Excellus

Mail to: Excellus BlueCross BlueShield
Attn: Medicare Enrollment Processing
PO Box 211316, Eagan, MN 55121
Phone: 1-877-883-9577
TTY: 1-800-662-1220
Monday – Friday, 8 a.m. – 8 p.m.
From October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week

2027 Optional Supplemental Dental Plan Application

Name of the Plan You are Enrolling In:

☐ **Full Comprehensive Dental Plan $35/month**
For those currently enrolled in:

- Medicare Blue Choice® 032 (HMO-POS)
- Medicare Blue Choice® 033 (HMO-POS)

NAME:

MEMBER NUMBER:

HOME PHONE NUMBER:
( )

MEDICARE BENEFICIARY IDENTIFICATION NUMBER:

PERMANENT STREET ADDRESS (P.O. BOX IS NOT ALLOWED):

CITY: **COUNTY:** **STATE:** **ZIP CODE:**

MAILING ADDRESS (ONLY IF DIFFERENT FROM YOUR PERMANENT STREET ADDRESS):

CITY: **STATE:** **ZIP CODE:**

You can also complete the participation request form online at ExcellusBCBS.com/Enroll, or call us at 1-800-659-1986 to submit your request via telephone.

Let us know if you would prefer us to send you information in a language other than English or in an accessible format.
Please call us at 1-877-883-9577 (TTY users call 1-800-662-1220). Our office hours are Monday through Friday, 8 a.m. to 8 p.m.; From October 1-March 31, representatives are available to assist you 7 days a week, from 8 a.m. to 8 p.m.

Excellus BlueCross BlueShield is an HMO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

Your Plan Premium

The method you currently use to pay for your Medicare Advantage plan will be the same way you pay for your dental plan. The dental plan payment will be added to your monthly bill.

If you have a Medicare Plan with a $0 monthly premium or don't pay a monthly premium because of subsidy assistance, you will be billed by mail each month unless you select a different payment method.

Billing options available include by mail, electronic funds transfer (EFT), automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month, or paying online. **If you'd like to change your payment method, please call us at 1-877-883-9577 (TTY: 1-800-662-1220), Monday – Friday, 8:00 a.m. to 8:00 p.m.; From October 1 to March 31, 8:00 a.m. to 8:00 p.m., 7 days a week.**

Please Read and Sign Below

By joining this Medicare plan, I acknowledge that Excellus BlueCross BlueShield will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information. (See Privacy Act Statement below.)

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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.

Benefits and services provided by Excellus BlueCross BlueShield and contained in my Excellus BlueCross BlueShield "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Excellus BlueCross BlueShield will pay for benefits or services that are not covered.

I understand that my signature (or the signature of the person legally authorized to act on my behalf) 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 enrollment, and 2.) Documentation of this authority is available upon request by Medicare.

Signature:	**Today's Date:**

If you're the authorized representative, sign above and fill out these fields:

NAME:	**RELATIONSHIP TO ENROLLEE:**
ADDRESS:	**PHONE NUMBER:**
	( )

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Office Use Only:	Plan ID#:	
Effective Date of Coverage:		
Name of staff member/agent/broker (if assisted in enrollment):		
Agent/Broker Signature:	**NPN: #**	**Date Received:**