

# 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 with **lower** benefits. If you are adding a newborn or adopted child, **you only need to complete the first three sections and the signature line.** If you are changing policies, to determine if the program you wish to change to is one of lower benefits, complete the worksheet on the back of this application, and consult with your local Blue Cross of Idaho district office at 1-800-365-2345 or your health insurance agent.



## Applicant Information

Enrollee Name: \_\_\_\_\_  
 (Please Print)  
 Enrollee Identification #: \_\_\_\_\_  
 Current Program Name: \_\_\_\_\_

## Type of Request

**NOTE: All family members currently active on this policy will be evaluated for this change unless you specifically indicate otherwise.**

**Check One**—All changes are effective the first of the month following receipt of this form.

- Change current individual program to an individual program with lower benefits.** Select program and sign below.  
 **Add dependent** (newborn or adopted child)

## Newborn or Adopted Child Information

Family Member's Name (first, initial, last)	Relationship to Applicant (natural or adopted child)	Date of Birth / /	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Family Member's Name (first, initial, last)		Date of Birth / /	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female

## Program Information

### Preferred Programs

Creditable under Medicare Part D*	Non-creditable under Medicare Part D**		No drug coverage; Medicare Part D does not apply	
<input type="checkbox"/> Personal Blue® 1000 <input type="checkbox"/> Personal Blue® 2000	<input type="checkbox"/> BlueCare® PPO 1000 <input type="checkbox"/> BlueCare® PPO 2000 <input type="checkbox"/> BlueCare® PPO 5000 <input type="checkbox"/> Supplemental Accident for BlueCare® PPO  <input type="checkbox"/> Essential Blue <sup>sm</sup> PLUS PPO 1000*** <input type="checkbox"/> Essential Blue <sup>sm</sup> PLUS PPO 2000*** <input type="checkbox"/> Essential Blue <sup>sm</sup> PLUS PPO 3000*** <input type="checkbox"/> Essential Blue <sup>sm</sup> PLUS PPO 5000***	<input type="checkbox"/> HSA Blue <sup>sm</sup> PPO Single (\$2,000/80%) <input type="checkbox"/> HSA Blue <sup>sm</sup> PPO Single (\$3,000/80%) <input type="checkbox"/> HSA Blue <sup>sm</sup> PPO Single (\$2,000/90%) <input type="checkbox"/> HSA Blue <sup>sm</sup> PPO Single (\$3,000/90%) <input type="checkbox"/> HSA Blue <sup>sm</sup> PPO Single (\$5,000/100%)  <input type="checkbox"/> HSA Blue <sup>sm</sup> PPO Family (\$4,000/80%) <input type="checkbox"/> HSA Blue <sup>sm</sup> PPO Family (\$6,000/80%) <input type="checkbox"/> HSA Blue <sup>sm</sup> PPO Family (\$4,000/90%) <input type="checkbox"/> HSA Blue <sup>sm</sup> PPO Family (\$6,000/90%) <input type="checkbox"/> HSA Blue <sup>sm</sup> PPO Family (\$10,000/100%)  <input type="checkbox"/> Personal Blue® 3000 <input type="checkbox"/> Personal Blue® 5000  <input type="checkbox"/> Latitude <sup>sm</sup>	<input type="checkbox"/> Simply Blue <sup>sm</sup> (\$2,500/70%) <input type="checkbox"/> Simply Blue <sup>sm</sup> (\$5,000/70%) <input type="checkbox"/> Simply Blue <sup>sm</sup> (\$7,500/70%) <input type="checkbox"/> Simply Blue <sup>sm</sup> (\$10,000/100%) <input type="checkbox"/> Simply Blue <sup>sm</sup> (\$2,500/70%) with Buy-up <input type="checkbox"/> Simply Blue <sup>sm</sup> (\$5,000/70%) with Buy-up <input type="checkbox"/> Simply Blue <sup>sm</sup> (\$7,500/70%) with Buy-up <input type="checkbox"/> Simply Blue <sup>sm</sup> (\$10,000/100%) with Buy-up	<input type="checkbox"/> Essential Blue <sup>sm</sup> BASIC PPO 1000*** <input type="checkbox"/> Essential Blue <sup>sm</sup> BASIC PPO 2000*** <input type="checkbox"/> Essential Blue <sup>sm</sup> BASIC PPO 3000*** <input type="checkbox"/> Essential Blue <sup>sm</sup> BASIC PPO 5000***

\* 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.

\*\*\* **Essential Blue is a Limited Benefit Health Plan. Benefits are not intended to cover all medical expenses.**

The terms "creditable" and "non-creditable" apply to Medicare Part D and are not related to preexisting condition qualifications.

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 have read the attached Notice to Applicant and I authorize Blue Cross of Idaho Health Service, Inc. to change my coverage, including covered dependents, to the policy I checked above.

Enrollee Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Independent Producer's Name \_\_\_\_\_ BCI # \_\_\_\_\_

## Office Use Only

Program No.	Enrollee ID	Effective Date	Cr. Days	End Date	Class	Plan
Reason Code	Risk	Smoker	Bill Mode	Payment Received	Receipt ID	Auditor

# Individual Health Insurance Coverage Change Worksheet

## ***Determine Eligibility***

**To assist you in determining if you can use this form to change your policy, simply follow the steps below:**

A. List your current program: \_\_\_\_\_

B. Find the number that corresponds to your current program: \_\_\_\_\_

C. Select a program that has a number **higher** than the number listed in B. and indicate your program selection on the reverse side of this form.

**Example:**

A. Current Program is HSA Blue PPO Single (\$3,000/90%)

B. The corresponding number for HSA Blue PPO Single (\$3,000/90%) is **15**.

C. **You are eligible for all programs with a number higher than 15; ie.,**     HSA Blue PPO Family (\$6,000/90%) – 16  
                   Essential Blue Plus – 17  
                   HSA Blue PPO Single (\$3,000/80%) – 18

## ***Available Programs***

<b>Program</b>	<b>Program Numbers</b>	<b>Program</b>	<b>Program Numbers</b>
Essential Blue Basic 5000	34	Essential Blue Plus 1000	17
Essential Blue Basic 3000	33	HSA Family (\$6,000 / 90%)	16
Essential Blue Basic 2000	32	HSA Single (\$3,000 / 90%)	15
Essential Blue Basic 1000	31	BlueCare PPO 5000	14
Simply Blue 10,000	30	Simply Blue 2500	13
Simply Blue 7500	29	Simply Blue with Buy-up 2500	12
Simply Blue 5000	28	HSA Family (\$4,000 / 80%)	11
Essential Blue Plus 5000	27	HSA Single (\$2,000 / 80%)	10
Simply Blue with Buy-up 10,000	26	Personal Blue 5000	9
Essential Blue Plus 3000	25	HSA Family (\$4,000 / 90%)	8
Simply Blue with Buy-up 7500	24	HSA Single (\$2,000 / 90%)	7
HSA Family (\$10,000 / 100%)	23	Personal Blue 3000	6
HSA Single (\$5,000 / 100%)	22	BlueCare PPO 2000	5
Simply Blue with Buy-up 5000	21	Latitude	4
Essential Blue Plus 2000	20	BlueCare PPO 1000	3
HSA Family (\$6,000 / 80%)	19	Personal Blue 2000	2
HSA Single (\$3,000 / 80%)	18	Personal Blue 1000	1

\* **Not available for new enrollment**

\*\* **Personal Blue 1000 and Personal Blue 2000 are creditable under Medicare Part D. All other individual programs are non-creditable.**

## **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.

**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.