



**MEDICO®**

# 2021 Medicare Supplement Underwriting Guidelines

Qualifications  
for coverage



For Arizona, Colorado, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, North Carolina, Nebraska, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, and Wisconsin.

## Introduction

Thank you for choosing Medico's Medicare Supplement insurance, which offers affordable plans with quality built in.

This manual completely describes the Medicare Supplement insurance products, so you can share the distinct advantages with clients and include necessary information during the application process. That will ensure a smoother underwriting process — and quicker commission payments.

We hope you have great success with our Medicare Supplement insurance product solutions. If you have additional questions, please contact us. We are here to assist you.

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## Your partners for serving the senior market

Choosing the right insurance carriers to help you serve your customers is important. You need to know you are working with experienced organizations who care as much about your needs as they do about your customers. When you partner with Medico®, you can expect:

### Ease of doing business

Throughout the entire process – from quoting, application submission, underwriting, commissions, claims, and providing customers with online access to policy information – we provide industry-leading technology and processes to make doing business with us simple and convenient.

### Tools to grow your business

From sales training, marketing, and enrollment tools, you'll have the resources you need. And with our new online ordering system, receiving your new sales and marketing materials is easier than ever. Log in to the Medico agent portal to access all these helpful tools and resources.

### Strong agent support

When you need personal assistance, count on our knowledgeable and friendly Agent Care team for dedicated support.

### Outstanding customer service

Our Customer Success team is committed to making our customers feel valued and appreciated by assisting them at their time of need. Customers can also access forms and their policy information online via our customer portal by registering for an account at [gomedico.com](http://gomedico.com).

## MyEnroller

### Electronic application tool

Enroll your customers in Medico's Medicare Supplement products with MyEnroller<sup>SM</sup>, our electronic quoting and application tool. MyEnroller is available for desktop computers, laptops, or tablets and requires an internet connection. Completing and submitting applications through MyEnroller is fast and easy because it:

- Takes you through the application process step by step and ensures the correct state application version and required forms are all submitted
- Allows for quick application processing time by bypassing the data entry process and automatically loading into our system
- Accepts e-signatures and voice authorization on applications

Visit [mic.gomedico.com/myenroller/](http://mic.gomedico.com/myenroller/) to get started.

## Quick Quote

### Quoting website

Provide a quick quote with Quick Quote. This tool allows you to easily select benefit options to create a customized quote in seconds with no username and password requirements.

Visit [quickquote.myenroller.com](http://quickquote.myenroller.com) to get started.

## Statement of ethics

As an appointed representative, you have a responsibility to develop and maintain relationships between customers and Medico. You can only safeguard the integrity of these relationships by meeting the standards of professional and personal ethics.

Your duty is to help customers prepare for medical expenses through the benefit of Medicare Supplement insurance. Your customers trust you to act in their best interests. To honor the trust that your customers place in you, it is important your recommendations provide the best solutions to meet their needs.

To serve as a Medico agent, it is important that you behave professionally and courteously in your dealings with your fellow agents and customers. Please keep in mind the following:

- Adhere to all federal and state laws and regulatory requirements as they apply to the selling of Medicare Supplement insurance
- Be familiar with the products you sell
- Increase your knowledge and skills through continuing education
- Consider the suitability of the insurance product for the customer
- Keep confidential any information entrusted or obtained in the course of business
- Conduct all professional activities honestly and ethically
- Advise customers promptly of any error, noncompliance, or omission you know about or of which you have been given notice

In your role of providing care to customers, you serve in a unique position as liaison between the purchasers and suppliers of Medicare Supplement insurance. While meeting the obligations to Medico and the needs of the customer, balance is needed to avoid conflicts of interest. Please assist Medico in establishing an atmosphere of trust, cooperation, and harmony as we work together to care for customers.



## Policy issue guidelines

An applicant can qualify for Medicare Supplement insurance coverage in one of three ways:

- The applicant qualifies under federal and state open enrollment regulations.
- The applicant qualifies under federal and state guaranteed issue regulations.
- The applicant is underwritten and meets all coverage requirements.

### Open enrollment (OE)

Open enrollment is the period of time when an applicant may not be denied coverage and is guaranteed that coverage will be issued regardless of health history. The six-month open enrollment period begins the first day of the month when the applicant turns 65 and is enrolled in Medicare Part B. **Applications can only be taken three months prior to the effective date of the coverage.** An applicant can qualify for open enrollment under three situations:

- The applicant is age 65 or older and is first enrolled in Medicare Part B.
- The applicant is already enrolled in Medicare Part B (usually due to disability) and is turning age 65. (Open enrollment regulations may vary by state.) During this time, an insurance company cannot deny coverage, make applicants wait for coverage to start, or charge more for policies because of health problems. Nicotine and/or tobacco rates could apply to applicants where applicable.
- Some states allow Medicare-eligible individuals under the age of 65 to apply for Medicare Supplement coverage. Contact Agency Support for more information.

### Guaranteed issue (GI)

Federal law provides that certain individuals who are applying for Medicare Supplement coverage outside their normal open enrollment period and may not otherwise medically qualify for coverage may be eligible for guaranteed issue coverage without pre-existing limitations under certain situations.

To qualify for guaranteed issue, an applicant must provide documentation of the reason for eligibility, such as a copy of the official notification of loss of coverage or evidence of a move out of the service area from the previous carrier or employer. The applicant must fall into

one of the categories listed in the chart on pages 12–14 of this guide.

If the applicant meets any one of the criteria, he/she must apply for our coverage within a limited time period as spelled out in the chart in order to be eligible for guaranteed issue.

Applications that are completed more than 63 days after the termination of existing coverage will be subject to normal underwriting. Additional guaranteed issue opportunities may exist when an individual loses Medigap, employer insurance, or Medicare Advantage.

**Note:** Proof of current coverage may also be required for guaranteed issue eligibility.

### Underwritten business

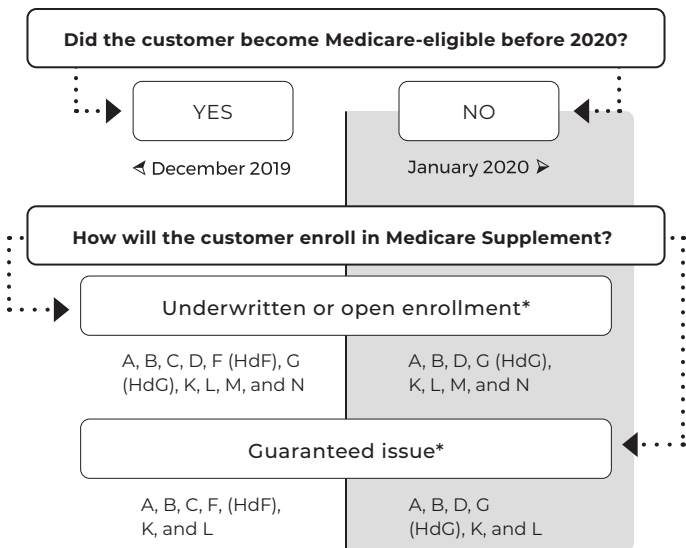
If an applicant applies after open enrollment and they are not eligible for guaranteed issue, the application will be underwritten. The applicant must answer all medical questions on the application.

### Medicare Supplement plan options

Medicare Supplement coverage is offered through a standardized set of plans. Plans C, F, and High-deductible F are standardized plan designs that include coverage for the Medicare Part B deductible. In Minnesota, Wisconsin, and Massachusetts, the Medicare Part B deductible is covered through a benefit rider. The Medicare Access and CHIP Reauthorization Act (MACRA) made a change to the plan options available to applicants. People who became eligible for Medicare on Jan. 1, 2020, or after, cannot purchase a Medicare Supplement plan or just rider that covers the Part B deductible.

- People who first become Medicare eligible prior to Jan. 1, 2020, have the following plan options available: A, B, C, D, F, High-deductible F, G, High-deductible G, K, L, M, and N
- People who first become Medicare eligible after Jan. 1, 2020, have the following plan options available: A, B, D, G, High-deductible G, K, L, M, and N

For information on the Medico plans available by state, please read the Quick Reference Guide on the Medico Information Center (MIC) agent portal.



### Underwriting requirements

If an application for coverage is underwritten, the following is used by the underwriter to make their decision.

- **Application for insurance**  
The underwriter will first review the client's answers on the application to determine whether additional information is needed to make a decision.
- **Telephone interview**  
The underwriter will contact the client(s) if additional information is needed. Agents should instruct applicants not considered OE or GI to have their medication list available for the interview.
- **Claims history**  
The underwriter will review any claim history the client has with Medico and its affiliates and contact the client if clarification is needed.
- **Prescription and medical data history**  
The underwriter will review the applicant's past prescriptions and medical history. In order to obtain this information, a HIPAA authorization must be completed. The applicant's prescription history will be compared with the medications listed on the application. Any information obtained will be used to determine eligibility for coverage. The underwriter may contact the applicant for clarifications.
- **Medical records**  
Underwriters do not order medical records. If coverage is declined, and the client wants the decision to be reviewed, they may provide medical records at their expense.

### Declinable health conditions

This list is not all inclusive, but it includes conditions that may cause an application to be declined. Please call the underwriting prescreen line at 800-255-6625, ext. 4443 or option 2, with questions. **Note:** Answering "No" to all of the medical questions on the application does not guarantee acceptance. The underwriter reviews the client's entire medical history when making their decision.

- Diabetes — requiring insulin; requiring three or more diabetes medications; or in combination with:
  - Circulatory conditions — including but not limited to stroke, TIA, or peripheral vascular disease
  - Heart conditions — including but not limited to history of heart attack, bypass surgery, angioplasty, or stents
  - Heart disease
  - Kidney disease
  - Neuropathy
  - Retinopathy
  - Skin ulcers
- Congestive heart failure
- Alzheimer's disease, organic brain syndrome, senile dementia, or cognitive disorder
- Amyotrophic lateral sclerosis (ALS), Parkinson's disease, or multiple sclerosis
- Cirrhosis of the liver
- Chronic renal failure, kidney failure, or receiving dialysis
- Hepatitis C
- Lupus
- COPD, emphysema, or other chronic pulmonary disease, excluding mild asthma
- Uses or has oxygen tank
- Currently requires assistance with activities of daily living, walking, confined to a wheelchair, or is bedridden
- Bipolar disorder, schizophrenia, or major depression
- Myasthenia gravis
- Peripheral vascular disease
- Any follow-ups, testing, or surgeries that have been recommended but have not been performed, including cataract and joint replacement surgery

- Not yet released from a doctor after surgery
- Currently receiving physical/occupational therapy
- Currently receiving home health care services
- Organ or bone marrow transplant
- HIV/AIDS
- Anemia (except mild iron deficiency)
- Currently confined to a hospital, nursing facility, or receiving hospice care

Within the past two years (multiple episodes, complications, or combinations of conditions beyond two years may result in a decline):

**Treated for or diagnosed as having:**

- Internal cancer, melanoma, leukemia, Hodgkin's disease, lymphoma, or myeloma
- Crohn's disease
- Ulcerative colitis
- History of stroke, TIA (transient ischemic attack), heart attack, heart surgery (including bypass or balloon), stent placement of any vessel, or angioplasty
- Seizure disorder
- Blood clots
- Pacemakers and defibrillators
- Multiple basal cell carcinomas
- Angina
- Rheumatoid arthritis or arthritis that is disabling
- Gastric bypass/bariatric surgery
- Aneurysm (cerebral, abdominal, or aortic)
- Atrial fibrillation or rhythm disorder
- Fractures due to osteoporosis
- Pancreatitis (chronic or recurrent)
- Hepatitis B
- Degenerative bone disease
- Amputation due to disease
- Hospitalized for a mental or nervous condition
- Alcohol, drug, or opioid abuse or addiction
- Hospitalized or emergency room visits three or more times within 24 months

**Applications should not be submitted if:**

- The applicant is covered by a state Medicaid program or receiving public assistance. (See Duplication of coverage section for exceptions.)
- The applicant is not currently enrolled in Medicare Parts A and B and does not plan to enroll within the next three months. (Applicant must be enrolled in Medicare Part B before effective date.)
- The applicant is covered under any policy titled "Medicare Supplement" that they are not replacing, whether such policy supplements both Part A and B of Medicare or only Part A or Part B.

**Note:** Medico recognizes that some policies named as "Medicare Supplement policies" may not be properly titled. However, no agent may make any value judgment and the above rules stated under the application section will apply in all cases.

- The applicant is retaining any type of health plan that duplicates benefits provided by Medicare. (See Duplication of coverage section for exceptions.)
- Any question in the General health section of the application is answered "Yes," unless the applicant is an open enrollee or eligible for guaranteed issue.
- The applicant's weight is below the minimum or exceeds the maximum limit for their height, unless the applicant is an open enrollee or eligible for guaranteed issue. (See build chart for further information.)

**Completing the application**

If both spouses are applying for coverage, a separate application will need to be completed for each of them.

- All questions should be answered by the applicant.
- Every question on the application must be answered. OE and GI applicants do not need to answer the medical questions (may vary by state).
- Each applicant must complete their own signature.

**Personal data**

- Enter each applicant's full first name and middle initial, rather than initials only. Correct spellings of names are essential.
- Enter each applicant's Social Security number.





## Build chart

This build chart will help you determine an applicant's eligibility and rate class for Medicare Supplement coverage. Individuals whose weight is below the minimum or greater than the maximum limit for their height will not qualify for coverage.

Height	Decline	Preferred	Standard I	Standard II	Decline
4'5"	<71	72 - 119	120 - 149	150 - 179	>180
4'6"	<74	75 - 124	125 - 155	156 - 186	>187
4'7"	<77	78 - 128	129 - 161	162 - 193	>194
4'8"	<79	80 - 133	134 - 167	168 - 200	>201
4'9"	<82	83 - 138	139 - 173	174 - 207	>208
4'10"	<85	86 - 143	144 - 179	180 - 215	>216
4'11"	<88	89 - 148	149 - 185	186 - 222	>223
5'	<92	93 - 153	154 - 192	193 - 230	>231
5'1"	<94	95 - 158	159 - 198	199 - 238	>239
5'2"	<97	98 - 163	164 - 205	206 - 246	>247
5'3"	<101	102 - 168	169 - 211	212 - 254	>255
5'4"	<104	105 - 174	175 - 218	219 - 262	>263
5'5"	<107	108 - 179	180 - 225	226 - 270	>271
5'6"	<110	111 - 185	186 - 232	233 - 278	>279
5'7"	<114	115 - 190	191 - 239	240 - 287	>288
5'8"	<117	118 - 196	197 - 246	247 - 295	>296
5'9"	<121	122 - 202	203 - 253	254 - 304	>305
5'10"	<124	125 - 208	209 - 261	262 - 313	>314
5'11"	<128	129 - 214	215 - 268	269 - 322	>323
6'	<132	133 - 220	221 - 276	277 - 331	>332
6'1"	<135	136 - 226	227 - 284	285 - 341	>342
6'2"	<139	140 - 232	233 - 291	292 - 350	>351
6'3"	<143	144 - 239	240 - 299	300 - 359	>360
6'4"	<146	147 - 245	246 - 307	308 - 369	>370
6'5"	<150	151 - 251	252 - 316	317 - 379	>380
6'6"	<154	155 - 258	259 - 324	325 - 389	>390
6'7"	<158	159 - 265	266 - 332	333 - 399	>400
6'8"	<162	163 - 271	272 - 341	342 - 409	>410
6'9"	<166	167 - 278	279 - 349	350 - 419	>420
6'10"	<171	172 - 285	286 - 358	359 - 430	>431
6'11"	<175	176 - 292	293 - 367	368 - 441	>442
7'	<179	180 - 299	300 - 376	377 - 451	>452

## **Duplication of coverage**

Federal law, mostly, prohibits the sale of Medicare Supplement policies to Medicaid recipients. However, sales are not prohibited to specified low-income Medicare beneficiaries (SLMB) for whom Medicaid pays only the Medicare Part B premium. If an applicant is a qualified Medicare beneficiary (QMB) or has other Medicaid medical benefits, they are not eligible for coverage.

Federal law will allow the sale of Medicare Supplement policies in addition to some retirement health plans. Please contact Medico before submitting an application for someone with a retirement health plan he/she is not planning to replace. After discussing the retirement health plan benefits, an underwriter will be able to tell you whether or not an application can be written. If an application can be written, a copy of the retirement health plan must be submitted with the application.

Federal law prohibits the sale of a Medicare Supplement policy to someone with (a) existing Medicare Supplement coverage, unless the new policy will replace the existing policy; (b) a Medicare Advantage plan, unless the Medicare Advantage plan will end before the effective date of the new policy.

## **Coverage replacements of internal or external companies**

All replacements, whether internal or external, require a completed application and all federal and state required forms. Replacement applications will typically follow the normal underwriting process. The comparison and replacement forms must be accurately completed and signed by the applicant and agent (where applicable).

When completing the replacement form, you must list the appropriate reason for the replacement. The underwriter will review this form for accuracy. Any omission or inaccurate information will be reviewed with you, and delays in the application process may occur.

## **Existing coverage**

If an applicant is currently insured with any other insurance company, list the policyholder's identification number or policy number and a brief description of the coverage. The Standards of Marketing section of the NAIC model makes it very clear with regards to replacement of other coverage that certain procedures must be followed in order to avoid severe penalties. Completion of the Existing coverage section ensures that excessive insurance is not being sold or issued and

that every reasonable effort is being made to identify whether a prospective applicant already has accident and sickness insurance and the types and amounts of such insurance. For replacement situations, Medico requires completion of two additional forms, which are used in virtually all states. They are titled, "A Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage" and "Medicare Supplement Comparison Statement."

To ensure that excessive insurance is not sold, confirm with the applicant that the proposed effective date of the new coverage corresponds with the date of cancellation or disenrollment for any coverage to be replaced.

This section of the Medicare Supplement application will also help you determine if an otherwise ineligible applicant qualifies for guaranteed issue. Applicants qualifying for guaranteed issue will need to provide a copy of the Notice of Termination of Coverage.

## **Household discounts**

Household discounts may be available in some states.

A discount is applied if the applicant lives with another person age 50 or older. Age and eligibility rules may vary by state.

To qualify for this discount, you must review and complete the questions on the application. The underwriter may call the client and/or the person they live with to verify the information.

## **Issue dates**

In most states, an application for Medicare Supplement coverage can be written up to 3 months before the applicant's 65th birthday, providing the applicant will be eligible for Medicare Part A and is planning to enroll in Part B. The coverage will be issued effective on or after the applicant's Medicare eligibility date.

Unless a specific issue date is requested, coverage is issued to coincide with the date the application is approved by the underwriter. Coverage will be issued effective any day of the month except the 29th, 30th and 31st, for administrative purposes.

For underwritten applicants (replacements or non-replacements), a specific issue date may be requested up to 3 months from the written date.

The requested issue date should be at least 30 days after the written date to allow sufficient time to underwrite the case.

Each applicant who is replacing coverage should be told NOT to drop their present coverage until new coverage is issued and delivered to them.

### **Premiums**

- **Premium payments**

Medico accepts only preauthorized bank withdrawals and credit card payments (Visa and Mastercard only). This policy makes paying premiums easy for your customer and helps improve the persistency of your business. The Premium Withdrawal Authorization form must be completed with the application so the ongoing premiums can be paid.

- **Initial premium**

The initial premium paid by credit card or through automatic bank withdrawal will be drawn upon activation of the policy or on the specified draft date as noted on the Premium Withdrawal Authorization form.

Please be advised, all premium payments must be from a personal account of the applicant or payor. Medico does not allow premium to be paid by employers or other third parties (e.g. foundations, associations, etc). You are not authorized to collect cash premiums at any time. You may not loan funds to the customer for premium payments.

- **Renewal premiums**

All renewal premiums must be paid using credit card or authorized bank withdrawal. The Premium Authorization Withdrawal form gives the payor the ability to select a specific date, from the 1st through the 28th each month, to withdraw premium. If a draft date is not selected, the default draft date will be the day of the effective date.

**Note:** Draft dates cannot be on the 29th, 30th, or 31st of the month.

The applicant should be asked to continue paying renewal premiums on existing coverage until notification is received that the coverage has been approved.

### **Closed out and declined cases**

- An application is closed out when underwriting information or required forms cannot be obtained.
- An application is declined when the client does not medically meet the underwriting requirements.

**Note:** All premium refunds are made directly to the applicant.

## Guaranteed issue

Guaranteed issue situation	Options	Guaranteed issue period guidelines
<p>The applicant has Original Medicare and is enrolled in a health benefit plan provided by an employer that pays after Medicare and they retire and leave the plan or the plan terminates or ceases to provide all benefits.</p> <p><b>OR</b></p> <p>The applicant has Original Medicare and is enrolled in a retiree health plan, union coverage, or COBRA coverage provided by an employer that pays after Medicare and the plan terminates or ceases to provide all benefits.</p> <p><b>Note:</b> Retirees who voluntarily disenroll do not have a guaranteed issue right.</p> <p>(Medicare-enrolled spouses of employees or retirees who are included on the plan have the same rights as the employee or retiree.)</p>	<p><b>Medicare eligible prior to Jan. 1, 2020:</b> Must be allowed to enroll in Medicare Supplement plan A, B, C, F (including high-deductible F), K, or L.</p> <p><b>Medicare eligible on or after Jan. 1, 2020:</b> Must be allowed to enroll in Medicare Supplement plan A, B, D, G (including high-deductible G), K, or L.</p> <p>If the applicant has COBRA coverage, they can either buy a Medigap policy right away or wait until the COBRA coverage ends.</p>	<p>No later than within 63 days of whichever is later:</p> <ol style="list-style-type: none"> <li>1. The date of receipt of the Notice of Termination of Coverage</li> <li>2. Notice that a claim has been denied due to the plan termination if a Notice to Plan Termination is not received</li> <li>3. The date that coverage terminates or ceases</li> </ol>
<p>Enrolled in a Medicare Advantage or Programs of All-inclusive Care for the Elderly (PACE) plan and the circumstances permit discontinuance of enrollment because of one of the following:</p> <ol style="list-style-type: none"> <li>1. Termination of the plan's certification</li> <li>2. Discontinuance of the plan for that area</li> <li>3. Insured is not eligible due to change in residence</li> <li>4. Substantial violation of a material provision of the contract by the organization or material misrepresentation by the organization (or agent or entity acting on the organization's behalf) in marketing the plan</li> </ol>	<p><b>Medicare eligible prior to Jan. 1, 2020:</b> Must be allowed to enroll in Medicare Supplement plan A, B, C, F (including high-deductible F), K, or L.</p> <p><b>Medicare eligible on or after Jan. 1, 2020:</b> Must be allowed to enroll in Medicare Supplement plan A, B, D, G (including high-deductible G), K, or L.</p>	<p>Beginning on the date of receipt of Notice of Termination of coverage and/or ending 63 days after the date of coverage termination.</p> <p><b>OR</b></p> <p>If voluntarily disenrolls, beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date.</p>
<p>Enrolled in a Medicare Cost contract (HMO), Medicare Select plan, or other health care prepayment plan and enrollment ceases because of one of the following:</p> <ol style="list-style-type: none"> <li>1. Termination of the plan's certification</li> <li>2. Discontinuance of the plan for that area</li> <li>3. Insured is not eligible due to change in residence</li> <li>4. Substantial violation of a material provision of the contract by the organization, or material misrepresentation by the organization (or agent or entity acting on the organizations behalf) in marketing the plan</li> </ol>	<p><b>Medicare eligible prior to Jan. 1, 2020:</b> Must be allowed to enroll in Medicare Supplement plan A, B, C, F (including high-deductible F), K, or L.</p> <p><b>Medicare eligible on or after Jan. 1, 2020:</b> Must be allowed to enroll in Medicare Supplement plan A, B, D, G (including high-deductible G), K, or L.</p>	<p>As early as 60 days before the date the Medicare Cost or Medicare Select plan coverage ends.</p> <p><b>OR</b></p> <p>Ending no later than 63 days after the date of Medicare Cost or Medicare Select coverage termination.</p>

Guaranteed issue situation	Options	Guaranteed issue period guidelines
<p>Enrolled in a Medicare Supplement policy and coverage discontinues due to:</p> <ol style="list-style-type: none"> <li>1. Insolvency or bankruptcy of the organization</li> <li>2. Other involuntary termination of coverage under the policy</li> <li>3. Substantial violation of a material coverage provision</li> <li>4. Material representation of coverage provision by the issuer (or agent or entity acting on the organization's behalf) in marketing the plan</li> </ol>	<p><b>Medicare eligible prior to Jan. 1, 2020:</b> Must be allowed to enroll in Medicare Supplement plan A, B, C, F (including high-deductible F), K, or L.</p> <p><b>Medicare eligible on or after Jan. 1, 2020:</b> Must be allowed to enroll in Medicare Supplement plan A, B, D, G (including high-deductible G), K, or L.</p>	<p>Beginning with the earlier of the receipt of Notice of Termination of Coverage, a notice of the issuer's bankruptcy or insolvency, or such similar notice if any and the date that the coverage ends and ending 63 days after the date of coverage termination.</p> <p><b>OR</b></p> <p>If voluntarily disenrolls due to misrepresentation or substantial violation of a material provision, beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date.</p>
<p>Enrolled in a Medicare Supplement policy, insured subsequently terminates and enrolls for the first time in a Medicare Advantage, Medicare cost, Programs of All-inclusive Care for the Elderly (PACE) plan or Medicare Select plan and then terminates within the first 12 months of such enrollment.</p>	<p><b>Medicare eligible prior to Jan. 1, 2020:</b> Must be allowed to enroll in the Medicare Supplement policy most recently enrolled in if available from the same insurer. If not available, the insured must be allowed to enroll in a Medicare Supplement plan A, B, C, F (including high-deductible F), K, or L with any insurer. If the most recent Medicare Supplement policy contained an outpatient prescription drug benefit, then the individual must be given by the same insurer the most recent plan modified to remove the outpatient prescription drug coverage or at the election of the individual, plan A, B, C, F (including high-deductible F), K, or L with any insurer.</p> <p><b>Medicare eligible on or after Jan. 1, 2020:</b> Must be allowed to enroll in the Medicare Supplement policy most recently enrolled in if available from the same insurer. If not available, the insured must be allowed to enroll in a Medicare Supplement plan A, B, C, G (including high-deductible G), K, or L with any insurer. If the most recent Medicare Supplement policy contained an outpatient prescription drug benefit, then the individual must be given by the same insurer the most recent plan modified to remove the outpatient prescription drug coverage or at the election of the individual, plan A, B, C, G (including high-deductible G), K, or L with any insurer.</p>	<p>If voluntarily disenrolls:</p> <p>Beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date.</p> <p><b>Note:</b> Under certain circumstances, their rights may last for an extra 12 months.</p>

Guaranteed issue situation	Options	Guaranteed issue period guidelines
<p>Upon first becoming eligible for benefits under Part A at age 65, enrolls in Medicare Advantage or Programs of All-inclusive Care for the Elderly (PACE) plan and disenrolls within 12 months.</p>	<p><b>Medicare eligible prior to Jan. 1, 2020:</b> Must be allowed to enroll in Medicare Supplement plan A, B, C, F (including high-deductible F), K, or L.</p> <p><b>Medicare eligible on or after Jan. 1, 2020:</b> Must be allowed to enroll in Medicare Supplement plan A, B, D, G (including high-deductible G), K, or L.</p>	<p>If voluntarily disenrolls: Beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date.</p> <p><b>Note:</b> Under certain circumstances, their rights may last for an extra 12 months.</p>
<p>Loss of Medicaid benefits in KS, OR, TN, TX, UT, or WI.</p> <p>These states allow for guaranteed issue when Medicaid benefits are lost.</p>	<p>Please consult home office for guidelines.</p>	
<p>Guaranteed issue period requirement in CO</p>	<p>Please contact home office for assistance.</p>	<p>In most instances, the guaranteed issue period will be 63 days for situations involving voluntary termination of coverage and 6 months for involuntary termination for reasons other than nonpayment of premium, fraud, or abuse.</p>

## Declinable prescription drugs

Many prescription drugs are not limited to the treatment of just one condition (For example, the use of Albuterol for asthma would be acceptable but declinable if used for COPD). **If clients are taking one of these medications for the specific declinable condition listed, they will not be eligible for coverage.** This list is not all inclusive.

### Medical conditions and declinable drugs

<b>Abatacept</b> For rheumatoid arthritis (injection)	<b>Azathioprine</b> To prevent kidney transplant rejection or rheumatoid arthritis	<b>Colazal</b> For ulcerative colitis or Crohn's disease
<b>Abilify</b> For schizophrenia and bipolar disorder	<b>Azulfidine</b> For ulcerative colitis or rheumatoid arthritis	<b>Clozapine</b> For schizophrenia
<b>Actemra</b> For rheumatoid arthritis (injection)	<b>Balsalazide disodium</b> For ulcerative colitis or Crohn's disease	<b>Clozaril</b> For schizophrenia
<b>Advair Diskus</b> For chronic bronchitis or COPD	<b>Benzotropine</b> For Parkinson's disease	<b>Cogentin</b> For Parkinson's disease
<b>Albuterol</b> For COPD	<b>Breo</b> For COPD	<b>Cognex</b> For Alzheimer's disease
<b>Amiodarone</b> For ventricular arrhythmia	<b>Budesonide</b> For ulcerative colitis or Crohn's disease (oral)	<b>Combivent</b> For COPD
<b>Antabuse</b> For alcoholism	<b>Carbidopa</b> For Parkinson's disease	<b>Comtan</b> For Parkinson's disease
<b>Apriso</b> For ulcerative colitis	<b>CellCept</b> For transplant anti-rejection or lupus	<b>Copaxone</b> For multiple sclerosis (injection)
<b>Arava</b> For rheumatoid arthritis	<b>Chlordiazepoxide</b> For alcoholism	<b>Cordarone</b> For ventricular arrhythmia or tachycardia
<b>Aricept</b> For Alzheimer's disease or memory loss	<b>Chlorpromazine</b> For schizophrenia or manic depression	<b>Cosentyx</b> For plaque psoriasis (injection)
<b>Aripiprazole</b> For schizophrenia and bipolar disorder	<b>Ciclosporin</b> For organ transplant rejection, rheumatoid arthritis, psoriasis, or nephrotic syndrome	<b>Cyclosporine</b> For organ transplant rejection, rheumatoid arthritis, psoriasis, or nephrotic syndrome
<b>Asacol</b> For ulcerative colitis	<b>Cilostazol</b> For intermittent claudication or peripheral vascular disease	<b>Delzicol</b> For ulcerative colitis or Crohn's disease
<b>Atrovent</b> For COPD		<b>Depakote</b> For bipolar disorder
<b>Auranofin</b> For rheumatoid arthritis		<b>Dilaudid</b> For severe pain
<b>Avonex</b> For multiple sclerosis		

<b>Donepezil</b> For Alzheimer's disease or memory loss	<b>Harvoni</b> For hepatitis C	<b>Leflunomide</b> For rheumatoid arthritis
<b>Enbrel</b> For rheumatoid arthritis, plaque psoriasis, or ankylosing spondylitis (injection)	<b>Heparin</b> To prevent blood clots (injection)	<b>Levemir</b> For diabetes (insulin)
<b>Entacapone</b> For Parkinson's disease	<b>Humalog</b> For diabetes (insulin)	<b>Levodopa</b> For Parkinson's disease
<b>Entresto</b> For chronic heart failure	<b>Humira</b> For Crohn's disease, ulcerative colitis, psoriasis, or rheumatoid arthritis (injection)	<b>Lialda</b> For ulcerative colitis
<b>Exalgo</b> For severe pain	<b>Humulin</b> For diabetes (insulin)	<b>Librium</b> For alcoholism
<b>Exelon</b> For dementia or Alzheimer's disease	<b>Hydrea</b> For sickle cell anemia, cancer, or blood disorders	<b>Lithium</b> For manic depressive disorder or bipolar disorder
<b>Extavia</b> For multiple sclerosis	<b>Hydromorphone</b> For severe pain	<b>Lodosyn</b> For Parkinson's disease
<b>Fentanyl</b> For severe pain	<b>Hydroxychloroquine</b> For rheumatoid arthritis or lupus	<b>Loxitane</b> For schizophrenia
<b>Fluphenazine</b> For schizophrenia or psychosis	<b>Hydroxyurea</b> For sickle cell anemia, cancer, or blood disorders	<b>Lupron</b> For prostate CA (injection)
<b>Galantamine</b> For Alzheimer's disease or dementia	<b>Imuran</b> To prevent kidney transplant rejection or rheumatoid arthritis	<b>Lurasidone</b> For bipolar disorder or schizophrenia
<b>Gengraf</b> To prevent organ transplant rejection, rheumatoid arthritis, or psoriasis	<b>Infliximab</b> For rheumatoid arthritis, ulcerative colitis, or Crohn's disease	<b>Maraviroc</b> For HIV
<b>Geodon</b> For schizophrenia or bipolar disorder	<b>Interferon</b> For multiple sclerosis or hepatitis C	<b>Mellaril</b> For schizophrenia
<b>Giazo</b> For ulcerative colitis or Crohn's disease	<b>Ipratropium</b> For COPD	<b>Memantine</b> For dementia or Alzheimer's disease
<b>Gleevec</b> For leukemia	<b>Lamictal</b> For bipolar disorder	<b>Mercaptopurine</b> For acute lymphocytic and chronic myeloid leukemia, ulcerative colitis, or Crohn's disease
<b>Haldol</b> For mood disorders or schizophrenia	<b>Lantus</b> For diabetes (insulin)	<b>Mesalamine</b> For ulcerative colitis
	<b>Latuda</b> For bipolar disorder or schizophrenia	<b>Methadone</b> For severe pain
		<b>Methotrexate</b> For cancer or rheumatoid arthritis



<b>Mirapex</b> For Parkinson's disease	<b>Otezla</b> For plaque psoriasis	<b>Quetiapine</b> For bipolar disorder or schizophrenia
<b>Morphine</b> For severe pain	<b>Pacerone</b> For ventricular arrhythmia	<b>Ranexa</b> For chronic angina
<b>Mycophenolate</b> For transplant anti-rejection or lupus	<b>Palladone</b> For severe pain	<b>Ranolazine</b> For chronic angina
<b>Naloxone Buprenorphine</b> For opioid addiction	<b>Peg-Intron</b> For hepatitis C (injection)	<b>Razadyne</b> For Alzheimer's disease or dementia
<b>Namenda</b> For dementia or Alzheimer's disease	<b>Pentoxifylline</b> For intermittent claudication	<b>Rebif</b> For multiple sclerosis
<b>Navane</b> For schizophrenia	<b>Permax</b> For Parkinson's disease	<b>Remicade</b> For rheumatoid arthritis, ulcerative colitis, or Crohn's disease (injection)
<b>Neoral</b> To prevent organ transplant rejection or rheumatoid arthritis	<b>Perphenazine</b> For schizophrenia	<b>Reminyl</b> For Alzheimer's disease or dementia
<b>Nexterone</b> For ventricular arrhythmia	<b>Plaquenil</b> For rheumatoid arthritis or lupus	<b>Remodulin</b> For pulmonary hypertension
<b>Nitro patch</b> For angina or chest pain (OK if filled and carried as preventative)	<b>Pletal</b> For intermittent claudication or peripheral vascular disease	<b>Requip</b> For Parkinson's disease
<b>Nitroglycerin</b> For angina or chest pain (OK if filled and carried as preventative)	<b>Pramipexole</b> For Parkinson's disease	<b>Rheumatrex</b> For cancer or rheumatoid arthritis
<b>Nitrolingual spray</b> For angina or chest pain (OK if filled and carried as preventative)	<b>Prednisone</b> For ulcerative colitis or immune and lung disorders	<b>Ridaura</b> For rheumatoid arthritis
<b>Nitrostat</b> For angina or chest pain (OK if filled and carried as preventative)	<b>Proair</b> For COPD	<b>Rilutek</b> For amyotrophic lateral sclerosis
<b>Novolin</b> For diabetes (insulin)	<b>Procrit</b> For anemia with renal failure, HIV, or cancer	<b>Riluzole</b> For amyotrophic lateral sclerosis
<b>Novolog</b> For diabetes (insulin)	<b>Prograf</b> To prevent organ transplant rejection	<b>Risperdal</b> For schizophrenia or bipolar disorder
<b>Olanzapine</b> For schizophrenia or bipolar disorder	<b>Prolixin</b> For schizophrenia or psychosis	<b>Risperidone</b> For schizophrenia or bipolar disorder
<b>Orencia</b> For rheumatoid arthritis (injection)	<b>Pulmicort</b> For COPD	<b>Rivastigmine</b> For Alzheimer's disease or dementia
	<b>Purinethol</b> For acute lymphocytic leukemia, ulcerative colitis, or Crohn's disease	

**Ropinirole**  
For Parkinson's disease

**Sacubitril/Valsartan**  
For chronic heart failure

**Secukinumab**  
For plaque psoriasis (injection)

**Selegiline**  
For depression or  
Parkinson's disease

**Seroquel**  
For schizophrenia, bipolar disorder,  
or major depression

**Sinemet**  
For Parkinson's disease

**Spiriva**  
For COPD

**Stelara**  
For plaque psoriasis (injection)

**Suboxone**  
For opioid addiction

**Sulfasalazine**  
For ulcerative colitis or  
rheumatoid arthritis

**Sulfazine**  
For ulcerative colitis or  
rheumatoid arthritis

**Symbicort**  
For COPD

**Tacrine**  
For Alzheimer's disease

**Tacrolimus**  
To prevent organ  
transplant rejection

**Tanzeum**  
For diabetes (injection/non-insulin)

**Tasmar**  
For Parkinson's disease

**Tegretol**  
For bipolar disorder

**Thorazine**  
For schizophrenia or  
manic depression

**Tocilizumab**  
For rheumatoid arthritis (injection)

**Tolcapone**  
For Parkinson's disease

**Toujeo**  
For diabetes (insulin)

**Trental**  
For intermittent claudication

**Trexall**  
For cancer or rheumatoid arthritis

**Ustekinumab**  
For plaque psoriasis (injection)

**Xopenex**  
For COPD

**Ziprasidone**  
For schizophrenia  
or bipolar disorder

**Zyprexa**  
For schizophrenia  
or bipolar disorder



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