

SELECT HEALTH MEDICARE SPECIAL ENROLLMENT PERIOD CIRCUMSTANCES

Please review the Special Enrollment Period circumstances listed below. If the statement applies to you, please write the circumstance number and date, if applicable, on the Select Health Medicare Enrollment Form. By listing this number, you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

CODE	SPECIAL ENROLLMENT PERIOD CIRCUMSTANCE
01	I am new to Medicare.
02	I recently moved outside the service area for my current plan, or I recently moved, and this plan is a new option for me. *PROVIDE MOVE DATE*
03	I recently returned to the United States (U.S.) after living permanently outside of the U.S. *PROVIDE RETURN DATE*
04	I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
05	I requested Medicare information in an accessible format. I had less time to decide or didn't get it in time to choose a plan before my enrollment period ended.
06	This is for individuals who gained, lost, or changed their LIS/Extra help status within the last three months.
07	I am moving into, living in, or recently moving out of a Long-Term Care Facility (e.g., a nursing home, assistance, or lost Medicaid). *PROVIDE MOVE DATE*
08	I recently had a change in my Medicaid, (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid). *PROVIDE CHANGE DATE*
09	I recently involuntarily lost my creditable prescription drug coverage (i.e., coverage as good as Medicare's). *PROVIDE DRUG COVERAGE LOSS DATE*
10	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. *PROVIDE ENROLLMENT DATE*
11	I am leaving employer or union coverage. *PROVIDE LEAVE DATE*
12	I belong to a state pharmaceutical assistance plan (SPAP) or have lost SPAP eligibility.
13	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
14	I was enrolled in a Special Needs Plan (SNP) but lost the special needs qualification required to be in that plan. *PROVIDE DISENROLLMENT DATE*
15	I recently left a PACE program. *PROVIDE LEAVE DATE*
16	I was recently released from incarceration. *PROVIDE RELEASE DATE*
17	I recently obtained lawful presence status in the United States. *PROVIDE STATUS DATE*
18	I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1-March 31 each year). I want to join a Medicare drug plan (Part D) or Medicare Advantage Plan with drug coverage.
19	I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.
20	I am leaving a Medicare Advantage plan identified as a low-performing plan. *PROVIDE LEAVE DATE*
21	I am leaving a Medicare Advantage plan that has been placed in receivership.*PROVIDE LEAVE DATE*
22	I am leaving a Medicare MAPD or PDP plan and enrolling in a standalone Medicare Advantage plan without drug coverage (MA) because I have other creditable drug coverage. *PROVIDE LEAVE DATE*
23	I am enrolling during the Medicare Annual Enrollment Period (AEP).
24	I was affected by an emergency or a major disaster (as declared by the Federal Emergency Management Agency or by the Federal, state, or local government). One of the other statements on this page applies to me, but I could not make my request because of the disaster.

Continued on the next page.

CODE	SPECIAL ENROLLMENT PERIOD CIRCUMSTANCE
25	I lost my coverage because my plan no longer covers the area that I live.
26	I have Medicare drug coverage (Part D) through a Medicare Advantage Plan. I want to join a different Medicare health plan that doesn't offer drug coverage, so I can switch to non-Medicare creditable drug coverage.
27	I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started.
28	I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
29	I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.
30	I had Medicare before, but I'm now turning 65.
31	<p>Because of an exceptional circumstance, I had a Special Enrollment Period and signed up for either:</p> <ul style="list-style-type: none"> - Premium-Part A (Hospital Insurance) and Part B (Medical Insurance) - Only premium-Part A (I already have Part B) - Only Part B (I already have Part A and don't pay a premium for it) <p>I want to join a Medicare Advantage Plan (with or without drug coverage) because I now have both Part A and Part B.</p>
32	I signed up for premium-Part A (Hospital Insurance) or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. Now, I want to join a Medicare drug plan.
33	I live in a long-term care facility, like a nursing home or a rehabilitation hospital.
	If none of these statements apply to you or you're not sure, please contact Select Health toll-free at 855-442-9940 (TTY: 711) to see if you are eligible to enroll.

Select Health is an HMO and SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats.

Select Health Medicare **1-855-442-9900** (TTY: 711) / Select Health: **1-800-538-8038**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電。