

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? 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 successfully kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information. 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 through 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 True Blue HMO or Secure Blue PPO? Yes No
If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:
Name of other coverage: _____ ID Number for this coverage: _____ Group Number 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 another language or format? Yes No

Special Election Period Reason

If you are applying for coverage between December 8 and October 14, please review the statements on the back of this form 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: _____ Other Reason: _____

Reason Start Date: _____ Describe: _____

Applicant Signature

I understand that my signature means that I have read and understand the contents of this form. 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: _____

Please mail your completed enrollment form to the following address:

Blue Cross of Idaho, P.O. Box 8406, Boise, ID 83707.

You also may fax your completed enrollment form to 1-208-387-6808

or enroll online at <http://www.bcidaho.com/medicare>.

By completing this enrollment application, I understand the following:

1. True Blue HMO and Secure Blue PPO are Medicare Advantage plans that have contracts 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 do not 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 through December 7 of every year), or under certain special circumstances.
2. True Blue HMO and Secure Blue PPO serve specific service areas. 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 True Blue HMO or Secure Blue 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 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.
3. I understand that beginning on the date my True Blue HMO coverage begins, I must get all of my healthcare from True Blue HMO, except for emergency or urgently needed services or out-of-area dialysis services. I understand that beginning on the date my Secure Blue 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 PPO provides refunds for all covered benefits, even if I get services out-of-network. Services authorized by Blue Cross of Idaho and other services contained in my Evidence of Coverage document will be covered. Without authorization, **NEITHER MEDICARE NOR MY MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES.**
4. 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 True Blue HMO or Secure Blue PPO.
5. 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 standard deductibles, and coinsurance. 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 <http://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.
6. The Social Security/Railroad Retiree Board (RRB) deduction may take two or more months to begin after Social Security or RRB approves the deduction. 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 the requested deduction 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.

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 healthcare 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 I live) on this form 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 or from Medicare.

Keep the pink copy for your records.

When can I enroll?

Typically, you may enroll in a Medicare Advantage plan during the annual enrollment period between October 15 and December 7 of each year.

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 out 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. My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
13. None of these statements apply to me.

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 True Blue HMO or Secure Blue 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.

Blue Cross of Idaho is a Health Plan with a Medicare Contract.

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or enroll online at <http://www.bcidaho.com/medicare>.



True Blue[®] HMO

1-888-494-2583

TTY 1-800-377-1363

Customer Service hours are 8:00 a.m. to 8:00 p.m., seven days a week

Keep the pink copy for your records.