



Medicare & Access Health CT

Access Health CT, our state's Health Insurance Marketplace, is a key part of the Affordable Care Act. It is a way for individuals, families, and employees of small businesses to get health coverage.

If I already have Medicare, do I need to do anything?

No. Medicare isn't part of the Marketplace. If you have Medicare, you're covered and don't need to do anything about the Marketplace.

The Marketplace doesn't affect your Medicare choices or benefits. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan (like an HMO or PPO), you don't have to make any changes.

Note: The Marketplace doesn't offer Medicare Supplement Insurance (Medigap) policies or Medicare drug plans (Part D). For help, contact CHOICES at -1-800-994-9422

Does Medicare coverage meet the requirement that all Americans have health insurance?

If you have Medicare Part A (Hospital Insurance), you're considered covered and won't need a Marketplace plan to meet the requirement. Having Medicare Part B (Medical Insurance) alone doesn't meet this requirement.

Can I get a Marketplace plan in addition to Medicare?

No. It's against the law for someone who knows that you have Medicare to sell you a Marketplace plan. This is true even if you have only Part A or only Part B.

If you want coverage to supplement Medicare, visit [Medicare.gov](https://www.Medicare.gov) to learn more about Medicare Supplement Insurance (Medigap) policies. You can also visit [Medicare.gov](https://www.Medicare.gov) to learn more about other Medicare options, like Medicare Advantage Plans, or contact CHOICES at 1-800-994-9422.

Can I choose Marketplace coverage instead of Medicare?

Generally, no. As noted on the previous page, it's against the law for someone who knows you have Medicare to sell you a Marketplace plan. However, there are some situations where you can choose Marketplace coverage instead of Medicare:

- You can choose Marketplace coverage if you're eligible for Medicare but haven't enrolled in it (because you would have to pay a premium, or because you're not collecting Social Security benefits). If you're eligible for premium-free Part A but choose Marketplace coverage over Part A, you won't be eligible for help paying your Marketplace plan premiums.
- If you're paying a premium for Part A, you can drop your Part A and Part B coverage and get a Marketplace plan or ask to be screened for the Medicare Savings Program. Contact CHOICES for assistance at 1-800-994-9422.

Note: If you get premium-free Part A, you can't drop Medicare without also dropping your retiree or disability benefits (Social Security or Railroad Retirement Board). You'll also have to pay back all retirement or disability benefits you've received and all costs paid by Medicare for your health care claims.

Before making either of these choices, there are 3 important points to consider:

1. If you enroll in Medicare after your Initial Enrollment Period ends, you may have to pay a late enrollment penalty for as long as you have Medicare.
2. Generally, you can enroll in Medicare only during the Medicare General Enrollment Period (from January 1– March 31). Your coverage won't begin until July 1 of that year.
3. If you get premium-free Part A after already having Marketplace coverage, you won't be eligible for help paying your Marketplace plan premiums.

What if I become eligible for Medicare after I join a Marketplace plan?

If you have coverage through an individual Health Insurance Marketplace plan (not through an employer), you should end your Marketplace coverage and enroll in Medicare during your Initial Enrollment Period to avoid a delay in future Medicare coverage and the possibility of a Medicare late enrollment penalty. Once you're considered eligible for Part A, you won't qualify for help paying your Marketplace plan premiums or other medical costs. If you continue to get help paying your Marketplace plan premium after you have Medicare, you might have to pay back the help you got when you file your taxes. Contact Access Health CT (1-855-805-4325) at least 15 days before the date you want your Marketplace coverage to end. Usually, you'll want your Marketplace coverage to end the day before your Medicare coverage starts.

Note: You can keep your Marketplace plan after your Medicare coverage starts. However, once your Part A coverage starts, any tax credits and reduced cost-sharing you get through the Marketplace will stop.

If I have Medicare, can I get health coverage from an employer through the SHOP Marketplace?

Yes. Coverage from an employer through the SHOP Marketplace is treated the same as coverage from an employer group health plan. If you're getting health coverage from an employer through the SHOP Marketplace based on your or your spouse's current employment, Medicare Secondary Payer rules apply. Visit [Medicare.gov](https://www.medicare.gov) to learn more about how Medicare works with other insurance.

If I'm getting health coverage from an employer through the SHOP Marketplace, can I delay enrollment in Part B without a penalty?

Yes. You can delay enrollment if you're getting health coverage from an employer through the SHOP Marketplace based on your or your spouse's current employment. You have a Special Enrollment Period to sign up for Part B without penalty:

- Any time you're still covered by the group health plan based on your or your spouse's current employment.
- During the 8-month period that begins the month after the employment ends or the coverage ends, whichever happens first.

If you don't sign up during this Special Enrollment Period:

- You may have to pay a late enrollment penalty.
- You can only enroll during the General Enrollment Period which occurs each year from January 1–March 31 with coverage beginning July 1.

If I'm currently working and get health coverage through the SHOP Marketplace, and I'm eligible for Medicare because I turned 65 but didn't enroll, can my plan change the amount or refuse to pay for Medicare-covered services?

No. Even if you don't have Medicare, the SHOP Marketplace (or other non-grandfathered, small group market coverage) is expected to pay for covered services as the primary payer. The SHOP Marketplace can't limit coverage based on the possibility of you having other coverage and can't change coverage based on Medicare eligibility. The SHOP Marketplace or other non-grandfathered small group health plan must pay for services, even if you're eligible for Medicare but not enrolled.

If I have employer group "retiree only" coverage and I'm eligible for Medicare but not enrolled, can the group retiree health plan change the amount or refuse to pay for Medicare covered services?

Yes, the retiree coverage can pay at a different rate (or not at all), as long as Medicare would've been your primary coverage.

If I get health coverage through my employer's self-insured group health plan, and I'm eligible for Medicare because I'm turning 65 but not enrolled, can my employer change the amount it pays or refuse to pay for Medicare covered services? The employer has fewer than 20 employees.

Yes, if your employer's group health plan contractual terms allow the employer to pay at a different rate (or not at all) and Medicare would've been your primary coverage (like when the employer has fewer than 20 employees).

I have End-Stage Renal Disease (ESRD), but I haven't signed up for Medicare. Can I get a Marketplace plan?

Yes. People with ESRD aren't required to sign up for Medicare. If you have ESRD and don't have either Part A or Part B, you can get a Marketplace plan. You may also be eligible for tax credits and reduced cost-sharing through the Marketplace. However, once your Part A coverage starts, any tax credits and reduced cost-sharing you get through the Marketplace will stop.

I have Medicare coverage due to ESRD. Can I drop my Medicare coverage and choose a Marketplace plan?

Generally, no. Once you apply for Medicare, your Medicare coverage will end one year after you stop getting regular dialysis or 36 months after a successful kidney transplant. However, you may withdraw your original Medicare application. You would have to repay all costs covered by Medicare, pay any outstanding balances, and refund any benefits you got from Social Security or the Railroad Retirement Board. Once you've made all of the repayments, the withdrawal will be processed as though you never had Medicare at all.

Can I get a stand-alone dental plan through the Marketplace?

In most cases, no. You can learn about stand-alone dental plans through the Department of Insurance website: www.ct.gov/cid under Health Insurance or contact CHOICES for assistance: 1-800-994-9422

Is prescription drug coverage through the Marketplace considered creditable prescription drug coverage for Medicare Part D?

While prescription drug coverage is an essential health benefit, prescription drug coverage in a Marketplace or SHOP plan isn't required to be at least as good as Medicare Part D coverage (creditable). However, all private insurers offering prescription drug coverage, including Marketplace and SHOP plans, are required to determine if their prescription drug coverage is creditable each year and let you know in writing. Visit [Medicare.gov](http://www.Medicare.gov) for more information about creditable coverage.

Can I get help paying for my Medicare costs?

- If you need help with your Part A and B costs, you can apply for a Medicare Savings Program. Call the Connecticut Department of Social Services benefits line at 1-855-626-6632 (TTY 1-800-325-0778) or contact CHOICES at 1-800-994-9422. Connecticut only considers income, not assets, when deciding if you are eligible for benefits.
- In CT, individuals automatically qualify for federal Extra Help to pay for Medicare prescription drug costs when they are granted the Medicare Savings Program. For more information on Extra Help contact CHOICES at 1-800-994-9422 or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Where can I get more information?

- Call Social Security at 1-800-772-1213 for information about Medicare enrollment. To learn more about Medicare coverage and plan choices, visit [Medicare.gov](http://www.Medicare.gov), or call 1-800-MEDICARE.
- If you have family and friends who don't have health coverage, or if they want to explore health plan options, tell them to visit www.accesshealthct.gov.

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit <https://www.cms.gov/about-cms/agency-Information/aboutwebsite/cmsnondiscriminationnotice.html>, or call the Marketplace Call Center at 1-800-318-2596 for more information.

TTY users should call 1-855-889-4325.

