

2025 Election Period Booklet

Medicare Advantage and Prescription Drug Plans

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Enrollment Elections Timeline

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

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

Medicare Advantage Open Enrollment Period Examples

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

MA-OEP Example

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

MA-OEP versus OEP NEW Examples

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

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

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

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

Initial Enrollment Period Examples

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

IEP/ICEP Examples

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

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

ICEP – Part B Delayed Example

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

Special Election Period Examples

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

SEP Dual or LIS Examples

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

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

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

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

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

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

SEP - Loss of EGHP

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

SEP – Change of Residence

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

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

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

5-Star SEP Example

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

Corresponding PDP 5-Star SEP Example

JOHN	Effective Date April 1	SEP	Enrolled in PFFS
In April, John enrolls in another carrier's MA-Only 5-Star PFFS Plan but quickly decides he wants to enroll in a UnitedHealthcare PDP. John has April, May, and June to pick a corresponding PDP (does not have to be a 5-star PDP) using SEP. The last possible effective date John can have is July 1.			
April	May	June	
Effective existing plan MA-Only 5-Star PFFS Plan			
Switch Request to standalone PDP			
<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex-grow: 1; text-align: center;"> <p>Enroll April, effective May 1</p> <p>Enroll May, effective June 1</p> <p>Enroll June, effective July 1</p> </div> <div style="flex-grow: 1; text-align: center;"> <p>←</p> <p>→</p> </div> </div>			

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

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

Application Coding “Cheat Sheet”

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

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

Election Period Coding – Cheat Sheet

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

Election Period Coding – Cheat Sheet

Identifier	Election Period	MA Election Period Codes	PDP Election Period Codes
I am enrolled in another carrier's 5-Star PFFS or Cost Plan and I would like to enroll in a PDP plan.	Enroll in any PDP with the 5-Star SEP	N/A for UnitedHealthcare MA plans	SEP - Corresponding PDP 5-Star
I would like to enroll in a qualifying UnitedHealthcare 5-Star Medicare Advantage plan.	Enroll in a qualifying UnitedHealthcare 5-Star Medicare Advantage plan.	SEP - 5-Star	SEP - 5-Star <i>UnitedHealthcare does not have a 5-Star PDP</i>
I was enrolled into a plan by CMS or my state	CMS or state auto-enrollment	SEP CMS/State assignment	SEP CMS/State assignment
I could not enroll at the proper time due to a FEMA-declared weather-related emergency or a major disaster	FEMA declared weather related emergency	SEP Weather related emergency	SEP Weather related emergency
I have requested materials in accessible formats in order to make enrollment decisions but have not enrolled yet	Accessible materials not received within an available election period	SEP Materials	SEP Materials
I am enrolled in another carrier's plan that was placed into receivership by the state.		SEP Receivership	SEP Receivership
I am enrolled in another carrier's plan and CMS has identified it as a low performing plan.		SEP Low Performing	SEP Low Performing

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

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

Election Period Details – Medicare Advantage (MA/MAPD) 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, must include reason exactly as noted
Enrolling into Part A After Delaying Enrollment	<ul style="list-style-type: none"> Entitled to Part B Newly enrolled into Part A and the Part A date is later than their Part B and D date 	The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> Medicare entitlement letter* Copy of Medicare ID Card or SSA Award Letter 	Begins 3 months before their Part A effective date Ends last day of the month after Part A effective date	<ul style="list-style-type: none"> Enrollment request made before the Part A start date, the effective date will be the same as the Part A start date. Enrollment request made during or after month of eligibility, effective date is first day of the month following the month of election. 	1 Election* *Enroll into MA-Only or MA-PD	Code: ICEP (due to delayed Part A enrollment)
Enrolling into Part B After Delaying Enrollment	<ul style="list-style-type: none"> Entitled to Part A Newly enrolled in Part B after delaying enrollment 3 months or more after month of entitlement, thereby delaying enrollment into an MA-Only or MAPD plan. 	The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> Medicare entitlement letter Copy of Medicare ID Card or SSA Award Letter 	Begins 3 months before Part B effective date. Ends last day of the month following Part B effective month.	<ul style="list-style-type: none"> Enrollment request made before the Part B start date, the effective date will be the same as the Part B start date. Enrollment request made during or after month of eligibility, effective date is first day of the month following the month of election. 	1 Election* *Enroll into MA-Only or MAPD	Code: ICEP (due to delayed Part B enrollment)
Enrolled into Part B during the Part B General Enrollment Period (GEP)	Not entitled to premium-free Part A & enrolled in Part B during the GEP for Part B	The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> Member Attestation Copy of Medicare ID Card or SSA Award Letter* 	Begins 01/01 Ends 05/31 The SEP begins when the individual submits their Part B application and continues for the first 2 months of Part B enrollment. Note: The GEP period to enroll into Medicare Part B remains 01/01/-03/31.	Effective date will be the 1 st day of the month following receipt of election from February 1 – June 1. 2/1, 3/1, 4/1, 5/1 or 6/1 <u>only</u>	1 Election* *Enroll into MAPD	Code: SEP Reason: GEP Part B

Election Period Details – Medicare Advantage (MA/MAPD) 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, must include reason exactly as noted</i>
Annual Election Period (AEP)						
Annual Election Period	Entitled to and has BOTH Part A and B	<ul style="list-style-type: none"> Medicare entitlement letter Copy of Medicare ID Card or SSA Award Letter 	Begins 10/15 Ends 12/07	January 1 enrollment effective date	N/A	Code: AEP
Medicare Advantage Open Enrollment Period (MA-OEP)						
Medicare Advantage Open Enrollment Period	Individual must be enrolled in an MA Only or MAPD	<ul style="list-style-type: none"> Current health insurance plan card 	Begins 1/1 Ends 3/31	First of the month following receipt of election	1 Election to enroll into MA-Only or MAPD	Code: OEP
Newly eligible for Part A and B	Individual must be enrolled in an MA Only, MAPD and within the first 3 months of their Part A and Part B start date	<ul style="list-style-type: none"> Current health insurance plan card Copy of Medicare ID Card or SSA Award Letter 	Begins the first month of Part A and B start dates Ends the last day of the 3rd month of their Part A and B start dates	First of the month following receipt of election	1 Election	Code: OEP NEW
Low Income Consumers						
Dual and LIS Eligible (maintaining)	Not Applicable for Medicare Advantage Plans					
Integrated Care SEP	Allows enrollment once per month into a Fully Integrated Dual Eligible SNP (FIDE), Highly Integrated Dual Eligible SNP (HIDE), or Applicable Integrated Plan (AIP) for full-benefit dually eligible individuals who are enrolled in, or are in the process of enrolling in, the D-SNP's affiliated Medicaid Managed Care Organization (MCO) to align enrollment	<ul style="list-style-type: none"> Confirm full-benefit dual eligible individuals enrolling into integrated plans (FIDE, HIDE or AIP SNPs) <p>(LIS-only individuals cannot use this SEP)</p>	One election per month	First of the month following receipt of election	1 election per month	Code: SEP Reason: Integrated Care

Election Period Details – Medicare Advantage (MA/MAPD) 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, must include reason exactly as noted</i>
Loss, Gain, or Change in Dual/LIS Status	<ul style="list-style-type: none"> Became eligible for any type of dual or LIS assistance Losing/Lost eligibility of any type of assistance Have a change in the level of assistance received 	<ul style="list-style-type: none"> Member attestation Redetermination Letter SSA or Medicaid Award Letter (if letter shows the actual levels) Termination Notice State Notice regarding loss of dual eligible status 	SEP allows an opportunity to make an election within 3 months of any gain, loss or change in Dual/LIS level or notification of such a change, whichever is later.	First of the month following receipt of election	1 Election per change	Code: SEP Reason: Change in Dual/LIS Status
Institutionalized Consumers						
Institutionalized	Moves into, resides in, or moves out of a Skilled Nursing Facility (SNF), nursing facility (NF), intermediate care facility for the mentally disabled, psychiatric hospital, rehabilitation hospital, Long Term Care (LTC) hospital, or swing-bed hospital with an expecting stay of at least 90 days.	<ul style="list-style-type: none"> Member Attestation Facility Address & Contact Information* 	<u>Moves in or Resides in:</u> Begins first day institutionalized Ends 2 months after discharge <u>Moves out:</u> Begins first day discharged Ends 2 months later	First day of the month following receipt of election.	Continuous* *Enroll into MA-Only, MAPD, or Disenroll into Original Medicare	Code: OEPI

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

Population	Qualification	Qualification Items you can check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding If SEP, must include reason exactly as noted
Consumers Who Move						
Change in Residence	<ul style="list-style-type: none"> Permanently moved inside plan's service area with new plan options available Permanently moved outside plan's service area Incarcerated individuals who have now been released 	<ul style="list-style-type: none"> Member Attestation New Address on Enrollment Form 	<p><u>Notified Before Move</u> Begins month before permanent move Ends 2 months after the move</p> <p><u>Notified After Move</u> Begins month consumer notified current plan of the move or the month the member was termed by the plan due to residing outside of the service area (This only applies if the member moved. Election not available if member failed to respond to Out of Area letters.) Ends 2 months after notification of move or after notification of Plan term</p>	First day of the month up to 3 months after receipt of election but not earlier than the day of move.	1 Election* *Enroll into MA-Only or MAPD	Code: SEP Reason: Change in Residence Note: Please ensure new address is entered on the application
Loss of Coverage						
Involuntary Loss of Creditable Coverage	<ul style="list-style-type: none"> Involuntarily lost creditable coverage Coverage deemed no longer creditable <p>Note: Does NOT include loss of coverage due to nonpayment of premium</p>	<ul style="list-style-type: none"> Member Attestation Letter stating loss of creditable coverage 	<p>Begins either month of notice or month the loss or reduction of coverage occurs, whichever is later Ends 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 MAPD (Enrollment into MA-Only not allowed)	Code: SEP Reason: Invol. Loss of Creditable Cvg

Election Period Details – Medicare Advantage (MA/MAPD) 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, must include reason exactly as noted
Change in Employer Group Health Plan						
Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	Voluntary/involuntary termination of group coverage	<ul style="list-style-type: none"> Member Attestation Term Letter from group or COBRA Copy of email from group attesting to disenrollment 	Begins month group allows for disenrollment or date COBRA ends Ends 2 months after group coverage ends*	Can choose an effective date up to 3 months in advance after receipt of election.	1 Election* *Enroll into MA-Only, MAPD, or Disenroll into Original Medicare	Code: SEP Reason: Loss of EGHP Coverage
Gain Employer Group Coverage	Gain or enroll into employer group coverage	<ul style="list-style-type: none"> Member Attestation Group Letter describing coverage options 	Begins month plan is open for enrollment (or as group allows) Ends 2 months after plan coverage takes effect	Employer Groups can choose an effective date up to 3 months in advance after receipt of election.	1 Election* *Enroll into MA-Only, MAPD, or Disenroll into Original Medicare	Code: SEP Reason: Gain of EGHP Coverage
Termination/Non-Renewal						
Non-Renewing	Plan no longer offered in area	<ul style="list-style-type: none"> Member Attestation Copy of Non-Renewal Notice 	Begins Dec 8 of that year Ends Last day of February of the following year	First of the month following receipt of election	1 Election* *Enroll into MA-Only or MAPD	Code: SEP Reason: Contract Non-Renewal
Non-Renewing Cost Plan	Cost Plan no longer offered in area	<ul style="list-style-type: none"> Member Attestation Copy of Non-Renewal Notice 	Begins Dec 8 of that year Ends Last day of February of the following year	First of the month following receipt of election	1 Election* *Enroll into MA-Only or MAPD	Code: SEP Reason: Cost
Termination of Plan Contract	Contract terminated with/without mutual consent of Medicare	<ul style="list-style-type: none"> Member Attestation Copy of Termination Notice 	<u>With mutual consent</u> Begins 2 months before proposed termination date Ends 1 month after effective date of termination <u>Without mutual consent</u> Begins 1 month before termination is effective Ends 2 months after effective date of termination	<u>With mutual consent</u> First day of the month after notice received or up to 2 months after the effective date of termination. <u>Without mutual consent</u> First day of the month after notice received up to 3 months after month of termination.	1 Election* *Enroll into MA-Only, MAPD, or Disenroll into Original Medicare	Code: SEP Reason: Contract Termination

Election Period Details – Medicare Advantage (MA/MAPD) 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, must include reason exactly as noted
Other						
Retro Medicare Determination	Medicare entitlement verification is made retroactively.	<ul style="list-style-type: none"> Member Attestation Medicare Entitlement Letter 	Begins month notice of entitlement is received Ends 2 months after month notice is received	First of the month following receipt of the election	1 Election* *Enroll into MA-Only or MAPD	Code: SEP Reason: Retro Medicare Determination
SPAP Members	Individuals who belong to a qualified SPAP	<ul style="list-style-type: none"> Member Attestation State Facilitation Letter (from State) 	One election per calendar year for SPAP members	First day of the month following receipt of election.	1 Election* *Enroll into MAPD (Enrollment into MA-Only not allowed) *One election is allowed each subsequent calendar year for consumers who remain SPAP members.	Code: SEP Reason: SPAP Enrollee
SPAP Loss of Eligibility	Members of qualified SPAPs who lose SPAP eligibility	<ul style="list-style-type: none"> Member Attestation Letter attesting to loss of SPAP eligibility (from State) 	Begins month the loss of eligibility notification is received Ends 2nd month after month notice is received	First day of the month following receipt of election.	1 Election* *Enroll into MAPD (Enrollment into MA-Only not allowed, and disenrollment from Part D not allowed)	Code: SEP Reason: SPAP Enrollee

Election Period Details – Medicare Advantage (MA/MAPD) 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, must include reason exactly as noted
Chronic Condition	<ul style="list-style-type: none"> Consumer has a severe or disabling chronic condition(s) that an appropriate UnitedHealthcare SNP is designed to serve AND – Consumer is not currently enrolled in a chronic SNP serving that condition. 	<ul style="list-style-type: none"> Form – “Authorization for Use or Disclosure of Health Information” (authorization from UnitedHealthcare allowing contact with physician) Letter attesting to severe or disabling condition from provider (to expedite the process) 	Begins upon qualification of disabling condition Ends when enrolled in SNP Note: C-SNP eligible consumers can use a Special Election Period at any time during the year to enroll in or switch to a C-SNP that serves their qualifying condition, unless they are already enrolled in a C-SNP plan that serves the qualifying condition.	First day of the month following receipt of election.	1 Election* *Only to be used for enrolling into a chronic SNP serving consumer’s condition; cannot use this SEP to enroll into any other plan.	Code: SEP Reason: Special Need/ Chronic
Special Needs Status Change for Members of SNP	Disenrolled from SNP due to loss of special needs status	<ul style="list-style-type: none"> Member Attestation Letter attesting to loss of special needs status (from State) 	Begins month of effective date of disenrollment Ends 3 months after the date of involuntary disenrollment	First day of the month following receipt of election.	1 Election* *Enroll into MA-Only or MAPD	Code: SEP Reason: 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"> Member Attestation Letter attesting to non-eligibility for chronic SNP (from carrier) 	Begins upon notification of non-eligibility Ends 2 months after month notice is received	First day of the month following receipt of election	1 Election* *Enroll into MAPD or PFFS (MA-Only) if accompanied by a PDP enrollment. Consumer cannot drop Part D.	Code: SEP Reason: Special Need Chronic

Election Period Details – Medicare Advantage (MA/MAPD) 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, must include reason exactly as noted</i>
PACE	Consumer enrolling or disenrolling from PACE	<ul style="list-style-type: none"> Member Attestation PACE Enrollment Letter (from PACE provider) PACE Member ID Card 	Begins the effective date of PACE disenrollment. Ends 2 months after effective date of PACE disenrollment to elect MA-Only or MAPD plan. Note: May disenroll from plan at any time to enroll in PACE	First day of the month following receipt of election.	1 Election* *Enroll into MA-Only or MAPD	Code: SEP Reason: 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 (Age-In)	Not Applicable for Medicare Advantage Plans					
Consumers who drop Medigap and are in Trial Period	Not Applicable for Medicare Advantage Plans					
Eligible for Other Creditable Coverage	Consumers currently enrolled in MAPD or standalone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or TRICARE For Life	<ul style="list-style-type: none"> Member Attestation Statement of Proof from Other Coverage 	Begins immediately Ends date elected for disenrollment	First day of the month following receipt of disenrollment request.	1 Election* *Enroll into MA-Only (if leaving an MAPD) or Disenroll into Original Medicare	Code: SEP Reason: Elgbl for Other Creditable Cov
Enroll in any PDP with the 5-Star SEP	Not an applicable election period to enroll in a UnitedHealthcare Medicare Advantage plan					

Election Period Details – Medicare Advantage (MA/MAPD) 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, must include reason exactly as noted
Enroll in a qualifying Medicare Advantage plan with the 5-Star SEP	Reside in a county within the 5-Star plan's service area.	<ul style="list-style-type: none"> Enrollment into a qualifying 5-Star plan 	One election for an effective date within the plan contract year.	<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 from 12/8 through 11/30 of the following year in which the plan received the 5-star overall rating.*</p> <p>*Enroll into MA-Only or MAPD</p>	<p>Code: SEP Reason: 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"> Confirm individual was enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process) 	<p>Begins start of coverage in receiving plan Ends last day of the 3rd month of the start of coverage in receiving plan Note: In the case where the notice is sent after the coverage in the receiving plan starts the SEP ends 3 months after the day of notice.</p>	First of the month following receipt of the election	1 Election	<p>Code: SEP Reason: CMS/State Assignment</p>
Individuals Affected by a Disaster or Other Emergency Declared by a Federal, State or Local Government Entity	Individuals who were eligible for another election period at the time of the SEP eligibility period and did not make an election during that other valid election period due to the disaster or other emergency.	<ul style="list-style-type: none"> Review FEMA Website to confirm individual or individual's Auth Rep/POA resides or resided in the affected area at the start of the incident period Confirm individual had a valid election period at the time of the incident period and valid election period was not used due to the disaster or other emergency. 	<p>Starts as of the date the declaration is made, the incident start date or, if different, the start date identified in the declaration, whichever is earlier. The end date is either 2 full months following the declared end date of the disaster or other emergency. If an end date is not declared the SEP end date is 1 year after the SEP start date.</p>	Effective date will be the 1st day of the month following receipt of election	1 Election	<p>Code: SEP Reason: Declared Disaster/Emergency</p>

Election Period Details – Medicare Advantage (MA/MAPD) 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, must include reason exactly as noted
SEP for Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions	UnitedHealthcare or CMS granted election only CMS will grant the election period when the Plan or UnitedHealthcare was unable to provide required notices or information in an accessible format and appropriate timeframe.	<ul style="list-style-type: none"> UnitedHealthcare or CMS granted election only 	Start and End of the SEP are dependent upon situation	Effective dates are dependent upon situation	1 Election	Code: SEP Reason: Materials
SEP for Individuals Enrolled in a Plan Placed in Receivership	Individuals enrolled in a plan offered by an MA organization that has been placed into receivership by a state or territorial regulatory authority.	<ul style="list-style-type: none"> Member Attestation 	Begins the month the receivership is effective and continues until it is no longer in effect or until the enrollee makes an election, whichever occurs first	First of the month following receipt of the election	1 Election	Code: SEP Reason: Receivership
SEP for Individuals Enrolled in a Plan That Has Been Identified by CMS as a Consistent Poor Performer	Individuals enrolled in a plan that has been identified with the low performing icon	<ul style="list-style-type: none"> Member Attestation 	Begins when the Consistent Poor Performer designation is assigned, and ends when the member leaves the low performing plan	First of the month following receipt of the election	1 Election	Code: SEP Reason: Low Performing
SEP for Individuals Who Enroll in Medicare premium Part A or Part B using an Exceptional Condition SEP	Individuals who enrolled into Medicare Premium Part A or Part B using an exceptional condition SEP.	<ul style="list-style-type: none"> Medicare Parts A and/or Part B became active within the past 2 months 	Begins when the individual submits their application for premium-Part A and Part B, or Part B only if the individual is already entitled to Part A (or is enrolling in premium-free Part A within the timeframe for use of this SEP), and continues for the first 2 months of enrollment in premium Part A or Part B.	First date of the month following receipt of election	1 Election	Code: SEP Reason: Part A/B Exception Condition Enroll

Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies with application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, must include reason exactly as noted</i>
Consumers Newly Entitled to Medicare or Medicare Part D						
Newly Eligible (IEP)	Entitled to and has EITHER A or B for the first time* *For PDP elections, consumer only has to have Part A or Part B to be eligible.	The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> Medicare Entitlement Letter Copy of Medicare ID Card or SSA Award Letter 	7 month Election Period Begins 3 months before month of entitlement Includes the birthday month Ends last day of 3 rd month after month of the earlier effective date of Part A/B entitlement (usually 65 th birthday).	<ul style="list-style-type: none"> Enrollment request made prior to month of eligibility; effective date is first day of the month of eligibility. Enrollment request made during or after first month of eligibility, effective date is first day of the month following the month of election. 	1 Election* *Enroll into PDP	Code: IEP
Age-In (Eligible Prior to Age 65)	<ul style="list-style-type: none"> Turning 65 -AND- Was eligible for Medicare prior to age 65 	The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> Copy of Medicare ID Card or SSA Award Letter* 	7 month Election Period Begins 3 months before month of entitlement Includes the birthday month Ends last day of 3 rd month after month of the earlier effective date of Part A/B entitlement (usually 65 th birthday).	<ul style="list-style-type: none"> Enrollment request made prior to month of birthday; effective date is first day of the month of birthday. Enrollment request made during or after first month of birthday, effective date is first day of the month following the month of election. 	1 Election* *Enroll into or change PDP plan	Code: IEP2
Enrolling into Part A After Delaying Enrollment	Not Applicable for Prescription Drug Plans					
Enrolling into Part B After Delaying Enrollment	Not Applicable for Prescription Drug Plans					

Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies with application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, must include reason exactly as noted</i>
Enrolled into Part B during the Part B General Enrollment Period (GEP)	Not entitled to premium-free Part A & enrolled in Part B during the GEP for Part B	The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. <ul style="list-style-type: none"> Member Attestation Copy of Medicare ID Card or SSA Award Letter* 	Begins 01/01 Ends 05/31 The SEP begins when the individual submits their Part B application and continues for the first 2 months of Part B enrollment. Note: The GEP period to enroll into Medicare Part B remains 01/01/-03/31.	Effective date will be the 1 st day of the month following receipt of election from February 1 - June 1. 2/1, 3/1, 4/1, 5/1 or 6/1 <u>only</u>	1 Election* *Enroll into PDP	Code: SEP Reason: GEP Part B
Annual Election Period (AEP)						
Annual Election Period	All Medicare consumers	<ul style="list-style-type: none"> Member Attestation Complete Enrollment Application Taken 10/15 or later 	Begins 10/15 Ends 12/07	January 1 enrollment effective date	1 Election* *Enroll into PDP or disenroll from PDP	Code: AEP
Corresponds with Open Enrollment Period (OEP)						
Leaving an MA Plan (MA only, MAPD or SNP) to a standalone PDP during MA-OEP	Individual currently enrolled in MA Only, MAPD, or SNP plan and wants to change their coverage to a PDP plan	<ul style="list-style-type: none"> Confirm individual is enrolled in a current MA Only, MAPD, or SNP plan and is enrolling into PDP with no break in coverage 	Corresponding with MA-OEP Annual (January 1 - March 31) Corresponding with OEP NEW Begins the first month of Part A and B eligible dates Ends the last day of the 3rd month of their Part A and B eligibility start dates	First date of the month following receipt of election	1 Election per year	Code: SEP/OEP

Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies with application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, must include reason exactly as noted</i>
Low Income Consumers						
Dual and LIS Eligible (maintaining)	Medicaid and/or LIS Eligible Note: Individuals who are notified that they have been determined to be "at risk" or "potentially at risk" for misuse or abuse of a frequently abused drug will not be able to be eligible for the SEP.	<ul style="list-style-type: none"> Confirm SEP has not been used in current month Confirm individual is not flagged as "at risk" or "potentially at risk" Use the Medicare Medicaid Eligibility Lookup Tool (Jarvis>Enrollment) 	One election per month for as long as consumer retains Dual/LIS eligibility.	First date of the month following receipt of election	1 Election per month	Code: SEP Reason: Dual/LIS maintaining
Loss, Gain, or Change in Dual/LIS Status	<ul style="list-style-type: none"> Became eligible for any type of dual or LIS assistance Losing/Lost eligibility of any type of dual or LIS assistance Have a change in the level of assistance received 	<ul style="list-style-type: none"> Member Attestation Redetermination Letter SSA or Medicaid Award Letter (if letter shows the actual levels) Termination Notice State Notice regarding loss of dual eligible status 	SEP allows an opportunity to make an election within 3 months of any gain, loss or change in Dual/LIS level or notification of such a change, whichever is later.	First date of the month following receipt of election	1 Election	Code: SEP Reason: Change in Dual/LIS Status
Institutionalized Consumers						
Institutionalized	Moves into, resides in, or moves out of a Skilled Nursing Facility (SNF), nursing facility (NF), intermediate care facility for the mentally disabled, psychiatric hospital, rehabilitation hospital, Long Term Care (LTC) hospital, or swing-bed hospital expecting a stay of at least 90 days.	<ul style="list-style-type: none"> Member Attestation Facility Address & Contact Info 	<u>Moves in or Resides in:</u> Begins first day institutionalized Ends 2 months after discharge <u>Moves out:</u> Begins first day discharged Ends 2 months later	First day of the month following receipt of election.	Continuous* *Enroll into PDP	Code: SEP-Institutional

Election Period Details – Prescription Drug Plans (PDP)

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

Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies with application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, must include reason exactly as noted</i>
Gain Employer Group Coverage	Gain or enroll into employer group coverage	<ul style="list-style-type: none"> Member Attestation Group Letter describing coverage options 	Begins month plan is open for enrollment (or as group allows) Ends 2 months after plan coverage takes effect	Employer Groups can choose an effective date up to 3 months in advance after receipt of election.	1 Election* *Enroll into PDP	Code: SEP Reason: Gain of EGHP Coverage
Termination/Non-Renewal						
Non-Renewing	Plan no longer offered in area	<ul style="list-style-type: none"> Member Attestation Copy of Non-Renewal Notice 	Begins Dec 8 of that year Ends Last day of February of the following year	First date of the month following receipt of election	1 Election* *Enroll into PDP	Code: SEP Reason: Contract Non-Renewal
Non-Renewing Cost Plan	Cost Plan no longer offered in area	<ul style="list-style-type: none"> Member Attestation Copy of Non-Renewal Notice 	Begins Dec 8 of that year Ends Last day of February of the following year	First date of the month following receipt of election	1 Election* *Enroll into PDP	Code: SEP Reason: Cost
Termination of Plan Contract	Contract terminated with/without mutual consent of Medicare	<ul style="list-style-type: none"> Member Attestation Copy of Termination Notice 	<u>With mutual consent</u> Begins 2 months before proposed termination date Ends 1 month after effective date of termination <u>Without mutual consent</u> Begins 1 month before termination is effective Ends 2 months after effective date of termination	<u>With Mutual Consent</u> First day of the month after notice received or up to 2 months after the effective date of termination. <u>Without Mutual Consent</u> First day of the month after notice received up to 3 months after month of termination.	1 Election* *Enroll into PDP	Code: SEP Reason: Contract Termination
Other						
Retro Medicare Determination	Not applicable for Prescription Drug Plans					

Election Period Details – Prescription Drug Plans (PDP)

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

Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies with application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, must include reason exactly as noted</i>
Consumers disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit	Disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit into a Part D plan.	<ul style="list-style-type: none"> Member Attestation Letter attesting to disenrollment from a Cost plan 	Begins the month of disenrollment Ends 2 months after disenrollment date	First day of the month following receipt of election.	1 Election* *Enroll into PDP	Code: SEP Reason: Leaving Optional Part D Cost
Loss of Part B	Consumers involuntarily disenrolled from an MAPD plan due to loss of Part B but continue to be entitled to Part A.	<ul style="list-style-type: none"> Member Attestation Letter attesting to loss of Part B 	Begins upon notification of loss of Part B Ends 2 months after month notice is received	First day of the month following receipt of election.	1 Election* *Enroll into PDP	Code: SEP Reason: Lost MAPD and Part B
First Time MA Member (Age-In)	Enrolled in Medicare Advantage upon eligibility (age 65)	<ul style="list-style-type: none"> * The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. This SEP only applies to consumers who enroll in an MA plan using their IEP at the time of their 65th birthday. Member Attestation Medicare Entitlement Letter* Copy of Medicare ID Card or SSA Award Letter 	Begins month enrolled in MA for first time Ends 12 months after effective date	First date of the month following receipt of election	1 Election* *Enroll into PDP if coming from MAPD, or Disenroll into Original Medicare	Code: SEP Reason: SEP 65
Consumers who drop Medigap and are in Trial Period	Consumers who dropped Medigap policy to enroll into an MAPD plan for the first time and who are still in a "Trial Period"	<ul style="list-style-type: none"> Member Attestation Letter from previous Medigap policy attesting to drop 	Begins the month enrolled into the MAPD plan for the first time and extends for 12 months Ends two months after the MAPD disenrollment takes effect	First of the month following receipt of election	1 Election* * Enroll into PDP	Code: SEP Reason: Indiv drop Medigap – Trial Period

Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies with application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, must include reason exactly as noted</i>
Eligible for Other Creditable Coverage	Consumers currently enrolled in MAPD or standalone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or TRICARE For Life	<ul style="list-style-type: none"> Member Attestation Statement of Proof from Other Coverage 	Begins immediately Ends date elected for disenrollment	First day of the month following receipt of disenrollment request.	Consumers have 1 election to disenroll into Original Medicare	N/A – Disenrollment election only
Enroll in any PDP with the 5-Star SEP	Consumers who use the 5-Star SEP to enroll in an MA-Only 5-Star PFFS plan or 5-Star cost plan have a SEP to enroll in a PDP or in the cost plan's optional supplemental Part D benefit.	<ul style="list-style-type: none"> Member Attestation 	Begins the month the consumer uses the 5-Star SEP Ends two months later	First of the month following receipt of election	1 Election* *Enroll into PDP Note: The PDP selected using this coordinating SEP does not have to be 5-Star rated. However, individuals may not use this coordinating SEP to disenroll from the plan in which they enrolled using the 5-star SEP.	Code: SEP Reason: Corresponding PDP 5 Star
Enroll in a qualifying Medicare Advantage plan with the 5-Star SEP	Not applicable for Prescription Drug Plans					

Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies with application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, must include reason exactly as noted</i>
Individual Enrollment into plan by CMS/State	Must have been enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process)	<ul style="list-style-type: none"> Confirm individual was enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process) 	Begins start of coverage in receiving plan Ends last day of the 3rd month of the start of coverage in receiving plan Note: In the case where the notice is sent after the coverage in the receiving plan starts the SEP ends 3 months after the day of notice.	First date of the month following receipt of election	1 Election	Code: SEP Reason: CMS/State Assignment
Individuals Affected by a Disaster or Other Emergency Declared by a Federal, State or Local Government Entity	Individuals who were eligible for another election period at the time of the SEP eligibility period and did not make an election during that other valid election period due to the disaster or other emergency.	<ul style="list-style-type: none"> Review FEMA Website to confirm individual or individual's Auth Rep/POA resides or resided in the affected area at the start of the incident period Confirm individual had a valid election period at the time of the incident period and valid election period was not used due to the disaster or other emergency. 	Starts as of the date the declaration is made, the incident start date or, if different, the start date identified in the declaration, whichever is earlier. The end date is either 2 full months following the declared end date of the disaster or other emergency. If an end date is not declared the SEP end date is 1 year after the SEP start date.	Effective date will be the 1st day of the month following receipt of election	1 Election	Code: SEP Reason: Declared Disaster/Emergency
SEP for Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions	UnitedHealthcare or CMS granted election <u>only</u> . CMS will grant the election period when the Plan or UnitedHealthcare was unable to provide required notices or information in an accessible format and appropriate timeframe.	<ul style="list-style-type: none"> UnitedHealthcare or CMS granted election only 	Start and End of the SEP are dependent upon situation	Effective date is dependent upon situation	1 Election	Code: SEP Reason: Materials

Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check <i>Do not submit copies with application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, must include reason exactly as noted</i>
SEP for Individuals Enrolled in a Plan Placed in Receivership	Individuals enrolled in a plan offered by an MA organization that has been placed into receivership by a state or territorial regulatory authority.	<ul style="list-style-type: none"> Member Attestation 	Begins the month the receivership is effective and continues until it is no longer in effect or until the enrollee makes an election, whichever occurs first	First date of the month following receipt of election	1 Election (This new election period is available beginning 1/1/21)	Code: SEP Reason: Receivership
SEP for Individuals Enrolled in a Plan That Has Been Identified by CMS as a Consistent Poor Performer	Individuals enrolled in a plan that has been identified with the low performing icon	<ul style="list-style-type: none"> Member Attestation 	Begins when the Consistent Poor Performer designation is assigned, and ends when the member leaves the low performing plan	First date of the month following receipt of election	1 Election (This new election period is available beginning 1/1/21)	Code: SEP Reason: Low Performing
SEP for Individuals Who Enroll in Medicare premium Part A or Part B using an Exceptional Condition SEP	Individuals who enrolled into Medicare Premium Part A or Part B using an exceptional condition SEP.	<ul style="list-style-type: none"> Medicare Parts A and/or Part B became active within the past 2 months 	Begins when the individual submits their application for premium-Part A and Part B, or Part B only if the individual is already entitled to Part A (or is enrolling in premium-free Part A within the timeframe for use of this SEP), and continues for the first 2 months of enrollment in premium Part A or Part B.	First date of the month following receipt of election	1 Election	Code: SEP Reason: Part A/B Exception Condition Enroll

Acronyms Used in this Booklet

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

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

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