



How to enroll in Blue Cross and Blue Shield of Nebraska Medicare Advantage

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan’s service area.

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year for coverage starting January 1
- Within 3 months of first getting Medicare
- In certain situations where you’re allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can’t be denied coverage because you don’t fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan’s premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

- Send your completed and signed form to:
Blue Cross and Blue Shield of Nebraska
PO Box 261276
Plano, TX 75026

Once they process your request to join, they’ll contact you.

How do I get help with this form?

Call Blue Cross and Blue Shield of Nebraska at **844-899-6060**. TTY users can call **711**.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Blue Cross and Blue Shield of Nebraska al 844-899-6060/711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren’t about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See “What happens next?” on this page to send your completed form to the plan.

By providing your telephone numbers, you agree that we, along with our affiliates and/or vendors, may call or text any phone numbers you give us, including a wireless number, using an automatic telephone dialing system and/or a prerecorded message. Without limit, these calls may be about treatment options, other health-related benefits and services, enrollment, payment, or billing.



**BlueCross
BlueShield**
Nebraska

An independent licensee of the Blue Cross
and Blue Shield Association

**2021 INDIVIDUAL
ENROLLMENT FORM
Medical and Prescription
Drug Coverage
(Coverage Effective 2021)**

Office Use Only:

Please contact Blue Cross and Blue Shield of Nebraska Medicare Advantage at **844-899-6060**, (TTY users should call 711) if you need information in an accessible format or language. We are open 8 a.m. to 8 p.m. CT, seven days a week from Oct. 1 through Mar. 31; 8 a.m. to 8 p.m. CT, Monday-Friday from Apr. 1 through Sep. 30.

**To enroll in Blue Cross and Blue Shield of Nebraska Medicare Advantage,
please provide the following information.**

Sec. 1 All fields on this page are required (unless marked optional)

**Blue Cross and Blue Shield of Nebraska Medicare Advantage is available in the following counties:
Burt, Butler, Cass, Colfax, Cuming, Dodge, Douglas, Gage, Lancaster, Otoe, Saline, Sarpy, Saunders,
Seward, and Washington.**

Please check which plan you want to enroll in:

Blue Cross Blue Shield Nebraska MA Choice (HMO-POS) - \$44 monthly premium

FIRST name LAST name Optional: Middle initial

Birth date (MM/DD/YYYY) Sex Phone number
/ / Male Female ()

Permanent residence street address (Do not enter a P.O. Box)

City Optional: County State ZIP code

Mailing address - if different from your permanent address - PO Box allowed

Street address _____

City _____ State _____ ZIP code _____

Your Medicare information:

Medicare Number:

____ - ____ - ____ - ____

Answer these important questions

Some individuals may have other medical or 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** (like VA, TRICARE) in addition to a Blue Cross and Blue Shield of Nebraska Medicare Advantage plan? Yes No

Name of other coverage: Member Number for this coverage: Group # for this coverage:

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Blue Cross and Blue Shield of Nebraska.
- By joining this Medicare Advantage Plan, I acknowledge that Blue Cross and Blue Shield of Nebraska will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Blue Cross and Blue Shield of Nebraska coverage begins, I must get all of my medical and prescription drug benefits from Blue Cross and Blue Shield of Nebraska. Benefits and services provided by Blue Cross and Blue Shield of Nebraska and contained in my Blue Cross and Blue Shield of Nebraska "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Cross and Blue Shield of Nebraska will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 Medicare.

Signature

Today's date

If you are the authorized representative of the enrollee (not agent/broker), sign above and fill out these fields:

Name

Phone number
()

Address

City

State

ZIP code

Relationship to enrollee

Sec. 2

All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Please contact Blue Cross and Blue Shield of Nebraska at 888-488-9850 if you need information in an accessible format or another language. Our office hours are 8 a.m. to 8 p.m. CT, seven days a week from Oct. 1 through Mar. 31; 8 a.m. to 8 p.m. CT, Monday-Friday from Apr. 1 through Sep. 30. TTY users can call 711.

Do you work? Yes No Does your spouse work? Yes No

Optional: Please provide a primary care physician (PCP) if you have one.

Regular doctor _____

Phone number () _____

I want to get the following materials via email. Select one or more.

Medicare Advantage Member Newsletter

E-mail address: _____

If you are currently enrolled in a Medicare supplement plan, you must first disenroll from the Medicare supplement plan, because submitting this application doesn't automatically disenroll you. Please contact Blue Cross and Blue Shield of Nebraska Medicare Advantage at **844-899-6060** (TTY users should call 711) if you need information in an accessible format or language. We are open 8 a.m. to 8 p.m. CT, seven days a week from Oct. 1 through Mar. 31; 8 a.m. to 8 p.m. CT, Monday-Friday from Apr. 1 through Sep. 30.

- Part A effective date _____
- Part B effective date _____
- Requested Coverage Effective Date (pending CMS approval) _____

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 an automatic withdrawal from your bank account each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month. If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Blue Cross and Blue Shield of Nebraska the Part D-IRMAA.

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'll bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you'll get a bill each month. We encourage you to choose automatic deductions so you don't have to receive a monthly statement or write a check.

You should know that Social Security LIMITS the automatic deduction amount allowed from your benefit check. If you select a plan with a monthly premium over the Social Security limit, the premium can't be taken out of your Social Security check. Instead you must pay your premium directly to us, including any unpaid premiums. Please understand that it may take up to three months for SSA deductions to start. Any unpaid premiums will be billed directly to you.

Please select a premium payment option:

Automatic withdrawal from your bank account each month. Please allow up to 60 days to process your request. Please pay any premium bill you may receive while your request is processing. Future monthly premiums will be automatically withdrawn from your specified account on the first day of each month or next business day.

Please enclose a VOIDED check or provide the following:

Account holder name: _____

Bank routing number: _____

(first set of numbers located on left side of check)

Bank account number: _____

(second set of numbers located in the center of check)

Account type: Checking Savings

Get a monthly bill.

Paying your plan premium (continued)

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.
I get monthly benefits from: Social Security RRB

(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.)

AGENT/OFFICE USE ONLY (Applicants do not complete this section)

Note to producing agents: 2021 paper enrollment forms must be keyed into www.NebraskaBlue.com/accessmedicare within 24 hours of accepting the paper enrollment form.

Date producing agent accepted paper enrollment from Medicare eligible applicant: / /

Print name of producing agent: _____
FIRST name LAST name

Signature of producing agent: _____

Email of producing agent: _____

Agent Number:

Agent tax ID:

This section to be completed by an individual other than the agent:

I helped the applicant by partially or completely filling out the paper enrollment form on behalf of the applicant: Yes No

Name of person entering enrollment information online (print first/last name): _____
FIRST name LAST name

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.