

Guaranteed Issue Guidelines

Questions? We're here to help.

Just call us at 1-800-345-6022
(TTY/TDD 1-888-760-4748)

FOR INDIVIDUALS WHO ARE 65 YEARS OF AGE OR OLDER AT THE TIME OF ENROLLMENT:

In some situations, you are eligible for Guaranteed Issue of a Medicare Supplement Plan. If one of the following conditions applies to you, you are eligible for an Aetna Individual Medicare Supplement PlanSM on a guaranteed issue basis and you will not be required to complete the Statement of Health Questions section of the Application.

Open Enrollment - You are eligible for Guaranteed Issue if you are at least age 65 and apply for an Aetna Individual Medicare Supplement Plan insurance policy prior to or during the six-month period beginning with the first day of the month in which you are enrolled for benefits under Medicare Part B. You must submit evidence that you have Medicare Parts A and B with your Application.

Other Situations - You are eligible for Guaranteed Issue for an Aetna Individual Medicare Supplement Plan insurance policy if you apply for the policy in the guarantee issue time periods described below, you submit evidence of the date of termination or disenrollment with the Application, and you meet one of the following conditions:

1. You are enrolled in an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare, and the plan terminates or ceases to provide such supplemental health benefits to you; or you are enrolled under an employee welfare benefit plan that is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits to you because you leave the plan.
2. You are enrolled with a Medicare Advantage organization under a Medicare Advantage Plan (the "Plan") under Medicare Part C or under a Program of All-Inclusive Care for the Elderly (PACE) and any of the following apply:
 - The certification of the organization or plan under this part has been terminated; or,
 - The organization has terminated or otherwise discontinued providing the Plan in the area in which you reside; or,
 - You are no longer eligible to elect the Plan because:
 - (i) of a change in your place of residence or other change in circumstances specified by the Secretary of the Department of Health and Human Services (the "Secretary"), excluding those circumstances where you were disenrolled from the Plan for any of the reasons described in Section 1851 (g)(3)(B) of the federal Social Security Act (e.g., where you have not paid premiums on a timely basis, or you have engaged in disruptive behavior as specified in standards under Section 1856); or,
 - (ii) the Plan is terminated for all enrollees residing within a particular residential service area; or,
 - You demonstrate, in accordance with guidelines established by the Secretary, that:

- (i) The organization offering the Plan substantially violated a material provision of the organization's contract with the Centers for Medicare and Medicaid Services in relation to you, including the failure to provide you, on a timely basis, with medically necessary care for which benefits are available under the Plan, or the failure to provide such covered care in accordance with applicable quality standards; or,
- (ii) The organization or agent or other entity acting on the organization's behalf, materially misrepresented the Plan's provisions in marketing the Plan to you; or,

- You meet such other exceptional conditions as the Secretary may provide.

3. You are enrolled with:

- An eligible organization under a contract under Section 1876 (Medicare cost); a similar organization operating under demonstration project authority, effective for periods before April 1, 1999; an organization under agreement under section 1833(a)(1)(A) (health care prepayment plan); or an organization under a Medicare SELECT policy; and,
- Your enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under Section 2 above.

4. You are enrolled in a Medicare supplement policy and the enrollment ceases because:

- Of the insolvency of the issuer or bankruptcy of the non-issuer organization; or,
- Of other involuntary termination of coverage or enrollment under the policy; or,
- The issuer of the policy substantially violated a material provision of the policy; or,
- The issuer or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to you.

5. You were enrolled under a Medicare supplement policy and you terminate enrollment and subsequently enroll, for the first time, with: (1) any Medicare Advantage organization under a Medicare Advantage Plan under Medicare Part C; (2) any eligible organization under a contract under Section 1876 (Medicare cost); (3) any similar organization operating under demonstration project authority; (4) any PACE program under Section 1894 of the Social Security Act; (5) any organization under an agreement under Section 1833(a)(1)(A) (health care prepayment plan); or (6) a Medicare SELECT policy, and enrollment under this section is terminated by you during any period within the first 12 months of such subsequent enrollment (during which you are permitted to terminate such subsequent enrollment under Section 1851(e) of the federal Social Security Act).

6. You, upon first becoming enrolled for benefits under Medicare Part A at age sixty-five or older, enroll in a Medicare Advantage Plan under Medicare Part C, or in a PACE program under Section 1894 of the Social Security Act, and disenroll from the plan by not later than 12 months after the effective date of enrollment.

7. You postponed enrollment in Medicare Part B until after the age of 65 years because you were working and were enrolled in a group health insurance plan.

Guaranteed Issue Time Periods

- In the case of an individual described in situation #1, the guaranteed issue period begins on the later of: (i) the date you receive a notice of termination or cessation of all supplemental health benefits (or, if a notice is not received, notice that a claim has been denied because of such a termination or cessation); or (ii) the date that the applicable coverage terminates or ceases; and ends sixty-three (63) days after the date of the applicable notice;
- In the case of an individual described in situations #2, #3, #5, or #6 whose enrollment terminated involuntarily, the guaranteed issue period begins on the date that you receive a notice of termination and ends sixty-three (63) days after the date the applicable coverage is terminated;
- In the case of an individual described in situation #4 (insolvency of the issuer or bankruptcy of the non-issuer organization), the guaranteed issue period begins on the earlier of: (i) the date that you receive a notice of termination, a notice of the issuer's bankruptcy or insolvency, or other such similar notice if any, and (ii) the date that the applicable coverage is terminated, and ends on the date that is sixty-three (63) days after the date the coverage is terminated;
- In the case of an individual described in situations #2, #4 (issuer or the policy substantially violated a material provision of the policy), #4 (the issuer or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to you), #5 or #6, who disenrolls voluntarily, the guaranteed issue period begins on the date that is sixty (60) days before the effective date of the disenrollment and ends on the date that is sixty-three (63) days after the effective date;
- In the case of an individual described in this Guaranteed Issue Guide but not described in the preceding situations, the guaranteed issue period begins on the effective date of disenrollment and ends on the date that is sixty-three (63) days after the effective date; and,
- In the case of an individual described in situation #7, the guaranteed issue period for Medicare Part B may take place anytime through the individual's or the individual's spouse's current employment or during the 8 months following the month that the group health plan coverage of the employer or union ends or when the employment ends, whichever is first.

Extended Medigap Access for Interrupted Trial Periods

- In the case of an individual described in situation #5 whose enrollment with an organization or provider described in item (1) is involuntarily terminated within the first twelve (12) months of enrollment, and who, without an intervening enrollment, enrolls with another such organization or provider, the subsequent enrollment shall be deemed to be an initial enrollment;
- In the case of an individual described in situation #6, whose enrollment with a plan or in a program described in situation #6 is involuntarily terminated within the first twelve (12) months of enrollment, and who, without an intervening enrollment, enrolls in another such plan or program, the subsequent enrollment shall be deemed to be an initial enrollment; and,
- For the purposes of situations #5 and #6, no enrollment of an individual with an organization or provider described in #5 (1 through 6), or with a plan or in a program described in #6, may be deemed to be an initial enrollment under this paragraph after the two-year period beginning on the date on which you first enrolled with such an organization, provider, plan or program.

Products to which Eligible Persons are Entitled

The Aetna Individual Medicare Supplement Plan insurance policy to which Eligible Persons are entitled.

During Open Enrollment

An Eligible Person may enroll in Aetna Individual Medicare Supplement Plan insurance policy A, B, F, G or N.

During Other Situations

Under situations #1, #2, #3, #4 and # 7, an Eligible Person may enroll in a Medicare supplement policy which has a benefit package classified as plan A, B, F, or G.

Under situation #5, an Eligible Person may enroll in the same Medicare supplement policy in which you were most recently previously enrolled, if available, or, if not so available, a policy described as plan A,B, F, or G.

Under situation #6, an Eligible Person may enroll in any Medicare supplement policy offered by Aetna Life Insurance Company.