

MOUNTAIN HEALTH CO-OP

Medicare Supplement Administrative Office

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Medicare Supplement Insurance Agent Guide

Issued by

MOUNTAIN HEALTH CO-OP

2020 Medicare Standard Supplement

Your prospects can rely on MOUNTAIN HEALTH CO-OP's Medicare Standard Supplement Plans to help pay their Part A and Part B charges that Medicare doesn't cover.

- ❖ You can offer to the prospects Plan A, F, G, and N. Plan F can only be sold to someone that became eligible for Medicare prior to 2020.
- ❖ Though we know you will make a solid sale, if for any reason the policy holder is not pleased with the policy during their first 30 days, we will refund their premium.
- ❖ There are virtually no claims to file, as most claims are filed electronically by the providers.
- ❖ Client has the choice of their own physicians and specialists for personalized care.
- ❖ Client has the option to use any hospital or medical facility of their choice.

POLICY ISSUE GUIDELINES

Policy issue is state specific. The applicant's state of residence controls the application, forms, premium and policy issue. If an applicant has more than one residence, the state where taxes are filed should be considered as the state of residence. Please refer to your introductory materials for required forms specific to your state.

Open Enrollment

To be eligible for open enrollment, an applicant must be at least 64 ½ years of age (in most states) and be within six months of his/her enrollment in Medicare Part B. Applicants covered under Medicare Part B prior to age 65 are eligible for a six-month open enrollment period upon reaching age 65.

Selective Issue

Applicants over the age of 65 and at least six months beyond enrollment in Medicare Part B will be selectively underwritten. All health questions must be answered. The answers to the health questions on the application will determine the eligibility for coverage. If the answer to any health question 1-10 is "Yes", the applicant is not eligible for coverage. In addition to the health questions, the applicant's height and weight, and both the medications listed on the application and any prescription drug information returned from the prescription drug report, will be used to verify eligibility. Coverage will be declined for those applicants who are outside the established height and weight guidelines.

Application Dates

- ❖ Open Enrollment – Up to six months prior to the month the applicant turns age 65
- ❖ Underwritten Cases – Up to 60 days prior to the requested coverage effective date

Coverage Effective Dates

Coverage will be made effective as indicated below:

- ❖ Between age 64 ½ and 65 – The first of the month the individual turns age 65.
- ❖ All Others – Application date or date of termination of other coverage, whichever is later.

Replacements

A "Replacement" takes place when an applicant wishes to exchange an existing Medicare Supplement policy/certificate from MOUNTAIN HEALTH CO-OP (internal), or any other company (external), for a newer or different Medicare Supplement policy. Internal replacements are processed the same as external, requiring a fully completed application. A policy owner wanting to apply for a non-tobacco plan must complete a new application and qualify for coverage.

The policy/certificate to be replaced must be in force on the date of replacement. All replacements involving a Medicare Supplement, Medicare Select, or Medicare Advantage plan must include a completed Replacement Notice. One copy is to be left with the applicant; one copy should accompany the application.

The Medicare Supplement policy cannot be issued in addition to any other Medicare Supplement, Select, or Medicare Advantage plan.

Reinstatements

When a Medicare Supplement policy has lapsed and it is within 90 days of the last paid to date, coverage may be reinstated, based upon meeting the underwriting requirements. When a Medicare Supplement policy has lapsed and it is more than 90 days beyond the last paid to date, the coverage cannot be reinstated. The client may, however, apply for new coverage. All underwriting requirements must be met before a new policy can be issued.

Telephone Interviews

Telephone interviews with applicants may be conducted on underwritten cases. Please be sure to advise your clients that we may be calling to verify the information on their application.

Guarantee Issue Rules

The rules listed below can also be found in the Guide to Health Insurance. These are the Federal requirements.

Guarantee Issue Situation	Client has the right to buy...
Client is the original Medicare Plan and has an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays. That coverage is ending. Note: In this situation, state laws may vary.	Medigap Plan A, B, D, G, K, or L that is sold in client's state by any other insurance company. If client has COBRA coverage, client can either buy a Medigap policy/certificate right away or wait until the COBRA coverage ends.
Client is in the original Medicare Plan and has a Medicare Select policy/certificate. Client moves out of the Medicare Select plan's service area. Client can keep the Medigap policy/certificate or he/she may want to switch to another Medigap policy/certificate.	Medigap Plan A, B, D, G, K, or L that is sold by any insurance company in client's state or the state he/she is moving to.
Client's Medigap insurance company goes bankrupt and the client loses coverage, or client's Medigap policy/certificate coverage otherwise ends through no fault of client.	Medigap Plan A, B, D, G, K, or L that is sold in client's state by any insurance company.

Guarantee Issue Rights

The rights listed below can also be found in the *Guide to Health Insurance*. These are the Federal requirements.

Guarantee Issue Situation	Client has the right to...
Client's MA plan is leaving the Medicare program, stops giving care in his/her area, or client moves out of the plan's service area.	Buy a Medigap Plan A, B, D, G, K, or L that is sold in the client's state by any other insurance carrier. Client must switch to original Medicare Plan.
Client joined an MA plan when first eligible for Medicare Part A at the age of 65 and within the first year of joining, decided to switch back to original Medicare.	Buy any Medigap Plan that is sold in your state by any insurance company.
Client dropped his/her Medigap policy/certificate to join an MA plan for the first time, have been in the plan less than a year and want to switch back.	Obtain client's Medigap policy/certificate back if that carrier still sells it. If his/her former Medigap policy/certificate is not available, the client can buy a Medigap Plan A, B, D, G, K, or L that is sold in his/her state by any insurance company.
Client leaves an MA plan because their insurance company has not followed the rules or has misled the client.	Buy Medigap plan A, B, D, G, K, or L that is sold in the client's state by any insurance company.

If the applicant(s) falls under one of the Guarantee Issue situations outlined above, proof of eligibility must be submitted with the application. In addition to the documents identified above, proper proof may include a letter of credible coverage from the previous carrier or a letter from the applicant's employer.

Uninsurable Health Conditions

Applications should not be submitted if applicant has the following conditions:

AIDS	Kidney Disease Requiring Dialysis
Alzheimer's Disease	Lateral Sclerosis
ALS (Amyotrophic Lateral Sclerosis)	Lupus - Systemic
Aplastic Anemia	Multiple Sclerosis
ARC (AIDS Related Complex)	Muscular Dystrophy
Cirrhosis	Myasthenia Gravis
Chronic Obstructive Pulmonary Disease (COPD)	Organ Transplant
Other Chronic Pulmonary Disorders To Include:	Osteoporosis with Fracture
• Chronic Bronchitis	Parkinson's Disease
• Chronic Obstructive Lung Disease (COLD)	Pulmonary Heart Disease
• Chronic Asthma	Pulmonary Hypertension
• Chronic Interstitial Lung Disease	Senile Dementia
• Chronic Pulmonary Fibrosis	Other Cognitive Disorders To Include:
• Cystic Fibrosis	• Mild Cognitive Impairment (MCI)
• Sarcoidosis	• Delirium
• Bronchiectasis	• Organic Brain Disorder
• Scleroderma	
Diabetes – Insulin 50 or more Units/Day	Sjogren's Syndrome
Emphysema	Spinal Stenosis
Hemophilia	Transplant Candidate or Recipient

In addition to the above conditions, the following will also lead to a decline:

- Tobacco use of any kind (including vape, e-cig and marijuana) in conjunction with a lung condition
- Implantable cardiac defibrillator
- Use of supplemental oxygen
- Use of a nebulizer
- Asthma requiring continuous use of three or more medications including inhalers
- Taking any medication that must be administered in a physician's office
- If the height and weight are outside the stated guidelines

Diabetes in conjunction with the following list of heart conditions will result in a decline:

- History of stents
- History of bypass surgery
- Pacemaker
- Defibrillator
- An irregular heartbeat/ heart stops-skips a beat
- Congestive Heart Failure
- Enlarged Heart
- Coronary Artery Disease
- Carotid Artery Disease
- Carotid Arteries "cleaned out"
- Atrial Fibrillation/Atrial Flutter
- Tachycardia
- Bradycardia
- History of Heart Attack
- Peripheral Vascular Disease
- Heart Rhythm Disorders
- Blockage
- History of Endarterectomy
- Heart Racing
- Plaque Build Up/Clogged Arteries
- Heart Valve Disease
- Heart Valve Replacement
- Cardioversion

The next page contains a partial list of medications and their uninsurable health condition. If your applicant is taking one of the following medications for the condition listed, **do not submit** the application. Applicants treated with these medications, for the noted conditions, are not eligible for coverage. If the applicant is taking the medication for some other condition, call the Underwriting Department at 1-800-366-8354 ext. 408, before writing the application. **This is not an all inclusive list.**

Uninsurable Medications

Medication	Condition	Medication	Condition	Medication	Condition
3TC	AIDS	Haldol	Psychosis	Oncovin	Cancer
Adriamycin	Cancer	Herceptin	Cancer	Paraplatin	Parkinson's Disease
Akineton	Parkinson's Disease	Hexalen	Cancer	Parlodel	Parkinson's Disease
Aldesleukin	Cancer	Hydergine	Dementia	Permax	Cancer
Alkeran	Cancer	Hydrea	Cancer	Platino	Rheumatoid Arthritis, COPD
Amantadine	Parkinson's Disease	Hydroxyurea	Melanoma, Leukemia, Cancer	Prednisone (>10 mg/day)	
Antabuse	Alcoholism			Prezista	HIV
Apokyn	Parkinson's Disease	Idalycin	Cancer	Procrit	Kidney Failure, AIDS
Aptivus	HIV	Imuran	Immunosuppression, Severe Arthritis	Prolixin	Psychosis
Aricept	Dementia			Purinethol	Cancer
Artane	Parkinson's Disease	Indinavir	AIDS		
Atripia	HIV	Insulin (>50 units/day)	Diabetes	Razadyne	Dementia
Avonex	Multiple Sclerosis	Interferon	AIDS, Cancer, Hepatitis	Rebif	Multiple Sclerosis
Azathioprine	Prevent Organ Rejection	Invega	Schizophrenia	Remicade	Rheumatoid Arthritis
Azilect	Parkinson's Disease	Invirase	AIDS	Reminyl	Dementia
AZT	AIDS			Remodulin	Pulmonary Hypertension
Baclofen	Multiple Sclerosis	Kaletra	HIV	Requip	Parkinson's Disease
BCG	Bladder Cancer	Kemadrin	Parkinson's Disease	Rescriptor	HIV
Bendopa	Parkinson's Disease			Retrovir	AIDS
Betaseron	Multiple Sclerosis	Lasix/Furosemide (>60 mg/day)	Heart Disease	Reyataz	HIV
Bulsufan	Cancer	L-Dopa	Parkinson's Disease	Rilutek	ALS
Carbidopa	Parkinson's Disease	Letairis	Pulmonary Hypertension	Riluzole	ALS
Cerefolin	Dementia	Letrozole	Breast Cancer	Risperdal	Psychosis
Clozapine	Anti-psychotic	Leukeran	Cancer, Severe Arthritis, Immunosuppression	Ritonavir	AIDS
Clozaril	Anti-psychotic			Sandimmune	Immunosuppression, Severe Arthritis
Cogentin	Parkinson's Disease	Leukin	Leukemia	Selzentry	HIV
Cognex	Dementia	Levodopa	Parkinson's Disease	Serentil	Anti-psychotic
Combivir	HIV	Lexiva	HIV	Sinemet	Parkinson's Disease
Comtan	Parkinson's Disease	Lioresal	Multiple Sclerosis	Stalevo	Parkinson's Disease
Copaxone	Multiple Sclerosis	Lithane	Manic Depression	Sustiva	Psychosis
Crixivan	HIV	Lithium	Manic Depression	Stelazine	AIDS
Cytosan	Cancer, Severe Arthritis, Immunosuppression	Lomustine	Cancer	Symmetrel	Parkinson's Disease
		Lupron	Cancer		
D4T	AIDS	Megace	Cancer	Tacrine	Dementia
Dantrium	MS, Stroke, Cerebral Palsy	Megestrol	Cancer	Tasmar	Parkinson's Disease
DDC	AIDS	Mellaril	Psychosis	Teslac	Cancer
DDI	AIDS	Melphalan	Cancer	Thiotepa	Cancer
DES	Cancer	Memantine	Alzheimer's Disease	Thorazine	Psychosis
Disipal	Parkinson's Disease	Methadone	Narcotic Addiction	Ticlid	Anti-coagulant
Donepezil	Dementia	Methotrexate (>25mg/wk)	Rheumatoid Arthritis	Trelstar-LA	Prostate Cancer
Dopar	Parkinson's Disease	Metrifonate	Dementia	Trizivir	HIV
Doxorubicin	Cancer	Mirapex	Parkinson's Disease	Truvada	HIV
DuoNeb	COPD	Mitoxantrone	Cancer/Leukemia	Tysabri	Multiple Sclerosis
Eldepryl	Parkinson's Disease	Moban	Anti-psychotic		
Enbrel	Rheumatoid Arthritis	Mutamycin	Cancer	Valycte	CMV, HIV
Emcyt	Cancer	Myleran	Cancer	Velban	Cancer
Emtriva	HIV			VePesid	Cancer
Epivir	HIV	Namenda	Alzheimer's Disease	Videx	HIV
Epogen	Kidney Failure, AIDS	Natrecor	CHF	Viadur	Cancer
Ergoloid	Dementia	Navane	Psychosis	Vincristine	Cancer
Etoposide	Cancer	Nelfinavir	AIDS	Viracept	HIV
Eulexin	Prostate Cancer	Neoral	Immunosuppression, Severe Arthritis	Viramune	AIDS
Exelon	Dementia			Viread	HIV
Femara	Breast Cancer	Neosar	Cancer	Zanosar	Cancer
Flolan	Pulmonary Hypertension	Neupogen	Neutropenia caused by Chemotherapy	Zelapar	Parkinson's Disease
Floxuridine	Cancer			Zerit	HIV
Foscavir	AIDS	Neupro	Parkinson's Disease	Ziagen	HIV
Fuzeon	HIV	Niloric	Brain Disease	Ziprasidone	Schizophrenia
Galantamine	Dementia	Norvir	HIV	Zoladex	Cancer
Ganite	Cancer	Novatrone	Multiple Sclerosis	Zometa	Hypercalcemia in Cancer
Geodon	Schizophrenia	Namenda	Cancer		
Gold	Rheumatoid Arthritis				

Height and Weight Chart

Eligibility

To determine whether you may purchase coverage, locate your height, then weight in the chart below. If your weight is in the Decline column, we're sorry, you're not eligible for coverage at this time.

	Decline	Standard	Decline
Height	Weight	Weight	Weight
4' 2"	<54	54 – 145	146 +
4' 3"	<56	56 – 151	152+
4' 4"	<58	58 – 157	158+
4' 5"	<60	60 – 163	164+
4' 6"	<63	63 - 170	171+
4' 7"	<65	65 – 176	177+
4' 8"	<67	67 – 182	183+
4' 9"	<70	70 - 189	190+
4' 10"	<72	72 – 196	197+
4' 11"	<75	75 – 202	203+
5' 0"	<77	77 – 209	210+
5' 1"	<80	80 – 216	217+
5' 2"	<83	83 – 224	225+
5' 3"	<85	85 – 231	232+
5' 4"	<88	88 – 238	239+
5' 5"	<91	91 – 246	247+
5' 6"	<93	93 – 254	255+
5' 7"	<96	96 – 261	262+
5' 8"	<99	99 – 269	270+
5' 9"	<102	102 – 277	278+
5' 10"	<105	105 – 285	286+
5' 11"	<108	108 – 293	294+
6' 0"	<111	111 – 302	303+
6' 1"	<114	114 – 310	311+
6' 2"	<117	117 – 319	320+
6' 3"	<121	121 – 328	329+
6' 4"	<124	124 – 336	337+
6' 5"	<127	127 – 345	346+
6' 6"	<130	130 – 354	355+
6' 7"	<134	134 – 363	364+
6' 8"	<137	137 – 373	374+
6' 9"	<140	140 – 382	383+
6' 10"	<144	144 – 392	393+
6' 11"	<147	147 – 401	402+
7' 0"	<151	151 – 411	412+
7' 1"	<155	155 – 421	422+
7' 2"	<158	158 – 431	432+
7' 3"	<162	162 – 441	442+
7' 4"	<166	166 – 451	452+

Contacts:

Policy Owner Services

1-800-366-8354 ext. 402

pos@uflic.com

Underwriting Department

1-800-366-8354 ext. 408

uwgdept@uflic.com

Addresses for Submitting New Business

US Postal Service

Universal Fidelity Life Insurance Company, as

Administrator for Mountain Health Co-op

Attn: New Business Department

PO Box 2209

Duncan, OK 73534

FedEx /UPS

Universal Fidelity Life Insurance Company

Attn: New Business Department

815 W. Ash

Duncan, OK 73533

Fax: 580-255-0951 (Only applications where the initial payment is bank draft)

Email: NB@uflic.com (Only applications where the initial payment is bank draft)