

Discover the Benefit of Blue.SM



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Prescription Drug Plan

Plan year: January 1 – December 31, 2022

Kansas

Johnson, Wyandotte counties

Blue MedicareRx Value (PDP)

Blue MedicareRx Plus (PDP)

22KCKSS5726





Summary of Benefits



Prescription Drug Plan

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Johnson, Wyandotte counties

Blue MedicareRx Value (PDP)

Blue MedicareRx Plus (PDP)

22KCKSS5726

**Thank you for your interest in our
Prescription Drug plans.**

Blue Cross and Blue Shield of Kansas City offers prescription drug plans to help you with your drug needs and to help protect you from unexpected drug costs.

Blue MedicareRx Value (PDP) and Blue MedicareRx Plus (PDP)

Blue MedicareRx Value (PDP) and Blue MedicareRx Plus (PDP) are prescription drug plans. They include prescription drug benefits only. To join these plans, the following must apply to you:

- ☐ You're entitled to Medicare Part A and/or
- ☐ You're enrolled in Medicare Part B.
- ☐ You live in our service area.

Our service area includes these counties in Kansas: Johnson, Wyandotte

Do you have questions?



- ☐ You can learn more on our website,
<https://shop.partdkansascity.com/medicare>.



- ☐ Please call us toll-free at **1-877-507-4649** (TTY: 711).
- ☐ Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

The *Summary of Benefits* does not include every service, limit, or exclusion, but the *Evidence of Coverage* does. Just give us a call to request a copy.

Know your drug plan

Prescription drugs are an important part of health and wellness

These prescription drug plans give you coverage for the drugs you need at predictable prices.

Check the plan's drug list, or Formulary, to find out:



- ☐ If your prescriptions are covered.
- ☐ The cost-sharing tier for your drugs.
- ☐ Whether your drugs are available through mail order.
- ☐ If your drugs need prior approval from the plan, or other limitations.

Know your drug plan - continued

How to check if your prescriptions (or an acceptable alternative) are covered and what they'll cost:



- ☐ Visit <https://shop.partdkansascity.com/medicare>
 1. Select **Useful Tools** and choose **Find Your Covered Drugs**.
 2. Enter your ZIP code, county and beginning coverage date.
 3. Enter your drug name, dosage, quantity and refill frequency, and select **Add Drug** or **Next**.
 4. Select your pharmacy, and then select **View All Plans**.
 5. Choose **Plan Details** and then **Drug Cost** to view the drug's tier, specific cost, and coverage details.
- ☐ You can also call us at the number on page 2 for a copy of the *Formulary*.

Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at <https://shop.partdkansascity.com/medicare>. Under **Useful Tools**, choose **Find a Pharmacy** to enter your location and search details. Preferred pharmacies are noted to the right of the pharmacy name. Or you can give us a call and we'll send you the directory.

Know your drug plan - continued



Save money at preferred pharmacies

Use certain retail pharmacies (*preferred pharmacies*) to reduce costs. Using a preferred pharmacy can lower your copays and share of the cost, but the choice is yours.

Preferred pharmacies include Albertsons/Safeway, CVS Pharmacy, Costco, Giant Eagle Pharmacy, Harris Teeter Pharmacy, H-E-B PHARMACY, Kinney Drugs, Kroger, Publix, Roundy's, Walmart and more than 5,000 independent pharmacies.

Don't miss out on some Extra Help

Medicare offers Extra Help, a program with prescription drug assistance for people who qualify. Extra Help can cover prescription drug plan deductibles, premiums, copays, and coinsurance. Plus:

- ☐ The coverage gap stage will not apply to you.
- ☐ There are no late-enrollment penalties.



To find out if you qualify for Extra Help, call:

- ☐ Our helpful representatives at **1-877-507-4649**.
- ☐ **1-800-MEDICARE (1-800-633-4227)** (TTY: **1-877-486-2048**), 24 hours a day/7 days a week.
- ☐ The Social Security Administration at **1-800-772-1213** (TTY: **1-800-325-0778**) Monday to Friday, 7 a.m. to 7 p.m.
- ☐ Your state Medicaid office.



Summary of 2022 prescription drug coverage

Ways to save

1. Choose generic drugs on tiers 1 and 2 when available.
2. Use a preferred pharmacy. To find a preferred pharmacy in this plan:
 - ☐ Visit <https://shop.partdkansascity.com/medicare> (select **Useful Tools**, and choose **Find a Pharmacy**). Preferred pharmacies are noted to the right of the pharmacy name.
 - ☐ Give us a call and we will send you a copy of the *Pharmacy Directory*.

Blue MedicareRx Value (PDP)	Blue MedicareRx Plus (PDP)
How much is my premium (monthly payment)?	
\$58.40 per month	\$67.60 per month
You must continue to pay your Medicare Part B premium.	
Stage 1: How much is my deductible?	
\$400.00 per year for Part D prescription drugs.	This plan does not have a Part D deductible.
Stage 2: Initial Coverage	
<p>After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p>	<p>After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>This plan participates in the Part D Senior Savings Model – Insulin Savings Program, which offers lower, predictable, and stable out of pocket costs for select insulins through the different Part D benefit coverage stages. You will pay \$35 for a one-month supply of plan-covered select insulins during the deductible (if applicable), initial coverage and coverage gap stages of your benefit. See the plan Formulary to determine which select insulin drugs are covered.</p> <p>This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs (Extra Help).</p>

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan. If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

If you qualify for low-income subsidy (LIS), also known as Medicare's Extra Help program, the amount you pay may be different in this Stage.

Stage 2: Initial Coverage		
Cost Sharing	Blue MedicareRx Value (PDP)	Blue MedicareRx Plus (PDP)
Tier 1: Preferred Generic		
Preferred retail one-month supply	\$1.00	\$1.00
Standard retail one-month supply	\$5.00	\$19.00
Mail order three-month supply	\$3.00	\$3.00
Tier 2: Generic		
Preferred retail one-month supply	\$5.00	\$3.00
Standard retail one-month supply	\$10.00	\$20.00
Mail order three-month supply	\$15.00	\$9.00

Stage 2: Initial Coverage

Cost Sharing	Blue MedicareRx Value (PDP)	Blue MedicareRx Plus (PDP)
Tier 3: Preferred Brand		
Preferred retail one-month supply	\$36.00	\$47.00
Standard retail one-month supply	\$36.00	\$47.00
Select Insulin drugs, Preferred or Standard retail one-month supply	Not applicable	\$35.00
Mail order three-month supply	\$108.00	\$141.00
Select Insulin drugs, Mail order three-month supply	Not applicable	\$105.00
Tier 4: Non-Preferred Drug		
Preferred retail one-month supply	37%	50%
Standard retail one-month supply	37%	50%
Mail order three-month supply	37%	50%

Stage 2: Initial Coverage

Cost Sharing	Blue MedicareRx Value (PDP)	Blue MedicareRx Plus (PDP)
Tier 5: Specialty Tier		
Preferred retail one-month supply	26%	33%
Standard retail one-month supply	26%	33%
Mail order three-month supply	Not available	Not available

Blue MedicareRx Value (PDP)

Blue MedicareRx Plus (PDP)

Stage 3: Coverage Gap

You pay **25%** of the plan's cost for covered brand name drugs and **25%** of the plan's cost for covered generic drugs until your costs total **\$7,050**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

You pay **25%** of the plan's cost for covered brand name drugs and **25%** of the plan's cost for covered generic drugs until your costs total **\$7,050**, which is the end of the coverage gap. Not everyone will enter the coverage gap. This plan offers additional gap coverage for select insulins. Your out-of-pocket costs for select insulins will be **\$35** for a one-month supply.

Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach **\$7,050**, you pay the greater of:

- ☐ **5%** of the cost, or
- ☐ **\$3.95** copay for generic (including brand name drugs treated as generic) and a **\$9.85** copay for all other drugs.

After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach **\$7,050**, you pay the greater of:

- ☐ **5%** of the cost, or
- ☐ **\$3.95** copay for generic (including brand name drugs treated as generic) and a **\$9.85** copay for all other drugs.

Understanding Medicare - The four stages of drug coverage



Stage 1	Stage 2	Stage 3	Stage 4
Deductible	Initial Coverage	Coverage Gap	Catastrophic Coverage
<p>If you have a deductible, you will pay 100% of your drug cost until you meet your deductible.</p> <p>If you have no deductible, or if a specific drug tier does not apply to the deductible, you will skip to Stage 2.</p>	<p>You pay a copay or a percentage of the cost, and your plan pays the rest for your covered drugs.</p>	<p>In this stage, you pay a greater share of the costs. It begins after you and your plan have paid a certain amount on covered drugs during Stages 1 and 2 (this can vary by plan). See <i>Stage 2: Initial Coverage</i> in the prescription drug coverage section of this Summary of Benefits for the exact amount.</p> <p>After you enter the coverage gap, you pay a percentage of the plan's cost for covered brand-name drugs and/or covered generic drugs until your costs total \$7,050.</p> <p>Some plans have extra coverage. See the <i>Stage 3: Coverage Gap</i> section for more details.</p>	<p>In this stage, after your yearly out-of-pocket drug costs (including drugs purchased through mail order and your pharmacy) reach \$7,050, the plan pays most, or in some cases all, of your covered drug costs. This stage lasts until the end of the plan year.</p> <p>See the <i>Stage 4: Catastrophic Coverage</i> section for what you pay with this plan.</p>

Which coverage stage am I in?

You will receive an **Explanation of Benefits** (EOB) each month you fill a prescription. It will show which coverage stage you're in and how close you are to entering the next one.

Understanding Medicare - When you can enroll

Initial Coverage Period



You can sign up for a Medicare Advantage or Part D plan when you are first eligible for Medicare. Your Initial Enrollment Period is a seven-month period that includes the three months before you turn 65, the month you turn 65 and the three months after you turn 65.

Annual Election Period - October 15 to December 7



This is the time each year to enroll in or change your Medicare Advantage or Part D plan. You may also switch to only Original Medicare (Parts A and B). New coverage begins January 1 of each year.

Open Enrollment Period - January 1 to March 31



If you're enrolled in a Medicare Advantage Prescription Drug (MA-PD) plan, and you're switching to Original Medicare, you can enroll in a Part D plan during this time.

Special Enrollment Period

You can sign up for a Medicare Advantage or Part D plan outside of the time frames above if certain events occur in your life or if you're eligible for low-income subsidy (also called Extra Help).

How can I learn more about Medicare?

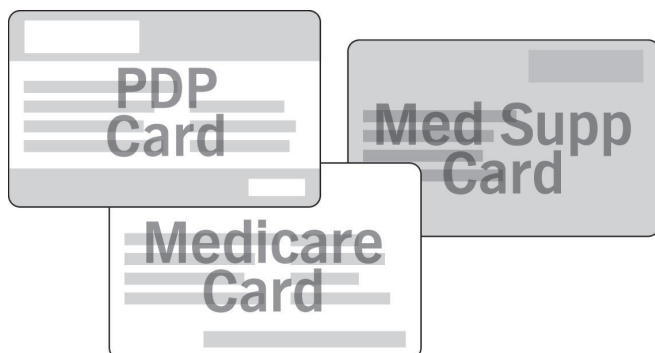
Medicare & You – a helpful tool



The U.S. government's *Medicare & You* handbook is a great way to learn about Medicare and find answers to your questions. If you do not have a copy, you can view it at www.medicare.gov or call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24/7. TTY users can call **1-877-486-2048**.

Understanding Medicare - ID cards

If you choose one of our prescription drug plans (PDP):



You'll need your PDP card at the pharmacy for prescriptions. You may need another card for your medical benefits, depending on what kind of medical coverage you have (for example, your Medicare Supplement Insurance plan card, or your Medicare card).

Avoid late-enrollment penalties

It's important to enroll in a Medicare plan when you're first eligible. If you don't, you may have to pay the following penalties:



Medicare Part A: You may have to buy Part A if you don't qualify for premium-free Part A. If you do not buy it when you're first eligible for Medicare, your monthly premium may go up 10%. You will have to pay the higher premium for twice the number of years you didn't sign up.

For example, if you delayed enrollment for one year, and your monthly Part A premium was \$100, then you would have to pay \$110 (10% increase) premium for two years (two times the one year you didn't have Medicare Part A).



Medicare Part B: Your monthly premium may increase 10% for each 12-month period that you could have had Part B but didn't sign up. You'll have to pay this penalty for as long as you have Part B.



Medicare Part D: If you don't sign up when you're first eligible, you may have to pay this penalty for as long as you are enrolled in Part D, and it may increase every year. You may not have to pay if you receive Extra Help or have proof of other creditable (as good as Medicare's) coverage.

Blue Cross and Blue Shield of Kansas City (Blue KC) is a PDP plan participant in a Medicare contract held by Blue Cross and Blue Shield of Kansas (BCBSKS). Enrollment in Blue KC depends on contract renewal.

Blue KC and Anthem Insurance Companies, Inc. (AICI) provide administrative services for Blue MedicareRx plans. BCBSKS is the legal entity under contract with the Centers for Medicare and Medicaid Services (CMS) to offer the Part D plans noted. BCBSKS is the risk-bearing entity licensed under applicable state law or under a federal waiver program to offer the Part D plans noted.

Blue KC's service area covers 30 counties in greater Kansas City and northwest Missouri, plus Johnson and Wyandotte counties in Kansas. Blue KC, BCBSKS and AICI are independent licensees of the Blue Cross Blue Shield Association (Association). ® The Blue Cross Blue Shield names and symbols are registered marks of the Association.

Blue Cross and Blue Shield of Kansas or Blue KC - S5726

2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2021, Blue Cross and Blue Shield of Kansas or Blue KC received the following Overall Star Rating from Medicare.

★★★★

4 Stars

We received the following Summary Star Rating for Blue Cross and Blue Shield of Kansas or Blue KC's health/drug plan services:

Health Plan Services: Not Offered

★★★★

Drug Plan Services: 4 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us at 1-877-507-4649 (toll-free) or 711 (TTY), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Current members please call 1-866-755-2776 (toll-free) or 711 (TTY).

Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Blue Cross and Blue Shield of Kansas City (Blue KC) is a PDP plan participant in a Medicare contract held by Blue Cross and Blue Shield of Kansas (BCBSKS). Enrollment in Blue KC depends on contract renewal.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-507-4649** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC). Visit <https://shop.partdkansascity.com/medicare> or call **1-877-507-4649** to view a copy of the EOC.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.



Enrollment Application

Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss:

_____ **Stand-alone Medicare Prescription Drug Plans (Part D)**

Beneficiary initials

_____ **Medicare Advantage Plans (Part C)**

Beneficiary initials

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____

Signature Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

Required - to be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Medicare ID Number:	
Initial Method/Location of Contact: (<input type="checkbox"/> Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
Plan Use Only:	

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

STAND-ALONE MEDICARE PRESCRIPTION DRUG PLANS (PART D)
Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.
MEDICARE ADVANTAGE PLANS (PART C)
Medicare Health Maintenance Organization (HMO) Plan: A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare Special Needs Plan (SNP): A special type of Medicare Advantage Plan available that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions. There are plans available to anyone who has both Medical Assistance from the State and Medicare, plans for people with diabetes, and plans for anyone with Medicare living in an assisted living facility (ALF) or living at home but has complex health issues which require comprehensive care.

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent: Ensure correct Scope of Appointment form is selected for beneficiary's plan enrollment choice.

**INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)
OR MEDICARE PRESCRIPTION DRUG PLAN (PART D)**

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug 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 Prescription Drug Plan, you must also have either, or 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 Kansas City
P.O. Box 659403
San Antonio, TX 78265-9714
Or **fax** to: 1-800-833-8554

You can also enroll **online** at: <https://shop.partdkansascity.com/medicare>

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 Kansas City at **1-877-507-4649**. 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 Kansas City al **1-877-507-4649/ 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 PMB 0939-1378) 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.



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross and Blue Shield of Kansas City

Medicare Prescription Drug Plan

Individual Enrollment Form-2022

Section 1 - All fields below are required (unless marked optional).

Please check the plan you want to enroll in.

☐ 013 Blue MedicareRx Value (PDP)
\$58.40 per month

☐ 014 Blue MedicareRx Plus (PDP)
\$67.60 per month

Last name

First name

MI

Birthdate (MM/DD/YYYY)

Sex

☐ M

☐ F

Email (Optional)

@

Phone number

Alternate phone number

Is this a mobile number? ☐ Yes ☐ No

Is this a mobile number? ☐ Yes ☐ No

Thank you for providing your email address and phone number. We will only use this information to occasionally contact you by email, phone call or text with Important Plan Information.

In addition, may we also contact you about additional products and services that might interest you by ☐ email and/or ☐ text? Messaging and data rates may apply.

Please know you can change your preference at any time by visiting www.bcbsdirect.com/kc/login or contacting customer service.

Permanent residence street address (P.O. Box is not allowed.)

City

State

ZIP code

County

Mailing address (only if different from your permanent residence address; P.O. Box allowed)

City

State

ZIP code

Your Medicare information

Medicare Number: _____ - _____ - _____

Please locate the 11-digit alpha-numeric number on your Medicare Card. **Example:** 1EG4-TE5-MK72

Effective Date: HOSPITAL (Part A) _____

MEDICAL (Part B) _____

enrollment form

Applicant Complete: Name _____ and Medicare Number _____

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Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Blue Cross and Blue Shield of Kansas City?

☐ Yes ☐ No

Name of other coverage:	Member number for this coverage:	Group number for this coverage:	Start Date: (MM/DD/YYYY)	End Date: (MM/DD/YYYY)

Section 2 - All fields in this section are optional

Answering these questions is your choice.

You can't be denied coverage because you don't fill them out.

Please check one of the boxes below if you would prefer us to send you information in an accessible format:

☐ Voice-Enabled (Audio) PDF ☐ Large Print

Please contact Blue Cross and Blue Shield of Kansas City at **1-877-507-4649** if you need information in an accessible format or language other than what's listed above. Our office hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. TTY users should call **711**.

Paying your plan premium

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by mail or 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 have to pay a Part D-Income Related Monthly Adjustment Amount (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 RRB). **DON'T** pay Blue Cross and Blue Shield of Kansas City the Part D-IRMAA.

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

Please select a premium payment option:

- ☐ **Monthly Bill:** Send me a bill each month
- ☐ **Automatic Bank Account Deduction:** Electronic funds transfer (EFT) from my bank account each month. (Depending on when you apply, more than one month's amount might be deducted for your first payment.) **Please complete information below:**

enrollment form

Applicant Complete: Name _____

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Account Type

☐ **Checking** - May enclose a VOIDED check or provide the following information:

☐ **Savings - MUST** enclose a letter from financial institution with account and routing information.

Account holder name _____

Bank name _____

Bank routing number*

--	--	--	--	--	--	--	--	--

(*This is the first 9 digits printed on the lower left corner of your check.)

Bank account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--

I authorize the bank above to deduct my monthly premiums.

Automatic deduction from your monthly ☐ Social Security or ☐ Railroad Retirement Board (RRB) benefit check.

(The Social Security/Railroad Retirement Board (RRB) deduction may take two or more months to begin after Social Security or Railroad Retirement Board (RRB) approves the deduction. In most cases, if Social Security or Railroad Retirement Board (RRB) accepts your request for automatic deduction, the first deduction from your Social Security or Railroad Retirement Board (RRB) benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or Railroad Retirement Board (RRB) delays or does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

ATTESTATION OF ELIGIBILITY FOR AN ENROLLMENT PERIOD

Typically, you may enroll in a Medicare Prescription Drug Plan (PDP) only during the Annual Enrollment Period (AEP) between October 15 and December 7 of each year. Additionally, there are exceptions - i.e., Initial Enrollment Period (IEP) and Special Enrollment Periods (SEPs) — that may allow you to enroll in a Medicare Prescription Drug Plan outside of the annual enrollment period.

Please read the following statements carefully and check all of the boxes where there is a statement that 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.

NOTE: At least one option below needs to be selected.

- ☐ I am enrolling during the Annual Open Enrollment Period from October 15 to December 7. (AEP)
- ☐ I am new to Medicare. (IEP)
- ☐ I am turning 65 and not new to Medicare. (IEP2)
- ☐ I recently moved outside my service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____. (SEP)
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change. (SEP)
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____. (SEP)

Applicant Complete: Name _____

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- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster. (SEP)
- ☐ I recently had a change in my Medicaid/Extra Help paying for my Medicare prescription drug coverage (newly got Medicaid/Extra Help, had a change in the level of Medicaid/Extra Help, or lost Medicaid/Extra Help) on (insert date) _____. (SEP)
- ☐ 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) _____. (SEP)
- ☐ I recently left a Program of All-inclusive Care for the Elderly (PACE®) program on (insert date) _____. (SEP)
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____. (SEP)
- ☐ I am leaving employer or union coverage. Employer/Union coverage started on (insert date) _____ and coverage ends on (insert date) _____. (SEP)
- ☐ I belong to a pharmacy assistance program provided by my state. (SEP)
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____. (SEP)
- ☐ My plan is ending its contract with Medicare or Medicare is ending its contract with my plan. (SEP)
- ☐ I was recently released from incarceration. I was released on (insert date) _____. (SEP)
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____. (SEP)
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period. (MA OEP)
- ☐ Other* _____

*If none of these statements apply to you or you're not sure, please contact Blue Cross and Blue Shield of Kansas City at **1-877-507-4649** (TTY users should call **711**) to see if you are eligible to enroll. Our office hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Applicant Complete: Name _____

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Section 3 - IMPORTANT: Please read and sign below

- ☐ I must keep Hospital (Part A) or Medical (Part B) to stay in Blue MedicareRx Value (PDP) or Blue MedicareRx Plus (PDP).
- ☐ By joining this Medicare Prescription Drug Plan, I acknowledge that Blue Cross and Blue Shield of Kansas City 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 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 Required to process your application.

Applicant signature X	Today's date
Desired plan effective date*:	

*Subject to Medicare election period guidelines

Authorized Representative Information Only**All fields within this section must be completed if the application has been signed by an Authorized Representative and not the Applicant.**

Name		
First Name	Last Name	
Address		
City	State	ZIP code
Phone Number	Relationship to Enrollee	
<input type="checkbox"/> I have submitted Authorized Representative documentation with this application.		

Applicant Complete: Name _____

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Applicant: Please do not complete the following sections.
Agent/Broker: Please fill in ALL fields including 'Writing Agent' and 'Agency' with your assigned Encrypted ID, Code, or Tax ID based on your appointed brand, state AND product.

<input type="checkbox"/> IEP	<input type="checkbox"/> AEP	<input type="checkbox"/> OEP	<input type="checkbox"/> SEP (type): _____	<input type="checkbox"/> Not eligible
I helped the applicant fill out this application.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scope of Appointment (SOA)				
Appointment type: <input type="checkbox"/> Face-to-face <input type="checkbox"/> Telephone <input type="checkbox"/> Webcam				
How was the scope of appointment (SOA) collected?				
<input type="checkbox"/> Paper	<input type="checkbox"/> Electronic	<input type="checkbox"/> Recorded call (voice recording ID) _____		
Print name _____		_____		
<small>First Name</small>		<small>Last Name</small>		
Writing Agent TIN (10 digits)/Agent Code _____				
Agency TIN (10 digits) or Agent Code _____				
Agency Name _____				
Phone _____				
Email _____ @ _____				
Signature _____ Application received date _____				

Blue KC and Anthem Insurance Companies, Inc. (AICI) provide administrative services for Blue MedicareRx plans. BCBSKS is the legal entity under contract with the Centers for Medicare and Medicaid Services (CMS) to offer the Part D plans noted. BCBSKS is the risk-bearing entity licensed under applicable state law or under a federal waiver program to offer the Part D plans noted. Blue KC's service area covers 30 counties in greater Kansas City and northwest Missouri, plus Johnson and Wyandotte counties in Kansas. Blue KC, BCBSKS and AICI are independent licensees of the Blue Cross Blue Shield Association (Association). ® The Blue Cross Blue Shield names and symbols are registered marks of the Association.

Translation services are available; please contact the plan or your agent.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 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.

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Temporary proof of membership

Agent/Broker – Complete and leave with your soon-to-be new member.

Member Name: _____ Date: _____

Plan Type: _____

Plan Name: _____

Requested Plan Start Date: _____

Online Enrollment Confirmation Number (if applicable): _____

Physician Name: _____

Physician Phone: _____

Agent/Broker Name: _____

Agent/Broker Phone: _____

Agent/Broker ID: _____

Future Blue Cross and Blue Shield of Kansas City member

Please keep this page as proof of your enrollment request until Medicare has confirmed your enrollment, and you receive your member ID card and new member materials.

Please note: enrollment is subject to Medicare approval. If you would like a complete copy of your enrollment form, please call us at the Customer Service number on the reverse side.

Please call your Agent/Broker if you have any questions or concerns. In addition, we're here to help and you can call us at the Customer Service number on the reverse side.

Rx Info

Rx BIN: 020115

Rx PCN: IS

Rx GRP: WM2A

Helpful contact information

Once you are fully enrolled in our plan, you can contact the resources listed below to get the most out of your benefits.
All benefits shown below may not apply to both plans presented in this enrollment kit. Please check the *Summary of Benefits* to confirm coverage.



Online plan information

Sign up at www.bcbsdirect.com/kc/login
or **Download the Sydney HealthSM app**



Customer service

1-866-755-2776, TTY: **711**



Pharmacy benefit questions
& mail order

IngenioRx
1-833-285-4640, TTY: **711**

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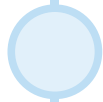
Congratulations!

You're on your way to a great new plan.

Here's what's next:

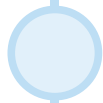


Your application has been submitted



Welcome

Once you're approved, your ID card and welcome materials will arrive within 10 days.



Activate your account

Download our app or go online to:

- Find care near you.
- Live chat.
- Get your monthly prescriptions delivered directly to your door.



Your coverage begins

We look forward to having you as a member.



**Download
Sydney Health**



