.



Medicare PDM (Cont.)

- Medicare PDM process updates occurred in 2019. Applicants have the option to provide written consent for the Marketplace to end their Marketplace coverage if they're later found to be enrolled in Medicare through the Medicare PDM process through an attestation question on the Marketplace application.

If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or the Children's Health Insurance Program (CHIP)), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.

- I agree to allow the Marketplace to end the Marketplace coverage of the people on my application in this situation.
- I don't give the Marketplace permission to end Marketplace coverage in this situation. I understand that the affected people on my application will no longer be eligible for financial help and must pay full cost for their Marketplace plan.

Medicare PDM Process

- If you have both Medicare Part A and a Marketplace plan with APTC and CSRs, and you receive a Medicare PDM initial warning notice, you have 30 days from receipt of the Medicare PDM initial warning notice to return to the Marketplace to either end:
 - APTC and CSRs, or
 - Your Marketplace plan, if you so choose.
- You'll get specific instructions in your Medicare PDM notice based on your Medicare enrollment status.
- You'll also have the option to:
 - Disagree with the results of the Medicare PDM notice and provide documentation if you think you aren't enrolled in Medicare Part A; or
 - Change your attestation response from agree to disagree if you no longer want the Marketplace to end your coverage.



Medicare PDM Process (Cont.)



- If you don't take any action after the 30-day period ends, the Marketplace will either:
 - End APTC and CSRs, or
 - End Marketplace coverage (if you provided written consent for the Marketplace to act on your behalf and end your Marketplace coverage if found at a later date to be enrolled in both Medicare and the Marketplace).
- The rules around eligibility for Medicare Part A and APTC differ depending on if the consumer must pay a premium for Medicare Part A and when they sign up.

Eligibility for APTC for Consumers with Premium-free Medicare Part A

- For consumers automatically enrolled in premium-free Medicare Part A:
 - These consumers are generally no longer eligible for financial assistance through the Marketplace the first day of the month they turn 65.
- For consumers who must sign up for premium-free Medicare Part A:
 - These consumers are no longer eligible for financial assistance through the Marketplace starting the first day of the first full month they can start using their Medicare coverage.



Eligibility for APTC for Consumers with Premium Medicare Part A

- Consumers who must pay a premium for their Medicare Part A would remain eligible for financial assistance through the Marketplace, unless and until they sign up for and can start using their Medicare coverage, assuming they are otherwise eligible.
- If they sign up for Medicare coverage, they'd no longer be eligible for financial assistance through the Marketplace the month their Medicare coverage actually begins (refer to the effective date chart).



- These Medicare consumers may face late enrollment penalties or a gap in coverage if they sign up after their IEP ends.

Eligibility for APTC for Consumers with Premium Medicare Part A (Cont.)

- These consumers should compare their benefits and total premiums under Medicare with their Marketplace plan. But, in most cases, your Medicare Part A premium will cost less than your Marketplace premium without financial help. Many individuals may be eligible for assistance with paying premiums for Part A and B through MSPs.
- In addition, the programs may cover deductibles, coinsurance, and copayments if you meet certain conditions.
- For more information, visit [Medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs#collapse-2614](https://www.Medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs#collapse-2614).



Complex Case Scenario #2: Paul



Paul turns 65 on June 1, is eligible for premium-free Medicare Part A, and enrolls

- He currently has a Marketplace plan with APTC for a premium of \$75.00 a month.
- Paul is eligible for premium-free Medicare Part A.
- He must actively enroll in Medicare coverage.
- His IEP began March 1.
- He enrolls mid-July, during his IEP.

Is Paul still eligible for APTC?

Complex Case Scenario #2: Paul (Cont.)

Paul turns 65 on June 1, is eligible for premium-free Medicare Part A, and enrolls (cont.)

- Paul is also considering Part B enrollment.
 - Paul's premium for Medicare Part B is \$144.60, which appears higher than his premium for his Marketplace plan with APTC.
 - Part A is hospital insurance and isn't FULL medical coverage. Part B is medical insurance for physician's services, certain preventive services, and other types of outpatient care.
 - Paul loses APTC eligibility based on his eligibility for premium-free Part A hospital insurance whether he enrolls in Part B or not.
 - If Paul doesn't sign up for Part B during his IEP, he may be subject to late enrollment penalties for the lifetime of his Medicare Part B coverage.



Complex Case Scenario #2: Paul (Cont.)

Paul turns 65 on June 1, is eligible for premium-free Medicare Part A, and enrolls (cont.)

- Paul signs up for Medicare Parts A and B in mid-July.
 - His premium-free Medicare Part A coverage would start retroactively to the first day of the month that he turned 65 – June 1.
 - Paul would no longer be eligible for APTC on August 1, the first day of the month after he signs up for Medicare.



Complex Case Scenario #2: Paul (Cont.)

Paul turns 65 on June 1, is eligible for premium-free Medicare Part A, and enrolls (cont.)



- When Paul signs up for Medicare Part B in mid-July, his effective date will be in September.
- Paul should consider signing up for Part B in any of the three months before he turns 65 so that his Part B coverage will be effective on June 1 with his Part A.
- Even if Paul has Marketplace coverage, he should enroll in Medicare when first eligible to avoid the risk of a delay in Medicare coverage and the possibility of a Medicare late enrollment penalty.

Complex Case Scenario #3: Sally

Sally turns 65 on June 3, is eligible for premium-free Medicare Part A, and doesn't enroll



- Sally has a Marketplace plan with APTC.
- Sally qualifies for premium-free Medicare Part A.
- She must actively enroll in Medicare coverage.
- Her IEP has begun.
- She doesn't want to enroll in Medicare; she wants to keep her Marketplace coverage.

Is Sally still eligible for APTC?

Complex Case Scenario #3: Sally (Cont.)

Sally turns 65 on June 3, is eligible for premium-free Medicare Part A, and doesn't enroll (cont.)

- Sally chooses not to sign up for Medicare and is not automatically enrolled.
- For purposes of APTC eligibility, Sally will be considered “eligible” for Medicare benefits on October 1, the first day of the first full month after her IEP ends.
- Sally will lose eligibility for APTC beginning October 1.
- She will need to return to the Marketplace and report she's now eligible for Medicare so that she will no longer get APTC. If Sally doesn't report her Medicare eligibility, she may have to pay back any APTCs beginning October 1.
- Sally will pay the full price of her Marketplace plan starting October 1.

***Note:** The scenario above describes the normal process. Due to the ARP, the IRS confirmed that for tax year 2020 only, consumers won't be liable to pay back excess APTC.



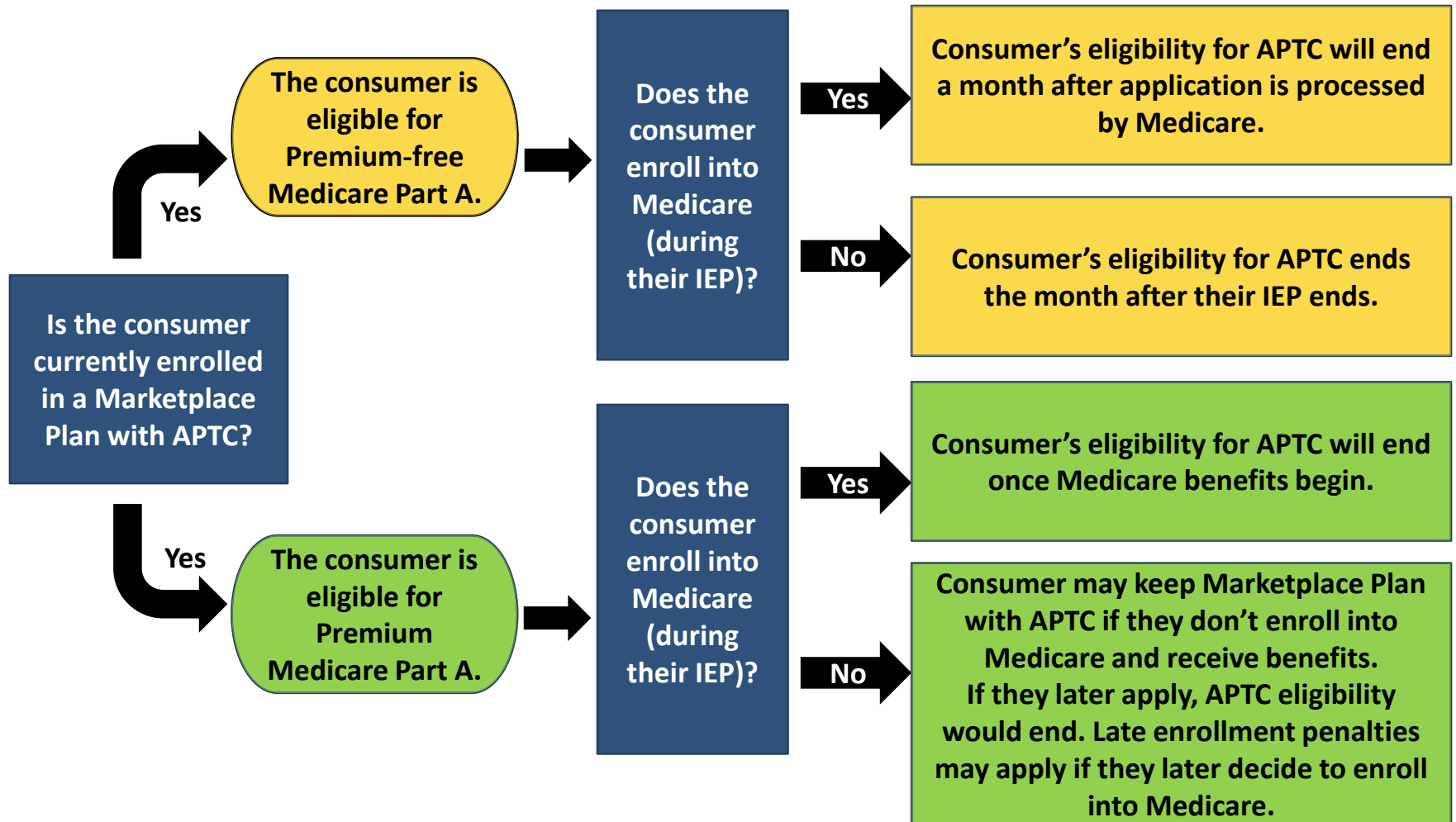
Complex Case Scenario #4: Hannah

Scenario: Hannah is eligible for premium Medicare Part A and recently signed up for Medicare Part A and Part B



- Hannah signed up for Medicare Part A and Part B in September, the last month of her IEP.
- Her Medicare coverage (both Part A and Part B) begins three months after she signs up, on December 1.
- Hannah's eligibility for APTC would end December 1, when she starts getting Medicare Part A coverage.

Medicare and Eligibility for APTC



Medicare and Eligibility for APTC (Cont.)

- In December 2019, CMS started a new monthly mailing to all Marketplace enrollees who will turn 65 within the next month to notify them of the important decisions related to Medicare enrollment.
- Letters are available in both English and Spanish:
 - English: [Marketplace.cms.gov/applications-and-forms/notice-for-consumers-turning-65.pdf](https://www.Marketplace.cms.gov/applications-and-forms/notice-for-consumers-turning-65.pdf).
 - Spanish: [Marketplace.cms.gov/applications-and-forms/notice-for-consumers-turning-65-spanish.pdf](https://www.Marketplace.cms.gov/applications-and-forms/notice-for-consumers-turning-65-spanish.pdf).



SHIP Resources

- Assisters should encourage consumers to reach out to their local SHIP counselor for assistance. SHIPs provide local, in-depth, and objective insurance counseling and help to Medicare-eligible individuals, their households, and caregivers.
- For more information visit Shiphelp.org.



Other Resources

- Step-by-step instructions: How & when to cancel your Marketplace plan and enroll in Medicare: [HealthCare.gov/medicare/changing-from-marketplace-to-medicare](https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare)
- Premium-free versus premium Medicare Part A: [Medicare.gov/your-medicare-costs/part-a-costs/part-a-costs](https://www.medicare.gov/your-medicare-costs/part-a-costs/part-a-costs)
- How consumers should sign up for Medicare Parts A & B: [Medicare.gov/sign-up-change-plans/get-started-with-medicare](https://www.medicare.gov/sign-up-change-plans/get-started-with-medicare)
- Information on Medicare Savings Programs: [Medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs](https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs)
- Transitioning from Marketplace to Medicare: [CMS.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Assisting-Clients-with-Transitions-from-Marketplace-to-Medicare-Coverage.pdf](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Assisting-Clients-with-Transitions-from-Marketplace-to-Medicare-Coverage.pdf)
- Frequently Asked Questions on the relationship between Medicare and Marketplace coverage: [CMS.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Downloads/Medicare-Marketplace_Master_FAQ_4-28-16_v2.pdf](https://www.cms.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Downloads/Medicare-Marketplace_Master_FAQ_4-28-16_v2.pdf)
- The late enrollment penalty for delaying enrollment in Medicare Part B: [Medicare.gov/your-medicare-costs/part-b-costs/part-b-late-enrollment-penalty](https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-late-enrollment-penalty)
- Medicare Periodic Data Matching (PDM) Frequently Asked Questions (FAQ): [Marketplace.cms.gov/technical-assistance-resources/medicare-periodic-data-matching-faq.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/medicare-periodic-data-matching-faq.pdf)
- Medicare & You Handbook: [Medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf](https://www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf)