



Information Partners Can Use on:

# Understanding Medicare Enrollment Periods

As of September 2007

This tip sheet outlines the different types of general and special Medicare enrollment periods for premium Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance), Medicare Advantage Plans (Part C), and Medicare Prescription Drug Plans (Part D). Here’s what this tip sheet includes:

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More specific details on enrollment periods can be found at [www.cms.hhs.gov/home/medicare.asp](http://www.cms.hhs.gov/home/medicare.asp) on the web. Select “Eligibility and Enrollment.”

## For More Information About Signing Up for Medicare Parts A and B

Call Social Security at 1-800-772-1213 for more detailed information about enrolling in Part A or Part B. TTY users should call 1-800-325-0778. People who get benefits from the Railroad Retirement Board (RRB) should call their local RRB office or 1-800-808-0772.

## For More Information About Signing Up for Medicare Parts C and D

For more detailed information about signing up for Medicare Advantage Plans (Part C) or Medicare Prescription Drug Plans (Part D), including instructions on how to enroll, visit [www.medicare.gov](http://www.medicare.gov) on the web. You can view or download the booklet “Enrolling in Medicare.” Under “Search Tools,” select “Find a Medicare Publication.” You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

## Get Personalized Information at [www.medicare.gov](http://www.medicare.gov)

Visit [www.medicare.gov](http://www.medicare.gov) on the web to get detailed information about individual Medicare eligibility and enrollment options with the following tools:

- Medicare Eligibility Tool—Provides Medicare eligibility status information
- Medicare Options Compare—Provides personalized information about available Medicare Health Plans and Medigap policies
- Medicare Prescription Drug Plan Finder—Provides personalized information about available Medicare Prescription Drug Plans

## Quick Reference: Enrollment Periods for Premium Part A and Part B

When is it?	What can people do?
<b>Initial Enrollment Period</b>	
<p><b>For people turning age 65:</b> The 7-month period that includes the 3 months before a person's 65th birthday, the month they turn age 65, and the 3 months after that birthday</p>	<ul style="list-style-type: none"> <li>• Get premium Part A (Hospital Insurance)</li> <li>• Get Part B (Medical Insurance)</li> </ul>
<p><b>For people with disabilities:</b> The 7-month period that starts the 22nd month a person is entitled to disability benefits</p>	<ul style="list-style-type: none"> <li>• Get Part B (Medical Insurance)</li> </ul>
<p><b>For people with ESRD:</b> The 7-month period that begins 3 months before the month a person applies for Part A</p>	<ul style="list-style-type: none"> <li>• Get Part B (Medical Insurance)</li> </ul>
<b>General Enrollment Period</b>	
<p>January 1–March 31 each year</p>	<ul style="list-style-type: none"> <li>• Get premium Part A (Hospital Insurance)</li> <li>• Get Part B (Medical Insurance)</li> </ul>
<b>Special Enrollment Period for the Working Aged and Working Disabled</b>	
<p>Any time while a person has group health plan coverage based on active employment. If coverage based on active employment ends, a person has 8 months to sign up beginning the month after the employment ends or the month after the group health plan coverage ends, whichever comes first.</p>	<ul style="list-style-type: none"> <li>• Get premium Part A (Hospital Insurance)</li> <li>• Get Part B (Medical Insurance)</li> </ul>
<b>Special Enrollment Period for International Volunteers</b>	
<p>During the 6-month period that begins the first day of the month that one of these conditions is met:</p> <ul style="list-style-type: none"> <li>• The person is no longer volunteering outside the U.S.</li> <li>• The organization is no longer tax-exempt</li> <li>• The person no longer has health insurance that provides coverage outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• Get premium Part A (Hospital Insurance)</li> <li>• Get Part B (Medical Insurance)</li> </ul>
<b>Transfer Enrollment Period</b>	
<p>Any time while a person is enrolled in a Medicare Advantage Plan (Part C), or during the 8-month period that begins when the person is no longer enrolled in the Medicare Advantage Plan</p>	<ul style="list-style-type: none"> <li>• Get premium Part A (Hospital Insurance)</li> </ul>

## Quick Reference: Enrollment Periods for Part C and Part D

When is it?	What can people do?	
<p>Usually, when a person turns age 65. This 7-month period includes the 3 months before a person's 65th birthday, the month they turn age 65, and the 3 months after that birthday. <i>(See additional information on page 4.)</i></p>	<ul style="list-style-type: none"> <li>• If they have both Part A and Part B, they can get Part C (includes hospital &amp; medical insurance; some plans include prescription drug coverage)</li> <li>• If they have Part A and/or Part B, they can get Part D (prescription drug coverage)</li> </ul>	
<p>November 15–December 31 each year</p>	<ul style="list-style-type: none"> <li>• Add, drop or switch Part C (includes hospital &amp; medical insurance; some plans include prescription drug coverage)</li> <li>• Add, drop or switch Part D (prescription drug coverage)</li> </ul> <p><b>Note:</b> People who qualify for extra help with their prescription drug costs can make a change to their Part D coverage at any time.</p>	
<p>November 15–December 31 each year</p>	<p><b>People who have:</b></p>	<p><b>Can switch to:</b></p>
	<p>MA Plan with drug coverage (Part D)</p>	<p>A different MA Plan with drug coverage, OR they can switch to the Original Medicare Plan and join a Medicare PDP</p>
	<p>MA Plan and no drug coverage</p>	<p>A different MA Plan without drug coverage, OR they can switch to the Original Medicare Plan, but they can't add Medicare drug coverage</p>
	<p>Original Medicare Plan with drug coverage (Part D)</p>	<p>An MA Plan with Medicare drug coverage, OR they can switch to an MA Plan without drug coverage and keep the same PDP</p>
	<p>Original Medicare Plan and no drug coverage</p>	<p>An MA Plan that doesn't include Medicare drug coverage</p>

## When Can People Get Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)?

Most people don't pay a monthly premium for Part A coverage because they (or their spouse) paid Medicare taxes while they were working. The chart below outlines when people qualify for premium-free Part A.

People who aren't eligible for premium-free Part A can sign up to buy it. In most cases, people who choose to buy Part A (called premium Part A) must also have or sign up for Part B and pay the monthly Part B premium as well. The chart on page 5 outlines when people can get premium Part A. The chart on page 6 outlines when people can get Part B.

### Getting Premium-Free Medicare Part A

Who is eligible?	When can they get premium-free Medicare Part A?
Individuals near age 65 who already get benefits from Social Security or the Railroad Retirement Board	They will <b>automatically</b> get premium-free Part A starting the first day of the month they turn age 65.  People who have been getting benefits for at least 4 months will get their Medicare card in the mail about 3 months before their 65th birthday.
Individuals near age 65 but not getting Social Security or Railroad Retirement benefits (for instance, if they are still working)	They will need to <b>sign up</b> for premium-free Part A 3 months before they turn age 65.
Individuals under age 65 and disabled	They will <b>automatically</b> get premium-free Part A after they get Social Security disability or Railroad Retirement benefits for 24 months. Their Medicare card will be mailed to them about 3 months before the 25th month they are entitled to disability benefits.
Individuals under age 65 and disabled with ALS (amyotrophic lateral sclerosis, or Lou Gehrig's disease)	They will <b>automatically</b> get premium-free Part A the month their disability benefits begin.
Individuals any age diagnosed with End-Stage Renal Disease (ESRD)	They can <b>sign up</b> for premium-free Part A the month they start regular dialysis treatments or the month they receive a kidney transplant.

## Getting Premium Medicare Part A

<b>Who is eligible?</b>	<b>When can they get premium Medicare Part A?</b>
Individuals near age 65 who aren't eligible for Social Security or Railroad Retirement benefits, and not a MQGE (government employee)	They will need to <b>sign up</b> for premium Part A 3 months before they turn age 65.
Individuals who are eligible for premium Part A, but didn't sign up when they first became eligible	They can <b>sign up</b> for premium Part A during the <b>General Enrollment Period</b> from January 1–March 31 each year. Their coverage will begin on July 1. However, the cost of Part A may go up 10%.
Individuals who are eligible for premium Part A, but already have group health plan coverage (such as from an employer or union) because they or their spouse are still working	They can <b>sign up</b> for premium Part A at any time while they have group health plan coverage based on active employment. If coverage based on active employment ends, they have 8 months to sign up for premium Part A beginning the month after the employment ends or the month after the group health plan coverage ends, whichever comes first.
Individuals who are eligible for premium Part A, have Part B only and are enrolled in a Medicare Advantage Plan (Part C)	They can sign up for premium Part A at any time while they are enrolled in a Medicare Advantage Plan, or during the 8-month period that begins when they are no longer enrolled in the Medicare Advantage Plan.

## Getting Medicare Part B

Who is eligible?	When can they get Medicare Part B?
Individuals near age 65 who already get benefits from Social Security or the Railroad Retirement Board	They will <b>automatically</b> get Part B starting the first day of the month they turn age 65. People who have been getting benefits for at least 4 months will get their Medicare card in the mail about 3 months before their 65th birthday. <b>People who don't want Part B must send this card back.</b>
Individuals who are near age 65, but are not getting Social Security or Railroad Retirement benefits (for instance, if they are still working), or are a MQGE (government employee)	They will need to <b>sign up</b> for Part B within 3 months before they turn age 65.
Individuals who are near age 65, but are not eligible for Social Security or Railroad Retirement benefits, and are not a MQGE (government employee)	They will need to <b>sign up</b> for Part B within 3 months before they turn age 65.
Individuals under age 65 and disabled	They will <b>automatically</b> get Part B after they get Social Security disability or Railroad Retirement benefits for 24 months. Their Medicare card will be mailed to them about 3 months before the 25th month they are entitled to disability benefits. <b>People who don't want Part B must send this card back.</b>
Individuals who are eligible for Part B, but already have other group health coverage (such as from an employer or union) because they or their spouse are still working	They can <b>sign up</b> for Part B at any time while covered under a group health plan based on active employment. If coverage based on active employment ends, they have 8 months to sign up for Part B, beginning the month after the employment ends or the month after the group health plan coverage ends, whichever comes first.
Individuals who are eligible for Part B, but didn't sign up when they first became eligible	They can <b>sign up</b> for Part B during the <b>General Enrollment Period</b> from January 1–March 31 each year. Their coverage will begin on July 1. However, the cost of Part B may go up 10% for each year they waited to sign up. They will have to pay this late-enrollment penalty as long as they have Part B.
Individuals under age 65 diagnosed with ALS (amyotrophic lateral sclerosis, or Lou Gehrig's disease)	They will <b>automatically</b> get Part B the month their disability benefits begin, unless they don't want it.
Individuals any age diagnosed with End-Stage Renal Disease (ESRD)	They can <b>sign up</b> for Part B the month they start regular dialysis treatments or the month they get a kidney transplant.

## Joining, Switch, or Dropping a Medicare Advantage (MA) Plan or a Medicare Prescription Drug Plan (PDP)

<b>General MA Enrollment Periods</b>	
<b>Who is eligible?</b>	<b>When can they can join, switch, or drop an MA Plan?</b>
Individuals eligible for an MA Plan	They can join or switch plans, or return to the Original Medicare Plan, during the <b>Fall Annual Enrollment Period</b> from November 15–December 31 each year.
Individuals newly eligible for Medicare	They can join an MA Plan during their 7-month <b>Initial Coverage Election Period (ICEP)</b> if they have both Part A and Part B. This period begins 3 months before the month they turn age 65, and ends 3 months after the month they turn 65.  For people who are eligible for Medicare due to a disability and have both Part A and Part B, the ICEP begins 3 months before their 25th month of disability benefits and ends 3 months after the 25th month of benefits.
Individuals who had only Part A <b>or</b> Part B, but are newly eligible for <b>both</b> (such as a person who has just retired)	They can join during the period that begins 3 months before they are first eligible for <b>both</b> Part A <b>and</b> Part B, and ends either the last day of the month before they are eligible for both Part A and Part B, or the last day of the person’s Part B <b>Initial Enrollment Period</b> , whichever is later.
Individuals who are eligible for or already have an MA Plan, and already have Medicare prescription drug coverage	They can join during the <b>Medicare Advantage Plan Open Enrollment Period</b> from January 1–March 31 each year. They can switch to another MA Plan that has drug coverage, or switch to the Original Medicare Plan and join a Medicare Prescription Drug Plan.
Individuals who are eligible for an MA Plan, but don’t have Medicare prescription drug coverage	They can join during the <b>Medicare Advantage Plan Open Enrollment Period</b> from January 1–March 31 each year. However, they can only join an MA Plan that doesn’t have drug coverage during this period.

## General PDP Enrollment Periods

Who is eligible?	When can they join, switch, or drop a PDP?
Individuals with Medicare Part A and/or Part B	They can join, switch, or drop Medicare drug coverage during the <b>Fall Annual Enrollment Period</b> from November 15–December 31 each year.
Individuals newly eligible for Medicare	<p>They can join a Medicare drug plan during their 7-month <b>Initial Enrollment Period</b>, which is the period that lasts from 3 months before the month they turn age 65 to 3 months after the month they turn age 65.</p> <p>People who are eligible for Medicare due to a disability can join a Medicare drug plan during the period that lasts from 3 months before to 3 months after their 25th month of disability benefits.</p>
Individuals who get help from Medicaid, belong to a Medicare Savings Program, apply and qualify for extra help, or get Supplemental Security Income (SSI)	They will <b>automatically</b> be enrolled in a Medicare drug plan, and they can switch or disenroll at any time as long as they continue to get extra help.

## Special Enrollment Periods for Part C and Part D

In certain situations, people with Medicare may be eligible for a Special Enrollment Period (SEP) that allows them to make changes to their Medicare health or drug coverage outside of general enrollment periods. The charts that follow describe the different situations in which an individual may be eligible for a Special Enrollment Period.

More specific details on Special Enrollment Periods can be found at [www.cms.hhs.gov/home/medicare.asp](http://www.cms.hhs.gov/home/medicare.asp) on the web. Select “Eligibility and Enrollment.” For questions about an individual’s eligibility for one of the Special Enrollment Periods outlined here, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

MA = Medicare Advantage Plan

MA-PD = Medicare Advantage Plan that offers prescription drug coverage

PDP = Standalone Medicare Prescription Drug Plan

SEP	Who is eligible?
<b>Change in residence</b>	Individuals who move and now have new MA or PDP options available to them, or who are no longer eligible for their current MA Plan or PDP due to a change in permanent residence. This SEP also allows a person to join a new MA Plan or PDP.
<b>Dual-eligibles</b>	Individuals who get any type of assistance from the Medicaid program (i.e., they have both Medicare and Medicaid). This is an ongoing SEP to join, switch or disenroll from an MA Plan or PDP.
<b>Low-Income Subsidy (LIS) eligibles</b>	Individuals who get the low-income subsidy (the LIS, also known as “extra help”). This is an ongoing SEP to join, switch or disenroll from an MA Plan or a PDP.
<b>People who lose their dual eligibility or LIS status</b>	People who lose their Medicaid eligibility or LIS status. This SEP allows an individual to join, switch or disenroll from an MA Plan or PDP.
<b>Contract violations</b>	Individuals in an MA Plan or PDP that violates its contract. This SEP allows individuals to join a new MA Plan or PDP.
<b>Non-renewals or terminations</b>	Individuals affected by MA Plan or PDP non-renewals or plan terminations. This SEP allows individuals to join a new MA Plan or PDP.

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## Special Enrollment Periods for Part C and Part D (continued)

SEP	Who is eligible?
<b>Employer group health plan</b>	<ul style="list-style-type: none"> <li>• Individuals enrolling in employer/union sponsored MA Plan or PDP</li> <li>• Individuals leaving an MA Plan or PDP to enroll in employer/union sponsored coverage</li> <li>• Individuals leaving employer/union sponsored coverage (including COBRA) to enroll in an MA Plan or PDP</li> </ul>
<b>Enroll in or maintain other creditable coverage</b>	Individuals who have or are enrolling in other creditable drug coverage (such as TRICARE or VA coverage). This SEP only allows an individual to disenroll from a Part D plan (either MA-PD or PDP).
<b>Individuals who enroll in Part B during the Part B General Enrollment Period</b>	<p>Individuals who aren't eligible for free Part A, haven't purchased Part A, and enroll in Part B during the General Enrollment Period will have an SEP to join a PDP.</p> <p><i>Note: The General Enrollment Period for Part B runs from January–March of each year for a July 1 effective date.</i></p>
<b>CMS sanction</b>	Individuals who want to disenroll from an MA Plan or PDP as a result of a CMS sanction of the plan sponsor. Medicare develops this SEP on a case-by-case basis to meet the specific needs of that situation.
<b>Cost plan</b>	<ul style="list-style-type: none"> <li>• Individuals disenrolling from a cost plan who had Medicare prescription drug coverage through that plan have an SEP to enroll in an MA-PD plan or a PDP.</li> <li>• Individuals enrolled in a cost plan that isn't renewing its cost contract will have an SEP to enroll in an MA Plan (either an MA-PD or an MA Plan that doesn't offer drugs). If the individual also has drug coverage through a cost plan that is non-renewing, they will also have the opportunity to enroll in a PDP.</li> </ul>
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	Individuals can disenroll from an MA Plan or PDP at any time to enroll in a PACE plan. Individuals who disenroll from a PACE plan will have an opportunity to join an MA Plan or PDP after they leave the PACE plan.
<b>Institutionalized individuals</b>	<p>Individuals who move into, reside in, or move out of an institution (such as a skilled nursing facility or long-term care hospital) have an SEP to join, switch or disenroll from an MA Plan or PDP.</p> <p>Individuals who reside in an institution can make changes to their MA Plan or PDP at any time.</p>

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## Special Enrollment Periods for Part C and Part D (continued)

<b>SEP</b>	<b>Who is eligible?</b>
<b>Medicare entitlement determination is made retroactively</b>	Individuals whose Medicare entitlement determination is made retroactively and who should have been provided the opportunity to enroll in an MA Plan or PDP when they were initially eligible to join such a plan.
<b>State Prescription Assistance Program (SPAP)</b>	Individuals who belong to a qualified SPAP have one SEP each year to join or switch from an MA Plan or PDP.
<b>SEP65</b>	Individuals who joined an MA Plan during the Initial Enrollment Period for Part B based on their 65th birthday. This SEP allows an individual to disenroll from the MA Plan anytime during the first 12 months they are enrolled and return to the Original Medicare Plan. Individuals can also use this SEP to join a PDP at the same time.
<b>Dropped a Medigap policy to join an MA Plan</b>	People who dropped a Medigap policy when they joined an MA Plan for the first time. This SEP allows an individual to disenroll from the MA Plan anytime during the first 12 months they are enrolled and return to the Original Medicare Plan. Individuals can use this SEP to join a PDP at the same time.
<b>Retroactive ESRD Medicare entitlement</b>	Individuals whose Medicare entitlement determination based on ESRD is made retroactively and who were enrolled in a health plan that also offers the MA Plan at the time of that determination. This SEP allows an individual to elect a new MA Plan offered by the same organization.
<b>Chronic Care Special Needs Plan (SNP)</b>	Individuals with severe or disabling chronic conditions will have an SEP to enroll in an SNP that serves people with such conditions. This SEP exists as long as the individual has this condition and ends when the individual enrolls in such an SNP.
<b>Loss of special needs status</b>	Individuals enrolled in a Special Needs Plan who no longer meet the plan's special needs criteria.
<b>Misleading information from plan</b>	Individuals may have an SEP if they enrolled in an MA Plan based on misleading or incorrect information from a plan's employees, agents or brokers. This SEP allows an individual to join a new MA or PDP or simply disenroll from an MA Plan and return to the Original Medicare Plan.

## SEPs for Medicare Advantage (MA) Plans and Medicare Prescription Drug (PDP) Plans

SEP	Who is eligible?
<b>Full-benefit dual-eligibles with uncovered months in the past</b>	Full-benefit dual-eligibles (i.e., people who have both Medicare and Medicaid) who voluntarily enroll in a PDP in the month(s) before they have been enrolled into a PDP by CMS (auto-enrolled). These individuals have an SEP to make this enrollment retroactive to provide coverage from the first month of dual status.
<b>Involuntary loss of creditable coverage</b>	Individuals who involuntarily lose creditable coverage or whose coverage is no longer creditable. This is a one-time SEP for individuals to join a new PDP.
<b>Not adequately informed about creditable prescription drug coverage</b>	Individuals who weren't adequately informed that their coverage was not creditable by an entity required to give such notice or who weren't adequately informed of a loss of creditable coverage. This SEP allows an individual to join or disenroll from a PDP and is granted by CMS on a case-by-case basis.
<b>Error by a Federal employee</b>	Individuals whose enrollment or non-enrollment in a PDP is erroneous due to an action, inaction or error by a Federal employee. This SEP allows an individual to join or disenroll from a PDP and is granted by CMS on a case-by-case basis.