

Medicare Enrollment in California

Applying for Medicare

Initial Enrollment Period

- ◆ 7 months, starting 3 months before you turn 65. If you do not enroll during this period, you will have to wait until the next General Enrollment Period.

General Enrollment Period

- ◆ January 1 to March 31 each year. Medicare coverage will be effective the following July 1st.

Special Enrollment

- ◆ Part B enrollment may be delayed if the client is over age 65 and has group health insurance as a result of their current employment or their spouse's current employment which provides group health insurance; or, client is disabled and has group health insurance based on their or any family member's current employment
- ◆ In any of these instances, individuals will qualify for a special 6 month enrollment period beginning the month after the termination of their group sponsored coverage. If the individual does enroll by the end of this grace period, the individual will have to wait until the next General Enrollment Period.

Guaranteed Issue

Listed below are some of the situations in which a Medicare member has the right to purchase a Medigap policy outside the open enrollment period, these rights are commonly called guaranteed issue (GI) rights. In these circumstances, acceptance onto a Medicare Supplemental policy is guaranteed regardless of the applicant's medical condition(s).

Situation	Federal G. I.	Comments	California Provisions
Part B effective date	- 6 months - All Medicare Supplements	- Proof of coverage on Parts A & B	Same as Federal GI Rules
Member has a Part B effective date of February 1. The member is considered to be in a GI period until July 31.			
65th birthday if eligible for Medicare due to disability	- 6 months - All Medicare Supplements	Proof of date-of-birth	Same as Federal GI Rules
Member is disabled and receiving Medicare benefits prior to their 65 th birthday. Once they turn 65 they receive a 6 month open enrollment period.			
Termination of coverage under a group-sponsored health plan	- 6 months - All Medicare Supplements	Provide name and phone number of Group sponsoring coverage	Same as Federal GI Rules
Member turns 65 and continues to work and receive health care coverage through their group employer (Group is defined as more than 20 employees). At age 69 the member decides to terminate the group plan. The member is in an open enrollment period for 6 months from the date of termination.			
M+C coverage ends due to Plan leaving the program or area	- 63 days - Plans A, B, C & F	Provide name and phone number of Group sponsoring coverage	- An additional 60 days GI - At least one Prescription Drug Plan if offered by the Company
The M+C plan in the member's county leaves. The member has 123 days as of the date of termination to select a Medigap plan from any company in the area. The available plans are A, B, C, F and possibly a prescription drug plan (H, I, or J).			
Termination of coverage due to individual moving out of service area	- 63 days - Plans A, B, C & F	Provide proof of prior insurance	- For 6 months - All Medicare Supplements
If the member leaves the service area and relocates to an area where the company does not have a plan, the member is GI.			

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Situation	Federal G. I.	Comments	California Provisions
Following termination of health care for military retiree or spouse or dependents due to military base closure	- 6 months - All Medicare Supplements	Provide proof of prior insurance	Same as Federal GI Rules
In the event the local military base closes, the military retiree and spouse, at least age 65, are GI.			
Upon becoming eligible for Medicare benefits, enrolls in a M+C and then disenrolls within 12 months.	- 63 days from the end of the M+C plan - Before the 1 yr anniversary - All Medicare Supplements	Provide proof of prior insurance	Same as Federal GI Rules
The member has 63 days from the termination date to enroll in a Medigap plan if they terminate their enrollment in the M+C plan within 1 year.			
Disenroll from an M+C, Select or PACE plan within 1 yr of leaving a Medigap policy	- 63 days from the end of the M+C plan - Back to the original Medigap policy - Before the 1 yr anniversary	- Provide proof of prior insurance	Must be the member's first time they enrolled in a M+C, SELECT or PACE plan Same as Federal GI Rules
A member may re-enroll in their original Medigap plan only if they terminate their enrollment in a M+C, SELECT or PACE plan within 1 year.			
30 days following applicant's birthday	N/A	- Must have current Standard Plan - Provide proof of prior coverage	Acceptance limited to <u>Standard Plans</u> of equal or lesser value
The "Birthday Rule" only applies to "STANDARD" plans and the transfer to plans of equal or lesser value. "SELECT" plans are exempt from this rule.			
Leave your plan as a result of fraud committed by the plan.	- 63 days - Plans A, B, C & F	Must have a determination that plan was at fault	Same as Federal GI Rules
In order for fraud to be determined a member must file a grievance with the health plan, Medicare or the State Insurance Department. If the grievance is upheld the written notification must be presented with the individual's application.			
If the M+C plan 1) reduces benefits, 2) increases the cost sharing amount, or 3) discontinues a provider for other than good cause	N/A	Changes in benefits will typically occur in January of each year. Discontinuances may occur throughout the year. Only pertains to the M+C company's Medicare Supplement plans	- 63 Days - Plans A, B, C, F and at least one drug plan (H, I, or J) if offered.
Decreases in benefits (Rx was \$500, now \$475), increases in copays or deductibles (Office visit was \$5.00, now \$6.00), or a termination of a Medical Group or IPA; any one of these events will trigger a GI period as stated above.			

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