

SPECIAL ELECTION PERIOD CIRCUMSTANCES

CODE	ELECTION PERIOD CIRCUMSTANCE
01	I am new to Medicare.
02	I have Medicare, but I am new to Medicaid.
03	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. *PROVIDE MOVE DATE*
04	I recently returned to the United States (U.S.) after living permanently outside of the U.S. *PROVIDE RETURN DATE*
05	I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
06	I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums), or I get <i>Extra Help</i> paying for my Medicare prescription drug coverage, but I haven't had a change.
07	I recently had a change in my <i>Extra Help</i> paying for Medicare prescription drug coverage (newly got <i>Extra Help</i> , had a change in the level of <i>Extra Help</i> , or lost <i>Extra Help</i>). *PROVIDE CHANGE DATE*
08	I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid). *PROVIDE CHANGE DATE*
09	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). *PROVIDE MOVE DATE*
10	I recently involuntarily lost my creditable prescription drug coverage (i.e., coverage as good as Medicare's). *PROVIDE DRUG COVERAGE LOSS DATE*
11	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. *PROVIDE ENROLLMENT DATE*
12	I recently left a PACE program. *PROVIDE END DATE*
13	I am leaving employer or union coverage. *PROVIDE LEAVE DATE*
14	I belong to a pharmacy assistance program provided by my state.
15	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
16	I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. *PROVIDE DISENROLLMENT DATE*
17	I was recently released from incarceration. *PROVIDE RELEASE DATE*
18	I recently obtained lawful presence status in the United States. *PROVIDE STATUS DATE*
19	I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA), or by a federal, state, or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
20	If a Medicare Advantage plan with a 5-Star rating is available in your area, you can use the 5-Star Special Enrollment Period to switch from your current Medicare plan to a 5-Star rated plan. You can use this SEP once between December 8 and November 30.
21	I am leaving a Medicare Advantage plan identified as a low-performing plan.
22	I am leaving a Medicare Advantage plan that has been placed in receivership.
23	If none of these statements apply to you or you're not sure, please contact SelectHealth toll-free at 855-442-9940 (TTY: 711) to see if you are eligible to enroll. Hours of operation: October 1 to March 31 - Monday through Sunday, 8:00 a.m. to 8:00 p.m. April 1 to September 30 - weekdays, 8:00 a.m. to 8:00 p.m., closed weekends.