COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

One South Station • Boston, MA 02110 - 2208
(617) 521-7794 • FAX (617) 521-7773
TTY/TDD (617) 521-7490
http://www.state.ma.us/doi

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

BETH LINDSTROM
DIRECTOR, CONSUMER AFFAIRS AND BUSINESS REGULATION

JULIANNE M. BOWLER
COMMISSIONER OF INSURANCE

Bulletin 2003-10

To: **Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations**

From: Commissioner Julianne M. Bowler Julianne M. Bowler

Re: **Addendum to "2003 Guide to Health Insurance for People with Medicare"**

Date: **October 14, 2003**

Enclosed please find a copy of the Massachusetts Addendum to the "2003 Guide to Health Insurance for People with Medicare." The Massachusetts Addendum must be provided along with the "2003 Guide to Health Insurance for People with Medicare" to those people eligible for Medicare pursuant to Massachusetts regulations 211 CMR 42.09(4) and 211 CMR 71.13(2)(d)(4). Please note that the Massachusetts Addendum is in 14-point type.

Please do not inadvertently include this bulletin cover memo with the Addendum when it is given to consumers. Questions regarding this bulletin by licensed carriers may be directed to Kevin Beagan, Director, Health Unit of the State Rating Bureau at the Division of Insurance at (617) 521-7347.

The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, Boston, MA 02108

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

JENNIFER DAVIS CAREY
SECRETARY

Phone (617) 727-7750
Fax (617) 727-9368
TTY/TTD 1-800-872-0166

Massachusetts Bulletin for People with Medicare

Medicare beneficiaries have several options for receiving health care. Major health care options include:

- The Original Medicare Plan (Parts A and B)
- Medicare Supplement Insurance (Medigap)
- Medicare Management Care Plans (Medicare HMOs)
- Group health coverage (employer, professional, union or trade group)
- Retiree group health plan
- Veterans' Administration Health Care program
- MassHealth (Medicaid)
- Free Care program pays for full or partial care and services at hospitals and community health centers
- Prescription Advantage, Massachusetts' prescription insurance plan for seniors and adults with disabilities.

This Bulletin provides basic information about Medicare, Medigap, Medicare HMOs, MassHealth and other health care programs. If you have group plan health coverage, contact your group insurer for information about your health plan. If you are a veteran, contact your local veteran's agent with questions about veterans' health care services.
Included in this Bulletin are:

- Charts showing Medicare A and B benefits, copayments and deductibles
- Charts detailing the three standard Massachusetts Medigap policies, Medigap insurance carriers, and premiums
- Charts listing Medicare HMOs with premiums and co-payment amounts.

Medicare

Medicare is a health insurance program for:

- People age 65 or older,
- Certain people with disabilities under age 65, and
- People with End-Stage Renal Disease (permanent kidney failure)

Medicare has two parts:

Part A (Hospital Insurance) helps pay for hospital care, skilled nursing care, home health care, hospice care and other services.

Part B (Medical Insurance) helps pay for doctors' services, x-rays and tests, outpatient hospital care, ambulance service, medical supplies and equipment and other medical services.

Under Medicare, you may get your health care coverage from the Original Medicare plan or a Medicare HMO. Both plans cover Part A and Part B services. Most people do not have to pay for Part A coverage. A monthly premium is charged for Part B coverage.

The Original Medicare Plan

Under the Original Medicare plan you may go to any doctor, specialist, hospital or other provider that accepts Medicare. Medicare does not pay for all of the costs for Medicare covered services. Medicare beneficiaries pay deductibles and copayments depending on the category of service. See the attached chart ***Medicare Part A and Part B Benefits and Gaps;*** also, read the ***Medicare & You*** Handbook for details.

Medicare Supplement Insurance (Medigap)

Medigap is health insurance sold by private insurance companies to people enrolled in Original Medicare. **Medigap** policies are sold by insurance companies and are regulated by federal and state laws.

Medigap helps pay for deductibles and copayments not covered in the Original Medicare Plan. The **Medigap** policy must be clearly marked **"Medicare Supplement Insurance."** The attached Medigap chart shows the three standard **Medigap policies** that can be sold in Massachusetts. They are named:

- Medicare Supplement Core
- Medicare Supplement 1 (no outpatient prescription drug coverage)
- Medicare Supplement 2 (unlimited outpatient prescription drug coverage)

Coverage under each of the three policy forms is identical from insurer to insurer. Group health insurance (employer, professional, union, or trade group, etc.) may supplement

Original Medicare but is not Medigap insurance and does not have to meet federal and state Medigap requirements.

Medigap beneficiaries pay premiums for Medigap coverage. Medigap companies selling policies in Massachusetts offer one community rate to all policy holders and cannot charge a different premium based on your age or health problems. Medigap companies may offer you a premium discount if you are initially eligible for enrollment into Medicare.

You do not need to buy a Medigap policy if you are enrolled in a Medicare HMO plan (most Medicare HMO plans cover Medicare deductibles and copayments). Also, Medigap policies in Massachusetts do not include coverage for excess physician fees because under Massachusetts law a licensed physician cannot collect more than the Medicare approved charge for any Medicare covered service provided to a Medicare beneficiary. This law is known as the "Massachusetts Ban on Balance Billing".

Who Can Buy A Medigap Policy?

Any Massachusetts resident enrolled in Medicare Part A and Part B may buy Medigap insurance in Massachusetts **except for** individuals *under age 65 who are eligible for Medicare solely due to End-Stage Renal Disease.*

Medigap insurers in Massachusetts cannot refuse to sell a policy, exclude or limit coverage, or require a waiting period before coverage starts due to existing health problems. Federal law guarantees that they must sell a policy to you ("guarantee issue ") if you are eligible and they are open for enrollment. Medigap companies are allowed to limit sales to certain times in the year.

When Can You Buy Medigap Insurance?

You can buy a Medigap policy during one of the following Medigap Open Enrollment Periods:

a. **The Annual Open Enrollment Period** starts **February 1st and ends March 31st**. Any person who is eligible can buy any approved plan sold by an insurer in Massachusetts. Coverage begins the following **June 1**.

b. **A Six Month Open Enrollment Period** occurs when a person:
   - enrolls in Medicare Part B for the first time, or
   - becomes a resident of Massachusetts, or
   - moves out of the service area of their HMO plan, or
   - lost or is about to lose employer coverage, or

- turns age 65, after becoming eligible for Medicare Part B benefits due to End Stage Renal disease occurring *before* age 65.

c. **A Five Month Open Enrollment Period** occurs when a person is enrolled in a Medicare HMO or PACE Program that stops doing business in their area as of December 31st. The open enrollment period **begins** upon receipt of an October 2nd notification letter from the plan and **ends** March 4 of the following year.

d. **A 63 Day Open Enrollment Period** begins when any of the following events occur:
   - employer health insurance coverage is terminated
   - retiree health insurance is terminated
   - Medigap insurance is terminated due to insolvency
   - Medigap insurer or Medicare HMO misrepresented the terms of the plan or substantially violated a provision of its policy
   - A new Medicare beneficiary who had enrolled into a Medicare HMO plan decides to disenroll (for any reason) within the first 12 months of enrollment.

There may be special situations when Medigap insurers are authorized to enroll beneficiaries other than the regular enrollment periods. Call the **SHINE** Program for additional information.

Medicare HMOs

A Medicare HMO is a private company under yearly contract to Medicare as a Medicare +Choice Organization to provide Medicare Part A and Part B covered services to enrolled Medicare beneficiaries residing in the service area of the Medicare HMO. Medicare HMOs may provide additional benefits such as periodic checkups, health screenings, vision services, prescription drugs, dental visits, hearing exams, eyeglasses and/or wellness programs.

Medicare HMO services are provided through a network of contracting medical providers. Medical providers, however, may terminate their contract with the Medicare HMO during the year. Most Medicare HMO plans (except for out of area emergency and urgently needed services) require members to get all routine health care from the HMO's network of providers and facilities.

Beneficiaries must follow all plan member rules including rules for emergency services, getting referrals and prior authorization when necessary.
See the attached Medicare HMO Chart for more information about plan service areas, telephone numbers, monthly premiums, and co-payment amounts.

Who Can Join a Medicare HMO?

You may join a Medicare HMO if:

1. You are enrolled in both Medicare Part A and Part B,
2. Your permanent residence is in the HMO's service area. (In general, if you move out of an HMOs service area, you may join a new HMO or revert to Original Medicare and buy a Medigap policy), and
3. You do not have End Stage Renal Disease unless you developed ESRD while enrolled in the same HMO in another service area

When Can You Join a Medicare HMO?

You may join a Medicare HMO up to three months before your Medicare A&B coverage begins or at any time thereafter. You may switch to another HMO plan or disenroll and return to Original Medicare throughout the year. HMO enrollment will be open continuously through December 31, 2004.

What is the SHINE Health Insurance Counseling Program?

The **SHINE** (Serving the Health Information Needs of Elders) program is a State Health Insurance Assistance Program partially funded by the Centers for Medicare and Medicaid Services and administered by the Massachusetts Executive Office of Elder Affairs. The **SHINE** program provides free health care information, counseling and assistance to Medicare beneficiaries of all ages.

SHINE counselors are volunteers trained and certified by the Executive Office of Elder Affairs in all areas of elder health insurance including Medicare, Medicare HMOs, Medigap, Medicaid (MassHealth), Medicare Savings programs, prescription drug options, and other insurance programs. **SHINE** counselors help Medicare beneficiaries choosing a health plan. They provide information about Medicare rights and protections and help with grievances, appeals, complaints about care and billing issues.

To contact a **SHINE** Counselor, call **1-800-AGE-INFO (1-800-243-4636) (TTY: 1-800-872-0166)** or call or visit your Council on Aging. For printed SHINE Fact Sheets and charts, please contact your local SHINE counselor or visit the "resources section, downloadable documents, SHINE Program section" of the Elder Affairs web site at **www.800ageinfo.com**.

Programs That Help Pay Health Care Costs

MassHealth **1-800-841-2900**
Massachusetts Division of Medical Assistance **(TTY: 1-800-497-4648)**
www. mass.gov/dma

Several MassHealth programs pay for all or part of the healthcare costs for elders with limited income and resources and adults with disabilities. A few programs are listed below:

MassHealth Standard Health program pays for Medicare premiums, deductibles and copayments and other benefits not covered by Medicare including prescription drugs, transportation, personal care and long term care services. You may enroll in MassHealth if you are:

- single and your income does not exceed $769* per month and your assets do not exceed $2,000*.
- married and your combined marital income does not exceed $1,030* per month and combined assets do not exceed $3,000*.

Medicare Savings Programs help pay Medicare B premiums and other medical costs such as deductibles and copayments for residents of Massachusetts with limited income and resources. Medicare Savings programs include the following :

MassHealth Senior Buy-In ***(Qualified Medicare Beneficiaries program - QMB)***
The **MassHealth Senior-Buy In** program pays the Medicare Part B premium, Medicare deductibles and copayments. You can enroll in Senior-Buy-In if you are:

- single and your income does not exceed $769* per month and your assets do not exceed $ 4,000*.
- married and your combined income does not exceed $1,030 and your combined assets do not exceed $6,000 .

MassHealth Buy-In ***(Specified low-income beneficiary-SLMB: Qualifying individual- QI-1)***
The **MassHealth Buy-In** program pays the Medicare Part B premium. You can enroll if you are :

- single and your income does not exceed $1,031* per month and your assets do not exceed $ 4,000*.
- married and your combined income does not exceed $1,384* per month and your combined assets do not exceed $6,000*.

**Amounts subject to change on April 1st of each year*

Call the **MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for the deaf and hard of hearing)** for information about MassHealth programs and the Medicare Savings Programs.

Prescription Advantage
P.O. Box 15153
Worcester, MA 01615-0153
www.800ageinfo.com

1-800-AGE-INFO
(1-800-243-4636)
TTY: 877-610-0241

Prescription Advantage is a prescription drug insurance plan available to Massachusetts residents age 65 and over, and younger, low-income individuals with disabilities. Prescription Advantage offers unlimited prescription drug coverage that is combined with an annual out-of-pocket spending limit to provide drug coverage with financial protection. Prescription Advantage was created by the Commonwealth of Massachusetts and is administered by the Massachusetts Executive Office of Elder Affairs.

Residents can join at any time if they are:

- age 65
- under age 65 and meet income and disability guidelines, or
- aged 66 or older and one of the following events has happened within the past 6 months:
  - a. moving to Massachusetts;
  - b. retiring and losing employer-sponsored health care coverage; or
  - c. involuntarily losing health care coverage, losing MassHealth eligibility, or losing Medicare HMO coverage due to an HMO leaving a service area.

All other residents aged 66 or older may join Prescription Advantage during the plan's annual open enrollment period from March through May. Those who join during open enrollment receive coverage beginning the following July 1st. Plan members pay monthly premiums, a quarterly deductible and copayments, all of which are graduated based on gross annual household income. However, plan members never pay more than the annual out-of-pocket spending limit, excluding premiums, in any given plan year. Call Prescription Advantage Customer Service at **800-AGE-INFO (800-243-4636) (TTY: 877-610-0241 for the deaf and hard of hearing)** or visit their website at **www.800ageinfo.com**

Free Care (Uncompensated Care Pool) **617-988-3222**

The Massachusetts Division of Health Care Finance and Policy administers the Free Care program that helps pay for medical services at acute care hospitals and community health centers for uninsured and underinsured Massachusetts residents . For information contact your hospital or community health center or call 617-988-3222.

Veterans' Administration (VA) Health Care System **1-877-222-VETS**

The VA Health Care System provides inpatient and outpatient medical services and medications. Veterans may enroll at any time at any VA medical center or clinic and at any veteran's agent office in Massachusetts. For more information, call the VA Health Benefits Service Center or visit the VA website at **www.va.gov/health/elig.**

Health Care Directory

SHINE-Health Insurance Counseling Program **1-800-AGE-INFO**
www.800ageinfo.com **(1- 800-243-4636)**
TTY:800-872-0166

SHINE, a State Health Insurance Assistance Program administered by the Executive Office of Elder Affairs provides free health insurance information, assistance and counseling to Medicare beneficiaries of all ages. SHINE Counselors help beneficiaries compare costs and benefits of various health plans, explain the benefits of Medicare and additional insurance options, including Medigap, HMOs, MassHealth and prescription drug options, and sort out problems with claims, billing or denials of care.

Massachusetts Division of Insurance **Boston** **617-521-7777**
www.state.ma.us/doi **Springfield** **413-785-5526**

The Division of Insurance monitors insurance companies authorized to sell insurance in Massachusetts, reviews insurance contracts, forms and rates to ensure compliance with Massachusetts regulations, and investigates consumer complaints against insurance companies, brokers, agents and other licensees. The Division provides general insurance information, publications and advice on consumer rights and protections.

Medicare's 24-Hour Information Hotline **1-800-638-6833**
www.medicare.gov **TTY:1- 800-820-1200**

Medicare Part A **1-888-896-4997**
For information about Medicare A claims, benefits and services **TTY: 207-822-46460**

Medicare Part B **1-800-882-1228**
For information about Medicare B claims, benefits and services **TTY: 1- 800-559-0443**

Durable Medical Equipment -Medicare 1- **800-842-2052**
For information about durable medical equipment claims and benefits **TTY: 1- 800-842-9519**

MassPRO (Massachusetts Peer Review Organization) 1-**800-252-5533**
www.masspro.org

MassPro reviews beneficiary medical quality of care complaints about hospitals, skilled nursing facilities, home health agencies, health centers, HMOs and doctor's offices. MassPro processes appeals for Medicare patients denied Medicare covered services.

Massachusetts Medicare Advocacy Project (MAP) **1-800-323-3205**

MAP provides Medicare beneficiaries free legal advice and legal representation for appealing medical decisions made by Medicare providers in both fee-for-service Medicare and Medicare HMOs and for other insurance programs.

MassMedLine **1-866-633-1617**

www.massmedline.com

MassMedLine provides prescription medication information and help to Massachusetts residents applying for prescription drug assistance programs. MassMedLine is staffed by pharmacy professionals who work with patient's doctors to obtain medications at the lowest price. MassMedLine provides information about drug interactions and using medications correctly. MassMedLine is service of the Massachusetts College of Pharmacy and Sciences and the Massachusetts Executive Office of Elder Affairs.

Long Term Care Ombudsman Program **1-800-AGE-INFO**
Executive Office of Elder Affairs **(1-800-243-4636)**

Assists elders in nursing homes and rest homes with complaints resolution, information referral, and quality of care reviews.

Elder Abuse Hotline **1-800-922-2275**
Executive Office of Elder Affairs
Protective Services

Protective Services provide services to eliminate or alleviate abuse of elders. Community agencies and case workers coordinate and provide a variety of health, mental health, legal and social services. To report elder abuse, call the Elder Abuse Hotline 24-hours a day, 7 days a week.

Office of the Massachusetts Attorney General Insurance Hotline **1-888-830-6277**

www.ago.state.ma.us

The Attorney General's Hotline staff answers questions and assists with consumer complaints for all types of insurance. The Attorney General's Office mediates problems and provides educational materials.

Social Security Administration **1-800-772-1213**

www.ssa.gov./

Contact Social Security to enroll in Social Security or Medicare or to report a change in status or address, to replace a lost Medicare card, or for information about Supplemental Security Income (SSI) and Social Security Disability Income (SSDI).

Standard Medigap Plans Sold in Massachusetts

Comparison of Plans	Core	Supplement 1	Supplement 2
Basic Benefits Included In All Plans:			
Hospitalization Part A Co-payments			
Days 61 - 90: $210 per day	X	X	X
Days 91-150: $420 per day	X	X	X
365 Additional Lifetime Hospital days - Paid in full	X	X	X
Part B Coinsurance - **Coverage of coinsurance, in most cases, 20% of approved amount**	X	X	X
Parts A and B Blood **First 3 pints**	X	X	X
Additional Benefits	Core	Supplement 1	Supplement 2
Part A Deductible for Hospital Days 1 - 60 **$840 per benefit period**		X	X
Skilled Nursing Facility Coinsurance **Days 21-100 - $105 per day**		X	X
Part B Annual Deductible - **$100.00**		X	X
Foreign Travel - **For Medicare-covered services needed while traveling abroad.**		X	X
Inpatient Days in Mental Health Hospitals **In addition to Medicare's coverage of 190 lifetime days and less any days previously covered by plan in same benefit period**	**60 days per calendar year**	**120 days per benefit period**	**120 days per benefit period**
Outpatient Prescription Drugs ** **From Retail Pharmacies after a you meet a $35 calendar quarter deductible:** • **100% coverage for generic drugs** • **80% coverage for brand-name drugs**			X

**** These drugs include: insulin needles and syringes provided by home infusion therapy providers; drugs used on an off-label basis for the treatment of cancer or HIV/AIDS; medically necessary services associated with the administration of such drugs.**

Medicare Supplement Core with Alternate Innovative Benefits Rider
Medex Core Plus Rider

This Alternate Innovative Benefit Rider is a Blue Cross and Blue Shield of Massachusetts, Inc. rider to the company's Medicare Supplement Core Policy. The Medex Core Plus Rider offers preventive and prescription drug benefits that are in addition to what is available through the Medex Core Policy. The Medex Core Plus Rider is not guaranteed renewable and the benefits can be changed as of the Medex rate anniversary. If the rider is to be non-renewed or changed you will be notified 90 days before the anniversary date of March 15. At that time, you will have the option to change to another Medicare Supplement plan during a special 60-day open enrollment period without any break in coverage.

Services	Plan Pays
Foreign Travel	**Remainder of charges including portion normally paid by Medicare**
Preventive Services	
Routine Vision	**Every two calendar years: One exam; $100 towards corrective lenses**
Routine Dental	**Every six months: One cleaning and oral exam**
Routine Hearing	**Every two calendar years: One exam; $200 towards hearing aids**
Fitness	**Every calendar year: $150 reimbursement**
Weight Loss Programs†	**Every calendar year: $150 reimbursement**
Outpatient Prescription Drugs – *$150 limit on brand name drugs per calendar quarter	
Generic Drugs	
Retail	**50% Coinsurance**
Mail Service	**70% Coinsurance**
Brand Name Drugs	
Retail	**50% Coinsurance***
Mail Service	**70% Coinsurance***

† Covered programs include certain Weight Watchers and hospital based programs.

When Can You Buy Medigap Insurance?

You can buy a Medigap policy sold by an insurer in Massachusetts providing the insurer receives the application during a designated Medigap Open Enrollment Period.

a. The *2-month annual Medigap open enrollment period* for Medigap policies starts February 1st and ends March 31st. Benefits for people who enroll during the annual open enrollment period begin June 1st.

b. A *six month open enrollment period* occurs when a person:
   - enrolls in Medicare Part B for the first time, or
   - becomes a resident of Massachusetts, or
   - moves out of the service area of their HMO plan, or
   - lost or is about to lose employer coverage, or
   - turns 65, after they already became eligible for Medicare Part B benefits due to end stage renal disease *before* turning age 65.

c. A *63 day Medigap open enrollment period* begins after several events occur, including when a person:
   - has employer health insurance coverage that pays second to Medicare, but the coverage was stopped or is about to be stopped, or
   - loses retiree health insurance coverage, or
   - has a Medigap policy end due to an involuntary termination, or
   - is insured by a Medigap policy or Medicare HMO and the company or its agent misrepresents the policy's terms and conditions during marketing or substantially violates a provision of its policy or contract; or
   - who is enrolled in their first Medicare HMO plan decides to disenroll (for any reason) from the plan within the first 12 months of enrollment.
     i. If they had cancelled a Medigap policy to join the HMO, they can get the old policy back if it is still offered for sale; if not, they can choose a Core policy or Supplement 1 policy.
     ii. If the Medicare HMO was their first choice of insurance as a Medicare beneficiary, then they may select any Medigap policy offered for sale in the state.

In fact, the consumer can apply to a Medigap company up to 60 days before the actual HMO disenrollment date, so as to avoid any break in coverage.

A *five-month open enrollment period* occurs if a person is enrolled in a Medicare HMO or Pace Program that announces it will stop doing business in their area as of December 31st. If this happens, the Medigap open enrollment period would begin upon the receipt of an October 2nd notification letter from the plan and end March 4 of the following year.

Check with the SHINE Program to learn if there are any other special situations that give you an individual right to buy Medigap insurance at other times.

Medicare Supplement Plans Offered in Massachusetts

Medigap Carriers **Please note that rates may change in 2004.**	Medicare Supplement Core	Medicare Supplement 1	Medicare Supplement 2	Medicare Supplement Core with Medex Core Plus Rider
Blue Cross & Blue Shield of MA (Medex™) 1-800-678-2265 sales/apps 1-800-258-2226 mbr svcs 1-800-522-1254 (TDD) www.bluecrossma.com (open enrollment: Feb-Mar; initial eligibility[1])	$72.76 (company proposes rate of $84.37 to be effective 3/15/04)	$124.42 (company proposes rate of $139.23 to be effective 3/15/04)	$417.56 (company proposes rate of $499.70 to be effective 3/15/04)	$157.24 (rate for coverage first effective 1/1/04)
United HealthCare™ Insurance Company **Only for members of AARP (American Association of Retired Persons)** 1-800-523-5800 (open enrollment: Feb-Mar[2]; initial eligibility[1])	$102.75	$136.50	$417.00	Not available

Who Can Buy Medigap Insurance?

Medigap companies in Massachusetts cannot deny coverage, limit coverage or impose a waiting period based on pre-existing health conditions to any person, except to individuals *under age 65* who are eligible for Medicare solely due to End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant). Medigap companies do not have to sell to individuals with End Stage Renal Disease until they reach the age of 65.

Medex Core Plus Rider

This Alternate Innovative Benefit Rider is a Blue Cross and Blue Shield of Massachusetts, Inc. rider to the company's Medicare Supplement Core Policy. The Medex Core Plus Rider offers preventive and prescription drug benefits that are in addition to what is available through the Medex Core Policy. The Medex Core Plus Rider is not guaranteed renewable and the benefits can be changed as of the Medex rate anniversary. If the rider is to be non-renewed or changed you will be notified 90 days before the anniversary date of March 15. At that time, you will have the option to change to another Medicare Supplement plan during a special 60-day open enrollment period without any break in coverage.

---

1. **Plan offers discounted rates to certain members joining when initially eligible.**
2. **Plan adds surcharge for enrollment after initial eligibility period.**