



2018/2019 Election Period Booklet

Medicare Advantage and Prescription Drug Plans

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Enrollment Elections Timeline

| | JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|--------------------------------------|--|-----|-----|--|-----|------|------|-----|------|-----|--------------------|-----|
| Annual Election Period (AEP) | During AEP, consumer can make a new plan choice. Any type of plan can be selected. | | | | | | | | | | AEP 10/15–12/07 | |
| Open Enrollment Period (OEP) | OEP 1/1–3/31 | | | <p>During OEP, MA Plan members on January 1 can make a one-time election annually from January 1 through March 31 to switch MA plans (with or without drug coverage) or to disenroll from an MA plan and obtain coverage through Original Medicare (with or without a stand-alone PDP).</p> <p>In addition, newly eligible MA individuals who enroll in an MA Plan can use the OEP, but only during the first three months in which they have both Part A and Part B.</p> <p>Members enrolled in stand-alone PDP plans are not eligible for the Open Enrollment Period election because the OEP is only available to those enrolled in an MA plan.</p> | | | | | | | | |
| Special Election Period (SEP) | SPECIAL ELECTION PERIODS (SEP) & INSTITUTIONALIZED 1/1 – 12/31 | | | | | | | | | | | |
| | Qualifying members can make changes outside of the AEP in accordance with applicable requirements. Dual-eligible or LIS-eligible consumers have a quarterly (not monthly) opportunity to change plans within the first nine months of the calendar year. The change cannot be made during calendar quarter four. | | | | | | | | | | | |
| Newly Eligible (ICEP/IEP) | 1/1 – 12/31 | | | | | | | | | | | |
| | Qualifying members will have 3 months prior, the month of, and 3 months after their Parts A & B eligibility dates or the month they turn 65 (or date of disability, if prior to turning 65). If a qualifying member delays enrollment into Part B they will have only the 3 months prior to their Part B effective date. | | | | | | | | | | | |

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

Initial Election Period Examples

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

IEP/ICEP Example

Antonio is turning 65 in April and decides to enroll in both Medicare Parts A and B at this time.

| January | February | March | April | May | June | July |
|---|----------|-------|--|-----|------|------|
| From January through March, Antonio can enroll with an effective date of April 1. | | | In April, Antonio turns 65. He is eligible for Part A and Part B. | | | |
| | | | From April through July, Antonio can enroll with an effective date that is the first of the month following the month of election. | | | |

Antonio can enroll in an MA-Only plan any time in this 7-month time frame using the ICEP or Antonio can enroll in an MA-PD or PDP plan any time during this timeframe and use the IEP:

- If he enrolls between January 1 and March 31, his effective date will be April 1.
- If he enrolls between April 1 and July 31, his effective date will be the first day of the month following the month the election was made.

IEP2 Example

Sally was eligible for Medicare Parts A and B due to a disability at age 50. Sally is turning 65 in April.

| January | February | March | April | May | June | July |
|---|----------|-------|--|-----|------|------|
| From January through March, Sally can enroll in or change MA-PD or PDP plans with an effective date of April 1. | | | At age 50, Sally was eligible for Part A and Part B due to a disability. In April, Sally turns 65. | | | |
| | | | From April through July, Sally can enroll with an effective date that is the first of the month following the month of election. | | | |

Sally can enroll in or change an MA-PD or PDP plan any time in this 7-month time frame using the IEP2:

- If she enrolls between January 1 and March 31, her effective date will be April 1.
- If she enrolls between April 1 and July 31, her effective date will be the first day of the month following the month the election was made.

ICEP – Part B Delayed Example

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

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

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

Special Election Period Examples

Special Election Periods (SEP) allow consumers to make an enrollment change in accordance with applicable requirements anytime during the year, including during the period outside of AEP. The SEPs vary in the qualifications to use them as well as the types of elections allowed. All SEPs are determined and announced by the Centers for Medicare & Medicaid Services (CMS).

SEP Dual or LIS Examples

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

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

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

| January | February | March | April |
|--|---|-------|-------|
| Michelle is notified of a change in status (loss of Medicaid). Michelle notifies UnitedHealthcare that she wants to change to an MA-PD plan. | Effective date of new plan is February 1. | | |
| Michelle qualifies to change her plan beginning the month of her notification or the month of change, whichever is later, and up to 2 months following (a total of 3 months). In this scenario, Michelle selected a plan in January (month of notice), so she is within her 3 month window. She could also wait until February, March or April to make a change. | | | |

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

| January | February | March | April | May |
|--|--|--|-------|-----|
| Leon enrolls in DSNP with a February 1 effective date. (SEP-Dual/LIS maintaining) | Leon's status is changing in March. Leon picks a new plan in February. | New plan effective March 1 (SEP Dual/LIS Change of Status) | | |
| Leon can use this SEP-Dual/LIS Change of Status beginning the month of his dual eligibility notification or month of change, whichever is later, and up to 2 months after (a total of 3 months; March - May). In this scenario, Leon selected a plan in February (month of notice), so he is within his 3 month window. He could also wait until March, April or May to make a change. | | | | |

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

| June | July | August |
|---|---|---|
| Mary is now full dual eligible and wants to enroll in a DSNP. | New plan effective July 1 using SEP Dual/LIS Change of Status | This is the last month that Mary can use her SEP. |
| Mary can use this SEP beginning the month of her dual eligibility notification or month of change, whichever is later, and up to 2 months after (a total of 3 months; June - August). | | |

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

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

SEP – Retro ESRD Determination Example

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

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

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

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

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

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

SEP – Loss of EGHP

Henry receives notification from his employer in June that he will be losing his employer group coverage in July and the Group allows enrollment changes.

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

SEP – Move

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

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

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

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

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

CMS has established a SEP that enables consumers to enroll in a 5-Star plan anytime during the year. For details on this SEP, see page 20. For more information on UnitedHealthcare 5-Star plans in 2018, please refer to UnitedHealthcare sales communications regarding eligible plans.

A second SEP occurs when a member enrolls in another carrier’s MA-Only 5-Star PFFS or 5-Star cost plan. In this case, there is a coordinating Part D SEP that allows enrollment into a PDP, even if the PDP is not a 5-Star plan (includes all UnitedHealthcare PDP plans). See page 31 for details.

5-Star SEP Example:

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

Corresponding PDP 5-Star SEP Example:

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

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

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

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

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

For all Enrollment Applications, an appropriate and applicable election period must be selected. If an election period is missing or incorrect, this can cause delays or denials of enrollment.

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

Election Period Coding – Cheat Sheet

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

Election Period Coding – Cheat Sheet

| Identifier | Election Period | MA Election Period Codes | PDP Election Period Codes |
|---|--|---|---|
| I belong to a pharmacy assistance program provided by my state | SPAP Members | ▪ SEP - SPAP Enrollee (MA-PD).....pg 19 | ▪ SEP - SPAP Enrollee..... pg 30 |
| I recently lost my pharmacy assistance program provided by my state | SPAP Loss of Eligibility | ▪ SEP - SPAP Enrollee (MA-PD).....pg 20 | ▪ SEP - SPAP Enrollee..... pg 30 |
| I have a Chronic Condition and I'm not enrolled in a Chronic SNP for that condition. | Chronic Condition | ▪ SEP - Special Need/Chronic (MA-PD)pg 20 | ▪ N/A for prescription drug plans... pg 31 |
| I was enrolled in a Chronic Plan but I no longer qualify to be in that plan | Chronic SNP Non-Eligibility | ▪ SEP- Loss of SNP status (PFFS MA-Only/MA-PD)pg 20 | ▪ SEP- Loss of SNP status..... pg 31 |
| I recently left a PACE program | PACE | ▪ SEP - PACE Switcher (MA/MA-PD).....pg 21 | ▪ SEP - PACE Switcher pg 31 |
| I disenrolled from a cost plan and the optional supplemental Part D benefit | Consumers disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit | ▪ N/A for MA Planspg 21 | ▪ SEP - Leaving Optional Part D Cost pg 31 |
| I have lost my Part B coverage | Loss of Part B | ▪ N/A for MA Planspg 21 | ▪ SEP - Lost MA-PD and Part B pg 31 |
| I enrolled in an MA/MA-PD plan upon turning 65. I want to leave that plan and go back to Original Medicare. | First Time MA Member (Age-In) | ▪ N/A for MA Planspg 21 | ▪ SEP - SEP 65..... pg 32 |
| I dropped my Medigap coverage to enroll in an MA/MA-PD plan for the first time. I am in my "trial period" and I want to go back to Original Medicare. | Consumers in an MA-PD who drop Medigap and are in Trial period | ▪ N/A for MA Planspg 21 | ▪ SEP-Indiv drop Medigap-Trial period pg 32 |
| I am currently eligible for other Creditable Coverage | Eligible for Other Creditable Coverage | ▪ SEP - Elgbl for Other Creditable Cvg (MA-Only)pg 21 | ▪ N/A - disenrollment election only pg 32 |
| I am enrolled in another carrier's 5-Star PFFS or Cost Plan and I would like to enroll in a PDP plan. | Enroll in any PDP with the 5-Star SEP | ▪ N/A for UnitedHealthcare MA planspg 21 | ▪ SEP - Corresponding PDP 5 Star..... pg 33 |
| I would like to enroll in a qualifying UnitedHealthcare 5-Star Medicare Advantage plan. | Enroll in a qualifying UnitedHealthcare 5-Star Medicare Advantage plan. | ▪ SEP - 5 Starpg 22 | ▪ N/A for PDP plans pg 33 |
| I was enrolled into a plan by CMS or my state | CMS or state auto-enrollment | ▪ SEP CMS/State assignmentpg 22 | ▪ SEP CMS/State assignment pg 22 |
| I could not enroll at the proper time due to a FEMA-declared weather related emergency or a major disaster | FEMA declared weather related emergency | ▪ SEP Weather related emergencypg 22 | ▪ SEP Weather related emergency pg 34 |
| I have requested materials in accessible formats in order to make enrollment decisions but have not enrolled yet | Accessible materials not received within an available election period | ▪ SEP Materials | ▪ N/A for PDP plans pg 34 |

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

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|--|---|---|---|---|--|--|
| Consumers 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><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> ▪ Medicare Entitlement Letter ▪ Copy of Medicare ID Card or SSA Award Letter | <p><u>7 month Election Period</u> Begins 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> <p>NOTE:</p> <ul style="list-style-type: none"> ▪ <i>The end of the ICEP is generally the end of the consumer's initial enrollment period for enrolling into Part B.</i> ▪ <i>The 7-month period is usually centered on the earlier of the Part A date or Part B date.</i> | <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. ▪ 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 | <p>Code: ICEP <i>(if MA-Only election)</i></p> <p>Code: IEP <i>(if MA-PD election)</i></p> |

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

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|--|--|--|--|--|--|---|
| Age-In <i>(Eligible Prior to Age 65)</i> | <ul style="list-style-type: none"> ▪ Turning 65 -AND- ▪ Was eligible for Medicare prior to age 65 | <p><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> ▪ Copy of Medicare ID Card or SSA Award Letter* | <p>7 month Election Period Begins 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><i>*Enroll into or change MA-PD plan</i></p> | <p>Code: IEP2</p> |
| 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 MA-PD plan. | <p><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> ▪ Medicare entitlement letter* ▪ Copy of Medicare ID Card or SSA Award Letter | <p>Begins 3 months before Part B effective date</p> <p>Ends last day of the month before Part B effective date</p> | <p>Must be equal to Part B effective date.</p> <p><i>Note: Application must be received prior to Part B effective date.</i></p> | <p>1 Election*</p> <p><i>*Enroll into MA-Only or MA-PD</i></p> | <p>Code: ICEP (due to delayed Part B enrollment)</p> |
| Enrolled into Part B during the Part B General Enrollment Period (GEP) | <p>There is no SEP-GEP Part B for Medicare Advantage. However, the consumer may qualify for other election period options.</p> | | | | | |

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

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

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

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

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

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|--|--|---|---|---|--|--|
| Dual and LIS Eligible (maintaining) | Medicaid and/or LIS Eligible <i>Note: Individuals who are notified that they have been determined to be "at risk" or "potentially at risk" for misuse or abuse of a frequently abused drug will not be able to be eligible for the SEP.</i> | <ul style="list-style-type: none"> ▪ Confirm SEP has not been used during calendar quarter | 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 | <ul style="list-style-type: none"> ▪ Became eligible for any type of assistance from the Title XIX Program and qualify for LIS ▪ Losing/Lost eligibility of any type of assistance ▪ Have a change in the level of assistance received | <ul style="list-style-type: none"> ▪ TBD - Pending Compliance | SEP allows an opportunity to make an election within 3 months of any gain, loss or change in Dual/LIS level or notification of such a change, whichever is later. | Effective date will be the 1st day of the month following receipt of election | 1 Election | 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* | <p><u>Moves in or Resides in:</u> Begins first day institutionalized Ends 2 months after discharge</p> <p><u>Moves out:</u> Begins first day discharged Ends 2 months later</p> | First day of the month following receipt of election. | Continuous* <i>*Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare</i> | Code: OEPI |

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

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|---|--|--|---|---|--|--|
| 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 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* <i>*Enroll into MA-Only or MA-PD</i> | <p>Code: SEP Reason: Change in Residence</p> <p><i>NOTE: Please ensure new address is entered on the application</i></p> |
| Loss of Coverage | | | | | | |
| Involuntary Loss of Creditable Coverage | <ul style="list-style-type: none"> ▪ Involuntarily lost creditable coverage ▪ Coverage deemed no longer creditable <p><i>NOTE: Does NOT include loss of coverage due to nonpayment of premium</i></p> | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter <i>stating loss of creditable coverage</i> | <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* <i>*Enroll into MA-PD (Enrollment into MA-Only not allowed)</i> | <p>Code: SEP Reason: Invol. Loss of Creditable Cvg</p> |
| Change in Employer Group Health Plan | | | | | | |
| Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage) | Voluntary/involuntary termination of group coverage | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Term Letter <i>from group or COBRA</i> ▪ Copy of email <i>from group attesting to disenrollment</i> | <p>Begins month group allows for disenrollment or date COBRA ends Ends 2 months after group coverage ends*</p> <p><i>*Must be enrolled in Part B to elect MA/MA-PD plan</i></p> | Can choose an effective date up to 3 months in advance after receipt of election but not earlier than the first of the month following month in which the request is made. | 1 Election* <i>*Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare</i> | <p>Code: SEP Reason: Loss of EGHP Coverage</p> |

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

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|--------------------------------|---|--|--|--|--|--|
| Gain Employer Group Coverage | Gain or enroll into employer group coverage | <ul style="list-style-type: none"> ▪ 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* <i>*Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare</i> | 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 | <ul style="list-style-type: none"> ▪ 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* <i>*Enroll into MA-Only or MA-PD</i> | 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 | <ul style="list-style-type: none"> ▪ 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* <i>*Enroll into MA-Only or MA-PD</i> | 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 but not earlier than receipt of election. <u>Without Mutual Consent</u> 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* <i>*Enroll into MA-Only, MA-PD, or Disenroll into Original Medicare</i> | Code: SEP Reason: Contract Termination |

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

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|------------------------------|---|--|--|---|--|---|
| 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* <i>*Enroll into MA-Only or MA-PD</i> | Code: SEP Reason: Retro Medicare Determination (if MA-Only election) Code: IEP (if MA-PD election) |
| Retro ESRD Determination | ESRD status was determined after consumer's ICEP passed. May elect MA if: <ul style="list-style-type: none"> ▪ Were in a health plan offered under the same MA contract # the month before Part A/B entitlement, -AND- ▪ Developed ESRD while a member of that health plan, -AND- ▪ Still enrolled in that health plan -OR- ▪ Had untimely entitlement determination due to an administrative delay | <ul style="list-style-type: none"> ▪ Member Attestation (if current member) ▪ Physician Statement/Letter | Begins month received notice of Medicare entitlement Ends 2 months after the month notice is received | First day of the month following receipt of election. | 1 Election* <i>*Enroll into MA-Only or MA-PD</i> <i>NOTE: In cases of retro ESRD determination, a consumer is retroactively determined to be eligible for Medicare. The consumer may choose to enroll into a PDP, which would fall under the SEP described in #19 above.</i> | Code: SEP Reason: Retro ESRD Determination ESRD |
| 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* <i>*Enroll into MA-PD (Enrollment into MA-Only not allowed)</i> <i>*One election is allowed each subsequent calendar year for consumers who remain SPAP members.</i> | Code: SEP Reason: SPAP Enrollee |

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

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

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

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|--|--|---|--|--|--|---|
| PACE | Consumer enrolling or disenrolling from PACE | <ul style="list-style-type: none"> ▪ 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 MA-Only or MA-PD plan. NOTE: <i>May disenroll from plan at any time to enroll in PACE</i> | First day of the month following receipt of election. | 1 Election* <i>*Enroll into MA-Only or MA-PD</i> | 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 (<i>Age-In</i>) | Not Applicable for Medicare Advantage Plans | | | | | |
| Consumers who drop Medigap and are in Trial Period | Not Applicable for Medicare Advantage Plans | | | | | |
| Eligible for Other Creditable Coverage | Consumers currently enrolled in MA-PD or standalone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or TRICARE For Life | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Statement of Proof <i>from Other Coverage</i> | Begins immediately Ends date elected for disenrollment | First day of the month following receipt of disenrollment request. | 1 Election* <i>*Enroll into MA-Only (if leaving an MA-PD) or Disenroll into Original Medicare</i> | 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 <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|---|---|--|--|--|--|--|
| Enroll in a qualifying Medicare Advantage plan with the 5-Star SEP | Reside in a county within the 5-Star plan's service area. | <ul style="list-style-type: none"> ▪ 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 between 12/8-11/30 of the following year in which the plan received the 5-star overall rating.*</p> <p><i>*Enroll into MA-Only or MA-PD</i></p> | <p>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 <i>Note: In the case where the notice is sent after the coverage in the receiving plan starts the SEP ends 3 months after the day of notice.</i></p> | Effective date will be the 1st day of the month following receipt of election | <p>1 Election</p> <p>SEP permits a one-time election within 3 months of the effective date of assignment or notification of the assignment, which is later</p> | <p>Code: SEP Reason: CMS/State Assignment</p> |
| Individuals Affected by a FEMA-Declared Weather Related Emergency or Major Disaster | <p>*Individual or Individuals Auth Rep and/or POA resides or resided at the start of an incident period for which in an area FEMA has declared an emergency or a major disaster</p> <p>*Individual had a valid election period at the time of the incident period</p> | <ul style="list-style-type: none"> ▪ Review FEMA Website to confirm individual or individuals Auth Rep/POA resides or resided in the affected area at the start of the incident period ▪ Confirm individual had a valid election period at the time of the incident period and valid election period was not used. | SEP is available from the start of the incident period and for four full calendar months thereafter | Effective date will be the 1st day of the month following receipt of election | 1 Election | <p>Code: SEP Reason: Weather Related Emergency</p> |

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

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|---|---|--|--|---|---------------------|--|
| SEP for Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions | UHC granted election only** CMS will grant the election period when the Plan or UHC was unable to provide required notices or information in an accessible format and appropriate timeframe. | <ul style="list-style-type: none"> ▪ 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 |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items <u>you can check</u> <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|--|--|---|---|---|--|--|
| Consumers Newly Entitled to Medicare or Medicare Part D | | | | | | |
| <i>Newly Eligible (IEP)</i> | Entitled to and has EITHER A or B for the first time* <i>*For PDP elections, consumer only has to have Part A or Part B to be eligible.</i> | <p><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> ▪ Medicare Entitlement Letter ▪ Copy of Medicare ID Card or SSA Award Letter | <p><u>7 month Election Period</u> 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).</p> <p>NOTE:</p> <ul style="list-style-type: none"> ▪ <i>The 7-month period is usually centered on the earlier of the Part A date or Part B date</i> | <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. ▪ 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* <i>*Enroll into PDP</i> | Code: IEP |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items you can check <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|--|---|---|---|--|--|--|
| Age-In (Eligible Prior to Age 65) | <ul style="list-style-type: none"> ▪ Turning 65 -AND- ▪ Was eligible for Medicare prior to age 65 | <p><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> ▪ Copy of Medicare ID Card or SSA Award Letter* | <p>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).</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><i>*Enroll into or change PDP plan</i></p> | <p>Code: IEP2</p> |
| Enrolling into Part B After Delaying Enrollment | Not Applicable for Prescription Drug Plans | | | | | |
| Enrolled into Part B during the Part B General Enrollment Period (GEP) | Not entitled to premium-free Part A & enrolled in Part B during the GEP for Part B | <p><i>The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p> <ul style="list-style-type: none"> ▪ Member Attestation ▪ Copy of Medicare ID Card or SSA Award Letter* | <p>Begins 04/01 Ends 06/30</p> | July 1 (only) | <p>1 Election*</p> <p><i>*Enroll into PDP</i></p> | <p>Code: SEP Reason: GEP Part B</p> |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items you can check <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|---|---|---|--|---|---|---|
| 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 | <ul style="list-style-type: none"> ▪ December 31 disenrollment effective date <li style="text-align: center;">-OR- ▪ January 1 enrollment effective date | 1 Election* *Enroll into PDP or disenroll from PDP <i>Note: last election made, determined by the application date, will be the election that takes effect.</i> | 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 | <ul style="list-style-type: none"> ▪ 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 Newly Eligible 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 |
| Low Income Consumers | | | | | | |
| Dual-Eligible | Medicaid Consumer (Full Benefit & Partial) (2018 only) | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Medicaid # ▪ Medicaid Card ▪ Medicaid Award Letter | As long as Medicaid eligible or entitled to MSP* | First day of the month following receipt of election. | Continuous* *Enroll into PDP | Code: SEP Reason: Dual Eligible Full & Partial |
| Dual-Eligible (Loss of Status) | No longer eligible for Medicaid benefits (Full Benefit & Partial) (2018 only) | <ul style="list-style-type: none"> ▪ Member Attestation ▪ State Notice regarding loss of dual eligible status | Begins month the loss of dual eligibility notification is received and continues two additional months Ends with the date consumer makes an election or the last day of the third month after notification received. | First day of the month following receipt of election. | 1 Election* *Enroll into PDP | Code: SEP Reason: Dual-Eligible (Status Loss) |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items you can check <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|---|---|---|---|---|--|---|
| LIS <i>(Non-Medicaid & Maintaining LIS)</i> | Has Part D premium subsidy (2018 only) | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Redetermination Letter ▪ SSA or Medicaid Award Letter <i>(if letter shows the actual levels)</i> | As long as eligible for Part D subsidy | First day of the month following receipt of election. | Continuous* <i>*Enroll into PDP</i> | Code: SEP Reason: LIS (Non Medicaid/Mntning LIS) |
| LIS <i>(Loss of Status)</i> | Has lost the Part D premium subsidy (2018 only) | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Redetermination Letter ▪ SSA or Medicaid Award Letter <i>(if letter shows the actual levels)</i> ▪ Termination Notice | <p>If loss of subsidy occurs at end of calendar year*: Begins January 1 Ends March 31</p> <p>If loss of subsidy occurs mid-year: Begins when notified of the loss Ends two months after notification</p> <p><i>* January 1 effective date is available if loss of subsidy occurs at the end of the calendar year.</i></p> | First day of the month following receipt of election. | 1 Election* <i>*Enroll into PDP</i> | Code: SEP Reason: LIS (Loss of Status) |
| Leaving an MA Plan (MA Only, MA-PD or SNP) to a standalone PDP during OEP | Individual currently enrolled in MA Only, MA-PD, or SNP plan and wants to change their coverage to a PDP plan | <ul style="list-style-type: none"> ▪ Confirm individual has disenrolled from their current MA Only, MA-PD, or SNP plan and is enrolling into PDP with no break in coverage | <p>Corresponding with OEP Annual (January 1 – March 31)</p> <p>Corresponding with OEP Newly Eligible 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</p> | 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 you can check <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|--|---|--|--|---|--|--|
| Dual and LIS Eligible (maintaining) | Medicaid and/or LIS Eligible <i>Note: Individuals who are notified that they have been determined to be "at risk" or "potentially at risk" for misuse or abuse of a frequently abused drug will not be able to be eligible for the SEP.</i> | <ul style="list-style-type: none"> ▪ Confirm SEP has not been used during calendar quarter ▪ Confirm individual is not flagged as "at risk" or "potentially at risk" | 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 | <ul style="list-style-type: none"> ▪ Became eligible for any type of assistance from the Title XIX Program and qualify for LIS ▪ Losing/Lost eligibility of any type of assistance ▪ Have a change in the level of assistance received | <ul style="list-style-type: none"> ▪ TBD - Pending Compliance | SEP allows an opportunity to make an election within 3 months of any gain, loss or change in Dual/LIS level or notification of such a change, whichever is later | Effective date will be the 1st day of the month following receipt of election | 1 Election | 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 expected 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* <i>*Enroll into PDP</i> | Code: SEP-Institutional |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items you can check <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|---|--|--|---|---|--|--|
| 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>Before Move Begins month before permanent move Ends 2 months after the move</p> <p>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 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* <i>*Enroll into PDP</i> | <p>Code: SEP Reason: Change in Residence</p> <p><i>NOTE: Please ensure new address is entered on the application</i></p> |
| Loss of Coverage | | | | | | |
| Involuntary Loss of Creditable Coverage | <ul style="list-style-type: none"> ▪ Involuntarily lost creditable coverage ▪ Coverage deemed no longer creditable <p><i>NOTE: Does NOT include loss of coverage due to nonpayment of premium</i></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* <i>*Enroll into PDP</i> | <p>Code: SEP Reason: Invol. Loss of Creditable Cvg</p> |
| Change in Employer Group Health Plan | | | | | | |
| Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage) | Voluntary/involuntary termination of group coverage | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Term Letter from group or COBRA ▪ Copy of email from group attesting to disenrollment | <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 but not earlier than the first of the month following month in which the request is made. | 1 Election* <i>*Enroll into PDP</i> | <p>Code: SEP Reason: Loss of EGHP Coverage</p> |

Election Period Details – Prescription Drug Plans (PDP)

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

Election Period Details – Prescription Drug Plans (PDP)

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

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items you can check <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|--|--|--|--|---|--|---|
| Chronic Condition | Not Applicable for Prescription Drug Plans | | | | | |
| Special Needs Status Change for Members of SNP | Disenrolled from SNP due to loss of special needs status | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter <i>attesting to loss of special needs status</i> | 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* <i>*Enroll into PDP</i> | 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 <i>attesting to non-eligibility for chronic SNP</i> | 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* <i>*Enroll into PDP. Consumer cannot drop Part D.</i> | Code: SEP Reason: Loss of SNP Status |
| 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"> ▪ <i>May disenroll from plan at any time to enroll in PACE</i> | First day of the month following receipt of election. | 1 Election* <i>*Enroll into PDP</i> | Code: SEP Reason: PACE Switcher |
| Consumers disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit | Disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit into a Part D plan. | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter <i>attesting to disenrollment from a Cost plan</i> | Begins the month of disenrollment Ends 2 months after disenrollment date | First day of the month following receipt of election. | 1 Election* <i>*Enroll into PDP</i> | 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. | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter <i>attesting to loss of Part B</i> | 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* <i>*Enroll into PDP</i> | Code: SEP Reason: Lost MA-PD and Part B |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items you can check <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|--|--|---|--|--|--|--|
| First Time MA Member <i>(Age-In)</i> | Enrolled in Medicare Advantage upon eligibility <i>(age 65)</i> | <p><i>* The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. This SEP only applies to consumers who enroll in an MA plan using their IEP at the time of their 65th birthday.</i></p> <ul style="list-style-type: none"> ▪ 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* <i>*Enroll into PDP if coming from MA-PD, or Disenroll into Original Medicare</i> | 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” | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter from previous Medigap policy <i>attesting to drop</i> | 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* <i>* PDP Only</i> | Code: SEP Reason: Indiv drop Medigap – Trial Period |
| Eligible for Other Creditable Coverage | Consumers currently enrolled in MA-PD or standalone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or TRICARE For Life | <ul style="list-style-type: none"> ▪ Member Attestation ▪ Statement of Proof <i>from Other Coverage</i> | Begins immediately Ends date elected for disenrollment | First day of the month following receipt of disenrollment request. | <i>Consumers have 1 election to disenroll into Original Medicare</i> | N/A – Disenrollment election only |

Election Period Details – Prescription Drug Plans (PDP)

| Population | Qualification | Qualification Items you can check <i>Do not submit copies w/ application</i> | Time Frame | Effective Date | # Elections Allowed | Application Coding <i>If SEP, please include reason</i> |
|--|---|---|--|---|---|---|
| Enroll in any PDP with the 5-Star SEP | Consumers who use the 5-Star SEP to enroll in an MA-Only 5-Star PFFS plan or 5-Star cost plan have a SEP to enroll in a PDP or in the cost plan's optional supplemental Part D benefit. | <ul style="list-style-type: none"> ▪ Member Attestation | <p>Begins the month the consumer uses the 5-Star SEP</p> <p>Ends two months later</p> | First of the month following receipt of election | <p>1 Election*</p> <p><i>*Enroll into PDP</i></p> <p>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.</p> | <p>Code: SEP</p> <p>Reason: Corresponding PDP 5 Star</p> <p>NOTE: Currently can only be used on paper applications</p> |
| Enroll in a qualifying Medicare Advantage plan with the 5-Star SEP | Not applicable for Prescription Drug Plans | | | | | |
| Individual Enrollment into plan by CMS/State | Must have been enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process) | <ul style="list-style-type: none"> ▪ 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</p> <p>Ends last day of the 3rd month of the start of coverage in receiving plan</p> <p><i>Note: In the case where the notice is sent after the coverage in the receiving plan starts the SEP ends 3 months after the day of notice.</i></p> | Effective date will be the 1st day of the month following receipt of election | <p>1 Election</p> <p>SEP permits a one-time election within 3 months of the effective date of assignment or notification of the assignment, whichever is later</p> | <p>Code: SEP</p> <p>Reason: CMS/State Assignment</p> |

Election Period Details – Prescription Drug Plans (PDP)

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

Acronyms Used in This Booklet

| Acronym | What it Stands For | Acronym | What it Stands For |
|-------------------|---|--------------|---|
| AEP | Annual Election Period | MA-PD | 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 | OEP | Open Enrollment Period |
| ESRD | End-Stage Renal Disease | 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> | PFBS | Private Fee-For-Service |
| IEP2 | Initial Election Period 2 <i>(Consumer is first eligible to enroll prior to the age of 65)</i> | POS | Point of Service Plan |
| IEP-Part D | Initial Enrollment Period <i>(Consumer is first eligible to enroll in a Part D plan)</i> | PPO | Preferred Provider Organization |
| LIS | Low Income Subsidy | SEP | Special Election Period |
| MA | Medicare Advantage | SNP | Special Needs Plan |
| MA-Only | Medicare Advantage Plan without Prescription Drug coverage | SPAP | State Pharmaceutical Assistance Program |

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

**QUESTIONS?
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