



## Important Information about Your Rights to Guaranteed Issue of Medicare Supplemental Policies

All six Highmark Blue Cross Blue Shield Medigap Blue<sup>SM</sup> Medicare Supplement Programs – Plans A, B, C, F, F High Deductible, and N – described in the enclosed brochure are available to individuals who enroll during their “Open Enrollment Period.”

The “Open Enrollment Period” is the six-month time period after you are first eligible for and you enroll in Medicare Part B Medical Insurance or after you have reached the age of 65. You may enroll for Highmark Blue Cross Blue Shield Medigap Blue Plans A, B, C, F, F High Deductible, and N or another company’s insurance to supplement your Medicare coverage (also called Medigap coverage) during this six-month period and be **guaranteed coverage**. Guaranteed coverage means you cannot be refused coverage.

If you are *not* within this “Open Enrollment Period,” you still may be able to obtain certain Medigap Blue Medicare Supplement Programs without a pre-existing condition limitation if you:

- a) Have Medicare Part A Hospital Insurance and Medicare Part B Medical Insurance;
- b) Reside in the 29-county area of western Pennsylvania served by Highmark Blue Cross Blue Shield;
- c) Do NOT have health insurance coverage provided by an employer group, trust fund, or welfare fund;
- d) Apply for this Medigap coverage no later than 63 days after either the date on which you were notified that your current or previous coverage would be ending, or the date on which your current or previous coverage actually ends; **and**
- e) You fall within one of the six categories described below.

Under the Balanced Budget Act of 1997, the federal government created the Medicare Advantage Program to increase the health care options for Medicare-eligible individuals beyond basic Medicare and Medicare health maintenance organizations (HMOs). These new options include, but are not limited to, Medicare Preferred Provider Organizations (PPOs), Medicare Point-of-Service (POS) Plans and the Medicare Demonstration Project. This law requires insurance companies (including Highmark Blue Cross Blue Shield) to offer you certain Medicare supplemental plans on a guaranteed issue basis; that is, they cannot refuse to cover you, when you are ending your enrollment in another plan under specific circumstances, as follows:

1. Your current or previous health care coverage was provided by an employer group, trust fund, or welfare fund and (a) was a benefits plan that supplements Medicare that was terminated by the employer or fund, or the benefits plan stopped providing all supplemental Medicare benefits, **or** (b) was primary to Medicare and your coverage was terminated by either you or the employer or fund.
2. You are currently or were previously enrolled in a Medicare Advantage or Medicare SELECT plan, or you are 65 years of age or older and were enrolled in a Program of All-Inclusive Care for the Elderly (PACE), and the plan was terminated or otherwise discontinued by the organization that offered it, or the organization has notified you that it will be terminating in the future, or you moved out of the plan’s service area.

3. You were covered under a Medicare Advantage, Medicare SELECT, or other Medigap insurance plan, or you are 65 years of age or older and were enrolled in a Program of All-Inclusive Care for the Elderly (PACE), and you left the plan because that plan is bankrupt, breached your policy, or your policy was misrepresented to you when you bought it.
4. You canceled your Highmark Blue Cross Blue Shield Medigap Blue Medicare supplemental plan to join, for the first time, a Medicare Advantage plan, a Medicare SELECT plan, or a Program of All-Inclusive Care for the Elderly (PACE). However, now you want to end that coverage and return to Medigap Blue. You must reapply to Highmark Blue Cross Blue Shield within 12 months of the date you ended your original Medigap Blue coverage, and you may apply for the Medigap Blue plan in which you were originally enrolled or a lower-cost Medigap Blue plan.
5. You canceled the Medicare Supplemental plan you had from another insurance company to join a Medicare Advantage plan, a Medicare SELECT plan, or a Program of All-Inclusive Care for the Elderly (PACE). However, within 12 months of joining this plan, you decide to end this coverage and return to the Medicare supplemental plan you had before. You can apply for certain Medigap Blue plans *only* if the previous Medicare supplemental plan you had from another insurance company is no longer available.
6. You joined a Medicare Advantage plan, a Medicare SELECT plan, or a Program of All-Inclusive Care for the Elderly (PACE) when you first became eligible for Medicare (during your "Open Enrollment Period"). However, within 12 months of joining that plan, you decide to end that coverage and enroll in a Medigap Blue Medicare supplemental plan.

If one of these categories applies to you, here's what you need to do:

- Complete and return your application for Highmark Blue Cross Blue Shield Medigap Blue **no later than 63 days after** the date on which your current or previous coverage ends. . **Do not complete the health screening questions in section 7.** If your situation is described in paragraph number 2, above, you may choose to substitute the date on which you were *notified* that your coverage would be ending for the actual date of termination.
- Along with your application, be sure to **enclose proof of the date** on which your current or previous coverage actually ends, or on which you were notified that your current or previous coverage would be ending.

If you have questions about these rights or about the Medigap Blue plans available to you, please call a Member Service Representative at 1-800-345-7808, Monday through Friday, between 8:00 a.m. and 4:30 p.m. Hearing-impaired TTY users, call 1-800-345-3816.

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