



# KANSAS

# Med Supp Cheat Sheets

*A Helpful Guide for Selling Medicare Supplements*  
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Within this document you will find information to help with everything from Quoting to Verifying Eligibility when writing Medicare Supplement applications. You will see tables with the most popular and competitive Medicare Supplement carriers we work with at this time.

We are always here to help. Our goal is to help you find and provide the best products available to meet each of your individual clients' needs. Our mission is to provide you with product education, information, training, and services to help you grow your business.

## Section 1 - Guarantee Issue – (Coming off Group or Termed MAPD plan)

- ❖ Two ways to apply for a Medicare Supplement using the Guarantee Issue Special Enrollment timeframe
  - Coming off an Employer Group
  - Coming off Terminated Medicare Advantage Plan
- ❖ **Coming off an Employer Group**
  - May be voluntary or involuntary to qualify
  - Client has 63 days from group coverage ending date to apply for Medicare Supplement coverage
  - Client must apply for one of the named “Guarantee Issue Plans”
    - **Guarantee Issue Plans:**
      - Client Eligible for Medicare “**PART A**” **ON OR AFTER** January 1, 2020: A, B, D, G, K, L
    - **Guarantee Issue Plans:**
      - Client Eligible for Medicare “**PART A**” **PRIOR TO** January 1, 2020: A, B, C, F, K, L
  - Proof of Credible Group Coverage must be submitted. **Proof must include the following:**
    - **Termination Date** must show specific termination date and **cannot** indicate client has the right to continue coverage
    - **Effective Date** of original group coverage (must be a SPECIFIC date listed)
    - **Carrier Name**
    - **Client’s name** (if a **spouse** is to be covered, must reflect spouse’s name also)
    - **Policy Number**
    - Indicate client was covered under **Credible Group Coverage**
- ❖ **Coming off Terminated Medicare Advantage Plan**
  - Client has 63 days from the date they are INVOLUNTARILY terminated from MAPD plan
  - Client must apply for one of the named “Guarantee Issue Plans”
    - **Guarantee Issue Plans:**
      - Client Eligible for Medicare “**PART A**” **ON OR AFTER** January 1, 2020: A, B, D, G, K, L
    - **Guarantee Issue Plans:**
      - Client Eligible for Medicare “**PART A**” **PRIOR TO** January 1, 2020: A, B, C, F, K, L
  - Proof of MAPD Termination must be submitted. **Proof must include the following:**
    - Official disenrollment letter is the only proof accepted and must have a specific termination date.
    - If an initial termination letter received by the client indicates they have the right to other coverage, the client needs to call the MAPD carrier immediately. They should indicate they are declining other coverage and ask for a new termination letter to be sent out as soon as possible, indicating a **SPECIFIC termination date**.

❖ **Medicare Advantage TRIAL PERIOD**

- If the client utilized MAPD trial period and decides to return to Med Supp, they have the right to go back to the same plan and carrier they were on before the Guarantee Issue within 12 months.
- If the Med Supp carrier is no longer available, they have the right to choose another carrier guarantee issue following the NEW January 2020 Guarantee Issue plan rules.
- For Example: Client went onto Medicare in 2018 and took out a Medicare Supplement Plan G. The Client decided to try a Medicare Advantage plan and has now decided they want to go back to their Medicare Supplement Plan G.
  - If their Medicare Supplement carrier is still available – no problem.
  - If their Medicare Supplement carrier is **not still available**, like Transamerica, this client would **not have the option to go back to a Guarantee issue “G”** plan, since eligible for Medicare **“PART A” PRIOR to January 1, 2020**, and the Guarantee Issue plans before January 1, 2020, are A, B, C, F, K, or L.
  - This client would need to take out a plan A, B, C, F, K, or L to be guarantee issue.
  - Of course, they always have the option to go through underwriting to get a different plan (AARP is best route if medical issues).

## Guarantee Issue

Company	Guarantee Issue Plans 1 <sup>st</sup> Year
AARP (UHC) (must be certified)	Ages 50+ All Plans Pays 5% of their standard Underwritten commission for a 65-year-old.
Aetna Health	All Ages = Reduced by 98.5%
AFLAC	All Ages = Reduced by 98.5%
American Benefit Life	All Ages = Reduced by 99.5%
Bankers Fidelity / Atlantic Capital	All Ages = \$25 One Time
Blue Cross Blue Shield of Arkansas	All Plans Except Medi-Pak B Age 65 + = <b>Pays FULL</b> Under age 65 = \$0
CIGNA Insurance Company	All Ages = Reduced by 98%
Humana	All Ages = \$25 One Time
INA	All Ages = Reduced by 99%
Life Shield	All Ages = \$25 one Time
Medico / Wellabe	All Ages = \$25 one Time
Omaha (Mutual of Omaha)	All Ages = Reduced by 98%
Nassau	All Ages = Reduced by 99%
United American	Ages 65+ = <b>Pays FULL</b> Under Age 65 = Reduced by 26%

## SECTION 3 - Premium Quoting

- ❖ During the quoting phase of the application process, you may be required to answer questions.
- ❖ **Tobacco** – When applying during Open or Initial Enrollment (OE), Missouri Anniversary or Guarantee Issue (GI) timeframes, the premium is typically based on NON-TOBACCO.
  - Look to see the carriers that have filed Tobacco use as a “Lifestyle,” thus enabling them to charge tobacco rates, if applicable.
- ❖ Do you have to answer or mark the Tobacco question on the application **IF** tobacco premium does not apply during Open or Initial Enrollment (OE), Missouri Anniversary or Guarantee Issue (GI) enrollment times? This is designated as Y or N in the table below.
- ❖ Policy effective date options and signature date may be able to be the same day and is designated in the last column of the table.
- ❖ The client having a birthday between the date the application is signed, and the requested effective date can change the premium.
- ❖ Our online Quoter only quotes monthly EFT bank draft and annual direct bill. Refer to the **Premium Based On Effective or Signature Date** columns to know how to quote and possibly save age/premium for your client.
- ❖ The table gives information on how to calculate different time periods or based off a rate sheet or Outline of Coverage (OOC).

## Premium Quoting Table

\*OE: Open Enrollment \*GI: Guarantee Issue \*OOC: Outline of Coverage

	Premium Based On		Tobacco		Quoting	Effective Date	
Company	Effective Date	Signature Date	Apply Tobacco Prem for OE/GI	If no Tob Prem, Need to answer tob question	How to calculate prem for Qrtly & SemiAnnual	Available Effective Date	Can Eff & Sig Date be the same
AARP/UHC (must be 50 to apply)	Y		YES	YES	Times by Month Add \$2 if paying direct	1 <sup>st</sup>	Y
AARP membership: Apply online when writing app OR upon receipt. App needs membership number							
Aetna Health	Y		NO	NO	Ratio – See Rate Sheet / OOC	1 <sup>st</sup> - 28 <sup>th</sup>	N
AFLAC	Y		NO	NO	Ratio – See Rate Sheet / OOC	1 <sup>st</sup> - 28 <sup>th</sup>	N
American Benefit Life	Y		NO		Times by Month	1 <sup>st</sup> - 28 <sup>th</sup>	N
Bankers Fidelity/Atlantic	Y		NO	NO	Times by Month	1 <sup>st</sup> - 28 <sup>th</sup>	N
Blue Cross Blue Shield (AR)	Y		YES	N/A	Times by Month	1 <sup>st</sup> - 28 <sup>th</sup>	N
CIGNA Insurance		Y	NO	NO	Ratio - See Rate Sheet / OOC	1 <sup>st</sup> - 28 <sup>th</sup>	Y
Humana	Y		NO	YES	Times by Month	1 <sup>st</sup> *	N
*Humana NOTE: If app is received on or after requested eff date, will be moved to 1 <sup>st</sup> of next month							
INA	Y		NO	NO	Times by Month	1 <sup>st</sup> - 28 <sup>th</sup>	N
Life Shield		Y	No	No	Times by Month	1 <sup>st</sup> - 28 <sup>th</sup>	N
Medico / Wellabe		Y	YES	n/a	Ratio – See Rate Sheet	1 <sup>st</sup> - 28 <sup>th</sup>	Y
Omaha (Mutual of Omaha)		Y	NO	NO	Times by Month	1 <sup>st</sup> - 31 <sup>st</sup>	Y
Nassau							
United American	Y		Yes	n/a	Ratio – See Rate Sheet	1 <sup>st</sup> - 28 <sup>th</sup>	N

## SECTION 4 - Payment Options

- ❖ Dates available for EFT premium draft and the different rules for each carrier are important to know. Many carriers have unusual rules on drafting, which can seriously affect your client. AARP/UHC is top of the list.
- ❖ Carriers differ on acceptable modes of payment and how the payment may be made. The table will explain options to determine how to pay and how often.
- ❖ Each carrier may have different dates when the initial payment is taken.
- ❖ If paying by bank draft, determine if the client must submit a voided check (not deposit slip).
- ❖ Some carriers have the option to pay with credit card for the premium payment

### AARP (UHC) Notes:

- Possible issues with *INITIAL PREMIUM EFT DRAFT*:
  - When paper application is submitted with an EFT bank form to draft **initial** premium and the policy is processed/accepted PRIOR to the requested effective date, the client's draft will be the first of the effective date month.
  - When paper application is submitted with an EFT bank form to draft **initial** premium and the policy is processed/accepted AFTER the requested effective date, AARP will draft the following month. The policy, in this case, **will be over 30 days grace period before initial premium is taken**. AARP suggests sending a check with application for initial premium or having the client call in to make the payment over the phone.
- Column 4 in Table: denotes if document must be provided to show immediate family member relationship
- Column 5 in Table: denotes if a money order or cashier's check must be shown from client and not bank.
- Column 6 in Table: EFT "**M**"
  - If husband and wife have separate bank accounts or separate payment methods, they must have separate AARP membership numbers. This results in loss of household discount; it would no longer apply. To keep the discount, they must pay from the same bank account with the same payment method



## Payment Options Table

Company	Acceptable Payment Methods				Payment Options				EFT Bank Draft	
	Pers Check	Bus Check	Immediate Family Doc*	Money Order Client	EFT	Direct Bill	Voided Ck	Credit Card	Initial Prem Processed	EFT Draft Dates
AARP/UHC	Y	N	Y	N	M	Coupon (add \$2)	N	N	Policy Issue	5 <sup>th</sup>
Aetna Health	Y	Y Owner Spouse	Y	N	M	Q, SA, A	Y	N	Policy Issue	1 <sup>st</sup> - 28 <sup>th</sup> *
*AETNA: If EFT draft date request is more than 15 days greater than effective date, it will draft a month in advance.										
AFLAC	Y	Y	Y	Money Order Only	M, Q, SA, A	Q, SA, A	Y	N	May choose approval or effective date	1 <sup>st</sup> - 28 <sup>th</sup> *
*AFLAC: If EFT draft date request is more than 15 days greater than effective date, it will draft a month in advance.										
American Benefit Life	Y	Y	Y	N	M, Q, SA, A	Q, SA, A	Y	N	Policy Issue	1 <sup>st</sup> - 28 <sup>th</sup>
Bankers Fidelity/Atlantic	Y	Y names on ck	Y	Y	M, Q, A	M, Q, A	Y	N	Policy Issue	5 <sup>th</sup>

## Payment Options Table (cont.)

	Acceptable Payment Methods				Payment Options				EFT Bank Draft	
Company	Pers Check	Bus Check	Immediate Family Doc*	Money Order Client	EFT	Direct Bill	Voided Ck	Credit Card	Initial Prem Processed	EFT Draft Dates
Blue Cross Blue Shield (AR)	Y	Y	Y		M, Q, SA, A	Q, SA, A	Y	N	Policy Issue	1 <sup>st</sup>
CIGNA Insurance	Y	Y Owner/Spouse	N	N	M, Q, SA, A	Q, SA, A	Y	N	Policy Issue	1 <sup>st</sup> - 28 <sup>th</sup>
Humana	Y	Y Owner/Spouse	Y	Y	M	M	Y	Y	Depends. See note	2 <sup>nd</sup> – 7 <sup>th</sup> *
*Humana: Paper Ck is processed upon receipt. EFT when policy issued. Drafts between 2 <sup>nd</sup> and 7 <sup>th</sup> , no choice.										
INA	Y	N	Y	N	M, Q, SA, A	Q, SA, A	Y	N	At Issue or Effective Date	1 <sup>st</sup> – 28 <sup>th</sup>
Life Shield	Y	Y	Y	Y	M, Q, SA, A	Q, SA, A	Y	N	Policy Issue or Effective Date	1 <sup>st</sup> - 28 <sup>th</sup> *
*Life Shield: Cannot be more than 15 days from effective date or will draft two times initially.										
Medico /Wellabe	N	N	N	N	M,Q,SA,A	N	Y	Y & Debit	Select Draft Date	1 <sup>st</sup> – 28 <sup>th</sup>
Omaha (Mutual of Omaha)	Y	Y Owner/Spouse	Y	Y	M, Q, SA, A	Q, SA, A	N	N	Policy Issue	1 <sup>st</sup> - 28 <sup>th</sup>
Nassau										
United American	Y	Y Owner/Spouse Family Member	Y	N	M, Q, SA, A	M, Q, SA, A	N	N	Upon Receipt	1 <sup>st</sup> – 28 <sup>th</sup>

## SECTION 5 – Household Discount

❖ Many carriers offer household discount rates. See the percentage rates for these discounts and each carrier's unique spin on client eligibility.

### Household Discount Table

Company	Discount	Amount	Definition & Notes
AARP/UHC	Yes	7%	Must be SAME AARP Membership Number and each must have AARP / UHC Medicare Supplement plan <b>OR</b> be applying at the same time
Aetna Health	Yes	7%	Must currently live with spouse who owns or is issued a Med Supp policy with Aetna <b>OR</b> currently have a household resident who has continuously resided for the last 12 months and owns or is issued a Med Supp policy with an Aetna company.
AFLAC	Yes	10%	Must reside with spouse (including civil union / domestic partner) <b>OR</b> have lived with a family member who is age 50 or older for previous 12 months.
American Benefit	Yes	10%	Must currently live with spouse <b>OR</b> currently have a household resident (at least 1, no more than 3) age 50 or over, who have continuously resided together for the last 12 months
Bankers Fidelity/Atlantic	Yes	7%	Must currently live with spouse <b>OR</b> currently have a household resident (at least 1, no more than 3) age 50 or over, who have continuously resided together for the last 12 months
BCBS (AR)	NO		
CIGNA Insurance	Yes	12%	Must reside with spouse (includes Registered Domestic Partner or Civil Union Partner) <b>OR</b> reside with another adult who is age 18 or older.
Humana	Yes	12%	Must currently live with spouse <b>OR</b> currently have a household resident (at least 1, no more than 3), who has continuously resided together for the last 12 months
INA	Yes	7%	Must currently be married and residing with spouse <b>OR</b> residing with a person who is at least age 50 or older for the last 12 months. <b>NOTE:</b> You will need to provide Name, Social Security #, DOB and relationship.
Life Shield	Yes	7%	Must reside with spouse (includes Registered Domestic Partner or Civil Union Partner) <b>OR</b> have resided continuously for the previous 12 months with at least 1 person (no more than 3).
Medico/Wellabe	Yes	10%	Must live in the same household with another person who is age 50 or older
Omaha (Mutual of Omaha)	Yes	12%	Must reside with spouse (includes Registered Domestic Partner or Civil Union Partner) <b>OR</b> have resided continuously for the previous 12 months with at least 1 person (no more than 3) age 60 or older.
Nassau	Yes	7%	
United American	NO		

## SECTION 6 - Extra Things to Know

- ❖ Under 65 disability Medicare clients going through underwriting
  - Most carriers will only accept Under Age 65 Medicare clients when applying during Open/Initial Missouri Anniversary or Guarantee Issue enrollment time frames. The table reflects carriers who will consider Under Age 65 clients through full underwriting.
  - Call our office to help pre-screen those clients who have a medical disability.
- ❖ Durable Power of Attorney. (DPOA)
  - Most carriers accept clients with a DPOA signing on their behalf during Open/Initial, Missouri Anniversary or Guarantee Issue enrollment time frames.
  - Verify the few that will accept during any enrollment period (includes going through underwriting) and other carriers who do not accept DPOA's in any circumstance.
  - The table will explain the exact way an application has to be signed by the DPOA; many carriers have specific rules.
  - Some carriers have special forms to sign or require current DPOA paperwork.
- ❖ Premium Rate Guarantee
  - Typically, a carrier will provide an initial 12-month rate guarantee at policy issue. The table includes information regarding these guarantees.
- ❖ Pre-Existing Condition Clause
  - A few carriers now have Pre-X clauses on their policies. This can apply to all enrollment scenarios. This is very important if dealing with a client that has not had continuous coverage.
- ❖ Correct Individual or Agency Writing Numbers to use on Applications
  - If you are contracted as an agent where commissions pay to your social security number, you will always use your individual writing number. This could also be called an Agent, Broker, SAN or Producer number.
  - If you are contracted as a licensed only agent (LOA) working under an agency, you will always use your individual writing number. Again, could be called an Agent, Broker, SAN or Producer number.
  - If you are contracted as an agent or principal of your agency and commissions are paid to your tax ID number – it is important to know and verify whether you are to use your individual or agency/entity number on applications. If you received only one writing number, this would be the one to use.

## Extra Things to Know Table

Company	Will they consider Underage Disability through Underwriting	Will Carrier Accept Power of Attorney (POA)	Does a Pre-Existing Clause Apply?	Initial Rate Guarantee (months)	WRITING # to use on Apps (use Individual number if no agency)
AARP / UHC	<b>NO</b> They will take in GI / Open Enrollment timeframe <u>BUT</u> , client must be 50+ years of age	Yes - Guarantee Issue and Open Enrollment Only Must be dated within the last 12 months or it will need to be updated	<b>UNDERWRITTEN applications only. 3 months</b> (Waived if at least 3 months of continuous credible coverage prior)	12	Agency
Aetna Health	<b>NO</b>	Yes - Guarantee Issue and Open Enrollment Only Must be dated within the last 12 months or it will need to be updated	<b>No</b>	12	Individual
AFLAC	<b>NO</b>	Yes – GI & OE Only. Dated within the last 12 months or update.	<b>No</b>	12	Individual
American Benefit Life	<b>NO</b>	<b>NO</b>	<b>NO</b>	12	Individual

## Extra Things to Know Table (cont)

Company	Will they consider Underage Disability through Underwriting	Will Carrier Accept Power of Attorney (POA)	Does a Pre-Existing Clause Apply?	Initial Rate Guarantee (months)	WRITING # to use on Apps (use Individual number if no agency)
Bankers Fidelity/Atlantic Cap	NO	NO	NO	12	Individual
Blue Cross Blue Shield	NO	NO	NO	12	Individual
CIGNA Insurance	NO	Yes - GI & OE Only	No	12	Individual
Humana	YES	YES	Yes - 6 months (Waived if client has had Continuous Credible Coverage for at least 6 months prior)	12	SAN Number
INA	Yes	GI and Open Enrollment ONLY. If paperwork date is over 12 months, Affidavit signed by POA & Notarized is needed	NO	12	Individual
Life Shield	NO	Yes – GI & OE Only	No	12	Only 1 # issued
Medico/Wellabe	No	Yes (Requires a special request & a paper application, along with POA paperwork)	No	12	Individual
Omaha (Mutual of Omaha)	Yes	Yes	No	12	Individual
Nassau					
United American	YES	NO	No	12	Individual