Medicare Minute Teaching Materials — July 2026
Medicare and Changes in Residence

1. How will moving to a new residence within the U.S. affect my Medicare coverage?
If you have Original Medicare, you will not have to make changes to your Original Medicare when moving out of state or within your own state. Original Medicare does not have provider networks, so you can visit any doctor or facility in the country that accepts Medicare. Although you do not need to make changes to your Original Medicare coverage, you should still contact Social Security to update your information to ensure that you receive important communications. You can visit www.ssa.gov, call 800-772-1213, or visit a local Social Security office to update your permanent address.

Medicare Advantage plans and Part D plans, on the other hand, have coverage areas, so you may need to switch plans if you are moving outside of the area served by your current plan. You will have a Special Enrollment Period (SEP) if you move out of your Medicare Advantage plan's or Part D plan's service area **or** if you move to an area covered by your plan but more plans are available to you in your new coverage area. Note that if you have a Medicare Advantage plan, you can use this SEP to switch from one Medicare Advantage plan to another or to return to Original Medicare and select a stand-alone Part D plan.

2. How long does the SEP due to moving last?
If you notify your Medicare Advantage plan or Part D plan of a permanent move **in advance**, you have an SEP to switch to another Medicare Advantage or Part D plan beginning as early as the month before your move and lasting two months after the move.

If you notify your Medicare Advantage or Part D plan of a permanent move **after you move**, you have an SEP to switch to another private health or drug plan, beginning the month you move, plus two months thereafter. (Note: You can also choose to return to Original Medicare and select a stand-alone Part D plan if you move out of your Medicare Advantage plan's service area.)

If you did **not** notify your private health or drug plan about a move:

- And your Medicare Part D plan learns from the Centers for Medicare & Medicaid Services (CMS) or the post office that you moved over 12 months ago, the plan should disenroll you 12 months after your move. Your SEP to switch to another Part D plan begins at the beginning of the 12th month and continues through the end of the 14th month after your move.
- And your Medicare Advantage plan learns from CMS or the post office that you moved over six months ago, the plan should disenroll you six months after your move. Your SEP to switch to another Medicare Advantage plan begins at the beginning of the sixth month and continues through the end of the eighth month after your move.

3. When does my coverage begin after using the SEP due to moving?
You may choose to begin coverage any time between the first day of the month you move (as long as you have submitted a completed application in advance), and up to three months after your Medicare Advantage plan or Part D plan receives the completed enrollment application.

4. How will moving to a new residence within the U.S. affect my Medigap?
Medigaps are health insurance policies that offer standardized benefits to work with Original Medicare (not with Medicare Advantage). If you have a Medigap and are moving, you do not need to change your Medigap

plan. Contact your Medigap plan to see if the cost of your Medigap will change. If you are moving to a different state, it is important to know that some states may have different enrollment rules, which may impact your ability to change your Medigap plan after you move. To learn about Medigaps in a certain state, contact that state's State Health Insurance Assistance Program (SHIP) by calling 877-839-2675 or visiting www.shiphelp.org.

5. How will moving to a new residence affect my cost assistance programs?
If you are moving to a new residence within the same state, cost assistance programs like the Medicare Savings Program (MSP) and Extra Help will not be affected. Medicare Savings Programs help pay Medicare costs if you have limited income and assets. There are three main programs that, at a minimum, pay for your Part B premium. Extra Help is a federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage.

However, because MSP eligibility requirements are state-specific and MSP applications are processed at the state level, your MSP will not follow you if you move to another state. You will need to disenroll from your MSP and see if you are eligible for an MSP in the state to which you are moving. To ask about cost assistance programs in another state, call that state's SHIP by calling 877-839-2675 or visiting www.shiphelp.org.

Even when moving to a new state, your Extra Help benefits will not be affected, as eligibility requirements do not differ by state. It is important to note, however, that if you were automatically enrolled in Extra Help because you had Medicaid or an MSP, but then lose Medicaid coverage or the MSP because of your move to a different state, you will need to actively enroll in Extra Help to keep those benefits into the future.

6. How does Medicare enrollment and coverage work if I move abroad?
Decisions about Medicare enrollment can be complicated if you live outside the United States. Living outside the U.S. means you do not live in the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, or the Northern Mariana Islands. Although Medicare does not typically cover medical costs you receive when you live abroad, you still need to choose whether to enroll (or maintain your enrollment) in Medicare. This requires considering:

- Whether you plan to return to the U.S. (see question 8)
- Whether you are working or volunteering outside the U.S. (see question 8)
- The potential costs of delayed enrollment (see below)

If you are 65 or older and qualify for Medicare, you can enroll in Medicare Parts A and B, also known as Original Medicare, either before or after you leave the U.S. Remember, though, that Medicare will typically not cover medical care you receive outside the U.S. Since most people pay no premium for Part A coverage, it is usually best to keep Part A, even if you are moving abroad, because it is free. If you do not qualify for premium-free Part A, you may only be able to enroll in Medicare if you live in the U.S. To have Part B coverage, you must pay the monthly Part B premium. You may want to keep Part B if you plan to move back to the U.S. at any point in the future or visit frequently, as you generally will not have a SEP to sign up for Part B when you return. You would likely have to use the General Enrollment Period (GEP) to sign up for Part B. The GEP runs January 1 through March 31 of each year, and coverage begins the month after the month of enrollment. You may also have a Part B late enrollment penalty of 10% of the Part B premium ($202.90 in 2026) for each year you were eligible for Part B but did not enroll or have certain other types of coverage (see question 8).

7. How do I enroll in Medicare if I become eligible while living abroad?
If you live in a foreign country when you turn 65 and first qualify for Medicare, you can sign up by requesting enrollment forms from the United States Embassy or Consulate in the country where you currently live. The Social Security Administration (SSA) should also send you a letter explaining that you have entered your Initial Enrollment Period (IEP), along with a form to request an enrollment packet. Your IEP is the three months before, the month of, and three months after your 65th birthday. Be sure to keep copies of any forms that you complete. If possible, it is best to send paperwork via certified mail to ensure their delivery.

If you are collecting benefits from SSA or from the Railroad Retirement Board (RRB) while abroad, you may be automatically enrolled in Part A when you become Medicare-eligible. Follow the steps above to ensure that you are enrolled in Part B if you plan to pay the premium abroad to maintain your Medicare coverage.
If you do not enroll in Medicare during your IEP, you may have to wait until the GEP, which runs January 1 through March 31 each year, and coverage begins the first of the month after the month of enrollment. Make sure you are aware of the consequences of choosing not to enroll during your IEP (see question 6).

Note: If you do not qualify for premium-free Part A, you may only be able to enroll in Medicare if you live in the U.S.

8. Should I enroll in or keep Medicare Part B if I am moving abroad but may move back to the U.S. or visit often?
If you plan to move back to the U.S. or travel back frequently, you may want to enroll in or keep Part B to ensure you have medical coverage during your stays, and to avoid potential gaps in coverage or late enrollment penalties. Be sure to do your research before deciding to drop Part B when you leave the United States. If you do not enroll in Medicare during your IEP or do not elect to keep Part B if you were already enrolled, you may have to wait until the GEP to sign up for Part B coverage. Make sure you are aware of the consequences of choosing not to enroll during your IEP if you live abroad (see question 6).

If you plan to move back to the U.S. or travel back frequently, you might consider delaying or dropping Part B if:

- You or your spouse currently work outside the U.S. for a company that provides you with health insurance, or you or your spouse work in a country with a national health system. You will qualify for a SEP to enroll in Part B without penalty. This SEP begins at any time while you (or your spouse) are still working and for up to eight months after you lose your health coverage or stop working.
- You volunteer internationally for at least 12 months for a tax-exempt non-profit organization and have health insurance during that time. You will have a six-month SEP to enroll in Medicare without gaps or penalties. This SEP begins once your volunteer work stops or your health insurance outside of the U.S. ends, whichever is earlier.

9. Should I enroll in or keep Medicare Part B if I am moving abroad permanently?
Remember that you can have Medicare while you live abroad, but it will usually not cover the care you receive. Keeping Part B may not be worth the cost if you live abroad permanently and do not take frequent trips to the U.S. To stay enrolled in Part B, you must continue to pay monthly Part B premiums even though Medicare will not cover your care. Before you move abroad, make sure to explore your options for health coverage in whichever country you may reside. Once you are a resident of certain foreign countries, you may qualify for

national health insurance, or you may be able to buy private health insurance. Get specifics about this coverage to ensure that coverage will be adequate and affordable now and in the future.

10. How do Medicare Advantage plans and Part D plans work while living abroad?
When you move abroad, you should disenroll from and stop paying premiums for your Medicare Advantage plan or stand-alone prescription drug plan (Part D). You are not eligible for these plans because you live outside the plan service area, and your coverage must end if you live outside of the United States. It is your responsibility to notify your plan that you are moving.

If you enroll in Medicare for the first time when abroad, you can only enroll in Original Medicare Parts A and B, as Medicare Advantage plans and Part D plans require you to live within the plan service area to join. If you move back to the U.S., you will have a SEP to join a Medicare Advantage or Part D plan. Your SEP begins the month before your move and lasts up to two months after the month you move. For example, if you move back to the U.S. in April your SEP is March through June.

11. Do I keep my Medicare coverage while I am incarcerated?
Incarceration can affect your Medicare coverage (you are incarcerated if you are in prison, jail, or otherwise in the custody of penal authorities). If you had Medicare before your arrest, you will remain eligible for the program while you are incarcerated. However, Medicare generally will not pay for your medical care. Instead your correctional facility will provide and pay for your care. Once you are released, Medicare will resume coverage if you remained enrolled.

If you are incarcerated for 30 days or more and are convicted of a crime, any Social Security retirement benefits or Social Security Disability Insurance (SSDI) you receive will stop. Your benefits can be reinstated after your release. Note that if you are under 65 and qualify for Medicare due to disability, you must reinstate your SSDI in order to resume Medicare coverage. To learn about the requirements for reinstating your benefits, contact the SSA.

Prior to 2023, it was usually best to keep Medicare Part A and Part B coverage while you were incarcerated. Although Medicare would not cover your care, keeping it ensured that you would avoid late enrollment penalties and gaps in coverage when released. Before 2023, there was no SEP for people being released from incarceration.

For people released from incarceration after January 1, 2023 or released from home confinement or halfway houses after 2025, however, there is a Special Enrollment Period for premium Part A and for Part B that starts when you are released from incarceration and ends the last day of the 12th month after release (see question 13). There are still some circumstances in which it is best to retain Medicare enrollment or where this SEP will not apply—in particular, if the incarceration is expected to be very short and will not encompass a Medicare enrollment period (usually the GEP). The SEP requires showing that you did not enroll or reenroll in Medicare during an applicable enrollment period during your incarceration.

12. What if I cannot afford to continue paying for Part B premiums while incarcerated?
If you cannot afford to continue paying the Part B premium during your incarceration:

1. You should actively withdraw from Part B instead of being disenrolled to avoid owing premiums to SSA. If you do nothing, SSA will continue to bill you for Part B and disenroll you after you fail to pay

your premiums. When you re-enroll in Part B upon release, SSA will deduct any unpaid premiums from your Social Security benefits.

2. See whether you will qualify for a Medicare Savings Program. MSPs pay your Part B premiums, help you enroll in Medicare outside typical enrollment periods, and waive premium penalties. In some states, you may be able to apply for an MSP while you are incarcerated. If you do qualify for an MSP, aim to enroll into the MSP in the two months before your release. Typically, you should receive a decision within 45 days of filing an application. If your state does not allow you to apply for an MSP while you are incarcerated, apply as soon as you are released. Be sure to apply for an MSP in the state you will reside in after release. If you had an MSP before your incarceration, it will typically stop once you are taken into custody. You will likely need to re-apply for benefits to start upon your release. Using an MSP can help even if you qualify for the SEP and do not face penalties.

For more information regarding eligibility and application requirements for an MSP in your state, contact your local Medicaid office or your SHIP. Contact information for your SHIP is on the last page of this document.

13. What should I do if I become eligible for Medicare while I am incarcerated?

If you turn 65 and qualify for Medicare while incarcerated, you will qualify for a Part B Special Enrollment Period (SEP) to enroll in Medicare without penalty when you are released. In order to use this SEP, you must have been released from incarceration on or after January 1, 2023.

Your SEP lasts for 12 months. It begins the day you are released from incarceration, and it ends the last day of the 12th month after you are released. Being released from incarceration means that you are no longer in the custody of a penal authority.

You have two choices for when Medicare coverage can begin:

- You can choose to have coverage begin on the first of the month after the month you enroll
- You can choose to have coverage begin up to six months retroactively (but it cannot begin before January 1, 2023 or before you were released from incarceration)

If you do not enroll into Medicare within 12 months of being released, you may have to wait until the General Enrollment Period (GEP) to enroll. The GEP is January 1 through March 31 of each year, with coverage starting the first of the month after the month of enrollment. If you enroll during the GEP, you may have a Part B late enrollment penalty. The penalty makes your Medicare coverage more expensive.

If you are under 65, qualify for Social Security Disability Insurance (SSDI), and are within your two-year waiting period for Medicare before incarceration, the time you spend incarcerated will not count toward your two-year waiting period. Once your SSDI benefits are reinstated after your release, time spent toward your two-year waiting period will resume.

If you were released from incarceration before January 1, 2023 or from a halfway house or home confinement before 2025, and you need to enroll in Medicare, you will likely have to use the GEP. If you qualify for a Medicare Savings Program (MSP), you can be enrolled in Medicare Part B outside of the GEP and you will not have a late enrollment penalty. Contact your State Health Insurance Assistance Program (SHIP) to learn if you qualify for an MSP. Contact information for your SHIP is on the last page of this document.

14. How do I enroll in Medicare while I am incarcerated?

To enroll in Part A and Part B, send a signed and dated letter to the SSA that includes your name, Social Security number, clear statement that you want to enroll, and the date coverage should be effective. Be sure to keep a copy of the letter that you send. If possible, it is best to send paperwork via certified mail to ensure their delivery. Your application must contain your signature in order to be valid.

15. If I'm incarcerated, should I stay enrolled in my Medicare Advantage plan or Part D plan?
When you are incarcerated, you should disenroll from your stand-alone prescription drug plan (Part D) or Medicare Advantage plan. This is because you are ineligible for these plans for the duration of your time in jail, prison, or otherwise in the custody of penal authorities. If you do not actively disenroll, your plan can disenroll you. When you are released, you have a SEP to join a Part D plan or a Medicare Advantage plan. Your SEP begins as early as the month before your release and lasts up to two months after you are released. For example, if you are scheduled for release April 1, your SEP is March 1 through May 31. You should choose a plan that works best for your drug and health care needs. You must inform the plan you choose of your address so they can confirm you are in their coverage area and eligible to enroll in that plan. If you need help finding Medicare Advantage or Part D plans, use Medicare's Plan Finder tool.

16. Can I be eligible for Medicare if I am not a U.S. citizen but I live in the U.S.?
When you turn 65, you become eligible for Medicare if you:

1. Either receive or qualify for Social Security retirement cash benefits and are:
    1. A U.S. citizen
    2. A lawful permanent resident (green card holder)
    3. A Cuban or Haitian immigrant eligible for refugee status
    4. Or, a resident from a Compact of Free Association (COFA) country

2. **Or**, currently reside in the United States and are either:
    1. A U.S. citizen
    2. Or, a lawful permanent U.S. resident (green card holder) who has lived in the U.S. continuously for five years prior to applying

17. How can I protect my medical identity?
You may need to share your personal information when you move, like when you update your address, enroll in a new plan, or start seeing new providers. Only share personal information with trusted sources and be on the lookout for medical identify theft. Medical identity theft happens when someone steals your personal information and uses it to get medical treatment or equipment and bills your insurance for it. Health care companies can try to reach people in various ways, like television commercials, radio ads, events, mailings, phone calls, and text messages. Some of them may be legitimate, but some could potentially be scammers trying to steal your personal and/or medical identity information.

It is important to protect your Medicare and/or health ID number and only share it with your health care provider or trusted person. You should protect your Medicare card like you would a credit card. Scammers have various ways of stealing someone's Medicare number and other personal information. Make sure you read your Medicare statements often. If you see services or prescriptions that you didn't know about or receive, your Medicare and/or health ID number could be considered "compromised." Here are some reasons you would report potential medical identity theft:

- You gave out your Medicare and/or health ID number:

  - Over the phone or internet to someone offering "free" services, such as genetic testing, a "new" Medicare card, or knee/back braces.
  - At a fair or other gathering as a check-in or to receive free services
  - In response to a television or radio commercial, Facebook ad, postcard, or print ad requesting a Medicare number
- You see on your Medicare Summary Notice or Explanation of Benefits charges for medical services or equipment that you did not receive, such as urinary catheters.
- You are contacted by a debt collection company for a provider bill you do not owe
- You received boxes of braces, testing kits, or other medical supplies in the mail that you did not request
- Medicare and/or a Medicare Advantage plan denies or limits your coverage or benefits because of a medical condition you do not have

If you believe you may have experienced medical identify theft, call your local Senior Medicare Patrol (SMP). Contact information for your SMP is on the last page of this document.

18. Who should I contact for more help?

Contact Social Security and your Medicare Advantage / Part D plan to notify them of your upcoming move.

Use Plan Finder or call 1-800-MEDICARE to compare Medicare Advantage or Part D plans in your new area.

Contact your State Health Insurance Assistance Program (SHIP) to learn about cost assistance programs and Medigap enrollment rules in the state to which you are moving. Contact information for your SHIP is on the last page of this document.

Contact your Senior Medicare Patrol (SMP) if you think you have experienced medical identify theft. Contact information for your SMP is on the last page of this document.

SHIP case example
Darlin is over 65 and has Original Medicare Parts A and B, as well as a Part D plan. Because of his work history, he has premium-free Part A, but does pay the standard premium of $202.90 per month for Part B. He plans to move abroad permanently, although he may make occasional trips back to visit family for short periods of time.

What should Darlin do?

- Darlin should keep his Medicare Part A, because he has it at no cost. Even though his Medicare coverage will not cover his medical costs abroad, keeping his Part A will help avoid gaps in coverage if he does move back to the U.S. It can also help cover costs if he needs any Part A services while visiting family in the U.S.
- Darlin should disenroll from his Part D plan, since he will no longer be eligible for it when living outside of the United States.
  - It is Darlin's responsibility to notify his Part D plan of his move.
  - If he moves back to the U.S., he will have a SEP a Part D plan again.

- Darlin should decide whether or not to keep his Part B coverage.
    - If he or his spouse work outside the U.S. for a company that provides them with health insurance, or they work in a country with a national health system, they can likely disenroll from Part B. They will qualify for a SEP to enroll in Part B without penalty.
    - He should consider any consequences of his disenrolling from Part B (potentially lack of coverage when he returns to the U.S. for visits, as well as a coverage gap and late enrollment penalty if he needs to enroll in Part B again in the future).
    - He should analyze his finances and see if he can afford to continue paying the Part B premium while living abroad, even if it will not cover his medical expenses.
- For additional help and counseling on this topic, Darlin can call his State Health Insurance Assistance Program (SHIP).
    - If Darlin doesn't know how to reach his SHIP, he can call 877-839-2675 or visit www.shiphelp.org to find out.

SMP case example

Roberta got a call from a number she did not recognize. She picked up and after a brief pause, a robotic voice said, "Hello. Is this Roberta?" to which she responded "Yes." After another brief pause, her conversation continued with someone whose voice now sounded real. They said, "Hi Roberta. This is Niki. Medicare is going to send you a new plastic Medicare card, and all I need to do is confirm your Medicare number before I mail it to you." Roberta, who had moved states recently and thought this meant she would be re-issued her Medicare card, gave out her Medicare number. Roberta realized after talking with a friend that they have never received a call from Medicare before, only information through postal mail, and she had a feeling that something was wrong.

What should Roberta do?

- Roberta should call her local Senior Medicare Patrol, or SMP.
    - If she does not know her local SMP's contact information, she can visit www.smpresource.org or call 877-808-2468.
- The SMP team member can collect additional information and will assist Roberta in contacting 1-800-MEDICARE to report her Medicare number as compromised.
- The SMP will tell Roberta to read her Medicare statements in the next few months to make sure her Medicare wasn't billed for services or supplies that she never requested.
- The SMP team member can help Roberta report any suspected medical identity theft to the proper authorities if needed and will provide education on how to prevent Medicare fraud, errors, and abuse in the future. For example, the SMP can assist her with how to read her Medicare statements. Also, they can remind Roberta that she should only provide her Medicare number to providers and trusted individuals because someone could use her personal information to bill for medically unnecessary services or products.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: 800-247-4422 **SHIP email: idahoshiba@doi.idaho.gov** **SHIP website: shiba.idaho.gov** **To find a SHIP in another state:** **Call 877-839-2675 and say "Medicare" when prompted or visit www.shiphelp.org.**	**SMP toll-free: 800-247-4422** **SMP email: idahoshiba@doi.idaho.gov** **SMP website: Medicare Fraud Prevention - Idaho Commission on Aging** **To find an SMP in another state:** **Call 877-808-2468 or visit www.smpresource.org.**

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