

# Guaranteed acceptance guide

## Blue Shield of California Medicare Supplement plans

If you have recently become eligible for Medicare or lost or ended your health coverage with another plan, you may qualify for guaranteed acceptance in a Blue Shield Medicare Supplement plan in certain situations. This guide will help you determine whether you qualify for guaranteed acceptance. **If you are age 64 or younger with end-stage renal disease, you are not eligible to enroll.**

**Important:** Please note that this guide is only a summary and is intended to help you identify the different situations that may qualify you for guaranteed acceptance in a Blue Shield Medicare Supplement plan. It does not contain all the details of each situation. Please remember that laws regulating guaranteed acceptance plans change frequently. So, some information in this guide may no longer be accurate. Please ask your sales representative or your attorney to confirm that you qualify for guaranteed acceptance.

If you and other members of your household are age 65 or older, and are accepted in the same benefit plan type, you will save 7% on your monthly dues if coverage is issued under one agreement. Under a household savings agreement, each of you must either qualify for guaranteed acceptance, or be subject to underwriting.

For more information about guaranteed acceptance, please contact your agent or call your Blue Shield sales representative at **(888) 713-0000**, [TTY: **711**] for the hearing impaired, 8 a.m. to 8 p.m., Monday through Friday, excluding holidays.

If you are already a subscriber, call Customer Service at **(800) 248-2341**, TTY: **711** for the hearing impaired, 8 a.m. to 5:30 p.m., Monday through Friday, excluding holidays.

You may also contact the California Health Insurance Counseling and Advocacy Program (HICAP) for guidance. HICAP offers health insurance counseling for California senior citizens. Call HICAP toll-free at **(800) 434-0222** for a referral to your local HICAP office. HICAP is a service provided free of charge by the state of California.

## How to use this guide:

1. If you believe a situation applies to you, review your plan choices and when you can apply.
2. Decide which plan type you want to apply for, based on plan descriptions found in Blue Shield's *Summary of Benefits and Provisions* booklet.
3. Write the corresponding situation number in the Guaranteed Acceptance section of your application.

If you qualify for guaranteed acceptance, do not complete the Statement of Health or the Authorization for Release of Medical Records sections of the application. If you do not qualify for guaranteed acceptance, you must complete these sections.

4. If you believe you qualify for guaranteed acceptance, please fill out the appropriate supporting information in the Current Insurance Coverage information section of the enrollment form, or attach proof of prior coverage as outlined in the table below.
5. Do not return this guide with your application. Keep it as a reference along with your other important Blue Shield materials.

<b>1</b>	<b>Situation</b>	You are: <ul style="list-style-type: none"> <li>• Enrolled in Medicare <i>and</i> are age 65 or older; <i>or</i></li> <li>• New to Medicare, are age 64 or younger, <i>and</i> do not have end-stage renal disease</li> </ul>
	<b>Your plan choices</b>	<b>Plan A, C, D, F, F Extra, High Deductible F, G, K or N</b>
	<b>When to apply</b>	<ul style="list-style-type: none"> <li>• If you are age 65 or older: Blue Shield must receive your application within six (6) months, beginning with the first day of the first month in which you are both age 65 or older, <i>and</i> you are enrolled for benefits under Medicare Part B.</li> <li>• If you are age 64 or younger: Blue Shield must receive your application within six (6) months of your enrollment in Medicare Part B, <i>or</i> if you are notified retroactively of eligibility for Medicare, within six (6) months of notice of eligibility.</li> </ul>
	<b>You must supply this documentation</b>	<p>Be sure to fill out the following sections of your enrollment application:</p> <ul style="list-style-type: none"> <li>• Medicare Parts A and B effective dates and your Medicare number.</li> <li>• In addition, if you are age 64 or younger, you are required to complete the Current Insurance Coverage information section confirming you do not have end-stage renal disease.</li> </ul>

<b>2</b>	<b>Situation</b>	You currently have a Medicare Supplement plan and want to switch to a different Medicare Supplement plan.
	<b>Your plan choices</b>	You have an annual open enrollment period, during which you may transfer to any Medicare Supplement plan that offers benefits equal to or lesser than those provided in your current plan! Call Blue Shield at the number on the previous page to see which plans you qualify for.
	<b>When to apply</b>	Blue Shield must receive your application within thirty (30) days of your birthday.
	<b>You must supply this documentation</b>	A completed copy of Blue Shield's Notice to Applicant Regarding Replacement of Medicare Supplement Coverage, which can be found in the plan presale kit, immediately following the enrollment application, plus proof of your current plan type/insurance carrier.

**3****Situation**

You enrolled with one of the following:

- A Medicare Advantage Plan;<sup>2</sup>
- A Medicare cost or similar organization operating under demonstration project authority before April 1, 1999;
- A healthcare prepayment plan; or
- A Medicare Select policy;

and any of the following apply:

- The certification of the organization or plan is being terminated;
- The organization is terminating or discontinuing the plan in the service area in which you reside; or
- You are no longer eligible because you moved outside the service area.

**Your plan choices**

**Plan A, C, D, F, F Extra, High Deductible F, G, K or N**

**When to apply**

If your coverage is being involuntarily terminated,<sup>3</sup> you may submit your application any time after you receive the notice of termination, but no later than sixty-three (63) days after the date coverage is terminated. However, if you are enrolled in a Medicare Advantage Plan, you must apply within one hundred twenty-three (123) days of the date your coverage is terminated.

**You must supply this documentation**

Be sure to complete the Current Insurance Coverage information section (including the end date and reason for coverage ending) of your signed Medicare Supplement plan application.<sup>4</sup>

Please supply image of front and back of current carrier ID card.

**4****Situation**

You received notice of termination, or your coverage was terminated from any employer-sponsored health plan, including an employer-sponsored retiree health plan. This includes termination for loss of eligibility due to divorce or death of a spouse.

**Your plan choices**

**Plan A, C, D, F, F Extra, High Deductible F, G, K or N**

**When to apply**

Blue Shield must receive your application within six (6) months of the notice of termination, or if no notice is received, within six (6) months of the date your employer-sponsored health coverage ended.

**You must supply this documentation**

Be sure to complete the Current Insurance Coverage information section (including the end date) of your signed Medicare Supplement plan application.<sup>4</sup>

Please supply image of front and back of current carrier ID card.

<b>5</b>	<b>Situation</b>	You enrolled in a Medicare Supplement plan, but you lost coverage because you moved outside the plan's service area.
	<b>Your plan choices</b>	<b>Plan A, C, D, F, F Extra, High Deductible F, G, K or N</b>
	<b>When to apply</b>	Blue Shield must receive your application within six (6) months of the date coverage is terminated.
	<b>You must supply this documentation</b>	Be sure to complete the Current Insurance Coverage information section of your signed Medicare Supplement plan application. You must also provide documentation to support the reason for termination, and a copy of the prior coverage termination notice with your name and termination date or a Certificate of Prior Coverage.  Please supply image of front and back of current carrier ID card.
<b>6</b>	<b>Situation</b>	Upon first becoming eligible for Medicare Part A at age 65, you enrolled in a Medicare Advantage Plan, <sup>2</sup> or with a Program of All-Inclusive Care for the Elderly (PACE) provider, and then disenrolled from the plan or program within twelve (12) months of the effective date of that enrollment.
	<b>Your plan choices</b>	<b>Plan A, C, D, F, F Extra, High Deductible F, G, K or N</b>
	<b>When to apply</b>	If you are voluntarily terminating your coverage, you may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated.
	<b>You must supply this documentation</b>	Be sure to complete the Current Insurance Coverage information section (including the end date) of your signed Medicare Supplement plan application. <sup>4</sup>  Please supply image of front and back of current carrier ID card.
<b>7</b>	<b>Situation</b>	You were enrolled in a Medicare Supplement plan and subsequently enrolled in a Medicare Advantage Plan <sup>2</sup> or with a PACE provider, <i>and</i> : <ul style="list-style-type: none"> <li>• Your coverage was involuntarily terminated within twelve (12) months of the effective date of enrollment; <i>and</i></li> <li>• You then enrolled in another Medicare Advantage Plan or PACE provider plan and disenrolled from that plan within twenty-four (24) months of the effective date with the first plan.</li> </ul>
	<b>Your plan choices</b>	<b>Plan A, C, D, F, F Extra, High Deductible F, G, K or N; or</b> <ul style="list-style-type: none"> <li>• The Medicare Supplement plan you had previously, if it is still offered for sale by that insurer.</li> </ul>
	<b>When to apply</b>	If your coverage is being involuntarily terminated, <sup>3</sup> you may submit your application any time after you receive the notice of termination, but no later than sixty-three (63) days after the date coverage is terminated; however, if you are enrolled in a Medicare Advantage Plan, you must apply within one hundred twenty-three (123) days of the date coverage is terminated.
	<b>You must supply this documentation</b>	Be sure to complete the Current Insurance Coverage information section (including the end date and reason for coverage ending) of your signed Medicare Supplement plan application. <sup>4</sup>  Please supply image of front and back of current carrier ID card.

**8****Situation**

You are 65 or older, are enrolled with a PACE provider, and any of the following situations that permit termination of enrollment apply:

- The certification of the organization is being terminated;
- The organization is terminating or discontinuing services in the service area in which you reside;
- You are no longer eligible, because you moved outside the service area;
- The organization substantially violated a material provision of the contract with the Centers for Medicare & Medicaid Services (CMS); or
- The organization or its agent materially misrepresented a provision of the program in marketing the contract to you.

**Your plan choices**

**Plan A, C, D, F, F Extra, High Deductible F, G, K or N;** or

- The Medicare Supplement plan you had previously, if it is still offered for sale by that insurer.

**When to apply**

- If your coverage is being involuntarily terminated,<sup>3</sup> you may submit your application any time after you receive the notice of termination, but no later than sixty-three (63) days after the date coverage is terminated.
- If you are voluntarily terminating your coverage, you may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated.

**You must supply this documentation**

Be sure to complete the Current Insurance Coverage information section (including the end date and reason for coverage ending) of your signed Medicare Supplement plan application.<sup>4</sup>

Please supply image of front and back of current carrier ID card.

**9****Situation**

You terminated enrollment in a Medicare Supplement plan and subsequently enrolled, for the first time, in any of the following:

- A Medicare Advantage Plan;<sup>2</sup>
- A Medicare cost or similar organization operating under demonstration project authority before April 1, 1999;
- A PACE provider; or
- A Medicare Select policy.

You then disenrolled within the first 12 months.

**Your plan choices**

**Plan A, C, D, F, F Extra, High Deductible F, G, K or N**

- The Medicare Supplement plan you had previously, if it is still offered for sale by that insurer.

**When to apply**

If you are voluntarily terminating your coverage, you may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated.

**You must supply this documentation**

Be sure to complete the Current Insurance Coverage information section (including the end date) of your signed Medicare Supplement plan application.<sup>4</sup>

Please supply image of front and back of current carrier ID card.

<b>10</b>	<b>Situation</b>	<p>You terminated enrollment in a Medicare Supplement plan and subsequently enrolled, for the first time, with any of the following:</p> <ul style="list-style-type: none"> <li>• A Medicare Advantage Plan;<sup>2</sup></li> <li>• A Medicare cost or similar organization operating under demonstration project authority before April 1, 1999;</li> <li>• A PACE provider plan; or</li> <li>• A Medicare Select policy.</li> </ul> <p>However, your coverage was involuntarily terminated within twelve (12) months of the effective date of enrollment. You then enrolled in another similar plan and disenrolled from that plan within twenty-four (24) months of the effective date of the first plan.</p>
	<b>Your plan choices</b>	<p><b>Plan A, C, D, F, F Extra, High Deductible F, G, K or N;</b> or</p> <ul style="list-style-type: none"> <li>• The Medicare Supplement plan you had previously, if it is still offered by that issuer.</li> </ul>
	<b>When to apply</b>	<p>If your coverage is being involuntarily terminated,<sup>3</sup> you may submit your application any time after you receive the notice of termination, but no later than sixty-three (63) days after the date coverage is terminated. However, if you are enrolled in a Medicare Advantage Plan, you must apply within one hundred twenty-three (123) days of the date coverage is terminated.</p>
	<b>You must supply this documentation</b>	<p>Be sure to complete the Current Insurance Coverage information section (including the name and end date of your three previous carriers) of your signed Medicare Supplement plan application.<sup>4</sup></p> <p>Please supply image of front and back of current carrier ID card.</p>

<b>11</b>	<b>Situation</b>	<p>You enrolled in an employer-sponsored health plan that supplements Medicare, and either of the following apply:</p> <ul style="list-style-type: none"> <li>• The plan either terminates or ceases to provide all of those supplemental health benefits to you; or</li> <li>• The employer no longer provides you with insurance that covers all of the payment for the 20% coinsurance.</li> </ul>
	<b>Your plan choices</b>	<p><b>Plan A, C, D, F, F Extra, High Deductible F, G, K or N</b></p>
	<b>When to apply</b>	<p>You may submit an application to Blue Shield during the guaranteed acceptance period, which starts from the later of the following two dates, and ends sixty-three (63) days after the date coverage is terminated:</p> <ul style="list-style-type: none"> <li>• The date you received a notice of termination, or if no notice is received, on the date you received notice denying the claim because of termination of benefits; or</li> <li>• The date coverage is terminated.</li> </ul>
	<b>You must supply this documentation</b>	<p>Be sure to complete the Current Insurance Coverage information section (including the end date and reason for coverage ending) of your signed Medicare Supplement plan application.<sup>4</sup></p> <p>Please supply image of front and back of current carrier ID card.</p>



<b>12</b>	<b>Situation</b>	You are a Medicare-eligible military retiree, spouse or dependent, and you lost access to healthcare services because: <ul style="list-style-type: none"> <li>• The military base closed;</li> <li>• The military base no longer offers services; or</li> <li>• You relocated.</li> </ul>
	<b>Your plan choices</b>	<b>Plan A, C, D, F, F Extra, High Deductible F, G, K or N</b>
	<b>When to apply</b>	Blue Shield must receive your application within six (6) months of the date you lost access to healthcare services at the military base.
	<b>You must supply this documentation</b>	Documentation to support the reason you no longer have access to healthcare services at the military base.

<b>13</b>	<b>Situation</b>	You enrolled in one of the following: <ul style="list-style-type: none"> <li>• A Medicare Advantage Plan;<sup>2</sup></li> <li>• A Medicare cost or similar organization operating under demonstration project authority before April 1, 1999;</li> <li>• A healthcare prepayment plan;</li> <li>• A Medicare Supplement plan; or</li> <li>• A Medicare Select policy;</li> </ul> but coverage terminated because you demonstrated: <ul style="list-style-type: none"> <li>• The company substantially violated a material provision of the contract; or</li> <li>• The company or its agent materially misrepresented a provision of the plan in marketing the contract to you.</li> </ul>
	<b>Your plan choices</b>	<b>Plan A, C, D, F, F Extra, High Deductible F, G, K or N</b>
	<b>When to apply</b>	You may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated.
	<b>You must supply this documentation</b>	Be sure to complete the Current Insurance Coverage information section (including the end date and reason for coverage ending) of your signed Medicare Supplement plan application. <sup>4</sup>  Please supply image of front and back of current carrier ID card.

<b>14</b>	<b>Situation</b>	You enrolled in a Blue Shield Medicare Advantage Plan <sup>2</sup> and Blue Shield either: <ul style="list-style-type: none"> <li>• Reduced any of its benefits;</li> <li>• Increased the amount of cost-sharing or premium; or</li> <li>• Discontinued (for other than quality of care) a contract with a provider currently furnishing services to you.</li> </ul>
	<b>Your plan choices</b>	<b>Plan A, C, D, F, F Extra, High Deductible F, G, K or N</b>
	<b>When to apply</b>	You may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated.
	<b>Blue Shield must obtain this verification</b>	Blue Shield will verify Medicare Advantage Plan termination within Blue Shield's eligibility system.

<b>15</b>	<b>Situation</b>	You enrolled in a Medicare Supplement plan, but coverage stopped because: <ul style="list-style-type: none"> <li>• The company filed for bankruptcy or is insolvent; or</li> <li>• Of other involuntary termination of coverage under the contract.</li> </ul>
	<b>Your plan choices</b>	<b>Plan A, C, D, F, F Extra, High Deductible F, G, K or N</b>
	<b>When to apply</b>	You may submit an application to Blue Shield during the guaranteed acceptance period, which starts from the earlier of the following two dates, and ends sixty-three (63) days after coverage terminates: <ul style="list-style-type: none"> <li>• The date you receive notice of termination, bankruptcy, insolvency or other similar notice; or</li> <li>• The date coverage is terminated.</li> </ul>
	<b>You must supply this documentation</b>	Be sure to complete the Current Insurance Coverage information section of your signed Medicare Supplement plan application and provide documentation to support the reason for termination, and a copy of the prior coverage termination notice with your name and termination date or a Certificate of Prior Coverage.  Please supply image of front and back of current carrier ID card.

<b>16</b>	<b>Situation</b>	You are enrolled in Medicare Part B and have been notified that because of an increase in your income or assets, you meet one of the following: <ul style="list-style-type: none"> <li>• You are no longer eligible for Medi-Cal benefits.</li> <li>• You are only eligible for Medi-Cal benefits with a share-of-cost (and you certify at the time of application with Blue Shield you have not met the share of the cost).</li> </ul>
	<b>Your plan choices</b>	<b>Plan A, C, D, F, F Extra, High Deductible F, G, K or N</b>
	<b>When to apply</b>	Blue Shield must receive your application within six (6) months of the date coverage is terminated or notice is issued that your share-of-cost is increasing due to a change in income/assets.
	<b>You must supply this documentation</b>	A copy of the notice of termination from the Medi-Cal Program, or the notice that your share-of-cost is increasing due to a change in income/assets.



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## Situation

You enrolled in a Medicare Advantage Plan<sup>2</sup> and that plan either:

- Reduced any of its benefits;
- Increased the amount of cost-sharing for physicians, hospital or drug copayments by 15% or more;
- Increased premium by 15% or more; or
- Discontinued (for other than quality of care) a contract with a provider currently furnishing services to you.

In addition, no Medicare Supplement plan is available from that issuer, a subsidiary of the parent company of the issuer, or a network that contracts with the parent company of the issuer.

## Your plan choices

**Plan A, C, D, F, F Extra, High Deductible F, G, K or N**

## When to apply

You may submit an application during the Annual Election Period for a Medicare Advantage Plan, except when the Medicare Advantage Plan has discontinued its relationship with a provider currently furnishing services to you, in which case you may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated.

## You must supply this documentation

Be sure to complete the Current Insurance Coverage information section (including the end date and reason for coverage ending) of your signed Medicare Supplement plan application.<sup>4</sup>

Please supply image of front and back of current carrier ID card.

## Endnotes

1. A 1990 standardized Medicare Supplement benefit plan shall be deemed to offer benefits equal to those provided by its equivalent 2010 standardized Medicare Supplement benefit plan. For example, a 1990 standardized Medicare Supplement benefit plan A shall be deemed to offer benefits equal to those provided by a 2010 standardized Medicare Supplement benefit plan A.
2. A Medicare Advantage Plan can be any of the following: a Medicare managed care (HMO) plan, Medicare preferred provider organization (PPO) plan, Medicare private fee-for-service (PFFS) plan, or specialized Medicare Advantage Plan.
3. Involuntarily terminated coverage does not include termination for nonpayment of dues, certain disruptive behavior, or if the plan is terminated for all individuals within the service area.
4. Blue Shield reserves the right to request a copy of the prior coverage termination notice with your name and termination date, or a Certificate of Prior Coverage.