



Election Periods Available to Medicare Consumers

Newly Eligible Consumers & Annual Election Period

When consumers first become eligible for Medicare, they have the ability to enroll into a PDP or Medicare Advantage plan. This period is for all consumers becoming eligible for Medicare whether it is due to turning 65 or by becoming eligible due to a qualifying disability. The Annual Election Period (AEP), which runs from 10/15 to 12/07, enables consumers to change or add prescription drug plans (PDPs), change Medicare Advantage plans, return to original Medicare, or enroll in a Medicare Advantage plan for the first time.

Medicare Advantage Disenrollment Period

The Medicare Advantage Disenrollment Period (MADP), which occurs between January 1 and February 14, gives consumers an annual opportunity to disenroll from their Medicare Advantage plan and return to Original Medicare. Regardless of whether the Medicare Advantage plan included Part D drug coverage, consumers using the MADP to disenroll from their plan are eligible for a coordinating Part D SEP (See Page 23, #18) which allows them to enroll in a PDP during the same timeframe.

Special Election Periods

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. Situations such as dual-eligible status and institutionalization provide the ability to switch plans at any time during the year. All SEPs are determined and announced by CMS (Centers for Medicare & Medicaid Services).

Submitting Applications

Agents are expected to submit applications to the Enrollment Team the same day that they are received. Completed Individual Election Applications received by the end of the month will be processed for enrollment eligibility for the first of the following month. Incomplete election applications will be pended to obtain additional information and could result in denial if information is not received.

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.*

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Enrollment Elections Timeline

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

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IEP/ICEP Examples

Following are examples of the IEP/ICEP (Initial Enrollment Period/Initial Coverage Election Period) to help you better understand the timeframes for these scenarios.

IEP/ICEP Example

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

January	February	March	April	May	June	July
From January through March, Antonio can enroll with an effective date of April 1.			In April, Antonio turns 65. He is eligible for Part A and Part B.	From April through July, Antonio can enroll with an effective date that is the 1 st 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 MAPD or PDP plan any time during this timeframe and use the IEP:

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

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Election Period Coding - "Cheat Sheet"

Paper Application & iEnroll Coding

#	Population	Medicare Advantage	Prescription Drug Plan
1	<i>Newly Eligible (IEP/ICEP) – MA/MAPD Newly Eligible (IEP)</i>	<ul style="list-style-type: none"> ▪ ICEP (MA Only) ▪ IEP (MAPD) 	<ul style="list-style-type: none"> ▪ IEP
2	Enrolling into Part B After Delaying Enrollment	<ul style="list-style-type: none"> ▪ ICEP (MA/MAPD) 	<ul style="list-style-type: none"> ▪ N/A for Prescription Drug Plans
3	Enrolled into Part B during the Part B General Enrollment Period (GEP)	<ul style="list-style-type: none"> ▪ N/A for Medicare Advantage Plans 	<ul style="list-style-type: none"> ▪ SEP-GEP Part B
4	MA/MAPD/PDP Eligible (<i>Annual Election Period, AEP, 10/15-12/07</i>)	<ul style="list-style-type: none"> ▪ AEP (MA/MAPD) 	<ul style="list-style-type: none"> ▪ AEP
5	Dual-Eligible (<i>Full Benefit & Partial</i>)	<ul style="list-style-type: none"> ▪ SEP-Dual Eligible Full & Partial (MA/MAPD) 	<ul style="list-style-type: none"> ▪ SEP-Dual Eligible Full & Partial
6	Dual-Eligible (<i>Loss of Status</i>)	<ul style="list-style-type: none"> ▪ SEP-Dual Eligible (Status Loss) (MA/MAPD) 	<ul style="list-style-type: none"> ▪ SEP-Dual Eligible (Status Loss)
7	LIS (<i>Non-Medicaid & Maintaining LIS</i>)	<ul style="list-style-type: none"> ▪ SEP- LIS (Newly Eligible) (MAPD) ▪ SEP-LIS (NonMedicaid/ MntningLIS) (MAPD) 	<ul style="list-style-type: none"> ▪ SEP- LIS (Newly Eligible) ▪ SEP-LIS (NonMedicaid/ MntningLIS)
8	LIS (<i>Loss of Status</i>)	<ul style="list-style-type: none"> ▪ SEP-LIS (Loss of Status) (MAPD) 	<ul style="list-style-type: none"> ▪ SEP-LIS (Loss of Status))
9	Institutionalized	<ul style="list-style-type: none"> ▪ OEPI (MA/MAPD) 	<ul style="list-style-type: none"> ▪ SEP-Institutional
10	Change in Residence	<ul style="list-style-type: none"> ▪ SEP-Change in Residence (MA/MAPD) 	<ul style="list-style-type: none"> ▪ SEP-Change in Residence
11	Involuntary Loss of Creditable Coverage	<ul style="list-style-type: none"> ▪ SEP-Invol. Loss of Creditable Cvg (MAPD) 	<ul style="list-style-type: none"> ▪ SEP-Invol. Loss of Creditable Cvg
12	Loss of Employer Group Coverage (<i>Group Retiree, COBRA, & Commercial Coverage</i>)	<ul style="list-style-type: none"> ▪ SEP-Loss of EGHP Coverage (MA/MAPD) 	<ul style="list-style-type: none"> ▪ SEP-Loss of EGHP Coverage
13	Gain Employer Group Coverage	<ul style="list-style-type: none"> ▪ SEP-Group Retiree (MA/MAPD) 	<ul style="list-style-type: none"> ▪ SEP-Group Retiree
14	Non-Renewing	<ul style="list-style-type: none"> ▪ SEP-Termination/non renewal (MA/MAPD) 	<ul style="list-style-type: none"> ▪ SEP-Termination/non renewal
15	Non-Renewing Cost Plan	<ul style="list-style-type: none"> ▪ SEP-Cost (MA/MAPD) 	<ul style="list-style-type: none"> ▪ SEP-Cost

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#	Population	Medicare Advantage	Prescription Drug Plan
16	Termination of Plan Contract	<ul style="list-style-type: none"> SEP-Termination/non renewal (<i>MA/MAPD</i>) 	<ul style="list-style-type: none"> SEP-Termination/non renewal
17	Enroll in a PDP during the MADP disenrollment period	<ul style="list-style-type: none"> N/A for Medicare Advantage Plans 	<ul style="list-style-type: none"> SEP-ADP
18	Retro Medicare Determination	<ul style="list-style-type: none"> SEP-Retro Medicare Determination (<i>MA Only</i>) IEP (<i>MAPD</i>) 	<ul style="list-style-type: none"> IEP
19	Retro ESRD Determination	<ul style="list-style-type: none"> SEP-Retro ESRD Determination ESRD (<i>MA/MAPD</i>) 	<ul style="list-style-type: none"> N/A for Prescription Drug Plans
20	SPAP Members	<ul style="list-style-type: none"> SEP-SPAP Enrollee (<i>MAPD</i>) 	<ul style="list-style-type: none"> SEP-SPAP Enrollee
21	SPAP Loss of Eligibility	<ul style="list-style-type: none"> SEP-SPAP Enrollee (<i>MAPD</i>) 	<ul style="list-style-type: none"> SEP-SPAP Enrollee
22	Chronic Condition	<ul style="list-style-type: none"> SEP-Special Need/Chronic (<i>MAPD</i>) 	<ul style="list-style-type: none"> N/A for Prescription Drug Plans
23	Special Needs Status Change for Members of SNP	<ul style="list-style-type: none"> SEP-Loss of SNP Status (<i>MA/MAPD</i>) 	<ul style="list-style-type: none"> SEP-Loss of SNP Status
24	Chronic SNP Non-Eligibility	<ul style="list-style-type: none"> SEP- Chronic Non-Eligible (<i>PFFS MA Only/MAPD</i>) 	<ul style="list-style-type: none"> SEP- Chronic Non-Eligible
25	PACE	<ul style="list-style-type: none"> SEP-PACE Switcher (<i>MA/MAPD</i>) 	<ul style="list-style-type: none"> SEP-PACE Switcher
26	Consumers disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit	<ul style="list-style-type: none"> N/A for Medicare Advantage Plans 	<ul style="list-style-type: none"> SEP-Leaving Optional Part D Cost
27	Loss of Part B	<ul style="list-style-type: none"> N/A for Medicare Advantage Plans 	<ul style="list-style-type: none"> SEP-Lost MAPD and Part B
28	First Time MA Member (<i>Age-In</i>)	<ul style="list-style-type: none"> N/A for Medicare Advantage Plans 	<ul style="list-style-type: none"> SEP-SEP 65
29	Consumers in an MAPD who drop Medigap and are in Trial period	<ul style="list-style-type: none"> N/A for Medicare Advantage Plans 	<ul style="list-style-type: none"> SEP-Indiv drop Medigap-Trial period
30	SEP-Trial/Leaving MAPD First Year	<ul style="list-style-type: none"> N/A for Medicare Advantage Plans 	<ul style="list-style-type: none"> SEP-Trial/Leaving MAPD during first year
30	Eligible for Other Creditable Coverage	<ul style="list-style-type: none"> SEP-Elgbl for Other Creditable Cov (<i>MA Only</i>) 	<ul style="list-style-type: none"> N/A – Disenrollment election only

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Election Period Details – Medicare Advantage Plans

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Consumers Newly Entitled to Medicare or Medicare Part D							
1	<i>Newly Eligible (IEP/ICEP)</i>	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 Begins</u> 3 months before month of entitlement</p> <p>Includes the birthday month</p> <p>Ends last day of 3rd month after month of the earlier effective date of Part A/B entitlement (usually 65th birthday).</p> <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). 	<p>1 Election*</p> <p><i>*Enroll into MA-Only or MAPD</i></p>	<p>Code: ICEP <i>(if MA-Only election)</i></p> <p>Code: IEP <i>(if MAPD election)</i></p>

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2	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 more than 3 months after month of entitlement, thereby delaying enrollment into an MA-Only or MAPD 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 <u>before</u> 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 MAPD</i></p>	<p>Code: ICEP</p>
3	Enrolled into Part B during the Part B General Enrollment Period (GEP)	Not Applicable for Medicare Advantage Plans					

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Annual Election Period (AEP)							
4	MA Eligible	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, MAPD, 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
Low Income Consumers							
5	Dual-Eligible	Medicaid Consumer <i>(Full Benefit & Partial)</i>	<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, MAPD, or Disenroll into Original Medicare</i>	Code: SEP Reason: Dual Eligible Full & Partial
6	Dual-Eligible <i>(Loss of Status)</i>	No longer eligible for Medicaid benefits <i>(Full Benefit & Partial)</i>	<ul style="list-style-type: none"> ▪ Member attestation ▪ State Notice <i>regarding loss of dual eligible status</i> 	Begins month of loss of dual eligibility 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* <i>*Enroll into MA-Only, MAPD, or Disenroll into Original Medicare</i>	Code: SEP Reason: Dual-Eligible (Status Loss)

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7	LIS <i>(Non-Medicaid & Maintaining LIS)</i>	Has Part D premium subsidy	<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 MAPD</i>	Code: SEP Reason: LIS (Newly Eligible) - OR - Code: SEP Reason: LIS (Non Medicaid/Mntning LIS)
8	LIS <i>(Loss of Status)</i>	Has lost the Part D premium subsidy	<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 	If loss of subsidy occurs at end of calendar year*: Begins January 1 Ends March 31 If loss of subsidy occurs mid-year: Begins when notified of the loss Ends two months after notification <i>* January 1 effective date is available if loss of subsidy occurs at the end of the calendar year.</i>	First day of the month following receipt of election.	1 Election* <i>*Enroll into MAPD</i>	Code: SEP Reason: LIS (Loss of Status)
Institutionalized Consumers							
9	Institutionalized	Resides in SNF, nursing facility (NF), intermediate care facility for the mentally retarded, psychiatric, rehab, LTC, or swing-bed hospital with an expecting stay of at least 90 days.	<ul style="list-style-type: none"> ▪ Member Attestation ▪ Facility Address & Contact Info* 	Begins first day institutionalized Ends 2 months after discharge	First day of the month following receipt of election.	Continuous* <i>*Enroll into MA-Only, MAPD, or Disenroll into Original Medicare</i>	Code: OEPI

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Consumers Who Move							
10	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 	<ul style="list-style-type: none"> ▪ Member Attestation ▪ New Address on Enrollment Form 	<p>Before Move Begins month before permanent move</p> <p>Ends 2 months after the move</p> <p>After Move Begins month consumer notified current plan of the move</p> <p>Ends 2 months after notification of move</p>	First day of the month up to 3 months after receipt of election but not earlier than the day of move.	1 Election* *Enroll into MA-Only or MAPD	<p>Code: SEP</p> <p>Reason: Change in Residence</p> <p><i>NOTE: Please ensure new address is entered on the application</i></p>
Loss of Coverage							
11	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</p> <p>Ends 2 months later</p>	First day of the month following receipt of election or if consumer requests, up to 2 months from the end of the SEP.	1 Election* *Enroll into MAPD (Enrollment into MA-Only not allowed)	<p>Code: SEP</p> <p>Reason: Invol. Loss of Creditable Cvg</p>
Change in Employer Group Health Plan							
12	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</p> <p>Ends 2 months after group coverage ends*</p> <p><i>*Must be enrolled in Part B to elect MA/MAPD 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* *Enroll into MA-Only, MAPD, or Disenroll into Original Medicare	<p>Code: SEP</p> <p>Reason: Loss of EGHP Coverage</p>

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13	Gain Employer Group Coverage	Gain or enroll into coverage	<ul style="list-style-type: none"> ▪ Member Attestation ▪ Group Letter describing coverage options 	<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 MA-Only, MAPD, or Disenroll into Original Medicare</i></p>	<p>Code: SEP</p> <p>Reason: Group Retiree</p>
Termination/Non-Renewal							
14	Non-Renewing	Plan no longer offered in area	<ul style="list-style-type: none"> ▪ Member Attestation ▪ Copy of Non-Renewal Notice 	<p>Begins 12/8 of that year</p> <p>Ends 2/28 of the following year</p>	<p>May only choose Jan 1 or Feb 1* effective date but may not be before the enrollment election is received</p> <p><i>*February 1 effective date can only be used when the enrollment request is received in January.</i></p>	<p>1 Election*</p> <p><i>*Enroll into MA-Only or MAPD</i></p>	<p>Code: SEP</p> <p>Reason: Termination/non renewal</p>
15	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 12/8 of that year</p> <p>Ends 2/28 of the following year</p>	<p>May only choose Jan 1 or Feb 1* effective date but may not be before the enrollment election is received</p> <p><i>*February 1 effective date can only be used when the enrollment request is received in January.</i></p>	<p>1 Election*</p> <p><i>*Enroll into MA-Only or MAPD</i></p>	<p>Code: SEP</p> <p>Reason: Cost</p>

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16	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</p> <p>Ends 1 month after effective date of termination</p> <p><u>Without mutual consent</u> Begins 1 month before termination is effective</p> <p>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* *Enroll into MA-Only, MAPD, or Disenroll into Original Medicare	Code: SEP Reason: Termination/non renewal
Other							
17	Medicare Advantage Disenrollment Period (MADP)	Not an applicable election period to enroll in a Medicare Advantage plan					
18	Retro Medicare Determination	Medicare entitlement verification is made retroactively.	<ul style="list-style-type: none"> ▪ Member Attestation ▪ Medicare Entitlement Letter 	<p>Begins month notice of entitlement is received</p> <p>Ends 2 months after month notice is received</p>	First of the month following receipt of the election	1 Election* *Enroll into MA-Only or MAPD	<p>Code: SEP Reason: Retro Medicare Determination (if MA Only election)</p> <p>Code: IEP (if MAPD election)</p>

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19	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 (<i>if current member</i>) ▪ Physician Statement/Letter 	<p>Begins month received notice of Medicare entitlement</p> <p>Ends 2 months after the month notice is received</p>	First day of the month following receipt of election.	1 Election* *Enroll into MA-Only or MAPD <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
20	SPAP Members	Individuals who belong to a qualified SPAP	<ul style="list-style-type: none"> ▪ Member Attestation ▪ State Facilitation Letter 	One election per calendar year for SPAP members	First day of the month following receipt of election.	1 Election* *Enroll into MAPD (Enrollment into MA-Only not allowed) *One election is allowed each subsequent calendar year for consumers who remain SPAP members.	Code: SEP Reason: SPAP Enrollee

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21	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 of loss of eligibility</p> <p>Ends 2nd month after month notice is received</p>	First day of the month following receipt of election.	1 Election* <i>*Enroll into MAPD (Enrollment into MA-Only not allowed, and disenrollment from Part D not allowed)</i>	Code: SEP Reason: SPAP Enrollee
22	Chronic Condition	<ul style="list-style-type: none"> ▪ Consumer has a severe or disabling chronic condition(s) that an appropriate Evercare SNP is designed to serve AND – ▪ Consumer is not currently enrolled in a chronic SNP serving that condition. 	<ul style="list-style-type: none"> ▪ Form – "Authorization for Use or Disclosure of Health Information" (<i>authorization from Evercare 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.	1 Election* <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>	Code: SEP Reason: Special Need/ Chronic <i>NOTE: MA plan to verify condition with provider before election is considered complete. This could delay access to benefits.</i>
23	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.	1 Election* <i>*Enroll into MA-Only or MAPD</i>	Code: SEP Reason: Loss of SNP Status
24	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	1 Election* <i>*Enroll into MAPD or PFFS (MA-only) if accompanied by a PDP enrollment. Consumer cannot drop Part D.</i>	Code: SEP Reason: Chronic Non-Eligible

This guide is subject to change per CMS guidelines.

EPB09070009

Election Period Details – Medicare Advantage Plans

#	Population	Qualification	Qualification Items <u>you can</u> check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
25	PACE	Consumer enrolling or disenrolling from PACE	<ul style="list-style-type: none"> ▪ Member Attestation ▪ PACE Enrollment Letter ▪ PACE Member ID Card 	<p>Begins the effective date of PACE disenrollment.</p> <p>Ends 2 months after effective date of PACE disenrollment to elect MA Only or MAPD plan.</p> <p>NOTE:</p> <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 MA-Only or MAPD</i>	Code: SEP Reason: PACE Switcher
26	Consumers disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit	Not Applicable for Medicare Advantage Plans					
27	Loss of Part B	Not Applicable for Medicare Advantage Plans					
28	First Time MA Member (<i>Age-In</i>)	Not Applicable for Medicare Advantage Plans					
29	Consumers who drop Medigap and are in Trial Period	Not Applicable for Medicare Advantage Plans					
30	Consumers Leaving MAPD During First Year	Not Applicable for Medicare Advantage Plans					

This guide is subject to change per CMS guidelines.

EPB09070009

Election Period Details – Medicare Advantage Plans

#	Population	Qualification	Qualification Items <u>you can</u> check <i>Do not submit copies w/ application</i>	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
31	Eligible for Other Creditable Coverage	Consumers currently enrolled in MAPD or stand alone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or Tricare for Life	<ul style="list-style-type: none"> ▪ Member Attestation ▪ Statement of Proof from Other Coverage 	Begins immediately Ends date elected for disenrollment	First day of the month following receipt of disenrollment request.	1 Election* *Enroll into MA-Only (if leaving an MAPD) or Disenroll into Original Medicare	Code: SEP Reason: Elgbl for Other Creditable Cov

This guide is subject to change per CMS guidelines.

Election Period Details – Prescription Drug Plans (PDP)

#	Population	Qualification	Qualification Items	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>If SEP, please include reason</i>
			<p>you can check Do not submit copies w/ application</p> <p>Consumers Newly Entitled to Medicare or Medicare Part D</p>				
1	Newly Eligible (IEP)	<p>Entitled to and has EITHER A or B for the first time*</p> <p><i>*For PDP elections, consumer only has to have Part A or Part B to be eligible.</i></p>	<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>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> <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> 	<p>Enrollment request made prior to month of eligibility, effective date is first day of the month of eligibility.</p> <p>Enrollment request made during or after first month of eligibility, effective date is first day of the month following the month of election.</p> <p>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>	<p>1 Election*</p> <p><i>*Enroll into PDP</i></p>	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>
2	Enrolling into Part B After Delaying Enrollment	Not Applicable for Prescription Drug Plans					
3	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)							
4	PDP Eligible	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* <i>*Enroll into PDP or disenroll from PDP</i> <i>Note: last election made, determined by the application date, will be the election that takes effect.</i>	Code: AEP
Low Income Consumers							
5	Dual-Eligible	Medicaid Consumer <i>(Full Benefit & Partial)</i>	<input type="checkbox"/> Member Attestation <input type="checkbox"/> Medicaid # <input type="checkbox"/> Medicaid Card <input type="checkbox"/> 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 PDP</i>	Code: SEP Reason: Dual Eligible Full & Partial
6	Dual-Eligible <i>(Loss of Status)</i>	No longer eligible for Medicaid benefits <i>(Full Benefit & Partial)</i>	<ul style="list-style-type: none"> ▪ Member Attestation ▪ State Notice <i>regarding loss of dual eligible status</i> 	Begins month of loss of dual eligibility 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* <i>*Enroll into PDP</i>	Code: SEP Reason: Dual-Eligible (Status Loss)
7	LIS <i>(Non-Medicaid & Maintaining LIS)</i>	Has Part D premium subsidy	<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 (Newly Eligible) - OR - Code: SEP Reason: LIS (Non Medicaid/Mntning LIS)

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>
8	LIS <i>(Loss of Status)</i>	Has lost the Part D premium subsidy	<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 <u>end of calendar year</u>*:</p> <p>Begins January 1 Ends March 31</p> <p>If loss of subsidy occurs <u>mid-year</u>:</p> <p>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)
Institutionalized Consumers							
9	Institutionalized	Resides in SNF, nursing facility (NF), intermediate care facility for the mentally retarded, psychiatric, rehab, LTC, or swing-bed hospital with an expecting stay of at least 90 days.	<input type="checkbox"/> Member Attestation <input type="checkbox"/> Facility Address & Contact Info	<p>Begins first day institutionalized</p> <p>Ends 2 months after discharge</p>	First day of the month following receipt of election.	Continuous* <i>*Enroll into PDP</i>	Code: SEP Institutional
Consumers Who Move							
10	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 	<input type="checkbox"/> Member Attestation <input type="checkbox"/> New Address on Enrollment Form	<p><u>Before Move</u></p> <p>Begins month before permanent move</p> <p>Ends 2 months after the move</p> <p><u>After Move</u></p> <p>Begins month consumer notified current plan of the move</p> <p>Ends 2 months after notification of move</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>	Code: SEP Reason: Change in Residence <i>NOTE: Please ensure new address is entered on the application</i>

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>
Loss of Coverage							
11	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>	<input type="checkbox"/> Member Attestation <input type="checkbox"/> Letter stating loss of creditable coverage	<p>Begins either month of notice or month the loss or reduction of coverage occurs, whichever is later</p> <p>Ends 2 months later</p>	First day of the month following receipt of election or if consumer requests, up to 2 months from the end of the SEP.	1 Election* *Enroll into PDP	Code: SEP Reason: Invol. Loss of Creditable Cvg
Change in Employer Group Health Plan							
12	Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	Voluntary/involuntary termination of group coverage	<input type="checkbox"/> Member Attestation <input type="checkbox"/> Term Letter from group or COBRA <input type="checkbox"/> Copy of email from group attesting to disenrollment	<p>Begins month group allows for disenrollment or date COBRA ends</p> <p>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* *Enroll into PDP	Code: SEP Reason: Loss of EGHP Coverage
13	Gain Employer Group Coverage	Gain or enroll into coverage	<input type="checkbox"/> Member Attestation <input type="checkbox"/> Group Letter describing coverage options	<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.	1 Election* *Enroll into PDP	Code: SEP Reason: Group Retiree
Termination/Non-Renewal							
14	Non-Renewing	Plan no longer offered in area	<input type="checkbox"/> Member Attestation <input type="checkbox"/> Copy of Non-Renewal Notice	<p>Begins 10/01 of that year</p> <p>Ends 01/31 of the following year</p>	May only choose Jan 1 or Feb 1* effective date but may not be before the enrollment election is received *February 1 effective date can only be used when the enrollment request is received in January.	1 Election* *Enroll into PDP	Code: SEP Reason: Termination/non renewal

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>
15	Non-Renewing Cost Plan	Cost Plan no longer offered in area	<input type="checkbox"/> Member Attestation <input type="checkbox"/> Copy of Non-Renewal Notice	Begins 11/01 of that year Ends 01/31 of the following year	May only choose Jan 1 or Feb 1* effective date but may not be before the enrollment election is received <i>*February 1 effective date can only be used when the enrollment request is received in January.</i>	1 Election* <i>*Enroll into PDP</i>	Code: SEP Reason: Cost
16	Termination of Plan Contract	Contract terminated with/without mutual consent of Medicare	<input type="checkbox"/> Member Attestation <input type="checkbox"/> 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: Termination/non renewal

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>
Other							
17	Enroll in a PDP during the MADP disenrollment period	MA enrollees using the Medicare Advantage Disenrollment Period (MADP) to disenroll from MA/MAPD may request enrollment in a PDP <i>Note: MA Only PFFS members cannot use this SEP unless they submit a disenrollment request from the MA Only plan first.</i>	<input type="checkbox"/> Member Attestation <input type="checkbox"/> Complete enrollment application taken January 1 or later	Begins January 1 Ends February 14	First day of the month following receipt of election	1 Election* <i>*Enroll into PDP</i>	Code: SEP Reason: ADP
18	Retro Medicare Determination	Medicare entitlement verification is made retroactively	<input type="checkbox"/> Member Attestation <input type="checkbox"/> 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 PDP</i>	Code: IEP
19	Retro ESRD Determination	Not Applicable for Prescription Drug Plans					
20	SPAP Members	Individuals who belong to a qualified SPAP	<input type="checkbox"/> Member Attestation <input type="checkbox"/> 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

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>
21	SPAP Loss of Eligibility	Members of qualified SPAPs who lose SPAP eligibility	<input type="checkbox"/> Member Attestation <input type="checkbox"/> Letter attesting to loss of SPAP eligibility	Begins month of loss of eligibility 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
22	Chronic Condition	Not Applicable for Prescription Drug Plans					
23	Special Needs Status Change for Members of SNP	Disenrolled from SNP due to loss of special needs status	<input type="checkbox"/> Member Attestation <input type="checkbox"/> 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* <i>*Enroll into PDP</i>	Code: SEP Reason: Loss of SNP Status
24	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	<input type="checkbox"/> Member Attestation <input type="checkbox"/> 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* <i>*Enroll into PDP. Consumer cannot drop Part D.</i>	Code: SEP Reason: Chronic Non-Eligible
25	PACE	Consumer enrolling or disenrolling from PACE	<input type="checkbox"/> Member Attestation <input type="checkbox"/> PACE Enrollment Letter <input type="checkbox"/> 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

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>
26	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.	<input type="checkbox"/> Member Attestation <input type="checkbox"/> 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* *Enroll into PDP	Code: SEP Reason: Leaving Optional Part D Cost
27	Loss of Part B	Consumers involuntarily disenrolled from an MAPD plan due to loss of Part B but continue to be entitled to Part A.	<ul style="list-style-type: none"> ▪ Member Attestation ▪ Letter <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* *Enroll into PDP	Code: SEP Reason: Lost MAPD and Part B
28	First Time MA Member (Age-In)	Enrolled in Medicare Advantage upon eligibility (age 65)	<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> <input type="checkbox"/> Member Attestation <input type="checkbox"/> Medicare Entitlement Letter* <input type="checkbox"/> 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 MAPD	Code: SEP Reason: SEP 65

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>
29	Consumers who drop Medigap and are in Trial Period	Consumers who dropped Medigap policy to enroll into an MAPD plan for the first time and who are still in a “Trial Period”	<input type="checkbox"/> Member Attestation <input type="checkbox"/> Letter from previous Medigap policy <i>attesting to drop</i>	Begins either the month enrolled into the MAPD plan for the first time -OR- The month the MAPD disenrollment takes effect Ends two months later	First of the month following receipt of election	1 Election* *PDP Only	Code: SEP Reason: Indiv drop Medigap – Trial Period
30	Consumers Leaving MAPD During First Year	Consumers who enrolled in MAPD when first eligible and who are still in a “Trial Period”	<ul style="list-style-type: none"> ▪ Member Attestation 	Begins month enrolled in MAPD for first time Ends 12 months after effective date	First of the month following receipt of election.	1 Election* *PDP Only	Code: SEP Reason: Trial/Leaving MAPD During First Year
31	Eligible for Other Creditable Coverage	Consumers currently enrolled in MAPD or stand alone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or Tricare for Life	<input type="checkbox"/> Member Attestation <input type="checkbox"/> Statement of Proof from <i>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

Acronyms Used in This Document

Acronym	What it Stands For
AEP	Annual Election Period
CMS	Centers for Medicare & Medicaid Services
ESRD	End-Stage Renal Disease
GEP	General Enrollment Period
ICEP	Initial Coverage Election Period <i>(Consumer is first eligible to enroll in an MA plan)</i>
IEP-Part D	Initial Enrollment Period <i>(Consumer is first eligible to enroll in a Part D plan)</i>
LIS	Low Income Subsidy
MADP	Medicare Advantage Disenrollment Period
MA-Only	Medicare Advantage Plan without Prescription Drug coverage
MAPD	Medicare Advantage-Prescription Drug Plan
MSP	Medicare Savings Programs <i>(such as QMBs, SLMBs, & QIs)</i>
PACE	Program of All-Inclusive Care for the Elderly
PDP	Prescription Drug Plan
SEP	Special Election Period
SNP	Special Needs Program
SPAP	State Pharmaceutical Assistance Program

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