

Hawkins Insurance Services
Robert Hawkins 0655770 DOI
Authorized Agent
P.O. Box 42
Spring Valley, CA 91976

MEMBER EDUCATION



Tel: (619) 670-1136
Toll Free: (800) 622-6637
Fax (619) 670-5026
Email: bondpro1@cox.net

Guaranteed Acceptance Guide

Blue Shield of California
Medicare Supplement Plans

If you have recently become eligible for Medicare, or lost or ended your healthcare coverage with another plan, you may qualify for guaranteed acceptance in a Blue Shield of California Medicare Supplement Plan in certain situations. This Guide will help you determine whether you qualify for guaranteed acceptance. **If you are 64 or younger with End Stage Renal Disease you are not eligible to enroll.**

Important: Please note that this Guide is only a brief summary, and is intended to help you identify the different situations which may qualify you for guaranteed acceptance in a Blue Shield of California Medicare Supplement Plan. It does not contain all the details of each situation. It's important to remember that laws regulating guaranteed acceptance plans change frequently. Consequently, 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 your spouse or domestic partner are applying for a two-party rate contract, both individuals must be age 65 or older, enrolled in both Medicare Parts A and B, and apply for the same Plan Type. Even under a two-party rate contract, each individual must qualify for guaranteed acceptance to apply. Either person who does not qualify for guaranteed acceptance according to this Guaranteed Acceptance Guide will be subject to underwriting.

For more information about guaranteed acceptance, please contact Blue Shield at the following numbers:

(800) 248-2341, TDD **(800) 241-1823**

8 a.m. to 5 p.m. Mon. – Thurs., 9 a.m. to 5 p.m. Fri., excluding holidays

Or, contact your agent or your Blue Shield sales representative at:

Woodland Hills Regional Sales Office

(888) 713-0000, TDD **(888) 585-0000**

8:30 a.m. to 5:30 p.m. Mon. – Fri., excluding holidays

You may also contact the California Health Insurance Counseling and Advocacy Program (HICAP) for guidance. HICAP provides 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.

Visit us at mylifepath.com

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How to use this Guide:

1. If you believe a situation applies to you, review your plan choices and when to apply.
2. Decide which plan choice 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. *All applicants must complete the Statement of Health portion of the application. If you qualify for guaranteed acceptance, you will not be denied acceptance in a plan based on your health statement.*
4. If you believe you qualify for guaranteed acceptance, please attach proof of prior coverage, as outlined in the table at the end of this Guide.
5. Do not return this Guide with your application. Keep it as a reference along with your other important Blue Shield materials.

1	Situation	You are new to Medicare or you already have Medicare because you are disabled and have just turned 65.
	Your plan choices	<ul style="list-style-type: none"> • If you are 65 or older: Plan A, B, C, D, F, H or I • If you are 64 or younger: Plan A, B, C, F or I.
	When to apply	Blue Shield must receive your application no later than six (6) months after your Medicare Part B coverage took effect or six (6) months after your 65th birthday if you are younger than 64 and already have Medicare because you are disabled.
2	Situation	You currently have a Medicare Supplement Plan and want to switch to a different Medicare Supplement Plan.
	Your plan choices	You are guaranteed acceptance in a plan with benefits equal to or less than your current plan. Call Blue Shield at (800) 248-2341 to see which plans you qualify for.
	When to apply	Blue Shield must receive your application no later than 30 days after your last birthday.
3	Situation	You enrolled in a Medicare SELECT Plan, a Medicare Advantage plan or an organization that provides or arranges for medical or other health care services instead of Medicare Part B on a prepayment basis, but coverage was involuntarily ¹ terminated because the carrier lost its contract with the Centers for Medicaid and Medicare Services or discontinued offering the plan.
	Your plan choices	Plan A, B, C, F or I
	When to apply	Blue Shield must receive your application within 63 days of the date your termination became effective; however, you may enroll immediately by submitting your application when you receive your notice of termination.

4	Situation	You disenrolled or received notice of termination from an employer-sponsored health plan or employer-sponsored retiree health plan.
	Your plan choices	Plan A, B, C, D, F, H or I
	When to apply	Blue Shield must receive your application no later than six (6) months of the date your employer-sponsored health coverage ended.
5	Situation	You enrolled in a Medicare Supplement, Medicare Advantage or a PACE Provider plan, but lost coverage because you moved outside the plan's service area.
	Your plan choices	<ul style="list-style-type: none"> • If you are 65 or older in a Medicare Supplement Plan: A, B, C, D, F, H or I • If you are 64 or younger in a Medicare Supplement Plan: A, B, C, F or I • If you are in a Medicare Advantage or PACE Provider plan, regardless of age: A, B, C, F or I
	When to apply	Blue Shield must receive your application within six (6) months of the date you lost coverage.
6	Situation	You enrolled in a Medicare Advantage or PACE Provider plan when you first became eligible for Medicare or when you enrolled in Medicare after your employer-sponsored coverage ended. Then you involuntarily ¹ lost coverage within the first 12 months of that enrollment.
	Your plan choices	A, B, C, D, F, H or I
	When to apply	Blue Shield must receive your application no later than 63 days after the date you lost coverage. Note: If you want to enroll in another Medicare Advantage or PACE Provider plan, you may do so and remain in that plan for up to an additional 12 months (not to exceed a total of 24 months) before deciding to apply for Medicare Supplement Plan A, B, C, D, F, H or I on the basis of guaranteed acceptance. Your total initial enrollment period cannot exceed 24 months, counting from the date you first enrolled in a Medicare Advantage or PACE Provider plan.
7	Situation	You enrolled in a Medicare Advantage plan as soon as you became eligible for Medicare or when you enrolled in Medicare after your employer-sponsored coverage ended. Then within the first 12 months of your enrollment you decided you would prefer Medicare Supplement coverage.
	Your plan choices	Plan A, B, C, D, F, H or I
	When to apply	Blue Shield must receive your application at least 60 days prior to or no later than 63 days after the date your disenrollment becomes effective.

8	Situation	You have been enrolled in the Blue Shield 65 Plus Medicare Advantage Plan for six months or less and have decided you would prefer Medicare Supplement coverage.
	Your plan choices	Plan A, B, C, D or F
	When to apply	Blue Shield's Member Services Department must receive your request to switch plans within the first six (6) months of your enrollment in Blue Shield 65 Plus.
9	Situation	You disenrolled from a Medicare Supplement Plan and, within 63 days of disenrollment, enrolled for the first time in a Medicare SELECT, Medicare Advantage or PACE Provider plan. You then voluntarily disenrolled from that plan within 12 months.
	Your plan choices	You may enroll in either: <ul style="list-style-type: none"> • Plan A, B, C, F or I, or • The Medicare Supplement Plan you had previously, if it is still offered for sale by that issuer.
	When to apply	Blue Shield must receive your application at least 60 days prior to or no later than 63 days after the date your disenrollment becomes effective.
10	Situation	You disenrolled from a Medicare Supplement Plan, subsequently enrolled for the first time in a Medicare SELECT, Medicare Advantage or PACE Provider plan, and then involuntarily ¹ lost coverage within the first 12 months of enrollment in that plan.
	Your plan choices	<ul style="list-style-type: none"> • Plan A, B, C, D, F or I, or • The Medicare Supplement Plan you had previously, if it is still offered by that issuer.
	When to apply	Blue Shield must receive your application no later than 63 days after the date your disenrollment becomes effective. Note: If you want to enroll in another Medicare Advantage plan, you may do so and remain in that plan for up to an additional 12 months (not to exceed a total of 24 months) before deciding to apply for a Medicare Supplement plan shown above on the basis of guaranteed acceptance. Your total initial enrollment period cannot exceed 24 months, counting from the date you first enrolled in a Medicare SELECT, Medicare Advantage or PACE Provider plan.

11	Situation	You enrolled in an employer group health plan that supplements Medicare, but your employer stopped providing some or all plan benefits, and no longer covers 20% of Medicare Part B coinsurance.
	Your plan choices	Plan A, B, C, F or I
	When to apply	Blue Shield must receive your application within 63 days of the date your coverage was terminated, or (if you did not receive notification from the employer group plan) within 63 days of the date a claim for benefits was denied.
12	Situation	You are a Medicare-eligible military retiree or dependent and you lost access to coverage because: <ul style="list-style-type: none"> • The military base closed • The military base no longer offers services • You relocated and lost coverage as a result of that relocation.
	Your plan choices	Plan A, B, C, D, F, H or I
	When to apply	Blue Shield must receive your application within six (6) months of the date you lost access to coverage at the military base.
13	Situation	You enrolled in a Medicare Supplement Plan, but coverage stopped because: <ul style="list-style-type: none"> • The company filed for bankruptcy or is insolvent • The company terminated your coverage • The company or its agent violated or misrepresented a provision of the plan.
	Your plan choices	Plan A, B, C, F or I
	When to apply	Blue Shield must receive your application within 63 days of the date your coverage terminated; however, you may apply for coverage by submitting your application when you receive your notice of termination.
14	Situation	You enrolled in a Medicare Advantage or PACE Provider Plan and lost coverage because: <ul style="list-style-type: none"> • The carrier lost its contract with the Centers for Medicaid and Medicare • The carrier stopped offering the plan • You moved outside the plan's service area.
	Your plan choices	<ul style="list-style-type: none"> • If your carrier lost its contract or stopped offering the plan: Plan A, B, C, F or I • If you moved outside the service area: Plan A, B, C, D, F, H or I
	When to apply	<ul style="list-style-type: none"> • If your carrier lost its contract or stopped offering the plan: Blue Shield must receive your application within 123 days of the date you lost coverage. • If you moved outside the service area, Blue Shield must receive your application within eight (8) months of the date you lost coverage.

15	Situation	You enrolled in a Blue Shield of California Medicare Advantage plan, and Blue Shield of California either: <ul style="list-style-type: none"> • Reduced or is reducing the benefits of that plan • Increased or is increasing the copayments or deductibles required under that plan • Discontinued or is discontinuing a provider currently furnishing services to you under that plan (for reasons other than related to quality of care).
	Your plan choices	Plans A, B, C, F, H or I
	When to apply	Blue Shield can receive your application not later than 63 days after you disenroll from your Blue Shield of California Medicare Advantage plan.

1. Involuntarily terminated coverage does not include termination for fraud or non-payment of dues.

If you apply for Blue Shield of California Medicare Supplement Plan under guaranteed acceptance provisions you must provide documentation for certain situations, as follows:

For this situation	You must provide this documentation
1	A copy of your Medicare card
2	A completed copy of Blue Shield's Notice to Applicant Regarding Replacement of Medicare Supplement Coverage, plus proof of your current plan type
3	A copy of prior coverage termination notice
4, 7, 8, 9	Proof of prior coverage
5, 6, 10, 12, 13, 14, 15	A copy of prior coverage termination notice and the reason for termination
11	A copy of prior coverage termination notice, including reason for termination, or claims denial

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