



MedicareBlueSM PPO
A Medicare Advantage Plan

2008 Individual Plan Option Change Form

Dear MedicareBlue PPO Member:

Complete this form only if you wish to change your MedicareBlue PPO plan option.

To change to a different Medicare Advantage plan option with MedicareBlue PPO, fill out this form by checking the plan option you want and signing the form. Then mail the completed form back to us in the postage-paid envelope.

Please be aware that you can change health plans only at certain times during the year. Between November 15th and December 31st each year, anyone can enroll in our plan. In addition, you can switch plans between January 1st and March 31st, as long as you do not drop your prescription drug coverage.

If you select another plan option and we receive your completed form by the end of any month, your new benefit plan will generally begin the first of the following month. Plan premiums are listed on the inside of the form and you may continue to see any MedicareBlue PPO primary care doctors and specialists.

Please review the enclosed Summary of Benefits to learn more about the plan options prior to completing the form.

If you have any questions, please call Customer Service at 1-888-457-3009, 8 a.m. to 8 p.m., daily, Central and Mountain Time. TTY/TDD users should call 1-888-457-3005.

Thank you.



Member Name: _____

Member Number (Printed on your MedicareBlue PPO ID card): _____

Medicare ID Number (Printed on your red, white and blue Medicare ID card): _____ - _____ - _____

Please check the appropriate box below indicating which plan option you wish to change to:

MedicareBlue PPO Essential Plus Rx1

Premium - \$51.00/mo.

Prescription Drug Deductible - \$275

Copays - (In-network)

- Doctor/Specialist visits \$25
- Emergency \$50/Urgent care \$25
- Hospital \$750
- Vision/hearing exam \$25

Prescription Drug Initial Coverage Limit - \$2,510

Out-of-pocket maximum - \$3,000 (In-network, medical only)

Prescription Drug - Included, separate cost sharing applies

MedicareBlue PPO Enhanced Plus Rx2

Premium - \$144.00/mo.

Prescription Drug Deductible - \$0

Copays - (In-network)

- Doctor/Specialist visits \$10
- Emergency \$50/Urgent care \$10
- Hospital \$100
- Travel benefit - Included
- Vision/hearing exam \$10

Prescription Drug Initial Coverage Limit - \$2,510

Out-of-pocket maximum - \$1,500 (In-network medical only)

Prescription Drug - Included, separate cost sharing applies

MedicareBlue PPO Enhanced Plus Rx1

Premium - \$90.00/mo.

Prescription Drug Deductible - \$275

Copays - (In-network)

- Doctor/Specialist visits \$10
- Emergency \$50/Urgent care \$10
- Hospital \$100
- Travel benefit - Included
- Vision/hearing exam \$10

Prescription Drug Initial Coverage Limit - \$2,510

Out-of-pocket maximum - \$1,500 (In-network, medical only)

Prescription Drug - Included, separate cost sharing applies

MedicareBlue PPO Enhanced Plus Rx3

Premium - \$201.00/mo.

Prescription Drug Deductible - \$0

Copays - (In-network)

- Doctor/Specialist visits \$10
- Emergency \$50/Urgent care \$10
- Hospital \$100
- Travel benefit - Included
- Vision/hearing exam \$10

Out-of-pocket maximum - \$1,500 (In-network, medical only)

Prescription Drug - Included, separate cost sharing applies;
Level 1: Generic drug overage in coverage gap

Please mail this form to:

MedicareBlue PPO
 Customer Service
 P.O. Box 8438
 Philadelphia, PA 19101-8438

By joining MedicareBlue PPO Enhanced Plus Rx3, I attest that I am not receiving any financial support from my current or former employer or union group (or my spouse's current or former employer/union group) intended for the purchase of prescription drugs or prescription drug coverage or to pay for, in whole or in part, my enrollment in a Medicare drug plan.

You cannot enroll in MedicareBlue PPO Enhanced Plus Rx3 if your current or former employer helps pay for your drugs.

Distribution: White Copy: Carrier / Yellow Copy: Applicant

Enrollment Period Determination

Typically, you may enroll in a Medicare Advantage plan during the annual enrollment period between November 15 and December 31 of each year. In addition, you can enroll in a Medicare Advantage plan during the open enrollment period between January 1 and March 31 of each year, as long as you do not drop your prescription drug coverage. However, there are exceptions that may allow you to enroll in a Medicare Advantage plan outside of these periods. Please read the following statements and check one box to the left of the statement and we will contact you for additional information.

- I am enrolling during the annual enrollment period, November 15 through December 31
- I am enrolling during the Medicare Advantage open enrollment period, January 1 through March 31
- I am new to Medicare. My effective date is (mm/dd/yyyy) ___ / ___ / _____
- I moved outside of the service area for my current plan on (mm/dd/yyyy) ___ / ___ / _____
- I have both Medicare and Medicaid or my state helps pay for my Medicare premiums
- I receive extra help paying for Medicare prescription drug coverage as of (mm/dd/yyyy) ___ / ___ / _____
- I live in a Long Term Care Facility (for example, a nursing home or long term care facility) as of (mm/dd/yyyy) ___ / ___ / _____
- I moved "out" of a Long Term Care Facility (for example, a nursing home or long term care facility) as of (mm/dd/yyyy) ___ / ___ / _____
- I left a PACE program on (mm/dd/yyyy) ___ / ___ / _____
- I involuntarily lost my creditable prescription drug coverage (as good as Medicare's) on (mm/dd/yyyy) ___ / ___ / _____
- I am either losing coverage I had from an employer or union or leaving employer or union coverage on (mm/dd/yyyy) ___ / ___ / _____
- I belong to a pharmacy assistance program provided by my state
- I am no longer eligible for extra help paying for my Medicare prescription drugs as of (mm/dd/yyyy) ___ / ___ / _____
- I am enrolled in the Original Medicare Plan
- Other Medicare Advantage coordinated special enrollment periods as of (mm/dd/yyyy) ___ / ___ / _____

If none of the statements apply to you or if you are not sure, please call Customer Service at 1-888-457-3009, 8 a.m. to 8 p.m., daily, Central and Mountain Time (TTY/TDD: 1-888-457-3005), to see if you are eligible to enroll.

Your Plan Premium

You can pay your monthly plan premium by mail or by Electronic Funds Transfer (EFT) each month. After your coverage takes effect, you can also choose to pay your premium by automatic deduction from your Social Security check each month. If you are interested in this payment option, please contact us at 1-888-457-3009, 8 a.m. to 8 p.m., daily, Central and Mountain Time (TTY/TDD: 1-888-457-3005). 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. Generally, you must stay with the option you choose for the rest of this year. If you don't select a payment option, you will receive a bill each month. **Please select a premium payment option (do not send a payment with this application):**

- Receive a paper bill each month Electronic Funds Transfer (complete EFT form)*

*If you do not have EFT, call Customer Service to receive an EFT form, or visit www.YourMedicareSolutions.com to download a copy.

I have reviewed the Summary of Benefits before completing this form. I want to transfer from my current plan option to the plan option I have selected here. 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 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 MedicareBlue PPO or Medicare. I understand that if this form is received by the end of any month, my new plan option will generally be effective the 1st of the following month.

Signature: _____ Date: _____

If you are the authorized representative, you MUST provide the following information:

Name (Print): _____ Phone Number: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Relationship to Enrollee: _____

For More Information...

Contact your authorized independent agent

Or call MedicareBlue PPO toll-free: 1-888-457-3009

TTY/TDD users should call: 1-888-457-3005

8 a.m. to 8 p.m., daily, Central and Mountain Time

Or visit us on the Web at **www.YourMedicareSolutions.com**