



BlueCross BlueShield
of Texas

Blue Cross Medicare Advantage (HMO)SM Pre-Enrollment Kit

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Thank you for using the electronic MAPD Producer Sales Kit.

This sales kit is designed to allow producers to easily access benefit information without having to maintain significant amounts of printed inventory. To ensure compliance with CMS guidelines, please make sure you complete the following when using the electronic sales kit:

- Make copies of the completed enrollment form. Provide one to the prospective member and maintain a copy for your record retention.
- The MAPD Decision Guide is not included in the electronic sales kit; however it is available for download from the Producer supply portal from **www.yourcmsupplyportal.com**.
- When you provide a prospect an enrollment form, you are required to provide the Summary of Benefits (including the multi-language insert) and the star rating flyer (if available).

Medicare Advantage Plan Notice:

Blue Cross and Blue Shield of Texas offers Blue Cross Medicare Advantage (HMO)SM. HMO plan available in Chambers Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery, and Orange counties. HMO plans provided by Blue Cross and Blue Shield of Texas, which refers to GHS Insurance Company (GHS), an Independent Licensee of the Blue Cross and Blue Shield Association. GHS is a Medicare Advantage organization with a Medicare contract. Enrollment in GHS' plans depends on contract renewal.



**BlueCross BlueShield
of Texas**

Blue Cross Medicare Advantage (HMO)SM
Summary of Benefits

January 1, 2015 - December 31, 2015

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

	Blue Cross Medicare Advantage Basic (HMO) SM
You have choices about how to get your Medicare benefits	<ul style="list-style-type: none"> • One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. • Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Blue Cross Medicare Advantage Basic (HMO)).
Tips for comparing your Medicare choices	<p>This Summary of Benefits booklet gives you a summary of what Blue Cross Medicare Advantage Basic (HMO) covers and what you pay.</p> <ul style="list-style-type: none"> • If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov. • If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
Sections in this booklet	<ul style="list-style-type: none"> • Things to Know About Blue Cross Medicare Advantage Basic (HMO) • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Covered Medical and Hospital Benefits • Prescription Drug Benefits
	<p>This document is available in other formats such as Braille and large print.</p> <p>This document may be available in a non-English language. For additional information, call us at 1-866-866-6629 TTY/TDD: 711. Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-866-866-6629 (TTY/TDD users should call 711).</p>
Hours of Operation	<p>Things to Know About Blue Cross Medicare Advantage Basic (HMO)</p> <ul style="list-style-type: none"> • From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time. • From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.
	<p>Blue Cross Medicare Advantage Basic (HMO) Phone Numbers and Website</p> <ul style="list-style-type: none"> • If you are a member of this plan, call toll-free 1-866-866-6629 TTY/TDD: 711. • If you are not a member of this plan, call toll-free 1-866-866-6629 TTY/TDD: 711. • Our website: getbluetx.com/mapd/sb

	Blue Cross Medicare Advantage Basic (HMO) SM
	<p>Who can join?</p> <p>To join Blue Cross Medicare Advantage Basic (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.</p> <p>Our service area includes the following counties in Texas: Chambers, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery, and Orange.</p>
	<p>Which doctors, hospitals, and pharmacies can I use?</p> <p>Blue Cross Medicare Advantage Basic (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.</p> <p>You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's provider and pharmacy directory at our website (getbluetx.com/mapd/sb). Or, call us and we will send you a copy of the provider and pharmacy directories.</p>
	<p>What do we cover?</p> <p>Like all Medicare health plans, we cover everything that Original Medicare covers - and more.</p> <p>Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less. Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, getbluetx.com/mapd/sb. Or, call us and we will send you a copy of the formulary.</p>
	<p>How will I determine my drug costs?</p> <p>Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.</p>

SECTION II – SUMMARY OF BENEFITS

Blue Cross Medicare Advantage Basic (HMO) SM	
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
How much is the monthly premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <p>\$3,400 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
COVERED MEDICAL AND HOSPITAL BENEFITS	
NOTE: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.	
OUTPATIENT CARE AND SERVICES	
Acupuncture and Other Alternative Therapies	Not covered
Ambulance¹	\$250 copay
Chiropractic Care^{1,2}	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Dental Services^{1,2}	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$35 copay

	Blue Cross Medicare Advantage Basic (HMO) SM
Diabetes Supplies and Services^{1,2}	Diabetes monitoring supplies: You pay nothing Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: You pay nothing
Diagnostic Tests, Lab and Radiology Services, and X-Rays^{1,2}	Diagnostic radiology services (such as MRIs, CT scans): \$200 copay Diagnostic tests and procedures: \$0-50 copay, depending on the service Lab services: You pay nothing Outpatient x-rays: You pay nothing Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost
Doctor's Office Visits^{1,2}	Primary care physician visit: You pay nothing Specialist visit: \$35 copay
Durable Medical Equipment (wheelchairs, oxygen, etc.)¹	20% of the cost
Emergency Care	\$65 copay If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Foot Care (podiatry services)^{1,2}	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$35 copay
Hearing Services^{1,2}	Exam to diagnose and treat hearing and balance issues: \$35 copay
Home Health Care^{1,2}	You pay nothing

	Blue Cross Medicare Advantage Basic (HMO) SM
Mental Health Care^{1,2}	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>\$190 copay per day for days 1 through 7</p> <p>You pay nothing per day for days 8 through 90</p> <p>Outpatient group therapy visit: \$35 copay</p> <p>Outpatient individual therapy visit: \$35 copay</p>
Outpatient Rehabilitation^{1,2}	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$30 copay</p> <p>Occupational therapy visit: \$35 copay</p> <p>Physical therapy and speech and language therapy visit: \$35 copay</p>
Outpatient Substance Abuse^{1,2}	<p>Group therapy visit: \$100 copay</p> <p>Individual therapy visit: \$100 copay</p>
Outpatient Surgery^{1,2}	<p>Ambulatory surgical center: \$0-150 copay, depending on the service</p> <p>Outpatient hospital: \$0-250 copay, depending on the service</p>
Over-the-Counter Items	Please visit our website to see our list of covered over-the-counter items.
Prosthetic Devices (braces, artificial limbs, etc.)¹	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: 20% of the cost</p>
Renal Dialysis^{1,2}	20% of the cost
Transportation	Not covered
Urgent Care	\$30 copay

	Blue Cross Medicare Advantage Basic (HMO) SM
Vision Services^{1,2}	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): You pay nothing</p> <p>Routine eye exam (for up to 1 every year): \$10 copay</p> <p>Contact lenses: You pay nothing</p> <p>Eyeglass frames: You pay nothing</p> <p>Eyeglasses lenses: \$25 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Our plan pays up to \$100 every two years for contact lenses, eyeglass lenses, and eyeglass frames.</p>

	Blue Cross Medicare Advantage Basic (HMO) SM
Preventive Care^{1,2}	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Hospice	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>

	Blue Cross Medicare Advantage Basic (HMO) SM		
INPATIENT CARE			
Inpatient Hospital Care^{1,2}	Our plan covers an unlimited number of days for an inpatient hospital stay. \$190 copay per day for days 1 through 7 You pay nothing per day for days 8 through 90 You pay nothing per day for days 91 and beyond		
Inpatient Mental Health Care	For inpatient mental health care, see the “Mental Health Care” section of this booklet.		
Skilled Nursing Facility (SNF)^{1,2}	Our plan covers up to 100 days in a SNF. You pay nothing per day for days 1 through 10 \$40 copay per day for days 11 through 20 \$135 copay per day for days 21 through 100		
PRESCRIPTION DRUG BENEFITS			
How much do I pay?	For Part B drugs such as chemotherapy drugs ¹ : 20% of the cost Other Part B drugs ¹ : 20% of the cost		
Initial Coverage	You pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.		
	Preferred Retail Cost-Sharing		
	Tier	One-month Supply	Three-month Supply
	Tier 1 (Preferred Generic)	\$0	\$0
	Tier 2 (Non-Preferred Generic)	\$6 copay	\$18 copay
	Tier 3 (Preferred Brand)	\$39 copay	\$117 copay
	Tier 4 (Non-Preferred Brand)	\$85 copay	\$255 copay
	Tier 5 (Specialty Tier)	33% of the cost	33% of the cost

	Blue Cross Medicare Advantage Basic Plus (HMO) SM		
	Standard Retail Cost-Sharing		
	Tier	One-month Supply	Three-month Supply
	Tier 1 (Preferred Generic)	\$5 copay	\$15 copay
	Tier 2 (Non-Preferred Generic)	\$11 copay	\$33 copay
	Tier 3 (Preferred Brand)	\$44 copay	\$132 copay
	Tier 4 (Non-Preferred Brand)	\$95 copay	\$285 copay
	Tier 5 (Specialty Tier)	33% of the cost	33% of the cost
	Standard Mail-Order Cost-Sharing		
	Tier	Three-month Supply	
	Tier 1 (Preferred Generic)	\$15 copay	
	Tier 2 (Non-Preferred Generic)	\$33 copay	
	Tier 3 (Preferred Brand)	\$132 copay	
	Tier 4 (Non-Preferred Brand)	\$285 copay	
	If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.		
Coverage Gap	Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960. After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap. Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.		

	Blue Cross Medicare Advantage Basic Plus (HMO) SM			
	Preferred Retail Cost-Sharing			
	Tier	Drugs Covered	One-month Supply	Three-month Supply
	Tier 1 (Preferred Generic)	All	\$0	\$0
	Tier 2 (Non-Preferred Generic)	All	\$6 copay	\$18 copay
	Standard Retail Cost-Sharing			
	Tier	Drugs Covered	One-month Supply	Three-month Supply
	Tier 1 (Preferred Generic)	All	\$5 copay	\$15 copay
	Tier 2 (Non-Preferred Generic)	All	\$11 copay	\$33 copay
	Standard Mail-Order Cost-Sharing			
	Tier	Drugs Covered	Three-month Supply	
	Tier 1 (Preferred Generic)	All	\$15 copay	
	Tier 2 (Non-Preferred Generic)	All	\$33 copay	
	Blue Cross Medicare Advantage Basic (HMO) SM			
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of: 5% of the cost, or \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs.			

SECTION III: ADDITIONAL INFORMATION ABOUT BLUE CROSS MEDICARE ADVANTAGE

Benefit	Blue Cross Medicare Advantage Basic (HMO)
<p>Monthly over-the-counter (OTC) purchase allowance</p> <p>If you are a member of a plan with an OTC benefit, you will receive a card with a pre-funded monthly benefit allowance. With this allowance, you may purchase eligible OTC and health-related items (i.e. aspirin, cold & flu relief medications, and adhesive bandages) at any participating pharmacy.</p>	\$40.00
<p>Silver Sneakers</p> <p>The SilverSneakers® Fitness Program is the nation’s leading exercise program designed exclusively for Medicare beneficiaries. Eligible members receive a standard fitness center membership where they can enjoy specialized low-impact SilverSneakers® classes focusing on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination.</p>	Included

† SilverSneakers ® is a registered mark of Healthways, Inc. Healthways SilverSneakers ® Fitness Program is a wellness program owned and operated by Healthways, Inc, an independent company. ® Registered Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-774-8592. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-774-8592. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-774-8592。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-774-8592。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-774-8592. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-774-8592. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-774-8592 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-877-774-8592. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-774-8592 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-774-8592. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى بمساعدتك. هذه خدمة مجانية الاتصال بنا على 1-877-774-8592. سيقوم شخص ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-774-8592 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-774-8592. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-774-8592. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-774-8592. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-774-8592. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-774-8592 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



**BlueCross BlueShield
of Texas**

Plans available in Chambers Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery, and Orange counties.

HMO plans provided by Blue Cross and Blue Shield of Texas, which refers to GHS Insurance Company (GHS), an Independent Licensee of the Blue Cross and Blue Shield Association. GHS is a Medicare Advantage organization with a Medicare contract. Enrollment in GHS' plans depends on contract renewal.

Blue Cross Medicare AdvantageSM Individual Enrollment Form

Please contact Blue Cross Medicare Advantage if you need information in another language or format (Braille).


To enroll in Blue Cross Medicare Advantage, please provide the following information:

Please check which plan you want to enroll in: (Check ONLY one)	HMO Options:		
	<input type="checkbox"/> Blue Cross Medicare Advantage Basic (HMO) SM		\$0 per month
LAST name:		FIRST name:	Middle Initial: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birth Date: <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> (M M / D D / Y Y Y Y)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: <div>()</div> Alternate Phone Number: <div>()</div>
Permanent Residence Street Address (P.O. Box is not allowed):			
City:		County:	State: ZIP Code:
Mailing Address (only if different from your Permanent Residence Address):			
Street Address:		City:	State: ZIP Code:
Emergency contact:			
Phone Number:		Relationship to You:	
E-mail Address:			

Please Provide Your Medicare Insurance 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.
- You must have Medicare Part A and Part B to join a Medicare Advantage plan.

	
Name: _____	
Medicare Claim Number	Sex _____
_____ - _____ - _____	
is Entitled To	Effective Date
HOSPITAL (Part A)	_____
MEDICAL (Part B)	_____

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

<input type="checkbox"/> I am new to Medicare.	
<input type="checkbox"/> I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date).	/ /
<input type="checkbox"/> I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date).	/ /
<input type="checkbox"/> I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.	
<input type="checkbox"/> I get extra help paying for Medicare prescription drug coverage.	
<input type="checkbox"/> I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date).	/ /
<input type="checkbox"/> I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date).	/ /
<input type="checkbox"/> I recently left a PACE program on (insert date).	/ /
<input type="checkbox"/> I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date).	/ /
<input type="checkbox"/> I am leaving employer or union coverage on (insert date).	/ /
<input type="checkbox"/> I belong to a pharmacy assistance program provided by my state.	
<input type="checkbox"/> My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.	
<input type="checkbox"/> I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date).	/ /

If none of these statements apply to you or you're not sure, please contact Blue Cross Medicare Advantage at 1-877-774-8592 (TTY/TDD users should call 711) to see if you are eligible to enroll. We are open 8 a.m. - 8 p.m., local time, 7 days a week. From February 15 - September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Paying Your Plan Premium

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 your monthly plan premium including any late enrollment penalty that you currently have or may owe 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 or Railroad Retirement Board (RRB) 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 RRB. Do NOT pay Blue Cross and Blue Shield of Texas (BCBSTX) the Part D-IRMAA.

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 co-insurance. 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 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.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

<input type="checkbox"/> Get a bill	
<input type="checkbox"/> Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following: Account Holder Name: _____	
Bank routing number: _____	Bank account number: _____
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	
<input type="checkbox"/> Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. (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.)	

Please read and answer these important questions:

1. Do you have End-Stage Renal Disease (ESRD)? ☐ Yes ☐ No
If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.
2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.
Will you have other prescription drug coverage in addition to Blue Cross Medicare Advantage? ☐ Yes ☐ No
If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:
Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____
3. 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): _____
4. Are you enrolled in your State Medicaid Program? ☐ Yes ☐ No
If yes, please provide your Medicaid number: _____
5. Do you or your spouse work? ☐ Yes ☐ No

Please choose the name of a Primary Care Physician (PCP), clinic or health center:

PCP First Name:	PCP Last Name:	PCP ID#:	Current Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:

- ☐ Spanish
☐ Braille/Large Print

Please contact Blue Cross Medicare Advantage at 1-877-774-8592 if you need information in another format or language than what is listed above. Our office hours are 8 a.m. - 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. (TTY/TDD users should call 711.)

Please Read This Important Information



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

Please Read and Sign Below

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

Blue Cross Medicare Advantage is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. 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, (Example: October 15 - December 7 of every year), or under certain special circumstances.

Blue Cross Medicare Advantage serves a specific service area. If I move out of the area that Blue Cross Medicare Advantage serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Blue Cross Medicare Advantage, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Blue Cross Medicare Advantage when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually 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 Cross Medicare Advantage coverage begins, I must get all of my health care from Blue Cross Medicare Advantage except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Blue Cross Medicare Advantage and other services contained in my Blue Cross Medicare Advantage Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR BLUE CROSS MEDICARE ADVANTAGE WILL PAY FOR THE SERVICES.**

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

Subscriber hereby expressly acknowledges its understanding this agreement constitutes a contract solely between Subscriber and BCBSTX, which is an independent corporation operating under a license from the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans (the "Association"), permitting BCBSTX to use the Blue Cross and/or Blue Shield Service Marks in the State of Texas, and that BCBSTX is not contracting as the agent of the Association. Subscriber further acknowledges and agrees that it has not entered into this agreement based upon representations by any person other than BCBSTX and that no person, entity, or organization other than BCBSTX shall be held accountable or liable to Subscriber for any of BCBSTX's obligations to Subscriber created under this agreement. This paragraph shall not create any additional obligations whatsoever on the part of BCBSTX other than those obligations created under other provisions of this agreement.

Release of Information:

By joining this Medicare health plan, I acknowledge that Blue Cross Medicare Advantage 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 Medicare Advantage 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 my signature (or the signature of the person authorized to act on my behalf under the laws of the State 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 from Medicare.

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:

Office Use Only:

Plan ID #:		Effective Date of Coverage: <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> ICEP/IEP	<input type="checkbox"/> AEP	<input type="checkbox"/> SEP (type):	<input type="checkbox"/> Not Eligible
Name of staff member/agent/broker (if assisted in enrollment):			
LC:		Referral ID:	

Agent Information

To receive your compensation, you must complete the following information, and the enrollee must meet certain requirements (see information to right). If you do not complete this section of the form, you will not be paid for this enrollee.

As the producer, I attest that the following information is true. By signing this enrollment form, I understand that providing false information can lead to disciplinary action up to and including loss of compensation payments and/or termination of the Blue Cross Medicare Advantage amendment.

Requirements for compensation payments:

- Be licensed and, where applicable, appointed;
- Successfully completed the 2015 Blue Cross Medicare Advantage training and certification program prior to marketing, selling, signing any enrollment form or conducting service for Blue Cross Medicare Advantage; and
- Enrolled a member who has been approved by CMS, paid three consecutive months' premium payments; and has not voluntarily disenrolled within first 90 days of enrollment.

	Yes	No
I fulfilled the CMS annual training requirement by completing the 2015 Blue Cross Medicare Advantage training and certification program requirements and did so before marketing, selling or conducting service with this enrollee.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, identify the course you completed. <input type="checkbox"/> Blue Cross Medicare Advantage <input type="checkbox"/> AHIP and Blue Cross Medicare Advantage		
Other (please specify) _____		
	Yes	No
I conducted a personal face-to-face marketing appointment with this applicant.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
As a result of the personal face-to-face marketing appointment, I have a signed Scope of Appointment Form and understand I may be asked to provide this documentation as part of the Blue Cross Medicare Advantage Monitoring and Oversight Program.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> N/A	
	Yes	No
I provided the enrollee with information about eligibility requirements, enrollment periods, lock-in provisions, benefits, premiums, use of network pharmacies, billing options and the availability of extra help prior to his or her completing this enrollment form.	<input type="checkbox"/>	<input type="checkbox"/>

Please enter the following information carefully and legibly. Accurate and timely compensation payments depend on this information.

Writing Agent ID# (This is your BCBSTX assigned ID #.): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not SSN or TID)		Phone Number:	
First Name:		Middle Initial:	Last Name:
Agency Name (insert N/A if not applicable):		Agency Number (This is the BCBSTX assigned agency ID #.): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not SSN or TID)	

Producer Signature: X

Date: //

HMO plan available in Chambers, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery, and Orange counties.

HMO plans provided by Blue Cross and Blue Shield of Texas, which refers to GHS Insurance Company (GHS), an Independent Licensee of the Blue Cross and Blue Shield Association. GHS is a Medicare Advantage organization with a Medicare contract. Enrollment in GHS' plans depends on contract renewal.

	Blue Cross Medicare Advantage Basic (HMO) SM	Blue Cross Medicare Advantage Choice Plus (PPO) SM		Blue Cross Medicare Advantage Choice Premier (PPO) SM	
	Houston Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Premium*	\$0	\$35		\$55	
Annual Physical Exam	\$0 copay	\$0 copay	40% coinsurance	\$0 copay	30% coinsurance
Doctors Office Visits Primary Care Physician Specialist	\$0 copay \$35 copay	\$20 copay \$40 copay	40% coinsurance	\$15 copay \$35 copay	30% coinsurance
Chiropractic Services	\$20 copay	\$20 copay	40% coinsurance	\$20 copay	30% coinsurance
Over-the-Counter Monthly Purchase Allowance†	\$40	not available		not available	
Diabetes Self-management training, supplies and services	Training: \$0 coinsurance Diabetic Test Strips: 0% coinsurance for items from certain manufacturers when purchased at the pharmacy Other supplies and services: 0% - 20% coinsurance				
Eye Exams Specialist eye exam	\$0 copay for 1 specialist exam	\$0 copay for 1 specialist exam	40% coinsurance	\$0 copay for 1 specialist exam	30% coinsurance
Dental Services Preventive Comprehensive	not covered not covered	not covered not covered	not covered not covered	covered not covered	covered not covered
Emergency Care	\$65 copay				
Inpatient Hospital	\$190/day copay (days 1-7)	\$300/day copay (days 1-7)	40% coinsurance	\$250/day copay (days 1-7)	\$400/day copay (days 1-7)
	\$0 copay for additional days	\$0 copay for additional days		\$0 copay for additional days	
Outpatient Services/Surgery	\$250 copay	\$225 copay	40% coinsurance	\$225 copay	30% coinsurance
Skilled Nursing Facilities	\$0/day copay (days 1-10) \$40/day copay (days 11-20) \$135/day copay (days 21-100)	\$0 copay (days 1-10) \$40/day copay (days 11-20) \$125/day copay (days 21-100)	40% coinsurance	\$0 copay (days 1-10) \$40/day copay (days 11-20) \$125/day copay (days 21-100)	30% coinsurance
Maximum Out-of-Pocket	\$3,400	\$3,400	\$5,100	\$3,400	\$5,000
Travel Out of Service Area	Plan covers you when you travel in the U.S. or its territories.				
Prescription Drug Utilization Benefit Management Programs	Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSTX and you may first need to try more clinically appropriate or cost effective drugs.				

Compare the prescription drug benefits of all 3 Blue Cross Medicare AdvantageSM plans.

The added convenience of having your prescription drugs covered is another great reason to choose all-in-one Blue Cross Medicare Advantage.

		Blue Cross Medicare Advantage Basic (HMO) SM		Blue Cross Medicare Advantage Choice Plus (PPO) SM		Blue Cross Medicare Advantage Choice Premier (PPO) SM	
Annual Prescription Deductible Amount you pay before Blue Cross Medicare Advantage begins to pay		\$0		\$0		\$0	
	Tiers	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Initial Coverage Period Copays Annual drug costs up to \$2,960 (30-day supply)	Tier 1	\$0 copay	\$5 copay	\$0 copay	\$5 copay	\$0 copay	\$5 copay
	Tier 2	\$6 copay	\$11 copay	\$6 copay	\$11 copay	\$6 copay	\$11 copay
	Tier 3	\$39 copay	\$44 copay	\$39 copay	\$44 copay	\$39 copay	\$44 copay
	Tier 4	\$85 copay	\$95 copay	\$85 copay	\$95 copay	\$85 copay	\$95 copay
	Tier 5	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Gap Coverage Annual drug costs exceeding \$2,960 (up to a total of \$4,700 out-of-pocket costs)		You'll pay \$0 / \$5 for drugs in Tier 1 and \$6 / \$11 for drugs in Tier 2. Otherwise, you'll pay 45% of the cost of Brand Name drugs and 65% of the cost of Generic drugs on Tiers 3, 4 and 5.		You'll pay 45% of the plan's cost for covered Brand Name Drugs and 65% of the plan's cost for Generic Drugs			
After the Gap Copays After your total out-of-pocket costs exceed \$4,700		You pay whichever is greater: Tiers 1 & 2 - \$2.65 copay or 5% coinsurance for your drug Tiers 3 & 4 - \$6.60 copay or 5% coinsurance for your drug Tier 5 - 5% coinsurance for your drug					

- Tier 1

- Preferred Generic Drugs
- Tier 2

- Non-Preferred Generic Drugs
- Tier 3

- Preferred Brand Drugs
- Tier 4

- Non-Preferred Brand Drugs
- Tier 5

- Specialty Drugs

Blue Cross Medicare Advantage Preferred Network Pharmacies and their affiliates include:
Other network pharmacies are available in our network.



All Blue Cross Medicare Advantage plans provide coverage for preventive services. Please see your Summary of Benefits or visit www.getbluetx.com/mapd for more specific information.

* You must continue to pay your Medicare Part B premium.
The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.
Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments, and restrictions may apply.

† Over the counter purchase allowance may not be available in all plans. This is not a mail order card.

HMO plan available in Chambers, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery, and Orange counties.
PPO plans available in Bastrop, Burnet, Caldwell, Chambers, Collin, Dallas, Denton, Fayette, Fort Bend, Harris, Hays, Lee, Montgomery, Tarrant, Travis, and Williamson counties.

HMO and PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. HISC is a Medicare Advantage organization with a Medicare contract. Enrollment in HISC's plan depends on contract renewal.



You are enrolled. What's next?



Questions?

Call Blue Cross
Medicare AdvantageSM
Customer Service

1-877-774-8592
TTY/TDD: 711

We are open 8 a.m. - 8 p.m.,
local time, 7 days a week.

If you are calling from
February 15 through
September 30, alternate
technologies (for example,
voicemail) will be used on
weekends and holidays.

1	Blue Cross Medicare Advantage SM enrollment confirmation	Medicare must approve your enrollment form before you are officially a member.
2	Medicare enrollment confirmation letter	You will receive a letter ten days after Medicare approves your enrollment with Blue Cross Medicare Advantage.
3	Blue Cross Medicare Advantage ID Card	Show your Blue Cross Medicare Advantage ID card to your health care provider and your pharmacist.
4	Welcome Kit	Your Welcome Kit includes: <ul style="list-style-type: none">• Evidence of Coverage• Formulary• Pharmacy Directory• Provider Directory• Welcome brochure
5	Health Assessment	We will call you to ask some questions about your health (a health risk assessment). You may have answered some of these questions when you first enrolled, but we'd like to check on the information now.
6	Annual Wellness Exam	Call your health care provider to plan a visit for your annual wellness exam. You can also talk with your health care provider about health screenings you might need or other health and wellness matters during your visit.

Blue Cross Medicare Advantage PPO plans provided by HCSC Insurance Services Company (HISC), and HMO plans provided by GHS Insurance Company (GHS), Independent Licensees of the Blue Cross and Blue Shield Association. HISC and GHS are Medicare Advantage organizations with a Medicare contract. Enrollment in HISC's and GHS' plans depends on contract renewal.