D. Medigap Continuation Language from the TSSD Handbook

This appendix documents information, provided to TSSD eligible beneficiaries, that appears on the TRICARE Web site with regard to Medigap continuation. Concerns about program eligibles’ perceptions about the guarantees of Medigap continuation are discussed in Chapter 6.

Current Language

The following text is current language from a publication titled The TRICARE Senior Supplement Demonstration Program: Extending Your Health Care Benefits. The publication is on the TSSD Web site at http://www.tricare.osd.mil/tssd/ (click “TRICARE Senior Supplement Handbook”).

Will I need to maintain a supplemental or Medigap insurance?

That decision is personal, and should be based on a number of factors including your current health. Please remember that this is a demonstration program that is currently scheduled to end on December 31, 2002.

There are certain, limited situations where there would be protection in terms of reinstatement with a Medigap policy. Carriers differ in their policies with respect to your Medigap and supplemental policy reinstatement rights. Please check with your current carrier for specific information on your reinstatement rights.

Earlier Language

The following text appeared in an earlier version of The TRICARE Senior Supplement Demonstration Program document on the TSSD Web site.

Will I need to maintain a supplemental or Medigap insurance?

That decision is personal, and should be based on a number of factors including your current health. Please remember that this is a demonstration program that is currently scheduled to end on December 31, 2002. There are certain, limited situations where there would be protection in terms of reinstatement with a Medigap policy. What follows is from the Balanced Budget Act of 1997:
Guarantee Issuance: If an individual described below seeks to enroll in a Medigap policy within 63 days of the events described below, the issuer may not (1) deny or condition the issuance of a Medigap policy that is offered or available, (2) discriminate in the pricing of such a policy because of health status, claims experience, receipt of health care, or medical condition, and (3) impose a preexisting condition exclusion.

Guarantees issuance of Medigap plans “A,” “B,” “C,” “F” or the Medicare supplemental policy that the individual was most recently previously enrolled in, if the individual: (1) was enrolled under a Medigap policy; (2) subsequently terminates such enrollment and enrolls with a Medicare+Choice organization, a risk or cost contract HMO, a similar organization operating under a demonstration project authority or a Medicare SELECT policy; and (3) terminates the Medicare+Choice enrollment within 12 months, but only if the individual was never previously enrolled with a Medicare+Choice entity.

Guarantees issuance of any Medigap plan to an individual who upon first becoming eligible for Medicare at age 65, enrolled in a Medicare+Choice plan, and disenrolled from such plan within 12 months of the effective date of such enrollment.