

# Eligibility – Colorado

This section provides the business practices for AARP Medicare Supplement Insurance Plans (Medigap) offered to AARP members and insured by UnitedHealthcare Insurance Company. Rules and criteria **vary by state**. If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.

## Requirements

The following eligibility rules apply for AARP Medicare Supplement applicants. Applicants must:

- Be enrolled in Medicare Part A and Part B at the time of the plan effective date
- Be residents of the state in which they are applying for coverage
- Be AARP members or live in the same household as someone with whom they share an AARP membership number (e.g., spouse)

Applicants who do not qualify for Open Enrollment or Guaranteed Issue (see pages 10 and 11) will be denied coverage for any of the following reasons:

- End-Stage Renal Disease (ESRD)
- Currently receiving dialysis
- Diagnosed with kidney disease that may require dialysis
- The applicant was admitted to a hospital within the past 90 days
- Within the past two years a medical professional has recommended or discussed as a treatment option any of the following that has not been completed: hospital admittance as an inpatient; organ transplant; back or spine surgery; joint replacement; and cancer, heart or vascular surgery

### Note regarding hospital and skilled nursing facility stays:

- To receive benefits for an inpatient hospital stay, the stay must start on or after the Medicare supplement

plan effective date. This requirement does not apply if the Medicare supplement plan effective date is 6 months or less after the date the insured first enrolled in Part B of Medicare. However, no benefits will be paid for any period of a hospital stay that occurs prior to the Medicare supplement plan effective date.

- To receive benefits for a skilled nursing facility stay, the stay must follow a covered hospital stay. Both the hospital stay and the skilled nursing facility stay must start on or after the Medicare supplement plan effective date. The requirement that the hospital stay must start on or after the Medicare supplement plan effective date does not apply if the Medicare supplement plan effective date is 6 months or less after the date the insured first enrolled in Part B of Medicare. However, the skilled nursing facility stay must still begin on or after the Medicare supplement plan effective date.

Please reference the “Your Guide” in the eligibility and benefits section of the AARP Medicare Supplement Enrollment Kit for more detailed information.

## Medical Underwriting & Pre-Existing Conditions

### Medical Underwriting

Applicants who do not qualify for Open Enrollment or Guaranteed Issue (see pages 10 and 11) **will be underwritten**.

### Pre-existing Conditions

- An applicant has a pre-existing condition if any of the following happened within three months before the applicant’s plan effective date.
  1. A *Physician* gave medical advice for the condition.
  2. A *Physician* recommended or gave treatment for the condition.
  3. A *Physician* recommended or prescribed a prescription drug for the condition.

## Medical Underwriting & Pre-Existing Conditions (continued)

Pre-existing conditions will be covered as of the AARP Medicare Supplement Plan effective date for applicants who qualify for Open Enrollment or Guaranteed Issue (see pages 10 and 11) or who are replacing a Medicare supplement plan or creditable coverage.\* For all others, there is a 3-month waiting period after the plan effective date before pre-existing conditions are covered.

Applicants replacing Medicare supplement or creditable coverage will be medically underwritten unless they qualify for Open Enrollment or Guaranteed Issue.

### All decisions to cover pre-existing conditions will be made when the application is processed.

**\*Note:** Some common examples of creditable coverage include: Employer group or individual health plan, Medicare Advantage plan and Medicaid. Medicare Parts A and B are creditable coverage. However, individuals who buy Medicare supplement insurance are *keeping*, not *replacing*, Medicare Parts A and B.

## Open Enrollment – Colorado

Remember, rules and criteria **vary by state**. If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.

Applicants qualify for Open Enrollment during the first six months they are enrolled in Medicare Part B. (If their initial enrollment in Part B is before age 65, they have a second six-month Open Enrollment period beginning the month they turn 65.) Enrollment applications may be submitted up to three months prior to the start of Open Enrollment.

**Example 1:** John is 70 years old and is retiring at the end of June. He has been notified by Social Security that Medicare Part B will start on July 1. John is in his Open

Enrollment period from July 1 through December 31. John's application can be submitted during the three months prior to July 1 or any time between July 1 and December 31.

**Example 2:** Bob's 60th Birthday is June 15th. He has been notified by Social Security that Medicare Part B will start on June 1. Bob is in his Open Enrollment period from June 1 through November 30. Bob's application can be submitted during the three months prior to June 1 or any time between June 1 and November 30. Bob will have a second Open Enrollment period from June 1 through November 30 the year he turns 65.

### Open Enrollment – Other Information

|                                   |                               |
|-----------------------------------|-------------------------------|
| Plan Availability                 | Plans A, B, C, F, K, L, and N |
| Pre-Existing Conditions Exclusion | None                          |
| Underwriting                      | None                          |

## Guaranteed Issue - Colorado

The following information outlines the situations under which applicants would qualify for Guaranteed Issue and the application requirements. Remember, rules and criteria **vary by state**. If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.

**Note:** See page 20 for rules regarding plan changes for those who currently have AARP Medicare Supplement or Select Plans.

### Qualifying Event

1. Applicants lose, learn they have lost, or drop employer coverage.
2. Applicants are enrolled in a Medicare Advantage (MA), PACE or Medicare Select plan and:
  - The plan stops coverage in the area,
  - The plan sends notice it will stop coverage, or
  - Applicants move out of the service area
3. Applicants are enrolled in a MA, PACE or Medicare supplement (including Select) and the plan:
  - Violates the insurance contract (for example, by failing to provide necessary medical care), or
  - Was misrepresented in marketing to the individual
4. Applicants are enrolled in a Medicare supplement plan (including Select) that is involuntarily terminated (for example, company bankruptcy).
5. Applicants dropped their Medicare supplement coverage to enroll in a MA, PACE, or Select plan, and dropped that plan within two years.
6. On first enrolling in Medicare Part A, applicants enrolled in a MA or PACE plan, and dropped that plan within two years.

### Application Requirements

Completed applications must be received **within 6 months after the qualifying event**.

Applications must include “notice of creditable coverage” (employer plans) or “notification of rights” (Medicare Advantage plans).

See the Application Guide on the agent portal for further reference and detailed information about the enrollment application.

**Important note regarding Medicare Advantage (MA):** By law, MA applicants cannot be accepted unless MA coverage terminates on or before the AARP Medicare Supplement Insurance Plan’s effective date. Applicants must have a valid MA election or enrollment period to leave an MA plan. **Having a valid election or enrollment period does not automatically qualify an applicant for Guaranteed Issue. Only the specific qualifying events listed above qualify an applicant for Guaranteed Issue.**

| Guaranteed Issue – Other Information |                               |
|--------------------------------------|-------------------------------|
| Plan Availability                    | Plans A, B, C, F, K, L, and N |
| Pre-Existing Conditions Exclusion    | None                          |
| Underwriting                         | None                          |

## Plan Availability – Colorado

### Medicare Beneficiaries Age 65 and Older

The following chart shows the plans available to eligible Medicare beneficiaries age 65 and older residing in Colorado.

|                                  |   |
|----------------------------------|---|
| <b>What Plans Are Available?</b> | A, B, C, F, K, L, and N   |
| <b>When Are Plans Available?</b> | Year round  |
| <b>Are Plans Underwritten?</b>   | Yes, unless the beneficiary qualifies for Open Enrollment or Guaranteed Issue |

### Medicare Beneficiaries Age 50-64

The following chart shows the plans available to eligible Medicare beneficiaries age 50-64 residing in Colorado.

|                                  |  |
|----------------------------------|--|
| <b>What Plans Are Available?</b> | A, B, C, F, K, L, and N  |
| <b>When Are Plans Available?</b> | When the individual qualifies for Open Enrollment or Guaranteed Issue                                    |
| <b>Are Plans Underwritten?</b>   | No, because they are only available to beneficiaries who qualify for Open Enrollment or Guaranteed Issue |

**Note: Plans vary by state.** If you are licensed in more than one state, please refer to the appropriate state-specific handbook for information specific to that state.