

INSURANCE OPEN ENROLLMENT TIMELINES

Insurance changes can have a big impact on what you pay for infusion treatment. As your infusion provider, we want to help you choose a plan that fits your infusion care needs before your enrollment window closes.

KNOW YOUR WINDOW

Each type of coverage has its own enrollment period, and they don't all line up. Find the one that applies to you and give yourself time to ask questions before it closes.

	OCT 2026	NOV 2026	DEC 2026	JAN 2027	FEB 2027	MAR 2027
EMPLOYER GROUP HEALTH PLANS Employer, Retirement & COBRA	OCTOBER 1 – DECEMBER 31					
MEDICARE OPEN ENROLLMENT Medicare Advantage & Part D		OCT. 15 – DEC. 7				
MARKETPLACE PLANS Individual Plans		NOV. 1 – JAN. 15				
MEDICARE ADVANTAGE Drop/Change Plans				JANUARY 1 – MARCH 31		
MEDICARE PART B General Enrollment				JANUARY 1 – MARCH 31		
Marketplace note: dates shown are for states using HealthCare.gov. Several state-run marketplaces set their own deadlines – check your state’s marketplace to confirm.						

WHY IT MATTERS Infusion treatments are billed differently than office visits or prescriptions. Two plans with similar premiums can leave you paying very different amounts for the same therapy.	WHAT TO COMPARE Most infusion therapies fall under Medicare Part B, not Part D. Deductibles, coinsurance, site-of-care rules and in-network status matter more than the drug list alone.	IF YOU MISS IT You may still qualify for a special enrollment period after a qualifying life event such as a move, a marriage, or a loss of other coverage. Call us and we'll help you check.
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WHEN TO CALL US

Our specialists review your current coverage for infusion therapy and answer questions about the plans you're considering. There's no cost to talk with us.

ANY OF THESE SOUND LIKE YOU?

- ☐ You're changing insurance plans for 2027.
- ☐ You've recently become eligible for Medicare.
- ☐ You're making changes to Medicare or a Medicare Advantage plan.
- ☐ You have questions about additional insurance coverage.
- ☐ You received an open enrollment packet (EGHP, COBRA or retirement).
- ☐ You're not sure how your insurance covers infusion treatments.

WHAT HAPPENS WHEN YOU CALL

- We review how your current plan covers your infusion therapy.
- We walk through what the plans you're considering would mean for your treatment.
- We answer questions about costs, prior authorization and site-of-care rules.

ALREADY CHANGED PLANS?

Tell us as soon as your new card arrives, ideally before your next infusion. We'll re-verify your benefits, restart prior authorization if your new plan requires it, and tell you what to expect for cost – so a plan change doesn't delay your treatment.

PATIENT RESOURCES

855.478.1528

Call to set up a time with a Patient Resources Specialist, or scan the code for enrollment dates, answers to common questions, and a short form to tell us how you're planning to proceed.



Scan for more
open enrollment
information

This handout is general information about enrollment periods and infusion coverage. It is not insurance advice, and Vivo Infusion does not sell or recommend insurance plans. Enrollment dates are current as of September 2026; confirm with your plan or marketplace.