

Important Information about Your Rights to Guaranteed Issue of Medicare Supplement Insurance

All Highmark Medicare Supplement Insurance (Medigap) programs listed below are available to individuals who enroll during their “Open Enrollment Period.”

- **Central, Northeastern, and Western Pennsylvania:** Plans A, B, C, D, F, F High Deductible, G, G High Deductible and N
- **Southeastern Pennsylvania:** Plans A, B, G, G High Deductible and N

The “Open Enrollment Period” is the six-month time period after you are first eligible for and you enroll in Medicare Part B Medical Insurance or after you have reached the age of 65. You may enroll for the above Medigap plans, based on your state of residency, or another company’s insurance to supplement your Medicare coverage (also called Medigap coverage) during this six-month period and be **guaranteed coverage**. Guaranteed coverage means you cannot be refused coverage.

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

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

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

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

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

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

- Complete and return your application for Highmark Medigap coverage **no later than 63 days** after the date on which your current or previous coverage ends. **Do not complete the health screening questions.** In certain circumstances, you may choose to substitute the date on which you were *notified* that your coverage would be ending for the actual date of termination.
- Along with your application, be sure to **enclose proof of the date** on which your current or previous coverage actually ends, or on which you were notified that your current or previous coverage would be ending. *Your application cannot be finalized without this documentation.*

If you have questions about these rights or about the Highmark Medigap plans available to you, please call a Member Service Representative at **1-800-345-7808 (TTY: 711)**.

Our hours of operation are:

8 a.m. - 4:30 p.m., seven days a week.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.