



Medicare Supplement Guaranteed Acceptance vs. Guaranteed Issue

Guaranteed Acceptance: Everyone is accepted, not denied, Guarantee Issue or Non-Guarantee Issue

Guaranteed Issue (no medical underwriting): Certain times or situations that allow a Medicare Beneficiary to enroll in Medigap/Medicare Supplemental Plans with no medical underwriting. Age, gender and zip code are used to determine a preferred rate. Criteria includes:

- Enrolled in Medicare Part B less than six months and is 65 or older (also called Medigap Open Enrollment Period)
- Enrolled in a Medicare Advantage plan and the plan leaves the area the person lives in, or the person moves out of the plan service area
- Enrolled in an employer group plan or COBRA and the plan is ending
- Enrolled in original Medicare and Medicare SELECT policy and they move out of the Medicare SELECT service area
- Joined a Medicare Advantage plan when they were first eligible for Part A at age 65 and within the first year they decide they want to switch back to Original Medicare
- Dropped a Medigap policy to join a Medicare Advantage plan (or switch to Medicare SELECT) for the first time, been in a plan less than a year, and wants to switch back

Non-Guaranteed Issue (medically underwritten): When a member does not fall into any of the guaranteed issue criteria they will be medically underwritten.

- Blue Cross® Blue Shield® of Michigan will look at not only age, gender and zip code, but will look at tobacco usage and health status to determine a rating tier (preferred, tier 1, tier 2, tier 3) for that member
- Health status will be used to determine the member premium and agent commission tier
- **Guaranteed Renewable:** Blue Cross will guarantee renewal as long as premium is paid