

2024 Platinum BlueSM (Cost) Application



Application Instructions

Please read before completing.

You are eligible to enroll in Platinum Blue if:

- You are enrolled in Medicare for Part A (Hospital insurance) and Part B (Medical insurance), or Part B only. (Note: If you have Medicare Part B only, you only have coverage for Medicare Part B services. You do not have coverage for hospital, skilled nursing facilities and related services covered by Medicare Part A.)
- You reside in the service area, which includes 21 counties in Minnesota.
- To determine if your county is in the service area, please visit our website at bluecrossmn.com or call the number listed under Other important information.
- You do not have permanent end-stage renal disease (ESRD) (kidney disease requiring dialysis or a kidney transplant) unless you are currently enrolled in a Blue Cross plan and you developed ESRD while a member of the plan.
- Are you currently enrolled in another Medicare Advantage or Medicare Cost plan? If YES, enrolling in Platinum Blue will cancel your membership in your current plan.
- These contracts have a minimum anticipated loss ratio of 65 percent. This means that on the average, you may expect that \$65 of every \$100 in premiums that you pay is returned to you as benefits over the life of the coverage.
- Senior LinkAge provides free health insurance information, helps explain your Medicare rights and protections, and can provide you with information about Medicare Supplement and Medicare Cost plans (like Platinum Blue). You can contact Senior LinkAge at 1-800-333-2433 and ask for a Health Insurance Counselor.

Other important information

- If you have questions concerning your enrollment or need help filling out this application, please call Blue Cross at 1-877-662-2583 (TTY 711). 8 a.m. to 8 p.m., Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year.
 - Blue Cross determines when your application is considered complete based on Medicare enrollment guidelines.
 - Your enrollment in Platinum Blue is subject to approval from the Centers for Medicare & Medicaid Services (CMS). If your enrollment is not approved by CMS, we will notify you immediately.
 - You must continue to pay your Medicare Part B premium (this premium is usually deducted from your Social Security check).
 - **If you are currently enrolled in a Medicare Supplement plan, you must follow the appropriate process to cancel it. Contact your plan for information on how to cancel the plan. If you are replacing a Medicare Supplement policy or certificate, do NOT cancel it until you have actually received your new policy or certificate and are sure you want to keep it.**
- To enroll in Platinum Blue, please make sure you have completed and forwarded all necessary information to Blue Cross.**
1. Carefully review and complete all sections of this application in full. Make sure you sign and date this application. Missing or incomplete information may cause a delay in the effective date of your coverage.
 2. If you and your spouse wish to enroll, please complete separate applications.
 3. If you are newly enrolling in Medicare Part B, you may apply up to three (3) months prior to your Medicare Part B effective date, the month of, and up to three (3) months after your eligibility date.
 4. If the enrollee has a Durable Power of Attorney (POA), Durable POA for Health Care, or legal guardian or conservator, the authorized representative may be asked to provide proof that he or she is authorized to act on the enrollee's behalf.

Blue Cross[®] and Blue Shield[®] of Minnesota and Blue Plus[®] are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

2024 Individual Platinum Blue Application

(Please print or type)

A Enrollee information				
Name	Last	First	MI	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Address (P.O. Box not allowed)	Street		City	State ZIP
Phone ()		Birthdate		County
Mailing Address (P.O. Box is allowed)	Street		City	State ZIP
Email Address				

Please provide your Medicare insurance information	
<p>Please take out your red, white and blue Medicare card to complete this section.</p> <ul style="list-style-type: none"> 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 (RRB) 	<p>Name (as it appears on your Medicare card): _____</p> <p>Medicare Number: _____</p> <p>Is entitled to: Effective Date (mm/dd/yyyy)</p> <p style="margin-left: 40px;">Hospital (Part A) _____</p> <p style="margin-left: 40px;">Medical (Part B) _____</p> <p>You must have Medicare Part B to join a Medicare Cost plan.</p>

B Plan selection						
<p>Select a plan</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Platinum Blue Core plan \$34.00 per month</td> <td><input type="checkbox"/> Platinum Blue Core with Rx \$58.50 per month</td> </tr> <tr> <td><input type="checkbox"/> Platinum Blue Choice plan \$119.00 per month</td> <td><input type="checkbox"/> Platinum Blue Choice with Rx \$166.00 per month</td> </tr> <tr> <td><input type="checkbox"/> Platinum Blue Complete plan \$199.00 per month</td> <td><input type="checkbox"/> Platinum Blue Complete with Rx \$265.90 per month</td> </tr> </table>	<input type="checkbox"/> Platinum Blue Core plan \$34.00 per month	<input type="checkbox"/> Platinum Blue Core with Rx \$58.50 per month	<input type="checkbox"/> Platinum Blue Choice plan \$119.00 per month	<input type="checkbox"/> Platinum Blue Choice with Rx \$166.00 per month	<input type="checkbox"/> Platinum Blue Complete plan \$199.00 per month	<input type="checkbox"/> Platinum Blue Complete with Rx \$265.90 per month
<input type="checkbox"/> Platinum Blue Core plan \$34.00 per month	<input type="checkbox"/> Platinum Blue Core with Rx \$58.50 per month					
<input type="checkbox"/> Platinum Blue Choice plan \$119.00 per month	<input type="checkbox"/> Platinum Blue Choice with Rx \$166.00 per month					
<input type="checkbox"/> Platinum Blue Complete plan \$199.00 per month	<input type="checkbox"/> Platinum Blue Complete with Rx \$265.90 per month					

C Enrollment Period determination. Required for all enrollees.

Typically, you may enroll in a Medicare Plan only during the Annual Enrollment Period from October 15 through December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare plan outside of the Annual Enrollment Period.

If you are applying for prescription drug coverage under this plan and are newly eligible for Medicare Part A and Part B, select "I am new to Medicare."

Please read the following statements carefully and check the box if the statement 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.

Annual Enrollment Period
<input type="checkbox"/> I am enrolling during the Annual Enrollment period, October 15 through December 7, for a January 1 effective date. (This application must be received by December 7; enrollment will be effective January 1.)

New to Medicare
<ol style="list-style-type: none"> 1. <input type="checkbox"/> I am new to Medicare. 2. <input type="checkbox"/> I was notified about getting Medicare after my Part A and/or Part B coverage started. I received this notification on _____ (insert date).

A change to your coverage
<ol style="list-style-type: none"> 3. <input type="checkbox"/> I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on _____ (insert date). Requested effective date _____. 4. <input type="checkbox"/> I am leaving employer or union coverage on _____ (insert date). Requested effective date _____. 5. <input type="checkbox"/> My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

C Enrollment Period determination. Required for all enrollees. (continued)

Recent change in residence

- 6. I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on _____ (insert date). Requested effective date _____.
- 7. I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on _____ (insert date).
- 8. I recently was released from incarceration. I was released on _____ (insert date).
- 9. I recently obtained lawful presence status in the United States. I got this status on _____ (insert date).

Change in income or special needs/plan qualifications

- 10. 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.
- 11. I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on _____ (insert date).
- 12. I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid Assistance, or lost Medicaid) on _____ (insert date).
- 13. I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on _____ (insert date).
- 14. I was affected by an emergency or major disaster (as declared by the Federal 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.
- 15. 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).
- 16. Other _____
- 17. I am enrolling in the Platinum Blue Core, Choice or Complete medical plan options. My effective date will be the first day of the month following receipt of my completed application and confirmation of enrollment by CMS.

If none of these statements applies to you or you're not sure, please contact Platinum Blue at 1-877-662-2583 to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year. TTY users call 711.

D You must select YES or NO for each question below. This information is not used for health screening.

<p>1. Have you ever been diagnosed with end-stage renal disease (ESRD)? If YES and you do not need regular dialysis, or have had a successful kidney transplant, please attach a note or records from your doctor showing that you do not need dialysis or have had a successful kidney transplant.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Do you or your spouse work? If YES, will you have health coverage through you or your spouse's current or former employer in addition to Platinum Blue? Employer Name: _____ Employer Address: _____ Policyholder Name: _____ Policy Number: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Will you be covered by Medical Assistance through your state Medicaid program in addition to Platinum Blue? If YES, please provide the eight-digit Medical Assistance ID number that is on your Minnesota Health Care Programs card. _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

4. Do you or will you have other prescription drug coverage in addition to Platinum Blue with Rx like Federal Employee Health Benefits coverage, TRICARE, or VA benefits?

Yes No

If YES, you must list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:

ID# for this coverage:

Group # for this coverage:

E Please answer these additional questions. These responses are optional.

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin Yes, Cuban
 Yes, Mexican, Mexican American, Chicano/a Yes, another Hispanic, Latino/a, or Spanish origin
 Yes, Puerto Rican **I choose not to answer.**

What's your race? Select all that apply.

- American Indian or Alaskan Native Guamanian or Chamorro Other Pacific Islander
 Asian Indian Japanese Samoan
 Black or African American Korean Vietnamese
 Chinese Native Hawaiian White
 Filipino Other Asian **I choose not to answer.**

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format.

Language:

- Spanish Other

Accessible format:

- Braille Large print Audio CD

Please contact Blue Cross at 1-877-662-2583 if you need information in an accessible format or language other than what is listed above. Our office hours are 8 a.m. to 8 p.m., Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year. TTY users call 711.

F Payment Method

Get a Bill: Monthly Quarterly
 Semi-Annually Annually

Deducted from: Social Security
 RRB

Social Security and RRB only allow monthly deductions.

New Platinum Blue members will receive their first invoice by mail with instructions about automatic payment options. Members changing Platinum Blue plans will keep their existing automatic payment arrangement. To cancel an automatic payment arrangement or change a payment frequency, please call the customer service number on the back of your member ID card.

Automatic deduction from your monthly Social Security or RRB benefit check: (The Social Security or RRB deduction may take two or more months to begin after Social Security/RRB approves your deduction. The first deduction from your Social Security or RRB benefit check will not include all premiums due from your enrollment effective date up to the point withholding begins. We will send you a paper bill for those months before deduction from your Social Security/RRB check starts. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

NOTE: People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75 percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, people who qualify will not have a coverage gap or a late enrollment penalty. Many people qualify for these savings and do not even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778. You can also apply for Extra Help online at ssa.gov/medicare/part-d-extra-help.

**Please read this important information**

If you currently have health coverage from an employer or union, joining Platinum Blue with Rx could affect your benefits. If you have health coverage from an employer or union joining Platinum Blue with Rx and selecting the Medicare Prescription Drug benefit may change how your current coverage works.

Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

After carefully reading all statements in this section, please sign Section H of this form. Keep a copy for your records.

By completing this application, I agree to the following:

- Platinum Blue is a Medicare health plan and I will need to keep my Medicare Part B while enrolled in this plan. I can be in only one Medicare health plan at a time.
- Platinum Blue with Rx is a Medicare drug plan and has a contract with the federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage.
- It is my responsibility to inform Platinum Blue with Rx of any prescription drug coverage that I have or may get in the future. I can only be in one prescription drug plan at a time. If I am currently in a Medicare prescription drug plan, my enrollment in Platinum Blue with Rx will end that enrollment.
- I know that I may disenroll from this plan at any time by sending a written request to Blue Cross or by calling 1-800-MEDICARE, (1-800-633-4227) anytime, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- Platinum Blue serves a specific service area. **If I permanently move out of the area that Platinum Blue serves or leave the area for more than nine (9) consecutive months, I need to notify the plan so I can disenroll and find a new plan in my new area.**
- I understand that I must use network pharmacies except in an emergency when I cannot reasonably use Platinum Blue with Rx network pharmacies.
- Once I am a member of Platinum Blue, I have the right to appeal plan decisions about payment for services if I disagree.
- I will read the Evidence of Coverage document from Blue Cross when I receive it to understand my rights, benefits, plan premium, cost-sharing amounts, and responsibilities as a member of this Medicare Cost plan.
- I understand that beginning on the date that Platinum Blue coverage starts, in order for Platinum Blue to fully cover my medical services, (except for emergency or urgently-needed services which are covered at the same cost sharing amount, regardless of the network status of the provider) all of my health care must be provided or arranged by Platinum Blue. If I obtain services not provided or arranged by the plan, I will be responsible for all Medicare deductibles and coinsurance, as well as any additional charges as determined by the Medicare program. I may also be liable for charges not covered by Medicare.
- I understand that Medicare beneficiaries are generally not covered by Medicare while out of the country except for limited coverage in Canada and Mexico. Services authorized by Platinum Blue and emergency services outlined in my Platinum Blue Evidence of Coverage document (also known as a member contract or subscriber agreement) are covered. Minnesota law requires coverage of emergency services provided by a nonparticipating provider, with or without prior authorization.
- The information on this application is correct to the best of my knowledge. I understand that if I intentionally provide false information on this application, I will be disenrolled from the plan.

G Authorization and acknowledgments - continued

- I understand that Blue Cross will send me written notification of the effective date of my enrollment in Platinum Blue.
- Counseling services may be available in Minnesota to provide advice concerning medical assistance through state Medicaid, Qualified Medicare Beneficiaries (QMBs), and Specified Low-Income Medicare Beneficiaries (SLMBs).

Release of Information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Platinum Blue will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. This release of information authorization is valid as long as I am continually insured with the insurer or it is revoked.

H Please read and sign below:

I understand that my signature (or the signature of the person authorized to act on my behalf under State law where I live) 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 application; and 2) documentation of this authority is available upon request by Platinum Blue or Medicare.

Signature _____ Date _____

- I authorize my licensed agent, identified below, to enter and transmit my application information online to Blue Cross electronically.

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

Name: _____

Address: _____

Phone Number: (_____) _____ Relationship to Enrollee: _____

Please return this form by email to Enrollment.Forms@bluecrossmn.com or fax to (651) 662-6315. Applicants may also return this form in the envelope provided or mail to Blue Cross and Blue Shield of Minnesota P.O. Box 982807, El Paso, TX 79998-2807.

FOR AGENT/PRODUCER USE ONLY

Agency Code _____ Producer Number _____

Producer Name _____

Producer Signature _____ Date _____

Platinum Blue is a Medicare-approved Cost plan offered by Blue Cross and Blue Shield of Minnesota. Enrollment in Platinum Blue depends on contract renewal.

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကျိန်ဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃ້ເຈົ້າພຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíílnih.

Image_0002R02_General_Portrait (01/17)