BlueMedicare Rx℠ (PDP)

MedicareRx
Prescription Drug Coverage

BlueCross BlueShield of North Carolina
P.O. Box 17168
Winston-Salem, NC 27116-7168

2022 Plan Change Form for Medicare Prescription Drug Plan

Name of Plan you are enrolling in:

A. Personal Information:

First Name: Middle Initial:

Last Name: Suffix:

Member Number: J

Primary Phone Number: - -

Medicare Number:

Alternate Phone Number (optional): - -

Email Address: (optional)

Permanent Residence Street Address:

City: State: Zip Code:

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

City: State: Zip Code:

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

City: State: Zip Code:

B. Please complete the following:

I am **currently** a member of the Blue Medicare Rx (PDP):

- ☐ Standard (S5540-002) ..... $82.90 per month
- ☐ Enhanced (S5540-004) ..... $111.70 per month

Note: These are 2021 rates

I would like to **change** to Blue Medicare Rx (PDP):

- ☐ Standard (S5540-002) ..... $90.90 per month
- ☐ Enhanced (S5540-004) ..... $117.60 per month

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

If you prefer us to send you information in a language other than English or in another format (e.g., Braille, audio tape or large print), please contact Blue Cross and Blue Shield of North Carolina (Blue Cross NC) at **1-888-247-4142**. (TTY: Dial 711) 7 days a week, 8 a.m. to 8 p.m.

C. Your Plan Premium:

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by mail. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefits 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 or Railroad Retirement Board benefit check or be billed directly by Medicare. DON'T pay Blue Cross NC the Part D-IRMAA extra amount.

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 ***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. 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. If you have Medicare Part B, you must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

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.

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D. Please read and sign below:

Blue Cross and Blue Shield of North Carolina is a PDP 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 NC, he/she may be compensated based on my enrollment in Blue Cross NC.

Individuals must have Part A or Part B (or both) to enroll.

Release of Information: By joining this Prescription Drug Plan, I acknowledge that the Prescription Drug Plan 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 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 Medicare beneficiaries are generally not 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 Rx (PDP) coverage begins, I must get all of my prescription drug services from Blue Cross NC. Prescription drugs authorized by Blue Cross NC and contained in my Blue Cross NC Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **neither Medicare nor Blue Medicare RX (PDP) will pay for the services**.

E. Applicant Agreement:

I understand that my signature (or the signature of the person authorized to act on behalf of the individual under the laws of the state where the individual resides) on this application means that I have read and understand the contents of this application. **If signed by an authorized individual,** 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.

Your Signature: _____

Today's Date: ☐☐ / ☐☐ / ☐☐☐☐ (mm/dd/yyyy)

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

Name:

Address:

City: State: Zip Code:

Phone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐ Relationship to Enrollee:

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LICENSED AGENT USE ONLY

Agents are required to submit this form to the Plan within 24 hours of receipt.

Agent's Signature: _____

Print Agent's Name: _____

Date Application Received: ☐☐ / ☐☐ / ☐☐☐☐ (mm/dd/yyyy)

NPN# (required): _____

Phone Number: _____ Agent Number: _____

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.