

# 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 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. Please remember that the laws regulating guaranteed acceptance plans change frequently. Please ask your sales representative or your attorney to confirm that you qualify for guaranteed acceptance.

If you and other members of your household are age 65 or older and are accepted in the same benefit plan type, you will save 7% on your monthly dues if coverage is issued under one agreement. Under a household savings agreement, each of you must either qualify for guaranteed acceptance, or be subject to underwriting.

For more information about guaranteed acceptance, please contact your agent or call your Blue Shield sales representative at **(855) 217-1539, (TTY: 711)** for the hearing impaired, 8 a.m. to 8 p.m., 7 days a week from October 1 through March 31 and 8am to 8pm, Monday through Friday, from April 1 to September 30.

If you are already a subscriber, call Customer Service at **(800) 248-2341, (TTY: 711)** for the hearing impaired, 8 a.m. to 8 p.m., seven days a week, year round.

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

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## How to use this guide:

1. If you believe a situation applies to you, review your plan choices and when you can apply.
2. Decide which plan type 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.

If you qualify for guaranteed acceptance, do not complete the Statement of Health or the Authorization for Release of Medical Records sections of the application. If you do not qualify for guaranteed acceptance, you must complete these sections.

4. If you believe you qualify for guaranteed acceptance, please fill out the appropriate supporting information in the Current Insurance Coverage information section of the enrollment form, or attach proof of prior coverage as outlined in the table below.
5. Do not return this guide with your application. Keep it for your reference along with your other important Blue Shield materials.

## 1

### Situation

You are:

- Enrolled in Medicare and age 65 or older; or
- New to Medicare, age 64 or younger, and do not have end-stage renal disease

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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### When to apply

- If you are age 65 or older: Blue Shield must receive your application prior to or within six (6) months, beginning with the first day of the first month in which you are both age 65 or older, and you are enrolled for benefits under Medicare Part B.
- If you are age 64 or younger: Blue Shield must receive your application prior to or 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.

### You must supply this documentation

Be sure to fill out the following sections of your enrollment application:

- Medicare Parts A and B effective dates and your Medicare number or Medicare Beneficiary Identifier (MBI).
- In addition, if you are age 64 or younger, you are required to complete all questions in the Current Insurance Coverage information section.

## 2

### Situation

You currently have a Medicare Supplement with Blue Shield or another carrier and want to transfer to a different Medicare Supplement plan 60 days prior to or starting on the first day of your birthday month and ending sixty (60) days after your birthday.

### Your plan choices

You have an annual open enrollment period, during which you may transfer to any Blue Shield Medicare Supplement plan that offers benefits equal to or lesser than those provided in your current plan. Call Blue Shield at the number on the previous page to see which plans you qualify for.

### When to apply

Blue Shield must receive your application 60 days prior to or starting on the first day of your birthday month and ending sixty (60) days after your birthday.

### You must supply this documentation

If you are new to Blue Shield, you must complete the Notice to Applicant Regarding Replacement of Medicare Supplement or Medicare Advantage Coverage (located in the application). You must provide proof of your current plan type/insurance carrier ID card. If you are an existing Blue Shield member, you must complete the Medicare Supplement Plan Transfer Application. Please call Blue Shield (see phone numbers on the first page of this document) to request the Transfer Application.

### 3

#### **Situation**

You enrolled with one of the following:

- A Medicare Advantage Plan;
- A Medicare Cost Plan or similar organization operating under demonstration project authority before April 1, 1999;
- A healthcare prepayment plan; or
- Medicare Select policy;

and any of the following apply:

- The certification of the organization or plan is being terminated;
- The organization is terminating or discontinuing the plan in the service area in which you reside; or
- You are no longer eligible because you moved outside the plan service area.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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#### **When to apply**

If your coverage is being involuntarily terminated, you may submit your application any time after you receive the notice of termination, but no later than sixty-three (63) days after the date coverage is terminated. However, if you are enrolled in a Medicare Advantage Plan, you must apply within one hundred twenty-three (123) days of the date your coverage is terminated.

#### **You must supply this documentation**

Be sure to complete the Current Insurance Coverage information section (including the end date and reason for coverage ending) of your signed Medicare Supplement plan application.<sup>2</sup> You must provide a copy of the prior coverage termination notice with your name, termination date, and reason or a Certificate of Prior Coverage.

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### 4

#### **Situation**

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.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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#### **When to apply**

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.

#### **You must supply this documentation**

Be sure to complete the Current Insurance Coverage information section (including the end date) of your signed Medicare Supplement plan application.<sup>2</sup>

Please supply proof of termination from the employee sponsored health plan.

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### 5

#### **Situation**

You enrolled in a Medicare Supplement plan, but you lost coverage because you moved outside the plan's service area.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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#### **When to apply**

Blue Shield must receive your application within six (6) months of the date coverage is terminated.

#### **You must supply this documentation**

Be sure to complete the Current Insurance Coverage information section of your signed Medicare Supplement plan application.<sup>2</sup> You must also provide documentation to support the reason for termination, and a copy of the prior coverage termination notice with your name, termination date, and reason or a Certificate of Prior Coverage.

## 6

### Situation

During your initial six (6)-month enrollment period for Medicare Part A, you enrolled in a Medicare Advantage Plan, or in a Program of All-Inclusive Care for the Elderly (PACE) provider, and then disenrolled from the plan or program within twelve (12) months of the effective date of that enrollment.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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### When to apply

If you are voluntarily terminating your coverage, you may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated.

### You must supply this documentation

Be sure to complete the Current Insurance Coverage information section (including the end date) of your signed Medicare Supplement plan application.<sup>2</sup> To expedite processing, include documentation of Medicare Advantage Plan termination.

## 7

### Situation

You were enrolled in a Medicare Supplement plan and subsequently enrolled in a Medicare Advantage Plan or with a PACE provider, *and*:

- Your coverage was involuntarily terminated within twelve (12) months of the effective date of enrollment; and
- You then enrolled in another Medicare Advantage Plan or PACE provider plan and disenrolled from that plan within twenty-four (24) months of the effective date with the first plan.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N; or**

- The Medicare Supplement plan you had previously, if it is still offered for sale by that insurer.
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### When to apply

If your coverage is being involuntarily terminated, you may submit your application any time after you receive the notice of termination, but no later than sixty-three (63) days after the date coverage is terminated; however, if you are enrolled in a Medicare Advantage Plan, you must apply within one hundred twenty-three (123) days of the date coverage is terminated.

### You must supply this documentation

Be sure to complete the Current Insurance Coverage information section (including the end date and reason for coverage ending) of your signed Medicare Supplement plan application.

Include documentation (prior ID card or billing statement) of prior Medicare Supplement plan type and prior Medicare Advantage Plans when the application is submitted. Provide Medicare Advantage Plan termination after the application is approved.

## 8

### Situation

You are age 65 or older, are enrolled with a PACE provider, and any of the following situations that permit termination of enrollment apply:

- The certification of the organization is being terminated;
- The organization is terminating or discontinuing services in the service area where you reside;
- You are no longer eligible, because you moved outside the service area;
- The organization substantially violated a material provision of the contract with the Centers for Medicare & Medicaid Services (CMS); or
- The organization or its agent materially misrepresented a provision of the program in marketing the contract to you.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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### When to apply

- If your coverage is being involuntarily terminated, you may submit your application any time after you receive the notice of termination, but no later than sixty-three (63) days after the date coverage is terminated.
- If you are voluntarily terminating your coverage, you may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated.

### You must supply this documentation

Be sure to complete the Current Insurance Coverage information section (including the end date and reason for coverage ending) of your signed Medicare Supplement plan application. Please supply proof of termination.

**Situation**

You terminated enrollment in a Medicare Supplement plan and subsequently enrolled, for the first time, in any of the following:

- A Medicare Advantage Plan;
- A Medicare Cost Plan or similar organization operating under demonstration project authority before April 1, 1999;
- A PACE provider; or
- A Medicare Select policy.

You then disenrolled within the first 12 months.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

- The Medicare Supplement plan you had previously, if it is still offered for sale by that insurer.
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**When to apply**

If you are voluntarily terminating your coverage, you may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated.

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**You must supply this documentation**

Be sure to complete the Current Insurance Coverage information section (including the end date) of your signed Medicare Supplement plan application.

Include documentation (prior ID card or billing statement) of prior Medicare Supplement plan type when the application is submitted. Provide Medicare Advantage Plan termination after the application is approved.

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**Situation**

You terminated enrollment in a Medicare Supplement plan and subsequently enrolled, for the first time, with any of the following:

- A Medicare Advantage Plan;
- A Medicare Cost Plan or similar organization operating under demonstration project authority before April 1, 1999;
- A PACE provider plan; or
- A Medicare Select policy.

However, your coverage was involuntarily terminated within twelve (12) months of the effective date of enrollment. You then enrolled in another similar plan and disenrolled from that plan within twenty-four (24) months of the effective date of the first plan.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N; or**

- The Medicare Supplement plan you had previously, if it is still offered by that issuer.
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**When to apply**

If your coverage is being involuntarily terminated, you may submit your application any time after you receive the notice of termination, but no later than sixty-three (63) days after the date coverage is terminated. However, if you are enrolled in a Medicare Advantage Plan, you must apply within one hundred twenty-three (123) days of the date coverage is terminated.

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**You must supply this documentation**

Be sure to complete the Current Insurance Coverage information section (including the name and end date of your three previous carriers) of your signed Medicare Supplement plan application.

Include documentation (prior ID card or billing statement) of prior Medicare Supplement plan type and prior Medicare Advantage Plans when the application is submitted. Provide Medicare Advantage Plan termination after the application is approved.

## 11

### Situation

You enrolled in an employer-sponsored health plan that supplements Medicare, and either of the following apply:

- The plan either terminates or ceases to provide all of those supplemental health benefits to you; *or*
- The employer no longer provides you with insurance that covers all of the payment for the 20% coinsurance.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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### When to apply

You may submit an application to Blue Shield during the guaranteed acceptance period, which starts from the later of the following two dates, and ends sixty-three (63) days after the date coverage is terminated:

- The date you received a notice of termination, or if no notice is received, on the date you received notice denying the claim because of termination of benefits; *or*
- The date coverage is terminated.

### You must supply this documentation

Be sure to complete the Current Insurance Coverage information section (including the end date and reason for coverage ending) of your signed Medicare Supplement plan application.<sup>2</sup>

Please supply proof of reduction or termination of benefits.

## 12

### Situation

You are a Medicare-eligible military retiree, spouse, or dependent, and you lost access to healthcare services because:

- The military base closed;
- The military base no longer offers services; *or*
- You relocated.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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### When to apply

Blue Shield must receive your application within six (6) months of the date you lost access to healthcare services at the military base.

### You must supply this documentation

Documentation to support the reason you no longer have access to healthcare services at the military base.

## 13

### Situation

You enrolled in one of the following:

- A Medicare Advantage Plan;
- A Medicare Cost Plan or similar organization operating under demonstration project authority before April 1, 1999;
- A healthcare prepayment plan;
- A Medicare Supplement plan; *or*
- A Medicare Select policy;

but coverage terminated because you demonstrated:

- The company substantially violated a material provision of the contract; *or*
- The company or its agent materially misrepresented a provision of the plan in marketing the contract to you.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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### When to apply

You may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated.

### You must supply this documentation

Be sure to complete the Current Insurance Coverage information section (including the end date and reason for coverage ending) of your signed Medicare Supplement plan application.<sup>2</sup>

Include a detailed letter describing misrepresentation. If enrolled in a Medicare Advantage Plan, include documentation of termination.

**Situation**

You enrolled in a Blue Shield Medicare Advantage Plan, and Blue Shield either:

- Reduced any of its benefits;
- Increased the amount of cost-sharing or premium; or
- Discontinued (for other than quality of care) a contract with a provider currently furnishing services to you.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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**When to apply**

You may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated.

**Blue Shield must obtain this verification**

You must terminate the Medicare Advantage Plan after the Medicare Supplement application is approved. Blue Shield will verify Medicare Advantage Plan termination within Blue Shield's eligibility system.

**Situation**

You enrolled in a Medicare Supplement plan, but coverage stopped because:

- The company filed for bankruptcy or is insolvent; or
- Of other involuntary termination of coverage under the contract.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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**When to apply**

You may submit an application to Blue Shield during the guaranteed acceptance period, which starts from the earlier of the following two dates, and ends sixty-three (63) days after coverage terminates:

- The date you receive notice of termination, bankruptcy, insolvency, or other similar notice; or
- The date coverage is terminated.

**You must supply this documentation**

Be sure to complete the Current Insurance Coverage information section of your signed Medicare Supplement plan application. You must provide a copy of the prior coverage termination notice with your name, termination date, and reason or a Certificate of Prior Coverage.

**Situation**

You are enrolled in Medicare Part B and have been notified that because of an increase in your income or assets, you meet one of the following:

- You are no longer eligible for Medi-Cal benefits.
- You are eligible only for Medi-Cal benefits with a share-of-cost (and you certify at the time of application with Blue Shield you have not met the share of the cost).

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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**When to apply**

Blue Shield must receive your application within six (6) months of the notice of termination or notice is issued that your share-of-cost is increasing due to a change in income/assets.

**You must supply this documentation**

A copy of the notice of termination due to a change of income/assets from the Medi-Cal program or a copy of the notice that your share-of-cost is increasing due to a change in income/assets from the Medi-Cal Program, along with your certification that you have not met the share-of-cost.

**Situation**

You enrolled in a Medicare Advantage Plan and that plan either:

- Reduced any of its benefits;
- Increased the amount of cost-sharing or premium; or;
- Discontinued (for other than quality of care) a contract with a provider currently furnishing services to you.

In addition, no Medicare Supplement plan is available from that issuer, a subsidiary of the parent company of the issuer, or a network that contracts with the parent company of the issuer.

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**Your plan choices: Plan A, F Extra,<sup>1</sup> G, G Extra, or N**

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**When to apply**

You may submit an application sixty (60) days before the effective date of termination, but no later than sixty-three (63) days after the date coverage is terminated only during the annual election period (AEP) for a Medicare Advantage plan, except where the Medicare Advantage plan has discontinued its relationship with a provider currently furnishing services to the individual.

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**You must supply this documentation**

Be sure to complete the Current Insurance Coverage information section (including the end date) of your signed Medicare Supplement plan application. You must terminate the Medicare Advantage Plan after the Medicare Supplement application is approved.

To expedite processing include a copy of the annual notice of changes letter.

For discontinued provider relationships, please provide a termination letter from the provider.

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**Endnotes**

1. Plan F Extra is only available to applicants who attained age 65 or first became eligible for Medicare benefits due to disability before January 1, 2020.
2. Blue Shield reserves the right to request a copy of the prior coverage termination notice with your name and termination date, or a Certificate of Prior Coverage.