

# Take action when you have both Marketplace & Medicare coverage

You need to take action if you recently got a letter that you (or another person on your application) may lose Marketplace coverage and financial help for your Marketplace plan because of Medicare enrollment.

**You should do one of these:**

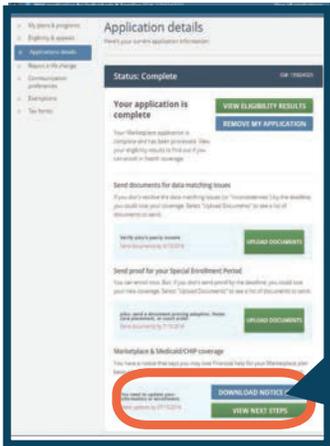
- End your enrollment in Marketplace coverage with financial help
- Update your application to tell the Marketplace you're not enrolled in Medicare

This guide shows how to take the next steps. Select the “NEXT” arrows along the bottom of each page, or move ahead to the indicated page. Don't use the arrow keys on your keyboard.

# Log into your Marketplace account, if you haven't already

1. Choose your current application under "Your existing applications."
2. Select "Application Details" on the left-hand menu.

# Pay attention to your deadline to take action & check your next steps



## Marketplace & Medicare coverage

You have a notice that says you (and/or another person on your application) may lose Marketplace coverage and financial help for your Marketplace plan because of Medicare enrollment.

**You need to update your information or enrollment.**

Make updates by XX/XX/XXXX

**DOWNLOAD NOTICE (PDF)**

**VIEW NEXT STEPS**

**IMPORTANT:** Take action before this date.

Download and review your notice here, if needed.

Select the "View Next Steps" button to learn what to do next.

# Tell us who in your household has Marketplace & Medicare coverage

**Marketplace & Medicare coverage**  
You have a notice that says you (and/or another person on your application) may lose Marketplace coverage and financial help for your Marketplace plan because of Medicare enrollment. Review the information below for each person, and follow next steps.

**Tell us about coverage for people in your household**

We check federal Medicare data to be sure the people on your application have the right coverage. Records show that the person or people below may be enrolled in both a Marketplace plan and Medicare.

If a person is eligible for Medicare, they don't qualify to get savings paying for their Marketplace plan. We may terminate (end) your Marketplace coverage if you allowed us to act on your behalf.

Let us know if each person below is currently enrolled in Medicare.

**Are these people enrolled in Medicare?**  
*If a person's Medicare coverage will end soon, select "No."*  
Bobby Flynn

Yes  
 No

## Are these people enrolled in Medicare?

*If a person's Medicare coverage will end soon, select "No."*

Bobby Flynn

- Yes  
 No

Answer "Yes" or "No" to let us know if anyone on your application is currently enrolled in Medicare.

# Select the box that matches your situation

Everyone has Medicare

➤ Go to page 6

No one has Medicare

➤ Go to page 7

At least one person (but not  
everyone) has Medicare

➤ Go to page 8

There are people on my  
application that aren't asked  
about

➤ Go to page 9

# Everyone has Medicare

Now, end Marketplace coverage.

Are these people enrolled in Medicare?  
*If a person's Medicare coverage will end soon, select "No."*

Bobby Flynn  
 Yes  
 No

Madison Flynn  
 Yes  
 No

**Next steps:**  
You told us everyone above is enrolled in Medicare. Now, you'll end their Marketplace coverage.

[Learn how to take your next steps.](#) It's a good idea to keep this open so you can follow the steps to correctly update your information.

Select "Yes" for all people on your application.

Select the green "Continue" button.

**Terminate coverage**  
You can terminate (end) your Marketplace coverage.

To end your coverage in **all** plans and programs (including dental plans), select "END (TERMINATE) ALL COVERAGE."

To end your coverage in all or some **dental** plans, select "END (TERMINATE) DENTAL COVERAGE."

Enrolled in 1 plan(s)

Select the red "End (Terminate) All Coverage" button.

**Premera Blue Cross Blue Shield of Alaska Marketing Premera Blue Cross Alaska One Bronze**  
Bobby Flynn and Madison Flynn

**Important:** You are about to cancel coverage.

You've chosen to cancel this coverage:  
**Premera Blue Cross Blue Shield of Alaska Marketing Premera Blue Cross Alaska One Bronze**  
Bobby Flynn and Madison Flynn

[Learn more about ending your coverage](#)

I fully understand that I'm choosing to end coverage for the plan above for all members of my household that are currently enrolled in this plan. I understand that we may not be able to enroll in other Marketplace coverage until the next Open Enrollment, unless we qualify for a Special Enrollment Period.

Read the popup carefully. Then, select the red "End Coverage" button.

# No one has Medicare

Now, update your application.

First, indicate that no one has Medicare.

Continue through your application and make any updates. Answer questions about current health coverage.

Are these people enrolled in Medicare?  
*If a person's Medicare coverage will end soon, select "No."*  
Bobby Flynn  
 No  
Madison Flynn  
 No  
Next steps:  
You told us no one above is enrolled in Medicare. Now, you'll update your application.  
[Learn how to take your next steps.](#) It's a good idea to keep this open so you can follow the steps to correctly update your information.  
BACK CONTINUE

Select "No" for all people on your application.

Select the green "Continue" button.

Are any of these people currently enrolled in health coverage?  
Select a person's name only if they'll still have the same coverage they have now on or after XX/XX/XXXX  
Select all that apply.  
[Learn more about types of health coverage and how to answer, even if a person is enrolled through the Marketplace.](#)  
 Bobby  
 Madison  
 None of these people  
Save & continue

Here, tell us that the people on your application don't have coverage through Medicare. Answer the question for each person. Then, select "Save & continue."

Continue through your application and confirm your enrollment in a plan. **Your updates won't happen until you complete these steps.**

# At least one person has Medicare

Now, end Marketplace coverage for some people and update your application.

First, tell us who has Medicare.

Are these people enrolled in Medicare?  
If a person's Medicare coverage will end soon, select "No."  
Bobby Flynn  
 Yes  
 No  
Madison Flynn  
 Yes  
 No  
Next steps:  
You told us at least one person on your application has Medicare.  
[Learn how to take your next steps.](#) It's a good idea to keep this open so you can follow the steps to correctly update your information.  
BACK CONTINUE

Select "Yes" or "No" for each person on your application.

Select the green "Continue" button.

Continue to make updates and answer questions about current health coverage.

Bobby's coverage  
What type of coverage does Bobby have?  
 Marketplace coverage  
Select if Bobby has coverage through HealthCare.gov or a state-based Marketplace.  
 Alaska Medicaid  
Don't check this box if one of these applies to Bobby's coverage:  

- Their coverage pays for only limited benefits, like family planning services, emergency services, outpatient hospital services, or treatment of tuberculosis.
- Their coverage pays for only coronavirus disease 2019 (COVID-19) testing.
- Their Medicaid coverage doesn't pay for inpatient hospital services.

 Dental KidCare (CHIP)  
 Medicare  
 TRICARE  
Don't select if Bobby has Direct Care or Line of Duty.  
 Veterans Affairs (VA) health care program  
 Peace Corps  
 COBRA  
Don't check this box if this person will end COBRA coverage once they enroll in Marketplace coverage. Select if Bobby is enrolled in COBRA (and plans to keep it during 2022). They won't qualify for a premium tax credit, but may be eligible to enroll in a Marketplace health plan or other programs. [Learn more about COBRA.](#)  
 Retiree health benefits  
Select if Bobby is enrolled in a retiree health plan (an employer-provided health care plan that carries over to retirement) and plans to keep it during 2022. They won't qualify for a premium tax credit, but may be eligible to enroll in a Marketplace health plan or other programs.  
 Coverage through their job (or another person's job, like a spouse or parent)  
Select if Bobby is currently enrolled in a job-based plan and can use the health benefits.  
 Other full benefit coverage  
 Other limited benefit coverage  
Tell us about Bobby's Medicare coverage.  
Medicare Number  
Optional. You can find this person's Medicare Number by looking at their red, white, and blue Medicare card.  
Save & continue

Tell us who has Medicare coverage. Answer the question for each person. Then, select "Save & continue."

Then, continue through your application and confirm your enrollment in a plan. **Your updates won't happen until you complete these steps.**

# There are people on my application that aren't asked about

Now, update your application. People with Medicare don't need a Marketplace plan. But you need to keep them on the application so your household gets the right financial help.

First, tell us who has Medicare.

Are these people enrolled in Medicare?  
If a person's Medicare coverage will end soon, select "No."  
Bobby Flynn  
 Yes  
 No  
Madison Flynn  
 Yes  
 No  
Next steps:  
You told us at least one person on your application has Medicare.  
[Learn how to take your next steps.](#) It's a good idea to keep this open so you can follow the steps to correctly update your information.  
BACK CONTINUE

Select "Yes" or "No" for each person on your application.

Select the green "Continue" button.

Continue through your application. **Be sure it shows that the people who have Medicare aren't applying for coverage.**

Who needs health coverage?  
[Learn more about who not to include.](#)  
Needs coverage  
[Learn more about editing or removing someone.](#)  
✓ Madison Edit Remove  
Add a person who needs coverage  
Doesn't need coverage  
✗ Bobby Edit  
Save & continue

Indicate that the people with Medicare aren't applying for coverage. Select "Save & continue."

Then, continue through your application and confirm your enrollment in a plan. **Your updates won't happen until you complete all of these steps.**

# Finish Up

## When you've completed all necessary steps:

1. Select your name in the top right-hand corner of your application.
2. Select "My Applications & Coverage."
3. Select your most recent application.
4. Select "Application Details."
5. Go down to the "Marketplace & Medicare coverage" section. If you've successfully completed the steps, you'll see "No Action Needed." You don't need to do anything in this section.
6. Review the "Application Details" page to make sure you've taken all necessary steps. You may have other sections that tell you to take action, like submitting documents.

You have the right to get Marketplace information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against.

Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsdondiscriminationnotice](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsdondiscriminationnotice), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

## Health Insurance Marketplace

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