

Individual Health Insurance Coverage Change Form



Please note: This form may be used to add a newborn or adopted child or to change from a Blue Cross of Idaho Individual policy to another Blue Cross of Idaho individual policy. If you are adding a newborn or adopted child, **you only need to complete the first two sections and the signature line.** If you are changing policies, to determine if the program you wish to change to is one of higher or one of lower benefits, complete the worksheet on the back of this application. If your change is a downgrade in benefits, complete sections I, III and the signature line. If your change is an upgrade, complete sections I, III, the signature line and attach a completed Idaho Individual Application (form 3-397).

SECTION I – APPLICANT INFORMATION

ENROLLEE NAME (please print)	ENROLLEE IDENTIFICATION NUMBER	NAME OF CURRENT PROGRAM
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If you are changing your policy to raise or lower your benefits, all family members enrolled on your current policy will be evaluated for this change unless you specifically indicate otherwise. All changes are effective the first of the month following the receipt of this form.

SECTION II – ADD NEWBORN OR ADOPTED CHILD

NEWBORN'S OR ADOPTED CHILD'S NAME (<i>first, initial, last</i>)	NATURAL OR ADOPTED CHILD?	DATE OF BIRTH / /	AGE	<input type="checkbox"/> Male <input type="checkbox"/> Female
NEWBORN'S OR ADOPTED CHILD'S NAME (<i>first, initial, last</i>)	NATURAL OR ADOPTED CHILD?	DATE OF BIRTH / /	AGE	<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION III – CHANGE TO INDIVIDUAL PROGRAM WITH LOWER BENEFITS INDICATED BELOW

These programs are considered “non-creditable” according to Medicare Part D prescription drug requirements. Creditable prescription drug coverage is that which, on average, is expected to pay out as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage is that which, on average, is not expected to pay out as much as the standard Medicare prescription drug coverage.

<input type="checkbox"/> BlueCare® PPO 1000 <input type="checkbox"/> BlueCare® PPO 2000 <input type="checkbox"/> BlueCare® PPO 5000 <input type="checkbox"/> Simply Blue sm (\$2,500/70%) <input type="checkbox"/> Simply Blue sm (\$5,000/70%) <input type="checkbox"/> Simply Blue sm (\$7,500/70%) <input type="checkbox"/> Simply Blue sm (\$10,000/100%)	<p>If you select an HSA Blue PPOsm plan, you must choose either Brand/Generic or Generic Only prescription drug coverage.</p> HSA Blue sm PPO Single (\$2,000/80%) . . . <input type="checkbox"/> Brand/Generic OR <input type="checkbox"/> Generic Only HSA Blue sm PPO Single (\$3,000/80%) . . . <input type="checkbox"/> Brand/Generic OR <input type="checkbox"/> Generic Only HSA Blue sm PPO Single (\$2,000/90%) . . . <input type="checkbox"/> Brand/Generic OR <input type="checkbox"/> Generic Only HSA Blue sm PPO Single (\$3,000/90%) . . . <input type="checkbox"/> Brand/Generic OR <input type="checkbox"/> Generic Only HSA Blue sm PPO Single (\$5,000/100%) . . . <input type="checkbox"/> Brand/Generic OR <input type="checkbox"/> Generic Only HSA Blue sm PPO Family (\$4,000/80%) . . . <input type="checkbox"/> Brand/Generic OR <input type="checkbox"/> Generic Only HSA Blue sm PPO Family (\$6,000/80%) . . . <input type="checkbox"/> Brand/Generic OR <input type="checkbox"/> Generic Only HSA Blue sm PPO Family (\$4,000/90%) . . . <input type="checkbox"/> Brand/Generic OR <input type="checkbox"/> Generic Only HSA Blue sm PPO Family (\$6,000/90%) . . . <input type="checkbox"/> Brand/Generic OR <input type="checkbox"/> Generic Only HSA Blue sm PPO Family (\$10,000/100%) . . <input type="checkbox"/> Brand/Generic OR <input type="checkbox"/> Generic Only	<input type="checkbox"/> Essential Blue sm PLUS PPO 1000* <input type="checkbox"/> Essential Blue sm PLUS PPO 2000* <input type="checkbox"/> Essential Blue sm PLUS PPO 3000* <input type="checkbox"/> Essential Blue sm PLUS PPO 5000* <p style="text-align: center;">No drug coverage; Medicare Part D does not apply</p> <input type="checkbox"/> Essential Blue sm BASIC PPO 1000* <input type="checkbox"/> Essential Blue sm BASIC PPO 2000* <input type="checkbox"/> Essential Blue sm BASIC PPO 3000* <input type="checkbox"/> Essential Blue sm BASIC PPO 5000*
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*Essential Blue is a Limited Benefit Health Plan. Benefits are not intended to cover all medical expenses.

If you are changing policies, once this form has been received and processed by Blue Cross of Idaho, you will receive a bill indicating your new monthly premium, a new policy, a new identification card, a copy of this application, and an outline of coverage explaining your new benefits. **If your monthly premium is deducted automatically from your account, you will not receive a monthly billing.**

If selecting the Essential Blue Policy: The Essential Blue policy provides limited benefits. Review your policy carefully.

I understand that by signing this application, I authorize Blue Cross of Idaho to change my coverage, including covered dependents, to the policy I've checked above.

Enrollee Signature _____

Date _____

Please mail this form to: Blue Cross of Idaho
ATTN: Meridian District Office
 P.O. Box 7408 – Boise, ID 83707-1408

Independent Producer's Name _____ BCI # _____

For Office Use Only

Program No.	Enrollee ID	Effective Date	Cr Days	End Date	Class	Plan
Reason Code	Smoker	RL	Rate	Pmt Option	App ID	Auditor
EBS Use Only						

SECTION IV – DETERMINE ELIGIBILITY

To determine if your change is a downgrade or an upgrade in benefits from your current coverage, simply follow the steps below:

- A. List the name of your current program: _____
- B. Find the number that corresponds to your current program in the *Available Programs* list below and write it here: _____
- C. If the number of your desired program is higher than the number listed in B. above, your plan choice is a downgrade from your current program. **Complete Sections I and III and the signature line.**
- D. If the number of your desired program is lower than the number listed in B. above, your plan choice is an upgrade from your current program. **In addition to completing Sections I and III and the signature line, you must also complete the Idaho Individual Application (form 3-397).** This choice is subject to underwriting approval.

Example

- A. Current program is BlueCare PPO 5000
- B. The corresponding number for BlueCare PPO 5000 is **24**.
- C. You are immediately eligible for all programs with a number **higher** than 24 without underwriting approval; i.e., Essential Blue Plus PPO 2000 (25), Essential Blue Plus PPO 3000 (26), etc.
- D. You must complete this form and the Idaho Individual Application for any programs **lower** than 24 i.e., HSA Blue PPO Family (6000/80%) Brand/Generic (23), HSA Blue PPO Single (3000/80%) Brand/Generic (22). Please be aware that this type of change is subject to Underwriting approval.

AVAILABLE PROGRAMS

Program Name	Program Number	Program Name	Program Number
Essential Blue Basic PPO 5000	51	Essential Blue Plus PPO 2000	25
BlueCare Basic 2250*	50	BlueCare PPO 5000	24
Essential Blue Basic PPO 3000	49	HSA Blue PPO 6000 80% Family – Brand/Generic	23
Essential Blue Basic PPO 2000	48	HSA Blue PPO 3000 80% Single – Brand/Generic	22
BlueCare Basic 1000*	47	HSA Blue PPO 6000 90% Family – Brand/Generic	21
Simply Blue 10,000 (base)*	46	HSA Blue PPO 3000 90% Single – Brand/Generic	20
Simply Blue 7500 (base)*	45	Essential Blue Plus PPO 1000	19
BlueCare Basic 500*	44	Simply Blue 2500 (base)*	18
Essential Blue Basic PPO 1000	43	HSA Blue PPO 4000 80% Family – Generic Only	17
Simply Blue 5000 (base)*	42	HSA Blue PPO 2000 80% Single – Generic Only	16
HSA Blue 10,000 100% Family – Generic Only	41	Simply Blue 2500 (buy-up)*	15
HSA Blue 5000 100% Single – Generic Only	40	Simply Blue 2500	14
Simply Blue 10,000 (buy-up)*	39	HSA Blue 4000 90% Family – Generic Only	13
Simply Blue 10,000	38	HSA Blue 2000 90% Single – Generic Only	12
Simply Blue 7500 (buy-up)*	37	Personal Blue 5000*	11
Simply Blue 7500	36	HSA Blue PPO 4000 80% Family – Brand/Generic	10
HSA Blue 6000 80% Family – Generic Only	35	HSA Blue PPO 2000 80% Single – Brand/Generic	9
HSA Blue 3000 80% Single – Generic Only	34	Personal Blue 3000*	8
Essential Blue Plus PPO 5000	33	HSA Blue PPO 4000 90% Family – Brand/Generic	7
Simply Blue 5000 (buy-up)*	32	HSA Blue PPO 2000 90% Single – Brand/Generic	6
Simply Blue 5000	31	BlueCare PPO 2000	5
HSA Blue PPO 10,000 100% Family – Brand/Generic	30	Latitude	4
HSA Blue PPO 5000 100% Single – Brand/Generic	29	BlueCare PPO 1000	3
HSA Blue PPO 6000 90% Family – Generic Only	28	Personal Blue 2000*	2
HSA Blue PPO 3000 90% Single – Generic Only	27	Personal Blue 1000*	1
Essential Blue Plus PPO 3000	26		

*These products are no longer marketed. You are not able to transfer to these products.

MEDICARE PART D CREDITABLE/NON-CREDITABLE

Blue Cross of Idaho's Individual products are categorized as "creditable" or "non-creditable" for purposes of Medicare Part D. If you are a person nearing age 65 or an individual under 65 who is entitled to Medicare, the creditable/non-creditable information is important to you.

When you become eligible for Medicare, you can enroll in Medicare Part D. If you do not sign up when first eligible, you may generally enroll between November 15 and December 31 of each year.

If you do not sign up when first eligible and/or if you go 63 days or longer without prescription drug coverage that is creditable (at least as good as the standard Medicare prescription drug coverage), you may have to pay a higher monthly premium.

- The higher premium is based on the number of months you did not have creditable coverage.
- The penalty is 1% per month without creditable coverage. For instance, if you went 19 months without creditable coverage and then signed up for Medicare Part D, your premium would be 19% higher than the premium rate at the time you sign up.