
# Medicare Supplement

## Underwriting Guidelines

July 1, 2019

For Agent and Home Office use only

*<< This page intentionally left blank >>*

# Table of Contents

***Please Note: any changes from the previous version are highlighted in pale orange.***
***Specific State language is subject to change.***
***Current State Availability can be found on the agent portal.***

# CONTACTS

## ADDRESSES FOR MAILING NEW BUSINESS AND DELIVERY RECEIPTS

When mailing or shipping your new business applications, be sure to use the following addresses. When mailing the Policy Delivery Receipts, be sure to use the pre-addressed envelopes that are sent with the policy.

### Administrative Office Mailing Information

**Mailing Address**

Combined Insurance Company of America
P.O. Box 14207
Clearwater, FL 33766-4207

**Overnight/Express Address**

Combined Insurance Company of America
2650 McCormick Drive
Clearwater, FL 33759

### FAX Number for New Business - ACH Applications

1-866-545-8076

### Questions

1-855-278-9329

# INTRODUCTION

This guide provides information about the evaluation process used in the underwriting and issuing of Medicare Supplement insurance policies. This manual provides the agent with information needed to identify…with a high degree of accuracy…those risks that are acceptable and those that are not. When used correctly, the underwriting guidelines can have a dramatic effect on your issue rate and quality rating. Our goal is to process each application as quickly and efficiently as possible while assuring proper evaluation of each risk. To ensure we accomplish this goal, the producer or applicant will be contacted directly by underwriting if there are any issues with an application.

## UNDERWRITING AND ITS IMPORTANCE

Underwriting is a critical factor when determining whether or not to issue Health insurance because it protects not only the financial health of the insurance company and the agent, but also the financial well-being of the insured. Underwriting is the primary process used to determine how much risk a proposed insured represents. To examine this risk, the underwriter must gather information relating to the individual who is applying for coverage.

The first step of the underwriting process is field underwriting. Field underwriting is the process of gathering initial information about a proposed insured and screening those individuals to determine if they qualify to have an application submitted for a specific type of coverage. **Field underwriting is when an agent makes a preliminary assessment of the insurability of the applicant and determines whether an application can be submitted to the Home Office for consideration**. In addition, the agent consults the underwriting guidelines which contain specific rules with respect to medical conditions and medications.

Home Office underwriting begins when the completed application is screened by the underwriter. The insurance application is the primary source of information for an underwriting decision. The agent's responsibility is to verify that the application is complete and as accurate as possible. In addition to the application the underwriter may request a personal history (telephone) interview or order a pharmacy report and/or medical records in making a final decision. Underwriting has to weigh the significance of any impairment(s) individually or together to determine what type of risk is presented.

## MACRA

**Plan Changes under the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA") – *Effective January 1, 2020***

MACRA - Medicare Access and CHIP Reauthorization Act of 2015 - is the largest scale change to the American health care system following the Affordable Care Act in 2010. First, MACRA requires the removal of Social Security Numbers from all Medicare cards to better protect individual's private financial information. This will be accomplished by the end of 2019.

Starting January 1, 2020, Medigap plans sold to new people with Medicare will not be allowed to cover the Part B deductible. Because of this, Plans C and F will no longer be available to individuals new to Medicare starting on January 1, 2020. If a person already has either of these 2 plans (or the high deductible version of Plan F) or are covered by one of these plans before January 1, 2020, he/she will be able to keep that plan. If a person is eligible for Medicare before January 1, 2020, but not yet enrolled, he/she may still be able to buy one of these plans.

This means that agents need to verify when the individual client became Medicare-Eligible:

- Individuals born on December 31, 1954 or before - become eligible for Medicare before January 1, 2020 - and have a right to purchase a Medicare Supplement Plan C or Plan F.
- Individuals born on January 1, 1955 or after - become eligible for Medicare on or after January 1, 2020 - and cannot purchase a Medicare Supplement Plan C or Plan F.

**It is imperative that agents address this issue before completing the application for Medicare Supplement because CMS plans to impose penalties for any policy that is issued incorrectly.**

The following chart displays what is covered under the various plans and who is eligible for which plans:

| Benefits | Plans Available to All Applicants | | | | | | | | Plans Available ONLY to those first eligible before 01/01/2020 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | A | B | D | G / G[1] | K | L | M | N | C | F / F[1] |
| Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| | | | | | | | ✓ | copays apply[3] | | |
| Blood (first three pints) | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Part A hospice care coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Skilled nursing facility coinsurance | | | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Medicare Part A deductible | | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ | ✓ | ✓ |
| Medicare Part B deductible | | | | | | | | | ✓ | ✓ |
| Medicare Part B excess charges | | | | ✓ | | | | | | ✓ |
| Foreign travel emergency (up to plan limits) | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ |
| Out-of-pocket limit in [2019][2] | | | | | $[5560][2] | $[2780][2] | | | | |

[1]Plans F and G also have a high deductible option which require first paying a plan deductible of $[2300] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2]Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3]Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

## KEYS TO GETTING POLICIES ISSUED

When completing the application make sure that all information is recorded accurately and is legible. Alterations on the application may cause the need for a telephone interview. Specifically, watch for alterations of height and weight, medications, medical conditions and medical questions.

If an applicant has not seen a doctor in the last 5 years please indicate this in the section under the medical questions.

Make sure you obtain all appropriate signatures before submitting the application.

Make sure you include all required State specific forms.

Follow the established height and weight, medications and medical conditions guidelines as outlined in the manual.

Inform the applicant that the underwriting department may call them to conduct a telephone interview to review relevant information on the application. Telephone interviews are conducted from 8:00 AM - 6:00 PM Eastern Standard Time.

Always note on the application the best time to call. Ask the applicant if it is OK to contact them at work or on their cell phone. If so, please provide the number(s) and indicate that it is OK for us to contact them at either number.

## WHAT AN AGENT SHOULD ALWAYS ASK

The agent is the first contact with the applicant and becomes the “eyes and ears” of underwriting. In order to understand the health conditions of the applicant and to accurately communicate the conditions to the underwriter, the agent should always inquire and add to the application any notes concerning:

- If any medical conditions are admitted to on the application:
  - What is the current status?
  - Are there any current symptoms?
  - What is the current treatment?
  - Are there any complications?
  - Is the condition under evaluation or has surgery been recommended?
  - Does the applicant take all medication as prescribed by his/her physician?
  - Is the applicant compliant with all other methods of treatment (ie lifestyle changes, therapeutic regimens) as recommended by his/her physician?
- Are they scheduled to see their physician in the next 6 months? Explain.
- Do they have regular checkups? If so, when was the last check-up and what were the results?
- Have they had any surgeries in the last 24 months, or have they been recommended to have surgery? Explain.
- Have they undergone any diagnostic testing in the last 12 months or been recommended by a physician to do so? Explain.
- Receiving disability benefits in the past 12 months or has applied for disability benefits? Explain.
- Are they on Medicaid?

## TIPS FOR COMPLETING THE APPLICATION

### ALWAYS

- Ask each question exactly as written (do not paraphrase).
- Record each answer exactly as given.
- Complete the application legibly and in black ink.
- Draw a line through any errors and have the applicant initial and date corrections.

The issue state and the residence state must be based on the applicant. The residence state is determined by the state in which the applicant files federal income tax statements. Agents must be appointed in the state where the application is signed.

All agents must also use the current application packet for the insured's resident state at the time of application. Applications received for processing that are based on the agent's issue state and not the applicant's resident state will be returned.

Applications must be submitted within thirty (30) days of the signed application date and cannot have a requested effective date prior to the date the application is signed.

For underwritten and Guaranteed Issue applications, the requested effective date may not be more than sixty (60) days from the date the application was signed.

Initial full modal premium or signed Pre-Authorized Electronic Fund Transfer (EFT) form must be submitted with all applications.

Payer/payee guidelines: We will not accept premium payments from an employer or a group. Each policy is an individual contract. Premium payments will be accepted only from the policyholder or an immediate family member. No third-party payers will be accepted.

If applicable, all state-required forms (e.g., replacement, state disclosure and disenrollment / termination letter) should accompany the application at the time of submission.

Follow the established height and weight, medications and medical conditions guidelines as outlined in the manual.

Make sure you obtain ALL appropriate signatures before submitting the application.

We do not accept stamped or electronic signatures from either agents or applicants.

### NEVER

- Use "white out" or similar substances for corrections or mistakes.
- Tell or suggest to the applicant how he or she should answer a question.
- Ask a general question (e.g. "Are you in good health?"), then mark all of the medical questions on the application as "No".
- Allow someone other than the applicant to answer the application questions.

# POLICY ISSUE GUIDELINES

All applicants must be covered under Medicare Part A and B on the effective date of the policy. Policy issue is state specific. The applicant's state of residence controls the application, forms, premium and policy issue. If an applicant has more than one residence, the state where taxes are filed should be considered as the state of residence. Please refer to the introductory materials you received for any required forms specific to your state.

## OPEN ENROLLMENT

To be eligible for open enrollment, an applicant must be turning 65 years of age (in most states) and be within six months of his/her enrollment in Medicare Part B.

Applicants in the state of Florida who are 65 years of age or older, or under 65 years of age and eligible for Medicare by reason of a disability or end-stage renal disease, and who are enrolled in Medicare Part B, and who reside in this state, will be considered for Open Enrollment upon the request of the individual during the 2-month period following termination of coverage under a group health insurance policy.

Applicants covered under Medicare Part B prior to age 65 are eligible for a six-month open enrollment period upon reaching age 65. Coverage could be effective the earliest of the first of the month in which the applicant is turning 65 or thereafter. Applications may be submitted up to 60 days prior to the requested effective date.

During this period, we cannot deny insurance coverage, place conditions on a policy or charge more premium due to past medical conditions. Proof of coverage under Medicare Part B is required for applicants who are outside the six months of enrollment in Medicare when turning 65. This includes individuals who have postponed enrollment in Medicare Part B at age 65 as well as applicants who are under age 65 and qualify due to disability. Proof of coverage under Medicare Part B includes either a copy of the Medicare Card or the letter from CMS acknowledging when medical benefits begin under Medicare. Proof of the Open Enrollment right needs to be submitted with the application.

Some states require that Medicare supplement open enrollment be offered to individuals under age 65. Refer to the chart below for details.

| **States with Under Age 65 Requirements–All plans may not be available in all state** | | |
|---|---|---|
| **The following states require that Combined Insurance offer coverage to applicants under age 65; in ALL other states, applicants under age 65 are NOT eligible for coverage** | | |
| **State** | **Under Age 65 Accepted** | **Plans Available** |
| California | Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. Not available for individuals with End Stage Renal Disease. | Plans A, F and N are available |
| Colorado, Illinois, Louisiana, South Dakota, Tennessee | Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. | All plans sold are available – (A, F, G, N) |
| Connecticut | Yes. | Plan A is available |
| Florida | Yes, O/E if applied for within six months of Part B enrollment or within the first two months after termination of group health coverage. Applications submitted outside of the Open Enrollment period will be subject to the same underwriting criteria used for applicants who are 65 or older and outside of the Open Enrollment period. | All plans sold are available – (A, F, G) |

| States with Under Age 65 Requirements–All plans may not be available in all states | | |
|---|---|---|
| **The following states require that Combined Insurance offer coverage to applicants under age 65; in ALL other states, applicants under age 65 are NOT eligible for coverage** | | |
| **State** | **Under Age 65 Accepted** | **Plans Available** |
| Georgia | Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. Retroactive enrollment allowed when due to a retroactive eligibility decision made by the SSA. | All plans sold are available – (A, F, G, N) |
| Kansas, Missouri, | Yes, O/E if applied for within six months of Part B enrollment. If applying outside this Open Enrollment period, the application is subject to underwriting & must qualify medically. | Plans A, F and N are available |
| Kentucky | No Open Enrollment. All applications are underwritten. Always use Non-Tobacco rates. | All plans sold are available – (A, F, G, N) |
| Mississippi | Yes, O/E if applied for within six months of Part B enrollment. If applying outside this Open Enrollment period, the application is subject to underwriting & must qualify medically. | Plans A and F are available |
| Montana | Yes, O/E if applied for within six months of Part B enrollment. If applying outside this Open Enrollment period, the application is subject to underwriting & must qualify medically.<br>O/E also applies during the 63-day period following termination of coverage under a group or individual health insurance policy or certificate for a person enrolled, or eligible for enrollment in Medicare Part B. | All plans sold are available – (A, F, G, N) |
| New Jersey | For applicants age 50 – 64, O/E if applied for within six months of Part B enrollment.<br>Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. | Plan C is available |
| North Carolina | Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. | Plans A and F are available |
| Oklahoma | Yes, O/E if applied for within six months of Part B enrollment. If applying outside this O/E period, the application is subject to underwriting & must qualify medically. | Plan A is available |
| Pennsylvania | Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65." | All Plans sold are available – (A, B, F, G and N) |
| Texas | Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. | Plan A is available |

***† Effective January 1, 2020, Plans C and F are not available to "newly eligible"; please refer to page 7.***

## UNDER AGE 65 ESRD (END STAGE RENAL DISEASE) REQUIREMENTS

The following states require us to offer Medicare Supplement coverage, without medical underwriting to individuals under age 65 and on Medicare disability due to End Stage Renal Disease (ESRD):

- Connecticut – only Plan A is available.
- Florida – All Plans (A, F, G). The open enrollment period is within the first 6 months after the effective date of Medicare Part B or during the 2-month period following termination of coverage under a group health insurance policy. Premium rates for ESRD are the same as the under age 65 disabled premium rates.
- Georgia – All Plans are available (A, F, N). Open enrollment if applied for within six months of Part B enrollment. There are distinct premium rates for this coverage. Retroactive enrollment allowed when due to a retroactive eligibility decision made by the SSA.
- Texas – only Plan A is available

The open enrollment period is within the first 6 months after the effective date of Medicare Part B. Applications written outside this open enrollment period will be declined and premium will be refunded.

Texas Plan A premium rates for ESRD are the same as the Texas Plan A under age 65 disabled premium rates.

## GENERAL UNDERWRITING INFORMATION

Applicants over the age of 65, or under age 65 in the states listed and specified in the chart above, and at least six months beyond enrollment in Medicare Part B will be underwritten. All health questions must be answered. The answers to the health questions on the application will determine the eligibility for coverage. Applicants will be accepted or declined. Applications signed by a Power of Attorney will not be accepted for Selective (Underwritten) Issue.

If the Application is signed by a Power of Attorney, a properly signed and executed Power of Attorney document must be submitted with the application. Specifically, the document should give the Power of Attorney the following authorities:

- Financial/Banking authority – allows the POA to conduct financial transactions (pay premium)
- Insurance authority – allows the POA to enter into insurance contracts (sign application)
- Healthcare authority – allows the POA to make decisions and discuss healthcare issues

There may be additional items that will need to be verified. For example, if more than one person is given the Power of Attorney, is there a given order as to who is first? If the first person named is not the person who signed the application, why is the first person named not serving as the POA? When is the POA to be effective? If the POA will become effective upon written certification of disability or mental incompetence, then we would need a copy of the written certification of disability or lack of competence. We will not be able to process an application that is signed by a Power of Attorney without the proper documentation and explanations needed.

In addition to the health questions, the applicant's height and weight will be taken into consideration when determining eligibility for coverage. Coverage will be declined for those applicants who are outside the established height and weight guidelines.

Health information, including answers to health questions on applications and claims information, is confidential and is protected by state and federal privacy laws. Accordingly, Combined Insurance Company of America does not disclose health information to any non-affiliated insurance company without authorization.

## APPLICATION DATES

- **Open Enrollment** – Up to six months prior to enrollment in Medicare Part B.
- **Underwritten Cases** – Up to 60 days prior to the requested coverage effective date.
- **Individuals** – Individuals whose employer group health plan coverage is ending can apply up to 3 months prior to the requested effective date of coverage.
- **West Virginia** – applications may be taken up to 90 days prior to the effective date of their Medicare eligibility due to age.

## COVERAGE EFFECTIVE DATES

Coverage will be made effective as indicated below:

1). Between age 64½ and 65 – The first of the month the individual turns age 65.
2). All Others – Application date or date of termination of other coverage, whichever is later.
3). Effective date cannot be the 29th, 30th, or 31st of the month.

## REPLACEMENTS

A "replacement" takes place when an applicant terminates an existing Medicare Supplement/Select or Medicare Advantage policy and replaces it with a new Medicare Supplement policy. Combined Insurance Company of America requires a fully completed application when applying for a replacement policy (both internal and external replacements). Application fee should be included with all new applications.

A policy owner wanting to apply for a non-tobacco Plan must complete a new application and qualify for coverage.

If an applicant has an existing Medicare Supplement, Medicare Select or Medicare Advantage policy, any new application will be considered to be a replacement application. All replacement applications will be underwritten.

All replacements involving a Medicare Supplement, Medicare Select or Medicare Advantage Plan must include a completed Replacement Notice. One copy is to be left with the applicant; one copy should accompany the application. The replacement cannot be applied for on the exact same coverage and exact same company.

The replacement Medicare Supplement policy cannot be issued in addition to any other existing Medicare Supplement, Select or Medicare Advantage Plan.

## REINSTATEMENTS

When a Medicare Supplement policy has lapsed and it is within 90 days of the last paid to date, coverage may be reinstated, based upon meeting the underwriting requirements. The agent's commission rates will continue based on the policy's duration. When a Medicare Supplement policy has lapsed and it is more than 90 days beyond the last paid to date, the coverage cannot be reinstated. The client may, however, apply for new coverage. All underwriting requirements must be met before a new policy can be issued.

## TELEPHONE INTERVIEWS

Random telephone interviews with applicants will be conducted on underwritten cases. Please be sure to advise your clients that we may be calling to verify the information on their application.

## PHARMACEUTICAL INFORMATION

Combined Insurance Company of America has implemented a process to support the collection of pharmaceutical information for underwritten Medicare Supplement applications. In order to obtain the pharmaceutical information as requested, please be sure to include a completed "Authorization to Release Confidential Medical Information (HIPAA)" form with all underwritten applications. This form can be found in the Application Packet. Prescription information noted on the application will be compared to the additional pharmaceutical information received. This additional information will not be solely used to decline coverage.

## POLICY DELIVERY RECEIPT

Based on state specific requirements, a policy delivery receipt may be required. If a policy delivery receipt is required, it will be included in the policy package and a copy must be returned to our New Business office.

## GUARANTEED ISSUE RIGHTS

If the applicant(s) falls under one of the Guaranteed Issue situations outlined below, proof of eligibility must be submitted with the application. Proper proof of GI Rights include:

- a letter of creditable coverage from the previous carrier, or
- a letter from the applicant's employer.

The situations listed below can also be found in the Guide to Health Insurance.

| Guaranteed issue situation | Client has the right to buy |
|---|---|
| Client is in the original Medicare Plan and has an employer group health Plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays. That coverage is ending.<br><br>In Florida, the employer group plan terminates or ceases to provide at least the minimum benefits provided by a Plan A Medicare Supplement policy.<br><br>***Note: In this situation, state laws may vary.*** | Medigap Plan A, B, C, F (including high deductible F), K or L that is sold in client's state by any insurance company.<br><br>If client has COBRA coverage, client can either buy a Medigap policy/certificate right away or wait until the COBRA coverage ends. |
| Required supporting documentation could be a dated letter from either the employer or group carrier including the Client's name, type of coverage, coverage-end date, and termination reason. | |

| Guaranteed issue situation | Client has the right to buy |
|---|---|
| Client is in the original Medicare Plan and has a Medicare SELECT policy/certificate. Client moves out of the Medicare SELECT Plan's service area.<br><br>Client can keep the Medigap policy/certificate or he/she may want to switch to another Medigap policy/certificate.<br><br>In Florida, client is enrolled in a MEDICARE COST plan (or similar plan effective prior to April 1, 1999); or a HEALTH CARE PREPAYMENT plan. That coverage is ending through no fault of the client or because the client is moving out of the coverage area. | Medigap Plan A, B, C, F (including high deductible F), K or L that is sold by any insurance company in client's state or the state he/she is moving to. |
| Required supporting documentation could be a dated letter from the SELECT carrier including the Client's name, type of coverage, coverage-end date, and termination reason. | |
| Client's Medigap insurance company goes bankrupt and the client loses coverage, or client's Medigap policy/certificate coverage otherwise ends through no fault of the client. | Medigap Plan A, B, C, F (including high deductible F), K or L that is sold in client's state by any insurance company. |
| Required supporting documentation could be a dated letter from the carrier including the Client's name, type of coverage, coverage-end date, and termination reason. | |
| Client is in the original Medicare Plan and has a Medicare SUPPLEMENT policy/certificate and wants to terminate that coverage because the company substantially violated a material provision of the policy or the company or agent has materially misrepresented the policy's provisions and misled the client. | Medigap Plan A, B, C, F (including high deductible F), K or L that is sold in the client's state by any insurance company. |
| Required supporting documentation is a dated letter from CMS confirming that the client was misled and the effective date that the Medicare Supplement Plan has been terminated. | |
| In Florida, client enrolls in a Medicare Prescription D plan during the initial enrollment period and terminates a Medicare SUPPLEMENT policy/certificate that covers outpatient prescription drug coverage. Client submits evidence of enrollment in Medicare Part D. | The same policy available from the same company modified to remove the outpatient prescription drug coverage; or Medigap Plan A, B, C, F (including high deductible F), K or L that is offered by any insurance company. |
| Required supporting documentation could be a dated letter from the carrier including the Client's name, type of coverage, coverage-end date, and termination reason. | |

***† Effective January 1, 2020, Plans C and F are not available to "newly eligible"; please refer to page 7.***

Generally, the Guaranteed Issue period lasts for 63 days from when the coverage terminates. This period may vary by state regulations.

## LOSS OF MEDICAID QUALIFICATION RIGHTS

| State | Situation | Client has the right to buy |
|---|---|---|
| CA | Applicant is enrolled in Medicare Part B and, as a result of an increase in income or assets, is no longer eligible for Medi-Cal benefits; or is only eligible for Medi-Cal benefits with a share cost and certifies at the time of application that they have not met the share of cost. Open Enrollment beginning with notice of termination and ending six months after the termination date. | **65 years or older**<br>Any Medigap plan offered by any Issuer.<br><br>**Under Age 65**<br>Plans A and F. Not available for individuals with end stage renal disease. |
| KS | Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date. | Any Medigap plan offered by any issuer. |
| TN | Client age 65 and older is covered under Medicare Part B, is enrolled under Medicaid (TennCare), and the enrollment involuntarily ceases. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.<br>Client under age 65 losing Medicaid (TennCare) coverage has a six month Open Enrollment period beginning on the date of involuntary loss of coverage. | Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer. |
| TX | Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date. | Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer; except that for persons under 65 years of age, it is a policy which has a benefit package classified as Plan A. |

***† Effective January 1, 2020, Plans C and F are not available to "newly eligible"; please refer to page 7.***

## GROUP HEALTH PLAN PROOF OF TERMINATION

**Proof of Involuntary Termination:** If applying for Medicare Supplement, Underwriting cannot issue coverage as Guaranteed Issue without proof that an individual's group coverage is no longer offered. The following is required: Complete the Other Health Insurance section on the Medicare Supplement application; and provide a copy of the termination letter; showing date of and reason for termination, from the group carrier.

**Proof of Voluntary Termination:** Unless required by state law or regulation, we will NOT offer coverage on a guaranteed issue basis to enrollees who voluntarily terminate coverage under a group welfare benefit plan (or intend to do so) prior to applying for coverage under a Combined Insurance Medicare Supplement plan. Under the state specific voluntary terminations scenarios, the following proof of termination is required along with completing the Other Health Insurance section on the Medicare Supplement application:

- Certificate of Group Health Plan Coverage – In OK and WV, provide proof of change in benefits from employer or group carrier.

## GUARANTEED ISSUE RIGHTS FOR VOLUNTARY TERMINATION OF GROUP HEALTH PLAN

| State | Qualifies for Guaranteed Issue… |
|---|---|
| CA | If the employer sponsored plan's benefits are reduced, with Part B coinsurance no longer being covered. |
| FL | Any individual who is 65 years of age or older, or under 65 years of age and eligible for Medicare by reason of a disability or end-stage renal disease, who is enrolled in Medicare Part B, and who resides in Florida, upon the request of the individual during the 2-month period following termination of coverage under a group health insurance policy. |
| IL, IN, MT, NJ, OH, PA, TX | If the employer sponsored plan is primary to Medicare. |
| OK, WV | If the employer sponsored plan's benefits are reduced substantially. |
| KS, LA, MO, SD | No conditions – Always qualifies. |

For purposes of determining GI eligibility due to a Voluntary Termination of an employer sponsored group welfare plan, a reduction in benefits will be defined as any increase in the insured's deductible amount or their coinsurance requirements (flat dollar co-pays or coinsurance %). A premium increase without an increase in the deductible or coinsurance requirement will not qualify for GI eligibility. This definition will be used to satisfy OK and WV requirements. Proof of coverage termination is required.

## OE / GI RIGHTS UNDER BIRTHDAY RULE OR ANNIVERSARY RULE REQUIREMENTS

Certain states require an Open Enrollment or Guaranteed Issue period around either an applicant's birthday or policy anniversary. The new policy will be issued without medical underwriting if the applicant is moving to a plan with equal or lesser benefits than the policy he/she is terminating.

The opportunity to switch policies on an Open Enrollment or Guaranteed Issue basis begins annually based on the applicant's birthday or the applicant's policy anniversary.

Indicate "Birthday or Anniversary Guaranteed Issue" in the medical section of the application.

The applicant must provide documentation confirming which Standard Plan he/she is terminating in order to demonstrate that the Standard Plan being applied for provides equal or lesser coverage than the plan being terminated. A replacement form is required.

To determine if the applicant qualifies for this Guaranteed Issue window:

| State | Application Window | Eligibility Verification |
|---|---|---|
| California | 60 days, beginning 30 days before and ending 30 days after the individual's birthday | Applicant can purchase any Medicare Supplement policy that offers benefits equal to or lesser than the current inforce coverage. The only exception is if the applicant wants to purchase Plan G when moving from Plan F. This exception is subject to change at the company's discretion.<br>Coverage will not be made effective prior to the individual's birthday.<br>To confirm eligibility, the applicant must provide:<br>1) proof of current plan – a copy of ID card or schedule page from the current coverage;<br>(2) proof that coverage is in-force – a copy of renewal notice or billing notice; and<br>(3) proof of birth date/residency – a copy of Driver's License or state ID showing date of birth.<br>A copy of the required birthday notice from the current carrier would provide all of the above.<br>Premium will be the premium at the applicant's new age. |

Please be aware that we process Birthday Rule applications as follows:

- Applications can be signed and submitted up to 30 days before the applicant's birthday and no more than 30 days after the birthday.
- The requested effective date can be on the applicant's birthday and no more than the 1st of the month following 30 days after the birthday.
- For example, an applicant has a birthday of 02/08:
    - We will accept an application signed/dated and submitted before the birthday as early as 01/08 and the requested effective date could be on the birthday or as late as 03/01; or
    - We will accept an application signed/dated and submitted after the birthday but no later than 03/08 and the requested effective date could be on the signature date of the application or as late as 1st of the month following the signature date.

| | | |
|---|---|---|
| Missouri | Must apply no sooner than 60 days before and no later than 30 days after their policy anniversary date | To confirm eligibility, the applicant must provide:<br>1) proof of current plan and anniversary – a copy of the schedule page or application from the current coverage;<br>(2) proof that coverage is in-force – a copy of renewal notice or billing notice. |

Please be aware that we process Anniversary Rule applications as follows:

- Applications can be signed and submitted up to 60 days before the anniversary and no more than 30 days after the anniversary.
- The requested effective date can be 30 days before the anniversary and no more than 30 days after the anniversary.
- The requested effective date cannot precede the signature date of the application.
- For example, for an anniversary date of 02/01:
    - We will accept an application signed/dated and submitted before the anniversary as early as 12/01 and the requested effective date could be as early as 01/01 or as late as 02/01; or
    - We will accept an application signed/dated and submitted after the anniversary no later than 03/01 and the requested effective date could be as late as 03/01.

# MEDICARE ADVANTAGE ("MA")

## MEDICARE ADVANTAGE ("MA") ANNUAL MEDICARE PART C ELECTION PERIOD

| General Election Periods for | Timeframe | Allows for |
|---|---|---|
| Annual Election Period ("AEP") | Oct. 15th – Dec. 7th of every year | • Enrollment selection for MA (Part C)<br>• Disenroll from a current MA Plan<br>• Enrollment selection for Medicare Part D Prescription Drug Coverage |
| Medicare Advantage Open Enrollment Period (OEP) | Jan. 1st – Mar. 31st of every year | Individuals enrolled in an MA plan, including newly MA-eligible individuals, to make a one-time election to go to another MA plan or return to Original Medicare. Individuals using the OEP to make a change may make a coordinating change to add or drop Part D coverage.<br>The MA OEP does not provide an opportunity to switch from original Medicare to a Medicare Advantage Plan.<br>The Medicare Advantage Open Enrollment Period is ***not*** synonymous with the Open Enrollment Period provided for Medicare Supplement Plans. |

There are many types of election periods other than the ones listed above. If there is a question as to whether or not the MA client can disenroll, please refer the client to the local State Health Insurance Assistance Program (SHIP) office for direction.

## MEDICARE ADVANTAGE PROOF OF DISENROLLMENT

If applying for a Medicare Supplement, Underwriting cannot issue coverage without proof of disenrollment. If a member disenrolls from Medicare Advantage, the MA Plan must notify the member of his/her Medicare Supplement guaranteed issue rights.

**Voluntarily disenrolling during AEP or OEP and not eligible for Guaranteed Issue**

The section concerning the Medicare Advantage program should be answered completely:

- Stating when the Medicare Advantage program started;
- Leaving the "END" date blank, since the applicant is still covered;
- Confirming the applicant's intent to replace the current MA coverage with this new Medicare Supplement policy;
- Confirming the receipt of the replacement notice;
- Stating the reason for the termination/disenrollment;
- Completing the planned date of termination/disenrollment;
- Specifying whether this was the first time in this type of Medicare plan (MA);
- Specifying whether there had been previous Medicare Supplement coverage; and
- Answering whether that previous Medicare Supplement coverage is still available.

If the applicant is applying during the Medicare Advantage Annual Enrollment Period (AEP), and all of the above information is provided, we will **NOT** require proof of termination from the Medicare Advantage provider. ***It is the applicant's responsibility to disenroll from the Medicare Advantage coverage during either the AEP or OEP.*** Please note that the CMS guidelines Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare advises that if the client joins a Medicare Advantage Plan, he/she cannot be sold a Medigap policy unless the coverage under the Medicare Advantage Plan will end before the effective date of the Medigap policy.

**If an individual is requesting Guaranteed Issue or disenrolling outside AEP/OEP**

1. The section concerning the MA program should be answered completely, as stated above; and

2. Send a copy of the applicant's MA Plan's disenrollment/termination notice with the application. This is especially important if the applicant is claiming a Guaranteed Issue right based on any situation as outlined in the CMS guidelines Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.

Please note: All plans are not available as Guaranteed Issue in most situations.

For any questions regarding MA disenrollment eligibility, contact your SHIP office or call 1-800- MEDICARE, as each situation presents its own unique set of circumstances. The SHIP office will help the client disenroll and return to Medicare.

## GUARANTEED ISSUE RIGHTS

The situations listed below can also be found in the Guide to Health Insurance. Along with the situations described below for a Medicare Advantage Plan, the state of Florida also extends Guaranteed Issue Rights to individuals who are 65 years of age or older and enrolled with a Program of All-Inclusive Care for the Elderly (PACE) provider under Section 1894 of the Social Security Act, where there are circumstances similar to those described below that would permit discontinuance of the individual's enrollment with such provider if such individual were enrolled in a Medicare Advantage plan:

| Guaranteed issue situation | Client has the right to |
|---|---|
| Client's MA Plan is leaving the Medicare program, stops giving care in his/her area, or client moves out of the Plan's service area | Buy a Medigap Plan A, B, C, F (including high deductible F), K or L that is sold in the client's state by any insurance company. Client must switch to original Medicare Plan. |
| Required supporting documentation could be a dated letter from the MA carrier including the Client's name, coverage-effective date, coverage-end date, and termination reason. | |
| Client joined a MA Plan when first eligible for Medicare Part A at age 65 and within the first year of joining, decided to switch back to original Medicare | Buy any Medigap Plan that is sold in his/her state by any insurance company. |
| Required supporting documentation could be a dated letter from the MA carrier including the Client's name, coverage-effective date, coverage-end date, and termination reason. | |
| Client dropped his/her Medigap policy/certificate to join an MA Plan for the first time;<br>in Florida, this would include a MEDICARE COST plan or PACE or a MEDICARE SELECT policy. Client has been in the Plan less than 1 year and wants to switch back. | Obtain client's Medigap policy/certificate back if that carrier still sells it. If his/her former Medigap policy/certificate is not available, the client can buy a Medigap Plan A, B, C, F (including high deductible F), K or L that is sold in his/her state by any insurance company. |
| Required supporting documentation could be a dated letter from the previous Medicare Supplement carrier including the Client's name, plan, and coverage-end date, along with a statement that this plan is no longer available.<br>A dated letter from the MA carrier including the Client's name, coverage-effective date and coverage-end date may also be required. | |
| Client is in an MA Plan and wants to terminate that coverage because the company substantially violated a material provision of the policy or the company or agent has materially misrepresented the policy's provisions and misled the client. | Buy Medigap Plan A, B, C, F (including high deductible F), K or L that is sold in the client's state by any insurance company. |
| Required supporting documentation is a dated letter from CMS confirming that the client was misled and the effective date that the MA Plan has been terminated. | |

***† Effective January 1, 2020, Plans C and F are not available to "newly eligible"; please refer to page 7.***

Generally, the Guaranteed Issue period lasts for 63 days from when the coverage terminates. This period may vary by state regulations.

# PREMIUM

## CALCULATING PREMIUM

### Utilize Outline of Coverage

- Determine ZIP code where the client resides and find the correct rate page for that ZIP code
- Determine Plan
- Determine if tobacco or non-tobacco use *(tobacco use includes use of electronic cigarettes and vaping*)
- Find age/gender - Verify that the age and date of birth are the exact age as of the effective date
- This will be your base monthly premium

**Non-tobacco rates apply in certain states during open enrollment and guaranteed issue situations. See the Rate Type Available by State chart on the next page for state-specific information.**

## TYPES OF MEDICARE POLICY RATINGS

- **Community rated** – The same monthly premium is charged to everyone who has the Medicare policy, regardless of age. Premiums are the same no matter how old the applicant is. Premiums may go up because of inflation and other factors, but not based on age.

- **Issue-age rated** – The premium is based on the age the applicant is when the Medicare policy is bought. Premiums are lower for applicants who buy at a younger age, and won't change as they get older. Premiums may go up because of inflation and other factors, but not because of applicant's age.

- **Attained-age rated** – The premium is based on the applicant's current age so the premium goes up as the applicant gets older. Premiums are low for younger buyers, but go up as they get older. In addition to change in age, premiums may also go up because of inflation and other factors.

## RATE TYPE AVAILABLE BY STATE

| State | Tobacco / non-tobacco rates | Gender rates | Attained, issue or community rated | Tobacco rates during open enrollment / guaranteed issue | Enrollment / policy fee |
|---|---|---|---|---|---|
| **AL** | Y | Y | A | Y | Y |
| **AZ** | Y | Y | I | N | Y |
| **CA** | Y | N | A | N | Y |
| **CO** | Y | Y | A | N | Y |
| **CT** | N | N | C | N | Y |
| **FL** | Y | Y | I | Y | Y |
| **GA** | Y | Y | I | N | Y |
| **IA** | Y | Y | A | N | Y |
| **IL** | Y | Y | A | N | Y |
| **IN** | Y | Y | A | Y | Y |
| **KS** | Y | Y | A | N | Y |
| **KY** | Y | Y | A | N | Y |
| **LA** | Y | Y | A | N | Y |
| **MO** | Y | Y | I | N | Y |
| **MS** | Y | Y | A | N | Y |
| **MT** | Y | N | A | Y | Y |
| **NC** | Y | Y | A | N | Y |
| **NJ** | Y | Y | A | N | Y |
| **OH** | Y | Y | A | N | Y |
| **OK** | Y | Y | A | N | Y |
| **PA** | Y | Y | A | N | Y |
| **SC** | Y | Y | A | N | Y |
| **SD** | Y | Y | A | Y | Y |
| **TN** | Y | Y | A | N | Y |
| **TX** | Y | Y | A | N | Y |
| **WV** | Y | Y | A | Y | N |

As of March 1, 2018

## HOUSEHOLD DISCOUNT (NOT APPLICABLE IN ALL STATES)

If question 1 in the Household Discount Section on the application is answered "Yes," the individual is eligible for the discount. Specific language may vary by state:

| A household discount of 6% is available to: | State Availability |
|---|---|
| • Individuals who, for the past year, have resided with at least one, but no more than three, other adults who are age 50 or older; or<br>• Individuals who live with another adult who is the legal spouse, including validly recognized civil union and/or domestic partners. | CA, KS, SD, TX, WV |
| • Individuals who, for the past year, have resided with at least one, but no more than three, other adults who are age 18 or older; or<br>• Individuals who live with another adult who is the legal spouse, including validly recognized civil union and/or domestic partners. | KY, MT |

The household discount is not available to individuals that have resided with 4 or more Medicare eligible adults for the past year.

## APPLICATION FEE

There will be a one-time application fee of $25.00 ($6.00 in Mississippi, no application fee in West Virginia) that will be collected with each applicant's initial payment. For a husband and wife written on the same application, $50 in fees must be collected. This will not affect the renewal premiums.

## COMPLETING THE PREMIUM ON THE APPLICATION

- Premiums are calculated based on the ***applicant's age on the requested effective date***, not at the time of application.

**Initial Premium**

- Enter the initial Premium Collected in the box located on the application.
- Mark the appropriate mode for the initial payment.

**On-going Premium**

- Determine how the client wants to be billed going forward (renewal) and select the appropriate mode in the Premium Payment Option section on the application.
- Indicate, based on the mode selected, the On-going premium.
- Monthly direct billing is not allowed.

*NOTE: If utilizing Electronic Funds Transfer ("EFT") as a method of payment, please complete Section 6 of the application. If paying the initial premium by EFT, the completed authorization form must be complete and submitted with the application. The policy will NOT be issued without this authorization.*

## COLLECTION OF PREMIUM

If not utilizing EFT as a method of payment, at least one month's premium must be submitted with the application. If a mode other than monthly is selected, then the full modal premium must be submitted with the application. **If monthly mode is selected, the initial premium will draft upon policy issuance.**

- Credit cards and money orders are not accepted.

Combined Insurance Company of America does not accept post-dated checks or payments from Third Parties, including any Foundations as premium for Medicare Supplement, and does not accept premium payments via money order. Immediate family and domestic partners are acceptable payors.

*NOTE: Do not mail a copy of the receipt with the application.*

### NOTICES AND INITIAL PREMIUM RECEIPT

Complete this page as requested. Leave this page of the application package with the applicant.

### BUSINESS CHECKS

If premium is paid by a business account, complete the information located on the Payor Information section (Part II) of the Method of Payment Form. Business checks are acceptable if they are submitted for the business owner, or the owner's spouse.

### SHORTAGES

Combined Insurance Company of America will communicate with the producer by telephone, e-mail or FAX in the event of a premium shortage in excess of $5.00 per modal premium. The application will be held in a pending status until the balance of premium is received. Producers may communicate with us by calling 1-855-278-9329 or by FAX at 1-866-545-8076.

### REFUNDS

Combined Insurance Company of America will make all refunds to the applicant in the event of rejection, incomplete submission, overpayment, cancellations, etc.

### OUR GENERAL ADMINISTRATIVE RULE – 12 MONTH RATE

Our current administrative practice is not to adjust rates for 12 months from the effective date of coverage unless limited by regulatory requirement. Florida prohibits this practice.

## APPLICATION

**NOTE:** *Applications that have been modified or converted to fillable forms or other electronic formats will not be accepted unless prior approval was obtained by Combined Insurance Company of America. Attempting to submit unapproved fillable forms or other electronic formats will not speed up the submission of an application.*

Properly completed applications should be finalized within 5-7 days of receipt at Combined Insurance Company of America's administrative office. The ideal turnaround time provided to the producer is 11-14 days, including mail time.

### APPLICATION SECTIONS

The application must be completed in its entirety. The Medicare Supplement application consists of eight sections that must be completed. Review your applications for the information in the sections listed below before submitting. Any corrections need to be crossed through and initialed/dated by the applicant. White out on the application is not allowed. Additionally, any incomplete or missed questions may require that you obtain the applicant's initials/date and resubmit. Any corrections that are only initialed by the agent are not acceptable. If you need to submit additional information, or if you need to send in corrected pages, only submit the page(s) required, initialed/dated by the applicant, if needed. Please do NOT send the entire application, if you only need to send a few pages.

### SECTION 1 – PLAN & PREMIUM PAYMENT INFORMATION SECTION

- Entire Section must be completed.
- This section should indicate the Plan or policy form selected, effective date, the policy delivery option (to the agent or to the insured), initial premium paid, the ongoing premium amount, and the premium payment mode selected. Please complete the premium calculation for the proper payment mode selected.

  *Note: The effective date cannot be on the 29$^{th}$, 30$^{th}$, or 31$^{st}$ of the month.*

## SECTION 2 – APPLICANT INFORMATION

- Please complete the client's physical (residential) address in full. If any correspondence such as premium notices are to be mailed to an address other than the applicant's physical (residential) address, please complete the Mailing Address (if different from physical address) section in full.
- Make sure the Home Phone No. and Best Time to Contact sections are completed.
- Please complete the applicant's name as listed on the Medicare Card or application for Medicare.
- Current Age is the exact age as of the application date; however, premium is calculated as of the effective date.
- Male/Female, State of Birth, and the Social Security Card number sections are completed.
- Medicare Card number, also referred to as the Health Insurance Claim ("HIC") number, is required for electronic claims payment.
- Please provide the applicant's e-mail address, if available.
- Height/Weight – This is required on underwritten cases.
- Answer the tobacco question – *tobacco use includes use of electronic cigarettes and vaping*. (Note that tobacco rates may not apply during open enrollment or guaranteed issue situations. See the Rate Type Available by State chart on page 15 for specific information.)
- Verify the applicant answered "Yes" to receiving the Guide to Health Insurance and Outline of Coverage and the Notice of Information Practices. It is required to leave these two documents with the client at the time the application is completed.
- Please indicate if the applicant turned 65 in the last six months, if he or she enrolled in Medicare Part B in the last six months, and his or her Medicare Parts A and B effective dates.
- Ensure the question regarding End Stage Renal Disease or Kidney Disease requiring dialysis is answered.

## SECTION 3 – INSURANCE POLICIES

- If the applicant is applying during a guaranteed issue period, be sure to include proof of eligibility.
- If the applicant is replacing another Medicare Supplement policy/certificate, complete question #2 and include the replacement notice.
- If the applicant is leaving a Medicare Advantage Plan, complete question #3 and include the replacement notice and copy of applicant's notice of disenrollment from Medicare Advantage program.
- If the applicant has had any other health insurance coverage in the past 63 days, including coverage through a union, employer plan, or other non-Medicare Supplement coverage, complete question #4.
- Verify if the applicant is covered through his/her state Medicaid program. If Medicaid is paying for benefits beyond the applicant's Part B premium or the Medicare Supplement premium for this policy, then the applicant is not eligible for coverage.
- List any additional health insurance policies/certificates you have sold to the applicant.

## SECTION 4 – HEALTH QUESTIONS

- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer the health questions.
- If applicant is not considered to be in open enrollment or a guaranteed issue situation, or plan selected is not available for GI, all health questions must be answered.

*NOTE: In order to be considered eligible for coverage, all health questions must be answered "No."*

For instructions on how to answer a particular health question, see the Health Questions section of this guide for clarification.

### Medical Condition Information

- Ensure this section is completed for any medical advice, referrals for diagnostic tests, and surgery or treatment for any other condition not listed in Section 4 of the application.

## SECTION 5 – MEDICATION INFORMATION

- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer the medication information section.
- If applicant is not considered to be in open enrollment or a guaranteed issue situation, or plan selected is not available for GI, all medication information must be listed as indicated.

## SECTION 6 – METHOD OF PAYMENT

- To establish monthly premium payments by EFT ("Electronic Funds Transfer"), complete entirely and submit. Please remember to remind the applicant that the first premium will be withdrawn from the account immediately when the policy is issued.
- Premium for this policy is due on the day of the month that coincides with its effective date. For this reason, we encourage policyholders who request automatic bank draft to choose the draft day to be the same as the effective date.
- Please review the Grace Period definition with your applicants. The policy has a 31-day Grace Period following the paid to date, *not the automatic bank draft date*. If the premium is not paid within that Grace Period, the coverage will lapse. If coverage lapses, the policy is no longer in effect and claims incurred after the last paid to date will be denied. In order to be reinstated, medical underwriting may be required.

## SECTION 7 – AUTHORIZATION AND ACKNOWLEDGEMENT

- Signatures and dates: required by both applicant(s) and producer. The producer must be appointed in the state where the application is signed.

  *NOTE: Applicant's signature must match name of applicant on the application. In rare cases where applicant cannot sign his or her name, a mark ("X") is acceptable if accompanied by a witness signature. For their own protection, the producer does not qualify as a witness.*

- If someone other than the applicant is signing the application (i.e., Power of Attorney), please include copies of the papers appointing that person as the legal representative. The legal representative should sign their own name as themselves, not as the applicant. Please remember that Power of Attorney will only be accepted on Open Enrollment or Guaranteed Issue applications. A copy of the Power of Attorney document is required prior to issue – please refer to page 12 for more details on the POA Document.

## COMPLETED BY PRODUCER

<u>The producer(s) must certify that they have:</u>

- Provided the applicant with a copy of the replacement notice, if applicable.
- Accurately recorded in the application the information supplied by the applicant, and have interviewed the proposed applicant.

  *NOTE: Applications will only be accepted with an answer of "No" if the producer has submitted the sales process for review and received written prior approval.*

- Signatures and dates: required by producer(s).
- The producer must be appointed in the state where the application is signed.

  NOTE: If an application is taken on a Kansas resident, the producer must be appointed in Kansas and in the state where the application is signed.

# UNDERWRITING & HEALTH QUESTIONS

Unless an application is completed during open enrollment or a guaranteed period, or plan selected is not available for GI, all health questions, including the question regarding prescription medications, must be answered. Our general underwriting philosophy is to deny Medicare Supplement coverage if any of the health questions are answered “Yes”, including “Not Sure” in California. For a list of uninsurable conditions and the related medications associated with these conditions, please refer to the next sections in this guide.

## HEIGHT AND WEIGHT CHART ELIGIBILITY

The first underwriting question that needs to be determined is whether the applicant is eligible for coverage based on the applicant’s build. To determine this, locate the applicant’s height, then weight in the chart on the following page. If the weight is in the Decline column, the applicant is not eligible for coverage at this time.

## HEIGHT AND WEIGHT CHART

| Height | Decline Weight | Standard Weight | Decline Weight |
|---|---|---|---|
| **4' 2"** | < 54 | 54 – 145 | 146 + |
| **4' 3"** | < 56 | 56 – 151 | 152 + |
| **4' 4"** | < 58 | 58 – 157 | 158 + |
| **4' 5"** | < 60 | 60 – 163 | 164 + |
| **4' 6"** | < 63 | 63 – 170 | 171 + |
| **4' 7"** | < 65 | 65 – 176 | 177 + |
| **4' 8"** | < 67 | 67 – 182 | 183 + |
| **4' 9"** | < 70 | 70 – 189 | 190 + |
| **4' 10"** | < 72 | 72 – 196 | 197 + |
| **4' 11"** | < 75 | 75 – 202 | 203 + |
| **5' 0"** | < 77 | 77 – 209 | 210 + |
| **5' 1"** | < 80 | 80 – 216 | 217 + |
| **5' 2"** | < 83 | 83 – 224 | 225 + |
| **5' 3"** | < 85 | 85 – 231 | 232 + |
| **5' 4"** | < 88 | 88 – 238 | 239 + |
| **5' 5"** | < 91 | 91 – 246 | 247 + |
| **5' 6"** | < 93 | 93 – 254 | 255 + |
| **5' 7"** | < 96 | 96 – 261 | 262 + |
| **5' 8"** | < 99 | 99 – 269 | 270 + |
| **5' 9"** | < 102 | 102 – 277 | 278 + |
| **5' 10"** | < 105 | 105 – 285 | 286 + |
| **5' 11"** | < 108 | 108 – 293 | 294 + |
| **6' 0"** | < 111 | 111 – 302 | 303 + |
| **6' 1"** | < 114 | 114 – 310 | 311 + |
| **6' 2"** | < 117 | 117 – 319 | 320 + |
| **6' 3"** | < 121 | 121 – 328 | 329 + |
| **6' 4"** | < 124 | 124 – 336 | 337 + |
| **6' 5"** | < 127 | 127 – 345 | 346 + |
| **6' 6"** | < 130 | 130 – 354 | 355 + |
| **6' 7"** | < 134 | 134 – 363 | 364 + |
| **6' 8"** | < 137 | 137 – 373 | 374 + |
| **6' 9"** | < 140 | 140 – 382 | 383 + |
| **6' 10"** | < 144 | 144 – 392 | 393 + |
| **6' 11"** | < 147 | 147 – 401 | 402 + |
| **7' 0"** | < 151 | 151 – 411 | 412 + |
| **7' 1"** | < 155 | 155 – 421 | 422 + |
| **7' 2"** | < 158 | 158 – 431 | 432 + |
| **7' 3"** | < 162 | 162 – 441 | 442 + |
| **7' 4"** | < 166 | 166 – 451 | 452 + |

## MEDICATIONS

The Medications Guide beginning on the following page is a partial list of medications associated with Uninsurable Health Conditions. This list is not all-inclusive. An application should not be submitted if a client is taking any of the medications listed for a listed condition / impairment. Example: The applicant takes Adrucil for Cancer. This is uninsurable; do not submit the application.

## STABILITY PERIOD FOR DIABETES AND HYPERTENSION

If your applicant has recently been diagnosed with Diabetes and Hypertension there is a 6 month stability period required before you can submit an application. This period of time will allow Underwriting to assess whether or not the treatment plan outlined by the physician is doing its job. If during the 6 months an additional medication was added or there was a dosage increase in an existing medication, the applicant must wait another 6 months before being considered for coverage.

NOTE: Depending on the medical condition and response to treatment it may be determined by underwriting that the stability period may need to be longer than 6 months.

## CHANGE IN MEDICATION

If your applicant has had a decrease in the dosage of a medication or has had one discontinued due to the condition being controlled at any time, you can submit the application for underwriting consideration.

## MEDICATION INFORMATION

All information should be provided:

- Name of medication
- Original date of prescription
- Dosage & frequency
- Condition treated

## PARTIAL LIST OF UNINSURABLE MEDICATIONS

| MEDICATION | CONDITION / IMPAIRMENT | MEDICATION | CONDITION / IMPAIRMENT |
|---|---|---|---|
| Abacavir | HIV | Becaplermin | Diabetic Ulcers |
| Abarelix | Cancer | Benztropine | Tremor, Parkinson's Disease |
| Abciximab | Antiplatelet | Bepridil | Angina, Chest Pain |
| Abilify | Schizophrenia | Betamethasone | Oral / Injectable Steroid |
| Acridine | Forgetfulness, Disorientation | Betapace | Arrhythmias |
| Activase | Heart Attack, Stroke, Pulmonary Embolism | Betaseron | Multiple Sclerosis |
| Adrucil | Cancer | Bevacizumab | Cancer |
| Aggrastat | Antiplatelet | Bicalutamide | Cancer |
| Aggrenox | Antiplatelet | Bretylium | Arrhythmia |
| Agrylin | Essential Thrombocythemia | Bretylol | Arrhythmia |
| Akineton | Parkinson's Disease | Bromocriptine | Parkinson's Disease |
| Altretamine | Cancer | Bromocriptine Mesylate | Parkinson's Disease, Pituitary Tumor |
| Amantadine | Parkinson's Disease | Campral | Alcohol Abuse |
| Amplex | Alzheimer's Disease | Capecitabine | Cancer |
| Anagrelide | Abnormal Blood Platelet Count | Carbex | Parkinson's Disease |
| Anakinra | Rheumatoid Arthritis | Carbidopa | Parkinson's Disease |
| Ancrod | Anticoagulant Therapy basis | Cedalanid-D | Strengthen The Heart, Arrhythmia |
| Apokyn | Parkinson's Disease | Celestone | Oral / Injectable Steroid |
| Apomorphine | Parkinson's Disease | CellCept | Immunosuppressant, Anti-rejection due to organ transplant |
| Ardeparin | Deep Vein Thrombosis | Ceredase | Gaucher's Disease |
| Aricept | Chronic Organic Brain Disorders, Alzheimer's Disease | Cerezyme | Gaucher's Disease |
| Arimidex | Breast Cancer, Cancer | Chlorpromazine | Psychotic Disorders |
| Aripiprazole | Schizophrenia | Chlorprothixene | Psychosis |
| Arixtra | Deep Venous Thrombosis | Cilostazol | Antiplatelet |
| Aromasin | Cancer | Cinacalcet | Hyperparathyroidism |
| Artane | Parkinson's Disease | Cladribine | Cancer |
| Arvin | Anticoagulant Therapy | Clopidogrel | Antiplatelet |
| Asparaginase | Leukemia | Clozapine | Psychotic Disorders |
| Atamet | Parkinson's Disease | Clozaril | Psychotic Disorders |
| Atrovent | Emphysema, COPD | Cogentin | Psychotic Disorders |
| Auranofin | Rheumatoid Arthritis | Cognex | Chronic Organic Brain Disorders |
| Aurothioglucose | Rheumatoid Arthritis | Colchicine | Scleroderma |
| Aurothiomalate | Rheumatoid Arthritis | Collagen-Alginate Topical | Diabetic Ulcers |
| Avastin | Cancer | Combivir | HIV |
| Avonex | Multiple Sclerosis | Compazine | Psychosis |
| AZT | HIV | Comvax | Parkinson's Disease |

| MEDICATION | CONDITION / IMPAIRMENT | MEDICATION | CONDITION / IMPAIRMENT |
|---|---|---|---|
| Copaxone | Multiple Sclerosis | Eliquis | Cardiovascular, anti-coagulant |
| Cordarone | Arrhythmia | Emcyt | Prostate Cancer, Cancer |
| Cortisone | Oral / Injectable Steroid | Enbrel | Rheumatoid Arthritis |
| Cortone Acetate | Oral / Injectable Steroid | Enoxaparin | Prevention Of Deep Vein Thrombosis |
| Cotazym | Pancreatic Insufficiency | Entacapone | Parkinson's Disease |
| Coumadin | Arrhythmia, Heart Valve Disease, Stroke, CAD, Embolism | Epogen | Severe Anemia |
| Crystodigin | Arrhythmia, Strengthen The Heart, CHF | Eptifibatide | Antiplatelet |
| Cuprimine | Rheumatoid Arthritis, Wilson's Disease, Kidney Stones | Ergoloid | Dementia, Confusion, Disorientation, Forgetfulness, Memory Loss |
| Cyclandelate | TIA, Memory Loss, Dementia | Erythrityl | Angina, Chest Pain |
| Cyclophosphamide | Chronic Active Hepatitis, Regional Enteritis, Ulcerative Colitis, Cancer, Kidney Failure | Erythropoietin | Severe Anemia |
| Cyclosporine | Lupus, Scleroderma, Cancer, Organ Transplant | Eskalith | Bipolar Disorder |
| Cytoxan | Chronic Active Hepatitis, Regional Enteritis, Ulcerative Colitis, Cancer, Kidney Failure, Lupus, Scleroderma | Etanercept | Rheumatoid Arthritis, Pain Reliever |
| Dalalone | Injectable Steroid | Ethmozine | Arrhythmia |
| Dalteparin | Anticoagulant Therapy | Ethopropazine | Parkinson's Disease |
| Danaparoid | Deep Venous Thrombosis | Exelon | Alzheimer's Disease |
| Decadron | Oral / Injectable Steroid | Fareston | Breast Cancer, Cancer |
| Deferoxamine | Hemochromatosis | Faslodex | Cancer |
| Depen | Rheumatoid Arthritis, Kidney Stones, Wilson's Disease | Femara | Breast Cancer, Cancer |
| Depo-Medrol | Injectable Steroid | Fibracol | Diabetic Ulcers |
| Deponit NTG | High Blood Pressure, Angina, Chest Pain | Flecainide | Arrhythmia |
| Deprynel | Parkinson's Disease | Florinef | Addison's Disease |
| Desferal | Hemochromatosis | Flosequinan | Congestive Heart Failure |
| Destinex | Parkinson's Disease | Fludrocortisone | Addison's Disease, Complications of Diabetes |
| Dexamethasone | Oral / Injectable Steroid | Fluphenazine | Psychotic Disorders |
| Dexasone | Oral / Injectable Steroid | Folex (Methotrexate) | Immunosuppressant, Rheumatoid Arthritis, Psoriasis |
| Digoxin | Arrhythmia, Congestive Heart Failure, or other Heart Condition | Fragmin | Anticoagulant Therapy |
| Dipyridamole | Antiplatelet, Stroke | Frova | Migraine Headaches |
| Donepezil | Chronic Organic Brain Disorders | Furosemide (80mg or more/day) | All Conditions |
| D-Penicillamine | Scleroderma, Lupus | Glatiramer | Multiple Sclerosis |
| Eldepryl | Psychotic Disorders | Gold | Arthritis |

| MEDICATION | CONDITION / IMPAIRMENT | MEDICATION | CONDITION / IMPAIRMENT |
|---|---|---|---|
| Gold Sodium Thiomalate | Rheumatoid Arthritis | Lantus | Insulin Dependent Diabetes Mellitus |
| Haldol | Psychotic Disorders | Lasix (80mg or more/day) | All Instances |
| Haloperidol | Psychotic Disorders | L-Dopa | Parkinson's Disease |
| Heparin | Blood Clotting Disorder | Lente Insulin | Insulin Dependent Diabetes Mellitus |
| Hexadrol | Oral / Injectable Steroid | Letrozole | Breast Cancer, Cancer |
| Humalog | Insulin Dependent Diabetes Mellitus | Leucovorin | Cancer |
| Humira | Rheumatoid Arthritis | Levodopa | Parkinson's Disease |
| Humulin | Insulin Dependent Diabetes Mellitus | Lioresal | Multiple Sclerosis |
| Hydeltra | Injectable Steroid | Liquid Pred | Oral Steroid |
| Hydeltrasol | Injectable Steroid | Lithane | Bipolar Disorder |
| Hydergine | Chronic Organic Brain Disorders | Lithium | Bipolar Disorder |
| Hydrea | Cancer, Sickle Cell Anemia | Lithium Carbonate | Bipolar Disorder |
| Hydrocortisone | Oral / Injectable Steroid | Lithobid | Bipolar Disorder |
| Hydrocortone | Injectable Steroid | Lithonate | Bipolar Disorder |
| Iletin II NPH Pork | Insulin Dependent Diabetes Mellitus | Lithotabs | Bipolar Disorder |
| Iletin II Regular Pork | Insulin Dependent Diabetes Mellitus | Lopurin | Immunosuppressant |
| Iletin Lente | Insulin Dependent Diabetes Mellitus | Loxapine | Psychotic Disorders |
| Iletin NPH | Insulin Dependent Diabetes Mellitus | Loxitane | Psychotic Disorders |
| Iletin Regular | Insulin Dependent Diabetes Mellitus | Lupron | Prostate Cancer, Cancer |
| Ilopan Choline | Insulin Dependent Diabetes Mellitus | Manoplax | Congestive Heart Failure |
| Imferon | Anemia | Mellaril | Psychotic Disorders |
| Imiglucerase Injection | Gaucher's Disease | Mesoridazine | Psychotic Disorders |
| Imuran | Chronic Active Hepatitis, Regional Enteritis, Ulcerative Colitis | Mestinon | Myasthenia Gravis |
| INH | Tuberculosis (TB) | Methotrexate (15mg or more/week) | All Conditions |
| Insulin | Insulin Dependent Diabetes Mellitus | Methylprednisolone | Oral / Injectable Steroid |
| Insulin Lispro | Insulin Dependent Diabetes Mellitus | Mirapex | Parkinson's Disease |
| Integrilin | Anti-platelet | Mithramycin | Paget's Disease |
| Interferon | Cancer, Hepatitis, AIDS | Moban | Psychotic Disorders |
| Isoniazid | TB (Tuberculosis) | Modafinil | Narcolepsy |
| Isordil | Angina, Chest Pain, CHF | Molindone | Psychotic Disorders |
| Isosorbide Dinitrate | Angina, Congestive Heart Failure | Myolin | Parkinson's Disease |
| Kemadrin | Parkinson's Disease | Myotrophin | ALS, Lou Gehrig's Disease |
| Kenalog | Injectable Steroid | Namenda | Alzheimer's Disease |
| Kineret | Rheumatoid Arthritis | Navane | Psychotic Disorders |
| Lanoxicaps | Strengthen The Heart, Arrhythmia, CHF, or for any Heart Condition | Neosar | Immunosuppressant, Cancer |

| MEDICATION | CONDITION / IMPAIRMENT | MEDICATION | CONDITION / IMPAIRMENT |
|---|---|---|---|
| Neostigmine | Myasthenia Gravis | Permax | Parkinson's Disease |
| Nesiritide | Congestive Heart Failure | Permitil | Psychotic Disorders |
| Nilandron | Prostate Cancer | Perphenazine | Psychotic Disorders |
| Niloric | Dementia, Confusion, Disorientation, Forgetfulness, Memory Loss | Phenothiazine | Psychotic Disorders |
| Nilutamide | Prostate Cancer | Pimozide | Schizophrenia |
| Nipride | Angina, Chest Pain | Piperacetazine | Psychotic Disorders |
| Nitro Td Patch-A | Angina, Chest Pain | Plavix | Anti-platelet, Angina, Stroke Prevention |
| Nitrobid | Angina, Chest Pain | Pletal | Antiplatelet |
| Nitro-Bid | Angina, Chest Pain | Pramipexole | Parkinson's Disease |
| Nitrodisc | Angina, Chest Pain | Pramlintide | Insulin-Dependent Diabetes Mellitus |
| Nitro-Dur | Angina, Chest Pain | Prednisolone | Oral / Injectable Steroid |
| Nitrodur/ | Angina, Chest Pain | Prednisone (more than 10mg/day) | Oral Steroid |
| Nitrogard | Angina, Chest Pain | Procainamide | Arrhythmia |
| Nitroglycerin | Angina, Chest Pain | Procan | Arrhythmia |
| Nitroglycerine | Angina, Chest Pain | Prochlorperazine | Psychotic Disorders |
| Nitroglyn | Angina, Chest Pain | Procrit | Kidney Failure |
| Nitroglyn E-R | Angina, Chest Pain | Procyclidine | Parkinson's Disease |
| Nitrol | Angina, Chest Pain | Proketazine | Psychotic Disorders |
| Nitrolingual | Angina, Chest Pain | Prolixin | Psychotic Disorders |
| Nitropress | Angina, Chest Pain | Promazine | Psychosis |
| Nitrospan | Angina, Chest Pain | Pronestyl | Arrhythmia |
| Nitrostat | Angina, Chest Pain | Propacet 100 | Pain Reliever |
| Nolvadex | Cancer | Prostigmin | Myasthenia Gravis |
| Novolin 70/30 | Insulin Dependent Diabetes Mellitus | Pyridostigmine | Myasthenia Gravis |
| NTG | Angina, Chest Pain | Quetiapine Fumarate | Psychotic Disorders |
| Olanzapine | Psychotic Disorders | Quinidex | Arrhythmia |
| Orap | Tourette's Syndrome | Quinidine | Arrhythmia |
| Pacerone | Ventricular Arrhythmia | Quinora | Arrhythmia |
| Pancrease | Pancreatic Insufficiency | Regranex | Diabetic Ulcers |
| Pancreatin | Pancreatic Insufficiency | Remicade | Rheumatoid Arthritis |
| Pancrelipase | Pancreatic Insufficiency | Reminyl | Alzheimer's Disease |
| Parlodel | Parkinson's Disease | Repoise | Psychotic Disorders |
| Parsidol | Parkinson's Disease | Requip | Parkinson's Disease |
| Pentaerythritol Tetranitrate | Angina, Chest Pain | Rezulin | Diabetes Mellitus |
| Pergolide | Parkinson's Disease | Rheopro | Antiplatelet |
| Pergolide Mesylate | Parkinson's Disease | Rheumatrex | Lupus, Scleroderma, Leukemia, Lymphoma, Rheumatoid Arthritis |

| MEDICATION | CONDITION / IMPAIRMENT | MEDICATION | CONDITION / IMPAIRMENT |
|---|---|---|---|
| Ridaura | Rheumatoid Arthritis | Taractan | Psychotic Disorders |
| Riluzole | ALS, Lou Gehrig's Disease | Tasmar | Parkinson's Disease |
| Risperdal | Psychotic Disorders | Tetracyclic | Psychotic Disorders |
| Risperidone | Psychotic Disorders | Tetrahydroamino Acridine (THA) | Dementia, Confusion, Disorientation, Forgetfulness, Memory Loss |
| Rituxan | Non-Hodgkin's Lymphoma | Thioridazine | Psychotic Disorders |
| Rituximab | Recurrent Non-Hodgkin's Disease | Thiothixene | Psychotic Disorders |
| Ropinirole | Parkinson's Disease | Thioxanthene | Psychotic Disorders |
| Sandimmune | Lupus, Scleroderma, Cancer, Organ Transplant | Thorazine | Psychotic Disorders |
| Selegiline | Parkinson's Disease | Ticlid | Anti-platelet, Stroke, TIA |
| Serentil | Psychotic Disorders | Ticlopadine | Anti-platelet, Stroke, TIA |
| Serlect | Schizophrenia | Ticlopidine | Anti-platelet, Stroke,TIA |
| Seroquel | Psychotic Disorders | Tindal | Psychotic Disorders |
| Sertindole | Schizophrenia | Tolcapone | Parkinson's Disease |
| Sinemet | Restless Leg Syndrome, Parkinson's Disease | Transderm-Nitro | High Blood Pressure, Angina, Chest Pain |
| Solganal | Rheumatoid Arthritis | Trifluoperazine | Psychotic Disorders |
| Solu-Cortef | Injectable Steroid | Trifluprom azine | Psychotic Disorders |
| Solu-Medrol | Injectable Steroid | Trilafon | Psychotic Disorders |
| Sparine | Psychosis | Troglitazone | Diabetes Mellitus |
| Stalevo | Parkinson's Disease | Vascor | Angina, Chest Pain |
| Stelazine | Psychotic Disorders | Vesprin | Psychotic Disorders |
| Symbyax | Psychotic Disorders | Viokase | Pancreatic Insufficiency |
| Symmetrel | Parkinson's Disease | Warfarin | Arrhythmia, Heart Valve Disease, Stroke, CAD, Embolism |
| Tacrine | Dementia, Confusion, Disorientation, Forgetfulness, Memory Loss | Xarelto | Cardiovascular, anti-coagulant |
| Tambocor | Arrhythmia | Zoladex | Prostate Cancer, Cancer |
| Tamoxifen | Cancer | Zyprexa | Psychotic Mental Disorders, Schizophrenia |

## CANCER QUESTIONS

With respect to the question on the application concerning treatment for internal cancer, malignant melanoma is considered an internal cancer. Applicants with this type of cancer are not eligible for coverage. Other types of skin cancer, such as basal cell, are not considered internal.

## DIABETES QUESTIONS

There are 2 questions on the application that deal with Diabetes.

First, "Do you have diabetes that requires insulin?" People with diabetes mellitus that require insulin are not eligible for coverage.

The second question asks, "Do you have diabetes that is treated by medication or by diet?" If this question is answered Yes", including "Not Sure" in California, the applicant must complete questions A-F. If the answer to any of the questions A-F is Yes", including "Not Sure" in California, the applicant would not be eligible for coverage. Some additional questions to ask your client to determine if he/she does have a complication include:

- Does he/she have eye/vision problems?
- Does he/she have numbness or tingling in the toes or feet?
- Does he/she have problems with circulation? Pain in the legs?

Consideration for coverage may be given to those persons with controlled hypertension and diabetes. An applicant is considered to be controlled if their A1C reading is 7 or under and their blood pressure readings are 150/90 or below. In general, to verify stability there should be no other medical complications related to diabetes or high blood pressure and their A1C and blood pressure reading are within the standards provided above. Individual consideration will be given when appropriate.

## UNINSURABLE HEALTH CONDITIONS

| CONDITION / IMPAIRMENT | CONDITION / IMPAIRMENT |
|---|---|
| **Addison's Disease** | **HIV** |
| **AIDS (AIDS Related Complex)** | **Insulin Dependent Diabetes Mellitus** |
| **ALS (Lou Gehrig's Disease)** | **Kidney Disease requiring dialysis** |
| **Alzheimer's Disease** | **Chronic Kidney Disease** |
| **Chronic Active Hepatitis** | **Lupus** |
| **Cirrhosis** | **Multiple Sclerosis** |
| **COPD and other chronic pulmonary disorders to include:** | **Myasthenia Gravis** |
| **Bronchiectasis** | **Organ Transplant** |
| **Chronic bronchitis** | **Osteoporosis with fracture** |
| **COLD (Chronic Obstructive Lung Disease** | **Parkinson's Disease** |
| *** Chronic Asthma** | **Psychotic Disorders** |
| **Chronic Interstitial Lung Disease** | **Schizophrenia** |
| **Chronic Pulmonary Fibrosis** | **Scleroderma** |
| **Cystic Fibrosis** | **Senile Dementia / Other cognitive disorders to include:** |
| **Sarcoidosis** | **Mild cognitive impairment ("MCI")** |
| **Dementia** | **Delirium** |
| **Emphysema** | **Organic brain disorder** |
| **Epilepsy/Seizures – *uncontrolled*** | **Spinal Stenosis < 2 years** |
| **ESRD - End-Stage Renal Disease** (refer to under age requirements) | **Stroke** |

In addition to the above conditions, the following will also lead to a decline:

- Implantable cardiac defibrillator
- Taking any medication that must be administered in a physician's office
- Advised to have surgery, medical tests, treatment or therapy
- If applicant's height/weight is in the decline column on the chart
- Currently receiving hospice, home health care
- Applicant requiring assistance with any ADLs (Activities of Daily Living)
- Bedridden, confined to wheelchair
- Three or more inpatient hospitalization in the past two years
- Use of supplemental oxygen (except if used for Obstructive Sleep Apnea)
- ***** Chronic asthma requiring continuous use of three or more medications including inhalers
- Depending on the medical condition, Use of a nebulizer may lead to a decline.

# REQUIRED FORMS

## APPLICATION

Only current Medicare Supplement applications may be used in applying for coverage. A copy of the completed application will be made by Combined Insurance Company of America and attached to the policy to make it part of the contract.

The agent is responsible for submitting completed applications to Combined Insurance Company of America's administrative office.

## AGENT CERTIFICATION

This form must be signed by the agent and the applicant(s) and returned with the application.

## MEDICAL RELEASE

Authorization to release confidential medical information is included in the signature page. The form must have a current and clearly written date. It is required with all underwritten applications.

## METHOD OF PAYMENT FORM

Complete this required form regarding payment options and submit with all applications.

## PREMIUM AND NOTICE OF INFORMATION PRACTICES

Receipt must be completed and provided to applicant as receipt for premium collected. Notice must be provided to applicant.

## REPLACEMENT FORM(S)

The replacement form(s) must be signed and submitted with the application when replacing any Medicare Supplement or Medicare Advantage application. A signed replacement notice must be left with the applicant; a second signed replacement notice must be submitted with the application.

## CREDITABLE COVER LETTER

If the applicant is claiming a Guaranteed Issue right, a letter of creditable coverage is needed from the prior insurance carrier (either employer/group coverage) that informs the new insurance carrier that the policyholder has had recent health care insurance coverage which qualifies for Guaranteed Issue.

## DISENROLLMENT LETTER

This is a letter from the prior Medicare Advantage carrier providing the type of plan, effective dates, and policyholder's name and stating that the policy holder is no longer covered.

# STATE SPECIFIC REQUIREMENTS & FORMS

Forms specifically mandated by states to accompany point of sale material.

## CALIFORNIA

**Requirements for Under Age 65** – Plans A and F are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. Not available for individuals with end Stage Renal Disease. (p8)

**Loss of Medicaid Qualification Rights** – Applicants is enrolled in Medicare Part B, and as a result of an increase in income or assets, is no longer eligible for Medi-Cal benefits, or is only eligible for Medi-Cal benefits with a share cost and certify at the time of application that they have not met the share of cost. Open Enrollment beginning with notice of termination and ending six months after the termination date. (p13)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan's benefits are reduced, with Part B coinsurance no longer being covered. (p14)

**Birthday Rule** – California requires a Guaranteed Issue period around the applicant's birthday – giving the applicant the opportunity to switch policies on a Guaranteed Issue basis annually. The application window lasts for 60 days, beginning 30 days before and ending 30 days after the applicant's birthday. Eligibility verification is required. (p14).

## COLORADO

**Form: Commission Disclosure** – This form is to be completed by the agent, and then signed by the agent and applicant. Leave a copy with the applicant and retain a copy in the agent's file for the applicant.

**Requirements for Under Age 65** – Plans A, F, G, and N are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. (p8)

**Guaranteed Issue Period** – The applicant has a Guaranteed Issue right for involuntary loss of Group Health Plan Coverage through an employer or union group within the past 6 months.

## CONNECTICUT

**Applications –** Applications must be taken face-to-face. eApplication is not available.

**Medical Underwriting –** There is no medical underwriting of applications in the state of Connecticut.

**Requirements for Under Age 65** – Plan A is available. (p8)

## FLORIDA

**Form: Agent Disclosure Form –** This form is to be completed by the agent; signed by the agent and applicant and submitted with the application.

**Requirements for Under Age 65** – Plans A, F, and G are available. Applications submitted outside of the Open Enrollment period will be subject to the same underwriting criteria used for applicants who are 65 or older and outside of the Open Enrollment period. (p8)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan's benefits are reduced substantially. (p14)

## GEORGIA

**Requirements for Under Age 65** – Plans A, F, G, and N are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. Retroactive enrollment allowed when due to a retroactive eligibility decision made by the SSA. Coverage is also available to individuals under age 65 and on Medicare disability due to End Stage Renal Disease (ESRD). Applications written outside this open enrollment period will be declined and premium will be refunded. (p9)

## ILLINOIS

**Form: Medicare Supplement Checklist** – The Checklist must be completed and submitted with the application and a copy left with the applicant. This is updated annually and will have current year in form ID.

**Requirements for Under Age 65** – Plans A, F, G, and N are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. (p8)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare. (p14)

## INDIANA

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare (p14)

## KANSAS

**Requirements for Under Age 65** – Plans A, F and N are available. Open enrollment if applied for within six months of Part B enrollment. If applying outside this open enrollment period, the application is subject to underwriting and must qualify medically. (p9)

**Loss of Medicaid Qualification Rights** – Applicants have a Guaranteed Issue right for loss of health benefits under Medicaid. Applicant has the right to buy any plan sold by any insurer. (p12)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage. (p13)

## KENTUCKY

**Form: Medicare Supplement Comparison Statement** – Form should be completed when replacing a Medicare Supplement or Medicare Advantage plan and submitted with the application.

**Requirements for Under Age 65** – Plans A, F, G, and N are available. No open enrollment. All applications are underwritten. Always use Non-Tobacco rates. (p9)

## LOUISIANA

**Form: Your Rights Regarding the Release and Use of Genetic Information** – Refer to the section on page 10 of the application with the applicant.

**Requirements for Under Age 65** – Plans A, F, G, and N are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. (p8)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage. (p14)

## MISSISSIPPI

**Requirements for Under Age 65** – Plans A and F are available. Open enrollment if applied for within six months of Part B enrollment. If applying outside this open enrollment period, the application is subject to underwriting and must qualify medically. A separate premium band applies to individuals under age 65. (p9)

**Application Fee** – The application fee in Mississippi is $6.00.

## MISSOURI

**Requirements for Under Age 65** – Plans A, F and N are available. Open enrollment if applied for within six months of Part B enrollment. If applying outside this open enrollment period, the application is subject to underwriting and must qualify medically. A separate premium band applies to individuals under age 65. (p9)

**Anniversary Rule** – Missouri requires a Guaranteed Issue period around the applicant's policy anniversary date – giving the applicant the opportunity to switch policies on a Guaranteed Issue basis annually for 30 days before or after the existing policy's anniversary. Eligibility verification is required. (p14/15)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage. (p14)

## MONTANA

**Requirements for Under Age 65** – Plans A, F, G, and N are available. Open enrollment if applied for within six months of Part B enrollment. If applying outside this open enrollment period, the application is subject to underwriting and must qualify medically. Open enrollment also applies during the 63-day period following termination of coverage under a group or individual health insurance policy or certificate for a person enrolled, or eligible for enrollment in Medicare Part B. (p9)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare (p14)

## NEW JERSEY

**Requirements for Under Age 65** – Plan C is available for applicants age 50 – 64, Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. (p9)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare. (p14)

## NORTH CAROLINA

**Requirements for Under Age 65** – Plans A and F are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. (p9)

## OHIO

**Form: Sales Appointment Form** – Form must be completed, signed and submitted with the application. In completing this Appointment Form, the form number is the Plan Form number for each plan being applied for and is listed on the Outline of Coverage rate page: Plan A – 14903; Plan F – 14905; Plan N – 14906.

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare. (p14)

## OKLAHOMA

**Requirements for Under Age 65** –Plan A is available. There is an open enrollment period for the first 6 months after the effective date of Part B. If applying outside this open enrollment period, the application is subject to underwriting and must qualify medically. A separate premium band applies to individuals under age 65. (p9)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan's benefits are reduced substantially. (p14)

## PENNSYLVANIA

**Requirements for Under Age 65** – Plans A, B, F, G and N are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. (p9)

**Policy Delivery** – Our administrative rule is that all policies are to be mailed directly to the policyholder.

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare. (p14)

## SOUTH DAKOTA

**Changes to the Application** – Any change made on the application must be initialed and dated by the applicant.

**Requirements for Under Age 65** – Plans A, F, G and N are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. (p8)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage. (p14)

## TENNESSEE

**Requirements for Under Age 65** – Plans A, F, G, and N are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. (p8)

**Loss of Medicaid Qualification Rights** – Applicants, age 65 and older, have a Guaranteed Issue right for involuntary loss of Medicaid (TennCare) beginning with the notice of termination and ending 63 days after the termination date. Applicants, under age 65, have a 6 month Open Enrollment period for loss of Medicaid (TennCare) beginning on the date of involuntary loss of coverage. Applicants have the right to buy Plan A or F. (p13)

## TEXAS

**Form: Definition of Eligible Person for Guaranteed Issue Notice** – This notice must be provided to the client.

**Requirements for Under Age 65** – Plan A is available. Coverage is also available to individuals under age 65 and on Medicare disability due to End Stage Renal Disease (ESRD). Texas Plan A premium rates for ESRD are the same as the Texas Plan A under age 65 disabled premium rates. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. (p9)

**Loss of Medicaid Qualification Rights** – Applicants have a Guaranteed Issue right for loss of health benefits under Medicaid beginning with the notice of termination and ending 63 days after the termination date. Applicants have the right to buy Plan A or F, except that, for persons under 65 years of age, only Plan A is available. (p13)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare. (p14)

## WEST VIRGINIA

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan's benefits are reduced substantially. (p14)

**Application Fee** – There is no application fee in West Virginia.

*<< This page intentionally left blank >>*

COMBINED INSURANCE

Let's make this easy.®

Combined Insurance Company of America
PO Box 14207
Clearwater, FL 33766-4207

Phone: 1-855-278-9329
Fax: 1-866-545-8076

www.combinedinsurance.com