



Centers for Medicare & Medicaid Services National Training Program

Glossary: Medicare enrollment: People with disabilities

- **ALS (amyotrophic lateral sclerosis)**—Also known as Lou Gehrig’s Disease.
- **COBRA (Consolidated Omnibus Budget Reconciliation Act)**—A federal law that may allow you to temporarily keep health coverage after your employment ends, you lose coverage as a dependent of the covered employee, or another qualifying event. If you elect COBRA coverage, you pay 100% of the premiums, including the share the employer used to pay, plus a small administrative fee. In general, COBRA only applies to employers with 20 or more employees.
- **cost-sharing reduction**—A discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance. In the Health Insurance Marketplace®, cost-sharing reductions are often called “extra savings.”
- **creditable drug coverage**—Prescription drug coverage (for example, from an employer or union) that’s expected to pay, on average, at least as much as Medicare’s standard drug coverage. People who have this kind of coverage, when they become eligible for Medicare, can generally keep that coverage without paying a penalty, if they decide to enroll in Medicare drug coverage later.
- **disability**—To get disability benefits, a person must meet the definition of disability under the Social Security Act. A person is disabled under the Act if they can’t work due to a severe medical condition that has lasted, or is expected to last, at least one year or result in death. The person’s medical condition(s) must prevent them from doing work that they did in the past, and it must prevent them from adjusting to other work.
- **disabled**—In this course, “disabled” refers to the definition of disability used for Social Security purposes—the inability to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or to last for a continuous period of not less than 12 months.
- **dual eligible beneficiaries**—People who are eligible for both Medicare and Medicaid. The term includes beneficiaries enrolled in Medicare Part A and/or Part B and receiving full Medicaid benefits and/or assistance with Medicare premiums or cost sharing through a Medicare Savings Program.
- **End-Stage Renal Disease (ESRD)**—Permanent kidney failure that requires a regular course of dialysis or a kidney transplant.
- **Extra Help**—A Medicare program (also called the low-income subsidy) to help people with limited income and resources pay Medicare drug program costs, like premiums, deductibles, and coinsurance.
- **General Enrollment Period (GEP)**—Occurs January 1–March 31 each year. If you enroll in Part A (if you have to buy it) or Part B during the GEP, your coverage starts on July 1.
- **group health plan**—In general, a health plan offered by an employer or employee organization that provides health coverage to employees and their families.

- **guaranteed issue rights (also called “Medigap protections”)**—Rights you have in certain situations when insurance companies are required by law to sell or offer you a Medigap policy. In these situations, an insurance company can’t deny you a Medigap policy, or place conditions on a Medigap policy, like exclusions for pre-existing conditions, and can’t charge you more for a Medigap policy because of a past or present health problem.
- **Health Insurance Marketplace®**—A service that helps people shop for and enroll in affordable health insurance. The federal government operates the Marketplace, available at [HealthCare.gov](https://www.healthcare.gov), for most states. Some states run their own Marketplaces. The Health Insurance Marketplace® (also known as the “Marketplace” or “exchange”) provides health plan shopping and enrollment services through websites, call centers, and in-person help.
- **Income Related Monthly Adjustment Amount (IRMAA)**—Most people will pay the standard Part B premium amount. If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you’ll pay the standard Part B premium amount and an Income Related Monthly Adjustment Amount, also known as IRMAA. IRMAA is an extra charge added to your premium.
- **Initial Enrollment Period (IEP)**—When you first become eligible for Medicare. Your IEP starts 3 months before you first meet all the eligibility requirements for Medicare and lasts for a total of 7 months.
- **late enrollment penalty**—An amount added to your monthly premium for Part A, Part B, or your Medicare drug coverage (Part D), if you don’t join when you’re first eligible. For Part A, the penalty is temporary. For Part B and Part D, you pay the penalty as long as you have Medicare. (There are some exceptions.)
- **Marketplace**—See *Health Insurance Marketplace®*.
- **Medicaid**—A joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid Programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.
- **Medicare Advantage (MA) Plan**—A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits, excluding hospice. MA Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you’re enrolled in an MA Plan, most Medicare services are covered through the plan and aren’t paid for under Original Medicare. Most MA Plans offer prescription drug coverage. See *Part C*.
- **Medicare Open Enrollment Period (OEP)**—Occurs October 15–December 7 each year. People with Medicare can join, switch, or drop a Medicare health or drug plan to better meet their coverage needs. Coverage begins January 1 of the following year.
- **Medicare Savings Program**—A Medicaid Program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance.
- **Medicare Special Needs Plan**—A special type of Medicare Advantage Plan (Part C) that provides more focused and specialized health care for specific groups of people, like those who have both Medicare and Medicaid, who live in a nursing home, or have certain chronic medical conditions.
- **Medicare Supplement (Medigap) policy**—Medicare Supplement Insurance sold by private insurance companies to fill “gaps” in Original Medicare coverage.

- **Medigap policy**—See *Medicare Supplement (Medigap) policy*.
- **Open Enrollment Period (OEP)**—See *Medicare Open Enrollment Period*.
- **Original Medicare**—Original Medicare is a fee-for-service health plan that has 2 parts: Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance).
- **Part A (Hospital Insurance)**—Covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.
- **Part B (Medical Insurance)**—Covers certain doctors' services, outpatient care, medical supplies, and preventative services.
- **Part C**—See *Medicare Advantage Plan*.
- **Part D (Medicare drug coverage)**—Optional benefits for prescription drugs available to all people with Medicare for an additional charge. This coverage is offered by insurance companies and other private companies approved by Medicare.
- **premium tax credit**—A tax credit you can use to lower your monthly insurance payment (called your “premium”) when you enroll in a plan through the Health Insurance Marketplace®. Your tax credit is based on the income estimate and household information you put on your Marketplace application.
- **Social Security Disability Insurance (SSDI)**—Benefits the U.S. Social Security Administration pays to you and certain members of your family if you have worked long enough and have a medical condition that has prevented you from working or is expected to prevent you from working for at least 12 months or end in death.
- **Special Enrollment Period (SEP)**—After your Initial Enrollment Period is over, you may have a chance to sign up for Medicare during an SEP. If you didn't sign up for Part B (or Part A if you have to buy it) when you were first eligible because you're covered under a group health plan based on current employment—your own, a spouse's, or a family member's, if you have a disability—you can sign up for Part A and/or Part B anytime you're still covered by the group health plan. You can also sign up during the 8-month period that begins the month after the employment ends or the coverage ends, whichever happens first.
- **State Health Insurance Assistance Program (SHIP)**—A state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.
- **State Insurance Department**—A state agency that regulates insurance and can provide information about Medigap policies and other private health insurance.
- **TRICARE (military health benefits)**—A health care plan for active-duty service members, military retirees, and their families.

NOTE: HEALTH INSURANCE MARKETPLACE is a registered service mark of the U.S. Department of Health & Human Services.

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