BCN Advantage HMO-POS Application

BCN Advantage℠ HMO-POS

Blue Care Network of Michigan

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

2019 Employer Group/Union Enrollment Form (Coverage effective 2019)

1 Complete the following information to enroll in BCN Advantage HMO-POS.

Name of employer group/union sponsoring this coverage:

Employer group/union number (employer group/union sponsoring this coverage can provide this):

☐ Mr. ☐ Mrs. ☐ Ms.	First name	Middle initial	Last name

Birth date / /	Sex ☐ Male ☐ Female	Daytime phone number ( )	Alternate phone number ( )

Permanent residence street address (No P.O. box)	City	State

ZIP code	County	Email address (optional)

Mailing address (only if different from your permanent residence street address)

Street address or P.O. Box

City	State	ZIP code

Optional information

Emergency contact name

Relationship to you	Phone number ( )

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2 Please provide your Medicare insurance information.

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

  - OR -

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

____

Medicare number: ______________________

Is entitled to: Effective date:

HOSPITAL (Part A) ______________________

MEDICAL (Part B) ______________________

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

3 Please read and answer these important questions.

1. Do you have other drug coverage, including other private insurance, workers' compensation, VA benefits or state pharmaceutical assistance programs. ☐ **Yes** ☐ **No**

   If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

   Name of other coverage: ______________________

   ID # for this coverage: ______________________

   Employer group/union # for this coverage: ______________________

2. Are you a resident in a long-term care facility, such as a nursing home? ☐ **Yes** ☐ **No**

   If "yes," please provide the following information:

Name of facility			
Address			
City	State	ZIP code	Phone number

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3. Do you have end-stage renal disease (ESRD)? ☐ **Yes** ☐ **No**

   If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis. Otherwise, we may need to contact you for additional information.

4. Are you enrolled in Medicaid? ☐ **Yes** ☐ **No**

   If "yes," please provide your Medicaid number: ______________________________

5. Please enter the name and telephone number of your primary doctor:

   Name: ______________________________

   Phone number: ______________________________

   Are you a current patient of this doctor? ☐ **Yes** ☐ **No**

6. Are you the retiree of the employer group/union sponsoring this coverage? ☐ **Yes** ☐ **No**

   If "no," name of retiree you are getting coverage through: ______________________________

7. Are you a surviving spouse? ☐ **Yes** ☐ **No**

8. Is this a Consolidated Omnibus Budget Reconciliation Act (COBRA) enrollment? ☐ **Yes** ☐ **No**

   If "yes,": Start date ___ /___ /___ End date ___ /___ /___

Medicare-eligible spouse must also complete an employer group/union application form. If the spouse or dependents are under age 65, are covered by the employer group/union and will receive Blue Care Network coverage, please complete the *Enrollment Change of Status* form.

Please contact BCN Advantage HMO-POS at **1-800-284-6994** if you need information in an accessible format or to be referred to our foreign language line. TTY users should call **711.** Call center hours are 8 a.m. to 5 p.m., Monday through Friday.

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4 Please read and sign.

By completing this enrollment application, I agree to the following:

- BCN Advantage HMO-POS is a Medicare Advantage plan and has a contract with the federal government. I need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It's my responsibility to tell you about any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.
- BCN Advantage serves a specific area. If I move out of the area that BCN Advantage serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of BCN Advantage, I have the right to appeal plan decisions about payment or services if I disagree. I will read the *Evidence of Coverage* document (also known as a member contract or subscriber agreement) from BCN Advantage when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.
- I understand that beginning on the date BCN Advantage coverage begins, I must get all of my health care from BCN Advantage, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by BCN Advantage and other services contained in my BCN Advantage *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR BCN ADVANTAGE WILL PAY FOR THE SERVICES.
- I understand that if I get help from a sales agent, broker or other individual employed by or contracted with BCN Advantage, he/she may be paid based on my enrollment in BCN Advantage.

Release of information:

By joining this Medicare health plan, I acknowledge that BCN Advantage will release my information to Medicare and other plans as needed for treatment, payment and health care operations. I also acknowledge that BCN Advantage will release my information including my prescription drug data to Medicare, which may release it for research or other purposes that follow all applicable federal statutes and regulations. 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 my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the content 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 from Medicare.

Continued ▶

Signature	Date / /

If you are the authorized representative of the enrollee, you must sign above and provide the following information:

Name		Phone ( )	
Street address	City	State	ZIP code
Relationship to applicant			

Please note: Not all BCN providers are contracted with BCN Advantage. Please verify that the primary care physician listed in this form is contracted with BCN Advantage by calling **1-800-284-6994**. TTY users should call **711**.

Please send your completed enrollment application to:

BCN Advantage HMO-POS
Mail Code C300
P.O. Box 5043
Southfield, MI 48086

BCN Advantage SM ***HMO-POS***

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Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

www.bcbsm.com/medicare

BCN Advantage SM is an HMO-POS plan with a Medicare contract.
Enrollment in BCN Advantage depends on contract renewal.