




2012 RxBLUE PDP Enrollment Application

Ways to Enroll in RxBLUE PDP

 **Mail:** Fill out the enclosed application and mail it in the envelope provided or mail it to the following address:

RxBLUE PDP
PO Box 80699
Baton Rouge, LA 70809

 **Phone:** Call 1-800-593-9735, seven days a week, 8:00 a.m. to 8:00 p.m., to speak to an RxBLUE PDP producer about scheduling an appointment.

 **Online:** Complete your enrollment application online at <http://www.bcbsla.com/rxblue>.

Instructions for Completing this Enrollment Application

Read all of the information carefully and answer the questions to the best of your knowledge.

Print neatly and legibly. If you have any questions or need assistance filling out this enrollment application, call us at the toll free number listed below and a knowledgeable representative will assist you. Be sure to sign and date the application and return the top copy. The copy attached to the back of the application should be retained for your own records.

Additional step-by-step instructions on completing your enrollment application can be found in the folder that contains all of your enrollment materials.

Please contact RxBLUE PDP at 1-888-223-2583 (TTY users should call 1-800-947-5277) to inquire about materials in alternative formats (e.g., large print) or for telephone translation services or if you have questions when filling out this application. Our office hours are 8:00 AM – 8:00 PM, seven days a week.

Statements of Understanding and Authorization

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

RxBLUE PDP is a Medicare drug plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform RxBLUE PDP of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time – if I am currently in a Medicare Prescription Drug Plan, my enrollment in RxBLUE PDP will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment Period (October 15 – December 7), unless I qualify for certain special circumstances.

RxBLUE PDP serves a specific service area. If I move out of the area that RxBLUE PDP serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies except in an emergency when I cannot

reasonably use RxBLUE PDP network pharmacies. Once I am a member of RxBLUE PDP, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from RxBLUE PDP when I get it to know which rules I must follow to get coverage.

I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with RxBLUE PDP, he/she may be paid based on my enrollment in RxBLUE PDP.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

People with Limited Incomes

You may qualify for extra help to pay for your 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 are eligible 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.

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Release of Information

By joining this Medicare prescription drug plan, I acknowledge that RxBLUE PDP will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that RxBLUE PDP 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.

Personal Health Information

I acknowledge and agree that any “protected health information” (PHI) about me is protected by The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other privacy laws, and that, in accordance with those laws, Blue Cross and Blue Shield of Louisiana may use and disclose Protected Health Information for payment, treatment, and health

care operations as described in its Notice of Privacy Practices. I understand that a copy of Blue Cross and Blue Shield of Louisiana’s Notice of Privacy Practices is available on Blue Cross and Blue Shield of Louisiana’s website, or from the Blue Cross and Blue Shield of Louisiana Privacy Office.

Part-D Income Related Monthly Adjustment Amount

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. Do NOT pay the Part D-IRMAA extra amount to RxBLUE PDP.

OFFICE USE ONLY			
Date Received:	Rep Code:	Group Number	Effective Date:
Agent Name:		Agent Number	Applicant present: <input type="checkbox"/>

RxBLUE PDP ENROLLMENT APPLICATION


(1) Information About You (Please fill in your name *exactly* as it appears on your Medicare Card.)

First Name	Middle Initial (if applicable)	Last Name	Suffix	Sex	<input type="checkbox"/> Male		
					<input type="checkbox"/> Female		
Home Address (No P.O. Boxes)		Apt#	City	State	Zip	Parish	
Mailing Address (If different from home address)			Apt#	City	State	Zip	Date of Birth / /
Home Phone (with area code) ()				Email Address (if applicable)			

(2) Medicare Information

Please take out your Medicare card to complete this section.

- Please fill in these blanks so they match your red, white and blue Medicare card.
- OR-
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

MEDICARE		HEALTH INSURANCE
SAMPLE ONLY		
Name: _____		
Medicare Claim Number	Sex	_____
Is Entitled To	Effective Date	_____
HOSPITAL (Part A) _____		
MEDICAL (Part B) _____		

You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan.

(3) Please Check Which Plan You Want To Enroll In:

- Basic - \$38.70 per month Plus - \$98.20 per month

(4) Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or by "Electronic Funds Transfer (EFT)". You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you don't select a payment option, you will receive a bill.

Please select a premium payment option:

- Receive a bill (Please select a billing frequency below).
Information about EFT will be included with your first bill.
- Monthly Quarterly Semi-Annually Annually
- Automatic deduction from your monthly Social Security/Railroad Retirement Board benefit check. (The Social Security/Railroad Retirement Board deduction may take two or more months to begin. In most cases, if approved, the first deduction from your benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If your request for automatic deduction is not approved, we will send you a paper bill for your monthly premiums.)

(5) Please Answer the Following Questions to Help Medicare Coordinate Your Benefits

1. Will either you or your spouse be employed once you are enrolled in RxBLUE PDPSelf: Yes No
.....Spouse: Yes No

Your Retirement Date (Month/Day/Year): _____

Spouse's Retirement Date (Month/Day/Year): _____

2. Will you have any Health Insurance and/or Prescription Drug Coverage other than RxBLUE PDP or Medicare that will continue after your enrollment? Yes No

If you answered YES to having any other Health Insurance or Prescription Drug coverage, please complete the following section.

Please specify the type of insurance: Active Employer Group Insurance Retiree Coverage
 Veteran's Administration Coverage Direct Pay Policy
 Federal Black Lung Coverage Supplemental Coverage
 Workers' Compensation Coverage

Is this insurance provided by Your Employer... Your Spouse's Employer... Individual Plan
 Does your employer have 1-19 employees... 20-99 employees..... more than 100 employees
 Does your spouse's employer have..... 1-19 employees... 20-99 employees..... more than 100 employees
 Your employer's name: _____ Your insurance name: _____
 Your insurance policy #: _____ Your insurance group #: _____
 Spouse's employer's name: _____ Spouse's insurance name: _____
 Spouse's insurance policy #: _____ Spouse's insurance group #: _____

(6) Please Answer the Following Question

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 & Phone Number of Institution (number and street): _____

STOP - PLEASE READ THIS IMPORTANT INFORMATION

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining RxBLUE PDP, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from an employer or union, joining RxBLUE PDP could affect your employer or union health benefits. You could lose your employer or union health coverage if you join RxBLUE PDP. 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 information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

(7) Please Read and Sign

I understand that my signature (or the signature of the person authorized to act on my behalf under State law 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 by RxBLUE PDP or by Medicare.

Your Signature: _____ **Today's Date:** _____

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

Name: _____ **Address:** _____
Phone Number: () _____ **Relationship to Enrollee:** _____

Please return the top copy of this form and keep the back copy for your records



www.bcbsla.com/rxblue



**BlueCross BlueShield
of Louisiana**

An independent licensee of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company, a Medicare-approved Part D sponsor.

