BlueCross BlueShield of Louisiana

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OFFICE USE ONLY			
Date Received:	Rep Code:	Group Number	Effective Date:
Agent Name:	Agent Number	Applicant present: ☐	

RxBLUE PDP

RxBLUE PDP ENROLLMENT APPLICATION

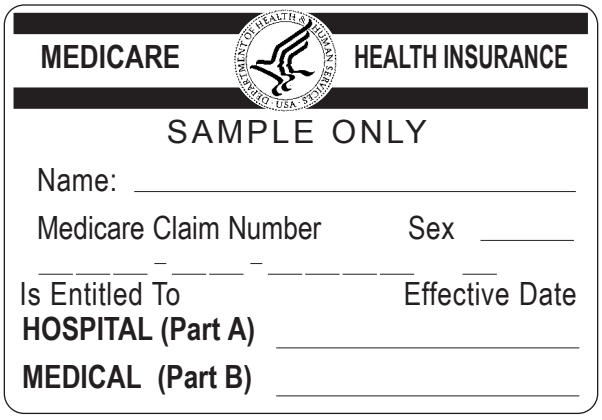
Please contact RxBLUE PDP at 1-888-223-2583 (TTY users should call 1-800-947-5277) to inquire about materials in alternative formats or for telephone translation services or if you have questions when filling out this application. Our office hours are 8:00 AM - 8:00 PM, seven days a week.

(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 ☐ Male ☐ Female
Home Address (No P.O. Boxes)	Apt#	City	State / Zip	Parish
Mailing Address (P.O. Boxes Allowed)	Apt#	City	State / Zip	Date of Birth / /
Home Phone (with area code) ( )		Email Address (if applicable)		

(2) Medicare Information

Please fill in your claim number and effective dates **exactly** as they appear on your Medicare Card, or attach a copy of your Medicare Card, or your confirmation letters of Medicare eligibility.


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) Plan Premium Payment Option

You can pay your monthly plan premium by mail or by "Electronic Funds Transfer (EFT)" each month. You can also choose to pay your premium by automatic deduction from your Social Security Check each month. 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 does not cover. If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option:

☐ Receive a bill. Information about EFT will be included with your first bill.

☐ Automatic deduction from your monthly SSA benefit check. (The SSA deduction may take two or more months to begin. In most cases, the first deduction from your SSA benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.)

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

1. Will either you or your spouse be employed once enrolled in RxBLUE PDP .....Self: ☐ 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
- ❑ Workman's 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 #:_____

(5) 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.

(6) Statements of Understanding and Authorization

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 the application, **including the Statements of Understanding and Authorization and Personal Health Information that appear on the back of this application**, and that the information provided by me is accurate and complete. 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 top copy of this form and keep the yellow copy for your records

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 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 only at certain times of the year, when an enrollment period is available, generally during the Annual Enrollment Period (November 15 - December 31) or under special circumstances by sending a request to RxBLUE PDP or by calling 1-800-MEDICARE. TTY users should call 1-877-486-2048 24 hours a day/7 days a week.

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 to access RxBLUE PDP benefits, except under limited, non-routine circumstances 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 receive it to know which rules I must follow in order to receive coverage with this Medicare drug plan.

I understand that if I leave this plan and do not have or obtain other Medicare prescription drug coverage or creditable 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 receiving assistance from a sales agent, broker, or other individual employed by or contracted with RxBLUE PDP, he/she may be compensated 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 and concerning 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 eligible, Medicare could pay for 75% or more of the drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or 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.

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.

Any person filing an application or claim with the intent to defraud by materially making false statements or ommissions is committing fraud and subjects such person to criminal and civil penalties. I acknowledge and agree that any personally indentifiable health information about me or my enrolled dependents ("Protected Health Information") is protected by The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other privacy laws, and that, in accordance with those laws, RxBLUE PDP 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 RxBLUE PDP's Notice of Privacy Practices is available on RxBLUE PDP's Web site, or from the RxBLUE PDP Privacy Office.