



Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association

PO Box 1827  
Medford, OR 97501

# Regence Medicare Advantage Plans (PPO/HMO)

## Optional Supplemental Benefit Plan Selection Form

Date \_\_\_\_\_

Member Name (Please Print) \_\_\_\_\_

Member ID Number \_\_\_\_\_

Medicare ID Number (if no Regence Medicare Advantage Plan ID Number) \_\_\_\_\_

### I'd like to add the optional supplemental benefit plan to my Regence Medicare Advantage Plan.

- ◆ Regence Medicare Advantage Plan members can enroll in this plan at the time of a valid election period, or during Medicare's annual election period, Oct. 15 through Dec. 7.
- ◆ Requests approved during Medicare's annual election period will have a January 1 effective date. Requests made during other special enrollment periods are subject to Medicare enrollment guidelines to determine the effective date.
- ◆ New Regence Medicare Advantage Plan members can enroll in this plan within 30 days of their initial enrollment effective date.
- ◆ This form is to be used **only** when there are no other changes to your existing medical plan.

### Check the box below to add extra coverage to your Regence Medicare Advantage Plan:

**Only available to be purchased with a MedAdvantage PPO plan**

Regence PPO Dental Option \$27.00

**Only available to be purchased with Blue MedAdvantage HMO**

Regence HMO DVH (Dental, Vision, & Hearing) Option \$39.00

**Only available to be purchased with Blue MedAdvantage HMO Plus**

Regence HMO Plus DH (Dental, & Hearing) Option \$38.00

### Your Plan Premium Options

If you are currently receiving premium bills from us, having your premium deducted from your bank account or from your Social Security check, you can continue to use this method. If you need to change how you pay your plan premium, please contact Member Services at the telephone number on the bottom of this form.

## Conditions of Enrollment

By completing this application form, I agree to adding the optional supplemental benefit plan for the above selected monthly premium amount, which is in addition to my monthly base Regence Medicare Advantage Plan premium. I understand that the additional coverage is subject to the terms and conditions stated in my Regence Medicare Advantage Plans Evidence of Coverage.

I understand that my signature (or the signature of the person authorized to act on my behalf under State Law) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, this signature certifies that this person is authorized under State law to complete this enrollment, and documentation of this authority is available upon request by Regence Medicare Advantage Plans or Medicare.

Signature  \_\_\_\_\_ Date \_\_\_\_\_

**If you are the member's authorized representative, you must sign above and provide the following information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

If you have any questions, please call Regence Medicare Advantage Plans Member Services at 1 (800) 541-8981 for PPO and 1 (855) 522-8896 for HMO. TTY users should call 711. Our office hours are from 8:00 a.m. to 8:00 p.m., Monday through Friday. From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., seven days a week.

**Please return this completed form via:**

**Fax:**

1 (888) 335-2988

**Mail:**

Regence BlueShield of Idaho  
PO Box 1827  
Medford, OR 97501

**Thank you.**

Regence BlueShield of Idaho is a PPO/HMO plan with a Medicare contract. Enrollment in Regence BlueShield of Idaho depends on contract renewal.