Blue Cross of Idaho | Care Plus

Medicare Advantage Plans True Blue® HMO

Optional Supplemental Dental Enrollment Form
HEALTHY SMILES PLUS

Blue Cross of Idaho Care Plus, Inc. is pleased to offer the Healthy Smiles Plus Dental plan as an optional supplemental benefit to members currently enrolled in the Medicare Advantage **True Blue Rx Option I (HMO) or True Blue Rx Option II (HMO)** plans. This option is available for an additional $23.60 per month.

CURRENT MEMBER INFORMATION

Member Name _____ Member ID number _____ Requested Effective Date _____

OTHER COVERAGE INFORMATION

Dental waiting periods may be waived when you submit your application if you had 12 consecutive months of dental insurance prior to enrolling in this plan, with a lapse in coverage of 60 days or less.

☐ Yes, I have had 12 consecutive months of dental insurance and would like my waiting periods waived.

Prior Carrier _____ ID/Policy # _____

Effective date _____ Termination/End date _____

☐ No, I do not have 12 consecutive months of dental insurance.

PLEASE READ THESE STATEMENTS OF UNDERSTANDING AND SIGN BELOW

1. **True Blue Rx Option I** or **True Blue Rx Option II** are Medicare Advantage plans that have contracts with the Federal government. I will need to keep my Medicare Parts A and B. I understand I must continue to pay my Medicare Part B premium.
2. I understand that if I disenroll from **True Blue Rx Option I** or **True Blue Rx Option II**, I will be automatically disenrolled from Healthy Smiles Plus.
3. I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Blue Cross of Idaho Care Plus he/she may be paid based on my enrollment in the Healthy Smiles Plus optional supplemental benefit.

Release of Information: By joining this Medicare health plan, I acknowledge that Blue Cross of Idaho Care Plus will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Blue Cross of Idaho Care Plus will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf of the individual under the laws of the state where I live) on this application means that I have read and understand the contents of this form. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request by Blue Cross of Idaho Care Plus or from Medicare.

I understand that my signature means I have read and understand the contents of this form. Please read your Evidence of Coverage to know what rules you must follow in order to receive coverage with this plan.

Signature **Today's Date**

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If you are the authorized representative, you must sign on the previous page and provide the following information:

Name (please print)

Relationship to Enrollee

Address

Phone Number

Mail your completed form to: Blue Cross of Idaho Care Plus, Inc., PO Box 8406, Boise, ID 83707-2406
Or enroll online at ***medicare.bcidaho.com***

Questions? Contact our customer service number at 1-888-494-2583. TTY users call 1-800-377-1363.
We are available from 8 a.m. to 8 p.m., seven days a week.

Blue Cross of Idaho Care Plus, Inc. is a Medicare Advantage health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal.

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