

Ready To Sign Up?

Have your Medicare ID card handy, and let's get started!

Choose the way to enroll that's best for you	
	<p>Paper: Use the paper enrollment form that is included in this enrollment kit. Once you are done filling it out, you can mail the form to Florida Blue. (One form must be filled out for each person who enrolls.)</p>
	<p>On-Line: Use the online form at bluemedicarefl.com. You'll be guided through the process of completing and submitting the enrollment form and the system will prompt you if you left anything missing or incomplete.</p>
	<p>Licensed Sales Agent: An agent can help you choose the best plan for YOU and can also offer you help in filling out and submitting the enrollment form. The agent will be employed by or contracted with Florida Blue and may be paid based on your enrollment in a plan.</p> <ul style="list-style-type: none"> • Visit your local Florida Blue Center or agent; or • Call and speak with one of our agents at 1-800-876-2227. (TTY users should call 1- 800-955-8770.)

Helpful tips for filling out your enrollment form

1. No matter which way you choose to enroll, make sure you don't skip any sections. If the enrollment form you submit is missing information, **it could delay your start date.**
2. When choosing a plan, select only ONE plan name.
3. Where requested, be sure to fill in the Part A and Part B effective dates from your Medicare ID card.
4. If you choose an HMO plan, write in your choice for a primary care physician (PCP). If you do not write in your choice for a PCP, one will be chosen for you.
5. Are you signing up between October 15 and December 7? If your answer is no, then go to the "Attestation of Eligibility for an Enrollment Period" section, and choose the reason that best describes why you qualify to sign up for coverage outside the regular enrollment period.

Other Important information:

- If you currently have health coverage through an employer or union, joining one of our plans could affect your employer or union health benefits. You could lose your employer or union health coverage if you join this plan. Read the communications your employer or union sends you. If you have questions, contact their office.
- If you need to give us permission to release your health information to someone else, please complete the "Authorization to Release Protected Health Information" form included in this booklet and send it (the original, not a photocopy) in with your enrollment form. Otherwise, we will protect this information and release it only to you.
- If you are filling out the enrollment form on behalf of the enrollee and are the enrollee's legal guardian or conservator, or you have been granted a Durable Power of Attorney or Durable Power of Attorney for Health Care, you must attest that you have the authority under state law to fill out the enrollment form. You must also confirm that proof of your authority is available and can be provided to the Centers for Medicare & Medicaid Services if requested.



FREQUENTLY ASKED QUESTIONS

Q: What is a scope of appointment (SOA) form, and why am I being asked to complete it?

A: According to Medicare guidelines, when you meet with an agent they can talk only about the products you choose to discuss. Medicare asks you to complete an SOA form that shows which Medicare Advantage and/or Part D products you wish to discuss. The form is intended to protect you. Completing the form does not mean you have enrolled in a plan. Your agent may also complete this form over the phone instead of using a paper copy.

Q: What is an enrollment verification checklist?

A: When you meet with an agent to enroll in a plan, your agent will look up how your plan will cover medications you take (including cost, tier and requirements/limitations). Your agent will also look up providers you use to see if they are in your network. Your agent will fill out this information on an enrollment verification checklist you can take with you.

Q: What is a late enrollment penalty (LEP), and how does it work if I have a \$0 premium plan?

A: A late enrollment penalty (LEP) is an amount Medicare may require you to pay in addition to your monthly plan premium if you did not sign up for Medicare Parts A or B or enroll in a Medicare prescription drug plan when you were first eligible. You must also pay a Part D LEP if you had a continuous period of 63 days or more without "creditable" prescription drug coverage. ("Creditable" means the drug coverage is at least as good as Medicare Part D's standard drug coverage.) An LEP must be paid even if you are enrolled in a \$0 monthly premium plan.

Please contact us at 1-855-601-9465 for additional information. (TTY users, call 1-800-955-8770.) We are open from 8 a.m. - 8 p.m. local time, seven days a week from October 1 - February 14, except for Thanksgiving and Christmas. From February 15 - September 30, we are open Monday - Friday, 8 a.m. - 8 p.m. local time, except for Federal holidays.

Florida Blue is a PPO, RPPO and Rx (PDP) Plan with a Medicare contract. Florida Blue HMO and Florida Blue Preferred HMO are HMO plans with a Medicare contract. Enrollment in Florida Blue, Florida Blue HMO or Florida Blue Preferred HMO depends on contract renewal.

Health coverage is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. HMO coverage is offered by Health Options, Inc., DBA Florida Blue HMO, and BeHealthy Florida, Inc., Florida Blue Preferred HMO, which are affiliates of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.