

2025/2026 Election Period Booklet

Medicare Advantage and Prescription Drug Plans

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Enrollment Elections Timeline

| | JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|---|--|-----|-----|---|-----|------|------|-----|------|-----|----------------------------|-----|
| Annual Election Period (AEP) | During MA-AEP, consumers can make a new plan choice. Any type of plan can be selected. | | | | | | | | | | AEP 10/15–12/07 | |
| Medicare Advantage Open Enrollment Period (MA-OEP) | MA-OEP 1/1–3/31 | | | <p>During OEP, MA Plan members may have an opportunity from January 1 through March 31 to switch MA plans (with or without drug coverage) or to disenroll from an MA plan and obtain coverage through Original Medicare (with or without a stand-alone PDP).</p> <p>Members enrolled in stand-alone PDP plans are not eligible for MA-OEP because the MA-OEP is only available to those enrolled in an MA plan.</p> | | | | | | | | |
| MA-OEP Newly Eligible (MA-OEP NEW) | MA-OEP NEWLY ELIGIBLE 1/1 – 12/31 | | | | | | | | | | | |
| | Newly eligible consumers who enroll in an MA Plan during their IEP/ICEP can use MA-OEP Newly Eligible, but only during the first three months after the start of Part A and Part B. | | | | | | | | | | | |
| Special Election Period (SEP) | SPECIAL ELECTION PERIODS (SEP) & INSTITUTIONALIZED (OEPI) 1/1 – 12/31 | | | | | | | | | | | |
| | Qualifying members can make changes outside of the AEP in accordance with applicable requirements. | | | | | | | | | | | |
| Newly Eligible (ICEP/IEP) | 1/1 – 12/31 | | | | | | | | | | | |
| | <p>Qualifying members will have 7-month window to enroll: 3 months prior, the month of, and 3 months after the start date of Parts A & B eligibility, or the month they turn 65 (or date of disability, if prior to turning 65). If a qualifying member delays enrollment into Part B they will have the 3 months prior to their Part B start date as well as the month of and month after.</p> <p>Note: <i>If qualifying member is born on the first day of the month, their 7-month window will start 4 months before they turn 65 and end 2 months after they turn 65.</i></p> | | | | | | | | | | | |

Note: Members of MA-Only coordinated care plans (HMO, POS, PPO) cannot also enroll in a stand-alone PDP. If they enroll in a stand-alone PDP, they will be disenrolled from their MA-Only coordinated care plan.

Medicare Advantage Open Enrollment Period Examples

The following are examples of election periods related to the Medicare Advantage Open Enrollment Period (MA-OEP) and Open Enrollment Period Newly Eligible (MA-OEP NEW) to help you better understand the timeframes for these scenarios. *(For full details, refer to the Enrollment Election Period Coding — Cheat Sheet in this booklet.)*

MA-OEP Example

| MARIA | Effective Date January 1 | Annual Election Period (AEP) | Enrolled in MA Only |
|--|---------------------------------|---|----------------------------|
| Maria enrolled in an MA Plan with an effective date of January 1. In February, she calls her agent to ask about switching to an MAPD Plan. Josh determines that Maria is eligible to make a one-time change during MA-OEP because she has been in her current MA Plan since January 1 (or earlier). Maria's effective date in her new MAPD Plan would be March 1. Maria's election period is MA-OEP. | | | |
| January | February | March | |
| Effective existing plan MA-Only | Switch Request MAPD | Effective new plan MAPD Election Period = MA-OEP | |
| In late March, Maria decides she doesn't like her new MAPD Plan and wants to switch back to an MA-Only Plan. Maria has already used MA-OEP election and will need to wait for the next AEP to make a switch in plans (unless she experiences a change prior to 10/15 that qualifies her for an SEP). | | | |
| March | April | May | |
| Switch Request | | | |
| ***Not eligible to change plan*** | | | |

MA-OEP versus OEP NEW Examples

| CONSTANTINE | Effective Date February 1 | Initial Enrollment Period (IEP) | Enrolled in MAPD |
|--|---|---|-------------------------|
| After a trip to the pharmacy in late February, Constantine was surprised by his drug costs and called his agent to ask about switching to a different MAPD. Constantine's Part A and B effective dates are February, so he has the month of effective date (February) plus 2 months (March and April) to make a change. His election period would be MA-OEP NEW (because he's within his newly eligible effective months). | | | |
| February | March | April | |
| Part A and B Effective Enrolled in MAPD Switch Request to another MAPD | Effective new plan MAPD Election Period = MA-OEP NEW | OR Effective new plan MAPD Election Period = MA-OEP NEW | |
| In March, Constantine wants to switch his plan again. He can switch only if he has an SEP. | | | |
| March | April | May | |
| Switch Request | ***Not eligible to change plan unless has an SEP*** | | |

| GARY | | Effective Date September 1 | Initial Coverage Election Period (ICEP) | Enrolled in MA Only |
|--|--|--|--|----------------------------|
| Gary was eligible for Part A and B in September and enrolled in an MA Plan. In October, he wants to change his MA Plan to another MA Plan with a November 1 effective date. Note: MA-OEP would not apply because it is not January – March. | | | | |
| September | October | November | | |
| Part A and B Effective Enrolled in MA-Only | Switch Request MA Only | Effective new plan MA Only Election Period = MA-OEP NEW (September-October-November) | | |
| In January, Gary wants to change plans again. He can use MA-OEP because he was enrolled in an MA plan on January 1 and has not yet used MA-OEP for the new calendar year (Jan 1 – Mar 31). | | | | |
| January | February | March | | |
| Switch Request | Effective new plan MA Only Election Period = MA-OEP | OR | Effective new plan MA Only Election Period = MA-OEP | |

OEP NEW/ICEP Delayed Part B / Employer Group Loss of Coverage

| JIM | | Effective Date April 1 | ICEP-delayed Part B | Enrolled in MAPD |
|---|---|-------------------------------|---|-------------------------|
| Jim turned 65 in April 2024. He decided he didn't want Part B and was going to continue working another year. Jim enrolled in Part B effective April 1, 2025. During his ICEP-delayed Part B, Jim enrolled in an MAPD effective April 1, 2025. It's now June 2025 and Jim wants to change plans. He can use OEP NEW (April-May-June). | | | | |
| April 2024 | May 2024 | June 2024 | | |
| Delayed Part B | | | | |
| April 2025 | May 2025 | June 2025 | | |
| MA-OEP NEW can be used in April-May-June 2025 | | | | |
| What is Jim's option if he enrolls in Part B but does not enroll in an MA Plan using ICEP-delayed Part B effective April 1, 2025? He could use SEP-EGHP loss (employer group health plan) as his election period. His SEP-EGHP is April-May-June (month of loss and 2 months after). | | | | |
| April 2025 | May 2025 | June 2025 | | |
| No MA Plan enrollment | Effective new MA Plan Election Period = SEP-EGHP | OR | Effective new MA Plan Election Period = SEP-EGHP | |

Initial Enrollment Period Examples

The following are examples of election periods related to the Initial Enrollment Period (IEP) and Initial Coverage Election Period (ICEP) to help you better understand the timeframes for these scenarios. (For full details, refer to the Application Coding — Cheat Sheet in this booklet.)

IEP/ICEP Examples

| ANTONIO | | Effective Date April 1 | | IEP or ICEP | | |
|--|----------|------------------------|--|-------------|------|------|
| Antonio is turning 65 in April and decides to enroll in both Medicare Parts A and B at this time. | | | | | | |
| January | February | March | April | May | June | July |
| From January through March, Antonio can enroll with an effective date of April 1. | | | In April, Antonio turns 65. He is eligible for Part A and B. | | | |
| | | | From April through July, Antonio can enroll with an effective date that is the first of the month following the month of election. | | | |
| Antonio can enroll in an MA-Only plan any time in this 7-month timeframe using the ICEP or Antonio can enroll in an MAPD or PDP plan any time during this timeframe and use the IEP: | | | | | | |
| <ul style="list-style-type: none"> • If he enrolls between January 1 and March 31, his effective date will be April 1. • If he enrolls between April 1 and July 31, his effective date will be the first day of the month following the month of election. | | | | | | |

| SALLY | | Effective Date April 1 | | IEP2 | | |
|--|----------|------------------------|--|------|------|------|
| Sally was eligible for Medicare Parts A and B due to a disability at age 50. Sally is turning 65 in April. | | | | | | |
| January | February | March | April | May | June | July |
| From January through March, Sally can enroll in or change MAPD or PDP plans with an effective date of April 1. | | | At age 50, Sally was eligible for Part A and Part B due to a disability. In April, Sally turns 65. | | | |
| | | | From April through July, Sally can enroll with an effective date that is the first of the month following the month of election. | | | |
| Sally can enroll in or change an MAPD or PDP plan any time in this 7-month time frame using the IEP2: | | | | | | |
| <ul style="list-style-type: none"> • If she enrolls between January 1 and March 31, her effective date will be April 1. • If she enrolls between April 1 and July 31, her effective date will be the first day of the month following the month of election. | | | | | | |

ICEP – Part B Delayed Example

| ALICE | | Effective Date May 1 | | Annual Election Period (AEP) | | |
|---|-------|----------------------|-----|------------------------------|--|--|
| Alice's 65 th birthday is April 20, 2023. She was eligible for Medicare Part A and B beginning April 1, 2023. Because she is still working and has health insurance provided by her employer, she decided not to enroll in Part B during her initial enrollment period for Part B. Upon retiring in April 2025, (leaving her employer group plan), she will have the opportunity to enroll in Part B (through a Part B SEP). She enrolls in Part B effective May 1, 2025. Her ICEP is February 1 through June 30, 2025. Note: Consumers only have the 3 months prior to the Part B effective date, month of, and the month after the Part B effective date to enroll in a plan. | | | | | | |
| February | March | April | May | June | | |
| Alice can enroll in an MA/MAPD between February 1 through June 30 using ICEP Part B delayed. | | | | | | |
| <ul style="list-style-type: none"> • If she enrolls between February 1 and April 30, her effective date would be May 1. • If she enrolls between May 1 and June 30, her effective date will be the first day of the month following the month of election. | | | | | | |

Special Election Period Examples

Special Election Periods (SEP) allow consumers to make an enrollment change in accordance with applicable requirements anytime during the year, including during the period outside of AEP. The SEPs vary in the qualifications to use them as well as the types of elections allowed. All SEPs are determined and announced by the Centers for Medicare & Medicaid Services (CMS). Dual-eligible members without a status change have a monthly election period (Integrated Care SEP) if they are fully dual and are enrolling in a FIDE SNP, HIDE SNP, or AIP with aligned enrollment.

SEP Dual or LIS Examples

| DIANE | Effective Date April 1 | SEP DSNP maintaining | Enrolled in DSNP |
|--|-------------------------------|--|------------------------------------|
| Diane, who is dual eligible, is enrolled in a UnitedHealthcare MAPD plan effective January 1. In June, she decides to change to Original Medicare and a UnitedHealthcare PDP with no change in Medicaid or LIS status. Diane qualifies to change her plan monthly because she is dual eligible and disenrolling from her MAPD plan into Original Medicare and enrolling in a standalone PDP. | | | |
| | | June | July |
| | | Request switch to Original Medicare and UnitedHealthcare PDP | July 1 effective date of new plan. |

| MICHELLE | SEP-Dual LIS change in status | | Enrolled in DSNP |
|---|--|--------------|-------------------------|
| In January 2025, Michelle receives notification that she is losing her Medicaid status February 1. In January 2025, she decides to change to a UnitedHealthcare MAPD plan. Michelle qualifies to change her plan (SEP-Dual LIS change in status) beginning the month of her notification or the month of change, whichever is later, and up to 2 months following (a total of 3 months). In this scenario, Michelle selected a plan in January (month of notice), so she is within her 3-month window. She could also wait until February, March, or April to make a change. | | | |
| January | February | March | April |
| Notified of a change in status (loss of Medicaid). Request switch MAPD | Effective date of new plan is February 1 | | |
| ← Qualifying change in status → | | | |

| LEON | Enrolled February 1 | SEP-Dual LIS change of status | | Enrolled in DSNP |
|--|----------------------------|---|--------------|-------------------------|
| Leon is fully dual eligible. He attends a local meeting in January 2025 and decides he wants to change plans for February 1, 2025. Late February, Leon learns his status has changed from full dual eligible to partial dual eligible. He calls an agent and picks a new plan. Leon can use this SEP-Dual/LIS Change of Status beginning the month of his dual eligibility notification or month of change, whichever is later, and up to 2 months after (a total of 3 months; March - May). In this scenario, Leon selected a plan in February (month of notice), so he is within his 3-month window. He could also wait until March, April, or May to make a change. | | | | |
| January | February | March | April | May |
| | Effective February 1 | Status changes Effective March 1 new DSNP | | |
| ← Qualifying change in status → | | | | |

| MARY | | Enrolled February 1 | SEP-Dual LIS change of status | Enrolled in DSNP |
|--|--|----------------------------|--------------------------------------|-------------------------|
| Mary is partially dual eligible and currently on a non- SNP plan. Mary learns in June 2025 that her status with Medicaid has changed, and she is now fully dual eligible effective June 1, 2025. Mary can use this SEP beginning the month of her dual eligibility notification or month of change, whichever is later, and up to 2 months after (a total of 3 months; June - August). | | | | |
| June | July | August | | |
| Fully dual eligible status | Effective July 1 DSNP SEP Dual LIS change in status | | | |
| ← Qualifying change in status → | | | | |

SEP – Loss of EGHP (Employer Group Health Plan) and ICEP (Initial Coverage Election Period) - Part B Delayed

| MANNY | | Effective Date June 1 | SEP-Loss of EGHP | Enrolled in standalone PDP | | | | | |
|--|-------------|------------------------------|-------------------------|---|-----------------|-----------------|---|-----------------|--------------|
| In June, Manny, who is 72 years old, notifies his employer that he will retire in January. Manny will sign up for Part B three months prior to his retirement and his employer informs him that they allow enrollment changes. In January, Manny is dissatisfied with his plan choice. Manny decided to submit a new application using SEP-Loss of EGHP. | | | | | | | | | |
| June | July | August | September | October | November | December | January | February | March |
| | | | | ← Can enroll in MA/MAPD ICEP – Part B delayed → | | | | | |
| | | | | | | | Retired Part B effective | | |
| | | | | | | | New application SEP-Loss of EGHP <ul style="list-style-type: none"> • Enroll January, effective February, March, or April 1 • Enroll February, effective March, or April 1 • Enroll March, effective April 1 | | |

SEP – Loss of EGHP

| HENRY | | SEP – Loss of EGHP | |
|---|-------------|---------------------------|------------------|
| Henry receives notification from his employer in June that he will be losing his employer group coverage in July and the Group allows enrollment changes. | | | |
| June | July | August | September |
| Notification/ Can enroll in MA/MAPD Enroll June, effective July, August, or September 1 Enroll July, effective August, or September 1 Enroll August, effective September 1 | | | |

SEP – Change of Residence

| CHARLES | | | | | SEP – Change of Residence | | | | |
|--|--|-----------------------|--|--------|---------------------------|--|--|-----------|--|
| In May, Charles notifies UnitedHealthcare that he is moving to a new address June 18. His election period will begin in May. | | | | | | | | | |
| May | | June | | July | | August | | September | |
| Notification of move | | Move | | | | Choice of July 1, August 1, or September 1 effective date | | | |
| If Charles hadn't notified UnitedHealthcare until June (the month of his move), his effective date choices would be the same as above: | | | | | | | | | |
| May | | June | | July | | August | | September | |
| | | Notification and move | | | | Choice of July 1, August 1, or September 1 effective date | | | |
| If Charles hadn't notified UnitedHealthcare until July (after his move), his effective date choices would be: | | | | | | | | | |
| June | | July | | August | | September | | October | |
| Move | | Notification | | | | Choice of August 1, September 1, or October 1 effective date | | | |

SEP – 5-Star SEP and Corresponding PDP 5-Star SEP

CMS has established a SEP that enables consumers to enroll in a 5-Star plan December 8 – November 30 of the following year if a 5-Star plan is available in their service area. An individual using this SEP can enroll in an MA-Only or an MAPD plan, even if coming from Original Medicare (with or without concurrent enrollment in a PDP). A second SEP occurs when a member enrolls in another carrier's MA-Only 5-Star PFFS or 5-Star cost plan. In this case, there is a coordinating Part D SEP that allows enrollment into a PDP, even if the PDP is not a 5-Star plan (includes all UnitedHealthcare PDP plans). **Note:** This SEP may only be used once per year.

5-Star SEP Example

Barbara resides in a county where a 5-Star Medicare Advantage plan from UnitedHealthcare is available for the 2025 plan year. If Barbara wants to enroll in this 5-Star plan, she can submit an application for the plan using 5-Star SEP anytime from December 8, 2024, through November 30, 2025, for the next available effective date for the 2025 plan year.

Corresponding PDP 5-Star SEP Example

| JOHN | | Effective Date April 1 | | SEP | | Enrolled in PFFS | |
|--|--|------------------------|--|--|--|------------------|--|
| In April, John enrolls in another carrier's MA-Only 5-Star PFFS Plan but quickly decides he wants to enroll in a UnitedHealthcare PDP. John has April, May, and June to pick a corresponding PDP (does not have to be a 5-star PDP) using SEP. The last possible effective date John can have is July 1. | | | | | | | |
| April | | May | | June | | | |
| Effective existing plan MA-Only 5-Star PFFS Plan | | | | | | | |
| Switch Request to standalone PDP | | | | | | | |
| | | | | Enroll April, effective May 1 Enroll May, effective June 1 Enroll June, effective July 1 | | | |

CMS-Granted SEPs (including the SEP for a Plan with less than 3 Stars)

Medicare sometimes allows consumers in special situations a one-time opportunity to change plans. If a consumer receives a notice from CMS detailing this opportunity, the consumer has a one-time special election to change plans. For example, if a consumer's current plan has less than 3 stars for three consecutive years, CMS is offering a one-time SEP to make a new plan selection into a 3 star or greater plan. These elections cannot be made by the plan or submitted directly through an agent. Please direct consumers to 1-800-MEDICARE to discuss their options.

Application Coding “Cheat Sheet”

For all Enrollment Applications, an appropriate and applicable election period must be selected. If an election period is missing or incorrect, this can cause delays or denials of enrollment. **For a more detailed description, please review the “Enrollment Period Details” charts that begin on page 13.**

| Election Period Coding – Cheat Sheet | | | |
|---|---|--|--------------------------------------|
| Identifier | Election Period | MA Election Period Codes | PDP Election Period Codes |
| I am new to Medicare | Newly Eligible (IEP/ICEP) – MA/MAPD Newly Eligible (IEP) – PDP | ICEP (MA-Only) IEP (MAPD) | IEP |
| I was eligible for Medicare previously but have recently turned 65 | Age-In (Eligible Prior to Age 65) | IEP2 (MAPD) | IEP2 |
| I was eligible for Medicare; however, I delayed my enrollment in Part B due to having other creditable coverage | Enrolling into Part B After Delaying Enrollment | ICEP (delayed Part B enrollment) (MA/MAPD) | MA election only |
| I am eligible to enroll in Part B during the General Enrollment Period | Enrolled into Part B during the Part B General Enrollment Period (GEP) | SEP-GEP Part B (MA-PD) | SEP-GEP Part B |
| I would like to enroll during the Annual Election Period | MA/MAPD/PDP Eligible (Annual Election Period, AEP, 10/15– 12/07) | AEP (MA/MAPD) | AEP |
| I am enrolled in an MA Only, MAPD, or SNP plan January 1 and changing to an MA Only, MAPD, or SNP plan | Medicare Advantage Open enrollment Election runs January 1–March 31 | MA-OEP (MA/MAPD) | MA election only |
| I am newly eligible for Parts A and B, enrolled in an MA Only, MAPD, or SNP plan and changing to an MA Only, MAPD, or SNP plan | Open enrollment newly eligible | MA-OEP NEW (MA/MAPD) | MA election only |
| I am disenrolling from MA Only, MAPD, or SNP plan during MA-OEP and am enrolling into a PDP plan with no break in coverage | Disenrolling from MA into stand-alone PDP during MA-OEP | N/A for MA Plans | SEP-MA-OEP |
| I have had a change in my Medicaid or LIS status (gain, lost, changed level) | Dual LIS (change in status) | SEP – Dual/LIS (change in status) (MA/MAPD) | SEP – Dual/LIS (change in status) |
| I am moving into, live in, or recently moved out of a Long-Term Care Facility (e.g., a nursing home or long-term care facility) | Institutionalized | OEPI (MA/MAPD) | SEP – Institutional |
| I recently moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. | Change in Residence | SEP - Change in Residence (MA/MAPD) | SEP - Change in Residence |
| I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare’s) | Involuntary Loss of Creditable Coverage | SEP - Invol. Loss of Creditable Cvg (MAPD) | SEP - Invol. Loss of Creditable Cvg |
| I am leaving employer or union coverage | Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage) | SEP - Loss of EGHP Coverage (MA/MAPD) | SEP - Loss of EGHP Coverage |
| I am gaining employer or union coverage | Gain Employer Group Coverage | SEP – Gain of EGHP Coverage (MA/MAPD) | SEP – Gain of EGHP Coverage |

Election Period Coding – Cheat Sheet

| Identifier | Election Period | MA Election Period Codes | PDP Election Period Codes |
|--|--|--|--|
| My plan is no longer offered for my area | Non-Renewing | SEP - Contract Non-Renewal (MA/MAPD) | SEP - Contract Non-Renewal |
| My plan is not renewing the cost plan for my area | Non-Renewing Cost Plan | SEP – Cost (MA/MAPD) | SEP – Cost |
| My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan | Termination of Plan Contract | SEP - Contract Termination (MA/MAPD) | SEP - Contract Termination |
| My Medicare eligibility was approved with a retroactive start date | Retro Medicare Determination | SEP- Retro Medicare Determination | IEP (MA-Only) |
| I belong to a pharmacy assistance program provided by my state | SPAP Members | SEP - SPAP Enrollee (MAPD) | SEP - SPAP Enrollee |
| I recently lost my pharmacy assistance program provided by my state | SPAP Loss of Eligibility | SEP - SPAP Enrollee (MAPD) | SEP - SPAP Enrollee |
| I have a qualifying Chronic Condition and I'm not enrolled in a Chronic SNP for that condition. | Chronic Condition | SEP - Special Need/Chronic (MAPD) | N/A for prescription drug plans |
| I was enrolled in a Chronic Condition Special Needs Plan, but I no longer qualify to be in that plan (or couldn't verify Chronic condition) | Chronic SNP Non-Eligibility | SEP - Loss of SNP status (PFFS MA-Only/MAPD) | SEP - Loss of SNP status |
| I recently left a PACE program | PACE | SEP - PACE Switcher (MA/MAPD) | SEP - PACE Switcher |
| I disenrolled from a cost plan and the optional supplemental Part D benefit | Consumers disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit | N/A for MA Plans | SEP - Leaving Optional Part D Cost |
| I have lost my Part B coverage | Loss of Part B | N/A for MA Plans | SEP - Lost MAPD and Part B |
| I enrolled in an MA/MAPD plan upon turning 65. I want to leave that plan and go back to Original Medicare. | First Time MA Member (Age-In) | N/A for MA Plans | SEP - SEP 65 |
| I dropped my Medigap coverage to enroll in an MA/MAPD plan for the first time. I am in my "trial period" and I want to go back to Original Medicare. | Consumers in an MAPD who drop Medigap and are in Trial period | N/A for MA Plans | SEP-Indiv drop Medigap-Trial period |
| I am currently eligible for other Creditable Coverage | Eligible for Other Creditable Coverage | SEP - Elgbl for Other Creditable Cvg (MA-Only) | N/A - disenrollment election only |
| I am enrolled in another carrier's 5-Star PFFS or Cost Plan and I would like to enroll in a PDP plan. | Enroll in any PDP with the 5-Star SEP | N/A for UnitedHealthcare MA plans | SEP - Corresponding PDP 5-Star |
| I would like to enroll in a qualifying UnitedHealthcare 5-Star Medicare Advantage plan. | Enroll in a qualifying UnitedHealthcare 5-Star Medicare Advantage plan. | SEP – 5-Star | SEP – 5-Star <i>UnitedHealthcare does not have a 5-Star PDP</i> |
| I was enrolled into a plan by CMS or my state | CMS or state auto-enrollment | SEP CMS/State assignment | SEP CMS/State assignment |

Election Period Coding – Cheat Sheet

| Identifier | Election Period | MA Election Period Codes | PDP Election Period Codes |
|--|---|---------------------------------|----------------------------------|
| I could not enroll at the proper time due to a FEMA-declared weather-related emergency or a major disaster | FEMA declared weather related emergency | SEP Weather related emergency | SEP Weather related emergency |
| I have requested materials in accessible formats in order to make enrollment decisions but have not enrolled yet | Accessible materials not received within an available election period | SEP Materials | SEP Materials |
| I am enrolled in another carrier’s plan that was placed into receivership by the state. | | SEP Receivership | SEP Receivership |
| I am enrolled in another carrier’s plan and CMS has identified it as a low performing plan. | | SEP Low Performing | SEP Low Performing |

Election Period Details – Medicare Advantage (MA/MAPD) Plans

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|--|--|---|--|--|---|--|
| Consumers Newly Entitled to Medicare or Medicare Part D | | | | | | |
| Newly Eligible (IEP/ICEP) | Entitled to and has BOTH Part A and B for the first time | The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> ▪ Medicare Entitlement Letter ▪ Copy of Medicare ID Card or SSA Award Letter | <u>7 month Election Period Begins</u> 3 months before month of entitlement Includes the birthday month <u>Ends</u> last day of 3 rd month after month of the earlier effective date of Part A/B entitlement (usually 65 th birthday). | <ul style="list-style-type: none"> ▪ Enrollment request made prior to month of eligibility; effective date is first day of the month of eligibility. ▪ Enrollment request made during or after first month of eligibility, effective date is first day of the month following the month of election. | 1 Election* *Enroll into MA-Only or MAPD | Code: ICEP (if MA-Only election) Code: IEP (if MAPD election) |
| Age-In (Eligible Prior to Age 65) | <ul style="list-style-type: none"> ▪ Turning 65 -AND- Was eligible for Medicare prior to age 65 | The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> ▪ Copy of Medicare ID Card or SSA Award Letter* | <u>7 month Election Period Begins</u> 3 months before month of entitlement. Includes the birthday month <u>Ends</u> last day of 3 rd month after month of the earlier effective date of Part A/B entitlement (usually 65 th birthday). | <ul style="list-style-type: none"> ▪ Enrollment request made prior to month of birthday; effective date is first day of the month of birthday. ▪ Enrollment request made during or after first month of birthday, effective date is first day of the month following the month of election. ▪ Generally, a consumer with a birth date of the 1st of the month will have an effective date that may be the first day of the previous month. Be sure to check the Medicare card or entitlement letter for eligibility date(s). | 1 Election* *Enroll into or change MAPD plan | Code: IEP2 |
| Enrolling into Part A After Delaying Enrollment | <ul style="list-style-type: none"> ▪ Entitled to Part B ▪ Newly enrolled into Part A and the Part A date is later than their Part B and D date | The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> ▪ Medicare entitlement letter* ▪ Copy of Medicare ID Card or SSA Award Letter | <u>Begins</u> 3 months before their Part A effective date <u>Ends</u> last day of the month after Part A effective date | <ul style="list-style-type: none"> ▪ Enrollment request made before the Part A start date, the effective date will be the same as the Part A start date. ▪ Enrollment request made during or after month of eligibility, effective date is first day of the month following the month of election. | 1 Election* *Enroll into MA-Only or MA-PD | Code: ICEP (due to delayed Part A enrollment) |

Election Period Details – Medicare Advantage (MA/MAPD) Plans

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|--|---|---|--|--|---|---|
| Enrolling into Part B After Delaying Enrollment | <ul style="list-style-type: none"> ▪ Entitled to Part A ▪ Newly enrolled in Part B after delaying enrollment 3 months or more after month of entitlement, thereby delaying enrollment into an MA-Only or MAPD plan. | The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> ▪ Medicare entitlement letter ▪ Copy of Medicare ID Card or SSA Award Letter | Begins 3 months before Part B effective date. Ends last day of the month following Part B effective month. | <ul style="list-style-type: none"> ▪ Enrollment request made before the Part B start date, the effective date will be the same as the Part B start date. ▪ Enrollment request made during or after month of eligibility, effective date is first day of the month following the month of election. | 1 Election* *Enroll into MA-Only or MAPD | Code: ICEP (due to delayed Part B enrollment) |
| Enrolled into Part B during the Part B General Enrollment Period (GEP) | Not entitled to premium-free Part A & enrolled in Part B during the GEP for Part B | The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> ▪ Member Attestation Copy of Medicare ID Card or SSA Award Letter* | Begins 01/01 Ends 05/31 The SEP begins when the individual submits their Part B application and continues for the first 2 months of Part B enrollment. Note: The GEP period to enroll into Medicare Part B remains 01/01/-03/31. | Effective date will be the 1 st day of the month following receipt of election from February 1 – June 1. 2/1, 3/1, 4/1, 5/1 or 6/1 <u>only</u> | 1 Election* *Enroll into MAPD | Code: SEP Reason: GEP Part B |
| Annual Election Period (AEP) | | | | | | |
| Annual Election Period | Entitled to and has BOTH Part A and B | <ul style="list-style-type: none"> ▪ Medicare entitlement letter ▪ Copy of Medicare ID Card or SSA Award Letter | Begins 10/15 Ends 12/07 | January 1 enrollment effective date | N/A | Code: AEP |
| Medicare Advantage Open Enrollment Period (MA-OEP) | | | | | | |
| Medicare Advantage Open Enrollment Period | Individual must be enrolled in an MA Only or MAPD | <ul style="list-style-type: none"> ▪ Current health insurance plan card | Begins 1/1 Ends 3/31 | First of the month following receipt of election | 1 Election to enroll into MA-Only or MAPD | Code: OEP |
| Newly eligible for Part A and B | Individual must be enrolled in an MA Only, MAPD and within the first 3 months of their Part A and Part B start date | <ul style="list-style-type: none"> ▪ Current health insurance plan card ▪ Copy of Medicare ID Card or SSA Award Letter | Begins the first month of Part A and B start dates Ends the last day of the 3rd month of their Part A and B start dates | First of the month following receipt of election | 1 Election | Code: OEP NEW |
| Low Income Consumers | | | | | | |
| Dual and LIS Eligible (maintaining) | Not Applicable for Medicare Advantage Plans | | | | | |

Election Period Details – Medicare Advantage (MA/MAPD) Plans

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|--|---|---|--|---|--|---|
| Integrated Care SEP | Allows enrollment once per month into a Fully Integrated Dual Eligible SNP (FIDE), Highly Integrated Dual Eligible SNP (HIDE), or Applicable Integrated Plan (AIP) for full-benefit dually eligible individuals who are enrolled in, or are in the process of enrolling in, the D-SNP's affiliated Medicaid Managed Care Organization (MCO) to align enrollment | <ul style="list-style-type: none"> ▪ Confirm full-benefit dual eligible individuals enrolling into integrated plans (FIDE, HIDE or AIP SNPs) <p>(LIS-only individuals cannot use this SEP)</p> | One election per month | First of the month following receipt of election | 1 election per month | Code: SEP Reason: Integrated Care |
| Loss, Gain, or Change in Dual/LIS Status | <ul style="list-style-type: none"> ▪ Became eligible for any type of dual or LIS assistance ▪ Losing/Lost eligibility of any type of assistance ▪ Have a change in the level of assistance received | <ul style="list-style-type: none"> ▪ Member attestation ▪ Redetermination Letter ▪ SSA or Medicaid Award Letter (if letter shows the actual levels) ▪ Termination Notice ▪ State Notice regarding loss of dual eligible status | SEP allows an opportunity to make an election within 3 months of any gain, loss or change in Dual/LIS level or notification of such a change, whichever is later. | First of the month following receipt of election | 1 Election per change | Code: SEP Reason: Change in Dual/LIS Status |
| Institutionalized Consumers | | | | | | |
| Institutionalized | Moves into, resides in, or moves out of a Skilled Nursing Facility (SNF), nursing facility (NF), intermediate care facility for the mentally disabled, psychiatric hospital, rehabilitation hospital, Long Term Care (LTC) hospital, or swing-bed hospital with an expecting stay of at least 90 days. | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Facility Address & Contact Information* | <u>Moves in or Resides in:</u> Begins first day institutionalized Ends 2 months after discharge <u>Moves out:</u> Begins first day discharged Ends 2 months later | First day of the month following receipt of election. | Continuous* *Enroll into MA-Only, MAPD, or Disenroll into Original Medicare | Code: OEPI |

Election Period Details – Medicare Advantage (MA/MAPD) Plans

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|---|--|--|---|---|--|--|
| Consumers Who Move | | | | | | |
| Change in Residence | <ul style="list-style-type: none"> ▪ Permanently moved inside plan's service area with new plan options available ▪ Permanently moved outside plan's service area ▪ Incarcerated individuals who have now been released | <ul style="list-style-type: none"> ▪ Member Attestation ▪ New Address on Enrollment Form | <p><u>Notified Before Move</u> Begins month before permanent move Ends 2 months after the move</p> <p><u>Notified After Move</u> Begins month consumer notified current plan of the move or the month the member was termed by the plan due to residing outside of the service area (This only applies if the member moved. Election not available if member failed to respond to Out of Area letters.) Ends 2 months after notification of move or after notification of Plan term</p> | First day of the month up to 3 months after receipt of election but not earlier than the day of move. | 1 Election* *Enroll into MA-Only or MAPD | <p>Code: SEP Reason: Change in Residence</p> <p>Note: Please ensure new address is entered on the application</p> |
| Loss of Coverage | | | | | | |
| Involuntary Loss of Creditable Coverage | <ul style="list-style-type: none"> ▪ Involuntarily lost creditable coverage ▪ Coverage deemed no longer creditable <p>Note: Does NOT include loss of coverage due to nonpayment of premium</p> | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter stating loss of creditable coverage | Begins either month of notice or month the loss or reduction of coverage occurs, whichever is later Ends 2 months later | First day of the month following receipt of election or if consumer requests, up to 2 months from the end of the SEP. | 1 Election* *Enroll into MAPD (Enrollment into MA-Only not allowed) | <p>Code: SEP Reason: Invol. Loss of Creditable Cvg</p> |
| Change in Employer Group Health Plan | | | | | | |
| Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage) | Voluntary/involuntary termination of group coverage | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Term Letter from group or COBRA ▪ Copy of email from group attesting to disenrollment | Begins month group allows for disenrollment or date COBRA ends Ends 2 months after group coverage ends* | Can choose an effective date up to 3 months in advance after receipt of election. | 1 Election* *Enroll into MA-Only, MAPD, or Disenroll into Original Medicare | <p>Code: SEP Reason: Loss of EGHP Coverage</p> |
| Gain Employer Group Coverage | Gain or enroll into employer group coverage | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Group Letter describing coverage options | Begins month plan is open for enrollment (or as group allows) Ends 2 months after plan coverage takes effect | Employer Groups can choose an effective date up to 3 months in advance after receipt of election. | 1 Election* *Enroll into MA-Only, MAPD, or Disenroll into Original Medicare | <p>Code: SEP Reason: Gain of EGHP Coverage</p> |

Election Period Details – Medicare Advantage (MA/MAPD) Plans

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|--------------------------------|---|--|--|---|---|--|
| Termination/Non-Renewal | | | | | | |
| Non-Renewing | Plan no longer offered in area | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Copy of Non-Renewal Notice | Begins Dec 8 of that year Ends Last day of February of the following year | First of the month following receipt of election | 1 Election* *Enroll into MA-Only or MAPD | Code: SEP Reason: Contract Non-Renewal |
| Non-Renewing Cost Plan | Cost Plan no longer offered in area | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Copy of Non-Renewal Notice | Begins Dec 8 of that year Ends Last day of February of the following year | First of the month following receipt of election | 1 Election* *Enroll into MA-Only or MAPD | Code: SEP Reason: Cost |
| Termination of Plan Contract | Contract terminated with/without mutual consent of Medicare | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Copy of Termination Notice | <u>With mutual consent</u> Begins 2 months before proposed termination date Ends 1 month after effective date of termination <u>Without mutual consent</u> Begins 1 month before termination is effective Ends 2 months after effective date of termination | <u>With mutual consent</u> First day of the month after notice received or up to 2 months after the effective date of termination. <u>Without mutual consent</u> First day of the month after notice received up to 3 months after month of termination. | 1 Election* *Enroll into MA-Only, MAPD, or Disenroll into Original Medicare | Code: SEP Reason: Contract Termination |
| Other | | | | | | |
| Retro Medicare Determination | Medicare entitlement verification is made retroactively. | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Medicare Entitlement Letter | Begins month notice of entitlement is received Ends 2 months after month notice is received | First of the month following receipt of the election | 1 Election* *Enroll into MA-Only or MAPD | Code: SEP Reason: Retro Medicare Determination |
| SPAP Members | Individuals who belong to a qualified SPAP | <ul style="list-style-type: none"> ▪ Member Attestation ▪ State Facilitation Letter (from State) | One election per calendar year for SPAP members | First day of the month following receipt of election. | 1 Election* *Enroll into MAPD (Enrollment into MA-Only not allowed) *One election is allowed each subsequent calendar year for consumers who remain SPAP members. | Code: SEP Reason: SPAP Enrollee |

Election Period Details – Medicare Advantage (MA/MAPD) Plans

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|--|--|---|---|---|--|---|
| SPAP Loss of Eligibility | Members of qualified SPAPs who lose SPAP eligibility | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter attesting to loss of SPAP eligibility (from State) | <p>Begins month the loss of eligibility notification is received Ends 2nd month after month notice is received</p> | First day of the month following receipt of election. | <p>1 Election*</p> <p>*Enroll into MAPD (Enrollment into MA-Only not allowed, and disenrollment from Part D not allowed)</p> | <p>Code: SEP Reason: SPAP Enrollee</p> |
| Chronic Condition | <ul style="list-style-type: none"> ▪ Consumer has a severe or disabling chronic condition(s) that an appropriate UnitedHealthcare SNP is designed to serve AND – ▪ Consumer is not currently enrolled in a chronic SNP serving that condition. | <ul style="list-style-type: none"> ▪ Form – "Authorization for Use or Disclosure of Health Information" (authorization from UnitedHealthcare allowing contact with physician) ▪ Letter attesting to severe or disabling condition from provider (to expedite the process) | <p>Begins upon qualification of disabling condition Ends when enrolled in SNP</p> <p>Note: C-SNP eligible consumers can use a Special Election Period at any time during the year to enroll in or switch to a C-SNP that serves their qualifying condition, unless they are already enrolled in a C-SNP plan that serves the qualifying condition.</p> | First day of the month following receipt of election. | <p>1 Election*</p> <p>*Only to be used for enrolling into a chronic SNP serving consumer's condition; cannot use this SEP to enroll into any other plan.</p> | <p>Code: SEP Reason: Special Need/Chronic</p> |
| Special Needs Status Change for Members of SNP | Disenrolled from SNP due to loss of special needs status | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter attesting to loss of special needs status (from State) | <p>Begins month of effective date of disenrollment Ends 3 months after the date of involuntary disenrollment</p> | First day of the month following receipt of election. | <p>1 Election*</p> <p>*Enroll into MA-Only or MAPD</p> | <p>Code: SEP Reason: Loss of SNP Status</p> |
| Chronic SNP Non-Eligibility | Consumer enrolled in a chronic SNP who is not verified for enrollment and is disenrolled two months after the effective date | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter attesting to non-eligibility for chronic SNP (from carrier) | <p>Begins upon notification of non-eligibility Ends 2 months after month notice is received</p> | First day of the month following receipt of election | <p>1 Election*</p> <p>*Enroll into MAPD or PFFS (MA-Only) if accompanied by a PDP enrollment. Consumer cannot drop Part D.</p> | <p>Code: SEP Reason: Special Need Chronic</p> |
| PACE | Consumer enrolling or disenrolling from PACE | <ul style="list-style-type: none"> ▪ Member Attestation ▪ PACE Enrollment Letter (from PACE provider) ▪ PACE Member ID Card | <p>Begins the effective date of PACE disenrollment. Ends 2 months after effective date of PACE disenrollment to elect MA-Only or MAPD plan.</p> <p>Note: May disenroll from plan at any time to enroll in PACE</p> | First day of the month following receipt of election. | <p>1 Election*</p> <p>*Enroll into MA-Only or MAPD</p> | <p>Code: SEP Reason: PACE Switcher</p> |

Election Period Details – Medicare Advantage (MA/MAPD) Plans

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|--|---|---|---|---|---|--|
| Consumers disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit | Not Applicable for Medicare Advantage Plans | | | | | |
| Loss of Part B | Not Applicable for Medicare Advantage Plans | | | | | |
| First Time MA Member (Age-In) | Not Applicable for Medicare Advantage Plans | | | | | |
| Consumers who drop Medigap and are in Trial Period | Not Applicable for Medicare Advantage Plans | | | | | |
| Eligible for Other Creditable Coverage | Consumers currently enrolled in MAPD or standalone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or TRICARE For Life | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Statement of Proof from Other Coverage | Begins immediately Ends date elected for disenrollment | First day of the month following receipt of disenrollment request. | 1 Election* *Enroll into MA-Only (if leaving an MAPD) or Disenroll into Original Medicare | Code: SEP Reason: Elgbl for Other Creditable Cov |
| Enroll in any PDP with the 5-Star SEP | Not an applicable election period to enroll in a UnitedHealthcare Medicare Advantage plan | | | | | |
| Enroll in a qualifying Medicare Advantage plan with the 5-Star SEP | Reside in a county within the 5-Star plan's service area. | <ul style="list-style-type: none"> ▪ Enrollment into a qualifying 5-Star plan | One election for an effective date within the plan contract year. | First day of the month following receipt of election.* *Overall Star ratings are assigned for the plan contract year (January through December). Therefore, possible effective dates are the first of the month from January 1 to December 1 during the year for which the plan has been assigned a 5-star overall rating. | 1 Election from 12/8 through 11/30 of the following year in which the plan received the 5-star overall rating.* *Enroll into MA-Only or MAPD | Code: SEP Reason: 5 Star |
| Individual Enrollment into plan by CMS/State | Must have been enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process) | <ul style="list-style-type: none"> ▪ Confirm individual was enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process) | Begins start of coverage in receiving plan Ends last day of the 3rd month of the start of coverage in receiving plan Note: In the case where the notice is sent after the coverage in the receiving plan starts the SEP ends 3 months after the day of notice. | First of the month following receipt of the election | 1 Election | Code: SEP Reason: CMS/State Assignment |

Election Period Details – Medicare Advantage (MA/MAPD) Plans

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|---|--|--|---|---|---------------------|---|
| Individuals Affected by a Disaster or Other Emergency Declared by a Federal, State or Local Government Entity | Individuals who were eligible for another election period at the time of the SEP eligibility period and did not make an election during that other valid election period due to the disaster or other emergency. | <ul style="list-style-type: none"> ▪ Review FEMA Website to confirm individual or individual's Auth Rep/POA resides or resided in the affected area at the start of the incident period ▪ Confirm individual had a valid election period at the time of the incident period and valid election period was not used due to the disaster or other emergency. | Starts as of the date the declaration is made, the incident start date or, if different, the start date identified in the declaration, whichever is earlier. The end date is either 2 full months following the declared end date of the disaster or other emergency. If an end date is not declared the SEP end date is 1 year after the SEP start date. | Effective date will be the 1st day of the month following receipt of election | 1 Election | Code: SEP Reason: Declared Disaster/Emergency |
| SEP for Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions | UnitedHealthcare or CMS granted election only CMS will grant the election period when the Plan or UnitedHealthcare was unable to provide required notices or information in an accessible format and appropriate timeframe. | <ul style="list-style-type: none"> ▪ UnitedHealthcare or CMS granted election only | Start and End of the SEP are dependent upon situation | Effective dates are dependent upon situation | 1 Election | Code: SEP Reason: Materials |
| SEP for Individuals Enrolled in a Plan Placed in Receivership | Individuals enrolled in a plan offered by an MA organization that has been placed into receivership by a state or territorial regulatory authority. | <ul style="list-style-type: none"> ▪ Member Attestation | Begins the month the receivership is effective and continues until it is no longer in effect or until the enrollee makes an election, whichever occurs first | First of the month following receipt of the election | 1 Election | Code: SEP Reason: Receivership |
| SEP for Individuals Enrolled in a Plan That Has Been Identified by CMS as a Consistent Poor Performer | Individuals enrolled in a plan that has been identified with the low performing icon | <ul style="list-style-type: none"> ▪ Member Attestation | Begins when the Consistent Poor Performer designation is assigned, and ends when the member leaves the low performing plan | First of the month following receipt of the election | 1 Election | Code: SEP Reason: Low Performing |
| SEP for Individuals Who Enroll in Medicare premium Part A or Part B using an Exceptional Condition SEP | Individuals who enrolled into Medicare Premium Part A or Part B using an exceptional condition SEP. | <ul style="list-style-type: none"> ▪ Medicare Parts A and/or Part B became active within the past 2 months | Begins when the individual submits their application for premium-Part A and Part B, or Part B only if the individual is already entitled to Part A (or is enrolling in premium-free Part A within the timeframe for use of this SEP), and continues for the first 2 months of enrollment in premium Part A or Part B. | First date of the month following receipt of election | 1 Election | Code: SEP Reason: Part A/B Exception Condition Enroll |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies with application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, must include reason exactly as noted</i> |
|--|---|--|--|--|--|---|
| Consumers Newly Entitled to Medicare or Medicare Part D | | | | | | |
| Newly Eligible (IEP) | Entitled to and has EITHER A or B for the first time* *For PDP elections, consumer only has to have Part A or Part B to be eligible. | The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> ▪ Medicare Entitlement Letter ▪ Copy of Medicare ID Card or SSA Award Letter | 7 month Election Period Begins 3 months before month of entitlement Includes the birthday month Ends last day of 3 rd month after month of the earlier effective date of Part A/B entitlement (usually 65 th birthday). | <ul style="list-style-type: none"> ▪ Enrollment request made prior to month of eligibility; effective date is first day of the month of eligibility. ▪ Enrollment request made during or after first month of eligibility, effective date is first day of the month following the month of election. | 1 Election* *Enroll into PDP | Code: IEP |
| Age-In (Eligible Prior to Age 65) | <ul style="list-style-type: none"> ▪ Turning 65 -AND- ▪ Was eligible for Medicare prior to age 65 | The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> ▪ Copy of Medicare ID Card or SSA Award Letter* | 7 month Election Period Begins 3 months before month of entitlement Includes the birthday month Ends last day of 3 rd month after month of the earlier effective date of Part A/B entitlement (usually 65 th birthday). | <ul style="list-style-type: none"> ▪ Enrollment request made prior to month of birthday; effective date is first day of the month of birthday. ▪ Enrollment request made during or after first month of birthday, effective date is first day of the month following the month of election. | 1 Election* *Enroll into or change PDP plan | Code: IEP2 |
| Enrolling into Part A After Delaying Enrollment | Not Applicable for Prescription Drug Plans | | | | | |
| Enrolling into Part B After Delaying Enrollment | Not Applicable for Prescription Drug Plans | | | | | |
| Enrolled into Part B during the Part B General Enrollment Period (GEP) | Not entitled to premium-free Part A & enrolled in Part B during the GEP for Part B | The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> ▪ Member Attestation ▪ Copy of Medicare ID Card or SSA Award Letter* | Begins 01/01 Ends 05/31 The SEP begins when the individual submits their Part B application and continues for the first 2 months of Part B enrollment. Note: The GEP period to enroll into Medicare Part B remains 01/01/-03/31. | Effective date will be the 1 st day of the month following receipt of election from February 1 – June 1. 2/1, 3/1, 4/1, 5/1 or 6/1 <u>only</u> | 1 Election* *Enroll into PDP | Code: SEP Reason: GEP Part B |
| Annual Election Period (AEP) | | | | | | |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies with application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, must include reason exactly as noted</i> |
|---|--|--|--|---|---|---|
| Annual Election Period | All Medicare consumers | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Complete Enrollment Application Taken 10/15 or later | Begins 10/15 Ends 12/07 | January 1 enrollment effective date | 1 Election* *Enroll into PDP or disenroll from PDP | Code: AEP |
| Corresponds with Open Enrollment Period (OEP) | | | | | | |
| Leaving an MA Plan (MA only, MAPD or SNP) to a standalone PDP during MA-OEP | Individual currently enrolled in MA Only, MAPD, or SNP plan and wants to change their coverage to a PDP plan | <ul style="list-style-type: none"> ▪ Confirm individual is enrolled in a current MA Only, MAPD, or SNP plan and is enrolling into PDP with no break in coverage | Corresponding with MA-OEP Annual (January 1 – March 31) Corresponding with OEP NEW Begins the first month of Part A and B eligible dates Ends the last day of the 3rd month of their Part A and B eligibility start dates | First date of the month following receipt of election | 1 Election per year | Code: SEP/OEP |
| Low Income Consumers | | | | | | |
| Dual and LIS Eligible (maintaining) | Note: Individuals who are notified that they have been determined to be "at risk" or "potentially at risk" for misuse or abuse of a frequently abused drug will not be able to be eligible for the SEP. | <ul style="list-style-type: none"> ▪ Confirm SEP has not been used in current month ▪ Confirm individual is not flagged as "at risk" or "potentially at risk" ▪ Use the Medicare Medicaid Eligibility Lookup Tool (Jarvis>Enrollment) | One election per month for as long as consumer retains Dual/LIS eligibility. | First date of the month following receipt of election | 1 Election per month | Code: SEP Reason: Dual/LIS maintaining |
| Loss, Gain, or Change in Dual/LIS Status | <ul style="list-style-type: none"> ▪ Became eligible for any type of dual or LIS assistance ▪ Losing/Lost eligibility of any type of dual or LIS assistance ▪ Have a change in the level of assistance received | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Redetermination Letter ▪ SSA or Medicaid Award Letter (if letter shows the actual levels) ▪ Termination Notice ▪ State Notice regarding loss of dual eligible status received | SEP allows an opportunity to make an election within 3 months of any gain, loss or change in Dual/LIS level or notification of such a change, whichever is later. | First date of the month following receipt of election | 1 Election | Code: SEP Reason: Change in Dual/LIS Status |
| Institutionalized Consumers | | | | | | |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies with application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, must include reason exactly as noted</i> |
|---------------------------|--|---|---|--|-------------------------------------|--|
| Institutionalized | Moves into, resides in, or moves out of a Skilled Nursing Facility (SNF), nursing facility (NF), intermediate care facility for the mentally disabled, psychiatric hospital, rehabilitation hospital, Long Term Care (LTC) hospital, or swing-bed hospital expecting a stay of at least 90 days. | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Facility Address & Contact Info | <p><u>Moves in or Resides in:</u> Begins first day institutionalized Ends 2 months after discharge</p> <p><u>Moves out:</u> Begins first day discharged Ends 2 months later</p> | First day of the month following receipt of election. | Continuous* *Enroll into PDP | Code: SEP-Institutional |
| Consumers Who Move | | | | | | |
| Change in Residence | <ul style="list-style-type: none"> ▪ Permanently moved inside plan’s service area with new plan options available ▪ Permanently moved outside plan’s service area ▪ Incarcerated individuals who have now been released | <ul style="list-style-type: none"> ▪ Member Attestation ▪ New Address on Enrollment Form | <p><u>Before Move</u> Begins month before permanent move Ends 2 months after the move</p> <p><u>After Move</u> Begins month consumer notified current plan of the move or the month the member was termed by the plan due to residing outside of the service area (This only applies if the member moved. Election not available if member failed to respond to Out of Area letters.) Ends 2 months after notification of move or after notification of Plan term</p> | First day of the month up to 3 months after receipt of election but not earlier than the day of move. | 1 Election* *Enroll into PDP | Code: SEP Reason: Change in Residence Note: Please ensure new address is entered on the application |
| Loss of Coverage | | | | | | |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies with application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|---|---|--|---|---|-------------------------------------|---|
| Involuntary Loss of Creditable Coverage | <ul style="list-style-type: none"> ▪ Involuntarily lost creditable coverage ▪ Coverage deemed no longer creditable <p>Note: Does NOT include loss of coverage due to nonpayment of premium</p> | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter stating loss of creditable coverage | Begins either month of notice or month the loss or reduction of coverage occurs, whichever is later Ends 2 months later | First day of the month following receipt of election or if consumer requests, up to 2 months from the end of the SEP. | 1 Election* *Enroll into PDP | Code: SEP Reason: Invol. Loss of Creditable Cvg |
| Change in Employer Group Health Plan | | | | | | |
| Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage) | Voluntary/involuntary termination of group coverage | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Term Letter from group or COBRA ▪ Copy of email from group attesting to disenrollment | Begins month group allows for disenrollment or date COBRA ends Ends 2 months after group coverage ends | Can choose an effective date up to 3 months in advance after receipt of election. | 1 Election* *Enroll into PDP | Code: SEP Reason: Loss of EGHP Coverage |
| Gain Employer Group Coverage | Gain or enroll into employer group coverage | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Group Letter describing coverage options | Begins month plan is open for enrollment (or as group allows) Ends 2 months after plan coverage takes effect | Employer Groups can choose an effective date up to 3 months in advance after receipt of election. | 1 Election* *Enroll into PDP | Code: SEP Reason: Gain of EGHP Coverage |
| Termination/Non-Renewal | | | | | | |
| Non-Renewing | Plan no longer offered in area | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Copy of Non-Renewal Notice | Begins Dec 8 of that year Ends Last day of February of the following year | First date of the month following receipt of election | 1 Election* *Enroll into PDP | Code: SEP Reason: Contract Non-Renewal |
| Non-Renewing Cost Plan | Cost Plan no longer offered in area | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Copy of Non-Renewal Notice | Begins Dec 8 of that year Ends Last day of February of the following year | First date of the month following receipt of election | 1 Election* *Enroll into PDP | Code: SEP Reason: Cost |
| Termination of Plan Contract | Contract terminated with/without mutual consent of Medicare | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Copy of Termination Notice | <p><u>With mutual consent</u> Begins 2 months before proposed termination date Ends 1 month after effective date of termination</p> <p><u>Without mutual consent</u> Begins 1 month before termination is effective Ends 2 months after effective date of termination</p> | <p><u>With Mutual Consent</u> First day of the month after notice received or up to 2 months after the effective date of termination.</p> <p><u>Without Mutual Consent</u> First day of the month after notice received up to 3 months after month of termination.</p> | 1 Election* *Enroll into PDP | Code: SEP Reason: Contract Termination |
| Other | | | | | | |
| Retro Medicare Determination | Not applicable for Prescription Drug Plans | | | | | |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies with application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|--|--|---|---|---|--|---|
| SPAP Members | Individuals who belong to a qualified SPAP | <ul style="list-style-type: none"> • Member Attestation ▪ State Facilitation Letter | One election per calendar year for SPAP members | First day of the month following receipt of election. | 1 Election* *Enroll into PDP *One election is allowed each subsequent calendar year for consumers who remain SPAP members. | Code: SEP Reason: SPAP Enrollee |
| SPAP Loss of Eligibility | Members of qualified SPAPs who lose SPAP eligibility | <ul style="list-style-type: none"> • Member Attestation ▪ Letter attesting to loss of SPAP eligibility | Begins month the loss of eligibility notification is received Ends 2nd month after month notice is received | First day of the month following receipt of election. | 1 Election* *Enroll into PDP (Disenrollment from Part D not allowed) | Code: SEP Reason: SPAP Enrollee |
| Chronic Condition | Not Applicable for Prescription Drug Plans | | | | | |
| Special Needs Status Change for Members of SNP | Disenrolled from SNP due to loss of special needs status | <ul style="list-style-type: none"> • Member Attestation ▪ Letter attesting to loss of special needs status | Begins month of effective date of disenrollment Ends 3 month after the date of involuntary disenrollment. | First day of the month following receipt of election. | 1 Election* *Enroll into PDP | Code: SEP Reason: Special Need Chronic |
| Chronic SNP Non-Eligibility | Consumer enrolled in a chronic SNP who is not verified for enrollment and is disenrolled two months after the effective date | <ul style="list-style-type: none"> • Member Attestation ▪ Letter attesting to non-eligibility for chronic SNP | Begins upon notification of non-eligibility Ends 2 months after month notice is received | First day of the month following receipt of election | 1 Election* *Enroll into PDP. Consumer cannot drop Part D. | Code: SEP Reason: Special Need Chronic |
| PACE | Consumer enrolling or disenrolling from PACE | <ul style="list-style-type: none"> • Member Attestation ▪ PACE Enrollment Letter ▪ PACE Member ID Card | Begins the effective date of PACE disenrollment. Ends 2 months after effective date of PACE disenrollment to elect PDP plan. Note: <ul style="list-style-type: none"> ▪ May disenroll from plan at any time to enroll in PACE | First day of the month following receipt of election. | 1 Election* *Enroll into PDP | Code: SEP Reason: PACE Switcher |
| Consumers disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit | Disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit into a Part D plan. | <ul style="list-style-type: none"> • Member Attestation ▪ Letter attesting to disenrollment from a Cost plan | Begins the month of disenrollment Ends 2 months after disenrollment date | First day of the month following receipt of election. | 1 Election* *Enroll into PDP | Code: SEP Reason: Leaving Optional Part D Cost |
| Loss of Part B | Consumers involuntarily disenrolled from an MAPD plan due to loss of Part B but continue to be entitled to Part A. | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter attesting to loss of Part B | Begins upon notification of loss of Part B Ends 2 months after month notice is received | First day of the month following receipt of election. | 1 Election* *Enroll into PDP | Code: SEP Reason: Lost MAPD and Part B |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies with application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|--|--|--|--|--|--|---|
| First Time MA Member (Age-In) | Enrolled in Medicare Advantage upon eligibility (age 65) | <ul style="list-style-type: none"> * The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. This SEP only applies to consumers who enroll in an MA plan using their IEP at the time of their 65th birthday. ▪ Member Attestation ▪ Medicare Entitlement Letter* ▪ Copy of Medicare ID Card or SSA Award Letter | Begins month enrolled in MA for first time Ends 12 months after effective date | First date of the month following receipt of election | 1 Election* *Enroll into PDP if coming from MAPD, or Disenroll into Original Medicare | Code: SEP Reason: SEP 65 |
| Consumers who drop Medigap and are in Trial Period | Consumers who dropped Medigap policy to enroll into an MAPD plan for the first time and who are still in a “Trial Period” | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter from previous Medigap policy attesting to drop | Begins the month enrolled into the MAPD plan for the first time and extends for 12 months Ends two months after the MAPD disenrollment takes effect | First of the month following receipt of election | 1 Election* * Enroll into PDP | Code: SEP Reason: Indiv drop Medigap – Trial Period |
| Eligible for Other Creditable Coverage | Consumers currently enrolled in MAPD or standalone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or TRICARE For Life | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Statement of Proof from Other Coverage | Begins immediately Ends date elected for disenrollment | First day of the month following receipt of disenrollment request. | Consumers have 1 election to disenroll into Original Medicare | N/A – Disenrollment election only |
| Enroll in any PDP with the 5-Star SEP | Consumers who use the 5-Star SEP to enroll in an MA-Only 5-Star PFFS plan or 5-Star cost plan have a SEP to enroll in a PDP or in the cost plan’s optional supplemental Part D benefit. | <ul style="list-style-type: none"> ▪ Member Attestation | Begins the month the consumer uses the 5-Star SEP Ends two months later | First of the month following receipt of election | 1 Election* *Enroll into PDP Note: The PDP selected using this coordinating SEP does not have to be 5-Star rated. However, individuals may not use this coordinating SEP to disenroll from the plan in which they enrolled using the 5-star SEP. | Code: SEP Reason: Corresponding PDP 5 Star |
| Enroll in a qualifying Medicare Advantage plan with the 5-Star SEP | Not applicable for Prescription Drug Plans | | | | | |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies with application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding If SEP, must include reason exactly as noted |
|---|---|--|---|---|--|---|
| Individual Enrollment into plan by CMS/State | Must have been enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process) | <ul style="list-style-type: none"> ▪ Confirm individual was enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process) | Begins start of coverage in receiving plan Ends last day of the 3rd month of the start of coverage in receiving plan Note: In the case where the notice is sent after the coverage in the receiving plan starts the SEP ends 3 months after the day of notice. | First date of the month following receipt of election | 1 Election | Code: SEP Reason: CMS/State Assignment |
| Individuals Affected by a Disaster or Other Emergency Declared by a Federal, State or Local Government Entity | Individuals who were eligible for another election period at the time of the SEP eligibility period and did not make an election during that other valid election period due to the disaster or other emergency. | <ul style="list-style-type: none"> ▪ Review FEMA Website to confirm individual or individual's Auth Rep/POA resides or resided in the affected area at the start of the incident period ▪ Confirm individual had a valid election period at the time of the incident period and valid election period was not used due to the disaster or other emergency. | Starts as of the date the declaration is made, the incident start date or, if different, the start date identified in the declaration, whichever is earlier. The end date is either 2 full months following the declared end date of the disaster or other emergency. If an end date is not declared the SEP end date is 1 year after the SEP start date. | Effective date will be the 1st day of the month following receipt of election | 1 Election | Code: SEP Reason: Declared Disaster/Emergency |
| SEP for Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions | UnitedHealthcare or CMS granted election <u>only</u> . CMS will grant the election period when the Plan or UnitedHealthcare was unable to provide required notices or information in an accessible format and appropriate timeframe. | <ul style="list-style-type: none"> ▪ UnitedHealthcare or CMS granted election only | Start and End of the SEP are dependent upon situation | Effective date is dependent upon situation | 1 Election | Code: SEP Reason: Materials |
| SEP for Individuals Enrolled in a Plan Placed in Receivership | Individuals enrolled in a plan offered by an MA organization that has been placed into receivership by a state or territorial regulatory authority. | <ul style="list-style-type: none"> ▪ Member Attestation | Begins the month the receivership is effective and continues until it is no longer in effect or until the enrollee makes an election, whichever occurs first | First date of the month following receipt of election | 1 Election (This new election period is available beginning 1/1/21) | Code: SEP Reason: Receivership |
| SEP for Individuals Enrolled in a Plan That Has Been Identified by CMS as a Consistent Poor Performer | Individuals enrolled in a plan that has been identified with the low performing icon | <ul style="list-style-type: none"> ▪ Member Attestation | Begins when the Consistent Poor Performer designation is assigned, and ends when the member leaves the low performing plan | First date of the month following receipt of election | 1 Election (This new election period is available beginning 1/1/21) | Code: SEP Reason: Low Performing |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies with application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, must include reason exactly as noted</i> |
|--|---|---|--|---|---------------------|---|
| SEP for Individuals Who Enroll in Medicare premium Part A or Part B using an Exceptional Condition SEP | Individuals who enrolled into Medicare Premium Part A or Part B using an exceptional condition SEP. | <ul style="list-style-type: none"> ▪ Medicare Parts A and/or Part B became active within the past 2 months | Begins when the individual submits their application for premium-Part A and Part B, or Part B only if the individual is already entitled to Part A (or is enrolling in premium-free Part A within the timeframe for use of this SEP), and continues for the first 2 months of enrollment in premium Part A or Part B. | First date of the month following receipt of election | 1 Election | Code: SEP Reason: Part A/B Exception Condition Enroll |

Acronyms Used in this Booklet

| Acronym | What it Stands For | Acronym | What it Stands For |
|-------------------|--|---------------|---|
| AEP | Annual Election Period | MAPD | Medicare Advantage-Prescription Drug Plan |
| CMS | Centers for Medicare & Medicaid Services | MSP | Medicare Savings Programs (<i>such as QMBs, SLMBs, & QIs</i>) |
| EGHP | Employer Group Health Plan | MA OEP | Medicare Advantage Open Enrollment Period |
| FEMA | Federal Emergency Management Agency | OEPI | Open Enrollment Period Institutional |
| GEP | General Enrollment Period | PACE | Program of All-Inclusive Care for the Elderly |
| HMO | Health Maintenance Organization | PDP | Prescription Drug Plan |
| ICEP | Initial Coverage Election Period (<i>Consumer is first eligible to enroll in an MA plan</i>) | PFFS | Private Fee-For-Service |
| IEP | Initial Enrollment Period | POS | Point of Service |
| IEP2 | Initial Enrollment Period 2 (<i>Consumer is first eligible to enroll prior to the age of 65</i>) | PPO | Preferred Provider Organization |
| IEP-Part D | Initial Enrollment Period (<i>Consumer is first eligible to enroll in a Part D plan</i>) | SEP | Special Election Period |
| LIS | Low Income Subsidy | SNP | Special Needs Plan |
| MA | Medicare Advantage | SPAP | State Pharmaceutical Assistance Program |
| MA-Only | Medicare Advantage Plan without Prescription Drug coverage | | |

For more information on Medicare election periods, including those that do not pertain to UnitedHealthcare plans or products, please see www.cms.gov.

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