



ALREADY A BLUE CROSS OF IDAHO CARE PLUS, INC. MEDICARE MEMBER? PLEASE CHECK THE BOX BELOW:

I have a Blue Cross of Idaho Care Plus Medicare Advantage plan and want to change to a different Blue Cross of Idaho Care Plus Medicare Advantage plan. My Medicare Advantage Member ID number is: _____

PLEASE PROVIDE YOUR INFORMATION:

Form with fields for Last Name, First Name, Middle Initial, Birth Date, Gender, Phone, Alternate Phone, Email Address, County, Race, Ethnicity, Permanent Residence Street Address, City, State, Zip Code, Mailing Address.

PLEASE PROVIDE YOUR MEDICARE INSURANCE INFORMATION:

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
-OR-
Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):
Medicare Number:
Is Entitled To: Effective Date:
HOSPITAL (Part A):
MEDICAL (Part B):
You must have Medicare Part A and Part B to join a Medicare Advantage plan.

After completing the election form and providing your signature on Page 4, return it to your agent/broker, or mail to: Blue Cross of Idaho Care Plus, Inc., PO Box 8406, Boise, ID 83707-2406. You may also enroll online at medicare.bcidaho.com.

PLEASE CONFIRM YOUR ELIGIBILITY FOR AN ENROLLMENT PERIOD:

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

- I am enrolling during the annual enrollment period (October 15 – December 7).
- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)_____.
- I recently was released from incarceration. I was released on (insert date)_____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U. S. on (insert date)_____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date)_____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date)_____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I'm moving into, live in, or recently moved out of a long-term care facility (such as a nursing home). I moved/will move into/out of the facility on (insert date)_____.
- I recently left a PACE program on (insert date)_____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.
- I am leaving employer or union coverage on (insert date)_____.
- I belong to a pharmacy assistance program provided by my state.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)_____.
- None of these statements applies to me. I feel a recent change in my situation allows me an exception to enroll. My reason and date it occurred is: _____

SERVICE AREA AND PLAN PREMIUM INFORMATION

Our service area includes the following counties in Idaho: Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power and Twin Falls.

Secure Blue no Rx (PPO) – \$29 per month

Is your Employer Group providing this coverage? Yes No

Name of Employer: _____

OPTIONAL SUPPLEMENTAL DENTAL COVERAGE:

You can add Healthy Smiles Basic for an additional \$9.20 per month. Basic dental services have a six-month waiting period.

Please add Healthy Smiles Basic to my Medicare Advantage coverage.

Are you currently enrolled in a Blue Cross of Idaho dental plan? Yes No

If yes, do you want to keep your current dental plan? Yes No

If yes, Blue Cross ID Number: _____ Name of Dental Plan: _____

PLEASE SELECT A PREMIUM PAYMENT OPTION:

If you don't select an option below, we will keep your current billing option in place, or send you a monthly bill.

 Automatic Deduction From Your Bank Account

Please attach a voided check (not a deposit slip). Your signature is required. We automatically deduct your payment on the 5th of each month, unless you choose a different date.

Account Holder Name _____

Bank Name and Address (city and state) _____

Routing Number _____ Account Number _____

Account Holder Signature(s) _____

Day of the month (from the 1st and the 24th) you would like your payment to draft _____

PERSI: We will contact PERSI for permission to access your funds.

You are responsible for paying your premium until we notify you of your start date.

I am a State of Idaho/Statewide Schools:

Retiree Requesting payment from my spouse who is a PERSI retiree

Retiree Name _____

Retiree Social Security Number _____ Statewide School District Number _____

 Automatic Deduction from monthly Social Security or Railroad Retirement Board (RRB) benefit check.

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. **You are responsible for paying your premium until we notify you of your start date.** In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point that withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

I get monthly benefits from: Social Security RRB

Monthly Bill Employer Group

PLEASE READ AND ANSWER THESE IMPORTANT QUESTIONS:

1. Do you have End-Stage Renal Disease (ESRD)? Yes No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2. Do you have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs?

If yes, coverage start date: _____ Coverage end date: _____

3. Do you or your spouse work? Yes No

4. You may not enroll in a Part D Prescription Drug Plan in conjunction with Secure Blue no Rx (PPO). Will you have prescription drug coverage through private insurance, VA benefits or another program? Yes No

Name of other coverage

ID # for this coverage

Group # for this coverage

5. Do you currently have other health insurance coverage with Blue Cross of Idaho? Yes No
Will this policy continue? Yes No

Blue Cross coverage

Blue Cross ID number

Blue Cross group number

Please contact customer service if you wish to end your other Blue Cross of Idaho Care Plus health coverage.

6. Are you a resident in a long-term care facility, such as a nursing home? Yes No
If yes, please provide the following information:

Name of Institution: _____

Address: _____ Phone: _____

7. Are you enrolled in the State Medicaid program? Yes No
If yes, please provide your Medicaid number _____

PLEASE READ THIS IMPORTANT INFORMATION:

If you currently have health coverage from an employer or union, joining a Medicare Advantage plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Secure Blue no Rx (PPO). Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

PLEASE READ ALL SECTIONS OF THIS DOCUMENT BEFORE SIGNING:

Signature: _____ Today's Date: _____

Relationship to beneficiary: Self Authorized Representative Other

If you are the authorized representative, you must sign above and complete the following:

Name: _____ Relationship to Enrollee: _____

Address: _____ Phone Number: _____

FOR OFFICE OR AGENT USE ONLY:

Name of agent/broker (if assisted in enrollment): _____ Broker ID: _____

Date Election Form Taken By Agent: _____

Plan ID Number: _____ Effective date of coverage: _____

ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not eligible: _____

ACCESSIBILITY OPTIONS:

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format

Preferred language: _____

Accessible formats (like audio or large print) _____

Please contact customer service at 1-888-494-2583 if you need information in an accessible format or language than what is listed above. TTY users should call 1-800-377-1363. Our office hours are 8 a.m. to 8 p.m., seven days a week.

The provider directory, pharmacy directory, and formulary are available to view on our website, **medicare.bcidaho.com**. You may receive a printed version upon request. Instructions on how to make your request are included with your enrollment kit.

RELEASE OF YOUR INFORMATION:

By joining this Medicare health plan, I acknowledge that Blue Cross of Idaho Care Plus, Inc. 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, Inc. will release my information 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 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, Inc. or from Medicare.

BY COMPLETING THIS ENROLLMENT APPLICATION, I AGREE TO THE FOLLOWING:

Secure Blue no Rx (PPO) is a Medicare Advantage plan that has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 to December 7 of every year), or under certain special circumstances.

Secure Blue no Rx (PPO) serves a specific service area. If I move out of the area that my plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Secure Blue no Rx (PPO), I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Blue Cross of Idaho Care Plus, Inc. when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date my Secure Blue no Rx (PPO) coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Secure Blue no Rx (PPO) provides refunds for all covered benefits, even if I get services out-of-network. Services authorized by Blue Cross of Idaho Care Plus, Inc. and other services contained in my Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, NEITHER MEDICARE NOR Blue Cross of Idaho Care Plus, Inc. WILL PAY FOR THE SERVICES.**

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, Inc., he/she may be paid based on my enrollment in Secure Blue no Rx (PPO).

IMPORTANT INFORMATION ABOUT PAYING YOUR PLAN PREMIUM:

You can pay your monthly plan premium by mail or automatic deduction from your bank account each month. You can also choose to pay your premium by automatic deduction from your PERSI, Social Security, or Railroad Retirement Board (RRB) benefit check each month. (If you are enrolling in Employer Group coverage, please select the Employer Group option.)

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75 percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

Mail a copy of this form to Blue Cross of Idaho Care Plus, Inc., PO Box 8406, Boise, ID 83707-2406.
Or enroll online at medicare.bcidaho.com.

We are available seven days a week, from 8 a.m. to 8 p.m. at 1-888-492-2583, from October 1 to March 31.
Our hours of operation for the rest of the year are Monday through Friday, from 8 a.m. to 8 p.m.
The hearing impaired can call TTY 1-800-377-1363.

Blue Cross of Idaho Care Plus, Inc. is a PPO health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal. Medicare Advantage plans are offered by Blue Cross of Idaho Care Plus, Inc. When this document says Blue Cross of Idaho, it means Blue Cross of Idaho is providing services for Blue Cross of Idaho Care Plus, Inc. plans.

Blue Cross of Idaho Care Plus, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-494-2583 (TTY: 1-800-377-1363). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-494-2583 (TTY: 1-800-377-1363)。