



Regence

PO Box 1827
Medford OR 97501

Regence BlueShield of Idaho is an Independent
Licensee of the Blue Cross and Blue Shield Association

Regence MedAdvantage (PPO) Plan to Plan Enrollment Form

Dear Regence MedAdvantage Member:

To make a change in the Medicare Advantage plan you have with Regence BlueShield of Idaho, fill out the enclosed plan selection form to make your choice. Check off the plan you want, and sign the form. Then mail the completed form back to us in the enclosed postage-paid envelope.

Please be aware that you can change health plans only at certain times during the year. Between October 15th and December 7th each year, anyone can join our plan. In addition, from January 1 through February 14, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) has an opportunity to disenroll from that plan and return to Original Medicare. Anyone who disenrolls from a Medicare Advantage plan during this time can join a stand-alone Medicare Prescription Drug Plan during the same period. Generally, you may not make changes at other times unless you meet certain special exceptions, such as if you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or qualify for extra help paying for prescription drug coverage.

If you qualify for extra help with your prescription drug costs, you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

Complete the attached form only if you wish to change plans.

If you have any questions, please call our Customer Service Department at 1 (800) 541-8981. TTY users should call 711. Our telephone hours are 8:00 a.m. to 8:00 p.m., Monday through Friday. From October 15 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week.

Thank you.

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Regence BlueShield of Idaho
(Complete this form only if you wish to change plans)

Member Name (Please Print) _____

Member Number _____

I want to transfer from my current plan to the plan I have selected below.

Please check the appropriate box below:

Regence MedAdvantage PPO Counties = Asotin (WA), Benewah, Bonner, Boundary, Elmore, Gooding, Kootenai, Latah, Nez Perce, Payette, ShoShone, Twin Falls

- Regence MedAdvantage Basic (PPO) \$76.00
- Regence MedAdvantage + Rx Classic (PPO) \$112.00
- Regence MedAdvantage + Rx Enhanced (PPO) \$199.00

Regence MedAdvantage PPO Counties = Ada, Boise, Canyon, Gem, Owyhee

- Regence MedAdvantage Basic (PPO) \$52.00
- Regence MedAdvantage + Rx Classic (PPO) \$72.00
- Regence MedAdvantage + Rx Enhanced (PPO) \$202.00

Regence MedAdvantage Dental PPO - Comprehensive Dental Benefits (must be purchased with one of our PPO Medical Plans)

- Regence MedAdvantage Dental PPO Comprehensive Benefits \$27.00

Your Plan Premium Options

If you are currently receiving premium bills from us, having your premium deducted from your bank account or from your Social Security check, you can continue to use this method. If you need to change how you pay your plan premium, please contact Customer Service at the telephone number on the back of this form.

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), your monthly premium will include that amount.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the 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 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD user should call 1-877-486-2048.

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 Regence MedAdvantage the Part D-IRMAA extra amount.

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 does not cover.

(Important: Signature required on next page)



If you need information in another format, please contact Regence MedAdvantage at 1 (800) 541-8981. TTY users should call 711. Our office hours are from 8:00 a.m. to 8:00 p.m., Monday through Friday. From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., seven days a week.

Signature*

Date

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

Name

Relationship to Enrollee

Address

Telephone Number

Please mail this form to:

Regence BlueShield of Idaho
PO Box 1827
Medford, OR 97501
Or fax it to: 1-888-335-2988

Agent Name: _____ Agent Number: _____

Agent Phone Number (including area code): _____

Agent Signature  _____

Agent Application Received Date _____

Office Use Only

Effective Date	Election	Code	Group #	Pkg #	Alt. ID #	Agent #

Regence BlueShield of Idaho is a PPO plan with a Medicare contract. Enrollment in Regence BlueShield of Idaho depends on contract renewal.

