



# 2022 Plan Change Form for Medicare Advantage HMO Plan

## Name of Plan you are enrolling in:

[Grid of 25 empty boxes for plan name]

## A. Personal Information:

First Name:

[Grid of 20 empty boxes for first name]

Middle Initial:

[Grid of 1 empty box for middle initial]

Last Name:

[Grid of 20 empty boxes for last name]

Suffix:

[Grid of 3 empty boxes for suffix]

Member Number:

J [Grid of 10 empty boxes for member number]

Primary Phone Number:

[Grid of 10 empty boxes for primary phone number]

Medicare Number:

[Grid of 10 empty boxes for Medicare number]

Alternate Phone Number (optional):

[Grid of 10 empty boxes for alternate phone number]

Email Address: (optional)

[Grid of 25 empty boxes for email address]

Permanent Residence Street Address:

[Grid of 25 empty boxes for permanent residence street address]

City:

[Grid of 15 empty boxes for city]

State:

[Grid of 2 empty boxes for state]

Zip Code:

[Grid of 5 empty boxes for zip code]

Mailing Address (only if different from your permanent street address):

[Grid of 25 empty boxes for mailing address]

City:

[Grid of 15 empty boxes for city]

State:

[Grid of 2 empty boxes for state]

Zip Code:

[Grid of 5 empty boxes for zip code]

Billing Address (if different from above - ONLY bills will be sent to this address):

[Grid of 25 empty boxes for billing address]

City:

[Grid of 15 empty boxes for city]

State:

[Grid of 2 empty boxes for state]

Zip Code:

[Grid of 5 empty boxes for zip code]

**B. Please complete the following:**

I am <b>currently</b> a member of the Blue Medicare:	<input type="checkbox"/>	Medical Only (HMO)	H3449-012 .....	\$ 0.00
	<input type="checkbox"/>	Essential (HMO)	H3449-025 .....	\$ 0.00
	<input type="checkbox"/>	Essential Plus (HMO)	H3449-023-001 .....	\$ 0.00
	<input type="checkbox"/>	Essential Plus (HMO)	H3449-023-002 .....	\$ 0.00
	<input type="checkbox"/>	Essential Plus (HMO)	H3449-023-004 .....	\$ 19.00
	<input type="checkbox"/>	Essential Plus (HMO)	H3449-023-005 .....	\$ 39.00
	<input type="checkbox"/>	Choice (HMO)	H3449-026 .....	\$ 0.00
	<input type="checkbox"/>	Enhanced (HMO)	H3449-024-001 .....	\$ 39.00
	<input type="checkbox"/>	Enhanced (HMO)	H3449-024-002 .....	\$ 49.00
<input type="checkbox"/>	Enhanced (HMO)	H3449-024-003 .....	\$ 75.00	

Note: These are 2021 rates.

I would like to <b>change</b> to the Blue Medicare:	<input type="checkbox"/>	Medical Only (HMO)	H3449-012 .....	\$ 0.00	Available in 90 counties
	<input type="checkbox"/>	Essential (HMO)	H3449-027-001 .....	\$ 0.00	Available in 16 counties
	<input type="checkbox"/>	Essential (HMO)	H3449-027-002 .....	\$ 0.00	Available in 74 counties
	<input type="checkbox"/>	Essential Plus (HMO)	H3449-023-001 .....	\$ 0.00	Available in 16 counties
	<input type="checkbox"/>	Essential Plus (HMO)	H3449-023-002 .....	\$ 0.00	Available in 21 counties
	<input type="checkbox"/>	Essential Plus (HMO)	H3449-023-004 .....	\$ 10.00	Available in 11 counties
	<input type="checkbox"/>	Essential Plus (HMO)	H3449-023-005 .....	\$ 26.00	Available in 42 counties
	<input type="checkbox"/>	Choice (HMO)	H3449-026 .....	\$ 0.00	Available in 8 counties
	<input type="checkbox"/>	Enhanced (HMO)	H3449-024-001 .....	\$ 19.00	Available in 12 counties
<input type="checkbox"/>	Enhanced (HMO)	H3449-024-002 .....	\$ 34.00	Available in 18 counties	
<input type="checkbox"/>	Enhanced (HMO)	H3449-024-003 .....	\$ 49.00	Available in 45 counties	

I understand that this plan has different health benefits and a different monthly premium.

**C. Your Plan Premium:**

**You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.**

**Zero Premium Plans:** If we determine that you owe a late enrollment penalty or if you currently have a late enrollment penalty, we need to know how you would prefer to pay it. You can pay by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security benefit check each month.

**Plans with premiums:** You can pay your monthly plan premium, including any late enrollment penalty that you currently have or may owe by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the Railroad Retirement Board. Do NOT pay Blue Cross NC the Part D-IRMAA.

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 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 [ssa.gov/PrescriptionHelp](https://ssa.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 for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get a bill each month. You must continue to pay your Medicare Part B premium.

**Please select a premium payment option:**

- Get a bill each month.
- Keep current payment method.
- Automatic deduction from your monthly Social Security benefit check.
- Automatic deduction from your monthly Railroad Retirement Board (RRB) benefit check.

**Please Note:** The Social Security / 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 your enrollment effective date up to the point 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.

**D. Please read and sign below:**

Blue Cross and Blue Shield of North Carolina is an HMO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Blue Cross and Blue Shield of North Carolina (Blue Cross NC), he/she may be paid based on my enrollment in Blue Cross NC.

Individuals must have both Part A and Part B to enroll.

I understand that beginning on the date Blue Medicare HMO coverage begins, I must get all of my health care from Blue Cross NC participating providers except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Blue Medicare HMO and other services contained in my Blue Medicare HMO Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **neither Medicare nor Blue Medicare HMO will pay for the services.**

**Release of Information:** By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as necessary for treatment, payment and health care operations. I also acknowledge that Blue Cross NC 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 people with Medicare aren't covered under Medicare while out of the country except for limited coverage near the U.S. border.

