

Blue Medicare Access (Regional PPO)

Individual Enrollment Request Form – 2012



Be sure to complete the entire enrollment form. Then, mail the completed form to **P.O. Box 659403, San Antonio, TX 78265-9714** or fax the completed form to **1-800-833-8554**. You can also enroll online at **www.anthem.com/medicare**. **Note:** Your agent/broker may provide different instructions.

Please contact Anthem Blue Cross and Blue Shield if you need information in another language or format (Large Print or Braille).

To enroll in Blue Medicare Access (Regional PPO), please provide the following information.			
Please check which plan you want to enroll in:			
WITHOUT PRESCRIPTION DRUGS			
<input type="checkbox"/> Blue Medicare Access Classic (Regional PPO) \$0.00 per month*			
* <input type="checkbox"/> By checking here I am aware that the plan I'm selecting does not include any prescription drug coverage and cannot be combined with any stand-alone Part D prescription drug plan.			
Last name		First name	Middle initial
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Birth date (____/____/____) (MM/DD/YYYY)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone number ()	Alternate phone number ()
Permanent residence street address (P.O. Box is not allowed.)			
City	State	ZIP code	County
Mailing address (only if different from your permanent residence address)			
Street address	City	State	ZIP code
Email address			

Please provide your Medicare insurance information.													
Please take out your red, white and blue Medicare card to complete this section. <ul style="list-style-type: none"> · Please fill in these blanks so they match your Medicare card. - OR - · Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. You must have Medicare Part A and Part B to join a Medicare Advantage plan.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <td colspan="2" style="text-align: center;"> MEDICARE HEALTH INSURANCE </td> </tr> <tr style="background-color: #e0e0e0;"> <td colspan="2" style="text-align: center;"><i>SAMPLE ONLY</i></td> </tr> <tr> <td colspan="2">Name _____</td> </tr> <tr> <td>Medicare Claim Number ____ - ____ - _____</td> <td>Sex ____</td> </tr> <tr> <td>Is Entitled To HOSPITAL (Part A)</td> <td>Effective Date _____</td> </tr> <tr> <td>MEDICAL (Part B)</td> <td>_____</td> </tr> </table>	MEDICARE HEALTH INSURANCE		<i>SAMPLE ONLY</i>		Name _____		Medicare Claim Number ____ - ____ - _____	Sex ____	Is Entitled To HOSPITAL (Part A)	Effective Date _____	MEDICAL (Part B)	_____
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MEDICAL (Part B)	_____												

Applicant Complete: Name _____ and Medicare ID number _____

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. **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 (number and street) and phone number of institution _____

3. **Are you enrolled in your state Medicaid program?** Yes No

If "yes," please provide your Medicaid number _____

4. **Do you or your spouse work?** Yes No

Please check one of the boxes below if you would prefer that we send you information in another format:

_____ Large Print _____ Braille

Please contact an Anthem Blue Cross and Blue Shield Customer Service agent at **1-800-467-1199** if you need information in another language or format than what is listed above. Our office hours are 8 a.m. to 8 p.m., 7 days a week. TTY users should call **1-888-853-7754**.

STOP

Please read this important information.

If you currently have health coverage from an employer or union, joining Blue Medicare Access (Regional PPO) could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Blue Medicare Access (Regional 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.

Medicare Advantage only plans generally do not cover prescribed drugs.

Enrollment in this plan will automatically end your enrollment in another Medicare health plan or prescription drug plan. A Medicare eligible person who is enrolled in this Medicare Advantage (MA) plan may not be enrolled at the same time in a separate prescription drug plan (PDP). The last enrollment request you make during an enrollment period will be accepted as the plan for which you intend to enroll. For example, if you enroll in this plan and subsequently enroll in a standalone PDP plan, you will lose coverage in this MA plan and only be enrolled in the standalone PDP plan.

To find out if an MA plan or *MAPD (an MA plan with prescription drug coverage) plan is right for you, please call an Anthem Blue Cross and Blue Shield licensed sales agent: **1-866-803-5169** (TTY/TDD line at **1-800-241-6894**), 8 a.m. to 8 p.m., seven days a week.

Typically, you may enroll in a Medicare Advantage (MA) plan only during the Annual Enrollment Period (AEP) between October 15 and December 7 of each year. Additionally, there are exceptions – i.e., Initial Enrollment Period (ICEP) and Special Enrollment Periods (SEPs) – that may allow you to enroll in a Medicare Advantage plan outside of these periods.

Please read the following statements carefully and check all of the boxes where there is a statement that 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. **NOTE: You must select at least one of the options below.**

- I am enrolling during the Annual Open Enrollment Period from October 15 to December 7. (AEP)
- I am new to Medicare. (ICEP)
- 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) _____. (SEP)
- I have both Medicare and Medicaid or my state helps pay for my Medicare premiums. (SEP)
- I get Extra Help paying for Medicare prescription drug coverage. (SEP)
- I no longer qualify for Extra Help paying for my Medicare prescription drugs. I stopped receiving Extra Help on (insert date) _____. (SEP)
- 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). I moved/will move into/out of the facility on (insert date) _____. (SEP)
- I recently left a Program of All-inclusive Care for the Elderly (PACE[®]) program on (insert date) _____. (SEP)
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____. (SEP)
- I am leaving employer or union coverage on (insert date) _____. (SEP)
- I belong to a pharmacy assistance program provided by my state. (SEP)
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____. (SEP)
- My plan is ending its contract with Medicare or Medicare is ending its contract with my plan. (SEP)
- None of these statements applies to me.*

*Please contact an Anthem Blue Cross and Blue Shield licensed insurance agent at **1-866-803-5169** (TTY users should call **1-800-241-6894**) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., 7 days a week.

Please read and sign below.

By completing this enrollment application, I agree to the following:

Blue Medicare Access (Regional PPO) is a Medicare Advantage plan and 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 automatically will 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 (for example, October 15 – December 7 of every year), or under certain special circumstances.

Anthem Blue Cross and Blue Shield serves a specific service area. If I move out of the area that Anthem Blue Cross and Blue Shield 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 Blue Medicare Access (Regional 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 Anthem Blue Cross and Blue Shield 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 usually aren't covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Blue Medicare Access (Regional 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, Anthem Blue Cross and Blue Shield provides refunds for all covered benefits, even if I get services out of network. Services authorized by Anthem Blue Cross and Blue Shield and other services contained in my Blue Medicare Access (Regional PPO) Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR ANTHEM BLUE CROSS AND BLUE SHIELD 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 Anthem Blue Cross and Blue Shield, he/she may be paid based on my enrollment in Blue Medicare Access (Regional PPO).

Release of Information: By joining this Medicare health plan, I acknowledge that Anthem Blue Cross and Blue Shield will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Anthem Blue Cross and Blue Shield 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 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 from Medicare.

Signature	Today's date
Desired plan effective date:	
If you are the authorized representative, you must sign above and provide the following information:	
Name _____	
Address _____ _____	
Phone number (____) _____ - _____	
Relationship to enrollee _____	

Please mail your completed form to:

Medicare Options

Attention: Rick Plata
23331 Via Sausalito
Moreno Valley, CA 92557

Or

Fax to: (888) 391- 0562

Enrollment questions, please call Rick Plata at (888) 235-8060.