





## Please Read This Important Information

**If you are a member of a Medicare Advantage Plan** (like an HMO or PPO), you may already have a prescription drug benefit from your Medicare Advantage plan that will meet your needs. By joining Blue Medicare Rx, your membership in your Medicare Advantage plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug benefits. Read the information that your Medicare Advantage plan sends you and if you have questions, contact your Medicare Advantage plan.

**If you currently have health coverage from an employer or union, joining Blue Medicare Rx could 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.

### Statement of Understanding

1. Blue Medicare 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 coverage. I can only be in one Medicare prescription drug plan at a time - if I am currently in a Medicare prescription drug plan, my enrollment in Blue Medicare Rx will end that enrollment.
2. It is my responsibility to inform Blue Medicare Rx of any prescription drug coverage that I have or may get in the future.
3. I understand that enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment Period (November 15 - December 31), unless I qualify for certain special circumstances.
4. I understand that Blue Medicare Rx serves North Carolina residents. If I move permanently to another state, I need to notify the plan so I can disenroll and find a new plan in my new service area. I understand that I must use network pharmacies to access Blue Medicare Rx benefits, except under limited, non-routine circumstances when I cannot reasonably use Blue Medicare Rx network pharmacies.
5. I understand that once I am a member of Blue Medicare Rx, I have the right to appeal plan decisions about payment or services if I disagree.
6. I will read the Evidence of Coverage from Blue Medicare Rx when I receive it to know which rules I must follow in order to receive coverage with this Medicare drug plan.
7. I understand that if I leave this plan and do not have or obtain other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), I may have to pay a Late Enrollment Penalty (LEP) in addition to my premium for Medicare prescription drug coverage in the future.
8. I understand that the person discussing plan options with me is either employed by or contracted with Blue Medicare Rx. The person may be compensated based on my enrollment in a plan.
9. Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug plan options and concerning medical assistance through the state Medicaid program and the Medicare Savings Program.

### Release of Information

1. By joining this Medicare prescription drug plan, I acknowledge that Blue Medicare Rx will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.
2. I also acknowledge that Blue Medicare Rx 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.
3. 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.