



# 2018/2019 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
<b>Annual Election Period (AEP)</b>	During AEP, consumer can make a new plan choice. Any type of plan can be selected.										AEP 10/15–12/07	
<b>Open Enrollment Period (OEP)</b>	OEP 1/1–3/31			<p>During OEP, MA Plan members on January 1 can make a one-time election annually 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>In addition, newly eligible MA individuals who enroll in an MA Plan can use the OEP, but only during the first three months in which they have both Part A and Part B.</p> <p>Members enrolled in stand-alone PDP plans are not eligible for the Open Enrollment Period election because the OEP is only available to those enrolled in an MA plan.</p>								
<b>Special Election Period (SEP)</b>	SPECIAL ELECTION PERIODS (SEP) & INSTITUTIONALIZED 1/1 – 12/31											
	Qualifying members can make changes outside of the AEP in accordance with applicable requirements. Dual-eligible or LIS-eligible consumers have a quarterly (not monthly) opportunity to change plans within the first nine months of the calendar year. The change cannot be made during calendar quarter four.											
<b>Newly Eligible (ICEP/IEP)</b>	1/1 – 12/31											
	Qualifying members will have 3 months prior, the month of, and 3 months after their Parts A & B eligibility dates 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 only the 3 months prior to their Part B effective date.											

**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.

## Initial Election 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 Enrollment Election Period Coding — Cheat Sheet in this booklet.)*

### IEP/ICEP Example

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 Part 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 time frame using the ICEP or Antonio can enroll in an MA-PD or PDP plan any time during this timeframe and use the IEP:

- 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 the election was made.

### IEP2 Example

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 MA-PD 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 MA-PD or PDP plan any time in this 7-month time frame using the IEP2:

- 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 the election was made.

**ICEP – Part B Delayed Example**

Alice’s 65<sup>th</sup> birthday is April 20, 2018. She is eligible for Medicare Part A and B beginning April 1, 2018. Because she is still working and has health insurance provided by her employer, she has decided not to enroll in Part B during her initial enrollment period for Part B. Upon retiring, she will have the opportunity to enroll in Part B. Alice has enrolled in Part B effective May 1, 2018. Her ICEP would be February 1 through April 30, 2018.

February	March	April	May
			Alice enrolls in Part B effective May 1
Alice can enroll between February 1 through April 30 and her effective date would be May 1			

Alice can enroll in an MA/MA-PD product anytime during this 3 month timeframe using ICEP Part B delayed.

**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).

**SEP Dual or LIS Examples**

Diane is enrolled in a UnitedHealthcare DSNP plan effective January 1, **2019**. In June **2019**, she decides to change to a different UnitedHealthcare DSNP plan with no change in status (maintaining).

April	May	June	July
		Diane notifies UnitedHealthcare that she wants to switch to a different DSNP.	July 1 effective date of new plan.
Diane qualifies to change her plan any time during the second calendar quarter (April-May-June) as she has not changed plans in the second calendar quarter. Unless she has another SEP, Diane may again change DSNPs (only once) during quarter three using the SEP-Dual/LIS maintaining.			

In January **2019**, Michelle receives notification that she is losing her Medicaid status February 1. In January **2019**, she decides to change to a UnitedHealthcare MA-PD plan.

January	February	March	April
Michelle is notified of a change in status (loss of Medicaid). Michelle notifies UnitedHealthcare that she wants to change to an MA-PD plan.	Effective date of new plan is February 1.		
Michelle qualifies to change her plan 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.			

Leon is a full dual eligible. He attends a local meeting in January **2019** and decides he wants to change plans for February 1, **2019**. He is eligible to use SEP Dual/LIS maintaining as it's the beginning of the calendar quarter. Late February, Leon learns he no longer qualifies as full dual eligible. He calls an agent and picks a new plan.

January	February	March	April	May
Leon enrolls in DSNP with a February 1 effective date. (SEP-Dual/LIS maintaining)	Leon's status is changing in March. Leon picks a new plan in February.	New plan effective March 1 (SEP Dual/LIS Change of Status)		
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.				

Mary is a partial dual eligible and currently on a non- SNP plan. Mary learns in June **2019** that her status with Medicaid has changed and she is now a full dual eligible effective June 1, **2019**.

June	July	August
Mary is now full dual eligible and wants to enroll in a DSNP.	New plan effective July 1 using SEP Dual/LIS Change of Status	This is the last month that Mary can use her SEP.
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).		

Matt is a full dual eligible and currently only has Original Medicare and Medicaid, as well as a standalone PDP plan. He's interested in more benefits and meets with a local agent in June 2019.

June	July	August	September
Matt enrolls in DSNP with a July 1, 2019 effective date.			Matt decides he doesn't like the plan and wants to return to a standalone PDP plan.
Because Matt enrolled in June, he made a second quarter (April-May-June) election using SEP Dual/LIS maintaining. A September enrollment is a third calendar quarter (July-August-September) enrollment and Matt would be eligible to use the SEP Dual/LIS maintaining in September to go back to his previous plan.			

**SEP – Retro ESRD Determination Example**

Steve is enrolled in a UnitedHealthcare Commercial plan effective April 1, 2013. Steve develops ESRD while enrolled in his current plan. On June 1, 2017 CMS determines that Steve was entitled to Medicare Parts A & B effective November 1, 2016.

June	July	August
CMS approves Steve's entitlements to Parts A&B		
Election Period begins the month CMS approved the eligibility and ends two months later. Steve can enroll with an effective date that is the first of the month following the month of election		

Steve can enroll in an MA/MA-PD product any time during this 3 month time frame using the SEP- Retro ESRD Determination.

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

In June, Steven, who is 72 years old, notifies his employer that he will retire in January. Steven will sign up for Part B three months prior to his retirement and his employer informs him that they allow enrollment changes.

June	October	November	December	January	February	March
In June, Steven informs his Employer that he is retiring in January	Steven elects Part B coverage to begin January 1. From October through December, Steven can enroll in a MA/MA-PD/PDP plan with an effective date of January 1 using the ICEP - Part B delayed election period.			In January, Steven is dissatisfied with his plan choice. Steven decided to submit a new application using SEP-Loss of EGHP If Steven enrolls in January, his effective date can be February 1, March 1, or April 1 If Steven enrolls in February, his effective date can be March 1 or April 1 If Steven enrolls in March, his effective date will be April 1		

**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
Due to receiving notification from his employer in June, Henry can enroll in a MA/MA-PD plan  If Henry enrolls in June, his effective date can be July 1, August 1 or September 1 If Henry enrolls in July, his effective date can be August 1 or September 1 If Henry enrolls in August, his effective date will be September 1			

**SEP – Move**

Charles notifies UnitedHealthcare in May that he is moving to a new address August 1. His election period will begin July 1.

May	June	July	August	September	October
Charles notifies UnitedHealthcare that he is moving August 1 therefore his election period will begin July 1			If Charles enrolls in July, his effective date is August 1 If Charles enrolls in August, his effective date is September 1 If Charles enrolls in September, his effective date is October 1		

Charles notifies UnitedHealthcare in May that he recently moved in March to a new address. Charles can enroll in a MA/MA-PD plan with an effective date of the first of the following month.

May	June	July	August
Charles notifies UnitedHealthcare that he recently moved in March to a new address	Charles can enroll in a MA/MA-PD plan with an effective date of the first of the following month If Charles enrolls in May, his effective date is June 1 If Charles enrolls in June, his effective date is July 1 If Charles enrolls in July, his effective date is August 1		

**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 anytime during the year. For details on this SEP, see page 20. For more information on UnitedHealthcare 5-Star plans in 2018, please refer to UnitedHealthcare sales communications regarding eligible plans.

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). See page 31 for details.

**5-Star SEP Example:**

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

**Corresponding PDP 5-Star SEP Example:**

In April, John enrolls in another carrier’s MA-Only PFFS plan with a CMS 5 Star rating. John has April, May and June to pick a corresponding PDP plan (doesn’t have to be a 5-star PDP) using this SEP. The last possible effective date John can have is July 1.

April	May	June
<ul style="list-style-type: none"><li>▪ In April, John enrolls in another carrier’s MA-Only 5-Star PFFS plan</li><li>▪ John can submit an application for a UnitedHealthcare PDP plan in April, May or June</li><li>▪ John can enroll with an effective date that is the first of the month following the month of election<ul style="list-style-type: none"><li>– In this example, John can have an effective date of May 1, June 1, or July 1</li></ul></li></ul>		

**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.



## Election Period Coding – “Cheat Sheet” Paper Application & iEnroll Coding

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.

Election Period Coding – Cheat Sheet			
Identifier	Election Period	MA Election Period Codes	PDP Election Period Codes
I am new to Medicare (see first example on pg 3)	Newly Eligible (IEP/ICEP) - MA/MA-PD Newly Eligible (IEP) - PDP	<ul style="list-style-type: none"> <li>▪ ICEP (MA-Only).....pg 12</li> <li>▪ IEP (MA-PD) .....pg 12</li> </ul>	<ul style="list-style-type: none"> <li>▪ IEP ..... pg 23</li> </ul>
I was eligible for Medicare previously but have recently turned 65 (see second example on pg 3)	Age-In (Eligible Prior to Age 65)	<ul style="list-style-type: none"> <li>▪ IEP2 (MA-PD) .....pg 13</li> </ul>	<ul style="list-style-type: none"> <li>▪ IEP2 ..... pg 24</li> </ul>
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	<ul style="list-style-type: none"> <li>▪ ICEP (delayed Part B enrollment) (MA/MA-PD).....pg 13</li> </ul>	<ul style="list-style-type: none"> <li>▪ N/A for prescription drug plans ..... pg 24</li> </ul>
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)	<ul style="list-style-type: none"> <li>▪ N/A for MA Plans but there may be other options.....pg 13</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP-GEP Part B ..... pg 24</li> </ul>
I would like to enroll during the Annual Enrollment Period	MA/MA-PD/PDP Eligible (Annual Election Period, AEP, 10/15– 12/07)	<ul style="list-style-type: none"> <li>▪ AEP ( MA/MA-PD) .....pg 14</li> </ul>	<ul style="list-style-type: none"> <li>▪ AEP ..... pg 25</li> </ul>
I am enrolled in an MA Only, MA-PD, or SNP plan January 1 and changing to an MA Only, MA-PD, or SNP plan	Open enrollment (starts 1/1/2019) Election runs January 1–March 31	<ul style="list-style-type: none"> <li>▪ OEP ( MA/MA-PD) .....pg 14</li> </ul>	<ul style="list-style-type: none"> <li>▪ MA election only</li> </ul>
I am newly eligible for Parts A and B, enrolled in an MA Only, MA-PD, or SNP plan and changing to an MA Only, MA-PD, or SNP plan	Open enrollment newly eligible (starts 1/1/2019)	<ul style="list-style-type: none"> <li>▪ OEP New ( MA/MA-PD).....pg 14</li> </ul>	<ul style="list-style-type: none"> <li>▪ MA election only</li> </ul>
I am disenrolling from MA Only, MA-PD, or SNP plan during OEP and am enrolling into a PDP plan with no break in coverage	Disenrolling from MA into stand-alone PDP during OEP (starts 1/1/2019)	<ul style="list-style-type: none"> <li>▪ PDP election only</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP-OEP ..... pg 25 &amp; 26</li> </ul>
I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.	Dual-Eligible (Full Benefit & Partial) (2018 only)	<ul style="list-style-type: none"> <li>▪ SEP - Dual Eligible Full &amp; Partial (MA/MA-PD).....pg 15</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Dual Eligible Full &amp; Partial ..... pg 25</li> </ul>
I no longer qualify for both Medicare and Medicaid or my state no longer helps pay for my Medicare premiums	Dual-Eligible (Loss of Status) (2018 only)	<ul style="list-style-type: none"> <li>▪ SEP - Dual Eligible (Status Loss) (MA/MA-PD).....pg 15</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Dual Eligible (Status Loss) ..... pg 25</li> </ul>
I get extra help paying for Medicare prescription drug coverage.	LIS (Non-Medicaid & Maintaining LIS) (2018 only)	<ul style="list-style-type: none"> <li>▪ SEP - LIS (Non Medicaid/Mntning LIS) (MA-PD) .....pg 15</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - LIS (Non Medicaid/Mntning LIS)..... pg 26</li> </ul>

### Election Period Coding – Cheat Sheet

Identifier	Election Period	MA Election Period Codes	PDP Election Period Codes
I no longer qualify for extra help paying for my Medicare prescription drugs	LIS (Loss of Status) <i>(2018 only)</i>	<ul style="list-style-type: none"> <li>▪ SEP - LIS (Loss of Status) (MA-PD) .....pg 15</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - LIS (Loss of Status)..... pg 26</li> </ul>
I have both Medicare and Medicaid or my state helps pay for my Medicare premiums or I get extra help paying for my prescription drug coverage	Dual LIS (Maintaining Dual or LIS status) <i>(starts 1/1/2019)</i>	<p><b>LEAN</b></p> <ul style="list-style-type: none"> <li>▪ SEP – Dual LIS (Maintaining) (MA-PD) .....pg 15</li> </ul> <p><b>Paper</b></p> <ul style="list-style-type: none"> <li>▪ SEP (Dual eligible) (MA-PD) .....pg 16</li> </ul>	<p><b>LEAN</b></p> <ul style="list-style-type: none"> <li>▪ SEP – Dual LIS (Maintaining) (MA-PD) ..... pg 27</li> </ul> <p><b>Paper</b></p> <ul style="list-style-type: none"> <li>SEP (Dual eligible) (MA-PD)..... pg 27</li> </ul>
I have had a change in my Medicare/Medicaid or LIS status (gain, lost, changed level)	Dual LIS (had a change in status)	<p><b>LEAN</b></p> <ul style="list-style-type: none"> <li>▪ SEP – Dual/LIS (change in status)..pg 15</li> </ul> <p><b>Paper</b></p> <ul style="list-style-type: none"> <li>SEP (Full or Partial Dual).....pg 16</li> </ul>	<p><b>LEAN</b></p> <ul style="list-style-type: none"> <li>▪ SEP – Dual/LIS (change in status)pg 27</li> </ul> <p><b>Paper</b></p> <ul style="list-style-type: none"> <li>SEP (Full or Partial Dual)..... pg 27</li> </ul>
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	<ul style="list-style-type: none"> <li>▪ OEPI (MA/MA-PD).....pg 16</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP – Institutional ..... pg 27</li> </ul>
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	<ul style="list-style-type: none"> <li>▪ SEP - Change in Residence (MA/MA-PD).....pg 17</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Change in Residence ..... pg 28</li> </ul>
I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare’s)	Involuntary Loss of Creditable Coverage	<ul style="list-style-type: none"> <li>▪ SEP - Invol. Loss of Creditable Cvg (MA-PD) .....pg 17</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Invol. Loss of Creditable Cvg..... pg 28</li> </ul>
I am leaving employer or union coverage	Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	<ul style="list-style-type: none"> <li>▪ SEP - Loss of EGHP Coverage (MA-PD) .....pg 17</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Loss of EGHP Coverage ... pg 28</li> </ul>
I am gaining employer or union coverage	Gain Employer Group Coverage	<ul style="list-style-type: none"> <li>▪ SEP – Gain of EGHP Coverage (MA/MA-PD).....pg 18</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP – Gain of EGHP Coverage .. pg 29</li> </ul>
My plan is no longer offered for my area	Non-Renewing	<ul style="list-style-type: none"> <li>▪ SEP - Contract Non-Renewal (MA/MA-PD).....pg 18</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Contract Non-Renewal ..... pg 29</li> </ul>
My plan is not renewing the cost plan for my area	Non-Renewing Cost Plan	<ul style="list-style-type: none"> <li>▪ SEP – Cost (MA/MA-PD) .....pg 18</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP – Cost..... pg 29</li> </ul>
My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan	Termination of Plan Contract	<ul style="list-style-type: none"> <li>▪ SEP - Contract Termination (MA/MA-PD).....pg 18</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Contract Termination ..... pg 30</li> </ul>
My Medicare eligibility was approved with a retroactive start date	Retro Medicare Determination	<ul style="list-style-type: none"> <li>▪ SEP- Retro Medicare Determination (MA-Only) .....pg 19</li> <li>▪ IEP (MA-PD) .....pg 19</li> </ul>	<ul style="list-style-type: none"> <li>▪ IEP..... pg 30</li> </ul>
I have ESRD and my Medicare eligibility was approved with a retroactive start date.	Retro ESRD Determination	<ul style="list-style-type: none"> <li>▪ SEP - Retro ESRD Determination (MA/MA-PD).....pg 19</li> </ul>	<ul style="list-style-type: none"> <li>▪ N/A for prescription drug plans... pg 30</li> </ul>

### Election Period Coding – Cheat Sheet

Identifier	Election Period	MA Election Period Codes	PDP Election Period Codes
I belong to a pharmacy assistance program provided by my state	SPAP Members	▪ SEP - SPAP Enrollee (MA-PD).....pg 19	▪ SEP - SPAP Enrollee..... pg 30
I recently lost my pharmacy assistance program provided by my state	SPAP Loss of Eligibility	▪ SEP - SPAP Enrollee (MA-PD).....pg 20	▪ SEP - SPAP Enrollee..... pg 30
I have a Chronic Condition and I'm not enrolled in a Chronic SNP for that condition.	Chronic Condition	▪ SEP - Special Need/Chronic (MA-PD) .....pg 20	▪ N/A for prescription drug plans... pg 31
I was enrolled in a Chronic Plan but I no longer qualify to be in that plan	Chronic SNP Non-Eligibility	▪ SEP- Loss of SNP status (PFFS MA-Only/MA-PD) .....pg 20	▪ SEP- Loss of SNP status..... pg 31
I recently left a PACE program	PACE	▪ SEP - PACE Switcher (MA/MA-PD).....pg 21	▪ SEP - PACE Switcher ..... pg 31
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 .....pg 21	▪ SEP - Leaving Optional Part D Cost ..... pg 31
I have lost my Part B coverage	Loss of Part B	▪ N/A for MA Plans .....pg 21	▪ SEP - Lost MA-PD and Part B .... pg 31
I enrolled in an MA/MA-PD 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 .....pg 21	▪ SEP - SEP 65..... pg 32
I dropped my Medigap coverage to enroll in an MA/MA-PD plan for the first time. I am in my "trial period" and I want to go back to Original Medicare.	Consumers in an MA-PD who drop Medigap and are in Trial period	▪ N/A for MA Plans .....pg 21	▪ SEP-Indiv drop Medigap-Trial period ..... pg 32
I am currently eligible for other Creditable Coverage	Eligible for Other Creditable Coverage	▪ SEP - Elgbl for Other Creditable Cvg (MA-Only) .....pg 21	▪ N/A - disenrollment election only ..... pg 32
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 .....pg 21	▪ SEP - Corresponding PDP 5 Star..... pg 33
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 .....pg 22	▪ N/A for PDP plans ..... pg 33
I was enrolled into a plan by CMS or my state	CMS or state auto-enrollment	▪ SEP CMS/State assignment .....pg 22	▪ SEP CMS/State assignment ..... pg 22
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 ....pg 22	▪ SEP Weather related emergency pg 34
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	▪ N/A for PDP plans ..... pg 34

## Election Period Details – Medicare Advantage (MA/MA-PD) Plans

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
<b>Consumers Newly Entitled to Medicare or Medicare Part D</b>						
<b>Newly Eligible (IEP/ICEP)</b>	Entitled to and has BOTH Part A and B for the first time*	<p><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> <li>▪ Medicare Entitlement Letter</li> <li>▪ Copy of Medicare ID Card or SSA Award Letter</li> </ul>	<p><b><u>7 month Election Period</u></b>  <b>Begins</b> 3 months before month of entitlement</p> <p><b>Includes</b> the birthday month</p> <p><b>Ends</b> last day of 3<sup>rd</sup> month after month of the earlier effective date of Part A/B entitlement (usually 65<sup>th</sup> birthday).</p> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▪ <i>The end of the ICEP is generally the end of the consumer's initial enrollment period for enrolling into Part B.</i></li> <li>▪ <i>The 7-month period is usually centered on the earlier of the Part A date or Part B date.</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Enrollment request made prior to month of eligibility, effective date is first day of the month of eligibility.</li> <li>▪ Enrollment request made during or after first month of eligibility, effective date is first day of the month following the month of election.</li> <li>▪ Generally, a consumer with a birth date of the 1<sup>st</sup> 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).</li> </ul>	<p>1 Election*</p> <p><i>*Enroll into MA-Only or MA-PD</i></p>	<p><b>Code:</b> ICEP <i>(if MA-Only election)</i></p> <p><b>Code:</b> IEP <i>(if MA-PD election)</i></p>

## Election Period Details – Medicare Advantage (MA/MA-PD) 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 <i>If SEP, please include reason</i>
Age-In <i>(Eligible Prior to Age 65)</i>	<ul style="list-style-type: none"> <li>▪ Turning 65 -AND-</li> <li>▪ Was eligible for Medicare prior to age 65</li> </ul>	<p><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> <li>▪ Copy of Medicare ID Card or SSA Award Letter*</li> </ul>	<p><b><u>7 month Election Period</u></b> <b>Begins</b> 3 months before month of entitlement</p> <p><b>Includes</b> the birthday month</p> <p><b>Ends</b> last day of 3<sup>rd</sup> month after month of the earlier effective date of Part A/B entitlement (usually 65<sup>th</sup> birthday).</p>	<ul style="list-style-type: none"> <li>▪ Enrollment request made prior to month of birthday, effective date is first day of the month of birthday.</li> <li>▪ Enrollment request made during or after first month of birthday, effective date is first day of the month following the month of election.</li> <li>▪ Generally, a consumer with a birth date of the 1<sup>st</sup> 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).</li> </ul>	<p>1 Election*</p> <p><i>*Enroll into or change MA-PD plan</i></p>	<p><b>Code:</b> IEP2</p>
Enrolling into Part B After Delaying Enrollment	<ul style="list-style-type: none"> <li>▪ Entitled to Part A</li> <li>▪ Newly enrolled in Part B after delaying enrollment 3 months or more after month of entitlement, thereby delaying enrollment into an MA-Only or MA-PD plan.</li> </ul>	<p><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> <li>▪ Medicare entitlement letter*</li> <li>▪ Copy of Medicare ID Card or SSA Award Letter</li> </ul>	<p><b>Begins</b> 3 months <b>before</b> Part B effective date</p> <p><b>Ends</b> last day of the month before Part B effective date</p>	<p>Must be equal to Part B effective date.</p> <p><i>Note: Application must be received prior to Part B effective date.</i></p>	<p>1 Election*</p> <p><i>*Enroll into MA-Only or MA-PD</i></p>	<p><b>Code:</b> ICEP (due to delayed Part B enrollment)</p>
Enrolled into Part B during the Part B General Enrollment Period (GEP)	<p>There is no SEP-GEP Part B for Medicare Advantage. However, the consumer may qualify for other election period options.</p>					

## Election Period Details – Medicare Advantage (MA/MA-PD) Plans

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
<b>Annual Election Period (AEP)</b>						
Annual Election Period	All Medicare consumers	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Complete Enrollment Application Taken 10/15 or Later</li> </ul>	<b>Begins</b> 10/15 <b>Ends</b> 12/07	<ul style="list-style-type: none"> <li>▪ December 31 disenrollment effective date -OR-</li> <li>▪ January 1 enrollment effective date</li> </ul>	1 Election*  <i>*Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare</i>  <i>Note: last election made, determined by the application date, will be the election that takes effect.</i>	<b>Code:</b> AEP
<b>Open Enrollment Period (OEP)</b>						
Open Enrollment Period	Individual must be enrolled in an MA Only, MA-PD, or SNP plan and enrolling into a MA Only, MA-PD, or SNP plan on January 1 to use Election Period (can also use to enroll in standalone PDP and disenroll from MA)	<ul style="list-style-type: none"> <li>▪ Confirm current plan type is MA Only, MA-PD, or SNP plan and enrolling into MA only, MA-PD, or SNP plan</li> </ul> <p><i>*Confirm individual was enrolled in their current MA Only, MA-PD, or SNP plan on January 1</i></p>	Begins 1/1 Ends 3/31	Effective date will be the 1st day of the month following receipt of election	1 Election per year	<b>Code:</b> OEP
Newly eligible for Part A and B	Individual must be enrolled in an MA Only, MA-PD, or SNP plan and enrolling into a MA Only, MA-PD, or SNP plan to use Election Period	<ul style="list-style-type: none"> <li>▪ Confirm current plan type is MA Only, MA-PD, or SNP plan and enrolling into MA only, MA-PD, or SNP plan</li> </ul> <p><i>*Confirm individual is newly eligible for Parts A and Part B</i></p> <p><i>*Confirm application is being completed within the first 3 months of their Part A and Part B eligibility start date</i></p>	Begins the first month of Part A and B eligibility dates Ends the last day of the 3rd month of their Part A and B eligibility start dates	Effective date will be the 1st day of the month following receipt of election	1 Election per year	<b>Code:</b> OEPNEW

## Election Period Details – Medicare Advantage (MA/MA-PD) Plans

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding If SEP, please include reason
<b>Low Income Consumers</b>						
Dual-Eligible	Medicaid Consumer (Full Benefit & Partial) (2018 only)	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Medicaid #</li> <li>▪ Medicaid Card</li> <li>▪ Medicaid Award Letter</li> </ul>	As long as Medicaid eligible or entitled to MSP*	First day of the month following receipt of election.	Continuous*  *Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare	<b>Code:</b> SEP <b>Reason:</b> Dual Eligible Full & Partial
Dual-Eligible (Loss of Status)	No longer eligible for Medicaid benefits (Full Benefit & Partial) (2018 only)	<ul style="list-style-type: none"> <li>▪ Member attestation</li> <li>▪ State Notice regarding loss of dual eligible status</li> </ul>	<p><b>Begins</b> month the loss of dual eligibility notification is received and continues two additional months</p> <p><b>Ends</b> with the date consumer makes an election or the last day of the third month after notification received.</p>	First day of the month following receipt of election.	1 Election*  *Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare	<b>Code:</b> SEP <b>Reason:</b> Dual-Eligible (Status Loss)
LIS (Non-Medicaid & Maintaining LIS)	Has Part D premium subsidy (2018 only)	<ul style="list-style-type: none"> <li>▪ Member attestation</li> <li>▪ Redetermination Letter</li> <li>▪ SSA or Medicaid Award Letter (if letter shows the actual levels)</li> </ul>	As long as eligible for Part D subsidy	First day of the month following receipt of election.	Continuous*  *Enroll into MA-PD	<b>Code:</b> SEP <b>Reason:</b> LIS (Non Medicaid/Mntning LIS)
LIS (Loss of Status)	Has lost the Part D premium subsidy (2018 only)	<ul style="list-style-type: none"> <li>▪ Member attestation</li> <li>▪ Redetermination Letter</li> <li>▪ SSA or Medicaid Award Letter (if letter shows the actual levels)</li> <li>▪ Termination Notice</li> </ul>	<p><b>If loss of subsidy occurs at end of calendar year*:</b> <b>Begins</b> January 1 <b>Ends</b> March 31</p> <p><b>If loss of subsidy occurs mid-year:</b> <b>Begins</b> when notified of the loss <b>Ends</b> two months after notification</p> <p>* January 1 effective date is available if loss of subsidy occurs at the end of the calendar year.</p>	First day of the month following receipt of election.	1 Election*  *Enroll into MA-PD	<b>Code:</b> SEP <b>Reason:</b> LIS (Loss of Status)

## Election Period Details – Medicare Advantage (MA/MA-PD) 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 <i>If SEP, please include reason</i>
Dual and LIS Eligible (maintaining)	Medicaid and/or LIS Eligible <i>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.</i>	<ul style="list-style-type: none"> <li>▪ Confirm SEP has not been used during calendar quarter</li> </ul>	One Election per calendar quarter for the first 9 months of the year Q1 - Jan - March Q2 - April - June Q3 - July - September Not available for use Q4 (October - December)	Effective date will be the 1st day of the month following receipt of election	1 Election per quarter	<b>Code:</b> SEP <b>Reason:</b> Dual LIS maintaining
Loss, Gain, or Change in Dual/LIS Status	<ul style="list-style-type: none"> <li>▪ Became eligible for any type of assistance from the Title XIX Program and qualify for LIS</li> <li>▪ Losing/Lost eligibility of any type of assistance</li> <li>▪ Have a change in the level of assistance received</li> </ul>	<ul style="list-style-type: none"> <li>▪ TBD - Pending Compliance</li> </ul>	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.	Effective date will be the 1st day of the month following receipt of election	1 Election	<b>Code:</b> SEP <b>Reason:</b> Change in Dual/LIS Status
<b>Institutionalized Consumers</b>						
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"> <li>▪ Member Attestation</li> <li>▪ Facility Address &amp; Contact Information*</li> </ul>	<p><b><u>Moves in or Resides in:</u></b> <b>Begins</b> first day institutionalized <b>Ends</b> 2 months after discharge</p> <p><b><u>Moves out:</u></b> <b>Begins</b> first day discharged <b>Ends</b> 2 months later</p>	First day of the month following receipt of election.	Continuous*  <i>*Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare</i>	<b>Code:</b> OEPI



## Election Period Details – Medicare Advantage (MA/MA-PD) Plans

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
<b>Consumers Who Move</b>						
Change in Residence	<ul style="list-style-type: none"> <li>▪ Permanently moved inside plan’s service area with new plan options available</li> <li>▪ Permanently moved outside plan’s service area</li> <li>▪ Incarcerated individuals who have now been released</li> </ul>	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ New Address on Enrollment Form</li> </ul>	<p><b><u>Before Move</u></b>  <b>Begins</b> month before permanent move  <b>Ends</b> 2 months after the move</p> <p><b><u>After Move</u></b>  <b>Begins</b> 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  <b>Ends</b> 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 <b>but not</b> earlier than the day of move.	1 Election*  <i>*Enroll into MA-Only or MA-PD</i>	<p><b>Code: SEP</b>  <b>Reason:</b>                      Change in Residence</p> <p><i>NOTE: Please ensure new address is entered on the application</i></p>
<b>Loss of Coverage</b>						
Involuntary Loss of Creditable Coverage	<ul style="list-style-type: none"> <li>▪ Involuntarily lost creditable coverage</li> <li>▪ Coverage deemed no longer creditable</li> </ul> <p><i>NOTE: Does NOT include loss of coverage due to nonpayment of premium</i></p>	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Letter <i>stating loss of creditable coverage</i></li> </ul>	<p><b>Begins</b> either month of notice or month the loss or reduction of coverage occurs, whichever is later  <b>Ends</b> 2 months later</p>	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*  <i>*Enroll into MA-PD (Enrollment into MA-Only not allowed)</i>	<p><b>Code: SEP</b>  <b>Reason:</b>                      Invol. Loss of Creditable Cvg</p>
<b>Change in Employer Group Health Plan</b>						
Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	Voluntary/involuntary termination of group coverage	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Term Letter <i>from group or COBRA</i></li> <li>▪ Copy of email <i>from group attesting to disenrollment</i></li> </ul>	<p><b>Begins</b> month group allows for disenrollment or date COBRA ends  <b>Ends</b> 2 months after group coverage ends*</p> <p><i>*Must be enrolled in Part B to elect MA/MA-PD plan</i></p>	Can choose an effective date up to 3 months in advance after receipt of election <b>but not</b> earlier than the first of the month following month in which the request is made.	1 Election*  <i>*Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare</i>	<p><b>Code: SEP</b>  <b>Reason:</b>                      Loss of EGHP Coverage</p>

## Election Period Details – Medicare Advantage (MA/MA-PD) 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 <i>If SEP, please include reason</i>
Gain Employer Group Coverage	Gain or enroll into employer group coverage	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Group Letter describing coverage options</li> </ul>	<b>Begins</b> month plan is open for enrollment (or as group allows) <b>Ends</b> 2 months after plan coverage takes effect	Employer Groups can choose an effective date up to 3 months in advance after receipt of election <b>but not</b> earlier than the first of the month following month in which the request is made.	1 Election*  <i>*Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare</i>	<b>Code:</b> SEP <b>Reason:</b> Gain of EGHP Coverage
<b>Termination/Non-Renewal</b>						
Non-Renewing	Plan no longer offered in area	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Copy of Non-Renewal Notice</li> </ul>	<b>Begins</b> Dec 8 of that year <b>Ends</b> Last day of February of the following year	<ul style="list-style-type: none"> <li>▪ Enrollment request in December will have a January 1 effective date</li> <li>▪ Enrollment request in January will have a February 1 effective date</li> <li>▪ Enrollment request in February will have a March 1 effective date</li> </ul>	1 Election*  <i>*Enroll into MA-Only or MA-PD</i>	<b>Code:</b> SEP <b>Reason:</b> Contract Non-Renewal
Non-Renewing Cost Plan	Cost Plan no longer offered in area	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Copy of Non-Renewal Notice</li> </ul>	<b>Begins</b> Dec 8 of that year <b>Ends</b> Last day of February of the following year	<ul style="list-style-type: none"> <li>▪ Enrollment request in December will have a January 1 effective date</li> <li>▪ Enrollment request in January will have a February 1 effective date</li> <li>▪ Enrollment request in February will have a March 1 effective date</li> </ul>	1 Election*  <i>*Enroll into MA-Only or MA-PD</i>	<b>Code:</b> SEP <b>Reason:</b> Cost
Termination of Plan Contract	Contract terminated with/without mutual consent of Medicare	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Copy of Termination Notice</li> </ul>	<u><b>With mutual consent</b></u> <b>Begins</b> 2 months before proposed termination date <b>Ends</b> 1 month after effective date of termination  <u><b>Without mutual consent</b></u> <b>Begins</b> 1 month before termination is effective <b>Ends</b> 2 months after effective date of termination	<u><b>With Mutual Consent</b></u> First day of the month after notice received <b>or</b> up to 2 months after the effective date of termination <b>but not</b> earlier than receipt of election.  <u><b>Without Mutual Consent</b></u> First day of the month after notice received up to 3 months after month of termination <b>but not</b> earlier than receipt of election.	1 Election*  <i>*Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare</i>	<b>Code:</b> SEP <b>Reason:</b> Contract Termination

## Election Period Details – Medicare Advantage (MA/MA-PD) 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 <i>If SEP, please include reason</i>
<b>Other</b>						
Retro Medicare Determination	Medicare entitlement verification is made retroactively.	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Medicare Entitlement Letter</li> </ul>	<b>Begins</b> month notice of entitlement is received <b>Ends</b> 2 months after month notice is received	First of the month following receipt of the election	1 Election*  <i>*Enroll into MA-Only or MA-PD</i>	<b>Code:</b> SEP <b>Reason:</b> Retro Medicare Determination (if MA-Only election)  <b>Code:</b> IEP (if MA-PD election)
Retro ESRD Determination	ESRD status was determined after consumer's ICEP passed. May elect MA if: <ul style="list-style-type: none"> <li>▪ Were in a health plan offered under the same MA contract # the month before Part A/B entitlement, -AND-</li> <li>▪ Developed ESRD while a member of that health plan, -AND-</li> <li>▪ Still enrolled in that health plan -OR-</li> <li>▪ Had untimely entitlement determination due to an administrative delay</li> </ul>	<ul style="list-style-type: none"> <li>▪ Member Attestation (if current member)</li> <li>▪ Physician Statement/Letter</li> </ul>	<b>Begins</b> month received notice of Medicare entitlement <b>Ends</b> 2 months after the month notice is received	First day of the month following receipt of election.	1 Election*  <i>*Enroll into MA-Only or MA-PD</i>  <i>NOTE: In cases of retro ESRD determination, a consumer is retroactively determined to be eligible for Medicare. The consumer may choose to enroll into a PDP, which would fall under the SEP described in #19 above.</i>	<b>Code:</b> SEP <b>Reason:</b> Retro ESRD Determination ESRD
SPAP Members	Individuals who belong to a qualified SPAP	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ State Facilitation Letter</li> </ul>	One election per calendar year for SPAP members	First day of the month following receipt of election.	1 Election*  <i>*Enroll into MA-PD (Enrollment into MA-Only not allowed)</i>  <i>*One election is allowed each subsequent calendar year for consumers who remain SPAP members.</i>	<b>Code:</b> SEP <b>Reason:</b> SPAP Enrollee

## Election Period Details – Medicare Advantage (MA/MA-PD) Plans

Population	Qualification	Qualification Items <b>you can check</b> <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
SPAP Loss of Eligibility	Members of qualified SPAPs who lose SPAP eligibility	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Letter <i>attesting to loss of SPAP eligibility</i></li> </ul>	<p><b>Begins</b> month the loss of eligibility notification is received</p> <p><b>Ends</b> 2nd month after month notice is received</p>	First day of the month following receipt of election.	<p>1 Election*</p> <p><i>*Enroll into MA-PD (Enrollment into MA-Only not allowed, and disenrollment from Part D not allowed)</i></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> SPAP Enrollee</p>
Chronic Condition	<ul style="list-style-type: none"> <li>▪ Consumer has a severe or disabling chronic condition(s) that an appropriate UnitedHealthcare SNP is designed to serve</li> <li style="text-align: center;">AND –</li> <li>▪ Consumer is not currently enrolled in a chronic SNP serving that condition.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Form – "Authorization for Use or Disclosure of Health Information" (<i>authorization from UnitedHealthcare allowing contact with physician</i>)</li> <li>▪ Letter <i>attesting to severe or disabling condition from provider (to expedite the process)</i></li> </ul>	<p><b>Begins</b> upon qualification of disabling condition</p> <p><b>Ends</b> when enrolled in SNP</p>	First day of the month following receipt of election.	<p>1 Election*</p> <p><i>*Only to be used for enrolling into a chronic SNP serving consumer's condition; cannot use this SEP to enroll into any other plan.</i></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> 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"> <li>▪ Member Attestation</li> <li>▪ Letter <i>attesting to loss of special needs status</i></li> </ul>	<p><b>Begins</b> month of effective date of disenrollment</p> <p><b>Ends</b> 3 month after the date of involuntary disenrollment.</p>	First day of the month following receipt of election.	<p>1 Election*</p> <p><i>*Enroll into MA-Only or MA-PD</i></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> 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"> <li>▪ Member Attestation</li> <li>▪ Letter <i>attesting to non-eligibility for chronic SNP</i></li> </ul>	<p><b>Begins</b> upon notification of non-eligibility</p> <p><b>Ends</b> 2 months after month notice is received</p>	First day of the month following receipt of election	<p>1 Election*</p> <p><i>*Enroll into MA-PD or PFFS (MA-Only) if accompanied by a PDP enrollment. Consumer cannot drop Part D.</i></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> Loss of SNP Status</p>

## Election Period Details – Medicare Advantage (MA/MA-PD) Plans

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
PACE	Consumer enrolling or disenrolling from PACE	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ PACE Enrollment Letter</li> <li>▪ PACE Member ID Card</li> </ul>	<p><b>Begins</b> the effective date of PACE disenrollment.  <b>Ends</b> 2 months after effective date of PACE disenrollment to elect MA-Only or MA-PD plan.</p> <p><b>NOTE:</b>  <i>May disenroll from plan at any time to enroll in PACE</i></p>	First day of the month following receipt of election.	1 Election*  <i>*Enroll into MA-Only or MA-PD</i>	<b>Code:</b> SEP <b>Reason:</b> PACE Switcher
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 <i>(Age-In)</i>	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 MA-PD 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"> <li>▪ Member Attestation</li> <li>▪ Statement of Proof <i>from Other Coverage</i></li> </ul>	<p><b>Begins</b> immediately  <b>Ends</b> date elected for disenrollment</p>	First day of the month following receipt of disenrollment request.	1 Election*  <i>*Enroll into MA-Only (if leaving an MA-PD) or Disenroll into Original Medicare</i>	<b>Code:</b> SEP <b>Reason:</b> 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					

## Election Period Details – Medicare Advantage (MA/MA-PD) 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 <i>If SEP, please include reason</i>
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"> <li>▪ Enrollment into a qualifying 5-Star plan</li> </ul>	One election for an effective date within the plan contract year.	<p>First day of the month following receipt of election.*</p> <p>*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.</p>	<p>1 Election between 12/8-11/30 of the following year in which the plan received the 5-star overall rating.*</p> <p><i>*Enroll into MA-Only or MA-PD</i></p>	<p><b>Code:</b> SEP <b>Reason:</b> 5 Star</p>
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"> <li>▪ Confirm individual was enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process)</li> </ul>	<p><b>Begins</b> start of coverage in receiving plan <b>Ends</b> last day of the 3rd month of the start of coverage in receiving plan <i>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.</i></p>	Effective date will be the 1st day of the month following receipt of election	<p>1 Election</p> <p>SEP permits a one-time election within 3 months of the effective date of assignment or notification of the assignment, which is later</p>	<p><b>Code:</b> SEP <b>Reason:</b> CMS/State Assignment</p>
Individuals Affected by a FEMA-Declared Weather Related Emergency or Major Disaster	<p>*Individual or Individuals Auth Rep and/or POA resides or resided at the start of an incident period for which in an area FEMA has declared an emergency or a major disaster</p> <p>*Individual had a valid election period at the time of the incident period</p>	<ul style="list-style-type: none"> <li>▪ Review FEMA Website to confirm individual or individuals Auth Rep/POA resides or resided in the affected area at the start of the incident period</li> <li>▪ Confirm individual had a valid election period at the time of the incident period and valid election period was not used.</li> </ul>	SEP is available from the start of the incident period and for four full calendar months thereafter	Effective date will be the 1st day of the month following receipt of election	1 Election	<p><b>Code:</b> SEP <b>Reason:</b> Weather Related Emergency</p>

## Election Period Details – Medicare Advantage (MA/MA-PD) 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 <i>If SEP, please include reason</i>
SEP for Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions	UHC granted election only** CMS will grant the election period when the Plan or UHC was unable to provide required notices or information in an accessible format and appropriate timeframe.	<ul style="list-style-type: none"> <li>▪ CMS granted election only</li> </ul>	<b>Start and End</b> of the SEP are dependent upon situation	Effective date are dependent upon situation	1 Election	<b>Code:</b> SEP <b>Reason:</b> Materials

## Election Period Details – Prescription Drug Plans (PDP)

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 <i>If SEP, please include reason</i>
<b>Consumers Newly Entitled to Medicare or Medicare Part D</b>						
<i>Newly Eligible (IEP)</i>	Entitled to and has EITHER A or B for the first time*  <i>*For PDP elections, consumer only has to have Part A or Part B to be eligible.</i>	<p><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> <li>▪ Medicare Entitlement Letter</li> <li>▪ Copy of Medicare ID Card or SSA Award Letter</li> </ul>	<p><b><u>7 month Election Period</u></b>  <b>Begins</b> 3 months before month of entitlement  <b>Includes</b> the birthday month  <b>Ends</b> last day of 3<sup>rd</sup> month after month of the earlier effective date of Part A/B entitlement (usually 65<sup>th</sup> birthday).</p> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▪ <i>The 7-month period is usually centered on the earlier of the Part A date or Part B date</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Enrollment request made prior to month of eligibility, effective date is first day of the month of eligibility.</li> <li>▪ Enrollment request made during or after first month of eligibility, effective date is first day of the month following the month of election.</li> <li>▪ Generally, a consumer with a birth date of the 1<sup>st</sup> 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).</li> </ul>	1 Election*  <i>*Enroll into PDP</i>	<b>Code:</b> IEP

## Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
Age-In <i>(Eligible Prior to Age 65)</i>	<ul style="list-style-type: none"> <li>▪ Turning 65 -AND-</li> <li>▪ Was eligible for Medicare prior to age 65</li> </ul>	<p><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> <li>▪ Copy of Medicare ID Card or SSA Award Letter*</li> </ul>	<p><b>7 month Election Period</b>  <b>Begins</b> 3 months before month of entitlement  <b>Includes</b> the birthday month  <b>Ends</b> last day of 3<sup>rd</sup> month after month of the earlier effective date of Part A/B entitlement (usually 65<sup>th</sup> birthday).</p>	<ul style="list-style-type: none"> <li>▪ Enrollment request made prior to month of birthday, effective date is first day of the month of birthday.</li> <li>▪ Enrollment request made during or after first month of birthday, effective date is first day of the month following the month of election.</li> <li>▪ Generally, a consumer with a birth date of the 1<sup>st</sup> 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).</li> </ul>	<p>1 Election*</p> <p><i>*Enroll into or change PDP plan</i></p>	<p><b>Code:</b> IEP2</p>
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	<p><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Copy of Medicare ID Card or SSA Award Letter*</li> </ul>	<p><b>Begins</b> 04/01  <b>Ends</b> 06/30</p>	July 1 (only)	<p>1 Election*</p> <p><i>*Enroll into PDP</i></p>	<p><b>Code:</b> SEP  <b>Reason:</b>                      GEP Part B</p>



## Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
<b>Annual Election Period (AEP)</b>						
Annual Election Period	All Medicare consumers	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Complete Enrollment Application Taken 10/15 or Later</li> </ul>	<b>Begins</b> 10/15 <b>Ends</b> 12/07	<ul style="list-style-type: none"> <li>▪ December 31 disenrollment effective date</li> <li style="text-align: center;">-OR-</li> <li>▪ January 1 enrollment effective date</li> </ul>	1 Election*  <i>*Enroll into PDP or disenroll from PDP</i>  <i>Note: last election made, determined by the application date, will be the election that takes effect.</i>	<b>Code:</b> AEP
<b>Corresponds with Open Enrollment Period (OEP)</b>						
Leaving an MA Plan (MA only, MA-PD or SNP) to a standalone PDP during OEP	Individual currently enrolled in MA Only, MA-PD, or SNP plan and wants to change their coverage to a PDP plan	<ul style="list-style-type: none"> <li>▪ Confirm individual has disenrolled from their current MA Only, MA-PD, or SNP plan and is enrolling into PDP with no break in coverage</li> </ul>	Corresponding with OEP Annual (January 1 – March 31)  Corresponding with OEP Newly Eligible <b>Begins</b> the first month of Part A and B eligible dates <b>Ends</b> the last day of the 3rd month of their Part A and B eligibility start dates	Effective date will be the 1st day of the month following receipt of election	1 Election per year	<b>Code:</b> SEP/OEP
<b>Low Income Consumers</b>						
Dual-Eligible	Medicaid Consumer (Full Benefit & Partial) (2018 only)	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Medicaid #</li> <li>▪ Medicaid Card</li> <li>▪ Medicaid Award Letter</li> </ul>	As long as Medicaid eligible or entitled to MSP*	First day of the month following receipt of election.	Continuous*  <i>*Enroll into PDP</i>	<b>Code:</b> SEP <b>Reason:</b> Dual Eligible Full & Partial
Dual-Eligible (Loss of Status)	No longer eligible for Medicaid benefits (Full Benefit & Partial) (2018 only)	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ State Notice regarding loss of dual eligible status</li> </ul>	<b>Begins</b> month the loss of dual eligibility notification is received and continues two additional months <b>Ends</b> with the date consumer makes an election <b>or</b> the last day of the third month after notification received.	First day of the month following receipt of election.	1 Election*  <i>*Enroll into PDP</i>	<b>Code:</b> SEP <b>Reason:</b> Dual-Eligible (Status Loss)

## Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
LIS <i>(Non-Medicaid &amp; Maintaining LIS)</i>	Has Part D premium subsidy <b>(2018 only)</b>	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Redetermination Letter</li> <li>▪ SSA or Medicaid Award Letter <i>(if letter shows the actual levels)</i></li> </ul>	As long as eligible for Part D subsidy	First day of the month following receipt of election.	Continuous*  <i>*Enroll into PDP</i>	<b>Code:</b> SEP <b>Reason:</b> LIS (Non Medicaid/Mntning LIS)
LIS <i>(Loss of Status)</i>	Has lost the Part D premium subsidy <b>(2018 only)</b>	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Redetermination Letter</li> <li>▪ SSA or Medicaid Award Letter <i>(if letter shows the actual levels)</i></li> <li>▪ Termination Notice</li> </ul>	<p><b>If loss of subsidy occurs at end of calendar year*:</b>  <b>Begins</b> January 1  <b>Ends</b> March 31</p> <p><b>If loss of subsidy occurs mid-year:</b>  <b>Begins</b> when notified of the loss  <b>Ends</b> two months after notification</p> <p><i>* January 1 effective date is available if loss of subsidy occurs at the end of the calendar year.</i></p>	First day of the month following receipt of election.	1 Election*  <i>*Enroll into PDP</i>	<b>Code:</b> SEP <b>Reason:</b> LIS (Loss of Status)
Leaving an MA Plan (MA Only, MA-PD or SNP) to a standalone PDP during OEP	Individual currently enrolled in MA Only, MA-PD, or SNP plan and wants to change their coverage to a PDP plan	<ul style="list-style-type: none"> <li>▪ Confirm individual has disenrolled from their current MA Only, MA-PD, or SNP plan and is enrolling into PDP with no break in coverage</li> </ul>	<p>Corresponding with OEP Annual (January 1 – March 31)</p> <p>Corresponding with OEP Newly Eligible  <b>Begins</b> the first month of Part A and B eligible dates  <b>Ends</b> the last day of the 3rd month of their Part A and B eligibility start dates</p>	Effective date will be the 1st day of the month following receipt of election	1 Election per year	<b>Code:</b> SEP/OEP

## Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
Dual and LIS Eligible (maintaining)	Medicaid and/or LIS Eligible <i>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.</i>	<ul style="list-style-type: none"> <li>▪ Confirm SEP has not been used during calendar quarter</li> <li>▪ Confirm individual is not flagged as "at risk" or "potentially at risk"</li> </ul>	One Election per calendar quarter for the first 9 months of the year Q1 - Jan - March Q2 - April - June Q3 - July - September Not available for use Q4 (October - December)	Effective date will be the 1st day of the month following receipt of election	1 Election per quarter	<b>Code:</b> SEP <b>Reason:</b> Dual/LIS maintaining
Loss, Gain, or Change in Dual/LIS Status	<ul style="list-style-type: none"> <li>▪ Became eligible for any type of assistance from the Title XIX Program and qualify for LIS</li> <li>▪ Losing/Lost eligibility of any type of assistance</li> <li>▪ Have a change in the level of assistance received</li> </ul>	<ul style="list-style-type: none"> <li>▪ TBD - Pending Compliance</li> </ul>	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	Effective date will be the 1st day of the month following receipt of election	1 Election	<b>Code:</b> SEP <b>Reason:</b> Change in Dual/LIS Status
<b>Institutionalized Consumers</b>						
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"> <li>▪ Member Attestation</li> <li>▪ Facility Address &amp; Contact Info</li> </ul>	<p><b><u>Moves in or Resides in:</u></b> <b>Begins</b> first day institutionalized <b>Ends</b> 2 months after discharge</p> <p><b><u>Moves out:</u></b> <b>Begins</b> first day discharged <b>Ends</b> 2 months later</p>	First day of the month following receipt of election.	Continuous*  <i>*Enroll into PDP</i>	<b>Code:</b> SEP-Institutional

## Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
<b>Consumers Who Move</b>						
Change in Residence	<ul style="list-style-type: none"> <li>▪ Permanently moved inside plan’s service area with new plan options available</li> <li>▪ Permanently moved outside plan’s service area</li> <li>▪ Incarcerated individuals who have now been released</li> </ul>	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ New Address on Enrollment Form</li> </ul>	<p><b><u>Before Move</u></b>  <b>Begins</b> month before permanent move  <b>Ends</b> 2 months after the move</p> <p><b><u>After Move</u></b>  <b>Begins</b> 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  <b>Ends</b> 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 <b>but not</b> earlier than the day of move.	1 Election*  <i>*Enroll into PDP</i>	<p><b>Code:</b> SEP  <b>Reason:</b>            Change in Residence</p> <p><i>NOTE: Please ensure new address is entered on the application</i></p>
<b>Loss of Coverage</b>						
Involuntary Loss of Creditable Coverage	<ul style="list-style-type: none"> <li>▪ Involuntarily lost creditable coverage</li> <li>▪ Coverage deemed no longer creditable</li> </ul> <p><i>NOTE: Does NOT include loss of coverage due to nonpayment of premium</i></p>	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Letter stating loss of creditable coverage</li> </ul>	<p><b>Begins</b> either month of notice or month the loss or reduction of coverage occurs, whichever is later  <b>Ends</b> 2 months later</p>	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*  <i>*Enroll into PDP</i>	<p><b>Code:</b> SEP  <b>Reason:</b>            Invol. Loss of Creditable Cvg</p>
<b>Change in Employer Group Health Plan</b>						
Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	Voluntary/involuntary termination of group coverage	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Term Letter from group or COBRA</li> <li>▪ Copy of email from group attesting to disenrollment</li> </ul>	<p><b>Begins</b> month group allows for disenrollment or date COBRA ends  <b>Ends</b> 2 months after group coverage ends</p>	Can choose an effective date up to 3 months in advance after receipt of election <b>but not</b> earlier than the first of the month following month in which the request is made.	1 Election*  <i>*Enroll into PDP</i>	<p><b>Code:</b> SEP  <b>Reason:</b>            Loss of EGHP Coverage</p>

## Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
Gain Employer Group Coverage	Gain or enroll into employer group coverage	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Group Letter <i>describing coverage options</i></li> </ul>	<p><b>Begins</b> month plan is open for enrollment (or as group allows)</p> <p><b>Ends</b> 2 months after plan coverage takes effect</p>	Employer Groups can choose an effective date up to 3 months in advance after receipt of election <b>but not</b> earlier than the first of the month following month in which the request is made.	<p>1 Election*</p> <p><i>*Enroll into PDP</i></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> Gain of EGHP Coverage</p>
<b>Termination/Non-Renewal</b>						
Non-Renewing	Plan no longer offered in area	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Copy of Non-Renewal Notice</li> </ul>	<p><b>Begins</b> Dec 8 of that year</p> <p><b>Ends</b> Last day of February of the following year</p>	<ul style="list-style-type: none"> <li>▪ Enrollment request in December will have a January 1 effective date</li> <li>▪ Enrollment request in January will have a February 1 effective date</li> <li>▪ Enrollment request in February will have a March 1 effective date</li> </ul>	<p>1 Election*</p> <p><i>*Enroll into PDP</i></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> Contract Non-Renewal</p>
Non-Renewing Cost Plan	Cost Plan no longer offered in area	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Copy of Non-Renewal Notice</li> </ul>	<p><b>Begins</b> Dec 8 of that year</p> <p><b>Ends</b> Last day of February of the following year</p>	<ul style="list-style-type: none"> <li>▪ Enrollment request in December will have a January 1 effective date</li> <li>▪ Enrollment request in January will have a February 1 effective date</li> <li>▪ Enrollment request in February will have a March 1 effective date</li> </ul>	<p>1 Election*</p> <p><i>*Enroll into PDP</i></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> Cost</p>

## Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
Termination of Plan Contract	Contract terminated with/without mutual consent of Medicare	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Copy of Termination Notice</li> </ul>	<p><b><u>With mutual consent</u></b>  <b>Begins</b> 2 months before proposed termination date  <b>Ends</b> 1 month after effective date of termination</p> <p><b><u>Without mutual consent</u></b>  <b>Begins</b> 1 month before termination is effective  <b>Ends</b> 2 months after effective date of termination</p>	<p><b><u>With Mutual Consent</u></b>                      First day of the month after notice received <b>or</b> up to 2 months after the effective date of termination <b>but</b> not earlier than receipt of election.</p> <p><b><u>Without Mutual Consent</u></b>                      First day of the month after notice received up to 3 months after month of termination <b>but not</b> earlier than receipt of election.</p>	1 Election*  <i>*Enroll into PDP</i>	<b>Code:</b> SEP <b>Reason:</b> Contract Termination
<b>Other</b>						
Retro Medicare Determination	Medicare entitlement verification is made retroactively	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Medicare Entitlement Letter</li> </ul>	<b>Begins</b> month notice of entitlement is received <b>Ends</b> 3 months after month notice is received	First of the month following receipt of the election	1 Election*  <i>*Enroll into PDP</i>	<b>Code:</b> IEP
Retro ESRD Determination	Not Applicable for Prescription Drug Plans					
SPAP Members	Individuals who belong to a qualified SPAP	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ State Facilitation Letter</li> </ul>	One election per calendar year for SPAP members	First day of the month following receipt of election.	1 Election*  <i>*Enroll into PDP</i>  <i>*One election is allowed each subsequent calendar year for consumers who remain SPAP members.</i>	<b>Code:</b> SEP <b>Reason:</b> SPAP Enrollee
SPAP Loss of Eligibility	Members of qualified SPAPs who lose SPAP eligibility	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Letter <i>attesting to loss of SPAP eligibility</i></li> </ul>	<b>Begins</b> month the loss of eligibility notification is received <b>Ends</b> 2nd month after month notice is received	First day of the month following receipt of election.	1 Election*  <i>*Enroll into PDP (Disenrollment from Part D not allowed)</i>	<b>Code:</b> SEP <b>Reason:</b> SPAP Enrollee

## Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
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"> <li>▪ Member Attestation</li> <li>▪ Letter <i>attesting to loss of special needs status</i></li> </ul>	<b>Begins</b> month of effective date of disenrollment <b>Ends</b> 3 month after the date of involuntary disenrollment.	First day of the month following receipt of election.	1 Election*  <i>*Enroll into PDP</i>	<b>Code:</b> SEP <b>Reason:</b> Loss of SNP Status
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"> <li>▪ Member Attestation</li> <li>▪ Letter <i>attesting to non-eligibility for chronic SNP</i></li> </ul>	<b>Begins</b> upon notification of non-eligibility <b>Ends</b> 2 months after month notice is received	First day of the month following receipt of election	1 Election*  <i>*Enroll into PDP. Consumer cannot drop Part D.</i>	<b>Code:</b> SEP <b>Reason:</b> Loss of SNP Status
PACE	Consumer enrolling or disenrolling from PACE	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ PACE Enrollment Letter</li> <li>▪ PACE Member ID Card</li> </ul>	<b>Begins</b> the effective date of PACE disenrollment. <b>Ends</b> 2 months after effective date of PACE disenrollment to elect PDP plan.  <b>NOTE:</b> <ul style="list-style-type: none"> <li>▪ <i>May disenroll from plan at any time to enroll in PACE</i></li> </ul>	First day of the month following receipt of election.	1 Election*  <i>*Enroll into PDP</i>	<b>Code:</b> SEP <b>Reason:</b> 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"> <li>▪ Member Attestation</li> <li>▪ Letter <i>attesting to disenrollment from a Cost plan</i></li> </ul>	<b>Begins</b> the month of disenrollment <b>Ends</b> 2 months after disenrollment date	First day of the month following receipt of election.	1 Election*  <i>*Enroll into PDP</i>	<b>Code:</b> SEP <b>Reason:</b> Leaving Optional Part D Cost
Loss of Part B	Consumers involuntarily disenrolled from an MA-PD plan due to loss of Part B but continue to be entitled to Part A.	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Letter <i>attesting to loss of Part B</i></li> </ul>	<b>Begins</b> upon notification of loss of Part B <b>Ends</b> 2 months after month notice is received	First day of the month following receipt of election.	1 Election*  <i>*Enroll into PDP</i>	<b>Code:</b> SEP <b>Reason:</b> Lost MA-PD and Part B

## Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
First Time MA Member <i>(Age-In)</i>	Enrolled in Medicare Advantage upon eligibility <i>(age 65)</i>	<p><i>* 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 65<sup>th</sup> birthday.</i></p> <ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Medicare Entitlement Letter*</li> <li>▪ Copy of Medicare ID Card or SSA Award Letter</li> </ul>	<b>Begins</b> month enrolled in MA for first time <b>Ends</b> 12 months after effective date	First day of the month following receipt of disenrollment request.	1 Election*  <i>*Enroll into PDP if coming from MA-PD, or Disenroll into Original Medicare</i>	<b>Code:</b> SEP <b>Reason:</b> SEP 65
Consumers who drop Medigap and are in Trial Period	Consumers who dropped Medigap policy to enroll into an MA-PD plan for the first time and who are still in a “Trial Period”	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ Letter from previous Medigap policy <i>attesting to drop</i></li> </ul>	<b>Begins</b> the month enrolled into the MA-PD plan for the first time and extends for 12 months <b>Ends</b> two months after the MA-PD disenrollment takes effect	First of the month following receipt of election	1 Election*  <i>* PDP Only</i>	<b>Code:</b> SEP <b>Reason:</b> Indiv drop Medigap – Trial Period
Eligible for Other Creditable Coverage	Consumers currently enrolled in MA-PD 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"> <li>▪ Member Attestation</li> <li>▪ Statement of Proof <i>from Other Coverage</i></li> </ul>	<b>Begins</b> immediately <b>Ends</b> date elected for disenrollment	First day of the month following receipt of disenrollment request.	<i>Consumers have 1 election to disenroll into Original Medicare</i>	<b>N/A – Disenrollment election only</b>



## Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
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"> <li>▪ Member Attestation</li> </ul>	<p><b>Begins</b> the month the consumer uses the 5-Star SEP</p> <p><b>Ends</b> two months later</p>	First of the month following receipt of election	<p>1 Election*</p> <p><i>*Enroll into PDP</i></p> <p><b>NOTE:</b> 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.</p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> Corresponding PDP 5 Star</p> <p><b>NOTE:</b> Currently can only be used on paper applications</p>
Enroll in a qualifying Medicare Advantage plan with the 5-Star SEP	Not applicable for Prescription Drug Plans					
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"> <li>▪ Confirm individual was enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process)</li> </ul>	<p><b>Begins</b> start of coverage in receiving plan</p> <p><b>Ends</b> last day of the 3rd month of the start of coverage in receiving plan</p> <p><i>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.</i></p>	Effective date will be the 1st day of the month following receipt of election	<p>1 Election</p> <p>SEP permits a one-time election within 3 months of the effective date of assignment or notification of the assignment, whichever is later</p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> CMS/State Assignment</p>

## Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
Individuals Affected by a FEMA-Declared Weather Related Emergency or Major Disaster	*Individual or Individual's Auth Rep and/or POA resides or resided at the start of an incident period in an area FEMA has declared an emergency or a major disaster *Individual had a valid election period at the time of the incident period	<ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ Confirm individual had a valid election period at the time of the incident period and valid election period was not used</li> </ul>	SEP is available from the start of the incident period and for four full calendar months thereafter	Effective date will be the 1st day of the month following receipt of election	1 Election	<b>Code:</b> SEP <b>Reason:</b> Weather Related Emergency
SEP for Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions	UHC granted election only** CMS will grant the election period when the Plan or UHC was unable to provide required notices or information in an accessible format and appropriate timeframe.	<ul style="list-style-type: none"> <li>▪ CMS granted election only</li> </ul>	<b>Start and End</b> of the SEP are dependent upon situation	Effective date is dependent upon situation	1 Election	<b>Code:</b> SEP <b>Reason:</b> Materials

## Acronyms Used in This Booklet

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

**For more information on Medicare election periods, including those that do not pertain to UnitedHealthcare plans or products, please see [www.cms.gov](http://www.cms.gov).**

**QUESTIONS?  
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