# Medicare Advantage Election Form

## FlexiBlue℠ PFFS

***When can I enroll?*** Typically, you may enroll in a Medicare Advantage plan during the annual enrollment period between November 15 and December 31 of each year. In addition, you can join a Medicare Advantage plan during the open enrollment period between January 1 and March 31 of each year, as long as you don't add or drop your prescription drug coverage (i.e. if you have Medicare prescription drug coverage you can only change to another plan with Medicare prescription drug coverage; if you don't have Medicare prescription coverage you can only change to another plan without Medicare prescription drug coverage.)

Additionally, there are exceptions that may allow you to enroll in a Medicare Advantage plan outside of these periods. Please read the following statements carefully and record in the Enrollment Form the reason number if a statement applies to you. By selecting any of the following reasons 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.

1. I am new to Medicare.
2. 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.
3. I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
4. I get extra help paying for Medicare prescription drug coverage.
5. I no longer qualify for extra help paying for my Medicare prescription drugs.
6. I am moving into, live in, or recently moved of a Long-Term Care Facility (for example, a nursing home or long term care facility).
7. I recently "left" a PACE program.
8. I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's).
9. I am leaving employer or union coverage.
10. I belong to a pharmacy assistance program provided by my state.
11. I recently returned to the United States after living permanently outside of the U.S.
12. None of these statements apply to me.

***To find out more*** about the important coverage the Blue Cross of Idaho Medicare Advantage Plans provide, please read our enrollment packet. If you have any questions regarding our plans or to see if you are eligible to enroll, please call a sales representative at 1-888-492-2583 or TTY (for the hearing impaired) at 1-800-377-1363 every day from 8:00am to 8:00pm, Mountain Time.

**If you currently have health coverage from an employer or union, joining a Medicare Advantage Plan could affect your employer or union health benefits.** If you have health coverage from an employer or union, joining our Medicare Advantage Plan may change how your current coverage works. You or your dependents could lose your other health or drug coverage completely and not get it back if you join our plan. 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 is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

***Please mail your completed enrollment election form*** to the following address: Blue Cross of Idaho, P.O. Box 8406, Boise, ID 83707-2406. **Keep the pink copy and outside cover for your records**. You may also fax your completed enrollment form to 208-387-6808 or enroll online at ***www.bcidaho.com/medicare***.

# Election Form for Medicare Advantage Plan

## Flexi Blue℠ Private-Fee-For-Service

### *About Flexi Blue PFFS*

Flexi Blue PFFS, a Medicare Advantage Private Fee-for-Service plan, works differently than a Medicare supplement plan as well as other Medicare Advantage plans. Your doctor or hospital isn't required to agree to accept our plan's terms and conditions, and may choose not to treat you, except in emergencies. You should verify that your provider(s) will accept Flexi Blue PFFS before each visit. Providers can find the Flexi Blue PFFS terms and conditions on our website at: ***www.bcidaho.com/provider/PFFSterms***.

### *Applicant Information*

| *Last Name* | *First Name* | *Middle Name* |
|---|---|---|
| | | |

| *Date of Birth (month/day/year)* | *Home Phone Number* ( ) | *Email Address* |
|---|---|---|
| | | |

**Permanent Residence Street Address:** *Number, Street, Apartment # (Note: P.O. Box is not allowed)*

| *City* | *County* | *State* | *Zip Code* |
|---|---|---|---|
| | | | |

**Mailing Address:** *Number, Street, Apartment # or P.O. Box (If different from permanent address)*

| *City* | *County* | *State* | *Zip Code* |
|---|---|---|---|
| | | | |

### *Medicare Information*

To be eligible for Medicare Advantage coverage, you must be enrolled in Medicare Parts A & B.

Please fill in the blanks so they match your Medicare card, or attach a copy of your Medicare card,

– or –

attach a copy of your Letter of Verification from the Social Security Administration, or the Railroad Retirement Board.

**Medicare Health Insurance Card**

Name: ______________________

Medicare Claim Number: – – ______________ Sex: __________

Is Entitled To: Effective Date:

❑ Hospital (Part A) ______________

❑ Medical (Part B) ______________

### *Paying Your Plan Premium*

Please choose a payment option for your monthly plan premiums. If you don't select a payment option, you will receive a bill each month. See Statement 4 on the back page of this form for important information about qualifying for extra help to pay for your prescription drug costs.

❑ Monthly Bill ❑ Funds Transfer via EFT (Premium Payment Option Form attached)

❑ Deduction from PERSI benefits check (PERSI form attached)

❑ Deduction from monthly Social Security benefit check. You can have the monthly premium for this Medicare drug plan automatically deducted from your Social Security benefit check. Please contact us for more information if you are interested in this option.

***Please mail your completed enrollment election form to the following address:***

Blue Cross of Idaho, P.O. Box 8406, Boise, ID 83707. Keep the pink copy and outside cover for your records.
You also may fax your completed enrollment form to 208-387-6808 or enroll online at ***www.bcidaho.com/medicare***.

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**Office use only:**

Agent/Broker/Staff name (please print): ______________________

**BCI ID#:** ______________ Date Election Form taken by Agent/Broker: ______________

***Please read and answer these important questions:***

1. Do you have End Stage Renal Disease (ESRD)? If you answered yes to this question and you do not need regular dialysis any more, or have had a successful kidney transplant, **please attach a note or records** from your doctor showing you do not need dialysis or have had a successful kidney transplant. ❑ Yes ❑ No
2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State Pharmaceutical assistance programs. Do you, on your own or though your spouse, have any health insurance other than Medicare, such as a private insurance, Workers' Compensation, or VA benefits? ❑ Yes ❑ No

   Will you have other prescription drug coverage in addition to Flexi Blue? ❑ Yes ❑ No

   If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

   Name of other coverage: ______________ ID # for this coverage: ______________ Group # for this coverage ______________
3. 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 of Institution (*number and street*): ______________________

   Phone Number of Institution: ______________________
4. Are you enrolled in your State Medicaid program? ❑ Yes ❑ No

   If yes, please provide your Medicaid Number ______________________
5. Do you or your spouse work? ❑ Yes ❑ No
6. If you are visually challenged or English is not your primary language would you like us to contact you to provide information in alternative formats? ❑ Yes ❑ No

***Special Election Period Reason***

If you are applying for coverage between April 1 and November 14, please review the statements on the front of this application and choose the statement that applies to you. Write the reason number below and provide a description and the date when this reason took effect. If you do not see the reason that best applies, please describe it in "Other reason".

Reason number: ______________ Describe: ______________________

Reason Start Date: ______________ Other Reason: ______________________

***Applicant Signature***

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

Your Signature: ______________________ Today's Date: ______________

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

Name *(please print)*: ______________________ Relationship to Enrollee: ______________

Address: ______________________ Phone Number: (      ) ______________

Signature: ______________________ Date: ______________

WHITE – ENROLLMENT PINK & COVER – APPLICANT

***By completing this enrollment application, I understand the following:***

1. 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 he/she may be paid based on my enrollment in Flexi Blue PFFS.
2. Flexi Blue PFFS is a Medicare Private Fee-For-Service plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I understand that this plan is a Medicare Advantage Private-Fee-For-Service plan and I can be in only one Medicare health plan at a time. I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or Medicare prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get 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 if an enrollment period is available (Example: Annual Enrollment Period from November 15 – December 31 of every year), or under certain special circumstances.
3. Flexi Blue PFFS serves a specific service area. If I move out of the area that my plan serves, I need to notify Blue Cross of Idaho so I can disenroll and find a new plan in my new area. Once I am a member of Flexi Blue PFFS, 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 when I get it to know which rules I must follow in order to receive 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.
4. People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify 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.
5. As a Medicare Private Fee-For-Service plan, Flexi Blue PFFS works differently than a Medicare supplement plan as well as other Medicare Advantage plans. Flexi Blue PFFS pays instead of Medicare, and I will be responsible for the amounts that Flexi Blue PFFS doesn't cover, such as copayments and coinsurances. Original Medicare won't pay for my health care while I am enrolled in Flexi Blue PFFS. Before seeing a provider, I should verify that the provider will accept Flexi Blue PFFS. I understand that my health care providers have the right to choose whether to accept Flexi Blue PFFS payment terms and conditions every time I see them. I understand that if my provider doesn't accept Flexi Blue PFFS, I will need to find another private provider that will.
6. Once Blue Cross of Idaho has processed your enrollment form, you will get a call from a plan representative. This call is to make sure that you understand how a Medicare Private Fee-For-Service plan works and to confirm your intent to enroll. If we aren't able to reach your by telephone, then you will get a letter by mail that contains similar information.

***Release of Information***

By joining this Medicare health plan, I acknowledge that Blue Cross of Idaho 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 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 the I live) on this application means that I have read and understand the contents of this application. 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 or by Medicare.

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