



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Blue Cross[®] Medicare Supplement
Plans A, F, C, High Deductible-F and N
2018 Agent Field Guide

2018

Table of Contents

Introduction

Products.....	4
Medicare Supplement Conversion	4
Eligibility	4
Rating	5
Effective Dates.....	5
Enrollment	6
Guaranteed Issue.....	15
Non Guaranteed Issue (Medically Underwritten)	16
Changing plans from current Medicare Supplement or MA plans.....	17
Changing Medicare Supplement Plans.....	17
Premium Payments and Grace Period.....	18
30-Day Free Look	18
Change of Policy Status	18
Appeals	19
Post-Enrollment	19
Glossary	20
Medical Conditions – Pronunciations & Definitions	22

Introduction

Blue Cross Blue Shield of Michigan (BCBSM) has designed this field guide to help agents understand the Blue Cross[®] Medicare Supplement products and underwriting practices. It provides information that will help you submit a complete application and answers common underwriting questions you may have.

For questions about the Blue Cross[®] Medicare Supplement products contact Blue Cross Medicare Supplement Customer Service at 1-888-216-4858.

Products

BCBSM offers Medicare Supplement plans A*, C*, F, High Deductible (HD)-F and N. You can find detailed plan descriptions, including benefits and rates, for each plan at bcbsm.com/accessmedicare.

***Conversion plans A and C**

A person can enroll in plan C if they will no longer be insured because they have become eligible for Medicare or if they have lost coverage under a group policy after becoming eligible for Medicare. They would also be eligible if they had plan C, enrolled in a Medicare Advantage plan, and want to return to plan C. This can be done as long as it's within the first 12 months of their Medicare Advantage plan.

A person is automatically eligible for plan A if they are 65 or older. If they are under 65, they can enroll in plan A if they will no longer be insured because they have become eligible for Medicare or if they have lost coverage under a group policy after becoming eligible for Medicare. They would also be eligible if they had plan A, enrolled in a Medicare Advantage plan, and want to return to plan A. This can be done as long as it's within the first 12 months of their Medicare Advantage plan.

A person applying for plan A or C must submit a paper application and include proof/documentation that prior coverage was lost due to becoming eligible for Medicare.

Paper applications can be submitted:

Fax: 1-866-392-7528

Mail: Blue Cross Blue Shield of Michigan

P. O. Box 44407

Detroit, MI 48244

Eligibility

To be eligible for a Blue Cross[®] Medicare Supplement plan, an applicant:

- Must be currently enrolled in Medicare Part A and Part B
- Must be a permanent resident of Michigan and physically reside there for at least six months of each year in order to be eligible for coverage and to pay the premium based on the geographical location in which he or she resides. If a member moves out of Michigan or resides in Michigan less than six months each year, his or her premium rate may change.

- Must not duplicate coverage by having more than one Medicare Supplement plan, or by being enrolled in both a Medicare Supplement plan and a Medicare Advantage health plan at the same time. At the time of the application, the applicant may have another Medicare Supplement or a Medicare Advantage plan if the applicant intends replace that plan with a BCBSM Medicare Supplement plan.

Rating

Rating factors depend on whether an applicant is Guaranteed Issue (GI) or Non-Guaranteed Issue (NGI). Refer to pages 15-17 for descriptions of GI and NGI.

GI rating factors

- Geography
- Age
- Gender

NGI rating factors

- Geography
- Age
- Gender
- Tobacco use
- Health status

Effective Dates

Coverage will begin on the 1st of the month following application approval or future effective date selected by the member. Applications are valid for 90 days after the signature date. Retroactive effective dates are not allowed.

Electronic Enrollment Process

1. www.bcbsm.com/accessmedicare
2. Scroll down and click on Enroll Individual Clients in BCBSM and BCN plans
3. This will take you to the Destination RX (DRX) gateway. Sign in with your 2018 Blue Cross Blue Shield Medicare Account user name and password (agents are provided a user name and password to access this tool upon Blue Cross Blue Shield Medicare individual Advantage certification).
4. After signing in, you will be on the first page of the enrollment site.

Note: if you wish to have the ability to be able to keep a record of all your activities, and enrollments, begin by creating a new contact profile for any new beneficiaries prior to the Compare Plan or Enroll options. To create a profile, start a new consultation.

- If the agent uses their user name and password to enter the agent site, the agent will be able to view their enrollment activities under the **search profiles & enrollments** section.
 - If the MA/GA uses their user name and password to enter the agent site and key the paper enrollment form information for the agent, the MA/GA will be able to view their enrollment activities under the **search profiles & enrollments** section.
5. Follow the directions for completing and submitting the application.
 6. Pages 10-14 describe the differences between the paper application and the electronic application in Destination Rx (DRX), and how to enter answers into DRX from a paper application.

IMPORTANT:

Depending on what is checked in the 'pop up box' in DRX (see example on next page), the answers in the **Open Enrollment Period** and many of the answers in the **Guaranteed Issue Rights** sections will be pre-populated and cannot be changed later in the application.

If incorrect boxes were checked in the pop up box, a new application must be started.

Example of the “pop up box” in DRX:

Medicare Supplement plan premiums and eligibility may vary. Please provide the following additional information to calculate your plan premiums and determine eligibility for the plan.

Please review and ensure all your responses are accurate as they cannot be changed further in the enrollment process. All fields and selections are required.

Date of Birth: What is your date of birth?

Month ▼ Day ▼ Year ▼

Height: What is your height?

4 ▼ Feet 0 ▼ Inch(es)

Weight: What is your weight?

54 ▼

Effective Date: When would you like coverage to begin?

Month Year ▼

Gender: What is your gender?

Male Female

Tobacco: Do you smoke?

Smoker Non-Smoker

Guaranteed Issue: Please indicate by checking the box(es) of any of the following situations that apply to you. If any of these apply to you, you may qualify for reduced rates through a Guaranteed Issue (GI) or Open Enrollment (OE) period. For additional information on Guaranteed Issue or Open Enrollment period eligibility, [click here](#).

- You turned age 65 no more than 6 months prior to your requested effective date **OR** you will be turning age 65 by the first day of the month following your requested effective date **OR** your Medicare Part B effective date is the same as or no more than 6 months prior to your requested effective date.
- You are losing coverage from a Medicare Advantage plan because your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area, or because the company has not followed the rules or misled you.
- You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays, and that plan is ending.
- You are under age 65** and eligible for Medicare due to disability or ESRD.
- You have Original Medicare and Medicare SELECT and moved out of the SELECT plan's service area, or you joined a Medicare Advantage plan or Programs of All-Inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at age 65, and within the first year of joining, you decide you want to switch to Original Medicare.
- You dropped a Medigap policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time; you have been in the plan less than a year, and you want to switch back.
- You lost or are losing other health coverage, received a notice from your prior health plan saying you are eligible for guaranteed issue of a Medicare supplement plan, or had certain rights to buy a guaranteed issue plan.
- You are dropping a Medigap policy because the company has not followed the rules or misled you. Or, your Medigap insurance company has gone or is going bankrupt and you lost or are losing your coverage; or your Medigap policy otherwise ended through no fault of your own.
- None of these apply to me.

NOTE: Falsifying or misrepresenting information during enrollment may lead to Blue Cross Blue Shield of Michigan rescinding coverage or adjusting premiums.

Continue

Example of the Open Enrollment and Guaranteed Issue sections of DRX with answers pre-populated based on information entered in the pop-up box (in this example, the applicant is losing group coverage):

Note: the answers in these sections cannot be changed here – they were answered based on the information given in the pop-up box. If any are incorrect, a new application must be started.

Open enrollment period

Will you be 65 or older by or on the first day of the month following your effective month? *

Yes No (I am under 65 and eligible for Medicare due to disability or ESRD)

Are you turning 65 the same month or no more than 6 months prior to the first day of your requested effective month? *

Yes No (I did not turn 65 within the 6 months prior to my effective date)

Is your Medicare Part B effective date the same month or no more than 6 months prior to the first day of your requested effective month? *

Yes No (I enrolled in Part B more than 6 months ago)

[Back](#)

[Continue](#)

Guaranteed issue rights

Do you have another Medicare Supplement policy in force? *

Yes No

If the Medicare Supplement plan has ended, why did it end?

- Through no fault of your own
- Company misled you or failed to follow the rules
- Other

Have you lost or are you losing other health coverage; received a notice from your prior health plan saying you are eligible for guaranteed issue of a Medicare Supplement plan; or that you had certain rights to buy a guaranteed issue? *

Yes No

Are you enrolled, or were you previously enrolled, in a Medicare Advantage plan? *

Yes No

If "Yes," select the reason you disenrolled

- Plan is leaving Medicare
- Plan is no longer offered in my area
- I am moving out of the plan's service area
- I replaced a Medicare Supplement policy (or switched to a Medicare SELECT policy) for the first time, have been in the plan less than a year, and now wish to return to a Medicare Supplement policy. This is considered a "Trial Right"
- I joined a Medicare Advantage plan (or PACE) when I was first eligible for Medicare Part A at 65, and within the first year of joining I decided to switch to Original Medicare and join a Medicare Supplement plan. This is also considered a "Trial Right"
- Company misled me or failed to follow the rules
- Voluntary disenrollment
- Other

If you are currently in a Medicare Advantage prescription drug plan, and have received your acceptance letter for this plan, please disenroll from your current MAPD plan.

Important note: If you are currently enrolled in a Medicare Advantage plan and wish to enroll in Medicare Supplement, you must separately disenroll in writing from Medicare Advantage. Submission of this application does not automatically disenroll you from your current Medicare Advantage insurance carrier. Call your Medicare Advantage customer service department for information on how to disenroll from that plan and prevent duplication of coverage or a lapse in coverage. Medicare Advantage plans only allow dis-enrollment at certain times of the year

Have you had coverage from any Medicare plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan or a Medicare HMO or PPO)? *

Yes No

Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union or individual plan)? *

Yes No

If so, with what company and what kind of policy? *

What are your dates of coverage under the other policy?

Start date: *

End date:

If the plan has ended, why did it end?

- Group sponsor stopped offering coverage
- Voluntary disenrollment

[Back](#)

[Continue](#)

Paper Application – Section 3 (Regarding Medicaid Coverage)

This section includes questions about Medicaid eligibility and coverage. For information about Medicaid, including Medicaid spend-down programs, visit the Michigan Department of Health & Human services website at www.michigan.gov/mdhhs.

Paper Application – Section 4 (Open Enrollment Period)

The instructions below show you how to complete the initial pop up screen in DRX, based on how an applicant answers the questions in Sections 4 and 5 of the paper application.

Question A: Will you be 65 or older by (or on) the **first** day of the month following your effective month?

Paper application answer:	Select this checkbox in pop up:
Yes.	You turned age 65 no more than 6 months prior to your requested effective date OR you will be turning age 65 by the first day of the month following your requested effective date OR your Medicare Part B effective date is the same as or no more than 6 months prior to your requested effective date
No. I am under 65 and eligible for Medicare due to disability or ESRD	You are under age 65 and eligible for Medicare due to disability or ESRD

Question B: Are you turning 65 the same month or **no more than 6 months prior** to the first day of your requested effective month?

Paper application answer:	Select this checkbox in pop up:
Yes.	You turned age 65 no more than 6 months prior to your requested effective date OR you will be turning age 65 by the first day of the month following your requested effective date OR your Medicare Part B effective date is the same as or no more than 6 months prior to your requested effective date
No. I turned 65 more than 6 months ago.	None of these apply to me (unless any of the other pop up box statements would apply)

Question C: Is your Medicare Part B effective date the same month or **no more than 6 months prior** to the first day of your requested effective month?

Paper application answer:	Select this checkbox in pop up:
Yes.	You turned age 65 no more than 6 months prior to your requested effective date OR you will be turning age 65 by the first day of the month following your requested effective date OR your Medicare Part B effective date is the same as or no more than 6 months prior to your requested effective date
No. I enrolled in Part B more than 6 months ago	None of these apply to me (unless any of the other pop up box statements would apply)

Paper Application – Section 5 (Guaranteed Issue Rights)

Question A: Do you have another Medicare supplement policy in force? If so, with what company, and what plan do you have?

Paper application answer:	Select this checkbox in pop up:
Yes. Indicate company and type of plan	N/A
No.	None of these apply to me (unless any of the other pop up box statements would apply)
If the Med supp plan has ended why did it end? <input type="checkbox"/> Through no fault of your own OR <input type="checkbox"/> Company misled or failed to follow rules <input type="checkbox"/> Other	You are dropping a Medicare Supplement policy because the company has not followed the rules or misled you. Or, your Medicare Supplement insurance company has gone or is going bankrupt and you lost or are losing your coverage; or your Medicare Supplement policy otherwise ended through no fault of your own.

Question B: Have you lost or are you losing other health coverage, received a notice from your previous health plan saying you are eligible for guaranteed issue of a Medicare supplement plan, or that you had certain rights to buy a guaranteed issue?

Paper application answer:	Select this checkbox in pop up:
Yes. Indicate start and end dates and reason for disenrollment	You lost or are losing other health coverage, received a notice from your prior health plan saying you are eligible for

	guaranteed issue of a Medicare supplement plan, or had certain rights to buy a guaranteed issue plan.
No.	None of these apply to me (unless any of the other pop up box statements would apply)

Question C: Are you enrolled, or were you previously enrolled in a Medicare Advantage plan?

Paper application answer:	Select this checkbox in pop up:
Yes	
No.	None of these apply to me (unless any of the other statements <i>do</i> apply)
If yes, reason for disenrollment: Plan is leaving Medicare	You are losing coverage from a Medicare Advantage plan because your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area or because the company has not followed the rules or misled you.
If yes, reason for disenrollment: Plan is no longer offered in my area	You are losing coverage from a Medicare Advantage plan because your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area or because the company has not followed the rules or misled you.
If yes, reason for disenrollment: I am moving out of the plan's service area	You are losing coverage from a Medicare Advantage plan because your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area or because the company has not followed the rules or misled you.
If yes, reason for disenrollment: I replaced a Medicare supplement policy (or switched to a Medicare SELECT policy) for the first time, have been in the plan less than a year, and now wish to return to a Medicare supplement policy.*	You dropped a Medicare Supplement policy to join a Medicare Advantage plan (or switch to a Medicare SELECT policy) for the first time, you have been in the plan less than a year, and you want to switch back.*
If yes, reason for disenrollment: Voluntary disenrollment	None of these apply to me (unless any of the other pop up box statements apply)
If yes, reason for disenrollment: I joined a Medicare Advantage plan (or PACE) when I was first eligible for Medicare Part A at 65,	You have Original Medicare and Medicare SELECT and moved out of the SELECT plan's service area, or you joined a

and within the first year of joining I decided to switch to Original Medicare and join a Medicare supplement plan.	Medicare Advantage plan or PACE when you were first eligible for Medicare Part A at 65, and within the first year of joining, you decide you want to switch to Original Medicare.
If yes, reason for disenrollment: Company misled me or failed to follow the rules	You are losing coverage from a Medicare Advantage plan because your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area or because the company has not followed the rules or misled you.
If yes, reason for disenrollment: Other	N/A

***For this GI right, the applicant is entitled to return only to their previous Medicare Supplement policy with the same insurance company, if that company still sells the policy. Applicant must provide proof that their previous policy is no longer being sold if they select this GI right (unless the prior policy was with BCBSM or BCN.**

Question D: If you had coverage from any Medicare plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), indicate the start and end dates below. Note if this question is answered "yes" in DRX, the 3 questions shown below will display and are required to be answered.

If you are still covered under Original Medicare, do you intend to replace your current coverage with this new Medicare supplement policy?

Paper application answer:	Select this checkbox in pop up:
Yes or No.	N/A

Was this your first time in this type of Medicare plan?

Paper application answer:	Select this checkbox in pop up:
Yes or No.	N/A

Did you drop a Medicare supplement plan to enroll in the Medicare plan?

Paper application answer:	Select this checkbox in pop up:
Yes or No.	N/A

Question E: Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union or individual plan?)

Paper application answer:	Select this checkbox in pop up:
Yes Indicate company, type of policy, start and end dates	You have Original Medicare and an employer group health plan (including retiree or (COBRA coverage) or union coverage that pays after Medicare pays, and that plan is ending
No	None of these apply to me (unless any of the other pop up box statements would apply)
If the plan has ended, why did it end? Group sponsor stopped offering coverage	You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays, and that plan is ending.
If the plan has ended, why did it end? Voluntary disenrollment	None of these apply to me (unless any of the other pop up box statements would apply)

Helpful Tips

- Gather information from the applicant in order to complete the application in full; be detailed, complete and unbiased. Stay neutral in responses to the applicant with regard to health conditions.
- Notify the applicant that the next step in the process may be a review by a medical underwriter (for non-guaranteed issue enrollments).
- Inform the applicant that a decision will be made on their coverage generally within 48 hours.
- All applications taken by phone must be recorded and made available to BCBSM if requested.
- Losing entitlement to Medicaid is not a Guaranteed Issue right

- If an applicant moves to Michigan from another state, this is not a Guaranteed Issue right. Medicare Supplement plans travel from state-to-state (unless it is a Medicare Select policy).
- Applicant may have VA benefits and Medicare/Medicare Supplement – these are two separate entities. VA benefits can only be used at VA facilities

Guaranteed Issue

The following situations make an applicant Guaranteed Issue, meaning they have a guaranteed right to buy a Medicare Supplement policy **without** underwriting:

1. Applicant is in their **Medigap Open Enrollment Period**. This period lasts for 6 months and begins on the first day of the month in which they are both 65 or older and enrolled in Medicare Part B.*
2. Applicant has **Original Medicare and an employer group health plan** (including retiree or COBRA** coverage or union coverage that pays after Medicare pays, and that plan is ending).
3. Applicant has **Original Medicare and a Medicare SELECT policy**, and they move out of the Medicare SELECT policy's service area.
4. Applicant joined a **Medicare Advantage** plan (HMO or PPO) or **PACE** (Programs of All-Inclusive Care for the Elderly) when first eligible for Medicare Part A at 65, and within the first year of joining, they decide they want to switch to Original Medicare.
5. Applicant dropped a **Medicare Supplement** policy to join a **Medicare Advantage plan (or switch to Medicare SELECT)** for the first time, has been in the plan less than a year, and wants to switch back.
6. Applicant's Medicare Supplement insurance company went bankrupt and they lose coverage, or their Medicare Supplement policy coverage otherwise ended through no fault of their own.
7. Applicant left a Medicare Advantage plan or dropped a Medicare Supplement policy because the company hasn't followed the rules, or misled them.

* Applicants under age 65 that have Medicare due to disability or ESRD are eligible for BCBSM Medicare Supplement plans, and will have an Open Enrollment Period when they turn 65. They must complete a new application at that time.

** COBRA does not have to be exhausted

BCBSM reserves the right to conduct random audits on applications submitted to ensure they are completed accurately and are compliant with the guidelines established by the BCBSM and by CMS. Non-compliance may result in disciplinary action.

Non-Guaranteed Issue (Medically Underwritten)

If an applicant does not meet any of the GI criteria, they are considered Non-Guaranteed Issue (NGI). NGI applicants must answer the health questions on the application.

A BCBSM underwriter will review all information to determine the appropriate rating tier for each applicant, which may include:

- Answers to questions on the application
- Height and weight
- Tobacco use
- Prescription drug history
- BCBSM or BCN claim history

No phone interviews will be conducted or medical records requested as part of the underwriting process.

The underwriter cannot discuss any information with the agent that may violate HIPAA privacy regulations (e.g. Protected Health Information).

NGI Rating Tiers

There are four rating tiers for NGI applicants, based on health status:

- Preferred
- Tier 1 – 10% above preferred
- Tier 2 – 50% above preferred
- Tier 3 – 100% above preferred

After an underwriter reviews the application, prescription drug and claim histories, a different rating tier may be offered than what was originally quoted. The underwriter will send a Rate Offer Letter to the applicant. The letter will contain the new premium rate and specific reasons why the new rate is being assigned.

The applicant must indicate their acceptance or declination of our offer on the letter, sign and date it, and return it within 15 days from the date of the letter (a postage-paid envelope will be

included). The member may also fax the letter to 1-877-205-6651 or email it to individual_risk_mitigation@bcbsm.com.

An email will be sent to the MA/GA alerting them that the premium rate is higher than expected due to the outcome of medical underwriting.

Changing Plans from Legacy, MyBlue or Medicare Advantage

Members who wish to change from their current Legacy Medigap, MyBlue Medigap or Medicare Advantage plan to a Medicare Supplement plan may be medically underwritten, depending on the current plan and new plan.

Current Plan	2018 Med Supp Plan	Medical Underwriting?
Legacy C*	Any Plan	Yes
Legacy A*	Any Plan	Yes
Legacy High, Low or Blue*	Any Plan	Yes
MyBlue A (BCN)	Any Plan	Yes
MyBlue N (BCN)	Any Plan	Yes
MyBlue F (BCN)	Any Plan	Yes
MyBlue HD-F (BCN)	Any Plan	Yes
MA-PPO or MA-HMO	Any Plan	Yes

* Closed to new enrollment (see however conversion criteria on page 4)

Changing Medicare Supplement Plans

Members who are enrolled in a BCBSM Medicare Supplement plan may switch to a different plan at any time, but may be subject to medical underwriting.

Premium Payments and Grace Period

Premiums are due on the 25th of each month. If payment is not received by the due date, we allow a 30-day grace period during which we will send a final bill. Coverage will **not** continue during the grace period. If claims are incurred during the grace period, they will be paid and if the contact is terminated retroactively, claims payments will be recouped.

- If payment is received during the grace period, coverage will not be terminated
- If payment is not received during the grace period, coverage will be terminated and there is a **six month waiting period before re-applying for coverage**

30-Day Free Look

Free look period is a period of time when a member can decide to keep the Medicare Supplement plan they are enrolled in.

- The 30-day free look period starts when the Medicare Supplement plan begins.
- If a member is coming from a previous Medicare Supplement plan, they should pay both premiums for one month, until they determine which policy they want to keep. The free look period does not allow a member back into the previously cancelled plan.

If coverage is cancelled within the first 30 days, BCBSM will treat the coverage as if it had never been issued and will return any premiums that have been paid, less the reasonable cost of any health services paid by BCBSM during that time.

The policyholder must notify BCBSM by phone by calling the number on the back of their ID card or by writing or faxing to:

Blue Cross Blue Shield of Michigan

P. O. Box 44407

Detroit, MI 48244-0407

Fax: 1-866-392-7528

Change of Policy Status

Agents have the ability to submit a Change of Status (COS) form and sign on behalf of the member (for example: death of a member, cancellation/withdraw/termination of a contract)

Appeal Process

Please refer to Enrollment Kit for information on the appeal process.

Post-Enrollment

Once a member has been enrolled, any further questions should be directed to Blue Care Medicare Supplement Customer Service at 1-888-216-4858. Agents may also contact their Managing or General Agent.

Glossary

CMS – Centers for Medicare and Medicaid Services, the Federal agency that administers the Medicare program and works in partnership with state governments to administer Medicaid.

Guaranteed acceptance – BCBSM will not decline any applicant due to health status

Guaranteed issue rights – Also called “Medicare Supplement protections”, these are rights you have in certain situations when health plans are required by law to sell or offer you a Medicare Supplement certificate (also known as “Medicare Supplement” coverage), even if you have health issues (pre-existing conditions).

In most cases, an applicant has a guaranteed issue right when they have another health care coverage that changes in some way, such as:

- Their Medicare Advantage plan is leaving Medicare
- Their Medicare Advantage plan stops providing coverage in the area they reside in
- They have original Medicare and an employer group health plan, and their employer ends its group health coverage
- They joined a Medicare Advantage plan when they were first eligible for Medicare Part A at age 65 and within a year they leave the Medicare Advantage plan
- They dropped a Medicare Supplement plan to join a Medicare Advantage plan for the first time, and within a year they leave the Medicare Advantage plan

Guaranteed renewability – as long as premium is paid by the due date, coverage is automatically renewed.

Medicaid – A joint Federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medical underwriting – The process that an insurance company uses to decide, based on medical history, whether to approve an application for coverage on a preferred (as applied for) basis or apply a tier rating.

Medicare Advantage – Private insurance designed to replace Original Medicare Part A and Part B; also known as Medicare Part C. Some Medicare Advantage plans may include extra benefits for an extra cost.

Medicare SELECT – A type of Medicare Supplement policy that may require members to use hospitals, and in some cases, doctors within its network to be eligible for full benefits.

Medicare Supplement – A Medicare supplement policy that is private insurance designed to supplement Original Medicare by helping to fill in “gaps” such as deductibles and copayments.

Open enrollment period (Medicare Supplement) – The 6-month period which begins on the first day of the month in which a person is covered under Medicare Part B, and is 65 or older. During this period, the person cannot be denied a Medicare Supplement policy or charged more due to past or present health conditions. This means an insurance company cannot do any of the following:

- Refuse to sell an applicant any Medicare Supplement policy it offers
- Charge more for a Medicare Supplement policy than they charge someone with no health problems
- Make a person wait for coverage to start (except as explained below)

While the insurance company can't make someone wait for their coverage to start, it may be able to make them wait for coverage related to a pre-existing condition. A pre-existing condition is a health problem the person had before the date a new policy starts. In some cases, the Medicare Supplement insurance company can refuse to cover out-of-pocket costs for these pre-existing health conditions for up to 6 months, after which the Medicare Supplement policy will cover the pre-existing condition.

Original Medicare – Federal government program of health insurance for people age 65 or older, people under age 65 with certain disabilities, and people of any age with End Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant). It consists of Part A (hospital insurance), Part B (medical insurance), and Part D (prescription drug insurance).

Program of All-Inclusive Care for the Elderly (PACE) – A managed care benefit for the frail elderly provided by a not-for-profit or public entity. The PACE program features a comprehensive medical and social service delivery system in an adult day health center that is supplemented by in-home and referral services in accordance with participants' needs.

Premium – the periodic payment to Medicare, an insurance company, or a health care plan for health care prescription drug coverage.

Medical Conditions on Application

Medical conditions from Section 6 of the application with pronunciations and brief descriptions:

Condition	Pronunciation	Definition
Acquired Immune Deficiency Syndrome (AIDS)		Disease of the immune system caused by a retrovirus and transmitted chiefly through blood or blood products.
Alzheimer's disease	ahltz-high-merz	Memory lapses, confusion, emotional instability, and progressive loss of mental ability.
Amyotrophic lateral sclerosis (ALS) – Lou Gehrig's disease	ey-mahy-uh-trof-ik lateral skli-roh-sis	Incurable disease of unknown cause; progressive degeneration of motor neurons in the brain stem and spinal cord
Angina	an-jahy-nuh	Lack of oxygen to the heart muscle
Anxiety	anx-i-ety	Feeling or emotion of dread, apprehension, and impending disaster
Arthritis	ar-thri-tis	Inflammation of a joint; can lead to joint replacements (hip, knee, shoulder, etc.)
Asthma	asth-ma	A chronic lung disorder marked by recurring episodes of airway obstruction
Atrial fibrillation or flutter	atri-al fi-bril-la-tion	Very rapid uncoordinated contractions of the atria of the heart- irregular heartbeat
Benign prostate hypertrophy – enlarged prostate (BPH)	hy-per-tro-phy	Enlargement of the prostate – tends to obstruct urination by constricting the urethra
Bipolar disorder		Mood disorder – alternating episodes of depression or mania
Cardiomyopathy	car-dio-my-op-a-thy	Disease of the heart muscle
Cerebral palsy	ce-re-bral pal-sy	Disability resulting from damage to the brain, during, or shortly after birth

Cirrhosis	si-roh-sis	Disease of the liver
Congestive heart failure	con-ges-tive heart failure	Heart failure due to inadequate blood flow to the heart.
Coronary or carotid artery disease	core-uh-nary, ka-rah-tid disease	Plaque buildup in the coronary arteries; causes reduced blood flow to the coronary arteries.
Crohn's disease	kronz disease	Characterized by diarrhea, cramping and loss of appetite and weight
Cystic or pulmonary fibrosis	fi-bro-sis	Genetic condition in which the lungs and digestive system become clogged with thick sticky mucus.
Dementia	de-men-tia	Progressive condition marked by the development of multiple cognitive deficits
Diabetes	di-a-be-tes	Excessive amounts of sugar in the blood and urine – pancreas does not produce enough insulin
Emphysema	em-fuh-see-muh	Chronic, long-term lung disease
End stage renal disease/ESRD		Loss of kidney (renal) function; requires dialysis
Fibromyalgia	fi-bro-my-al-gia	Chronic disorder characterized by widespread pain, tenderness, and stiff muscles
Gaucher's disease	gau-cher's disease	Rare heredity disorder of lipid metabolism
Gastroesophageal Reflux Disease (GERD) or acid reflux	gas-tro-esoph-a-ge-al	Chronic condition characterized by periodic episodes of gastroesophageal reflux usually accompanied by heartburn
Glaucoma	glau-co-ma	Disease of the eye marked by increased pressure within the eyeball
Heart Attack or myocardial infarction	my-o-card-di-al in-farct-shun	Blockage of blood flow to the heart

Hemophilia	hee-muh-fee-le-uh	Blood clotting disorder
Hepatitis	hep-uh-tie-tis	Inflammation of the liver
High blood pressure or hypertension	hy-per-ten-sion	Abnormally high arterial blood pressure – 140 or higher; or a diastolic pressure of 90 or higher
High cholesterol or hypercholesterolemia	hy-per-cho-les-ter-ol-emia	Excessive cholesterol in the blood
Human immunodeficiency virus (HIV)	im-mu-no-de-fi-cien-cy	Several retroviruses and especially HIV-1 that infect and destroy helper T cells of the immune system
Huntington's disease	hun-ting-ton's disease	Progressive neurodegenerative disorder - choreiform movements, emotional disturbances, mental deterioration
Hypothyroidism or hyperthyroidism	hy-po-thy-roid-ism or hy-per-thy-roid-ism	Hypo – underactive thyroid; Hyper – overactive thyroid
Leukemia	leu-ke-mia	Acute or chronic disease of unknown cause – abnormal increase in the number of white blood cells in the body
Lupus	lu-pus	Inflammatory connective tissue disease – fever, skin rash, arthritis
Lymphoma	lym-pho-ma	Malignant tumor of lymphoid tissue
Macular degeneration	mac-u-lar de-gen-er-a-tion	Progressive deterioration of the macula lutea resulting in gradual loss of the central part of the field of vision.
Major depression		A mood disorder having one or more episodes of serious psychological depression.
Malignant melanoma	mel-a-no-ma	Malignant skin tumor
Migraines	mi-graine	Severe headache
Multiple sclerosis	skli-ro-sis	Disease of the central nervous system
Muscular dystrophy	mus-cu-lar dys-tro-phia	Hereditary diseases characterized by progressive

		wasting of muscles
Myasthenia gravis	my-us-the-knee-uh gra-ves	Progressive autoimmune disease that causes muscle weakness
Osteoporosis	os-teo-po-ro-sis	Decrease in bone mass – bones can become brittle and fractures may occur
Paraplegia, quadriplegia, hemiplegia	para-ple-gia, quad-ri-ple-gia, hemi-ple-gia	Paraplegia: paralysis of the lower half of the body. Quadriplegia: paralysis of both arms and both legs. Hemiplegia: total or partial paralysis of one side of the body
Parkinson’s disease	par-kin-son’s disease	Chronic progressive neurological disease – tremor of resting muscles, rigidity, low movements, impaired balance and shuffling gait
Pompe disease	pom-pe’s disease	Often fatal glycogen storage disease that results from an enzyme deficiency
Psoriasis	pso-ri-a-sis	Chronic skin disease – red patches covered with white scales
Pulmonary arterial hypertension	pul-mo-nary ar-te-ri-al hy-per-ten-sion	Increase of blood pressure in the pulmonary artery
Rheumatoid arthritis	roo-mauh-toid ar-thri-tis	Chronic autoimmune disease that causes pain, stiffness, swelling and sometimes destruction of joints
Spinocerebellar disease	spi-no-cer-e-bel-lar disease	Relating to the spinal cord and cerebellum
Stroke		Blood supply to the brain is interrupted or severely reduced
Ulcerative colitis	ul-cer-a-tive co-li-tis	Chronic inflammatory disease of the colon

This page intentionally left blank

Add a back page to the guide