

MEDICARE ENROLLMENT PERIODS

Understanding the Different Medicare Enrollment Periods

✓ Medicare Annual Enrollment Period (AEP)

(1) Initial Enrollment Period (IEP)

Medicare Advantage Open Enrollment Period (MAOEP)

Special Enrollment Period (SEP)

✓ Medigap Open Enrollment Period (MOEP)



Medicare Annual Enrollment Period (AEP)

AEP runs from **October 15th through December 7th each year**. During this time, Medicare-eligible individuals can:

- Change from Original Medicare to a Medicare Advantage plan (or vice versa)
- Switch from one Medicare Advantage plan to another Medicare Advantage plan
- Switch from a Medicare Advantage plan that doesn't have drug coverage to one that does (or vice versa)
- Join a Medicare Prescription Drug Plan (PDP)
- Switch from one Prescription Drug Plan (PDP) to another PDP
- Drop Medicare Prescription Drug coverage completely

Initial Enrollment Period (IEP)

The Initial Enrollment period is a seven-month period when someone is first eligible for Medicare (Parts A and B). For those eligible due to age, this period begins **three months before they turn 65**, **includes the month they turn 65**, **and ends three months after they turn 65**. During this time they are also eligible to enroll in Part D (Prescription Drug Plan) or Part C (Medicare Advantage Plan). If a consumer misses their Initial Enrollment Period, they may have to wait to sign up and will be liable for late enrollment penalties. For those eligible due to disability or certain qualifying circumstances dates are calculated differently.



Medicare Advantage Open Enrollment Period (MA OEP)

Between **January 1st and March 31st each year**, individuals enrolled in a Medicare Advantage Plan (MA or MAPD) can:

- Switch to another Medicare Advantage Plan (with or without drug coverage).
- Dis-enroll from their Medicare Advantage Plan and return to Original Medicare. If they choose to do so, they'll be able to join a Medicare Prescription Drug Plan.
- Switch to another Medicare Advantage Plan (with or without drug coverage) or go back to Original Medicare (with or without drug coverage) within the first 3 months they have Medicare.

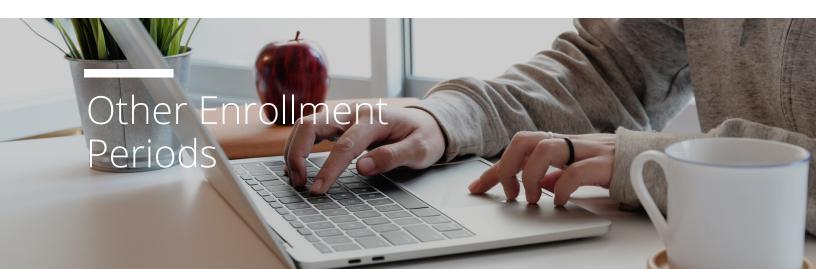
Special Enrollment Period (SEP)

Special enrollment periods are enrollment periods outside of the usual IEP, AEP or OEP when an individual may enroll in a plan or change their current plan. There are various types of SEPs, including SEPs for dual-eligibles (those enrolled in both Medicaid and Medicare), and for individuals whose current plan terminates, who change residency and who meet exceptional conditions. Depending on the nature of the special enrollment period, an individual can:

- Discontinue an enrollment in a Medicare Advantage (MA) plan and enroll in Original Medicare
- Switch from Original Medicare to an MA plan
- Switch from one Medicare Advantage plan to another MA plan

Medigap Open Enrollment Period (MOEP)

Medicare eligibles have a **six-month open enrollment period that begins the month they turn 65 or older and are enrolled in Part B**. During this one time open enrollment period, they can enroll in a Medigap (Medicare Supplement plan) regardless of their health status, and they cannot be denied coverage. If they do not enroll during their six month enrollment period, they will have to answer health questions, may pay higher premiums and may be denied coverage all together.



Open Enrollment vs. Guaranteed Issue

Many times the terms Open Enrollment and Guaranteed Issue are used interchangeably. Much of this is because in both situations a client can acquire a new Medicare Supplement plan without undergoing Medical Underwriting. CMS and the carriers' definitions of **Open Enrollment and Guaranteed Issue are two different things.**

An Example of a Client in their Open Enrollment Period:

Mr. Stewart is turning 65 and signs up for Part B and wants to purchase a Medicare Supplement Plan. He is within his six-month Open Enrollment period and can purchase a Medicare Supplement plan without any medical underwriting.

Guaranteed Issue in Medicare Supplement Terms:

is defined as the rights a client has in certain, special situations when insurance companies are required to sell or offer the client a Medicare Supplement policy (these rights are listed in the **'Choosing a Medigap Policy'** booklet.

An Example of a Client Who is a Guaranteed Issue:

Mr. Smith signed up for Medicare Part B at age 65, but his wife is still working and has great health benefits. Mr. Smith decides to enroll in Medicare Part B and remain on his wife's health plan. Three years later when he is age 68 his wife retires and they lose their group health coverage. Now Mr. Smith (and his wife) needs to sign up for a Medicare Supplement policy. He is no longer in that sixmonth period when he signed up for Part B, and no longer qualifies for Open Enrollment. Instead he is a Guaranteed Issue situation, and can only sign up for plans A, B, C*, D*, F*, G,*, K or L that are sold in his state by any insurance company.

*Plans C and F are no longer available to people new to Medicare on or after January 1, 2020. However, if your client was eligible for Medicare prior to January 1, 2020 (but not yet enrolled), they may be able to purchase Plan C or Plan F. People new to Medicare on or after January 1, 2020, have the right to purchase Plans D and G instead of Plans C and F.

