**Your Rights with a Medicare Supplement Plan**

**Open Enrollment for People Age 65 and Older**

The open enrollment period for Medicare supplement plans is a six-month period during which you may buy any Medicare supplement plan offered in Texas. During this period, companies must sell you a policy, even if you have health problems. The open enrollment period begins when you enroll in Medicare Part B. You must have both Medicare parts A and B to buy a Medicare supplement policy.

You can use your open enrollment rights more than once during this six-month period. For instance, you may change your mind about a policy you bought, cancel it, and buy any other Medicare supplement policy.

Although a company must sell you a policy during your open enrollment period, it may require a waiting period of up to six months before it starts covering your preexisting conditions. There is no waiting period if you are 65 or older and had prior coverage.

Preexisting conditions are conditions for which you received treatment or medical advice from a doctor within the previous six months.

**Open Enrollment for Texans with Disabilities**

People under age 65 who get Medicare because of disabilities have a six-month open enrollment period beginning the day they enroll in Medicare Part B. This open enrollment right only applies to Medicare supplement Plan A.

***Note:*** People who have Medicare because of disabilities have another open enrollment period during the first six months after turning 65.

**Guaranteed Issue Right**

You may have the right to buy a Medicare supplement policy outside of your open enrollment period if you lose certain types of health coverage. This is called guaranteed issue.

For people over age 65, the guaranteed issue right applies to Medicare supplement plans A, B, C, F (including Plan F with a high deductible), K, and L.

Texans under age 65 with disabilities who enroll in Medicare Part B have guaranteed issue rights, but only for Medicare supplement Plan A.

People who lose Medicaid because of a change in their financial situation also have a guaranteed issue right to buy a Medicare supplement policy.

The guaranteed issue right is good for 63 days from the date coverage ends or from the date of notice that coverage will end, whichever is later. Companies may not place any restrictions, such as preexisting condition waiting periods or exclusions, on these policies. You must provide the company with proof that you lost coverage. Usually people do this with a letter from the company notifying them that their coverage will end.

For more information about your guaranteed issue right, read [Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare](https://www.medicare.gov/pubs/pdf/02110-medicare-medigap.guide.pdf).

**30-Day ‘Free Look’**

You can return your Medicare supplement policy within 30 days and get your money back with no questions asked. Keep a record of the date you received the policy. Read the policy when you get it. If you return the policy to the company, use certified mail with a return receipt to prove that it was returned within the 30-day time limit.

The 30-day "free look" period doesn’t apply to Medicare Advantage. If you drop Medicare supplement to join a Medicare Advantage plan, you may not be able to get your Medicare supplement policy back.

**Renewability**

All Medicare supplement policies are guaranteed renewable. A company may not cancel your policy or refuse to renew it unless you made intentional false statements on your application or you didn’t pay your premium.

An insurance company may raise your premium as often as once a year on a class basis. In addition, if you have an attained-age policy, a company may raise your premium on your birthday.

**Suspending a Medicare Supplement Policy**

If you become eligible for Medicaid, you may ask that your Medicare supplement benefits and premiums be suspended up to two years. You must notify your company within 90 days of becoming eligible. If you lose your Medicaid eligibility, the policy will automatically be reinstated.

If you lose Medicaid eligibility within two years and want to reinstate your Medicare supplement policy, you must contact your company within 90 days of losing eligibility. After two years, you’ll have to reapply with the company if you want to reinstate your policy.

**Medicare Supplement Claims**

Medicare providers must submit Medicare claims to the Medicare claims contractor for you. If you get a bill, review your Medicare Summary Notice and what your company paid to see if you owe anything.

Medicare supplement policies pay only for services that Medicare considers medically necessary. If Medicare denies a claim, you have the right to appeal the decision. The appeals process and deadline to request an appeal are described in your summary notice.

Texas law requires insurance companies to pay claims promptly. If your Medicare supplement company refuses to pay a claim for a Medicare-approved charge or delays payment of your claims, you, your doctor, or your hospital may file a complaint with TDI.