

## Enrollment Disclosure

By enrolling into Medicare Plus Blue Group<sup>SM</sup> PPO or BCN Advantage<sup>SM</sup> HMO-POS, I agree to the following:

- Medicare Plus Blue Group and BCN Advantage are Medicare Advantage plans and have a contract with the Federal government. I must keep both Hospital (Part A) and Medical (Part B) to stay in Medicare Plus Blue Group or BCN Advantage plan. I can only be in one Medicare Advantage PPO/HMO plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan.
- It is my responsibility to inform you of any prescription drug coverage that I may 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 during the employer/union open enrollment or at other times the employer union allows.
- Medicare Plus Blue Group and BCN Advantage serves a specific service area. If I move out of the area that Medicare Plus Blue Group or BCN Advantage plans serves, I need to notify the employer group so I can disenroll and find a new plan in my new area. Once I am a member of Medicare Plus Blue Group or BCN Advantage plans, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Medicare Plus Blue Group or 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 the Medicare Plus Blue Group or BCN Advantage coverage begins, I must get all of my health care from Medicare Plus Blue Group or BCN Advantage, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Medicare Plus Blue Group or BCN Advantage and other services contained in my Medicare Plus Blue Group or BCN Advantage Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR Medicare Plus Blue Group or BCN Advantage WILL PAY FOR THE SERVICES.
- **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 Medicare Plus Blue Group or BCN Advantage will release my information to Medicare, who may release it for research and other purposes which 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 when enrolling, I will be disenrolled from the plan.
- I have read and understand the contents of this enrollment disclosure.