



## 2008 MAPD PLAN OPTION CHANGE FORM

Please use this form ONLY if you want to change from your current Blue Medicare PPO coverage option to one of our new coverage options (Value or Premier).

Generally, you may only change your Blue Medicare PPO plan option during the annual coordinated election period (AEP), which is between November 15 and December 31 of each year, unless you qualify for a special enrollment period (SEP).

Before you complete the information on this form, please do the following:

- 1) Carefully review the Summary of Benefits (either enclosed with this form or via our web site [www.bcbsnm.com](http://www.bcbsnm.com)) for the benefits and monthly premium that best meet your needs.
- 2) Get out your Blue Medicare PPO ID card, because you'll need it to fill out some of the information below.

Upon completing this form, mail the form to us in the enclosed postage-paid envelope. If one has not been provided to you, please refer to the last page of this form for the mailing address.

For more information about the enrollment periods, whether you qualify for an SEP, or the 2008 benefits, please call our Customer Service Department at 1-866-308-4781, 8:00 a.m. - 8:00 p.m., local time, 7 days a week. For the hearing or speech impaired, please call 1-800-538-0380.

**Remember: Complete this form only if you wish to change your current Blue Medicare PPO plan option.**

Member Name: \_\_\_\_\_

Member Number (Printed on your Blue Medicare PPO ID card):

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

-  -

**In which enrollment period are you changing your plan option?**

- AEP: Annual Election Period (November 15 - December 31)**
- Please complete Sections 1 and 3 only
  - Sign the form (see Section 3) and return it in the enclosed postage-paid envelope or to the address on the back of this form
  - Effective date of change: January 1, 2008
- SEP: Special Election Period (See section 2 for qualifying events)**
- Please complete Sections 1, 2 and 3
  - Sign the form (see Section 3) and return it in the enclosed postage-paid envelope or to the address on the back of this form
  - Effective date of change: Generally the first of the month following receipt of this form (i.e., if we receive the form on March 28, generally your effective date will be April 1)

## SECTION 1

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

- Blue Medicare PPO Value** - Monthly Premium - \$0.00
- Blue Medicare PPO Premier** - Monthly Premium - \$67.90

## SECTION 2

### Information to Determine Enrollment Periods

Typically, you may only change your Blue Medicare PPO plan during the annual open enrollment period between November 15 and December 31 of each year. However, there are exceptions that may allow you to change Blue Medicare PPO plans outside of the annual open enrollment period.

Please review the following statements, then check the box that applies to you. If additional information is necessary, Blue Cross and Blue Shield of New Mexico will contact you.

- I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.  
Please list the date you became eligible for help paying your Medicare premiums.  
□□/□□/□□□□
- I receive extra help or I am no longer eligible for extra help paying for Medicare prescription drug coverage.  
Please list the date you became eligible for extra help or stopped being eligible for extra help.  
□□/□□/□□□□
- I live in or recently moved out of a Long Term Care Facility (for example, a nursing home or long term care facility). Please list the date you moved into or moved out of the Long Term Care Facility.  
□□/□□/□□□□
- I belong to a pharmacy assistance program provided by my state.  
Please list the date you became eligible for the pharmacy assistance program.  
□□/□□/□□□□

If none of these statements applies to you, or if you are not sure, please contact us to see if you are eligible to enroll.

## SECTION 3

### Please Read and Sign Below

I have reviewed the Summary of Benefits before completing this form. I want to change from my current Blue Medicare PPO plan option to the plan option I have selected.

Signature: **X** \_\_\_\_\_ Today's Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Enrollee: \_\_\_\_\_

**Agent Information if Applicable: (Please Print)**

Note: This section should identify the agent OR agency that is to be compensated for this applicant.

Agent OR Agency Name: \_\_\_\_\_

Agent Code: (i.e., Tax ID#) \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Agency Name: (if applicable) \_\_\_\_\_

The person that is discussing plan options with you is either employed by or contracted with Blue Medicare PPO. This person may be compensated based on your enrollment in Blue Medicare PPO.

Please mail this completed form in the postage-paid envelope provided or to the address below.

**Blue Medicare PPO**  
P.O. Box 3567  
Scranton, PA 18503



<sup>SM</sup> Service Mark of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

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Blue Cross and Blue Shield of New Mexico refers to HCSC Insurance Services Company, which is a wholly owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association and offer or provide services for Medicare Advantage and Part D products under contract number H3208 with the Centers for Medicare and Medicaid Services.