



2025

Cigna Healthcare Election Period Booklet

Medicare Advantage and Prescription Drug Plans

Version 3.0 | March 2025



The Centers for Medicare and Medicaid Services (CMS) may periodically make updates. This booklet is intended to be a resource but may not be an all inclusive SEP document.

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Enrollment Elections Timeline

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Annual Enrollment Period (AEP)	During AEP, beneficiary can make a new plan choice. Any type of plan can be selected. →										AEP 10/15–12/07	
Medicare Advantage Open Enrollment Period (MA-OEP)	MA-OEP 1/1 – 3/31			<p>During OEP, beneficiaries enrolled in an MA Plan may have an opportunity from January 1 through March 31 to switch MA plans (with or without drug coverage) or to disenroll from an MA plan and obtain coverage through Original Medicare (with or without a stand-alone PDP).</p> <p>Beneficiaries 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>								
MA-OEP Newly Eligible (MA-OEP New)	MA-OEP Newly Eligible 1/1 – 12/31											
	Newly eligible beneficiaries who enroll in an MA Plan during their IEP/ICEP can use MA-OEP Newly Eligible, but only during the first three months after the start of Part A and Part B.											
Special Enrollment Periods (SEP)	Special Enrollment Periods (SEP) 1/1 – 12/31											
	Qualifying beneficiaries can make changes outside of the AEP in accordance with applicable requirements. This is considered a Medicare Special Enrollment Period (SEP) which is a limited time when beneficiaries can make changes to their Medicare Advantage or Medicare drug coverage if then qualify for certain life events such as moving, losing creditable coverage etc.											
Institutionalized (OEPI)	Institutionalized (OEPI) 1/1 – 12/31											
	Open Enrollment Period for institutionalized individuals. Allows people residing in long-term care facilities like nursing homes to switch or enroll in a Medicare Advantage or prescription drug plan regardless of the standard enrollment period.											
Newly Eligible (ICEP/IEP)	1/1 – 12/31											
	<p>If the beneficiaries Part A & B effective date is on or after 1/1/2025: Their election always begins three months prior to the date the individual has both Medicare Part A & and Part B for the first time. It ends on the last date of the second month after the month in which they are first entitled to Part and enrolled in Part B; or the last day pf their Part B IEP, whichever is later.</p> <p>If the beneficiaries Part A and Part B effective dates are prior to 1/1/2025: Their election begins three months prior to the month the individual first had both Part A & B for the first time. It ends on the last day of the month preceding entitlement to both part A & B; or the last day of the individuals Part B IEP whichever is later.</p>											

Note: Beneficiaries 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 Period Examples



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Initial Enrollment Period Examples

The following are examples of election periods related to the Initial Enrollment Period (IEP) and Initial Coverage Election Period (ICEP). For full details, refer to the Enrollment [Election Period Coding – Cheat Sheet](#) in this booklet.

Chris IEP/ICEP Example

Chris is turning 65 in April 2025 and decides to enroll in both Medicare Parts A and B at this time.

Jan	Feb	Mar	Apr	May	June	July
1/1 - 3/31			From January through March , Chris can enroll with an effective date of April 1.			
			April	In April, Chris turns 65. He is eligible for Part A and B.		
			From April through July , Chris can enroll with an effective date that is the first of the month following the month of election.			

ICEP: would be used at any time in this 7-month time frame if Chris enrolls in an MA-Only plan.

IEP: would be used at any time in this 7-month time frame if Chris enrolls in an MAPD or PDP plan.

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

Jane IEP2 Example

Jane was eligible for Medicare Parts A and B due to a disability at age 50 and enrolled in an MAPD plan. Jane is turning 65 in April 2025.

Jan	Feb	Mar	Apr	May	June	July
1/1 - 3/31			From January through March , Jane can enroll in or change MAPD or PDP plans with an effective date of April 1, 2025.			
			April	At age 50, Jane was eligible for Part A and Part B due to a disability. In April 2025, Jane turns 65.		
			From April through July , Jane can enroll with an effective date that is the first of the month following the month of election.			

Jane's election period is IEP2 and she can enroll at any time in this 7-month time frame.

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

Initial Enrollment Period Examples

Ken ICEP – Part B Delayed Example #1 (Part B effective before 1/1/2025)

Ken's 65th birthday was on November 16, 2020. He was eligible for Medicare Part A and Part B beginning November 1, 2020. Because he was still working and had health insurance provided by his employer, he decided not to enroll in Part B during his IEP, and only enrolled in Part A on September 30, 2020 with a Part A entitlement date of November 1, 2020. Upon retiring in November 2024, he will have the opportunity to enroll in Part B (through a Part B SEP). He enrolled in Part B on November 12, 2024, and requested his Part B to be effective as of December 1, 2024.

>> **Ken's Election Period is ICEP Part B delayed.**

Sept	Oct	Nov	Dec
Ken's ICEP was September 1, 2024 to November 30, 2024 based on the end date of the prior rule (see below).			

Prior to **January 1, 2025** Delayed Part B ICEP began three months prior to the month the individual first had both Part A and Part B and ended on the later of:

1. The last day of the month preceding entitlement to both Part & B, or;
2. The last day of Part B IEP

Anna ICEP – Part B Delayed Example #2 (Part B effective after 1/1/2025)

Anna's 65th birthday was on April 20, 2020. She was eligible for Medicare Part A and Part B beginning April 1, 2020. Because she is still working and has health insurance provided by her employer, she decided not to enroll in Part B during her initial enrollment period for Part B. Upon retiring in April 2025, she will have the opportunity to enroll in Part B (through a Part B SEP). She enrolls in Part B effective May 1, 2025. Her ICEP is February 1 through June 30, 2025.

Feb	Mar	Apr	May	June
Anna can enroll between February 1 through June 30, 2025 and her effective date would be May 1, 2025 . Anna can enroll in an MA/MAPD product anytime during this 5 month timeframe				
>> Anna's Election Period is ICEP Part B delayed.				

5 month window - If a person has Medicare Part A and opts out of Medicare Part B when first eligible then later enrolled in Part B, the ICEP would occur during the **three (3) months prior** to the effective date for Part B, the **month of** until the **end of the second month**.

Open Enrollment Period Examples

The following are examples of election periods related to the Medicare Advantage Open Enrollment Period (MA OEP) and Open Enrollment Period Newly Eligible (OEP NEW). For full details, refer to the Enrollment [Election Period Coding – Cheat Sheet](#) in this booklet.

Bella MA OEP Example

Bella enrolled in an MA Plan with an effective date of January 1. In February, she calls her agent to ask about switching to an MAPD Plan. The agent determines that Bella is eligible to make a one-time change during MA OEP because she has been in her current MA Plan since January 1 (or earlier). Bella's effective date in her new MAPD Plan would be March 1.

>> **Bella's election period is MA OEP.**

Jan	Feb	Mar
Effective existing plan MA-only	Switch Request MAPD	Effective new plan MAPD Election period = OEP

In late March, Bella decides she doesn't like her new MAPD plan and wants to switch back to an MA-only plan. Bella has already used MA OEP election and will need to wait for the next AEP to make a switch in plans (unless she experiences a change prior to 12/1 that qualifies her for an SEP).

Mar	Apr - Dec
Switch request	
Not eligible to change plan	

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

Bob turned 65 in April 2024. He decided he didn't want Part B and was going to continue working another year. Bob enrolled in Part B effective April 1, 2025. During his ICEP-delayed Part B, Bob enrolled in an MAPD effective April 1, 2025. It's now June 2025 and Bob wants to change plans. He can change plans effective April-May-June.

>> **Bob's election period is OEP NEW.**

Apr 2024	May 2024	June 2024
Delayed Part B		
Apr 2025	May 2025	June 2025
OEP NEW can be used in April-May-June 2025		

What is Bob's option if he enrolls in Part B but does not enroll in an MA plan using ICEP-delayed Part B effective April 1, 2025? He could use SEP-EGHP loss (employer group health plan) as his election period. His SEP-EGHP is April-May-June (month of loss and 2 months after).

Apr 2025	May 2025	June 2025
No MA plan enrollment	Effective new MA plan Election period = SEP-EGHP	Effective new MA plan Election period = SEP-EGHP
	or	

Open Enrollment Period Examples

Tom MA OEP NEW Example #1

After a trip to the pharmacy in late February, Tom was surprised by his drug costs and called his agent to ask about switching to a different MAPD Plan. Tom's Part A and B effective dates are February, so he has the month of effective date (February) plus 2 months (March and April) to make a change. The effective date of his new MAPD Plan could be March or April.

>> Tom's election period is MA OEP NEW.

Feb	Mar	Apr
Part A and B effective Enrolled in MAPD Switch request to another MAPD	Effective new plan MAPD Election period = OEP NEW	Effective new plan MAPD Election period = OEP NEW

In March, Tom wants to switch his plan again. He can switch only if he has an SEP.

Mar	Apr - Dec
Switch request	

Not eligible to change plan unless has an SEP

Doug MA OEP NEW Example #2

Doug was eligible for Part A and B in September and enrolled in an MA plan. In October, he wants to change his MA Plan to another MA plan with a November 1 effective date. Because he's within his newly eligible effective months, Doug can change to another MA only or MAPD plan.

>> Doug's election period is OEP NEW.

Note: MA OEP would not apply because it is not January – March.

Sept	Oct	Nov
Part A and B effective Enrolled in MA-only	Switch request MA only	Effective new plan MA only Election period = OEP NEW (September-October-November)

Note: MA OEP would not apply because it is not January – March.

In January, Doug wants to change plans again. He can use MA OEP because he was enrolled in an MA plan on January 1 and has not yet used MA OEP for the new calendar year (Jan 1 – Mar 31).

Special Enrollment Period Examples

Special Enrollment Periods (SEP) allow beneficiaries 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).

Jill SEP Dual or LIS Example #1

In January 2025, Jill receives notification that she is losing her Medicaid status February 1. In January 2025, she decides to change to a Cigna Healthcare MAPD plan. Jill qualifies to change her plan (SEP-Dual LIS change in status) beginning the month of her notification or the month of change, whichever is later, and up to 2 months following (a total of 3 months). In this scenario, Jill 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.

>> Jill's Special Election Period is SEP-Dual LIS Change in Status.

Jan	Feb	Mar	Apr
1/1	Notified of a change in status (loss of Medicaid). Request switch MAPD		
Effective date of new MAPD Election Period = SEP Dual/LIS is the first day of the month after a completed application is submitted.			
Qualifying change in status			

Joe SEP Dual or LIS Example #2

Joe is fully dual eligible and currently only has Original Medicare and Medicaid, as well as a standalone PDP plan. In January he realizes that his PDP plan no longer meets his needs. After meeting with a local agents, he decides to enroll in a new PDP plan. Because Joe is fully dual eligible he can use his SEP Dual LIS once per month to enroll in a new PDP plan. This SEP can not be used to switch from a PDP plan to a MAPD plan.

>> Joe's Special Election Period is SEP-Dual LIS.

January	February
Enrolled in standalone PDP	Switch to a new standalone PDP
Qualifying monthly change	

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

Special Enrollment Period Examples

Jen SEP Dual or LIS Example #3

Jen is low income and becomes eligible to receive full Medicaid benefits effective June 1, 2025. Jen 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).

>> **Jen's Special Election Period is SEP-Dual LIS Change in Status.**

June	July	August
June 1 fully dual eligible status	Eligible status (Gained Medicaid)	
Qualifying change in status		

Enzo SEP Dual or LIS Example #4

Enzo is fully dual eligible. In January he hears about a plan that has additional benefits that his current DSNP plan does not have. Because he meets the qualifications to use SEP-INT, his agent is able to help him enroll into a plan once per month that is either a FIDE (Fully Integrated Dual Eligible), HIDE (Highly Integrated Dual Eligible), or an AIP (Applicable Integrated Plan). In this scenario, Enzo selected a plan in January so he is within his one time per month window. He can make this change once a month as long as the plan he enrolls into is a HIDE, FIDE or AIP.

>> **Enzo's Special Election Period is SEP-Dual LIS.**

Jan	Feb
Enrolls in SEP-INT	Status changes effective February 1 to new DSNP
Qualifying change in status	

Special Enrollment Period Examples

Omar SEP – Loss of EGHP

Omar receives notification from his employer in June that he will be losing his employer group coverage in July and the Group allows enrollment changes. Omar is eligible to enroll in a MA-only or MAPD for the next three months July - August - September.

>> Omar's Special Election Period would be SEP-Loss of EGHP.

June	July	Aug	Sept
Notification of losing coverage	Choice of July 1 , August 1 , or September 1 effective date		

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

In June, Kye, who is 72 years old, notifies his employer that he will retire in January. Kye will sign up for Part B three months prior to his retirement and his employer informs him that they allow enrollment changes. In January, Kye is dissatisfied with his plan choice and decided to submit a new application.

<< Kye's Special Election Period is SEP-Loss of EGHP.

June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
	Retirement notification			Can enroll in MA/MAPD ICEP – Part B delayed				Retired Part B effective		
							New application SEP-Loss of EGHP • Enroll January , effective February, March, or April 1 • Enroll February , effective March, or April 1 • Enroll March , effective April 1			

Special Enrollment Period Examples



Don SEP – Change of Residence

In May, Don notifies Cigna Healthcare that he is moving to a new address June 18. His election period will begin in May. Don may choose an effective date up to three months after the month in which the plan receives the enrollment.

>> Don's Special Election Period would be SEP-Change of Residence.

May	June	July	Aug	Sept
Notification of move	Move	Choice of July 1, August 1, or September 1 effective date		

If Don hadn't notified Cigna Healthcare until **June** (the month of his move), his effective date choices would be the same as above.

May	June	July	Aug	Sept
	Notification and move	Choice of July 1, August 1, or September 1 effective date		

If Don hadn't notified Cigna Healthcare until **July** (after his move), his effective date choices would be:

June	July	Aug	Sept	Oct
Move	Notification	Choice of August 1, September 1, or October 1 effective date		

Special Enrollment Period Examples

Tia 5-Star SEP Example

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

>> Tia's Special Election Period would be SEP 5-Star..

Dec 8, 2024 - Nov 30, 2025
Submit application from December 08, 2024 through November 30, 2025 .

Will Corresponding PDP 5-Star SEP Example

In April, Will enrolls in another carrier's MA-Only 5-Star PFFS Plan but quickly decides he wants to enroll in a Cigna Healthcare PDP. Will has April, May, and June to pick a corresponding PDP (does not have to be a 5-star PDP) using SEP. The last possible effective date Will can have is July 1.

>> Will's Special Election Period would be SEP Corresponding PDP 5-Star.

Apr	May	June
Effective existing plan MA-Only 5-Star PFFS Plan		
Switch Request to standalone PDP		
Enroll April, effective May 1 Enroll May, effective June 1 Enroll June, effective July 1		

Election Period Coding – “Cheat Sheet”

Application Coding

For all Enrollment Applications, an appropriate and applicable election period must be selected. If an election period is missing or incorrect, this can cause delays or denials of enrollment. For a more detailed description, please review the “Enrollment Period Details” that begin on [page 21](#).

How You Qualify	Election Period Description	MA Election Period Code	PDP Election Period Code
I am new to Medicare.	Newly Eligible (IEP/ICEP) - MA/MAPD Newly Eligible (IEP) - PDP	NEW (MA-Only) NEW (MAPD)	NEW
I was eligible for Medicare previously but have recently turned 65.	Age-In (Eligible Prior to Age 65)	MRD (MAPD)	MRD
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	ICE (delayed Part B enrollment) (MA/MAPD) OEP NEW (MA/MAPD)	N/A for prescription drug plans
I am newly eligible for Parts A and B, enrolled in an MA Only, MAPD, or SNP plan and changing to an MA Only, MAPD, or SNP plan.	Open enrollment newly eligible	OEP NEW (MA/MAPD)	N/A for Prescription Drug Plans
I am enrolled in an MA Only, MAPD, or SNP plan January 1 and changing to an MA Only, MAPD, or SNP plan, or go back to original Medicare with or without PDP.	Medicare Advantage Open enrollment Election runs January 1 – March 31	OEP (MA/MAPD)	SEP-OEP
I would like to enroll during the Annual Enrollment Period.	MA/MAPD/PDP Eligible (Annual Enrollment Period, AEP, 10/15 – 12/07)	AEP (MA/MAPD)	AEP

Election Period Coding – “Cheat Sheet”

How You Qualify	Election Period Description	MA Election Period Code	PDP Election Period Code
<p>I have Medicare and Medicaid or I get Extra Help paying for Medicare drug costs. I want to switch to a different Medicare drug plan.</p> <p>I have Medicare and Medicaid, or I get Extra Help paying for Medicare drug coverage. I want to drop my Medicare Advantage Plan with drug coverage and return to Original Medicare and join a separate Medicare Drug plan.</p>	Dual LIS (Maintaining Dual or LIS status)	N/A for MA Plans	SEP-DEP – PDP only
I recently had a change in my Medicaid (newly acquired Medicaid, had a change in my level of Medicaid, or lost Medicaid) (Gain, Change, or Loss of Medicaid).	Dual LIS (change in status) (Gain, Change, or Loss of Medicaid)	SEP-MCD	SEP-MCD
I recently had a change in my Extra Help paying for my drug costs (newly acquired Extra Help, had a change in my level of Extra help, or lost Extra Help) (Gain, Change, or Loss of Extra Help).	Dual LIS (change in status) (Gain, Change, or Loss of Extra Help)	SEP-NLS (MAPD or PDP)	SEP-NLS
I have Medicare and get full Medicaid benefits. I want to join or switch a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)).	Dual LIS (Maintaining Dual or LIS status)	SEP-INT (highly integrated and fully integrated)	N/A for Prescription Drug Plans
I have a Chronic Condition and I'm not enrolled in a Chronic SNP for that condition.	Chronic Condition	SEP-CSN Chronic (MAPD)	N/A for Prescription Drug Plans

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Election Period Coding – “Cheat Sheet”

How You Qualify	Election Period Description	MA Election Period Code	PDP Election Period Code
I was enrolled in a Chronic Plan, but I no longer qualify to be in that plan (or couldn't verify Chronic condition).	Chronic SNP Non-Eligibility (Loss of SNP status)	SEP-SNP Loss of SNP Status (MA, MAPD or PDP)	SEP-SNP Loss of SNP Status
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-MOV (MA/MAPD) • SEP-RUS • SEP-INC 	<ul style="list-style-type: none"> • SEP-MOV • SEP-RUS • SEP-INC
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	SEP-OEPI (MA/MAPD)	<ul style="list-style-type: none"> • SEP-IIP • SEP-IND
I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's).	Involuntary Loss of Creditable Coverage	SEP-LCC (MAPD)	SEP-LCC
I am leaving employer or union coverage.	Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	SEP-LEC	SEP-LEC
I am gaining employer or union coverage.	Gain Employer Group Coverage	SEP-Gain of EGHP Coverage (MA/MAPD)	SEP-Gain of EGHP Coverage
My plan is no longer offered for my area.	Non-Renewing	SEP-Contract Non-Renewal (MA/MAPD)	SEP-Contract Non-Renewal
My plan is not renewing the cost plan for my area.	Non-Renewing Cost Plan	SEP-Cost (MA/MAPD)	SEP-Cost

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Election Period Coding – “Cheat Sheet”

How You Qualify	Election Period Description	MA Election Period Code	PDP Election Period Code
My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.	Termination of Plan Contract	SEP-Contract Termination (MA/MAPD)	SEP-Contract Termination
My Medicare eligibility was approved with a retroactive start date.	Retro Medicare Determination	<ul style="list-style-type: none"> • SEP-RET • IEP (MAPD) 	IEP
I recently lost my pharmacy assistance program provided by my state.	SPAP Loss of Eligibility	SEP-PAP Enrollee (MAPD)	SEP-PAP Enrollee
I belong to a pharmacy assistance program provided by my state.	SPAP Beneficiaries	SEP-PAP Enrollee (MAPD)	SEP-PAP Enrollee
I am in a plan that CMS deems to have had a significant change to my network and allows me the opportunity to make a change.	Significant Change in Provider Network	Not for agent use - only for CMS	Not for agent use - only for CMS
I recently left a PACE program.	PACE	SEP-PAC (MA/MAPD)	SEP-PAC
Beneficiaries currently enrolled in MAPD or standalone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or TRICARE For Life.	Disenrolling from MA into stand-alone PDP	SEP-CDC (MA only)	Disenrollment Election Only
I am enrolled in another carrier’s plan that was placed into receivership by the state.	SEP for individuals enrolled in a plan placed in receivership	SEP-REC (requires approval)	SEP-REC (requires approval)

Election Period Coding – “Cheat Sheet”

How You Qualify	Election Period Description	MA Election Period Code	PDP Election Period Code
I disenrolled from a cost plan and the optional supplemental Part D benefit.	Beneficiaries disenrolling from a cost plan and the cost plan’s optional supplemental Part D benefit	N/A for MA Plans	SEP-Leaving Optional Part D Cost
I have lost my Part B coverage.	Loss of Part B	N/A for MA Plans	SEP-Lost MAPD and Part B
I dropped my Medigap coverage to enroll in an MA/MAPD plan for the first time. I am in my trial period and I want to go back to Original Medicare.	Beneficiaries in an MAPD who drop Medigap and are in Trial period	N/A for MA Plans	SEP-12G
I enrolled in an MA/MAPD plan upon turning 65. I want to leave that plan and go back to Original Medicare.	First Time MA Beneficiaries (Age-In)	N/A for MA Plans	SEP-65
I was enrolled into a plan by CMS or my state.	CMS or state auto-enrollment	SEP-DIF (requires approval)	SEP-DIF (requires approval)
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 MA plans	SEP-Corresponding PDP 5-Star
I would like to enroll in a qualifying Cigna Healthcare Medicare 5-Star Medicare Advantage plan.	Enroll in a qualifying Cigna Healthcare 5-Star Medicare Advantage plan	SEP-5ST	N/A for Prescription Drug Plans
I am in a plan that’s had a star rating of less than 3 stars for the last 3 years. You want to join a plan with a star rating of less than 3 stars for the last 3 years. You want to join a plan with a star rating of 3 stars or higher.	SEP for individuals enrolled in a plan that has been identified by CMS as a consistent poor performer	SEP-LPI	SEP-LPI

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Election Period Coding – “Cheat Sheet”

How You Qualify	Election Period Description	MA Election Period Code	PDP Election Period Code
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	Beginning 4/1/2025 Disaster SEP is NO LONGER AVAILABLE. Beneficiaries must call 1-800-Medicare in order to make an election.	Beginning 4/1/2025 Disaster SEP is NO LONGER AVAILABLE. Beneficiaries must call 1-800-Medicare in order to make an election.
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-ACC (requires approval)	SEP-ACC (requires approval)
I am a non-U.S. citizen who became lawfully present in the U.S.	Individuals who become lawfully present in the U.S. may enroll in an MA, MAPD or PDP	SEP-LAW	SEP-LAW
I enrolled in Part B during the Part B GEP (General Enrollment Period) and not entitled to premium-free Part A.	Begins when the individual submits their Part B application and ends after the first two months of Part B enrollment	SEP-PRE	SEP-PRE



Election Period Details



Click a topic to jump to that page.

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

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Beneficiaries Newly Entitled to Medicare or Medicare Part D					
Newly Eligible (IEP/ICEP)	<ul style="list-style-type: none"> • Entitled to and has BOTH Part A and B for the first time • The beneficiary is not required to submit proof of entitlement • The plan is required to verify Medicare entitlement • Medicare Entitlement Letter • Copy of Medicare ID Card or SSA Award Letter 	<p>7 month Election Period</p> <p>Begins 3 months before month of entitlement.</p> <p>Includes the birthday month</p> <p>Ends last day of third month after month of the earlier effective date of Part A/B entitlement (usually 65th birthday).</p> <p>NOTE: The end of the ICEP is generally the end of the beneficiary's initial enrollment period for enrolling into Part B. The 7-month period is usually centered on the earlier of the Part A date or Part B date.</p>	<ul style="list-style-type: none"> • Enrollment request made prior to month of eligibility, effective date is first day of the month of eligibility. • Enrollment request made during or after first month of eligibility, effective date is first day of the month following the month of election. • Generally, a beneficiary with a birth date of the first 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). 	<ul style="list-style-type: none"> • 1 Election • Enroll into MA-Only or MAPD 	<p>Code: NEW (if MA-Only election)</p> <p>Code: NEW (if MAPD election)</p>

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Beneficiaries Newly Entitled to Medicare or Medicare Part D					
Age-In (Eligible prior to age 65)	<ul style="list-style-type: none"> • Turning 65 <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • Was eligible for Medicare prior to age 65 • The beneficiary is not required to submit proof of entitlement • The plan is required to verify Medicare entitlement • Copy of Medicare ID Card or SSA Award Letter 	<p>7 month Election Period</p> <p>Begins 3 months before month of entitlement. Includes the birthday month.</p> <p>Ends last day of third 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 beneficiary with a birth date of the first 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). 	<ul style="list-style-type: none"> • 1 Election • Enroll into or change MAPD plan 	<p>Code: MRD</p>

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Beneficiaries Newly Entitled to Medicare or Medicare Part D					
Enrolling into Part B after delaying enrollment	<p>Prior to January 1, 2025 Delayed Part B ICEP began three months prior to the month the individual first had both Part A and Part B and ended on the later of:</p> <ul style="list-style-type: none"> The last day of the month preceding entitlement to both Part & B <p>Part B effective after January 1, 2025 Delayed Part B is a five months window. The ICEP would occur during the three (3) months prior to the effective date of Part B, the month of and to the end of the second month.</p>	<p>Begins 3 months before Part B effective date.</p> <p>Ends last day of the month before Part B effective date.</p> <p>Begins during the 3 months prior to the effective date for Part B, and the month of.</p> <p>Ends the last day of the second month.</p>	<p>Must be equal to Part B effective date.</p> <p>Note: Application must be received prior to Part B effective date.</p>	<ul style="list-style-type: none"> 1 Election Enroll into MA-Only or MAPD 	<p>Code: ICEP (due to delayed Part B enrollment)</p> <p>Code: ICE (due to delayed Part B enrollment)</p>
Enrolled into Part B during the Part B General Enrollment Period (GEP)	There is no SEP-GEP Part B for Medicare Advantage. However, the beneficiary may qualify for other election period options.				

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

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Newly Eligible/Open Enrollment Period (OEP)/Annual Enrollment Period (AEP)					
Newly eligible for Part A and B	<ul style="list-style-type: none"> Individual must be enrolled in an MA Only, MAPD and within the first 3 months of their Part A and Part B start date Current health insurance plan card Copy of Medicare ID Card or SSA Award Letter 	<p>Begins the first month of Part A and B start dates.</p> <p>Ends the last day of the third month of their Part A and B start dates.</p>	Effective date will be the first day of the month following receipt of election.	1 Election	Code: OEP NEW
Open Enrollment Period	<ul style="list-style-type: none"> Individual must be enrolled in an MA Only or MAPD Current health insurance plan card 	<p>Begins 1/1</p> <p>Ends 3/31</p>	Effective date will be the first day of the month following receipt of election.	1 Election to enroll into MA-Only or MAPD (Can also be used to enroll in standalone PDP and disenroll from MA; see PDP section for SEP)	Code: OEP
Annual Enrollment Period	<ul style="list-style-type: none"> Entitle to and has BOTH Part A and B Medicare entitlement letter Copy of Medicare ID Card or SSA Award Letter The agent is not required to submit proof of entitlement; however, documentation is encouraged to be sent with a paper application 	<p>Begins 10/15</p> <p>Ends 12/07</p>	<ul style="list-style-type: none"> December 31 disenrollment effective date <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> January 1 enrollment effective date 	N/A Note: last election made, determined by the application date, will be the election that takes effect.	Code: AEP

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Low Income Beneficiaries					
Gain, Change, or Loss	Individuals who Gain, Lose or have a change in their LIS-Eligible Status have a SEP which includes those who: <ul style="list-style-type: none"> • Become eligible for LIS (but who do not receive Medicaid benefits); or • Lose eligibility for any type of assistance • The SEP allows the individual one opportunity to make an election within three months of any of the changes noted above, or notification of such a change, whichever is later. The effective date for enrollments under this SEP is the first day of the month following receipt of the enrollment request 	An individual may make an election using this SEP within three months of the gain, change or loss, or notification of such a change, whichever is later.	Effective date will be the first day of the month following receipt of election.	1 Election	Code: SEP-MCD Reason: Gain, Change, or Loss
Gain, Change, or Loss	Individuals who gain, change, or experience a loss in their eligibility for the Low-Income Subsidy (LIS) are entitled to a Special Enrollment Period (SEP). This includes those who: <ul style="list-style-type: none"> • Become eligible for LIS (without receiving Medicaid benefits) • Lose eligibility for any type of assistance 	During this SEP, individuals have one opportunity to make their election within three months following the change in status or the notification of that change-which ever comes later.	Enrollment will take effect on the first day of the month after the enrollment request is received.	1 Election	Code: SEP-NLS Reason: Gain, Change, or Loss

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Low Income Beneficiaries					
Fully Dually Eligible individuals	<ul style="list-style-type: none"> • Full Medicaid Dual Eligible Individuals, (FBDE, QMB+, SLMB+) with full-scope Medicaid and enrolled, or enrolling in, D-SNPs aligned with Medicaid MCO (Managed Care Organization) • SSA or Medicaid Award Letter (if letter shows Medicaid level) 	SEP allows opportunity to change once per month and can only be used to join or switch to specific types of D-SNPs on a monthly basis. Note: It only allows enrollment in a D-SNP that is considered to be either HIDE or FIDE.	Effective date will be the first day of the month following receipt of election.	1 Election per month	Code: SEP-INT Reason: Integrated Dual Special Needs Plan (D-SNP)

For Cigna Healthcare plan year 2025, the following TotalCare Plus plans are eligible to use SEP INT (in specified markets below):

H5410-025

Cigna TotalCare Plus (HMO D-SNP)
Central Florida – Orlando

H5410-032

TotalCare Plus (HMO D-SNP)
Central Florida – Tampa

H5410-047

Cigna TotalCare Plus (HMO D-SNP)
South Florida – Southwest Florida

H5410-031

Cigna TotalCare Plus (HMO D-SNP)
Central Florida – Central Florida

H5410-042

Cigna TotalCare Plus (HMO D-SNP)
Alabama – North Florida

H5410-049*

Cigna TotalCare Plus (HMO D-SNP)
South Florida – Southeast Florida

*This plan is non-commissionable.

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Chronically Ill Beneficiaries					
Chronic Condition	<ul style="list-style-type: none"> Beneficiary has a severe or disabling chronic condition(s) that an appropriate Cigna Healthcare SNP is designed to serve AND Beneficiary is not currently enrolled in a chronic SNP serving that condition Form: "Authorization for Use or Disclosure of Health Information" (authorization from Cigna Healthcare allowing contact with physician) Letter attesting to severe or disabling condition from provider (to expedite the process) 	<p>Begins upon qualification of disabling condition.</p> <p>Ends when enrolled in SNP.</p>	First day of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election Only to be used for enrolling into a chronic SNP serving beneficiary's condition; cannot use this SEP to enroll into any other plan. 	<p>Code: SEP-CSN Chronic</p> <p>Reason: Special Need/Chronic</p>
Chronic SNP Non-Eligibility	<ul style="list-style-type: none"> Beneficiary enrolled in a chronic SNP who is not verified for enrollment and is disenrolled two months after the effective date. Beneficiary Attestation Letter attesting to non-eligibility for chronic SNP (from carrier) 	<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.	<ul style="list-style-type: none"> 1 Election Enroll into MAPD or PFFS (MA-Only) if accompanied by a PDP enrollment. Beneficiary cannot drop Part D. 	<p>Code: SEP-SNP Loss of SNP Status</p> <p>Reason: Special Need Chronic</p>

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Beneficiaries Who Move					
Change in Residence	<ul style="list-style-type: none"> • Permanently moved outside plan's service area • Incarcerated individuals who have now been released • Individuals who were not eligible for an MA because they have been out of U.S. and have moved back • Permanent move that results in the availability of new Medicare health or Part D plans • Beneficiary 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 beneficiary notified current plan of the move or the month the beneficiary was termed by the plan due to residing outside of the service area (This only applies if the beneficiary moved. Election not available if beneficiary failed to respond to Out of Area letters.) Ends 2 months after notification of move or after notification of Plan term.</p>	First day of the month up to 3 months after receipt of election but not earlier than the day of move.	<ul style="list-style-type: none"> • 1 Election • Enroll into PDP <p>Note: Please ensure new address is entered on the application</p>	<p>Code: SEP-MOV</p> <p>Reason: Change in Residence</p> <p>Code: SEP-RUS</p> <p>Reason: Moved back to the U.S.</p> <p>Code: SEP-INC</p> <p>Reason: Released from jail</p>

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Institutionalized Beneficiaries					
Institutionalized	<ul style="list-style-type: none"> 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. Beneficiary Attestation Facility Address & Contact Information 	<p>Moves in or Resides in: Begins first day institutionalized. Ends 2 months after discharge.</p> <p>Moves out: Begins first day discharged. Ends 2 months later.</p>	First day of the month following receipt of election.	<ul style="list-style-type: none"> Continuous Enroll into MA-Only, MAPD, or Disenroll 	<p>Code: SEP-OEPI SEP-IIP (PDP Only)</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>Note: Does NOT include loss of coverage due to nonpayment of premium</p> <ul style="list-style-type: none"> Beneficiary 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 beneficiary requests, up to 2 months from the end of the SEP.	<ul style="list-style-type: none"> 1 Election Enroll into MAPD (Enrollment into MA-Only not allowed) 	<p>Code: SEP-LCC</p> <p>Reason: Invol. Loss of Creditable Cvg</p>

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Change in Employer Group Health Plan					
Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	<ul style="list-style-type: none"> • Voluntary/involuntary termination of group coverage • Beneficiary 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.</p> <p>Ends 2 months after group coverage ends.*</p> <p>*Must be enrolled in Part B to elect MA/MAPD plan.</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.	<ul style="list-style-type: none"> • 1 Election • Enroll into MA-Only, MAPD, or Disenroll into Original Medicare 	<p>Code: SEP-LEC</p> <p>Reason: Loss of EGHP Coverage</p>
Gain Employer Group Coverage	<ul style="list-style-type: none"> • Gain or enroll into employer group coverage • Beneficiary Attestation • Group Letter describing coverage 	<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.	<ul style="list-style-type: none"> • 1 Election • Enroll into MA-Only, MAPD, or Disenroll into Original Medicare 	<p>Code: SEP-Gain of EGHP Coverage</p> <p>Reason: Gain of EGHP Coverage</p>

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

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Termination/Non-Renewal					
Non-Renewing	<ul style="list-style-type: none"> Plan no longer offered in area Beneficiary Attestation Copy of Non-Renewal Notice 	<p>Begins December 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 	<ul style="list-style-type: none"> 1 Election Enroll into MA-Only or MAPD 	<p>Code: SEP-Contract Non-Renewal</p> <p>Reason: Contract Non-Renewal</p>
Non-Renewing Cost Plan	<ul style="list-style-type: none"> Cost Plan no longer offered in area Beneficiary Attestation Copy of Non-Renewal Notice 	<p>Begins December 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 	<ul style="list-style-type: none"> 1 Election Enroll into MA-Only or MAPD 	<p>Code: SEP-Cost</p> <p>Reason: Cost</p>
Termination of Plan Contract	<ul style="list-style-type: none"> Contract terminated with/without mutual consent of Medicare Beneficiary Attestation Copy of Termination Notice 	<p>With mutual consent</p> <p>Begins 2 months before proposed termination date.</p> <p>Ends 1 month after effective date of termination.</p> <p>Without mutual consent</p> <p>Begins 1 month before termination is effective.</p> <p>Ends 2 months after effective date of termination.</p>	<p>With Mutual Consent</p> <p>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>Without Mutual Consent</p> <p>First day of the month after notice received up to 3 months after month of termination but not earlier than receipt of election.</p>	<ul style="list-style-type: none"> 1 Election Enroll into MA-Only, MAPD, or Disenroll into Original Medicare 	<p>Code: SEP-Contract Termination</p> <p>Reason: Contract Termination</p>

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
Retro Medicare Determination	<ul style="list-style-type: none"> • SEP-RET is for an individual who has not been provided the opportunity to enroll in a plan during their ICEP/IEP, due to administrative delays. This begins the month the individual receives the notice of the Medicare entitlement retroactive determination and continues for two (2) additional months after the month the notice is provided • Beneficiary 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.	<ul style="list-style-type: none"> • 1 Election • Enroll into MA-Only or MAPD 	<p>Code: SEP-RET</p> <p>Reason: Retro Medicare Determination (if MA-Only election)</p> <p>Code: IEP (if MAPD election)</p>
SPAP Loss of Eligibility	<ul style="list-style-type: none"> • Beneficiaries of qualified SPAPs who lose SPAP eligibility. • Beneficiary Attestation • Letter attesting to loss of SPAP eligibility (from State) 	<p>Begins month the loss of eligibility notification is received.</p> <p>Ends second month after month notice is received.</p>	First day of the month following receipt of election.	<ul style="list-style-type: none"> • 1 Election • Enroll into MAPD (Enrollment into MA-Only not allowed, and disenrollment from Part D not allowed). 	<p>Code: SEP-PAP Enrollee</p> <p>Reason: SPAP Enrollee</p>

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

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
SPAP Beneficiaries	<ul style="list-style-type: none"> Individuals who belong to a qualified SPAP Beneficiary Attestation State Facilitation Letter (from State) 	One election per calendar year for SPAP beneficiaries.	First day of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election Enroll into MAPD (Enrollment into MA-Only not allowed) One election is allowed each subsequent calendar year for beneficiaries who remain SPAP beneficiaries. 	Code: SEP-PAP Enrollee Reason: SPAP Enrollee
Significant Change in Provider Network	<ul style="list-style-type: none"> Beneficiary is assigned to, currently receiving care from, or has received care within the past three months from a provider or facility being terminated from the MA (or MA-PD) plan's provider network Letter from carrier notifying Beneficiary of provider or facility termination AND availability of SEP 	Begins the month the Beneficiary receives notification of eligibility. Ends two calendar months after Beneficiary receives notification of eligibility.	First day of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election Enroll into MA-Only or MAPD 	Code: Not for agent use - only for CMS Reason: Significant Network Termination

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
PACE	<ul style="list-style-type: none"> Beneficiary enrolling or disenrolling from PACE Beneficiary Attestation PACE Enrollment Letter (from PACE provider) PACE Beneficiary 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: May disenroll from plan at any time to enroll in PACE.</p>	First day of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election Enroll into MA-Only or MAPD 	<p>Code: SEP-PAC</p> <p>Reason: PACE Switcher</p>
Eligible for Other Creditable Coverage	<ul style="list-style-type: none"> Beneficiaries currently enrolled in MAPD or standalone Part D plan are allowed to disenroll from their Part D/MA-PD plan to enroll in an MA-Only plan while maintaining other types of creditable coverage, i.e. VA or TriCare For Life Beneficiary Attestation Statement of Proof from Other Coverage 	<p>Begins upon the individual's disenrollment from the Part D plan.</p> <p>Ends the first day of the month following the month in which a disenrollment request is received by the plan.</p>	First day of the month following receipt of disenrollment request.	<ul style="list-style-type: none"> 1 Election Enroll into MA-Only (if leaving an MAPD) or Disenroll into Original Medicare 	<p>Code: SEP-CDC</p> <p>Reason: Eligible for Other Creditable Coverage</p>
SEP for Individuals Enrolled in a Plan Placed in Receivership	<ul style="list-style-type: none"> Individuals enrolled in a plan offered by an MA organization that has been placed into receivership by a state or territorial regulatory authority Beneficiary Attestation 	SEP begins the month the receivership is effective and continues until it is no longer in effect or until the enrollee makes an election, whichever occurs first.	Effective date will be the first day of the month following receipt of election.	1 Election (This new election period is available beginning 1/1/21)	<p>Code: SEP-REC</p> <p>Reason: Receivership</p>

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
Loss of Part B			Not Applicable for Medicare Advantage Plans		
First Time MA Beneficiary (Age-In)			Not Applicable for Medicare Advantage Plans		
Beneficiaries who drop Medigap and are in Trial Period			Not Applicable for Medicare Advantage Plans		
Enroll in any PDP with the 5-Star SEP			Not Applicable for Medicare Advantage Plans		
Beneficiaries disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit			Not Applicable for Medicare Advantage Plans		

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

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
Individual Enrollment into plan by CMS/ State	<ul style="list-style-type: none"> • Must have been enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process) • Confirm individual was enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process) 	<p>Begins start of coverage in receiving plan.</p> <p>Ends last day of the third month of the start of coverage in receiving plan.</p> <p>Note: In the case where the notice is sent after the coverage in the receiving plan starts the SEP ends 3 months after the day of notice.</p>	Effective date will be the first day of the month following receipt of election.	<ul style="list-style-type: none"> • 1 Election • SEP permits a one-time election within 3 months of the effective date of assignment or notification of the assignment, which is later. 	<p>Code: SEP-DIF</p> <p>Reason: CMS/State Assignment</p>
Enroll in a qualifying Medicare Advantage plan with the 5-Star SEP	<ul style="list-style-type: none"> • Reside in a county within the 5-Star plan's service area • An individual using this SEP can enroll in an MA-Only or an MAPD plan, even if coming from Original Medicare (with or without concurrent enrollment in a PDP). • Enrollment into a qualifying 5-Star plan. 	One election for an effective date within the plan contract year.	<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>	<ul style="list-style-type: none"> • 1 Election from 12/8 through 11/30 of the following year in which the plan received the 5-star overall rating. • Enroll into MA-Only or MAPD 	<p>Code: SEP-5ST</p> <p>Reason: 5 Star</p>

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

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
SEP for Individuals Enrolled in a Plan That Has Been Identified by CMS as a Consistent Poor Performer	<ul style="list-style-type: none"> Individuals enrolled in a plan that has been identified with the low performing icon. Beneficiary Attestation 	SEP begins when the Consistent Poor Performer designation is assigned, and ends when the beneficiary leaves the low performing plan.	Effective date will be the first day of the month following receipt of election.	1 Election (This new election period is available beginning 1/1/21)	Code: SEP-LPI Reason: Low Performing
Individuals affected by a Disaster or Other Emergency Declared by a Federal, State or Local Government Entity	<ul style="list-style-type: none"> Individuals who were eligible for another election period at the time of the SEP eligibility period and did not make an election during that other valid election period due to the disaster or other emergency Review FEMA Website to confirm individual or individual's Auth Rep/POA resides or resided in the affected area at the start of the incident period Confirm individual had a valid election period at the time of the incident period and valid election period was not used. 	Starts as of the date the declaration is made, the incident start date or, if different, the start date identified in the declaration, whichever is earlier. The SEP ends 2 full calendar months following the end date identified in the declaration or, if different, the date the end of the incident is announced, whichever is later.	Beginning 4/1/2025 Disaster SEP is NO LONGER AVAILABLE. Beneficiaries must call 1-800-Medicare in order to make an election.	Not available	Code: NA Reason: Declared Disaster/ Emergency

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

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
SEP for Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions	<ul style="list-style-type: none"> • Cigna Healthcare or CMS granted election only • CMS will grant the election period when the Plan or Cigna Healthcare was unable to provide required notices or information in an accessible format and appropriate timeframe • Cigna Healthcare or CMS granted election only 	Start and End of the SEP are dependent upon situation.	Effective date are dependent upon situation.	1 Election	Code: SEP-ACC Reason: Materials
SEP for Individuals Who Enroll in Medicare Premium Part A or Part B using an Exceptional Condition SEP	<ul style="list-style-type: none"> • Individuals who enrolled into Medicare Premium Part A or Part B using an exceptional condition SEP • Medicare Parts A and/or Part B became active within the past 2 months 	SEP begins when the individual submits their application for premium-Part A and Part B, or Part B only if the individual is already entitled to Part A (or is enrolling in premium-free Part A within the timeframe for use of this SEP), and continues for the first 2 months of enrollment in premium Part A or Part B.	First date of the month following receipt of election.	1 Election	Code: Not for agent use - only for CMS Reason: TBD by CMS

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

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
Non-U.S. Citizens who Become Lawfully Present	Individuals who become lawfully present in the U.S. may enroll in an MA, MAPD or PDP for which he/she is eligible.	Begins the month the lawful presence starts Ends when the individual makes an enrollment request or two (2) full calendar months after the month it begins, whichever occurs first.	First day of the month following receipt of enrollment request.	1 Election	Code: SEP-LAW Reason: Beneficiary recently received lawful presence status in the U.S.
Enrolled into Part B during the Part B General Enrollment Period (GEP)	Not entitled to premium-free Part A & enrolled in Part B during the GEP for Part B The beneficiary is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. • Beneficiary Attestation • Copy of Medicare ID Card or SSA Award Letter	Begins 01/01 Ends 05/31 The SEP begins when the individual submits their Part B application and continues for the first 2 months of Part B enrollment. Note: The GEP period to enroll into Medicare Part B remains 01/01 - 03/31. The timeframe we can receive the enrollment application for a MAPD or PDP plan would be from 01/01 - 05/31.	February 1 – July 1 Effective date will be the first day of the month following receipt of election.	• 1 Election • Enroll into MAPD or PDP	Code: SEP-PRE Reason: GEP Part B (valid only 01/01 - 05/31)

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Beneficiaries Newly Entitled to Medicare or Medicare Part D					
Newly Eligible (IEP)	<ul style="list-style-type: none"> Entitled to and has EITHER A or B for the first time* *For PDP elections, beneficiary only has to have Part A or Part B to be eligible. The beneficiary is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement Medicare Entitlement Letter Copy of Medicare ID Card or SSA Award Letter 	<p>7 month Election Period Begins 3 months before month of entitlement.</p> <p>Includes the birthday month</p> <p>Ends last day of third month after month of the earlier effective date of Part A/B entitlement (usually 65th birthday).</p> <p>Note: The 7-month period is usually centered on the earlier of the Part A date or Part B date.</p>	<ul style="list-style-type: none"> Enrollment request made prior to month of eligibility, effective date is first day of the month of eligibility Enrollment request made during or after first month of eligibility, effective date is first day of the month following the month of election Generally, a beneficiary with a birth date of the first 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) 	<ul style="list-style-type: none"> 1 Election Enroll into PDP 	Code: NEW

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Beneficiaries Newly Entitled to Medicare or Medicare Part D					
Age-In Age-In (Eligible Prior to Age 65)	<ul style="list-style-type: none"> Turning 65 <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Was eligible for Medicare prior to age 65 The beneficiary is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement Copy of Medicare ID Card or SSA Award Letter 	<p>7 month Election Period Begins 3 months before month of entitlement.</p> <p>Includes the birthday month</p> <p>Ends last day of third 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 beneficiary with a birth date of the first 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) 	<ul style="list-style-type: none"> 1 Election Enroll into or change PDP plan 	<p>Code: MRD</p>
Enrolling into Part B After Delaying Enrollment	Not Applicable for Prescription Drug Plans				

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Corresponds with Open Enrollment Period (OEP)					
Leaving an MA Plan (MA only, MAPD or SNP) to a standalone PDP during OEP	Confirm individual has disenrolled from their current MA Only, MAPD, or SNP plan and is enrolling into PDP with no break in coverage.	Corresponding with OEP Annual (January 1 – March 31) Corresponding with OEP NEW Begins The first month of Part A and B eligible dates. Ends The last day of the third month of their Part A and B eligibility start dates.	Effective date will be the first day of the month following receipt of election.	1 Election per year	Code: SEP-OEP
Annual Enrollment Period (AEP)					
Annual Enrollment Period	<ul style="list-style-type: none"> • All Medicare beneficiaries • Beneficiary 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 <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • January 1 enrollment effective date 	<ul style="list-style-type: none"> • 1 Election • Enroll into PDP or disenroll from PDP Note: Last election made, determined by the application date, will be the election that takes effect.	Code: AEP

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Low Income Beneficiaries					
Dual and LIS Eligible (maintaining)	<ul style="list-style-type: none"> • Medicaid and/or LIS Eligible › Allows full-subsidy eligible individuals (including all full-benefit and partial-benefit dually eligible individuals) or other subsidy eligible individuals to enroll › Does not permit enrollment into MA-only or MAPD plans or changes between MA-only or MAPD plans. <p>Note: an individual is not eligible if the individual has been identified as an “at-risk beneficiary” or “potential at-risk beneficiary.”</p> <ul style="list-style-type: none"> • Confirm SEP has not been used during the month • Confirm individual is not flagged as “at risk” or “potentially at risk” • Use the Medicare Medicaid Eligibility Lookup Tool 	One Election per month SEP for dually eligible individuals and others enrolled in the LIS program to elect a standalone PDP.	Effective date will be the first day of the month following receipt of election.	1 Election per month if enrolling in a standalone PDP.	<p>Code: SEP-DEP</p> <p>Reason: Dual/LIS maintaining</p>

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Low Income Beneficiaries					
Gain, Change, or Loss in Dual/LIS Status	<ul style="list-style-type: none"> • Became eligible for any type of dual or LIS assistance • Losing/Lost eligibility of any type of dual or LIS assistance • Have a change in the level of assistance received • Beneficiary Attestation • Redetermination Letter • SSA or Medicaid Award Letter (if letter shows the actual levels) • Termination Notice • State Notice regarding loss of dual eligible status 	<p>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.</p> <p>Note: THE SEP may be used anytime during the year and CARA status is not applicable.</p>	Effective date will be the first day of the month following receipt of election.	1 Election	<p>Code: SEP-MCD</p> <p>Reason: Change in Dual/LIS Status</p>

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Low Income Beneficiaries					
Gain, Change, or Loss	<ul style="list-style-type: none"> • The SEP for individuals who gain, lose, or have a change in their dual- or LIS-eligible status allows a “full-benefit dual eligible individual” or “other LIS eligible individual” to enroll in or disenroll from a Part D plan one time if the individual gains, loses, or has a change in their Medicaid or subsidy-level status or LIS eligibility • Becomes eligible for any type of assistance and individuals who qualify for LIS (but who do not receive Medicaid benefits) • Loses eligibility for any of the types of assistance described above, or • Has a change in the level of assistance the individual receives, (e.g., stops receiving Medicaid benefits but still qualifies for LIS; has a change in cost-sharing; or becomes eligible for additional Medicaid benefits) 	An individual may make an election using this SEP within three months of the gain, change or loss, or notification of such a change, whichever is later.	Effective date will be the first day of the month following receipt of election.	1 Election	Code: SEP-NLS Reason: Gain, Change, or Loss

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Chronically Ill Beneficiaries					
Chronic Condition	Not Applicable for Prescription Drug Plans				
Chronic SNP Non-Eligibility	<ul style="list-style-type: none"> Beneficiary enrolled in a chronic SNP who is not verified for enrollment and is disenrolled two months after the effective date. Beneficiary Attestation Letter attesting to non-eligibility for chronic SNP 	<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.	<ul style="list-style-type: none"> 1 Election Enroll into PDP. Beneficiary cannot drop Part D. 	<p>Code: SEP-SNP Loss of SNP Status</p> <p>Reason: Special Need Chronic</p>
Change in Residence	<ul style="list-style-type: none"> Permanently moved outside plan's service area Incarcerated individuals who have now been released Permanently moving back to the U.S. and becoming eligible for Part D Permanent move that results in the availability of new Medicare health or Part D plans Beneficiary Attestation New Address on Enrollment Form 	<p>Before Move</p> <p>Begins month before permanent move.</p> <p>Ends 2 months after the move.</p> <p>After Move</p> <p>Begins month beneficiary notified current plan of the move or the month the beneficiary was termed by the plan due to residing outside of the service area (This only applies if the beneficiary moved. Election not available if beneficiary failed to respond to Out of Area letters.)</p> <p>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.	<ul style="list-style-type: none"> 1 Election Enroll into PDP <p>Note: Please ensure new address is entered on the application</p>	<p>Code: SEP-MOV</p> <p>Reason: Change in Residence</p> <p>Code: SEP-RUS</p> <p>Reason: Moved back to the U.S.</p> <p>Code: SEP-INC</p> <p>Reason: Released from jail</p>

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Institutionalized Beneficiaries					
Institutionalized	<p>IIP: An individual using the MA OEPI to disenroll from an MA plan that includes Part D benefits is eligible for a coordinating Part D SEP to enroll in a Part D plan.</p> <p>IND: Individuals who move into, reside in, or move out of a skilled nursing facility (SNF), nursing facility (NF), intermediate care facility for the mentally retarded, (ICF/MR), psychiatric hospital or unit, rehabilitation hospital or unit, long term care hospital, or hospital</p> <ul style="list-style-type: none"> • Beneficiary Attestation • Facility Address & Contact Info 	<p>IIP: Begins the first day of the month individual requests disenrollment from the MAplan; and</p> <p>Ends two calendar months after the month the MA enrollment ended.</p> <p>IND: Begins when the individual moves into or out of an institution; and continues while residing in the institution; and</p> <p>Ends two calendar months after the month the individual moves out of the institution.</p>	<p>IIP: First day of the month following a completed application within the SEP period</p> <p>IND: First day of the month following receipt of election, but not prior to the month residency begins</p>	<ul style="list-style-type: none"> • Continuous • Enroll into PDP 	<p>Code: SEP-IIP</p> <p>Reason: Dropped MAPD want to join PDP</p> <p>Code: SEP-IND</p> <p>Reason: Lives in or moved out and want to join a MAPD</p>

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Loss of Coverage					
Involuntary Loss of Creditable Coverage	<ul style="list-style-type: none"> • Involuntarily lost creditable coverage • Coverage deemed no longer creditable <p>Note: Does NOT include loss of coverage due to nonpayment of premium.</p> <ul style="list-style-type: none"> • Beneficiary 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.</p> <p>Ends 2 months later.</p>	First day of the month following receipt of election or if beneficiary requests, up to 2 months from the end of the SEP.	<ul style="list-style-type: none"> • 1 Election • Enroll into PDP 	<p>Code: SEP-LCC</p> <p>Reason: Invol. Loss of Creditable Cvg</p>
Change in Employer Group Health Plan					
Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	<ul style="list-style-type: none"> • Voluntary/involuntary termination of group coverage. • Beneficiary 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.</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.	<ul style="list-style-type: none"> • 1 Election • Enroll into PDP 	<p>Code: SEP-LEC</p> <p>Reason: Loss of EGHP Coverage</p>
Gain Employer Group Coverage	<ul style="list-style-type: none"> • Gain or enroll into employer group coverage. • Beneficiary 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.	<ul style="list-style-type: none"> • 1 Election • Enroll into PDP 	<p>Code: SEP-Gain of EGHP Coverage</p> <p>Reason: Gain of EGHP Coverage</p>

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Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Termination/Non-Renewal					
Non-Renewing	<ul style="list-style-type: none"> Plan no longer offered in area. Beneficiary Attestation Copy of Non-Renewal Notice 	<p>Begins December 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 	<ul style="list-style-type: none"> 1 Election Enroll into PDP 	<p>Code: SEP-Contract Non-Renewal</p> <p>Reason: Contract Non-Renewal</p>
Non-Renewing Cost Plan	<ul style="list-style-type: none"> Cost Plan no longer offered in area Beneficiary Attestation Copy of Non-Renewal Notice 	<p>Begins December 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 	<ul style="list-style-type: none"> 1 Election Enroll into PDP 	<p>Code: SEP-Cost</p> <p>Reason: Cost</p>
Termination of Plan Contract	<ul style="list-style-type: none"> Contract terminated with/without mutual consent of Medicare Beneficiary Attestation Copy of Termination Notice 	<p>With mutual consent</p> <p>Begins 2 months before proposed termination date.</p> <p>Ends 1 month after effective date of termination.</p> <p>Without mutual consent</p> <p>Begins 1 month before termination is effective</p> <p>Ends 2 months after effective date of termination.</p>	<p>With Mutual Consent</p> <p>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>Without Mutual Consent</p> <p>First day of the month after notice received up to 3 months after month of termination but not earlier than receipt of election.</p>	<ul style="list-style-type: none"> 1 Election Enroll into PDP 	<p>Code: SEP-Contract Termination</p> <p>Reason: Contract Termination</p>

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
Retro Medicare Determination	<ul style="list-style-type: none"> Medicare entitlement verification is made retroactively <p>Note: if this is a delayed Part B situation, please review rules for delayed Part B in this table.</p> <ul style="list-style-type: none"> Beneficiary Attestation Medicare Entitlement Letter 	<p>Begins month notice of entitlement is received.</p> <p>Ends 3 months after month notice is received.</p>	First of the month following receipt of the election.	<ul style="list-style-type: none"> 1 Election 	<p>Code: IEP</p> <p>Reason: Retroactive enrollment</p>
SPAP Beneficiaries	<ul style="list-style-type: none"> Individuals who belong to a qualified SPAP Beneficiary Attestation State Facilitation Letter 	One election per calendar year for SPAP beneficiaries.	First day of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election Enroll into PDP One election is allowed each subsequent calendar year for beneficiaries who remain SPAP beneficiaries. 	<p>Code: SEP-PAP Enrollee</p> <p>Reason: SPAP Enrollee</p>
SPAP Loss of Eligibility	<ul style="list-style-type: none"> Beneficiaries of qualified SPAPs who lose SPAP eligibility Beneficiary Attestation Letter attesting to loss of SPAP eligibility 	<p>Begins month the loss of eligibility notification is received.</p> <p>Ends second month after month notice is received.</p>	First day of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election Enroll into PDP (Disenrollment from Part D not allowed) 	<p>Code: SEP-PAP Enrollee</p> <p>Reason: SPAP Enrollee</p>

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
Significant Change in Provider Network	<ul style="list-style-type: none"> Beneficiary is assigned to, currently receiving care from, or has received care within the past three months from a provider or facility being terminated from the MA (or MA-PD) plan's provider network Letter from carrier notifying Beneficiary of provider or facility termination AND availability of SEP 	<p>Begins the month the Beneficiary receives notification of eligibility.</p> <p>Ends two calendar months after Beneficiary receives notification of eligibility.</p>	First day of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election Enroll into PDP 	<p>Code: Not for agent use - only for CMS</p> <p>Reason: Significant Network Termination</p>
PACE	<ul style="list-style-type: none"> Beneficiary enrolling or disenrolling from PACE Beneficiary Attestation PACE Enrollment Letter PACE Beneficiary ID Card 	<p>Begins the effective date of PACE disenrollment.</p> <p>Ends 2 months after effective date of PACE disenrollment to elect PDP plan.</p> <p>Note: May disenroll from plan at any time to enroll in PACE.</p>	First day of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election Enroll into PDP 	<p>Code: SEP-PAC</p> <p>Reason: PACE Switcher</p>

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
Eligible for Other Creditable Coverage	<ul style="list-style-type: none"> Beneficiaries currently enrolled in MAPD or standalone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or TRICARE For Life Beneficiary Attestation Statement of Proof from Other Coverage 	<p>Begins immediately.</p> <p>Ends date elected for disenrollment.</p>	First day of the month following receipt of disenrollment request.	Beneficiaries have 1 election to disenroll from their PDP plan to Original Medicare.	N/A – Disenrollment election only
SEP for Individuals Enrolled in a Plan Placed in Receivership	<ul style="list-style-type: none"> Individuals enrolled in a plan offered by an MA organization that has been placed into receivership by a state or territorial regulatory authority Beneficiary Attestation 	SEP begins the month the receivership is effective and continues until it is no longer in effect or until the enrollee makes an election, whichever occurs first.	Effective date will be the first day of the month following receipt of election.	1 Election (This new election period is available beginning 1/1/21)	<p>Code: SEP-REC</p> <p>Reason: Receivership</p>

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
Beneficiaries disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit	<ul style="list-style-type: none"> Disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit into a Part D plan Beneficiary Attestation Letter attesting to disenrollment from a Cost plan 	<p>Begins the month of disenrollment.</p> <p>Ends 2 months after disenrollment date.</p>	First day of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election Enroll into PDP 	<p>Code: SEP-Leaving Optional Part D Cost</p> <p>Reason: Leaving Optional Part D Cost</p>
Loss of Part B	<ul style="list-style-type: none"> Beneficiaries involuntarily disenrolled from an MAPD plan due to loss of Part B but continue to be entitled to Part A Beneficiary Attestation Letter attesting to loss of Part B 	<p>Begins upon notification of loss of Part B.</p> <p>Ends 2 months after month notice is received.</p>	First day of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election Enroll into PDP. 	<p>Code: SEP-Lost MAPD and Part B</p> <p>Reason: Lost MAPD and Part B</p>
Beneficiaries who drop Medigap and are in Trial Period	<ul style="list-style-type: none"> Beneficiaries who dropped Medigap policy to enroll into an MAPD plan for the first time and who are still in a "Trial Period", can enroll back into a PDP plan Beneficiary Attestation Letter from previous Medigap policy attesting to drop 	<p>Begins the month enrolled into the MAPD plan for the first time and extends for 12 months.</p> <p>Ends two months after the MAPD disenrollment takes effect.</p>	First of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election PDP Only 	<p>Code: SEP-I2G</p> <p>Reason: Individual drop Medigap – Trial Period</p>

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
First Time MA Beneficiary (Age-In)	<p>Enrolled in Medicare Advantage upon eligibility (age 65).</p> <p>*The beneficiary is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. This SEP only applies to beneficiaries who enroll in an MA plan using their IEP at the time of their 65th birthday.</p> <ul style="list-style-type: none"> • Beneficiary Attestation • Medicare Entitlement Letter* • Copy of Medicare ID Card or SSA Award Letter 	<p>Begins month enrolled in MA for first time.</p> <p>Ends 12 months after effective date.</p>	First day of the month following receipt of disenrollment request.	<ul style="list-style-type: none"> • 1 Election • Enroll into PDP if coming from MAPD, or Disenroll into Original Medicare 	<p>Code: SEP-65</p> <p>Reason: SEP 65</p>
Individual Enrollment into plan by CMS/State	<ul style="list-style-type: none"> • Must have been enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process) • Confirm individual was enrolled into a plan by CMS/State (Passive, Auto, Facilitated, or Reassignment Enrollment Process) 	<p>Begins start of coverage in receiving plan.</p> <p>Ends last day of the third month of the start of coverage in receiving plan.</p> <p>Note: In the case where the notice is sent after the coverage in the receiving plan starts the SEP ends 3 months after the day of notice.</p>	First day of the month following receipt of election.	<ul style="list-style-type: none"> • 1 Election • SEP permits a one-time election within 3 months of the effective date of assignment or notification of the assignment, whichever is later. 	<p>Code: SEP-DIF</p> <p>Reason: CMS/State Assignment</p>

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
Enroll in any PDP with the 5-Star SEP	<ul style="list-style-type: none"> Beneficiaries 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 Beneficiary Attestation 	<p>Begins the month the beneficiary uses the 5-Star SEP.</p> <p>Ends two months later.</p>	First of the month following receipt of election.	<ul style="list-style-type: none"> 1 Election Enroll into PDP <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- Corresponding PDP 5-Star</p> <p>Reason: Corresponding PDP 5 Star</p>
SEP for Individuals Enrolled in a Plan That Has Been Identified by CMS as a Consistent Poor Performer	<ul style="list-style-type: none"> Individuals enrolled in a plan that has been identified with the low performing icon Beneficiary Attestation 	SEP begins when the Consistent Poor Performer designation is assigned, and ends when the beneficiary leaves the low performing plan.	Effective date will be the first day of the month following receipt of election.	1 Election	<p>Code: SEP-LPI</p> <p>Reason: Low Performing</p>

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements (items you can check) <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
Individuals affected by a Disaster or Other Emergency Declared by a Federal, State or Local Government Entity	<ul style="list-style-type: none"> Individuals who were eligible for another election period at the time of the SEP eligibility period and did not make an election during that other valid election period due to the disaster or other emergency Review FEMA Website to confirm individual or individual's Auth Rep/ POA resides or resided in the affected area at the start of the incident period Confirm individual had a valid election period at the time of the incident period and valid election period was not used 	Starts as of the date the declaration is made, the incident start date or, if different, the start date identified in the declaration, whichever is earlier. The SEP ends 2 full calendar months following the end date identified in the declaration or, if different, the date the end of the incident is announced, whichever is later.	Beginning 4/1/2025 Disaster SEP is NO LONGER AVAILABLE. Beneficiaries must call 1-800-Medicare in order to make an election.	Not available	Code: NA Reason: Declared Disaster/ Emergency
SEP for Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions	<ul style="list-style-type: none"> Cigna Healthcare or CMS granted election only CMS will grant the election period when the Plan or Cigna Healthcare was unable to provide required notices or information in an accessible format and appropriate timeframe 	Start and End of the SEP are dependent upon situation.	Effective date is dependent upon situation.	1 Election	Code: SEP-ACC Reason: Materials

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
SEP for Individuals Who Enroll in Medicare Premium Part A or Part B using an Exceptional Condition SEP	<ul style="list-style-type: none"> Individuals who enrolled into Medicare Premium Part A or Part B using an exceptional condition SEP Medicare Parts A and/or Part B became active within the past 2 months. 	SEP begins when the individual submits their application for premium-Part A and Part B, or Part B only if the individual is already entitled to Part A (or is enrolling in premium-free Part A within the timeframe for use of this SEP), and continues for the first 2 months of enrollment in premium Part A or Part B.	First date of the month following receipt of election.	1 Election	Code: Not for agent use - only for CMS Reason: TBD by CMS
Non-U.S. Citizens who Become Lawfully Present	Individuals who become lawfully present in the U.S. may enroll in an MA, MAPD or PDP for which he/she is eligible.	Begins the month the lawful presence starts Ends when the individual makes an enrollment request or two (2) full calendar months after the month it begins, whichever occurs first.	First day of the month following receipt of enrollment request.	1 Election	Code: SEP-LAW Reason: Beneficiary recently received lawful presence status in the U.S.

Election Period Details – Prescription Drug Plans (PDP)

Election Period	Eligibility Requirements <i>(items you can check)</i> <i>Note: Do not submit copies with application</i>	Eligibility Timeline	Effective Date of Coverage	# of Elections that can be used	Election Period Code <i>SEP must be valid</i>
Other					
Enrolled into Part B during the Part B General Enrollment Period (GEP)	<p>Not entitled to premium-free Part A & enrolled in Part B during the GEP for Part B</p> <p>The beneficiary is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</p> <ul style="list-style-type: none"> • Beneficiary Attestation • Copy of Medicare ID Card or SSA Award Letter 	<p>Begins 01/01 Ends 05/31</p> <p>The SEP begins when the individual submits their Part B application and continues for the first 2 months of Part B enrollment.</p> <p>Note: The GEP period to enroll into Medicare Part B remains 01/01 - 03/31. The timeframe we can receive the enrollment application for a PDP plan would be from 01/01 - 05/31.</p>	February 1 – July 1 Effective date will be the first day of the month following receipt of election.	<ul style="list-style-type: none"> • 1 Election • Enroll into MAPD or PDP 	<p>Code: SEP-PRE</p> <p>Reason: GEP Part B</p>

Acronyms Used in This Booklet

Acronym	What it Stands For
AEP	Annual Enrollment Period
CMS	Centers for Medicare & Medicaid Services
EGHP	Employer Group Health Plan
FEMA	Federal Emergency Management Agency
FIDE	Fully Integrated Dual Eligible (Special Needs Plan)
GEP	General Enrollment Period
HIDE	Highly Integrated Dual Eligible (Special Needs Plan)
HMO	Health Maintenance Organization
ICEP	Initial Coverage Election Period (Beneficiary is first eligible to enroll in an MA plan)
IEP	Initial Enrollment Period
IEP2	Initial Enrollment Period 2 (Beneficiary is first eligible to enroll prior to the age of 65)
IEP-Part D	Initial Enrollment Period (Beneficiary is first eligible to enroll in a Part D plan)
LIS	Low Income Subsidy

Acronym	What it Stands For
MA	Medicare Advantage
MAO	Medicare Advantage Organization
MA-Only	Medicare Advantage Plan without Prescription Drug coverage
MAPD	Medicare Advantage-Prescription Drug Plan
MSP	Medicare Savings Programs (such as QMBs, SLMBs, & QIs)
MA OEP	Medicare Advantage Open Enrollment Period
OEPI	Open Enrollment Period Institutional
PACE	Program of All-Inclusive Care for the Elderly
PDP	Prescription Drug Plan
PFFS	Private Fee-For-Service
POS	Point of Service Plan
PPO	Preferred Provider Organization
SEP	Special Enrollment Period
SNP	Special Needs Plan
SPAP	State Pharmaceutical Assistance Program

The Centers for Medicare and Medicaid Services (CMS) may periodically make updates. This booklet is intended to be a resource but may not be an all inclusive SEP document.

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

Resources used to create/maintain this booklet is CMS.gov:

- [Medicare Managed Care Eligibility and Enrollment | CMS](#)
- [Medicare Advantage and Part D Enrollment and Disenrollment Guidance | CMS](#)
- [Medicare Marketing Guidelines | CMS](#)

Questions?

Call your Sales Leader.