UnitedHealthcare®

2023/2024 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 Enrollment Period (AEP)	During AEP, consumer 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 the Open Enrollment Period election because the 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 Enrollment Period (SEP)	**SPECIAL ENROLLMENT PERIODS (SEP) & INSTITUTIONALIZED (OEPI) 1/1 – 12/31** Qualifying members can make changes outside of the AEP in accordance with applicable requirements. For example, Dual-eligible or LIS-eligible consumers who are maintaining their status may have a quarterly (not monthly) opportunity to change plans within the first nine months of the calendar year. For DSNP, the change cannot be made during calendar quarter four.											
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 only the 3 months prior to their Part B start date.											

NOTE: *Members of MA-Only coordinated care plans (HMO, POS, PPO) <u>cannot</u> 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.*

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 (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 Enrollment 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 MA-PD 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 MA-PD Plan would be March 1. Maria's election period is MA OEP.		
January	**February**	**March**
Effective existing plan MA-Only	Switch Request MA-PD	Effective new plan MA-PD Election Period = OEP
In late March, Maria decides she doesn't like her new MA-PD 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 MA-PD			
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 MA-PD. 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 OEP NEW (because he's within his newly eligible effective months).			
February	**March**		**April**
Part A and B Effective Enrolled in MA-PD Switch Request to another MA-PD	Effective new plan MA-PD Election Period = OEP NEW	**OR**	Effective new plan MA-PD Election Period = 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 = OEP NEW (September-October-November) Note: MA OEP would not apply because it is not January – March.

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 = OEP	OR	Effective new plan MA Only Election Period = OEP

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

JIM	Effective Date April 1	ICEP-delayed Part B	Enrolled in MA-PD

Jim turned 65 in April 2022. He decided he didn't want Part B and was going to continue working another year. Jim enrolled in Part B effective April 1, 2023. During his ICEP-delayed Part B, Jim enrolled in an MA-PD effective April 1, 2023. It's now June 2023 and Jim wants to change plans. He can use OEP NEW (April-May-June).

April 2022	May 2022	June 2022
Delayed Part B		
April 2023	**May 2023**	**June 2023**
OEP NEW can be used in April-May-June 2023		

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, 2023? 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 2023	May 2023		June 2023
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 Enrollment Election Period 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 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 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 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 of election.*						

ICEP – Part B Delayed Example

ALICE   Effective Date April 1   Annual Enrollment Period (AEP)
Alice's 65th birthday is April 20, 2022. She is eligible for Medicare Part A and B beginning April 1, 2022. 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 (leaving her employer group plan), she will have the opportunity to enroll in Part B. Alice has enrolled in Part B effective May 1, 2023. Her ICEP would be February 1 through April 30, 2023. Note: Consumers only have the 3 months prior to the Part B effective date to enroll in a plan. Effective date of the plan has to match the Part B effective date.

February	March	April	May
Alice can enroll between February 1 through April 30 and her effective date would be May 1. Alice can enroll in an MA/MA-PD product anytime during this 3-month timeframe using ICEP Part B delayed.			

Special Enrollment Period Examples

Special Enrollment 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 or LIS-eligible consumers who are maintaining their status have a quarterly (not monthly) opportunity to change plans within the first nine months of the calendar year.

SEP Dual or LIS Examples

DIANE   Effective Date April 1   SEP DSNP maintaining   Enrolled in DSNP
Diane is enrolled in a UnitedHealthcare DSNP plan effective January 1, 2023. In June 2023, she decides to change to a different UnitedHealthcare DSNP plan with no change in status or maintaining status. Diane qualifies to change her plan any time during the second calendar quarter (April-May-June) as she has not changed plans in the second calendar quarter. Note: The quarter used is based on the month the application was written not on the plan effective date.

April	May	June	July
		Request switch DSNP	July 1 effective date of new plan.
←————— Qualifying 2nd calendar quarter change —————→			

Unless she has another SEP, Diane may again change DSNPs (only once) during quarter three using the **SEP-Dual LIS maintaining election**. When using the Dual/LIS maintaining election period, agents should use the Medicare Medicaid Eligibility Lookup Tool (Jarvis>Enrollment) to confirm 1) the consumer has not already used the SEP-Dual/LIS maintaining election period during the calendar quarter, and 2) if the consumer has been identified as "at risk" or "potentially at risk" under the Comprehensive Addiction and Recovery Act (CARA). These consumers are referred to as in CARA status and are not eligible for the Dual/LIS maintaining election period.

MICHELLE	SEP-Dual LIS change in status		Enrolled in DSNP

In January 2023, Michelle receives notification that she is losing her Medicaid status February 1. In January 2023, she decides to change to a UnitedHealthcare MA-PD plan. Michelle qualifies to change her plan **(SEP-Dual LIS change in status)** beginning the month of her notification or the month of change, whichever is later, and up to 2 months following (a total of 3 months). In this scenario, Michelle selected a plan in January (month of notice), so she is within her 3-month window. She could also wait until February, March, or April to make a change.

January	February	March	April
Notified of a change in status (loss of Medicaid). Request switch MA-PD	Effective date of new plan is February 1		
← Qualifying change in status →			

LEON	Enrolled February 1	SEP-Dual LIS change of status		Enrolled in DSNP

Leon is fully dual eligible. He attends a local meeting in January 2023 and decides he wants to change plans for February 1, 2023. He is eligible to use SEP-Dual LIS maintaining as it's the beginning of the calendar quarter. Late February, Leon learns he no longer qualifies as full dual eligible. He calls an agent and picks a new plan. 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 (1st calendar quarter)	Status changes Effective March 1 new DSNP		
← Qualifying change in status →				

MARY	Enrolled February 1	SEP-Dual LIS change of status		Enrolled in DSNP

Mary is partially dual eligible and currently on a non- SNP plan. Mary learns in June 2023 that her status with Medicaid has changed, and she is now fully dual eligible effective June 1, 2023. 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 →		

MATT	Effective Date June 1	SEP DSNP LIS maintaining	Enrolled in standalone PDP
Matt is fully dual eligible and currently only has Original Medicare and Medicaid, as well as a standalone PDP plan. He's interested in more benefits and meets with a local agent in June 2023. Because Matt enrolled in June, he made a second quarter (April-May-June) election using SEP-Dual LIS maintaining. A September enrollment is a third calendar quarter (July-August-September) enrollment and Matt would be eligible to use the **SEP-Dual LIS maintaining** in September to go back to his previous plan.			

June	July	August	September
Enrolled in standalone PDP	Effective July 1 DSNP		Requests return to a standalone PDP plan.
Qualifying 2nd calendar quarter change	◄———————————— Qualifying 3rd calendar quarter change ————————————►		

When using the Dual/LIS maintaining election period, agents should use the Medicare Medicaid Eligibility Lookup Tool (Jarvis>Enrollment) to confirm 1) the consumer has not already used the SEP-Dual/LIS maintaining election period during the calendar quarter, and 2) if the consumer has been identified as "at risk" or "potentially at risk" under the Comprehensive Addiction and Recovery Act (CARA). These consumers are referred to as in CARA status and are not eligible for the Dual/LIS maintaining election period.

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
Retirement notification				◄—— Can enroll in MA/MA-PD ——► ICEP – Part B delayed			Retired Part B effective		
				New application SEP-Loss of EGHP • Enroll January, effective February, March, or April 1 • Enroll February, effective March, or April 1 • Enroll March, effective April 1					

SEP – Loss of EGHP

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

SEP – Change of Residence

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

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

CMS has established a SEP that enables consumers to enroll in a 5-Star plan anytime during the year. An individual using this SEP can enroll in an MA-Only or an MA-PD plan, even if coming from Original Medicare (with or without concurrent enrollment in a PDP). For details on this SEP, see page 21. A second SEP occurs when a member enrolls in another carrier's MA-Only 5-Star PFFS or 5-Star cost plan. In this case, there is a coordinating Part D SEP that allows enrollment into a PDP, even if the PDP is not a 5-Star plan (includes all UnitedHealthcare PDP plans). See page 30 for details.

5-Star SEP Example

Barbara resides in a county where a 5-Star Medicare Advantage plan from UnitedHealthcare is available for the 2023 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, 2022, through November 30, 2023, for the next available effective date for the 2023 plan year.

Corresponding PDP 5-Star SEP Example

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

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

Medicare sometimes allows consumers in special situations a one-time opportunity to change plans. If a consumer receives a notice from CMS detailing this opportunity, the consumer has a one-time special election to change plans. For example, if a consumer's current plan has <u>less than 3 stars for three consecutive years,</u> 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"
Application 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. *For a more detailed description, please review the "Enrollment Period Details" charts that begin on page 14.*

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/MA-PD Newly Eligible (IEP) - PDP	▪ ICEP (MA-Only) ▪ IEP (MA-PD)	▪ IEP
I was eligible for Medicare previously but have recently turned 65	Age-In (Eligible Prior to Age 65)	▪ IEP2 (MA-PD)	▪ 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/MA-PD) ▪ OEP NEW (MA/MA-PD)	▪ N/A for prescription drug plans
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)	▪ N/A for MA Plans but there may be other options	▪ SEP-GEP Part B
I would like to enroll during the Annual Enrollment Period	MA/MA-PD/PDP Eligible (Annual Enrollment Period, AEP, 10/15– 12/07)	▪ AEP (MA/MA-PD)	▪ AEP
I am enrolled in an MA Only, MA-PD, or SNP plan January 1 and changing to an MA Only, MA-PD, or SNP plan	Medicare Advantage Open enrollment Election runs January 1–March 31	▪ OEP (MA/MA-PD)	▪ MA election only
I am newly eligible for Parts A and B, enrolled in an MA Only, MA-PD, or SNP plan and changing to an MA Only, MA-PD, or SNP plan	Open enrollment newly eligible	▪ OEP NEW (MA/MA-PD)	▪ MA election only
I am disenrolling from MA Only, MA-PD, or SNP plan during OEP and am enrolling into a PDP plan with no break in coverage	Disenrolling from MA into stand-alone PDP during OEP	▪ N/A for MA Plans	▪ SEP-OEP
I have both Medicare and Medicaid or my state helps pay for my Medicare premiums or I get extra help paying for my prescription drug coverage	Dual LIS (Maintaining Dual or LIS status)	▪ SEP – Dual/LIS (Maintaining) (MA-PD)	▪ SEP – Dual/LIS (Maintaining) (PDP)
I have had a change in my Medicare/Medicaid or LIS status (gain, lost, changed level)	Dual LIS (change in status)	▪ SEP – Dual/LIS (change in status)	▪ 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/MA-PD)	▪ SEP – Institutional

Election Period Coding – Cheat Sheet			
Identifier	**Election Period**	**MA Election Period Codes**	**PDP Election Period Codes**
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/MA-PD)	▪ 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 (MA-PD)	▪ 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-PD)	▪ SEP - Loss of EGHP Coverage
I am gaining employer or union coverage	Gain Employer Group Coverage	▪ SEP – Gain of EGHP Coverage (MA/MA-PD)	▪ SEP – Gain of EGHP Coverage
My plan is no longer offered for my area	Non-Renewing	▪ SEP - Contract Non-Renewal (MA/MA-PD)	▪ SEP - Contract Non-Renewal
My plan is not renewing the cost plan for my area	Non-Renewing Cost Plan	▪ SEP – Cost (MA/MA-PD)	▪ 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/MA-PD)	▪ SEP - Contract Termination
My Medicare eligibility was approved with a retroactive start date	Retro Medicare Determination	▪ SEP- Retro Medicare Determination (MA-Only) ▪ IEP (MA-PD)	▪ IEP
I belong to a pharmacy assistance program provided by my state	SPAP Members	▪ SEP - SPAP Enrollee (MA-PD)	▪ SEP - SPAP Enrollee
I recently lost my pharmacy assistance program provided by my state	SPAP Loss of Eligibility	▪ SEP - SPAP Enrollee (MA-PD)	▪ SEP - SPAP Enrollee
I have a Chronic Condition and I'm not enrolled in a Chronic SNP for that condition.	Chronic Condition	▪ SEP - Special Need/Chronic (MA-PD)	▪ N/A for prescription drug plans
I was enrolled in a Chronic 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/MA-PD)	▪ SEP - Loss of SNP status
I recently left a PACE program	PACE	▪ SEP - PACE Switcher (MA/MA-PD)	▪ 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 MA-PD and Part B
I enrolled in an MA/MA-PD plan upon turning 65. I want to leave that plan and go back to Original Medicare.	First Time MA Member (Age-In)	▪ N/A for MA Plans	▪ SEP - SEP 65

	Election Period Coding – Cheat Sheet		
Identifier	**Election Period**	**MA Election Period Codes**	**PDP Election Period Codes**
I dropped my Medigap coverage to enroll in an MA/MA-PD plan for the first time. I am in my "trial period" and I want to go back to Original Medicare.	Consumers in an MA-PD who drop Medigap and are in Trial period	▪ N/A for MA Plans	▪ SEP-Indiv drop Medigap-Trial period
I am currently eligible for other Creditable Coverage	Eligible for Other Creditable Coverage	▪ SEP - Elgbl for Other Creditable Cvg (MA-Only)	▪ N/A - disenrollment election only
I am enrolled in another carrier's 5-Star PFFS or Cost Plan and I would like to enroll in a PDP plan.	Enroll in any PDP with the 5-Star SEP	▪ N/A for UnitedHealthcare MA plans	▪ SEP - Corresponding PDP 5-Star
I would like to enroll in a qualifying UnitedHealthcare 5-Star Medicare Advantage plan.	Enroll in a qualifying UnitedHealthcare 5-Star Medicare Advantage plan.	▪ SEP – 5-Star	▪ SEP – 5-Star *UnitedHealthcare does not have a 5 star PDP*
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/MA-PD) Plans

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	Time Frame	Effective Date	# Elections Allowed	Application Coding ★★ *If SEP, must include reason exactly as noted* ★★
Consumers Newly Entitled to Medicare or Medicare Part D						
Newly Eligible (IEP/ICEP)	Entitled to and has BOTH Part A and B for the first time	*The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.* ■ 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 3rd month after month of the earlier effective date of Part A/B entitlement (usually 65th birthday). ***NOTE:*** ■ *The end of the ICEP is generally the end of the consumer's initial enrollment period for enrolling into Part B.* ■ *The 7-month period is usually centered on the earlier of the Part A date or Part B date.*	■ 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. ■ Generally, a consumer with a birth date of the 1st of the month will have an effective date that may be the first day of the previous month. Be sure to check the Medicare card or entitlement letter for eligibility date(s).	1 Election* *Enroll into MA-Only or MA-PD*	**Code:** ICEP *(if MA-Only election)* **Code:** IEP *(if MA-PD election)*
Age-In *(Eligible Prior to Age 65)*	■ 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.* ■ 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 3rd month after month of the earlier effective date of Part A/B entitlement (usually 65th birthday).	■ Enrollment request made prior to month of birthday, effective date is first day of the month of birthday. ■ Enrollment request made during or after first month of birthday, effective date is first day of the month following the month of election. ■ Generally, a consumer with a birth date of the 1st of the month will have an effective date that may be the first day of the previous month. Be sure to check the Medicare card or entitlement letter for eligibility date(s).	1 Election* *Enroll into or change MA-PD plan*	**Code:** IEP2

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

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	Time Frame	Effective Date	# Elections Allowed	Application Coding **★★ If SEP, must include reason exactly as noted ★★**
Enrolling into Part B After Delaying Enrollment	▪ 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 MA-PD plan.	*The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.* ▪ 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 before Part B effective date	Must be equal to Part B effective date. *Note: Application must be received prior to Part B effective date.*	1 Election* *Enroll into MA-Only or MA-PD*	**Code:** ICEP (due to delayed Part B enrollment)
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.					
Annual Enrollment Period (AEP)						
Annual Enrollment Period	Entitle to and has BOTH Part A and B	▪ Medicare entitlement letter ▪ Copy of Medicare ID Card or SSA Award Letter *The agent is not required to submit proof of entitlement. However, documentation is encouraged to be sent with a paper application.*	**Begins** 10/15 **Ends** 12/07	▪ December 31 disenrollment effective date -OR- ▪ January 1 enrollment effective date	N/A *Note: last election made, determined by the application date, will be the election that takes effect.*	**Code:** AEP
Medicare Advantage Open Enrollment Period (MA OEP)						
Open Enrollment Period	Individual must be enrolled in an MA Only or MA-PD	▪ Current health insurance plan card	Begins 1/1 Ends 3/31	Effective date will be the 1st day of the month following receipt of election	1 Election to enroll into MA-Only or MA-PD (can also use to enroll in standalone PDP and disenroll from MA; see PDP section for SEP)	**Code:** OEP

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

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	Time Frame	Effective Date	# Elections Allowed	Application Coding ★★ *If SEP, must include reason exactly as noted* ★★
Newly eligible for Part A and B	Individual must be enrolled in an MA Only, MA-PD and within the first 3 months of their Part A and Part B start date	▪ 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	Effective date will be the 1st day of the month following receipt of election	1 Election	**Code:** OEP NEW
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 be eligible for the SEP*	▪ Confirm SEP has not been used during calendar quarter ▪ Use the Medicare Medicaid Eligibility Lookup Tool (Jarvis>Enrollment)	One Election per calendar quarter for the first 9 months of the year Q1 - Jan - March Q2 - April - June Q3 - July - September Not available for use Q4 (October - December)	Effective date will be the 1st day of the month following receipt of election	1 Election per quarter (first 3 quarters of the year – January 1 – September 30)	**Code:** SEP **Reason:** Dual LIS maintaining
Loss, Gain, or Change in Dual/LIS Status	▪ 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	▪ 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. *Note: THE SEP may be used anytime during the year and CARA status is not applicable.*	Effective date will be the 1st day 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 with an expecting stay of at least 90 days.	▪ Member Attestation ▪ Facility Address & Contact Information*	**Moves in or Resides in:** **Begins** first day institutionalized **Ends** 2 months after discharge **Moves out:** **Begins** first day discharged **Ends** 2 months later	First day of the month following receipt of election.	Continuous* *Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare*	**Code:** OEPI

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

Population	Qualification	Qualification Items you can check Do not submit copies w/ application	Time Frame	Effective Date	# Elections Allowed	Application Coding ★★ If SEP, must include reason exactly as noted ★★
Consumers Who Move						
Change in Residence	▪ 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	▪ Member Attestation ▪ New Address on Enrollment Form	**Notified Before Move** **Begins** month before permanent move **Ends** 2 months after the move **Notified After Move** **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	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 MA-PD*	**Code:** SEP **Reason:** Change in Residence *NOTE: Please ensure new address is entered on the application*
Loss of Coverage						
Involuntary Loss of Creditable Coverage	▪ Involuntarily lost creditable coverage ▪ Coverage deemed no longer creditable **NOTE:** *Does NOT include loss of coverage due to nonpayment of premium*	▪ Member Attestation ▪ Letter *stating loss of creditable coverage*	**Begins** either month of notice or month the loss or reduction of coverage occurs, whichever is later **Ends** 2 months later	First day of the month following receipt of election or if consumer requests, up to 2 months from the end of the SEP.	1 Election* *Enroll into MA-PD (Enrollment into MA-Only not allowed)*	**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	▪ 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* *Must be enrolled in Part B to elect MA/MA-PD plan*	Can choose an effective date up to 3 months in advance after receipt of election **but not** earlier than the first of the month following month in which the request is made.	1 Election* *Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare*	**Code:** SEP **Reason:** Loss of EGHP Coverage

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

Population	Qualification	Qualification Items you can check _Do not submit copies w/ application_	Time Frame	Effective Date	# Elections Allowed	Application Coding ★★ _If SEP, must include reason exactly as noted_ ★★
Gain Employer Group Coverage	Gain or enroll into employer group coverage	▪ 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 **but not** earlier than the first of the month following month in which the request is made.	1 Election* *Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare_	**Code:** SEP **Reason:** Gain of EGHP Coverage
Termination/Non-Renewal						
Non-Renewing	Plan no longer offered in area	▪ Member Attestation ▪ Copy of Non-Renewal Notice	**Begins** Dec 8 of that year **Ends** Last day of February of the following year	▪ Enrollment request in December will have a January 1 effective date ▪ Enrollment request in January will have a February 1 effective date ▪ Enrollment request in February will have a March 1 effective date	1 Election* *Enroll into MA-Only or MA-PD_	**Code:** SEP **Reason:** Contract Non-Renewal
Non-Renewing Cost Plan	Cost Plan no longer offered in area	▪ Member Attestation ▪ Copy of Non-Renewal Notice	**Begins** Dec 8 of that year **Ends** Last day of February of the following year	▪ Enrollment request in December will have a January 1 effective date ▪ Enrollment request in January will have a February 1 effective date ▪ Enrollment request in February will have a March 1 effective date	1 Election* *Enroll into MA-Only or MA-PD_	**Code:** SEP **Reason:** Cost
Termination of Plan Contract	Contract terminated with/without mutual consent of Medicare	▪ Member Attestation ▪ Copy of Termination Notice	**With mutual consent** **Begins** 2 months before proposed termination date **Ends** 1 month after effective date of termination **Without mutual consent** **Begins** 1 month before termination is effective **Ends** 2 months after effective date of termination	**With Mutual Consent** First day of the month after notice received **or** up to 2 months after the effective date of termination **but** not earlier than receipt of election. **Without Mutual Consent** First day of the month after notice received up to 3 months after month of termination **but not** earlier than receipt of election.	1 Election* *Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare_	**Code:** SEP **Reason:** Contract Termination

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

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	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. *Note: if this is a delayed Part B situation, please review rules for delayed Part B in this table.*	▪ 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 MA-PD*	**Code:** SEP **Reason:** Retro Medicare Determination *(if MA-Only election)* **Code:** IEP *(if MA-PD election)*
SPAP Members	Individuals who belong to a qualified SPAP	▪ 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 MA-PD (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	▪ 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 MA-PD (Enrollment into MA-Only not allowed, and disenrollment from Part D not allowed)*	**Code:** SEP **Reason:** SPAP Enrollee
Chronic Condition	▪ 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.	▪ 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	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	▪ Member Attestation ▪ Letter *attesting to loss of special needs status (from State)*	**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 MA-Only or MA-PD*	**Code:** SEP **Reason:** Loss of SNP Status

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

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	Time Frame	Effective Date	# Elections Allowed	Application Coding ★★ *If SEP, must include reason exactly as noted* ★★
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	▪ 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 MA-PD or PFFS (MA-Only) if accompanied by a PDP enrollment. Consumer cannot drop Part D.*	**Code:** SEP **Reason:** Special Need Chronic
PACE	Consumer enrolling or disenrolling from PACE	▪ 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 MA-PD 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 MA-PD*	**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 MA-PD or standalone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or TRICARE For Life	▪ 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 MA-PD) 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/MA-PD) Plans

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	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. An individual using this SEP can enroll in an MA-Only or an MA-PD plan, even if coming from Original Medicare (with or without concurrent enrollment in a PDP).	▪ Enrollment into a qualifying 5-Star plan	One election for an effective date within the plan contract year.	First day of the month following receipt of election.* *Overall Star ratings are assigned for the plan contract year (January through December). Therefore, possible effective dates are the first of the month from January 1 to December 1 during the year for which the plan has been assigned a 5-star overall rating.	1 Election from 12/8 through 11/30 of the following year in which the plan received the 5-star overall rating.* *Enroll into MA-Only or MA-PD*	**Code:** SEP **Reason:** 5 Star
Individual Enrollment into plan by CMS/State	Must have been enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process)	▪ 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.*	Effective date will be the 1st day of the month following receipt of election	1 Election SEP permits a one-time election within 3 months of the effective date of assignment or notification of the assignment, which is later	**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.	▪ 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.	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 SEP ends 2 full calendar months following the end date identified in the declaration or, if different, the date the end of the incident is announced, whichever is later.	Effective date will be the 1st day of the month following receipt of election	1 Election	**Code:** SEP **Reason:** Declared Disaster/Emergency

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

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	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.	▪ UnitedHealthcare or CMS granted election only	**Start and End** of the SEP are dependent upon situation	Effective date 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.	▪ Member Attestation	SEP 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	Effective date will be the 1st day 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	▪ Member Attestation	SEP begins when the Consistent Poor Performer designation is assigned, and ends when the member leaves the low performing plan	Effective date will be the 1st day 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.	▪ Medicare Parts A and/or Part B became active within the past 2 months	SEP 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:** TBD by CMS

Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	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)	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.* ▪ 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 3rd month after month of the earlier effective date of Part A/B entitlement (usually 65th birthday). ***NOTE:*** ▪ *The 7-month period is usually centered on the earlier of the Part A date or Part B date*	▪ 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. ▪ Generally, a consumer with a birth date of the 1st of the month will have an effective date that may be the first day of the previous month. Be sure to check the Medicare card or entitlement letter for eligibility date(s).	1 Election* *Enroll into PDP*	**Code:** IEP
Age-In *(Eligible Prior to Age 65)*	▪ 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.* ▪ 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 3rd month after month of the earlier effective date of Part A/B entitlement (usually 65th birthday).	▪ Enrollment request made prior to month of birthday, effective date is first day of the month of birthday. ▪ Enrollment request made during or after first month of birthday, effective date is first day of the month following the month of election. ▪ Generally, a consumer with a birth date of the 1st of the month will have an effective date that may be the first day of the previous month. Be sure to check the Medicare card or entitlement letter for eligibility date(s).	1 Election* *Enroll into or change PDP plan*	**Code:** IEP2

Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	Time Frame	Effective Date	# Elections Allowed	Application Coding ★★ *If SEP, must include reason exactly as noted* ★★
Enrolling into Part B After Delaying Enrollment	Not Applicable for Prescription Drug Plans					
Enrolled into Part B during the Part B General Enrollment Period (GEP)	Not entitled to premium-free Part A & enrolled in Part B during the GEP for Part B	*The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.* ■ Member Attestation ■ Copy of Medicare ID Card or SSA Award Letter*	**Begins** 01/01 **Ends** 06/30 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. The timeframe we can receive the enrollment application for a PDP plan would be from 01/01-06/30.	February 1 – July 1 Effective date will be the 1st day of the month following receipt of election	1 Election* *Enroll into PDP*	**Code:** SEP **Reason:** GEP Part B
Annual Enrollment Period (AEP)						
Annual Enrollment Period	All Medicare consumers	■ Member Attestation ■ Complete Enrollment Application Taken 10/15 or Later	**Begins** 10/15 **Ends** 12/07	■ December 31 disenrollment effective date -OR- ■ January 1 enrollment effective date	1 Election* *Enroll into PDP or disenroll from PDP* ***Note***: *last election made, determined by the application date, will be the election that takes effect.*	**Code:** AEP
Corresponds with Open Enrollment Period (OEP)						
Leaving an MA Plan (MA only, MA-PD or SNP) to a standalone PDP during OEP	Individual currently enrolled in MA Only, MA-PD, or SNP plan and wants to change their coverage to a PDP plan	■ Confirm individual has disenrolled from their current MA Only, MA-PD, or SNP plan and is enrolling into PDP with no break in coverage	Corresponding with 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	Effective date will be the 1st day 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 <u>you can check</u> *Do not submit copies w/ application*	Time Frame	Effective Date	# Elections Allowed	Application Coding <mark>★★ If SEP, must include reason exactly as noted ★★</mark>
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 be eligible for the SEP.*	▪ Confirm SEP has not been used during calendar quarter ▪ Confirm individual is not flagged as "at risk" or "potentially at risk" ▪ Use the Medicare Medicaid Eligibility Lookup Tool (Jarvis>Enrollment)	One Election per calendar quarter for the first 9 months of the year Q1 - Jan - March Q2 - April - June Q3 - July - September Not available for use Q4 (October - December)	Effective date will be the 1st day of the month following receipt of election	1 Election per quarter	**Code:** SEP **Reason:** Dual/LIS maintaining
Loss, Gain, or Change in Dual/LIS Status	▪ 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	▪ 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. *Note: THE SEP may be used anytime during the year and CARA status is not applicable.*	Effective date will be the 1st day 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.	▪ Member Attestation ▪ Facility Address & Contact Info	**Moves in or Resides in:** **Begins** first day institutionalized **Ends** 2 months after discharge **Moves out:** **Begins** first day discharged **Ends** 2 months later	First day of the month following receipt of election.	Continuous* *Enroll into PDP*	**Code:** SEP-Institutional

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Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	Time Frame	Effective Date	# Elections Allowed	Application Coding **★★ If SEP, must include reason exactly as noted ★★**
Consumers Who Move						
Change in Residence	▪ 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	▪ Member Attestation ▪ New Address on Enrollment Form	**Before Move** **Begins** month before permanent move **Ends** 2 months after the move **After Move** **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	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	▪ Involuntarily lost creditable coverage ▪ Coverage deemed no longer creditable *NOTE: Does NOT include loss of coverage due to nonpayment of premium*	▪ Member Attestation ▪ Letter *stating loss of creditable coverage*	**Begins** either month of notice or month the loss or reduction of coverage occurs, whichever is later **Ends** 2 months later	First day of the month following receipt of election or if consumer requests, up to 2 months from the end of the SEP.	1 Election* *Enroll into PDP*	**Code:** SEP **Reason:** Invol. Loss of Creditable Cvg
Change in Employer Group Health Plan						
Loss of Employer Group Coverage *(Group Retiree, COBRA, & Commercial Coverage)*	Voluntary/involuntary termination of group coverage	▪ 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 **but not** earlier than the first of the month following month in which the request is made.	1 Election* *Enroll into PDP*	**Code:** SEP **Reason:** Loss of EGHP Coverage

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Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	Time Frame	Effective Date	# Elections Allowed	Application Coding ★★ *If SEP, must include reason exactly as noted* ★★
Gain Employer Group Coverage	Gain or enroll into employer group coverage	• 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 **but not** earlier than the first of the month following month in which the request is made.	1 Election* **Enroll into PDP*	**Code:** SEP **Reason:** Gain of EGHP Coverage
Termination/Non-Renewal						
Non-Renewing	Plan no longer offered in area	• Member Attestation ▪ Copy of Non-Renewal Notice	**Begins** Dec 8 of that year **Ends** Last day of February of the following year	▪ Enrollment request in December will have a January 1 effective date ▪ Enrollment request in January will have a February 1 effective date ▪ Enrollment request in February will have a March 1 effective date	1 Election* **Enroll into PDP*	**Code:** SEP **Reason:** Contract Non-Renewal
Non-Renewing Cost Plan	Cost Plan no longer offered in area	• Member Attestation ▪ Copy of Non-Renewal Notice	**Begins** Dec 8 of that year **Ends** Last day of February of the following year	▪ Enrollment request in December will have a January 1 effective date ▪ Enrollment request in January will have a February 1 effective date ▪ Enrollment request in February will have a March 1 effective date	1 Election* **Enroll into PDP*	**Code:** SEP **Reason:** Cost
Termination of Plan Contract	Contract terminated with/without mutual consent of Medicare	• Member Attestation ▪ Copy of Termination Notice	**With mutual consent** **Begins** 2 months before proposed termination date **Ends** 1 month after effective date of termination **Without mutual consent** **Begins** 1 month before termination is effective **Ends** 2 months after effective date of termination	**With Mutual Consent** First day of the month after notice received **or** up to 2 months after the effective date of termination **but** not earlier than receipt of election. **Without Mutual Consent** First day of the month after notice received up to 3 months after month of termination **but not** earlier than receipt of election.	1 Election* **Enroll into PDP*	**Code:** SEP **Reason:** Contract Termination

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Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	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 *Note: if this is a delayed Part B situation, please review rules for delayed Part B in this table.*	• Member Attestation ▪ Medicare Entitlement Letter	**Begins** month notice of entitlement is received **Ends** 3 months after month notice is received	First of the month following receipt of the election	1 Election* *Enroll into PDP*	**Code:** IEP
SPAP Members	Individuals who belong to a qualified SPAP	• 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	• 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	• 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	• 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

Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	Time Frame	Effective Date	# Elections Allowed	Application Coding <mark>★★ If SEP, must include reason exactly as noted ★★</mark>
PACE	Consumer enrolling or disenrolling from PACE	☛ 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:** ▪ *May disenroll from plan at any time to enroll in PACE*	First day of the month following receipt of election.	1 Election* *Enroll into PDP*	**Code:** SEP **Reason:** PACE Switcher
Consumers disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit	Disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit into a Part D plan.	☛ 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 MA-PD plan due to loss of Part B but continue to be entitled to Part A.	▪ 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 MA-PD and Part B
First Time MA Member *(Age-In)*	Enrolled in Medicare Advantage upon eligibility *(age 65)*	** 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 day of the month following receipt of disenrollment request.	1 Election* *Enroll into PDP if coming from MA-PD, 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 MA-PD plan for the first time and who are still in a "Trial Period"	☛ Member Attestation ▪ Letter from previous Medigap policy *attesting to drop*	**Begins** the month enrolled into the MA-PD plan for the first time and extends for 12 months **Ends** two months after the MA-PD disenrollment takes effect	First of the month following receipt of election	1 Election* * PDP Only*	**Code:** SEP **Reason:** Indiv drop Medigap – Trial Period

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Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	Time Frame	Effective Date	# Elections Allowed	Application Coding <mark>★★ If SEP, must include reason exactly as noted ★★</mark>
Eligible for Other Creditable Coverage	Consumers currently enrolled in MA-PD or standalone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or TRICARE For Life	▪ 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.	▪ 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					
Individual Enrollment into plan by CMS/State	Must have been enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process)	▪ 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.*	Effective date will be the 1st day of the month following receipt of election	1 Election SEP permits a one-time election within 3 months of the effective date of assignment or notification of the assignment, whichever is later	**Code:** SEP **Reason:** CMS/State Assignment

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Election Period Details – Prescription Drug Plans (PDP)

Population	Qualification	Qualification Items you can check *Do not submit copies w/ application*	Time Frame	Effective Date	# Elections Allowed	Application Coding ★★ *If SEP, must include reason exactly as noted* ★★
Individuals Affected by a Disaster or Other Emergency Declared by a Federal, State or Local Government Entity	Individuals who were eligible for another election period at the time of the SEP eligibility period and did not make an election during that other valid election period due to the disaster or other emergency.	▪ 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.	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 SEP ends 2 full calendar months following the end date identified in the declaration or, if different, the date the end of the incident is announced, whichever is later.	Effective date will be the 1st day of the month following receipt of election	1 Election	**Code:** SEP **Reason:** Declared Disaster/Emergency
SEP for Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions	UnitedHealthcare or CMS granted election only** CMS will grant the election period when the Plan or UnitedHealthcare was unable to provide required notices or information in an accessible format and appropriate timeframe.	▪ UnitedHealthcare or CMS granted election only	**Start and End** of the SEP are dependent upon situation	Effective date is dependent upon situation	1 Election	**Code:** SEP **Reason:** Materials
SEP for Individuals Enrolled in a Plan Placed in Receivership	Individuals enrolled in a plan offered by an MA organization that has been placed into receivership by a state or territorial regulatory authority.	▪ Member Attestation	SEP 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	Effective date will be the 1st day 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	▪ Member Attestation	SEP begins when the Consistent Poor Performer designation is assigned, and ends when the member leaves the low performing plan	Effective date will be the 1st day of the month following receipt of election	1 Election (This new election period is available beginning 1/1/21)	**Code:** SEP **Reason:** Low Performing

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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.	▪ Medicare Parts A and/or Part B became active within the past 2 months	SEP 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:** TBD by CMS

Acronyms Used in This Booklet

Acronym	What it Stands For	Acronym	What it Stands For
AEP	Annual Enrollment Period	MA-PD	Medicare Advantage-Prescription Drug Plan
CMS	Centers for Medicare & Medicaid Services	MSP	Medicare Savings Programs *(such as QMBs, SLMBs, & QIs)*
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 *(Consumer is first eligible to enroll in an MA plan)*	PFFS	Private Fee-For-Service
IEP	Initial Enrollment Period	POS	Point of Service Plan
IEP2	Initial Enrollment Period 2 *(Consumer is first eligible to enroll prior to the age of 65)*	PPO	Preferred Provider Organization
IEP-Part D	Initial Enrollment Period *(Consumer is first eligible to enroll in a Part D plan)*	SEP	Special Enrollment 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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