

Guaranteed Issue (GI) Rights



- GI rights or “Medigap protections” are your client’s rights to buy certain Medigap policies in limited situations outside of their initial Open Enrollment Period. In these situations, an insurance company must sell them a Medicare Supplement policy and cover all their pre-existing health conditions.¹
- It’s important to keep in mind that medical questions should not be answered.
- Refer to **“Your Right to Buy a Med Supp Policy”** or **Choosing a Med Supp Policy: A Guide to Health Insurance for People with Medicare** for additional information about Guaranteed Issue rights.
- **Note:** To minimize Requests for Information (RFI’s), submit a copy of disenrollment termination letter (additional documentation may be required for certain GI rights) along with the application.

1. Please consult State Brochure, State DOI for any applicable state variances. (Refer to guaranteed issue guidelines in the current CMS Guide, Choosing a Med Supp Policy: A Guide to Health Insurance for People with Medicare.) In Connecticut: Persons under 65 with disabilities are guaranteed acceptance into Medicare Supplement plans A, B and C only. Check your state’s Outline of Coverage for available plans.



To submit GI proof, you can:

- I. Provide a letter from the previous insurance carrier showing that the applicant’s coverage has terminated.

Note: It is recommended to obtain GI proof prior to submitting the application.



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Per CMS regulations regarding MACRA changes, applicants determined to be first eligible for Medicare or turning 65 (whichever comes first) prior to 1/1/2020 (designated prior eligible) will be eligible for plans A, B, C, F, HDF, K, L on most federal guaranteed issue rights. Applicants first eligible for Medicare or turning 65 (whichever comes first) on or after 1/1/2020 (designated newly eligible) will instead be eligible for A, B, D, G, HDG, K, L. See the Product Availability Guide for plan availability in resident state.

- California insureds additionally have a right to plans M and N as offered in their resident state.
- Oregon and Maine insureds additionally have a right to any plan G or N as offered in their resident state.
- Prior eligible Wisconsin insureds may purchase the base plan and all riders. Newly eligible cannot purchase the Part B Deductible Rider.
- Minnesota prior eligible insureds may purchase the Basic Plan and all riders or the Extended Basic plan. Newly eligible applicants are entitled to Basic Plan with all riders except the Part B Deductible Rider, or the Extended Basic 2020 plan.



Guaranteed Issue (GI) Rights

Federal Guaranteed Issue Rights

YOU HAVE A GUARANTEED ISSUE RIGHT IF...	YOU HAVE THE RIGHT TO BUY...	YOU CAN/MUST APPLY FOR A MEDIGAP POLICY...	PROOF REQUIREMENTS
You have a Medicare Advantage Plan , and your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold by an insurance company in your state. You only have this right if you switch to Original Medicare (rather than joining another Medicare Advantage Plan).	60 days before the date your Medicare Advantage Plan coverage ends. No more than 63 days after your Medicare Advantage Plan coverage ends. Note: Medigap coverage can't start until your Medicare Advantage Plan coverage ends.	- The client/s is no longer in the service area. - The plan is no longer in the client/s area. - Some other form of involuntary terminations. - Proof of termination date.
You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays and that plan is ending. Note: In this situation, you may have additional rights under state law.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold by an insurance company in your state. If you have COBRA coverage, you can either buy a Medigap policy right away or wait until your COBRA coverage ends.	No more than 63 days after the latest of these 3 dates: Date your current coverage ends. Date on the notice you get telling you that your coverage is ending (if you get one). Date on a claim denial, if this is the only way you know that your coverage ended.	- Proof¹ of the termination date from the carrier or employer. - If the applicant is covered by their employer through HealthSpring, only the ID card is required for proof. - If the client/s is a dependent on their spouse's policy, proof addressed to the client/s spouse can be accepted with proof the client/s is a dependent on the spouse's coverage.
You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area. Contact the Medicare SELECT insurance company for more information about your options.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold by an insurance company in your state, or the state you're moving to.	60 days before your Medicare SELECT coverage ends. No more than 63 days after your Medicare SELECT coverage ends.	Proof from the carrier that the client/s is no longer in the service area and the termination date.

*Note: Plans C and F will no longer be available to people who are new to Medicare on or after January 1, 2020. However, if you are eligible for Medicare before January 1, 2020, but not yet enrolled, you may be able to buy Plan C or Plan F. People eligible for Medicare on or after January 1, 2020, have the right to buy Plans D and G instead of Plans C and F.

¹Proof of Involuntary Termination: If applying for Medicare supplement, Underwriting cannot issue coverage as Guaranteed Issue without proof that an individual's employer coverage is no longer offered. The following is required:

- Complete the Other Health Insurance section on the Medicare supplement application; and
- Provide a copy of the termination letter, showing date of and reason for termination, from the employer or group carrier

¹Proof of Voluntary Termination: Under the state specific voluntary terminations scenarios, the following proof of termination is required along with completing the Other Health Insurance section on the Medicare supplement application:

- Certificate of Group Health Plan Coverage
- In CA, provide proof of employer plan benefits being reduced, with Part B coinsurance no longer being covered
- Complete the Other Health Insurance section on the Medicare supplement application; and

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YOU HAVE A GUARANTEED ISSUE RIGHT IF...	YOU HAVE THE RIGHT TO BUY...	YOU CAN/MUST APPLY FOR A MEDIGAP POLICY...	PROOF REQUIREMENTS
(Trial right) You joined a Medicare Advantage Plan or Program of All inclusive Care for the Elderly (PACE) when you were first eligible for Medicare, and within the first year of joining, you decide you want to switch to Original Medicare.	Any Medigap policy that's sold by an insurance company in your state.*	60 days before your coverage ends. No more than 63 days after your coverage ends. Note: Your rights may last for an extra 12 months under certain circumstances. Contact your State Insurance Department for more information.	• Proof from the carrier that the client/s is no longer in the service area and the termination date.
(Trial right) You dropped a Medigap policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time, you've been in the plan less than a year, and you want to switch back.	The Medigap policy you had before you joined the Medicare Advantage Plan or Medicare SELECT policy, if the same insurance company you had before still sells it. If that policy isn't available, you can buy Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold by an insurance company in your state.	60 days before the date your coverage ends. No more than 63 days after your coverage ends. Note: Your rights may last for an extra 12 months under certain circumstances. Contact your State Insurance Department for more information.	• If the prior Medigap coverage was through HealthSpring, then the carrier must provide proof of the Medicare Advantage plan effective date and termination date. • If the prior Medigap coverage was not with HealthSpring, then the carrier must provide proof of the Medicare Advantage plan effective date and termination date, as well as proof the client/s cannot return to the Medigap policy the client/s was previously enrolled in. • Note: Plans E, H, I, J, and HDJ are discontinued and not sold by any company. Proof of being unable to return to prior policy not required.
Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold by an insurance company in your state.	No more than 63 days after your current Medigap coverage ends.	• Proof from the carrier or Insurance Commissioner indicated coverage was ended involuntarily with proof of the termination date.
You leave a Medicare Advantage Plan or drop a Medigap policy because the company hasn't followed the rules, or it misled you.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold by an insurance company in your state.	No more than 63 days after your coverage ends.	• A letter from the carrier providing the termination date, and, • A copy of the complaint filed with the Department of Insurance (DOI), or, • A notarized affidavit from the insured, or, • Copies of marketing materials used to mislead the applicant.
* Note: Plans C and F will no longer be available to people who are new to Medicare on or after January 1, 2020. However, if you are eligible for Medicare before January 1, 2020, but not yet enrolled, you may be able to buy Plan C or plan F. People eligible for Medicare on or after January 1, 2020, have the right to buy Plans D and G instead of Plans C and F.			

Guaranteed Issue (GI) Rights

State Specific Guaranteed Issue Rights

STATE SPECIFIC GI RIGHT	YOU HAVE THE RIGHT TO BUY...	APPLICATION RULES	PROOF REQUIREMENTS
California Birthday Rule	During the 91-day period, client/s can change to the same plan, or a plan with fewer benefits with any insurance company offering the plan. The plan must be of the same or lesser benefits.	The application signed date must be 30 days prior to or up to 60 days after the applicant's birthday (total of 91 days). The effective date must be on or after the applicant's birthday and can be up to 90 days after the application signed date.	Proof of Plan Type (for example: ID Card, schedule page) and, Proof of policy ownership (for example: policy, invoice, proof policy paid).
Colorado Group Coverage	An applicant is GI for 6 months after losing group coverage.	The 63-day window does not apply.	Proof of the termination date from the carrier or employer. If the applicant is covered by their employer through CignaHealthcare, only the ID card is required for proof. If the client/s is a dependent on their spouse's policy, proof addressed to the client/s spouse can be accepted with proof the client/s is a dependent on the spouse's coverage.
Connecticut	Enroll in a CT Medicare Supplement plan.	Never requires Underwriting. There are no medical questions filed on the application.	No proof needed.
Idaho Birthday Rule	Apply for other Medicare Supplement coverage with the same or lesser benefits on or up to 63 days after their birthday. Plan selected must have equal or lesser benefits.	- Application signed/ received dates can be 30 days before and up to 63 days after the applicant's birthday. - The effective date must be on or after the applicant's birthday and can be up to 90 days after the application sign date.	Proof of Plan Type (for example: ID Card, schedule page) and Proof of policy ownership (for example: policy, invoice, proof policy paid).
Illinois Birthday Rule	- Right to apply for Medicare Supplement coverage with the same company or an affiliate company (effective 1/1/26) for equal or lesser benefits on or up to 45 days after their birthday. - Must be between 65 and 75 years old and reside in the state of Illinois.	- Application signed dates must be 30 days before or up to 45 days after the applicant's birthday. - The effective date must be on or after the applicant's birthday and can be up to 90 days after the application sign date.	Proof of the current plan type and date of birth can be located under the applicant's current policy with current carrier, therefore no physical proof of guaranteed issue is needed.

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State Specific Guaranteed Issue Rights

STATE SPECIFIC GI RIGHT	YOU HAVE THE RIGHT TO BUY...	APPLICATION RULES	PROOF REQUIREMENTS
Indiana Birthday Rule (Effective 1/1/26)	The same plan, including any variation, from a different insurer within sixty (60) days of the applicants birthday.	The application signed/received date must be within 60 days from the applicant's birthday. The effective date must be on the first day of the month that is at least thirty (30) days after the signature date.	Proof of plan type (for example: ID Card, schedule page) and Proof of policy ownership (for example: policy, invoice, proof policy paid).
Kentucky Birthday Rule	Applicants who reside in the state of Kentucky (KY) have a guaranteed issue (GI) right to apply 60 days before their birthday and up to 60 days after for other Medicare Supplement coverage with the same plan.	Application signed dates must be 60 days before or up to 60 days after the applicant's birthday. The effective date must be on or after the applicant's birthday and can be up to 90 days after the application sign date.	Proof of Plan Type (for example: ID Card, schedule page) and, Proof of policy ownership (for example: policy, invoice, proof policy paid).
Louisiana Birthday Rule	Right to apply for Medicare Supplement coverage with the same company or an affiliate company for equal or lesser benefits on or up to 63 days after their birthday.	Application signed dates must be on or up to 63 days after the applicant's birthday. The effective date must be on or after the applicant's birthday and can be up to 90 days after the application date.	Proof of the current plan type and date of birth can be located under the applicant's current policy with current carrier, therefore no physical proof of guaranteed issue is needed.
Maine	You have the right to change Medicare Supplement plans at any time as long as you: - Change to a plan with the same benefits or - Change to a plan with lesser benefits - Never had a gap in coverage of 90 days.	Sign date requirements: up to 90 days after the term date.	Proof of Plan Type (for example: ID Card, schedule page) and Proof of policy ownership (for example: policy, invoice, proof policy paid)
Maine (Trial Right)	Maine has adopted a 3 year trial right (instead of the standard 1 year) for those enrolling in a Medicare Advantage plan for the 1st time.	60 days before your coverage ends. No more than 63 days after your coverage ends.	Proof of the effective and termination date from the prior carrier of the Medicare Advantage plan.

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State Specific Guaranteed Issue Rights

STATE SPECIFIC GI RIGHT	YOU HAVE THE RIGHT TO BUY...	APPLICATION RULES	PROOF REQUIREMENTS
Maryland Birthday Rule	Right to apply for Medicare Supplement coverage with the same or lesser benefits beginning on the applicant's birthday and up to 30 days after.	Application signed dates must be 30 days before or up to 30 days after the applicant's birthday. The effective date must be on or after the applicant's birthday and can be up to 90 days after the application date.	Proof of Plan Type (for example: ID Card, schedule page) "and, Proof of policy ownership (for example: policy, invoice, proof policy paid).
Missouri Anniversary Rule	- The applicant can apply at any time (up to 90 days in advance) for other coverage. - Must have the same benefits as current plan. - If the prior plan is not available (i.e. Plan J) then they can select from A, B, C, F, HDF, K or L. (G is available for newly eligible).	30 days before and for 30 days after of the annual policy anniversary.	Proof of Plan Type (for example: ID Card, schedule page) and, Proof of policy ownership (forexample: policy, invoice, proof policy paid) Anniversary date
Nevada Birthday Rule	- Beginning the first day of their birthday month, ending 60 days after the first day of their birthday month. - There can be no gap in coverage between the prior Medicare Supplement policy and the requested effective date of the new policy. - The plan selected must have the same or lesser benefits.	Application signed dates can be up to 30 days before the first of the applicant's birthday month and up to 60 days after birthday month. The effective date must be on the first of the applicant's birthday month and up to 90 days after the application sign date.	Proof of Plan Type (for example: ID Card, schedule page) and, Proof of policy ownership (for example: policy, invoice, proof policy paid).
Oklahoma Birthday Rule	- Beginning 30 days before or up to 60 days after their birthday. - There can be no gap in coverage between the prior Medicare Supplement policy and the requested effective date of the new policy. - he plan selected must have the same or lesser benefits.	Application signed/received dates can be 30 days before and up to 60 days after the applicant's birthday. The effective date must be on or after the applicant's birthday and can be up to 90 days after the application sign date.	Proof of Plan Type (for example: ID Card, schedule page) and, Proof of policy ownership (for example: policy, invoice, proof policy paid).

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State Specific Guaranteed Issue Rights

STATE SPECIFIC GI RIGHT	YOU HAVE THE RIGHT TO BUY...	APPLICATION RULES	PROOF REQUIREMENTS
Oregon Birthday Rule	- There can be no gap in coverage between the prior plan and the requested effective date of the new plan. - Must have the same benefits as current plan.	Sign date is 30 days prior birthday and 30 days after the birthday.	Proof of Plan Type (for example: ID Card, schedule page) and, Proof of policy ownership (for example: policy, invoice, proof policy paid).
Utah Birthday Rule	Beginning the first day of a different plan offered by the same insurer that has comparable or fewer benefits than the current plan, beginning on the applicants birthday and ending 60 days later.	Sign date is between the applicants birthday and 60 days later.	Proof of the current plan type and date of birth can be located under the applicant's current policy with current insurer, therefore no physical proof of guaranteed issue is needed.
Virginia Birthday Rule (effective 7/1/25)	Beginning on the applicant's birthday and ending 60 days later, the same plan letter as the current plan.	The application sign/receive date must be between the applicant's birthday and 60 days later.	Proof of Plan Type (for example: ID Card, schedule page) and Proof of policy ownership (for example: policy, invoice, proof policy paid).
Washington (Another Medicare Supplement)	Members already enrolled in a Medicare Supplement plan (B through N), can switch at any time to another Medicare Supplement plan (B through N).		Proof of plan type (coverage ID card, schedule page), and, Proof of policy ownership (coverage ID card, policy, invoice, proof policy paid).
Washington (Replacing other health insurance for more comprehensive coverage)	Replace another type of health insurance providing more comprehensive coverage (an employer health insurance plan, Medicaid, or an individual health insurance plan) with a Medicare Supplement plan (B through N) without underwriting.		An outline of coverage. A summary of benefits. A notice with complete benefit information from the prior insurer.
Wyoming Birthday Rule	Beginning on the applicant's birthday and ending 63 days later any plan with comparable or fewer benefits than their current plan from any insurer.	The application sign date must be between the applicant's birthday and 63 days later.	Proof of Plan Type (for example: ID Card, schedule page) and Proof of policy ownership (for example: policy, invoice, proof policy paid).



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