

Medicare Supplement Enrollment Tool

USE THIS TOOL TO DETERMINE CLIENT ELIGIBILITY

Use this tool to determine if your client is eligible for a guaranteed issue Medicare Supplement plan. If the qualifications below aren't met, the applicant must complete health questions included in the application. Their application will also require underwriting. **Applicants must meet all three qualifications from Section A, AND at least one of the qualifications in Section B.**

Members who are moving from Medicare Advantage and are new to Medicare Supplement must disenroll from their Medicare Advantage plan before their Medicare Supplement plan will be effective. Members will receive a form in their welcome kit that allows them to confirm that their Medicare Advantage coverage has been terminated. Members must complete, sign and return the form to Premera.

	Qualification	Required Verification or Documentation
Section A Applicants must meet all three qualifications	Applicant is 65 or older	<input type="checkbox"/> Applicant must provide Medicare information on the enrollment form or a provide copy of the Medicare ID will be required.
	Applicant is a Washington resident	
	Applicant must have both Part A & B of Medicare or will have both on the scheduled effective date.	
Section B Applicants must meet at least one qualification	Applicant will be 65 within the month of their requested effective date or their Part B is effective within 6 months of the scheduled effective date.	<input type="checkbox"/> If the applicant has Part A and B coverage start on the first of the month in which they turn 65, the open enrollment period will start on their birthday. <input type="checkbox"/> Open Enrollment period is 6 months long, but it begins on the first day that the applicant is <u>both</u> 65 or older <u>and</u> enrolled in Medicare Part B.
	The applicant has an existing Medicare Supplement Plan other than Plan A (with no more than a 63-day break in coverage).	<input type="checkbox"/> Termination of coverage letter <input type="checkbox"/> Certificate of coverage and proof of payment to the applicant's previous carrier cancelled within the last 90 days** <input type="checkbox"/> Copy of insurance card and proof of payment for the plan the applicant had in the last 63 days**



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	Qualification	Required Verification or Documentation
<p>Section B (continued)</p> <p>Applicants must meet at least one qualification</p>	<p>The applicant is applying within 63 days of terminating coverage from individual, employer-sponsored, or group-sponsored plan.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Termination of coverage letter <input type="checkbox"/> Certificate of coverage and proof of payment to the applicant's previous carrier** <p>Copy of insurance card and proof of payment for the plan the applicant had in the last 63 days**</p>
	<p>The applicant qualifies for a Special Enrollment Period because the applicants Medicare Advantage plan, Medicare Select plan or Program of All-Inclusive Care for the Elderly (PACE) terminated or is no longer providing service in the applicant's area or the applicant moved out of the area.</p>	<p>If the applicant's previous carrier terminated or discontinued their plan:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter from the prior carrier that contains reason for discontinuation/termination and the term date. <p>If the applicant moved out of their previous carrier's service area:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Utility bill from previous address. <input type="checkbox"/> Termination letter from prior carrier showing termination date.
	<p>The applicant qualifies for a Special Enrollment Period because their Medicare Supplement, Medicare Advantage or PACE insurer violated a material provision of the policy or the producer materially misrepresented the plan's provisions in marketing the plan.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Letter from their prior carrier showing termination date.
	<p>The applicant qualifies for a Special Enrollment Period if they signed up for a Medicare Advantage plan and decided within the first year that they would rather have Original Medicare and would like to switch to Medicare Supplement plan in their area.</p> <p>or</p> <p>Switched from Original Medicare and Medicare Supplement to a Medicare Advantage and now within the first year of being on Medicare Advantage plan want to switch back to the same policy they had before as long as the insurance company still sells it or any other Medicare Supplement plan the carrier sells if the plan they had before switching to Medicare Advantage Plan is no longer being sold.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Letter from their prior carrier showing termination date. <input type="checkbox"/> Applicant can apply for Medicare Supplement starting 60 days before they lose coverage, and Guaranteed Issue right ends 63 days after applicant loses coverage.

*Please provide copies of required documentation when you submit the application.

**Examples include: A bank statement, billing statement, or payment check that was cancelled within the last 90 days.