

Paying Your Plan Premium:

You can pay your monthly plan premium by mail each month or make a payment by phone each month. You can also choose to pay your premium by automatic deduction from your Social Security check each month.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover. If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option:

- Receive a bill
- Pay by phone. You can also call Customer Service to make a payment by phone using your checking account. You will need to provide your routing number and checking account number, which are provided at the bottom of your check.
- Automatic deduction from your monthly Social Security benefit check. (The Social Security deduction may take two or more months to begin. In most cases, the first deduction from your Social Security benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.)

Please Answer the Following Questions:

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Horizon Medicare Blue Rx Standard or Horizon Medicare Blue Rx Plus?

Yes No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____

ID # for this coverage: _____

Group # for this coverage: _____

2. Are you a resident in a long-term care facility, such as a nursing home?

Yes No

If "yes," please provide the following information:

Name of institution: _____

Address and phone number of institution
(number and street): _____

Please check one of the boxes if you would prefer us to send you information in a language other than English or in another format.

- Spanish
- Audio Tape or Large Print

Please contact Horizon Blue Cross Blue Shield of New Jersey at 1-800-224-1234 (TTY users should call 1-800-852-7899) if you need information in another format or language than what is listed above. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m. EST.

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 Horizon Medicare Blue Rx Standard or Horizon Medicare Blue Rx Plus, 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 Horizon Medicare Blue Rx Standard or Horizon Medicare Blue Rx Plus could affect your employer or union health benefits. If you have health coverage from an employer or union, joining Horizon Medicare Blue Rx Standard or Horizon Medicare Blue Rx Plus may 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.

Please Read and Sign Below:

By completing this enrollment application, I agree to the following:

Horizon Medicare Blue Rx Standard and Horizon Medicare Blue Rx Plus are Medicare drug plans and have 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. It is my responsibility to inform Horizon Medicare Blue Rx Standard or Horizon Medicare Blue Rx Plus of any prescription drug coverage that I have or may get in the future. 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 Horizon Medicare Blue Rx Standard or Horizon Medicare Blue Rx Plus will end that enrollment. 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.

Horizon Medicare Blue Rx Standard and Horizon Medicare Blue Rx Plus serve a specific service area. If I move out of the area that Horizon Medicare Blue Rx Standard and Horizon Medicare Blue Rx Plus serve, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies to access Horizon Medicare Blue Rx Standard or Horizon Medicare Blue Rx Plus benefits, except under limited, non-routine circumstances when I cannot reasonably use Horizon Medicare Blue Rx Standard or Horizon Medicare Blue Rx Plus network pharmacies. Once I am a member of Horizon Medicare Blue Rx Standard or Horizon Medicare Blue Rx Plus, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Horizon Blue Cross Blue Shield of New Jersey when I receive it to know which rules I must follow in order to receive coverage with this Medicare drug plan.

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 in addition to my premium for Medicare prescription drug coverage in the future.

I understand that if I am receiving assistance from a sales agent, broker or other individual employed by or contracted with Horizon Medicare Blue Rx Standard or Horizon Medicare Blue Rx Plus, he/she may be compensated based on my enrollment in Horizon Medicare Blue Rx Standard or Horizon Medicare Blue Rx Plus. 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:

By joining this Medicare prescription drug plan, I acknowledge that Horizon Blue Cross Blue Shield of New Jersey will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Horizon Blue Cross Blue Shield of New Jersey 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. 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 my signature (or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (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 Horizon Blue Cross Blue Shield of New Jersey or by Medicare.

Your Signature: _____ **Today's Date:** _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: (_____) _____

Relationship to Enrollee: _____

Medicare Prescription Drug Plan Use Only:

Plan ID #: _____

Effective Date of Coverage: _____ IEP: _____ AEP: _____ SEP (type): _____

Plan Representative/Agent/Broker Signature: X _____

Horizon Medicare Blue Rx Standard and Horizon Medicare Blue Rx Plus are Medicare prescription drug plans. They are issued by Horizon Healthcare Services, Inc. d/b/a Horizon Blue Cross Blue Shield of New Jersey, which has a Medicare Part D contract with the Centers for Medicare and Medicaid Services (CMS). Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association.