

Group Retiree Medical Eligibility Guidelines

1. Seniors Choice is a group retiree medical program sponsored by an employer group or similar organization. These sponsoring entities may have as few as one (1) employee, retiree or owner.
2. Seniors Choice may be sold to Proprietorships, Partnerships, LLC's, Corporations, Unions, Government entities and non-profit organizations. MBA is required to verify documentation submitted by a sponsoring entity to confirm that it is a legitimate entity and that it qualifies for the Seniors Choice Group Retiree Medical Plan underwritten by Guarantee Trust Life. The following documentation is required:
 - a. Proprietorship/Corporations – Schedule C or Occupational/Business License or Federal Tax documents verifying business status.
 - b. Partnership or LLC – Form 1065 or other Federal Tax documents verifying business status.
 - c. Unions – Letter of Resolution and Federal Documents verifying status. Bylaws may be required to verify that a union associated entity has authority to negotiate for benefits on behalf of the Union.
 - d. Government – Municipal, State or Federal documents verifying status.
 - e. Non-profit/Religious Organization – Letter of Authority or Federal documents verifying non-profit or religious based status.
3. The employer must complete and sign the Employer Trust Participation Agreement (ETPA). The signatory must be authorized to sign the ETPA and may include an Owner, Corporate Officer, Board Member, Trustee, Legal Counsel or Human Resource Executive. In some cases, a Letter of Authority must be submitted on Group letterhead advising that the signer is authorized to sign the ETPA.
4. The ETPA and Member Enrollment Applications must be received by the 5th working day of the coverage month in order to enroll participants in the medical plan for that coverage month.
5. Coverage with previous insurance carriers should not be cancelled until approval has been received in writing from MBA.
6. If a \$0 deductible is offered, the sponsoring entity can only offer 2 deductibles (\$0 and \$500). If the sponsoring entity does not offer the \$0 deductible plan option, then they can offer up to 3, with a minimum deductible of \$250 and at least \$500 between each selection. Example: \$250/\$750/\$1500.
7. Employers can select which optional benefits they wish to offer; however, enrollment in these chosen optional benefit plans is mandatory for all participants regardless of who pays the premium.
8. Groups with less than 20 employees may enroll current employees who are 65 and older, with Medicare Parts A and B, and currently eligible for an employer sponsored group health plan. (See Seniors Choice Participation, TEFRA and Medicare Secondary Payer Guidelines).

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9. Groups who currently employ, or have employed 20 or more part-time and full-time employees combined during the previous calendar year, may not enroll anyone 65 and over who is currently eligible for the employer group sponsored plan.
10. Eligible participants include:
 - a. Retirees at least 65 years old and enrolled in Medicare Parts A and B.
 - b. Current and surviving spouses or domestic partners at least 65 years old enrolled in Medicare Parts A and B. An affidavit of Domestic Partnership is required to be submitted with the enrollment application for those enrollees adding a domestic partner.
 - c. Retirees not eligible for Medicaid.
 - d. Non-TEFRA-eligible active employees at least 65 years old enrolled in Medicare Parts A and B.
 - e. Retirees not covered under a Medicare Supplement policy, certificate or any other plan that is secondary to Medicare. However, if the retiree is cancelling the other coverage, proof of cancellation will be required within 30 days of the effective date of enrollment in a Seniors Choice plan.
 - f. Retirees not covered by an employer's health plan which is primary to Medicare due to that retiree's employment. However, if the retiree or employer group is cancelling the other coverage, proof of cancellation will be required within 30 days of the effective date of enrollment in a Seniors Choice plan.
 - g. Retirees who are not confined to a Hospital or Skilled Nursing Home on the effective date of coverage. If a retiree or dependent spouse is confined to such a facility on the effective date of coverage, coverage will be delayed until the first day of the month that follows the date of release from the facility.
11. Eligible participants may enroll in a plan at plan inception, within 30 days of retirement, upon age-in to Medicare or when terminating from another plan or during the annual open enrollment period.
12. Participants in groups with multiple plan offerings may switch to a higher deductible plan during the annual open enrollment period.
13. Monthly premium rates will be based on the rating area of the sponsoring entity, not on the location of the individual plan participants.
14. If the program is employer paid, the employer must submit the first month's premium for the participating retiree(s) with the ETPA and enrollment application(s). If the program is retiree paid, each enrollee must submit premium with the application.
15. Groups with 250 or more eligible retirees, when at least 50% of the premium is paid by the group, must be submitted by the agent to MBA for acceptance, in advance of signature of the ETPA. Custom rates and plan designs may be available for such groups.