



## Special Enrollment Periods

You can make changes to your Medicare health and Medicare prescription drug coverage when certain events happen in your life, like if you move or you lose other insurance coverage. These chances to make changes are called Special Enrollment Periods (SEPs) and are in addition to the regular enrollment periods that happen each year. Rules about when you can make changes and the type of changes you can make are different for each SEP.

The SEPs listed on the next pages are examples. **This list doesn't include every situation.** For more information about SEPs, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Changes in where you live

If this describes you...	You can...	At this time...
<p><b>You move to a new address that isn't in your plan's service area.*</b></p>	<p>Switch to a new Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>If you tell your plan <b>before</b> you move, your chance to switch plans begins the month before the month you move and continues for 2 full months after you move.</p>
<p><b>You move to a new address that's still in your plan's service area, but you have new plan options in your new location.</b></p>	<p>* <b>Note:</b> If you're in a Medicare Advantage Plan and you move outside your plan's service area, you can also choose to return to Original Medicare. If you don't enroll in a new Medicare Advantage Plan during this SEP, you'll be enrolled in Original Medicare when you're disenrolled from your old Medicare Advantage Plan.</p>	<p>If you tell your plan <b>after</b> you move, your chance to switch plans begins the month you tell your plan, plus 2 more full months.</p>
<p><b>You move back to the U.S. after living outside the country.</b></p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you move back to the U.S.</p>
<p><b>You just moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital).</b></p>	<ul style="list-style-type: none"> <li>▪ Join a Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Drop your Medicare Advantage Plan and return to Original Medicare.</li> <li>▪ Drop your Medicare prescription drug coverage.</li> </ul>	<p>Your chance to join, switch, or drop coverage lasts as long as you live in the institution and for 2 full months after the month you move out of the institution.</p>
<p><b>You're released from jail.</b></p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you're released from jail.</p>

## Changes that cause you to lose your current coverage

If this describes you...	You can...	At this time...
<p><b>You're no longer eligible for Medicaid.</b></p>	<ul style="list-style-type: none"> <li>▪ Join a Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Drop your Medicare Advantage Plan and return to Original Medicare.</li> <li>▪ Drop your Medicare prescription drug coverage.</li> </ul>	<p>Your chance to change lasts for 3 full months from either the date you're no longer eligible or notified you're no longer eligible, whichever is later.</p>
<p><b>You find out that you won't be eligible for Extra Help for the following year.</b></p>	<ul style="list-style-type: none"> <li>▪ Join a Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Drop your Medicare Advantage Plan and return to Original Medicare.</li> <li>▪ Drop your Medicare prescription drug coverage.</li> </ul>	<p>Your chance to change lasts for 3 full months from either the date you're no longer eligible or notified you're no longer eligible, whichever is later.</p>
<p><b>You leave coverage from your employer or union.</b></p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month your coverage ends.</p>
<p><b>You involuntarily lose other drug coverage that's as good as Medicare drug coverage (creditable coverage), or your other coverage changes and is no longer creditable.</b></p>	<p>Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you lose your creditable coverage or are notified of the loss of creditable coverage, whichever is later.</p>
<p><b>You have drug coverage through a Medicare Cost Plan and you leave the plan.</b></p>	<p>Join a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you drop your Medicare Cost Plan.</p>
<p><b>You drop your coverage in a Program of All-inclusive Care for the Elderly (PACE) Plan.</b></p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you drop your PACE plan.</p>

## You have a chance to get other coverage

<b>If this describes you...</b>	<b>You can...</b>	<b>At this time...</b>
<b>You have a chance to enroll in other coverage offered by your employer or union.</b>	Drop your current Medicare Advantage or Medicare Prescription Drug Plan to enroll in the private plan offered by your employer or union.	Whenever your employer or union allows you to make changes in your plan.
<b>You have or are enrolling in other drug coverage as good as Medicare prescription drug coverage (like TRICARE or VA coverage).</b>	Drop your current Medicare Advantage Plan with drug coverage or your Medicare Prescription Drug Plan.	Anytime.
<b>You enroll in a Program of All-inclusive Care for the Elderly (PACE) Plan.</b>	Drop your current Medicare Advantage or Medicare Prescription Drug Plan.	Anytime.
<b>You live in the service area of one or more Medicare Advantage or Medicare Prescription Drug Plans with an overall quality rating of 5 stars.</b>	Join a Medicare Advantage, Medicare Cost, or Medicare Prescription Drug Plan with an overall quality rating of 5 stars.	One time between December 8–November 30.

## Changes in your plan's contract with Medicare

<b>If this happens...</b>	<b>You can...</b>	<b>At this time...</b>
<b>Medicare takes an official action (called a "sanction") because of a problem with the plan that affects you.</b>	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch is determined by Medicare on a case-by-case basis.
<b>Your plan's contract ends (terminates) during the contract year.</b>	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch starts 2 months before and ends 1 full month after the contract ends.
<b>Your Medicare Advantage Plan, Medicare Prescription Drug Plan, or Medicare Cost Plan's contract with Medicare isn't renewed for the next contract year.</b>	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Between October 15 and the last day in February.

## Changes due to other special situations

If this describes you...	You can...	At this time...
<p><b>You're eligible for both Medicare and Medicaid.</b></p>	<p>Join, switch, or drop a Medicare Advantage Plan or Medicare prescription drug coverage.</p>	<p>Once during each of these periods, and the change will take effect on the first day of the next month:</p> <ul style="list-style-type: none"> <li>▪ January–March</li> <li>▪ April–June</li> <li>▪ July–September</li> </ul> <p>(You can also make a change from October 15–December 7, and the change will take effect on January 1.)</p>
<p><b>You get Extra Help paying for Medicare prescription drug coverage.</b></p>	<p>Join, switch, or drop Medicare prescription drug coverage.</p>	<p>Once during each of these periods:</p> <ul style="list-style-type: none"> <li>▪ January–March</li> <li>▪ April–June</li> <li>▪ July–September</li> </ul> <p>(You can also make a change from October 15–December 7, and the change will take effect on January 1.)</p>
<p><b>You're enrolled in a State Pharmaceutical Assistance Program (SPAP).</b></p>	<p>Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.</p>	<p>Once during the calendar year.</p>
<p><b>You're enrolled in a State Pharmaceutical Assistance Program (SPAP) and you lose SPAP eligibility.</b></p>	<p>Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.</p>	<p>Your chance to switch starts either the month you lose eligibility or are notified of the loss, whichever is earlier. It ends 2 months after either the month of the loss of eligibility or notification of the loss, whichever is later.</p>
<p><b>You dropped a Medicare Supplemental Insurance (Medigap) policy the first time you joined a Medicare Advantage Plan.</b></p>	<p>Drop your Medicare Advantage Plan and enroll in Original Medicare. You'll have special rights to buy a Medigap policy.</p>	<p>Your chance to drop your Medicare Advantage Plan lasts for 12 months after you join the Medicare Advantage Plan for the first time.</p>

<b>If this describes you...</b>	<b>You can...</b>	<b>At this time...</b>
<b>You have a severe or disabling condition, and there's a Medicare Chronic Care Special Needs Plan (SNP) available that serves people with your condition.</b>	Join a Medicare Chronic Care SNP that serves people with your condition.	You can join anytime, but once you join, your chance to make changes using this SEP ends.
<b>You joined a plan, or chose not to join a plan, due to an error by a federal employee.</b>	<ul style="list-style-type: none"> <li>▪ Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</li> <li>▪ Switch from your current plan to another Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</li> <li>▪ Drop your Medicare Advantage Plan with drug coverage and return to Original Medicare.</li> <li>▪ Drop your Medicare prescription drug coverage.</li> </ul>	Your chance to change coverage lasts for 2 full months after the month you get a notice of the error from Medicare.
<b>You weren't properly told that your other private drug coverage wasn't as good as Medicare drug coverage (creditable coverage).</b>	Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you get a notice of the error.
<b>You weren't properly told that you were losing private drug coverage that was as good as Medicare drug coverage (creditable coverage).</b>	Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you get a notice of the error.
<b>You don't have Part A coverage, and you enroll in Medicare Part B during the Part B General Enrollment Period (January 1–March 31).</b>	Join a Medicare Prescription Drug Plan.	Between April 1–June 30.

## Get more information

For more detailed information about signing up, including instructions on how to join, visit [Medicare.gov](https://www.Medicare.gov). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

### **Extra Help is available!**

If you have limited income and resources, you may be able to get Extra Help paying your prescription drug coverage costs. People who qualify may be able to get their prescriptions filled and pay little or nothing out of pocket. You can apply for Extra Help at any time for free. You should apply even if you're not sure if you qualify. To apply online, visit [socialsecurity.gov/i1020](https://www.socialsecurity.gov/i1020). Or, call Social Security at 1-800-772-1213 to apply by phone or get a paper application. TTY users can call 1-800-325-0778.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against.

Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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