



## 2015/2016 Election Period Booklet

### Medicare Advantage and Prescription Drug Plans

Enrollment Elections Timeline .....	2
Initial Election Period Examples .....	3
Other Election Period Examples .....	4
Election Period Coding – “Cheat Sheet” .....	6
Election Period Details – Medicare Advantage (MA/MA-PD) Plans .....	9
Election Period Details – Prescription Drug Plans (PDP) .....	21
Acronyms Used in This Booklet.....	32

## Enrollment Elections Timeline

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<b>Annual Election Period (AEP)</b>	During the AEP, consumer can make a new plan choice. Any type of plan can be selected.										AEP 10/15– 12/07	
<b>Medicare Advantage Disenrollment Period (MADP)</b>	MADP 1/1–2/14		<p>During this time period, consumers can disenroll from their MA/MA-PD plan and return to Original Medicare. A consumer can also elect to enroll in a PDP during this period if they elect to disenroll from their MA/MA-PD* plan.</p> <p><i>*Note:</i></p> <ul style="list-style-type: none"> <li>▪ MA-Only PFFS members who want to enroll in a PDP plan during the MADP need to first submit a disenrollment request to their plan. After that, they can submit an application for a PDP plan using the SEP-ADP.</li> <li>▪ MA/MA-PD members would be automatically disenrolled from their current plan when the PDP application is processed and do not need to submit a disenrollment request to their plan.</li> </ul>									
<b>Remain with last plan choice</b>	2/15 – 12/31											
<b>Make changes any time</b>	<b>SPECIAL ELECTION PERIODS (SEP) &amp; INSTITUTIONALIZED</b> 1/1 – 12/31											
	Qualifying members can make changes outside of the AEP in accordance with applicable requirements.											
<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.

### 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, 2014. She is eligible for Medicare Part A and B beginning April 1, 2014. 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, 2015. Her ICEP would be February 1 through April 30, 2015.

<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>
			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.

### **Other 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 – Retro ESRD Determination Example**

Suzie is enrolled in a UnitedHealthcare Commercial plan effective April 1, 2013. In May 2015, Suzie develops ESRD while still enrolled in her current plan. On June 1, 2015 CMS determines that Suzie was entitled to Medicare Parts A & B effective November 1, 2014.

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

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

### **SEP – Corresponding PDP 5-Star Example**

CMS has established a SEP that enables consumers to enroll in a 5-star plan anytime during the year. The 5-Star SEP for Medicare Advantage/Private Fee-For-Service (PFFS) plans does not currently apply to any UnitedHealthcare Medicare Advantage or PFFS plans; however, when a member enrolls in another carrier’s MA-Only 5-Star PFFS or 5-Star cost plan, 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 pg 31.

Example: In April 2015, John enrolls in another carrier’s MA-Only PFFS plan that has a CMS 5 Star rating. John has April, May and June 2015 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, 2015.

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	Medicare Advantage	Prescription Drug Plan
I am new to Medicare (see first example on pg 3)	Newly Eligible (IEP/ICEP) - MA/MAPD Newly Eligible (IEP) - PDP	<ul style="list-style-type: none"> <li>▪ ICEP (MA-Only).....pg 9</li> <li>▪ IEP (MA-PD) .....pg 9</li> </ul>	<ul style="list-style-type: none"> <li>▪ IEP ..... pg 21</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 (MAPD) .....pg 10</li> </ul>	<ul style="list-style-type: none"> <li>▪ IEP2 ..... pg 22</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 10</li> </ul>	<ul style="list-style-type: none"> <li>▪ N/A for prescription drug plans ..... pg 22</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 Medicare Advantage Plans. However, there may be other options. ....pg 11</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP-GEP Part B ..... pg 23</li> </ul>
I would like to enroll during the Open/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 11</li> </ul>	<ul style="list-style-type: none"> <li>▪ AEP ..... pg 23</li> </ul>
I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.	Dual-Eligible (Full Benefit & Partial)	<ul style="list-style-type: none"> <li>▪ SEP - Dual Eligible Full &amp; Partial (MA/MA-PD).....pg 11</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Dual Eligible Full &amp; Partial ..... pg 23</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)	<ul style="list-style-type: none"> <li>▪ SEP - Dual Eligible (Status Loss) (MA/MA-PD).....pg 11</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Dual Eligible (Status Loss) ..... pg 24</li> </ul>
I get extra help paying for Medicare prescription drug coverage.	LIS (Non-Medicaid & Maintaining LIS)	<ul style="list-style-type: none"> <li>▪ SEP - LIS (Non Medicaid/Mntning LIS) (MA-PD) .....pg 12</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - LIS (Non Medicaid/Mntning LIS)..... pg 24</li> </ul>
I no longer qualify for extra help paying for my Medicare prescription drugs	LIS (Loss of Status)	<ul style="list-style-type: none"> <li>▪ SEP - LIS (Loss of Status) (MA-PD) .....pg 12</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - LIS (Loss of Status)..... pg 24</li> </ul>
I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility)	Institutionalized	<ul style="list-style-type: none"> <li>▪ OEPI (MA/MA-PD).....pg 13</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP – Institutional ..... pg 25</li> </ul>

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### Election Period Coding – Cheat Sheet

Identifier	Election	Medicare Advantage	Prescription Drug Plan
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 13</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Change in Residence ..... pg 25</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 14</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Invol. Loss of Creditable Cvg ..... pg 26</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 14</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Loss of EGHP Coverage ... pg 26</li> </ul>
I am gaining employer or union coverage	Gain Employer Group Coverage	<ul style="list-style-type: none"> <li>▪ SEP - 800 Series Employer (MA/MA-PD).....pg 14</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - 800 Series Employer ..... pg 26</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 15</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Contract Non-Renewal ..... pg 27</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 15</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP – Cost..... pg 27</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 16</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - Contract Termination ..... pg 27</li> </ul>
I am making this enrollment request between January 1 and February 14, and I recently ended my enrollment in a Medicare Advantage plan.	Enroll in a PDP during the MADP disenrollment period	<ul style="list-style-type: none"> <li>▪ N/A for Medicare Advantage Plans .....pg 16</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP – ADP ..... pg 28</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 16</li> <li>▪ IEP (MA-PD) .....pg 16</li> </ul>	<ul style="list-style-type: none"> <li>▪ IEP ..... pg 28</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 17</li> </ul>	<ul style="list-style-type: none"> <li>▪ N/A for prescription drug plans... pg 28</li> </ul>
I belong to a pharmacy assistance program provided by my state	SPAP Members	<ul style="list-style-type: none"> <li>▪ SEP - SPAP Enrollee (MA-PD).....pg 17</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - SPAP Enrollee ..... pg 28</li> </ul>
I recently lost my pharmacy assistance program provided by my state	SPAP Loss of Eligibility	<ul style="list-style-type: none"> <li>▪ SEP - SPAP Enrollee (MA-PD).....pg 18</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEP - SPAP Enrollee ..... pg 29</li> </ul>
I have a Chronic Condition and I'm not enrolled in a Chronic SNP for that condition.	Chronic Condition	<ul style="list-style-type: none"> <li>▪ SEP - Special Need/Chronic (MA-PD) .....pg 18</li> </ul>	<ul style="list-style-type: none"> <li>▪ N/A for prescription drug plans... pg 29</li> </ul>

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**Election Period Coding – Cheat Sheet**

<b>Identifier</b>	<b>Election</b>	<b>Medicare Advantage</b>	<b>Prescription Drug Plan</b>
I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan	Special Needs Status Change for Members of SNP	<ul style="list-style-type: none"> <li>SEP - Loss of SNP status (MA/MA-PD).....pg 18</li> </ul>	<ul style="list-style-type: none"> <li>SEP - Loss of SNP status..... pg 29</li> </ul>
I was enrolled in a Chronic Plan but I no longer qualify to be in that plan	Chronic SNP Non-Eligibility	<ul style="list-style-type: none"> <li>SEP- Loss of SNP status (PFFS MA-Only/MA-PD) .....pg 18</li> </ul>	<ul style="list-style-type: none"> <li>SEP- Loss of SNP status..... pg 29</li> </ul>
I recently left a PACE program	PACE	<ul style="list-style-type: none"> <li>SEP - PACE Switcher (MA/MA-PD).....pg 19</li> </ul>	<ul style="list-style-type: none"> <li>SEP - PACE Switcher ..... pg 29</li> </ul>
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	<ul style="list-style-type: none"> <li>N/A for Medicare Advantage Plans .....pg 19</li> </ul>	<ul style="list-style-type: none"> <li>SEP - Leaving Optional Part D Cost ..... pg 30</li> </ul>
I have lost my Part B coverage	Loss of Part B	<ul style="list-style-type: none"> <li>N/A for Medicare Advantage Plans .....pg 19</li> </ul>	<ul style="list-style-type: none"> <li>SEP - Lost MA-PD and Part B .... pg 30</li> </ul>
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)	<ul style="list-style-type: none"> <li>N/A for Medicare Advantage Plans .....pg 19</li> </ul>	<ul style="list-style-type: none"> <li>SEP - SEP 65 ..... pg 30</li> </ul>
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	<ul style="list-style-type: none"> <li>N/A for Medicare Advantage Plans .....pg 19</li> </ul>	<ul style="list-style-type: none"> <li>SEP-Indiv drop Medigap-Trial period ..... pg 31</li> </ul>
I am currently eligible for other Creditable Coverage	Eligible for Other Creditable Coverage	<ul style="list-style-type: none"> <li>SEP - Elgbl for Other Creditable Cvg (MA-Only) .....pg 20</li> </ul>	<ul style="list-style-type: none"> <li>N/A - disenrollment election only ..... pg 31</li> </ul>
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	<ul style="list-style-type: none"> <li>N/A for UnitedHealthcare Medicare Advantage plans .....pg 20</li> </ul>	<ul style="list-style-type: none"> <li>SEP - Corresponding PDP 5 Star ..... pg 31</li> </ul>

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## 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>Consumers Newly Entitled to Medicare or Medicare Part D</b>						
<b><i>Newly Eligible (IEP/ICEP)</i></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 Begins</u></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 (Eligible Prior to Age 65)	<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 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>

## 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>
Enrolled into Part B during the Part B General Enrollment Period (GEP)	There is no SEP-GEP Part B for Medicare Advantage. However, the consumer may qualify for other election period options.					
<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>Low Income Consumers</b>						
Dual-Eligible	Medicaid Consumer <i>(Full Benefit &amp; Partial)</i>	<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 MA-Only, MA-PD, or Disenroll into Original Medicare</i>	<b>Code:</b> SEP <b>Reason:</b> Dual Eligible Full & Partial
Dual-Eligible <i>(Loss of Status)</i>	No longer eligible for Medicaid benefits <i>(Full Benefit &amp; Partial)</i>	<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 MA-Only, MA-PD, or Disenroll into Original Medicare</i>	<b>Code:</b> SEP <b>Reason:</b> Dual-Eligible (Status Loss)

## 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>
LIS <i>(Non-Medicaid &amp; Maintaining LIS)</i>	Has Part D premium subsidy	<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 MA-PD</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	<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 MA-PD</i>	<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>
<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>Moves in or Resides in:</b> <b>Begins</b> first day institutionalized</p> <p><b>Ends</b> 2 months after discharge</p> <p><b>Moves out:</b> <b>Begins</b> first day discharged</p> <p><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
<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>Before Move</b> <b>Begins</b> month before permanent move</p> <p><b>Ends</b> 2 months after the move</p> <p><b>After Move</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</p> <p><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:</b> SEP <b>Reason:</b> Change in Residence</p> <p><i>NOTE: Please ensure new address is entered on the application</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>
<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</p> <p><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>	<b>Code:</b> SEP <b>Reason:</b> Invol. Loss of Creditable Cvg
<b>Change in Employer Group Health Plan</b>						
Loss of Employer Group Coverage <i>(Group Retiree, COBRA, &amp; Commercial Coverage)</i>	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</p> <p><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>	<b>Code:</b> SEP <b>Reason:</b> Loss of EGHP Coverage
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.	1 Election*  <i>*Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare</i>	<b>Code:</b> SEP <b>Reason:</b> 800 Series Employer

## 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>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: SEP</b> <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: SEP</b> <b>Reason:</b> Cost

## 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>
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</p> <p><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</p> <p><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 MA-Only, MA-PD, or Disenroll into Original Medicare</i>	<b>Code:</b> SEP <b>Reason:</b> Contract Termination
<b>Other</b>						
Medicare Advantage Disenrollment Period (MADP)	Not an applicable election period to enroll in a Medicare Advantage plan					
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>	<p><b>Begins</b> month notice of entitlement is received</p> <p><b>Ends</b> 2 months after month notice is received</p>	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 <i>(if MA-Only election)</i>  <b>Code:</b> IEP <i>(if MA-PD election)</i>



## 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>
Retro ESRD Determination	<p>ESRD status was determined after consumer's ICEP passed. May elect MA if:</p> <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>	<p><b>Begins</b> month received notice of Medicare entitlement</p> <p><b>Ends</b> 2 months after the month notice is received</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><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></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> Retro ESRD Determination ESRD</p>
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.	<p>1 Election*</p> <p><i>*Enroll into MA-PD (Enrollment into MA-Only not allowed)</i></p> <p><i>*One election is allowed each subsequent calendar year for consumers who remain SPAP members.</i></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> SPAP Enrollee</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>
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> <p><i>NOTE: MA plan to verify condition with provider before election is considered complete. This could delay access to benefits.</i></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 <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>
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.</p> <p><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					

## 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>
Eligible for Other Creditable Coverage	Consumers currently enrolled in MA-PD or stand alone 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.	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 – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items <i>you can check</i> <i>Do not submit</i> <i>copies w/</i> <i>application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please</i> <i>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>	<i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i>  <ul style="list-style-type: none"> <li>▪ Medicare Entitlement Letter</li> <li>▪ Copy of Medicare ID Card or SSA Award Letter</li> </ul>	<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).  <b>NOTE:</b> <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 <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 Begins</u></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 PDP plan</i></p>	<p><b>Code:</b> IEP2</p>
Enrolling into Part B After Delaying Enrollment	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 w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
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>	<b>Begins</b> 04/01 <b>Ends</b> 06/30	July 1 (only)	1 Election*  *Enroll into PDP	<b>Code:</b> SEP <b>Reason:</b> GEP Part B
<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*  *Enroll into PDP or disenroll from PDP  <i>Note: last election made, determined by the application date, will be the election that takes effect.</i>	<b>Code:</b> AEP
<b>Low Income Consumers</b>						
Dual-Eligible	Medicaid Consumer <i>(Full Benefit &amp; Partial)</i>	<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 PDP	<b>Code:</b> SEP <b>Reason:</b> Dual Eligible Full & Partial

## 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>
Dual-Eligible <i>(Loss of Status)</i>	No longer eligible for Medicaid benefits <i>(Full Benefit &amp; Partial)</i>	<ul style="list-style-type: none"> <li>▪ Member Attestation</li> <li>▪ State Notice <i>regarding loss of dual eligible status</i></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 <b>or</b> the last day of the third month after notification received.</p>	First day of the month following receipt of election.	1 Election*  *Enroll into PDP	<b>Code:</b> SEP <b>Reason:</b> Dual-Eligible (Status Loss)
LIS <i>(Non-Medicaid &amp; Maintaining LIS)</i>	Has Part D premium subsidy	<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*  *Enroll into PDP	<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	<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*  *Enroll into PDP	<b>Code:</b> SEP <b>Reason:</b> LIS (Loss of Status)



## 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>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>Moves in or Resides in:</b> <b>Begins</b> first day institutionalized</p> <p><b>Ends</b> 2 months after discharge</p> <p><b>Moves out:</b> <b>Begins</b> first day discharged</p> <p><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
<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>Before Move</b> <b>Begins</b> month before permanent move</p> <p><b>Ends</b> 2 months after the move</p> <p><b>After Move</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</p> <p><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>

## 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>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</p> <p><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*  *Enroll into PDP	<b>Code:</b> SEP <b>Reason:</b> Invol. Loss of Creditable Cvg
<b>Change in Employer Group Health Plan</b>						
Loss of Employer Group Coverage <i>(Group Retiree, COBRA, &amp; Commercial Coverage)</i>	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</p> <p><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*  *Enroll into PDP	<b>Code:</b> SEP <b>Reason:</b> Loss of EGHP Coverage
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.	1 Election*  *Enroll into PDP	<b>Code:</b> SEP <b>Reason:</b> 800 Series Employer

## 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>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 PDP</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 PDP</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</b> not 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 PDP</i>	<b>Code:</b> SEP <b>Reason:</b> Contract Termination

## 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>Other</b>						
Enroll in a PDP during the MADP disenrollment period	MA enrollees using the Medicare Advantage Disenrollment Period (MADP) to disenroll from MA/MA-PD may request enrollment in a PDP  <i>Note: MA-Only PFFS members cannot use this SEP unless they submit a disenrollment request from the MA-Only plan first.</i>	<ul style="list-style-type: none"> <li>• Member Attestation</li> <li>• Complete enrollment application taken January 1 or later</li> </ul>	<b>Begins</b> January 1  <b>Ends</b> February 14	First day of the month following receipt of election	1 Election*  <i>*Enroll into PDP</i>	<b>Code:</b> SEP  <b>Reason:</b> ADP
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

## 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>
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 PDP (Disenrollment from Part D not allowed)</i></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> SPAP Enrollee</p>
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>	<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 PDP</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 PDP. Consumer cannot drop Part D.</i></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> Loss of SNP Status</p>
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.</p> <p><b>Ends</b> 2 months after effective date of PACE disenrollment to elect PDP plan.</p> <p><b>NOTE:</b></p> <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.	<p>1 Election*</p> <p><i>*Enroll into PDP</i></p>	<p><b>Code:</b> SEP</p> <p><b>Reason:</b> PACE Switcher</p>

## 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>
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>	<p><b>Begins</b> the month of disenrollment</p> <p><b>Ends</b> 2 months after disenrollment date</p>	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>	<p><b>Begins</b> upon notification of loss of Part B</p> <p><b>Ends</b> 2 months after month notice is received</p>	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
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>	<p><b>Begins</b> month enrolled in MA for first time</p> <p><b>Ends</b> 12 months after effective date</p>	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

## 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>
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>	<p><b>Begins</b> the month enrolled into the MA-PD plan for the first time and extends for 12 months</p> <p><b>Ends</b> two months after the MA-PD disenrollment takes effect</p>	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 stand alone 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</p> <p><b>Ends</b> date elected for disenrollment</p>	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>
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	1 Election*  * <i>Enroll into PDP</i>  <i>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.</i>	<p><b>Code:</b> SEP <b>Reason:</b> Corresponding PDP 5 Star</p> <p><i>NOTE: Currently can only be used on paper applications</i></p>

## 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>OEPI</b>	Open Enrollment Period Institutional
<b>ESRD</b>	End-Stage Renal Disease	<b>PACE</b>	Program of All-Inclusive Care for the Elderly
<b>GEP</b>	General Enrollment Period	<b>PDP</b>	Prescription Drug Plan
<b>HMO</b>	Health Maintenance Organization	<b>PFFS</b>	Private Fee-For-Service
<b>ICEP</b>	Initial Coverage Election Period <i>(Consumer is first eligible to enroll in an MA plan)</i>	<b>POS</b>	Point of Service Plan
<b>IEP2</b>	Initial Election Period 2 <i>(Consumer is first eligible to enroll prior to the age of 65)</i>	<b>PPO</b>	Preferred Provider Organization
<b>IEP-Part D</b>	Initial Enrollment Period <i>(Consumer is first eligible to enroll in a Part D plan)</i>	<b>SEP</b>	Special Election Period
<b>LIS</b>	Low Income Subsidy	<b>SNP</b>	Special Needs Plan
<b>MADP</b>	Medicare Advantage Disenrollment Period	<b>SPAP</b>	State Pharmaceutical Assistance Program
<b>MA-Only</b>	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](http://www.cms.gov).**

### QUESTIONS?

**Call your Agent Manager / Regional Business Manager**

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V.21-12.08.15*