

Proof of Medicare Supplement Exemption Guidelines

There are some cases in which Medicare Supplement applicants are exempt from completing the health questionnaire included in the enrollment application. Applicants who have experienced one of these qualifying events must submit proof along with their application to avoid send backs and delayed processing.

We have included a list of acceptable proof below based on the type of exemption. For a description of each exemption, please see the next page or refer to the enrollment application.

Exemption	Acceptable Proof
A	<ul style="list-style-type: none"> Medicare card information completed on application or a copy of the card
B	Carrier terminated or discontinued the plan in that area: <ul style="list-style-type: none"> Letter from prior carrier that contains reason for discontinuation/termination and the term date Member moved out of service area: <ul style="list-style-type: none"> Utility bill from previous address <u>and</u> termination letter from prior carrier showing termination date
C	Proof of termination date: Notice of termination or in absence of notification, an EOB for a denied claim
D	<ul style="list-style-type: none"> Letter from prior carrier showing termination date and reason for termination <u>or</u> a letter/direction from the Insurance Commissioner showing termination date and reason for termination
E	<ul style="list-style-type: none"> Letter from prior carrier showing termination date
F	<ul style="list-style-type: none"> Letter from prior carrier showing effective and termination dates
G	<ul style="list-style-type: none"> Letter from prior carrier showing termination date

Description of Medicare Supplement Exemptions

For applicants seeking coverage during their open enrollment:

Exemption	Description of Exemption	New Plan Selection
A	Application is submitted prior to or during the 6-month period beginning on the first day of the first month in which the applicant is 65 years of age or older and enrolled for benefits under Medicare Part B.	Plans A, F, High Deductible F and N

For applicants seeking coverage within 63 days from the date their previous coverage ended:

Exemption	Description of Exemption	New Plan Selection
B	Applicant's Medicare Advantage plan or Program of All-Inclusive Care for the Elderly (PACE) terminated or is no longer providing service in applicant's area or applicant moved out of the area.	Plans A, F and High Deductible F
C	Applicant was covered by an employer's group health plan that provided health benefits and the plan terminated or no longer provides benefits.	Plans A, F and High Deductible F
D	Applicant's Medicare Supplement policy coverage terminated because the insurer became insolvent or bankrupt.	Plans A, F and High Deductible F
E	Applicant's Medicare Supplement insurer violated a material provision of the policy or the agent materially misrepresented the plan's provisions in marketing the plan.	Plans A, F and High Deductible F
F	Applicant terminated their PBCBS of Alaska Medicare Supplement plan and enrolled in a Medicare Advantage plan, then voluntarily disenrolled from that plan within the first 12 months of enrolling. (Applicant may enroll in the same PBCBS of Alaska Medicare Supplement plan they were previously enrolled in. However, if that plan is not available, they may enroll in Plans A, F or High Deductible F).	Plans A, F and High Deductible F
G	Applicant joined a Medicare Advantage plan or PACE program when they were first eligible for Medicare and within the first year of joining that plan, they disenrolled. (Applicant may enroll in any PBCBS of Alaska Medicare Supplement plan.)	Plans A, F, High Deductible F and N