

Effective [July 1, 2025]

Medicare Supplement Application Eligibility and Underwriting Process Guide



What you'll find inside

- Application Processing Information
- Eligibility
- Underwriting Tips
- Broker Resources

blueshieldca.com

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Speed dial

For fast answers to
application/underwriting
questions, contact:

Producer Services

(800) 559-5905
ProducerServices@
blueshieldca.com

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Introduction

We are pleased to present the new ~~Blue Shield Medicare Supplement Application Eligibility and Underwriting Process Guide~~ – one of the many tools we regularly provide to assist the sale of Blue Shield of California products.

This guide focuses on the application and enrollment process for our Medicare Supplement plans and dental coverage. It also includes enrollment information about guaranteed issue eligibility.

Blue Shield's enrollment process philosophy

The guidelines detailed here represent our application processing procedures and general approach to enrollment for new business and existing business.

Enrollment decisions are based on Medicare eligibility and underwriting guidelines. Depending on the information provided on the application, as well as any additional information acquired during the application process the underwriter might request and consider additional documentation to validate eligibility.

Only Blue Shield can make the final decision to accept or decline an application or determine the effective date of coverage. Brokers are **not** authorized to bind or guarantee coverage or establish a specific rate or effective date. Please advise all prospective members to maintain their current coverage until Blue Shield notifies them in writing of our decision regarding their application for coverage.

Blue Shield will not refuse to enter into any contract, cancel, or decline to renew or reinstate any contract because of the race, color, national origin, ancestry, religion, sex, genetic history, marital status, gender, gender identity, sexual orientation, or age of any individual applicant or member. Blue Shield also will not modify the benefits or coverage of any contract because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, or age, except for premium, price, or charge differentials because of the age of any individual when based on objective, valid, and up-to-date statistical and actuarial data.

The guidelines provided in this guide are the proprietary business information of Blue Shield. No part of this document may be copied, reproduced, or redistributed in any form or by any means without the express prior written permission of a Blue Shield officer or a Blue Shield sales director. If you have any questions, contact Producer Services at **(800) 559-5905**.

Updates

In general, the information provided in this *Application Eligibility and Underwriting Process Guide* is updated and published annually. We make every effort to keep you updated on any interim changes to this information; however, policies and/or procedures may change without advance written notice.

Thank you for your support in making Blue Shield a popular choice among Californians.

Application Process

The Basics

Our internal tracking system monitors applications at each stage of the enrollment process when applying directly with Blue Shield – from receipt to determination. We notify you and your client in writing when a final determination is made on the application.

Delays may occur when we need to request additional information from the applicant, such as verification of documented California residency, verification of Medicare eligibility or an applicant's statement of health. In such cases, we can't estimate the length of time necessary to complete the application process as it depends on several factors, including how long it takes for us to receive the requested information.

Important for replacement of other coverage: If your client is replacing other health plan coverage, please advise them not to terminate their existing coverage until they receive written notification that they have been accepted for Blue Shield coverage. It will be your client's responsibility to terminate existing or duplicative coverage whether issued by Blue Shield or another carrier.

Payment Options

Blue Shield does not require payment of dues/premium with all application submissions for Medicare Supplement coverage. If payment is received for Medicare Supplemental coverage via check, and the application is not approved by Blue Shield, the check will be returned.

The subscriber is responsible for payment of dues/ premiums to Blue Shield and only the subscriber can make changes to the contract. Blue Shield will also accept payment of dues/premiums from the other household member enrolled in the plan. Billing information and amounts due can be shared with both parties enrolled on the plan when calling Customer Service.

Note: Acceptance of payment by Blue Shield does not constitute approval, or a declaration, of coverage.

Once coverage is approved, we offer three convenient payment options:

1. Automatic payment

This option lets your clients have their Medicare Supplement plan dues/premiums automatically deducted from their checking or savings account.

Simply have your clients go online through the member portal to complete and submit their payment option. They may make a one-time or reoccurring payment at **blueshieldca.com**.

Medicare Supplement plan members who choose automatic payment by EFT draft will save \$3 per month on their Medicare Supplement plan dues*†.

Subscribers can also make a payment over the phone using their bank account by calling Customer Service at **(800) 248-2341**.

2. Online payment

Members can choose to make a one-time payment or set up recurring payments from a bank account online. They can even view their billing statements and payment history online.

To use this tool, they need to register as a member at **blueshieldca.com**. Once registered and logged in, they will click on *Payment Center*, then *Pay My Bill*.

3. Paper billing

Medicare Supplement plan members who prefer to receive and pay their bill by mail can choose our paper billing option. The payment due date will be included on each bill they receive.

All payments should be sent to:

[Blue Shield of California
P.O. Box 4700
Whittier, CA 90607-4700]

* Savings due to increased efficiencies from administering Medicare Supplement plans under this program/service are passed on to the subscriber.

† Medicare Supplement plan members must agree to paperless statements to receive \$3 savings per month if paying by EFT draft.

Cancellation and Reinstatement

Cancellation – General Provisions

Blue Shield coverage under the *Evidence of Coverage and Health Service Agreement* or Policy (both referred to as, Agreement) is guaranteed renewable by the individual subscriber, except as specifically set forth in the Agreement and as allowed by law. The following is only an overview: the information contained in the Agreement governs, so please refer to the Agreement for complete information.

Members who want to terminate the Agreement shall give Blue Shield 30 days' notice. Members can call Customer Service at **(800) 248-2341** for assistance with termination.

Blue Shield may withdraw an Agreement, together with all like Agreements/Policies, by giving 90 days' written notice.

Blue Shield may cancel an Agreement upon 30 days' written notice for the following reasons:

1. Member has moved and established permanent residence outside of California.
Note: Medicare Supplement members moving out of California have the option to remain on their current Medicare Supplemental plan by request, but their rates will be adjusted to those applicable for Region 1. However, dental plans are not portable and must be cancelled.
2. Fraud or deception in obtaining, or attempting to obtain, benefits under the Agreement.
3. Knowingly permitting fraud or deception by another person in connection with the Agreement, such as, without limitation, permitting someone else to seek benefits under the Agreement, or improperly seeking payment from Blue Shield for benefits provided.

Cancellation of the Agreement is effective as of the date listed on the Notice of End of Coverage sent to the subscriber. It is not retroactive to the original effective date of the Agreement except in cases of rescissions.

Cancellation for nonpayment of dues/premiums

- a. If dues/ premiums have not been received by the due date, Blue Shield will send a Notice of Start of Grace Period that states: Dues/premiums have not been paid, and that the Agreement will be cancelled if the required dues/premiums are not paid the day following the 30-day grace period;
- b. The specific date coverage will end if dues / premiums are not paid; and
- c. Information regarding the consequences of any failure to pay the dues/premiums.

Within five (5) business days of canceling or not renewing the Agreement, Blue Shield will send a Notice of End of Coverage, which will inform the subscriber of the following:

- a. That the Agreement has been cancelled, and the reasons for cancellation; and
- b. The specific date coverage ended.

Grace period for payment of dues/premiums

During the grace period, coverage remains in force; however, the subscriber is responsible for

payment of all dues/premiums that accrue while coverage is in effect (including the period of coverage provided during the grace period). If dues/premiums are not paid by the end of the 30-day grace period, coverage is cancelled effective at the end of the grace period.

Rescission

Blue Shield may, in accordance with state and federal law, be entitled to rescind coverage if the member or anyone acting on his or her behalf commits fraud or makes an intentional misrepresentation of material fact in the application for coverage or in other communications with Blue Shield prior to the issuance of the coverage. Rescission voids the coverage as if it never existed and, therefore, will be retroactive to the original effective date of coverage.

After two years following the issuance of the Agreement, Blue Shield of California will not rescind the Agreement for any reason.

If Blue Shield rescinds coverage due to fraud or intentional misrepresentation of a material fact made by an applicant during the enrollment process, Blue Shield will take back the commissions paid to a broker.

Blue Shield expects that applicants will be provided with a copy of the full application to carefully review.

If you are assisting an applicant in completing the application, Blue Shield requires that the applicants review each question as it appears on the application. Do not skip questions, summarize them, or paraphrase them in any way.

In addition to English, Blue Shield offers its applications in several threshold languages: Spanish, Chinese, Korean, and Vietnamese. Please make certain that your clients are provided with an application written in their preferred language.

Never have your clients sign a blank application. They may only sign the application after it has been fully completed, and they have carefully reviewed the answers.

Finally, please carefully review and complete the questions in the "Producer Information" section of the Medicare Supplement plan application. Discrepancies and/or incomplete information will delay the processing of your client's application.

Rate Guarantee Policy

Medicare Supplement plan rates may change from time to time in response to the rising cost of health care. However, new members are given a twelve-month rate guarantee to shield them from these changes for at least twelve months. Guaranteed rates are subject to age band rate increases, which take effect each year on July 1 for all open plans. Please note, any changes requested by the member to their coverage will affect their eligibility for a rate guarantee.

Medicare Supplement Plan Applications

Eligibility

Clients may apply to enroll in a Blue Shield Medicare Supplement plan (A, F Extra[†], G, G Extra or N) if they are:

- Age 65 or older.
- A resident of California.
- Enrolled in Medicare Parts A and B, Title 18, Public Law 89-97, at the time of application.

Clients who are age 64 or younger may be able to enroll in a Blue Shield Medicare Supplement plan (A, F Extra[†], G, G Extra, or N) under the following conditions:

- They are residents of California.
- They are enrolled in Medicare Parts A and B, Title 18, Public Law 89-97, at the time of application.
- They qualify for guaranteed acceptance in a Blue Shield Medicare Supplement plan according to Blue Shield's guidelines.
- They have not been diagnosed with end-stage renal disease.

If your client qualifies for guaranteed acceptance, completion of the Health Statement is neither required nor requested.

Household Savings Program

Enrollment in Blue Shield's Household Savings Program is available to members age 65 and over for most Medicare Supplement plans and may result in additional monthly savings* when the following conditions are met:

- Both participants must reside at the same address and have the same billing and correspondence address.
- Both participants must have matching enrollment in all products (medical, dental).
- Neither participant is a tobacco user.

Welcome to Medicare Rate Savings

New members in Medicare Supplement plans A, F Extra[†], G, and G Extra, that are age 65 or older, receive a \$25 savings* each month for their first 12 months of coverage when we receive their application within six months of the date they first enrolled for benefits under Medicare Part B.

Medicare Supplement Dental Plans

New members that enroll in a Medicare Supplement plan and one of the Medicare Supplement dental plans at the same time may qualify to save \$3 per month for six months*.

* Savings are due to increased efficiencies from administering Medicare Supplement plans under this program and are passed on to the subscriber. "Welcome to Medicare Rate Savings" do not apply to Plan N. Household Savings Program does not apply to High Deductible Plan F, Plan K, Pre-Standardized plans or tobacco uses.

† Plan F Extra is only available to applicants who attained age 65 before January 1, 2020, or first became eligible for Medicare benefits due to disability before January 1, 2020

Guaranteed Acceptance (GA) Plans

Applicants may be eligible for guaranteed issue of a Medicare Supplement plan (or have certain rights of guaranteed acceptance in one or more of our Medicare Supplement Plans). This means, the application may be approved for enrollment without undergoing medical underwriting.

To qualify for guaranteed acceptance, the applicant must meet specific criteria as outlined in Blue Shield's *Guaranteed Acceptance Guide* (Form MSP17149)

A copy of the *Guaranteed Acceptance Guide* is available on Blue Shield's website at blueshieldca.com or at Broker Connection at blueshieldca.com/producer. Or contact Producer Services at **(800) 559-5905** to request a copy.

Retroactive Coverage

Clients may request that their effective date coincides with the date they received Medicare Part B if they have applied and been approved for coverage under Blue Shield's guaranteed-acceptance guidelines, are age 65 or older, and have received Medicare Part B within the previous six months.

Medical Underwriting Process for Medicare Supplement Plans

Applications that go to additional or medical underwriting:

- Medicare Supplement applications that do not meet the requirements of a Guarantee Acceptance (GA) scenario
- Members that wanted to transfer to an open plan that is richer than their existing plan or to an equal to or lesser plan outside of their open enrollment period. See the Transfer Policy section below
- Any underwriting approved applications with a retroactive effective date request

Factors considered when reviewing an application:

- Age 65 or older
- Enrolled in Medicare Parts A and B, Title 18, Public Law 89-97, at the time of application
- For new application, if enrolled in Medicare part B coverage prior to age 65 the Disability/Illness is required
- Any SOH (Statement of Health) "yes" responses must be fully explained (condition/diagnosis, medication, dates and current status are required)
- Blue Shield's claim history (if applicable) within 5 years from the signature date on the application

The combination of all conditions/diagnosis, medications and Blue Shield's claim history (within 5 years) can be considered when reviewing the application. The medical underwriting decision will be based on the Medicare Supplement Decline List when reviewing application.

Note: Medical records are not requested directly from the providers as underwriting the application is done on a pass/fail basis. However, in a few instances, the applicant may provide medical records at his/her own expense if appealing a negative decision

Effective Date of Coverage

Medicare Supplement plans are effective the 1st of the month following receipt of the application. However, the effective date cannot be earlier than the date the client becomes entitled to Medicare Part B.

For those newly enrolled in Medicare Part B within six months prior to submitting an application for one of our Medicare Supplement plans, we will coordinate the effective date of their Medicare Supplement plan with the effective date of their Medicare Part B unless a later effective date is requested. **Example:** A Medicare Supplement plan applicant enrolled in Medicare Part B effective February 1. The application is submitted January 27, and approved February 6. This applicant will be given a February 1 effective date unless a later date is requested.

For those who have been enrolled in Medicare Part B for more than six months prior to submitting an application for one of our Medicare Supplement plans and do not have a qualifying guaranteed acceptance situation, the effective date of coverage will be the 1st of the month following the date the application is approved by medical underwriting process, unless a later effective date is requested. **Example:** A Medicare Supplement plan application approved on May 16 will have a June 1 effective date, unless a later date is requested.

Exceptions:

- Medicare Supplement plan applicants can choose a different effective date if they prefer, which helps with coordination of any current health coverage expiration. However, the requested effective date must follow the receipt date of the application and cannot be later than 90 days after the applicant's signature date on the application.
- All effective dates will be later than the application receipt date, except for applicants eligible under guaranteed acceptance scenario one. For additional information about qualifying for guaranteed acceptance, please refer to the *Guaranteed Acceptance Guide* (Form MSP17149).

Switching from another carrier to a Blue Shield Medicare Supplement Plan

Applicants should never disenroll from current coverage until coverage with Blue Shield has been approved.

If your client has a Medicare Advantage Plan and/or a Medicare Advantage Prescription Drug Plan

The law prohibits Medicare Supplement plans from enrolling anyone who is currently enrolled in a Medicare Advantage Plan unless the effective date of coverage is after the termination date of the individual's coverage under the Medicare Advantage plan.

For clients who are members of a Medicare Advantage Plan and would like to enroll in a Medicare Prescription Drug Plan and/or a Blue Shield Medicare Supplement plan, it is in their best interest to choose one of the options listed below to disenroll from the Medicare Advantage Plan. This will help ensure that the current Medicare Advantage coverage is terminated, and the client's Original Medicare coverage – which works in conjunction with Medicare Supplement coverage – is in place. For that reason, we will work with your clients to coordinate the effective date of any Medicare Supplement coverage we approve with the date they disenroll from their current Medicare Advantage Plan.

Options for Disenrollment in Medicare Advantage

If your client also plans to enroll in a Medicare Prescription Drug Plan (PDP), make sure they enroll in a Medicare PDP *before* disenrolling from their Medicare Advantage Plan. During the Medicare Annual Election Period, disenrolling from a Medicare Advantage Plan will count as their election, and your client may have to wait until the next Annual Election Period to be able to enroll in a Medicare PDP. Enrolling in a Medicare PDP will automatically disenroll your client from their Medicare Advantage Plan.

If your client is only interested in applying for a Medicare Supplement plan without a Medicare PDP, they may choose one of the options below to disenroll from their Medicare Advantage Plan.

Option 1

Your client can go directly to their Social Security office and disenroll there. If your client chooses this option, please advise them to get a copy of the disenrollment form, including the date stamp from the Social Security office, for their records. Please fax or mail a copy of the form with the Social Security date stamp to Blue Shield.

Option 2

Your client can call the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare, at (800) MEDICARE and ask to be disenrolled from their current Medicare Advantage Plan. CMS will either mail or fax your client a confirmation of termination from the Medicare Advantage Plan. Please mail or fax a copy of the termination confirmation to Blue Shield (see below).

Option 3

Your client can make a request to his or her current Medicare Advantage Plan to be disenrolled. This request can be made in one of two ways:

- By calling their current Medicare Advantage Plan and asking for a disenrollment form to be sent to them – then completing and returning the form to the Medicare Advantage Plan. (Advise your client to keep a copy for their records.)

- By sending their current Medicare Advantage Plan a letter, which includes their name and member ID number, requesting disenrollment. (Advise your client to keep a photocopy of the letter for their records.)

Your client's disenrollment request will be processed the same month it is received, effective for the first of the following month. The applicant must submit a termination letter to Blue Shield or ask their current Medicare Advantage Plan to call Blue Shield and provide us with a verbal confirmation that the applicant has been disenrolled from their plan.

Phone: **(800) 248-2341**

TTY: 711

Fax: (844) 266-1850

Mailing address:

Blue Shield of California

P.O. Box 948

Woodland Hills, CA 91365-9690

If your client has other health coverage

The law prevents Blue Shield from enrolling clients in a Medicare Supplement plan if they already have coverage (such as an existing individual Medicare Supplement or employer group Medicare Supplement plan) that the Blue Shield Medicare Supplement plan would duplicate. To help ensure that this does not happen, we will coordinate your client's effective date of coverage under his or her new Blue Shield Medicare Supplement plan to coincide with disenrollment from his or her previous health plan. First, we will notify your client by letter of his or her acceptance in a Blue Shield Medicare Supplement plan pending verification that his or her other health coverage has been terminated. Once your client has terminated his or her previous coverage, please submit proof of termination so we can finalize your client's acceptance.

Important: Your client should not disenroll from current coverage until coverage with Blue Shield has been approved.

Suspension of Coverage

Medi-Cal Entitlement

If a subscriber becomes entitled to Medi-Cal benefits, Medicare Supplement coverage may be suspended for up to 24 months. The subscriber must submit a request for suspension of coverage within 90 days of Medi-Cal entitlement. Blue Shield shall return to the subscriber the amount of prepaid dues, if any, minus any monies paid by Blue Shield for claims made after the effective date of suspension. If the subscriber loses entitlement to Medi-Cal, the benefits of the agreement will be reinstated as of the date of the loss of entitlement, provided the subscriber gives notice within 90 days of that date and pays the dues amount attributable to the retroactive period.

Group Health Coverage

Blue Shield shall suspend the benefits and dues of the Agreement for a subscriber when that subscriber:

- Is totally disabled as defined herein and entitled to Medicare benefits by reason of that disability.
- Is covered under a group health plan as defined in section 42 U.S.C. 1395y(b)(1)(A)(v); and
- Submits a request to Blue Shield for such suspension.

After all the above criteria have been satisfied, benefits and dues of the Agreement for the totally disabled subscriber will be suspended for any period that may be provided by federal law. For subscribers who have suspended their benefits under the agreement as specified above, and who subsequently lose coverage under their group health plan, the benefits and dues of the Agreement will be reinstated only when the subscriber:

- Has notified Blue Shield of such loss of group coverage within 90 days after the date of such loss; and
- Pays the dues attributable to the period, effective as of the date of loss of group coverage.

If the above criteria have been satisfied, the effective date of the reinstatement will be the date of the loss of group coverage.

For reinstatement after suspension in both cases of Medi-Cal entitlement and group coverage, Blue Shield shall:

- Provide coverage substantially equivalent to coverage in effect before the date of suspension.
- Provide dues classification terms no less favorable than those which would have been applied had coverage not been suspended; and
- Not impose any waiting period with respect to treatment of pre-existing conditions.

To submit a request for suspension of coverage, please contact Blue Shield customer service.

Transfer policy

Switching from one Blue Shield Medicare Supplement plan to a different Blue Shield Medicare Supplement plan

- Applicants should never disenroll from current coverage until coverage in the new plan has been approved.
- Members can always apply to transfer plans with one exception: transfers from open plans to closed plans are not available.
- Members must go through underwriting to transfer to an open plan that is richer than their existing plan or to an equal to or lesser plan outside of their open enrollment period. Clients must fill out an Application for Blue Shield of California Medicare Supplement Plans (Form C12687), including the Health Statement, and submit it to Blue Shield online, by mail, email, or fax for review and approval.

Members enrolled in a Blue Shield Medicare Advantage Plan may also apply for a Medicare Supplement plan. Please refer to the *Guaranteed Acceptance Guide* for specifics about transfers, applications, etc.

See page [11] for a complete list of plan transfer options.

Medicare Supplement transfer rules matrix and key, effective [7/1/2025]

Guaranteed means Members/applicants can transfer between these plans without going through the medical underwriting process during the annual open enrollment or guaranteed- acceptance period.

Apply means the application must be approved by going through medical underwriting for transfer between these plans.

Transfer options for subscribers in 2010 standardized plans (effective [7/1/2025])

Subscriber's current plan	Plan A	Plan N	Plan G	Plan G Extra	Plan F Extra**
Plan F High-Deductible	Apply	Apply	Apply	Apply	Apply
Plan K	Apply	Apply	Apply	Apply	Apply
Plan A	Guaranteed	Apply	Apply	Apply	Apply
Plan L	Guaranteed	Apply	Apply	Apply	Apply
Plan M	Guaranteed	Apply	Apply	Apply	Apply
Plan N	Guaranteed	Guaranteed	Apply	Apply	Apply
Plan B	Guaranteed	Guaranteed	Apply	Apply	Apply
Plan D	Guaranteed	Guaranteed	Apply	Apply	Apply
Plan G	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Apply
Plan G Extra	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Apply
Plan C	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Apply
Plan F	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Guaranteed
Plan F Extra**	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Guaranteed
Plan F (w/additional benefits)***	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Guaranteed

Transfer options for subscribers in 1990 standardized or pre-standardized closed plans****
(effective [7/1/2025])

Subscriber's current CLOSED plan	Plan A	Plan N	Plan G	Plan G Extra	Plan F Extra**
Plan F High Deductible	Apply	Apply	Apply	Apply	Apply
Plan J High Deductible	Apply	Apply	Apply	Apply	Apply
Plan K	Apply	Apply	Apply	Apply	Apply
Plan A	Guaranteed	Apply	Apply	Apply	Apply
Plan L	Guaranteed	Apply	Apply	Apply	Apply
Plan B	Guaranteed	Guaranteed	Apply	Apply	Apply
Plan H (no Rx)	Guaranteed	Guaranteed	Apply	Apply	Apply
Plan E	Guaranteed	Guaranteed	Apply	Apply	Apply
Plan D	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Apply
Plan G	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Apply
Plan I (no Rx)	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Apply
Plan C	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Apply
Plan F	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Guaranteed
Plan J	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Guaranteed
Plan H (with Rx)	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Guaranteed
Plan I (with Rx)	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Guaranteed
Pre-Standardized Plans****	Guaranteed	Guaranteed	Guaranteed	Guaranteed	Guaranteed

** Plan F Extra is only available to applicants who attained age 65 before January 1, 2020, or first became eligible for Medicare benefits due to disability before January 1, 2020.

*** This is categorized as any Plan F (with additional benefits) offered by another Medicare Supplement carrier.

**** Pre-standardized plans include Blue Shield's pre-standardized plans, as well as other carriers' pre-standardized plans.

Medicare Supplement Declinable Conditions

Medicare Supplement plan applicants who have any of the following conditions may be declined without medical record review.

Decline Condition List

Acromegaly, active or with tumour
 AIDS Related Complex (ARC)
 Alcohol/substance abuse, current and Delirium tremens
 Alzheimer's
 Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease
 Anemia, aplastic
 Aneurysm unoperated, or any residuals, shunt or stent
 Angina (all listing have other details w/it)
 Angioplasty
 Ankylosing spondylitis
 Aortic Stenosis / obstruction
 Arteriosclerosis
 Arterio-Venous Malformation unoperated
 Arthritis, Rheumatoid
 Asbestosis
 Ascites
 Asthenia - Neurocirculatory
 Atrial Fibrillation, present
 Autism

A-V Septal Defect, present
Berger's Disease
Berylliosis
Bigeminal Pulse
Bipolar Disorder
Blastomycosis
Brain hemorrhage
Buerger's Disease
Bypass surgery, all cases
Cancer, in general, within three years and Leukemia
Cardiac arrest and Hemiblock
Cardiomegaly
Carotid artery disease
Carotid bruit
Carotid endarterectomy
Cerebral embolism
Cerebral Palsy, moderate or severe
Cerebral thrombosis
Charcot-Marie-Tooth
Chemotherapy, current
Chondromalacia, systemic
Chronic Obstructive Pulmonary Disease, (COPD) severe, current smoker
and Emphysema
Cirrhosis of the Liver
Claudication
Clubbed fingers
Congenital heart defects, unoperated
Congestive heart failure
Coronary artery disease, Ischemic heart disease
Craniopharyngioma
Cretinism
Crohn's Disease (Ileitis)
Cushing's Syndrome
Cyanosis
Cystic fibrosis
Decubitus Ulcer
Dementia
Demyelinating disease
Diabetes with Hypertension, Neuropathy, Retinopathy, Renal or Circulatory
complications, Ketoacidosis, or Insulin Pump, with amputation
Diabetes, insipidus
Dialysis, ESRD (End Stage Renal Disease)
Drug abuse/dependence
Dumping syndrome
Dwarfism
Eisenmenger's
Embolism
Endarterectomy
Esophageal varicosities
Friedreich's ataxia
Froehlich's syndrome
Glioma, Glioblastoma
Glomerulonephritis, progressive
Goodpasture's syndrome
Hansen's disease
Heart valve stenosis

Hemiplegia
Hemolytic anemia, unoperated, acquired
Hemophilia A,B or C
Hepatitis C or higher
Hepatomegaly, enlarged liver
Hodgkin's lymphoma
Huntington's chorea
Hydrocephalus
Hypertension, malignant
Hypertensive Renal Disease
Immunodeficiency disorder
Interstitial Cystitis
Kaposi's sarcoma
Kimmelstiel-Wilson Syndrome
Lupus Erythematosus, Systemic
Lymphosarcoma, within 3 yrs
Manic Depressive Disorder
Marfan's syndrome
Mediterranean anemia
Meningocele, present
Multiple myeloma
Multiple sclerosis
Muscular atrophy
Muscular dystrophy
Myasthenia gravis, non-localized
Narcolepsy
Nephritis, Chronic
Nephroblastoma (Wilm's tumor)
Nephrotic Syndrome
Neurofibromatosis
Neuroma, multiple
Non-Hodgkin's lymphoma
Osteitis Deformans
Osteogenesis Imperfecta
Osteomyelitis, chronic
Pacemaker
Paget's Disease of the Bone
Paralysis – quadriplegia
Parkinson's Disease
Patent Ductus Arteriosus (PDA) unoperated
Pheochromocytoma, present
Pituitary Gland disorders
Pneumoconiosis
Pneumocystis Carinii
Polyarteritis Nodosa
Polycystic Kidneys
Proctitis, ulcerative within 5 yrs
Psoriatic arthritis
Psychosis
Pulmonary nodule, present
Pulmonary stenosis
Purpura, hemorrhagic
Reiter's Syndrome
Rheumatoid Arthritis, chronic, severe, extra articular manifestation, surgery contemplated
Scleroderma, recurrent

Sheehan Syndrome
Sick sinus syndrome
Silicosis
Sponge kidney
Syphilis, tertiary
Syringobulbia
Syringomyelia
Systemic lupus erythematosus
Takayasu's Disease
Temporal arteritis
Tetralogy of Fallot, present
Thalassemia Major
Thrombocytosis
Thymoma, unoperated all cases, operated within 5 years
Tracheostomy
Transient Ischemic Attacks (TIA)
Transplants all cases, except Corneal
Transposition of Great Arteries, unoperated
Turners syndrome
Ulcerative Colitis within 5 years
Vasculitis
Ventricular Septal Defect (VSD), present
Von Recklinghausen's disease
Von Willebrand's disease
Waldenstrom's Macroglobulinemia
Wegener's granulomatosis
Wilm's tumor (nephroblastoma)

Final determination client conversations

When your clients receive a final determination from Blue Shield, you may need to communicate some or all the following information, depending on the circumstances:

Right-to-return policy

If your client finds that he or she is not satisfied with his or her contract, he or she may return it to:

Blue Shield of California
P.O. Box 272560 Chico, CA 95927-2560

When a client sends the contract back to us within 30 days of receipt, we will treat the contract as if it had never been issued and return all your client's payments.

Denied coverage

If your client is denied coverage for a Medicare Supplement plan, we will automatically refund any payment submitted with the application. Refunds will be mailed within 7 to 10 business days.

Appeal of an underwriting decision

If your clients would like to appeal an underwriting decision, they may:

Fax the appeal to: **(844) 266-1850**, Attention: Medicare.

Email to: **MSInstall@blueshieldca.com**, Attention: Medicare, or send via standard mail to:

Blue Shield of California
Attn: Medicare – Applications
P.O. Box 3008
Lodi, CA 95241-1912
(800) 248-2341

Dental Coverage

Medicare Supplement Plan Member Dental Plans

New Medicare Supplement plan applicants do not need to complete a separate application for dental coverage. When completing their Medicare Supplement plan application, they can simply check the box for the dental coverage they want. The application for Medicare Supplement coverage and dental coverage will be considered concurrently and once approved, coverage effective dates will be the same for both based on medical plan effective date assignment.

Members enrolling in Medicare Supplement may elect to enroll in a dental plan. If a member has already been enrolled in a Blue Shield Medicare Supplement plan and would like to add dental coverage, the member can submit a Dental PPO Plan Enrollment Form for Blue Shield Medicare Supplement Plan Members (Form A43738-DS).

This application is available for download at **blueshieldca.com/producer** by clicking on *Medicare Eligible* and then *Forms & Applications*. Once approved, the added dental plan will be effective the first of the month following the receipt date of the dental application.

Dental Coverage Without a Medical Plan

If your client's Blue Shield Medicare Supplement plan coverage is terminated or cancelled for any reason (by the client or by Blue Shield), the dental plan coverage will also be terminated.

Eligibility for Dental Plans

To be eligible for coverage, your client must reside in California. Blue Shield may cancel the agreement upon thirty (30) days written notice if your client moves out of California. Applicants previously enrolled in a Medicare Supplement dental plan and reapplying for dental coverage will have a six-month waiting period to reenroll.

Broker Resources

Our *Application Eligibility and Underwriting Process Guide for Medicare Supplement Plans* makes selling Blue Shield easier than ever with these handy tools:

1. Application how-to tips
2. Key contacts and resources

Application How-to Tips

Medicare Supplement plan application can be submitted online via our Medicare enrollment tool. Simply log in to Broker Connection, click *Medicare Eligible Home* in the menu and then select *Compare Plans and Enroll*. You will automatically be logged in to the enrollment site and can run quotes and apply on behalf of your clients.

Forms to Use

- New enrollments and/or applications that require medical underwriting: Use Medicare Supplement plan application – Form C12687 (included in pre-sale kit, Med Supp-PR/PDP4).
- Existing Medicare Supplement members changing to a plan of equal or lesser value during their annual enrollment period: Use Medicare Plan Transfer Application–Form MSP15571.
- Existing Medicare Supplement members wanting to add dental coverage: Use Dental PPO Plan Enrollment Form for Blue Shield Medicare Supplement Plan Members – Form A43738-DS.

Checklist for Completeness

You can help speed client applications through processing by doing a quick check to make sure each application is complete before you send it in. This checklist makes completed applications easy:

- Print clearly in all capital letters in black ink. Do not use pencil.
- Select a plan type.
- Complete required fields.
- Fill in all address information.
- Sign the application. The main applicant (subscriber) must sign the application.
- Write the date next to the signature.
- Submit applications within 30 days of the applicant's signature date.

Once completed, have your clients submit the application to Blue Shield.

Medicare Supplement Plan-Specific Tips

These tips apply to applications for all Medicare Supplement plans.

Advice to Clients

Please advise your clients to answer all questions truthfully and completely about their medical and health history.

They should carefully review their completed applications before signing to be certain that each section has been properly recorded. In addition to the general tips provided in this section, be sure to have clients who are applying for a Medicare Supplement plan do the following:

- Read all the instructions carefully.
- Print clearly in all capital letters in black ink – do not use pencil.
- Retain a copy of each page of the application for their files.

Completeness Check

Additional items to check for Medicare Supplement plan applications:

- ☐ Health coverage information
- ☐ Subscriber number and prior healthcare company name
- ☐ Replacement form for application with current Medicare Supplement plan coverage
- ☐ Statement of health (except if the applicant qualifies for guaranteed acceptance)
- ☐ Medicare Beneficiary Identifier (MBI) number

Where to Submit

Submit new enrollment and transfer Medicare Supplement plan applications to:

Blue Shield of California
Attn: Medicare Supplement – Applications
P.O. Box 3008
Lodi, CA 95241-1912
Fax: (844) 266-1850
Email: msinstall@blueshieldca.com

Key Contacts and Resources

On these pages you will find all the ways you can contact us, and whom to ask for what. For fast service, use the phone or fax number, address, or email address specific to your question.

Medicare Supplement Plans			
	Email	Phone	Fax
New Applications – submissions	msinstall@blueshieldca.com	(800) 559-5905	(844) 266-1850
Pend information – submissions	msinstall@blueshieldca.com	(800) 559-5905	(844) 266-1850
Guaranteed Acceptance Applications – submissions			(844) 266-1850
Application status	Producer.Services@blueshieldca.com	(800) 559-5905 Mon through Fri: 8 a.m. to 6 p.m. Automated information available after business hours	(209) 371-5830
Information Sources Dues/premiums payment information Underwriting guidelines Commissions information/issues	Producer.Services@blueshieldca.com	(800) 559-5905	(209) 371-5830
Electronic Claims Submission Help Desk	Producer.Services@blueshieldca.com	(800) 480-1221	
Address			
Medicare Supplement plan applications Correspondence about Medicare Supplement plans	Medicare Supplement Department P.O. Box 3008 Lodi, CA 95241-1912		

Online Resources

Plans and Rates

- Product information including plan summaries
- Underwriting guidelines
- Applications and other forms

Tools

- Quoting
- Online application
- Application status
- Client list
- Supply ordering system
- Advertising resources to help promote your business

Compensation

- Commission Schedule
- Bonus programs

Blue Shield News

- Product and company information
- Policy announcements
- Press releases

blueshieldca.com/producer

For Members

Health Insurance Counseling and Advocacy Program (HICAP): provides health insurance counseling for California senior citizens. Call the HICAP toll-free telephone number for a referral to the local HICAP office. HICAP is a service provided free of charge by the state of California.

(800) 434-0222

Medicare Supplement Plan Member Customer Service

(800) 248-2341
TTY: 711

Medicare Supplement Member Dues/Premiums
Payment Address

Blue Shield of California
Attention: Plan Payment
{P.O. Box 4700
Whittier, CA 90607-4700}

Dental Member Services

(888) 271-4880
yourdentalplan.com/bsca

Dental PPO Claims Address

Blue Shield of California
P.O. Box 272590
Chico, CA 95927-2590



NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: blueshieldca.com/notices. You can also call for language assistance services: (866) 346-7198 (TTY: 711).

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Service at (888) 256-3650 (TTY: 711).

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en blueshieldca.com/notices. Para obtener servicios de asistencia en idiomas, también puede llamar al (866) 346-7198 (TTY: 711).

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Servicio al Cliente al (888) 256-3650 (TTY: 711).

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 blueshieldca.com/notices。您還可致電尋求語言協助服務：(866) 346-7198 (TTY: 711)。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：(888) 256-3650 (TTY: 711)。