

If your client is eligible for guaranteed issue or special enrollment based on one of the criteria shown below, **you must submit the acceptable proof of eligibility with the application.**

Texas Guaranteed Issue or Special Enrollment Checklist	Plans Available for Policy Effective dates on or after 1/1/2020 (if offered)
<p><input type="checkbox"/> The individual is enrolled under an employee welfare benefit plan that is <u>primary</u> to Medicare and the plan terminates or the plan ceases to provide some or all health benefits to the individual because the individual leaves the plan.</p> <p><u>Acceptable Proof:</u> A copy of the personalized Certificate of Creditable Coverage or letter from the employer indicating the coverage was <u>primary</u> to Medicare for all individuals covered.</p> <p><input type="checkbox"/> The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits (pays secondary) under Medicare and the plan terminates or ceases to provide some or all such supplemental health benefits.</p> <p><u>Acceptable Proof:</u> A personalized letter from the employer reflecting the date of the loss of coverage <u>and</u> the reason for the loss of coverage for all individuals covered. <i>(Please note: a Certificate of Creditable Coverage does <u>not</u> typically indicate the reason for the loss of coverage.)</i></p>	
<p><input type="checkbox"/> Enrolled in a Medicare Advantage plan or Program of All-Inclusive Care for the Elderly (PACE), a Medicare risk contract, health care prepayment plan, cost contract or Medicare Select plan, or similar organization, and the organization's certification or plan is terminated or discontinues including, but not limited to, a change in residence of the individual, the plan is terminated within a residence area, the organization substantially violated a material policy provision, or a material misrepresentation was made to the individual.</p> <p><u>Acceptable Proof:</u> A copy of the personalized letter from the Medicare Advantage Company indicating they are leaving the Medicare program, or the plan will no longer service the area/region, or the person has moved outside of the coverage area. A copy of the report from the state's Department of Insurance documenting a violation or misrepresentation.</p>	A, B, D, G, High Ded. G, K or L (if 'Newly Eligible')
<p><input type="checkbox"/> Enrolled in a Medicare Supplement policy and coverage discontinues due to insolvency, substantial violation of a material policy provision, or material marketing misrepresentation.</p> <p><u>Acceptable Proof:</u> A copy of the report from the state's Department of Insurance documenting the violation or misrepresentation.</p>	A, B, C, F, High Ded F, K or L (if <u>NOT</u> 'Newly Eligible')
<p><input type="checkbox"/> Enrolled under a Medicare Supplement policy, terminates that coverage and enrolls for the first time in a Medicare Advantage, a risk or cost contract, a Medicare Select plan, or a PACE provider, and then the insured person terminates coverage within 12 months of enrollment.</p> <p><u>Please note: the client must go back to their previous Medicare Supplement carrier as guaranteed issue, if the plan is still available. If the previous carrier no longer issues coverage, the applicant is GI with any carrier.</u></p> <p><u>Acceptable proof:</u> A copy of the Policy Schedule Page or ID Card, or other documentation for the previous Medicare Supplement provider that includes the effective date, plan and termination date <u>and</u> a copy of the personalized disenrollment letter from the Medicare Advantage provider. If the disenrollment letter doesn't include the effective date, provide a copy of the ID card.)</p>	Under age 65 applicants – Plan A ONLY
<p><input type="checkbox"/> The individual loses eligibility for health benefits under Title XIX of the Social Security Act (Medicaid).</p> <p><u>Acceptable Proof:</u> A copy of the personalized eligibility/determination letter from the state Medicaid program that includes the benefits the client was receiving, the termination date <u>and</u> the reason for the loss of benefits.</p>	
<p><input type="checkbox"/> The individual meets the following requirements: (A) the individual was enrolled in both the federal Medicare program and the Texas Health Insurance Pool on December 31, 2013; and (B) the individual's Pool coverage terminated on or after December 31, 2013.</p> <p><u>Acceptable Proof:</u> A termination letter reflecting the date of the loss of coverage <u>and</u> the reason for the loss of coverage.</p>	

<p><input type="checkbox"/> Upon first becoming eligible for benefits under Part B at age 65 or older, enrolls in a Medicare Advantage or PACE provider plan and then disenrolls by not later than 12 months after the effective date.</p> <p><u>Acceptable Proof:</u> A copy of the personalized disenrollment letter from the Medicare Advantage Company <u>and</u> a copy of the ID Card or other personalized document showing the effective date of the plan.</p>	<p>Any plan sold by the company in the applicant's residence state</p> <p>(Newly Eligible applicants may not be sold Plans C, F or High Ded F)</p>
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Definition of Newly Eligible:

An applicant is deemed Newly Eligible if they meet BOTH of the following conditions:

- (a) Applicant was born ***on or after*** 1/1/1955 **AND**
- (b) Applicant first enrolled in Medicare Part A on or after 1/1/2020
 - **Exception - If an applicant was born on 1/1/1955 and has a Part A effective date of 12/1/2019 – the applicant is deemed Newly Eligible.