MASSACHUSETTS

Medicare HMO Blue (HMO)
Medicare Advantage Disenrollment Form

If you request disenrollment, you must continue to get all medical care from Medicare HMO Blue until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of Medicare HMO Blue's network. We will notify you of your effective date after we get this form from you.

Last name:	First Name:	Middle Initial:
Medicare Number:		
Birth Date:	Sex: ☐ M ☐ F	Home Phone Number: ( )

Please carefully read and complete the following information before signing and dating this disenrollment form:

If I have enrolled in another Medicare Advantage or Medicare Prescription Drug Plan, I understand Medicare will cancel my current membership in Medicare HMO Blue on the effective date of that new enrollment. I understand that I might not be able to enroll in another plan at this time. I also understand that if I am disenrolling from my Medicare prescription drug coverage and want Medicare prescription drug coverage in the future, I may have to pay a higher premium for this coverage.

Your Signature*: _____ **Date:** _____

*Or the signature of the person authorized to act on your behalf under the laws of the State where you live. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this disenrollment and 2) documentation of this authority is available upon request by Medicare HMO Blue or by Medicare.

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

Name : _____
Address: _____
Phone Number: (___) ____- _____
Relationship to Enrollee _____

How do I submit the disenrollment request?
If you want Original Medicare, as described above, you may fill out the attached form, sign it, and mail it to **Blue Cross Blue Shield of Massachusetts, P.O. Box 55011, Boston, MA 02205**. You can also fax the form with a readable signature and date to us at **617-246-8506**. You can call 1-800-MEDICARE (1-800-633-4227) for information about Medicare plans available in your area. TTY users should call 1-877-486-2048, 24 hours a day/7days a week.

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When can I make changes to my coverage?
You can change health plans only at certain times during the year. From October 15 - December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 - March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug costs.

What is Extra Help?
People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

When should I fill out the disenrollment request form?
- You **should** fill out the attached form if you want to change to Original Medicare only and do not want Medicare prescription drug coverage.
- You **shouldn't** fill out the attached form if you are planning to enroll, or have enrolled, in another Medicare Advantage plan or other Medicare health plan. Enrolling in another Medicare plan will automatically disenroll you from our plan.
- You **shouldn't** fill out the attached form if you are enrolling in a Medicare prescription drug plan. Enrolling in a Medicare prescription drug plan will automatically disenroll you from Medicare HMO Blue to Original Medicare.

Until your disenrollment date, you must keep using Medicare HMO Blue doctors. To avoid any unexpected expenses, you may want to contact us to make sure you've been disenrolled before you seek medical services outside of Medicare HMO Blue's network.

What are my Medigap rights?
If you will be changing to Original Medicare, you might have a special temporary right to buy a Medigap policy, also known as Medicare supplemental insurance, even if you have health problems. For example, if you are age 65 or older and you enrolled in Medicare Part B within the past 6 months or if you move out of the service area, you may have this special right. Federal law requires the protections described above. **Your State may have laws that provide more Medigap protections.** If you have questions about Medigap or Medigap rights in your State, you should contact your State Health Insurance Program, Serving Health Information Needs of Everyone (SHINE) at 1-800-243-4636. You can also call 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week for more information about trial periods. TTY users should call 1-877-486-2048.

If you need any help, please call us at 1-800-200-4255. TTY users should call 711. We are open from 8:00 a.m. to 8:00 p.m. Eastern Time, seven days a week except April 1 through September 30 when we are open Monday through Friday.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-800-200-4255 (TTY: 711).
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.
Ligue para 1-800-200-4255 (TTY: 711).