

13	<b>Situation</b>	<p><b>You enrolled in one of the following plans:</b></p> <ul style="list-style-type: none"> <li>• A Medicare Advantage plan;<sup>1,3</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> <p>but coverage stopped because:</p> <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>	Plan A, B, C, F, or K
	<b>When to apply</b>	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	<b>Situation</b>	<p><b>You enrolled in a Blue Shield Medicare Advantage<sup>1</sup> plan, and Blue Shield either:</b></p> <ul style="list-style-type: none"> <li>• Reduced any of its benefits;</li> <li>• Increased the amount of cost-sharing; 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>	Plans A, B, C, F, or K
	<b>When to apply</b>	You may submit an application 60 days before the effective date of termination, but Blue Shield must receive your application within 63 days of the date coverage is terminated.

15	<b>Situation</b>	<p><b>You enrolled in a Medicare Supplement plan, but coverage stopped because:</b></p> <ul style="list-style-type: none"> <li>• The company filed for bankruptcy or is insolvent; or</li> <li>• Other involuntary termination of coverage under the contract.</li> </ul>
	<b>Your plan choices</b>	Plan A, B, C, F, or K
	<b>When to apply</b>	<p><b>You may submit an application to Blue Shield any time from the later of the following:</b></p> <ul style="list-style-type: none"> <li>• After the date you receive notice of termination, bankruptcy/insolvency or other similar notice; or</li> <li>• The date coverage is terminated, but within 63 days of the date coverage is terminated.</li> </ul>

16	<b>Situation</b>	You are no longer eligible for Medi-Cal because of an increase in your income or assets.
	<b>Your plan choices</b>	Plans A, B, C, F, or K
	<b>When to apply</b>	Blue Shield must receive your application within six (6) months of the date coverage is terminated.

**End Notes**

1. A Medicare Advantage plan can be any of the following: Medicare managed care (HMO) plan, Medicare preferred provider organization (PPO) plan, Medicare private fee-for-service (PFFS) plan or a specialized Medicare Advantage plan.
2. Involuntarily terminated coverage does not include termination for fraud or non-payment of dues.
3. If you are currently enrolled in a Medicare Advantage plan and have already made your selection for the current year, you may not be guaranteed acceptance into a Medicare Supplement plan. In that case you must remain in your Medicare Advantage plan until the next open enrollment period, which is November 15 to December 31, with an effective date of January 1.

**If you apply for a Blue Shield 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	<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, a signed and dated statement indicating you do not have end-stage renal disease.</li> </ul>
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 the prior coverage termination notice.
4, 7, 9	A copy of the prior coverage termination notice that includes the termination date, plus proof of prior coverage.
5, 6, 10, 12, 13, 14, 15	A copy of the prior coverage termination notice and the reason for termination.
11	A copy of the prior coverage termination notice, including the reason for termination, or claims denial.

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# 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. 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 the *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., Monday through Thursday, 9 a.m. to 5 p.m. Friday, 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., Monday through Friday, 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.

**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.  
*Applicants who qualify for enrollment on the basis of guaranteed acceptance are not required to complete the Statement of Health portion of the Medicare Supplement Application. Applicants who do not qualify for guaranteed acceptance must complete the Statement of Health.*
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	<b>Situation</b>	<p><b>You are:</b></p> <ul style="list-style-type: none"> <li>• Enrolled in Medicare and are age 65 or older; or</li> <li>• You are new to Medicare, are age 64 or younger, and do not have end-stage renal disease.</li> </ul>
	<b>Your plan choices</b>	<ul style="list-style-type: none"> <li>• If you are age 65 or older: Plan A, B, C, D, F, or K</li> <li>• If you are age 64 or younger: Plan A, B, C, F, or K</li> </ul>
	<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 65 years of age or older, and 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, or if you are notified retroactively of eligibility for Medicare, within six (6) months of notice of eligibility.</li> </ul>

2	<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 <b>(800) 248-2341</b> to see which plans you qualify for.
	<b>When to apply</b>	Blue Shield must receive your application within 30 days of your birthday.

<b>3</b>	<b>Situation</b>	<p><b>You enrolled in one of the following plans:</b></p> <ul style="list-style-type: none"> <li>• A Medicare Advantage<sup>1</sup> plan</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 Select policy,</li> </ul> <p>and any of the following apply:</p> <ul style="list-style-type: none"> <li>• The certification of the organization or plan is being terminated;</li> <li>• The organization is terminating or discontinuing the plan in the service area in which you reside; or</li> <li>• You are no longer eligible because you moved outside the service area.</li> </ul>
	<b>Your plan choices</b>	Plan A, B, C, F, or K
	<b>When to apply</b>	If your coverage is being involuntarily terminated, <sup>2</sup> you may submit your application any time after you receive the notice of termination, but no later than 63 days after the date coverage is terminated; however, if you are enrolled in a Medicare Advantage plan, you must apply within 123 days of the date your coverage is terminated.

<b>4</b>	<b>Situation</b>	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.
	<b>Your plan choices</b>	Plan A, B, C, D, F, or K
	<b>When to apply</b>	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.

<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>	<ul style="list-style-type: none"> <li>• If you are age 65 or older in a Medicare Supplement plan: A, B, C, D, F, or K</li> <li>• If you are age 64 or younger in a Medicare Supplement plan: A, B, C, F, or K</li> </ul>
	<b>When to apply</b>	Blue Shield must receive your application within six (6) months of the date coverage is terminated.

<b>6</b>	<b>Situation</b>	You enrolled in a Medicare Advantage plan, <sup>1,3</sup> or a Program of All-Inclusive Care for the Elderly (PACE) provider plan at age 65, and disenrolled from the plan within 12 months of the effective date of that enrollment.
	<b>Your plan choices</b>	Plan A, B, C, D, F, or K
	<b>When to apply</b>	<ul style="list-style-type: none"> <li>• If your coverage is being involuntarily terminated,<sup>2</sup> you may submit your application any time after you receive the notice of termination, but no later than 63 days after the date coverage is terminated; however, if you are enrolled in a Medicare Advantage plan, you must apply within 123 days of the date coverage is terminated.</li> <li>• If you are voluntarily terminating your coverage, you may submit an application 60 days before the effective date of termination, but your application must be received within 63 days of the date coverage is terminated.</li> </ul>

<b>7</b>	<b>Situation</b>	<p><b>You enrolled in a Medicare Advantage plan,<sup>1,3</sup> or a PACE provider plan at age 65, and:</b></p> <ul style="list-style-type: none"> <li>• Your coverage was involuntarily terminated within 12 months of the effective date of that enrollment; and</li> <li>• You then enrolled in another Medicare Advantage or PACE provider plan and disenrolled from that plan within 24 months of the effective date of the first plan.</li> </ul>
	<b>Your plan choices</b>	Plan A, B, C, D, F or K
	<b>When to apply</b>	If your coverage is being involuntarily terminated, <sup>2</sup> you may submit your application any time after you receive the notice of termination, but no later than 63 days after the date coverage is terminated; however, if you are enrolled in a Medicare Advantage plan, you must apply within 123 days of the date coverage is terminated.

<b>8</b>	<b>Situation</b>	<p><b>You are 65 or older, are enrolled in a PACE provider plan, and any of the following situations that permit termination of enrollment in that plan apply:</b></p> <ul style="list-style-type: none"> <li>• The certification of the organization or plan is being terminated.</li> <li>• The organization is terminating or discontinuing the plan in the service area in which you reside.</li> <li>• You are no longer eligible because you moved outside the service area.</li> <li>• The organization substantially violated a material provision of the contract with CMS.</li> <li>• The organization or its agent materially misrepresented a provision of the plan in marketing the contract to you.</li> </ul>
	<b>Your plan choices</b>	Plan A, B, C, F, or K
	<b>When to apply</b>	<ul style="list-style-type: none"> <li>• If your coverage is being involuntarily terminated,<sup>2</sup> you may submit your application any time after you receive the notice of termination, but no later than 63 days after the date coverage is terminated.</li> <li>• If you are voluntarily terminating your coverage, you may submit an application 60 days before the effective date of termination, but your application must be received within 63 days of the date coverage is terminated.</li> </ul>

<b>9</b>	<b>Situation</b>	<p><b>You terminated enrollment in a Medicare supplement plan and subsequently enrolled, for the first time, in any of the following:</b></p> <ul style="list-style-type: none"> <li>• A Medicare Advantage plan;<sup>1,3</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>You then disenrolled from that plan or coverage was terminated within the first 12 months.</p>
	<b>Your plan choices</b>	<ul style="list-style-type: none"> <li>• Plan A, B, C, F, or K, or</li> <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>	<ul style="list-style-type: none"> <li>• If your coverage is being involuntarily terminated,<sup>2</sup> you may submit your application any time after you receive the notice of termination, but no later than 63 days after the date coverage is terminated.</li> <li>• If you are voluntarily terminating your coverage, you may submit an application 60 days before the effective date of termination, but your application must be received within 63 days of the date coverage is terminated.</li> </ul>

<b>10</b>	<b>Situation</b>	<p><b>You terminated enrollment in a Medicare Supplement plan and subsequently enrolled, for the first time, with the following:</b></p> <ul style="list-style-type: none"> <li>• Any Medicare Advantage plan;<sup>1</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 PACE provider plan; or</li> <li>• A Medicare Select policy.</li> </ul> <p>However, your coverage was involuntarily terminated no later than 12 months after the effective date of enrollment. You then enrolled in another similar plan and disenrolled from that plan within 24 months of the effective date of the first plan.</p>
	<b>Your plan choices</b>	<ul style="list-style-type: none"> <li>• Plan A, B, C, F, or K, or</li> <li>• The Medicare Supplement plan you had previously, if it is still offered by that issuer.</li> </ul>
	<b>When to apply</b>	If your coverage is being involuntarily terminated, <sup>2</sup> you may submit your application any time after you receive the notice of termination, but no later than 63 days after the date coverage is terminated; however, if you are enrolled in a Medicare Advantage plan, you must apply within 123 days of the date coverage is terminated.

<b>11</b>	<b>Situation</b>	You enrolled in an employer-sponsored health plan that supplements Medicare, and the plan either terminates or ceases to provide all of those supplemental health benefits to you.
	<b>Your plan choices</b>	Plan A, B, C, F, or K
	<b>When to apply</b>	<p>You may submit an application to Blue Shield any time from the later of the following:</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 of the notice denying the claim because of termination of benefits; or</li> <li>• The date coverage is terminated, but no later than 63 days from the date coverage is terminated.</li> </ul>

<b>12</b>	<b>Situation</b>	<p><b>You are a Medicare-eligible military retiree or dependent, and you lost access to health care services because:</b></p> <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>	Plan A, B, C, D, F, or K
	<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.