

Medicare Supplement Guaranteed Issue

Descriptions of Eligible Person for Guaranteed Issue (including Open Enrollment)

You are eligible for Guaranteed Issue if 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; or you are enrolled in an employee welfare benefit plan that is primary to Medicare and the plan terminates or ceases to provide health benefits because you left the plan.

Your guaranteed issue period begins on the later of the following: 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 a termination or cessation); or the date that the applicable coverage terminates or ceases; and ends 63 days thereafter.

2. You are enrolled with a Medicare Advantage organization under a Medicare Advantage Plan (the "Plan") under Part C of Medicare and any of the following apply; or you are 65 years of age or older and are enrolled with a Program of All-Inclusive Care for the Elderly (PACE), and there are circumstances similar to those described as follows that would permit discontinuance of your enrollment with the provider if you were enrolled in a Medicare Advantage Plan:
 - (i) The organization's or Plan's certification under this part has been terminated or
 - (ii) The organization has terminated or otherwise discontinued providing the Plan in the area in which you reside, or
 - (iii) You are no longer eligible to elect the Plan because 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 the Plan is terminated for all enrollees residing within a particular residential service area; or
 - (iv) You demonstrate, in accordance with guidelines established by the Secretary, that:
 - (A) The organization offering the Plan substantially violated a material provision of the organization's contract with the Centers for Medicare & Medicaid Services in relation to you, including the failure to provide you, in 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
 - (B) 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.
 - (v) You meet such other exceptional conditions as the Secretary may provide.

If your enrollment is terminated involuntarily, the period begins on the date that you receive notice of termination and ends 63 days after the date the coverage is terminated. If you disenroll voluntarily the period begins 60 days before the effective date of disenrollment and ends 63 days after the effective date.

3. Your enrollment ceases under the same circumstances that would permit discontinuance under Section 2, and you are enrolled with one of the following:
 - (i) An eligible organization under a contract under Section 1876 of the Social Security Act (Medicare cost); or
 - (ii) A similar organization operating under demonstration project authority, effective for periods before April 1, 1999; or
 - (iii) An organization under an agreement under Section 1833(a)(1)(A) of the Social Security Act (health care prepayment plan); or
 - (iv) An organization under a Medicare Select policy.

If your enrollment is terminated involuntarily, the period begins on the date that you receive notice of termination and ends 63 days after the date the coverage is terminated.

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

Your guaranteed issue period begins on the earlier of the following: the date that you receive notice of termination, notice of the issuer's bankruptcy or insolvency, or other such similar notice; or the date the applicable coverage is terminated; and ends on the date that is 63 days after coverage is terminated.

- (ii) The issuer of the policy substantially violated a material provision of the policy; or
- (iii) 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.

If you disenroll voluntarily, the period begins 60 days before the effective date of disenrollment and ends 63 days after the effective date.

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 Part C of Medicare, (2) any eligible organization under a contract under Section 1876 of the Social Security Act (Medicare cost), (3) any similar organization operating under demonstration project authority, (4) any PACE program under Section 1894 of the Social Security Act, or (5) 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).

If your enrollment is terminated involuntarily, the period begins on the date that you receive notice of termination and ends 63 days after the date the coverage is terminated.

6. Upon first becoming enrolled for benefits under Medicare Part A and Part B, you enroll in a Medicare Advantage Plan under Part C of Medicare, or in a PACE program under Section 1894 of the Social Security Act, and disenroll from the plan or program within 12 months of the effective date of enrollment.

If your enrollment is terminated involuntarily, the period begins on the date that you receive notice of termination and ends 63 days after the date the coverage is terminated.

7. You enroll in a Medicare Part D plan during the initial enrollment period and, at the time of enrollment in part D, were enrolled under a Medicare supplement policy that covers outpatient prescription drugs and you terminated enrollment in the Medicare supplement policy and submit evidence of enrollment in Medicare Part D along with the application for a Medicare supplement policy that has a benefit package classified as Plan A, B, C, F, F(HD), K or L, and that is offered and is available for issuance to new enrollees by the same issuer that issued your Medicare supplement policy with outpatient prescription drug coverage.
8. Your guaranteed issue period begins on the date you receive notice from your Medicare supplement issuer during the 60-day period immediately preceding the initial part D enrollment period and ends 63 days after the date of termination.

Guaranteed issue also applies to “Open Enrollment.”

There is an open enrollment period for Medicare supplement insurance plans that is a six-month period during which you may buy any Medicare supplement plan offered in your state. During this time, we must sell you a policy, even if you have health problems. The open enrollment period is a six-month period that begins on the first day of the month in which you are 65 or older and enrolled in Medicare Part B. If you are on Medicare and under age 65, you will have a six-month open enrollment period beginning the month you turn age 65. If you have any questions or would like additional information, please contact us at 1-855-937-1530.

IMPORTANT INFORMATION:

In some states, all Medicare supplement plans are offered to qualified individuals under the age of 65 and/or to Medicare-qualified individuals due to disability or end-stage renal disease. The intent of this advertisement is solicitation of insurance, and contact may be made by the insurer or a licensed agent. Neither Wisconsin Physicians Service Insurance Corporation, nor The EPIC Life Insurance Company, nor their products, nor agents are connected with, or endorsed by, the United States government or the federal Medicare program. In AR, AZ, CO, FL, IA, KS, KY, MD, MO, ND, NE, NV, OK, OR, PA, SD, TN, TX, VA, and WV, WPS Health Insurance Medicare supplement insurance plans are underwritten by The EPIC Life Insurance Company, a wholly owned subsidiary of Wisconsin Physicians Service Insurance Corporation, the plan administrator. In IL, IN, MI, NT, OH, VT, and WI, WPS Health Insurance is underwritten by Wisconsin Physicians Service Insurance Corporation. All policies have exclusions, limitations, and reductions. Benefits vary by insurance plan and the premium will vary with the amount of benefits selected. For costs and complete details of the coverage, call or write your insurance agent or the insurer.

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