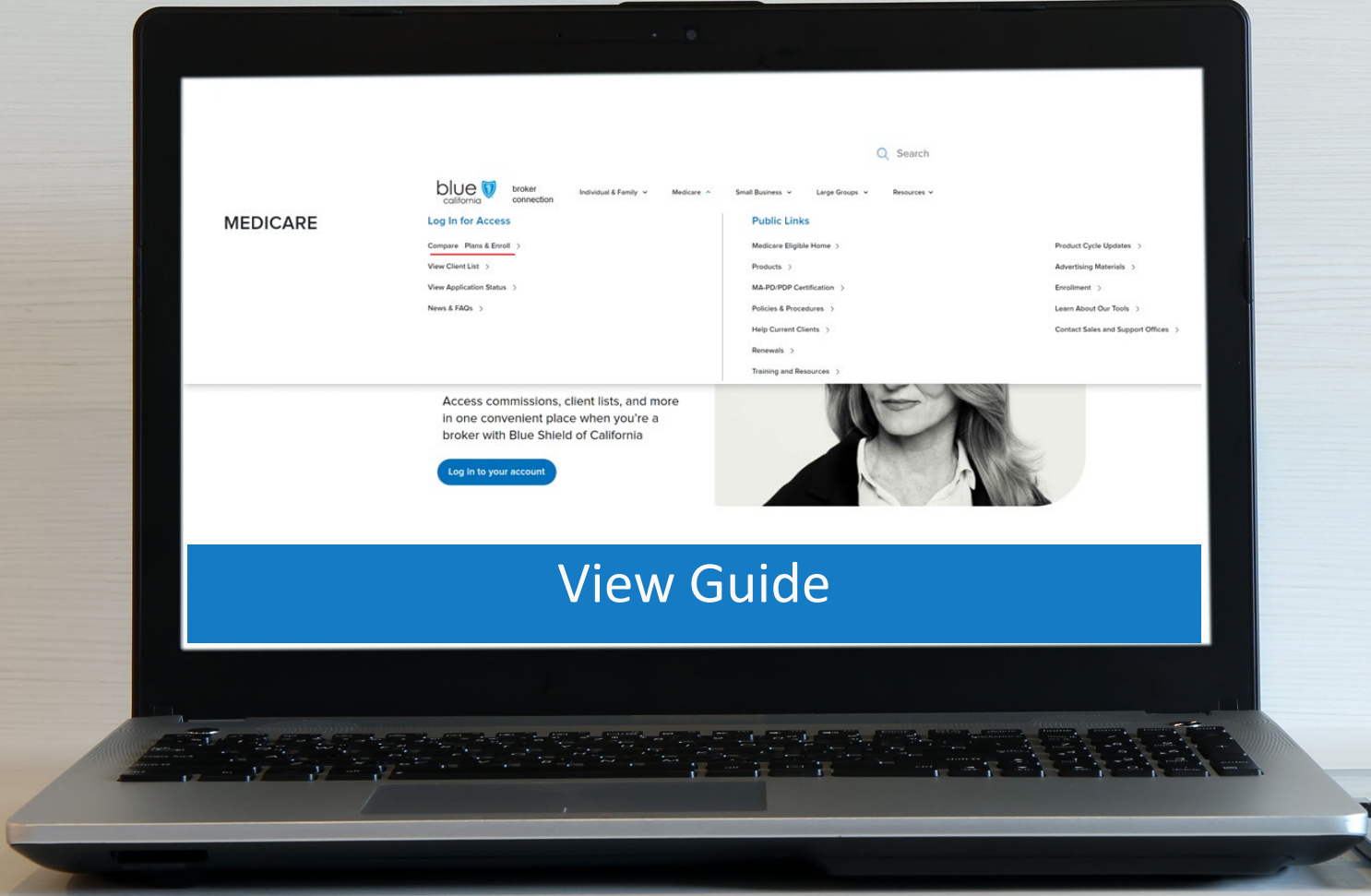


Blue Shield Medicare Enrollment Site

Reference Guide



MEDICARE

blue shield of california broker connection

Individual & Family Medicare Small Business Large Groups Resources

Search

Log In for Access

- [Compare Plans & Enroll](#)
- [View Client List](#)
- [View Application Status](#)
- [News & FAQs](#)

Public Links

- [Medicare Eligible Home](#)
- [Products](#)
- [M.A./P.D./P.P. Certification](#)
- [Policies & Procedures](#)
- [Help Current Clients](#)
- [Renewals](#)
- [Training and Resources](#)
- [Product Cycle Updates](#)
- [Advertising Materials](#)
- [Enrollment](#)
- [Learn About Our Tools](#)
- [Contact Sales and Support Offices](#)

Access commissions, client lists, and more in one convenient place when you're a broker with Blue Shield of California

[Log in to your account](#)



[View Guide](#)

Y0118_24_705A_C 10112024
H2819_24_705A_C 10112024

Overview

Our Online Enrollment system serves two basic purposes:

- Enrolling beneficiaries in Medicare and Medicare Supplement plans.
- Helping beneficiaries estimate their out-of-pocket expenses for each plan including their health, prescriptions, pharmacy, and the amount of coverage the plan offers.

Using this system, you will be able to enter all the beneficiary’s information, compare plans, and enroll.

Medicare Advantage Prescription Drug Plans

4 plans

Medicare Supplement Plans

7 plans

Prescription Drug Plans

2 plans

Dental

4 plans

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.

Effective: January 2025

Sort: Total Estimated Cost

Preferences

Answer a few questions to estimate your annual cost.

[Get Started](#)

[Prescriptions](#)

[Pharmacy](#)

Enter info

[Add all Social Needs Plans \(SNP\)](#)

Plan Name	Medical Deductible	Medical out of pocket maximum	Prescriptions	Pharmacy	Est. drug cost	Actions
Blue Shield Inspire (HMO)	\$0	\$599	Add	Add	\$0	<input type="checkbox"/> Add to compare Monthly plan premium \$0 <input type="button" value="Add to cart"/> <input type="button" value="Add to quote"/> View more details
Blue Shield 65 Plus (HMO)	\$0	\$1,500	Add	Add	\$0	<input type="checkbox"/> Add to compare Monthly plan premium \$0 <input type="button" value="Add to cart"/> <input type="button" value="Add to quote"/> View more details
Blue Shield 65 Plus Plan 2 (HMO)	\$0	\$2,100	Add	Add	\$0	<input type="checkbox"/> Add to compare Monthly plan premium \$0 <input type="button" value="Add to cart"/> <input type="button" value="Add to quote"/> View more details

Questions ?

Contact US:

Blue Shield Producer Services
Phone Number:

1-800-559-5905

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

BLUE SHIELD OF CALIFORNIA 2



What's New for 2025

- Standalone Dental Quote & Enroll (Brokers only)
- Enrollment attachment
- New-Look Plan Cards
- New Look Enrollment Form

What's staying for 2024

- Multi-year Broker site
- Single link to access Compare & Enroll Site

Enrollment Begins

This year Medicare Enrollment Site for Medicare Annual Enrollment Period begins on October 15, 2024.

Broker

Login

[View Section](#)

Broker Login

Search

blue shield of california broker connection Individual & Family Medicare Small Business Large Groups Resources Log In or Register

Broker Connection no longer supports Internet Explorer. We recommend using Microsoft Edge or Google Chrome browsers to access our website for a secure and improved experience.

WELCOME TO
BROKER CONNECTION

Access commissions, client lists, and more in one convenient place when you're a broker with Blue Shield of California

Log In to your account

Welcome to Broker Connection

1 Log in

Username

Password Show

Remember my username

Login

[Forgot your password?](#)

[Forgot your username?](#)

Create an account

Already appointed with Blue Shield? It takes about 5 minutes and 6 quick steps to register as an agency owner on Broker Connection.

Register

To register you need:

- The tax ID number for your brokerage or your personal tax ID number
- Your Department of Insurance (DOI) license number
- A National Producer Number (NPN), if you have one

[Who can create an account?](#)

[Get appointed with Blue Shield](#)

Log In Steps

1. Enter your **username** and **password**.
2. Click **Log In** button.

For captive agents, there is an additional link dropdown. Agents must choose the correct link to receive credit for the sale.

Broker Login

MEDICARE

blue shield of california broker connection

Individual & Family Medicare Small Business Large Groups Resources

Log In for Access

Compare Plans & Enroll

View Client List

View Application Status

News & FAQs

Public Links

Medicare Eligible Home

Products

MA-PD/PDP Certification

Policies & Procedures

Help Current Clients

Renewals

Training and Resources

Product Cycle Updates

Advertising Materials

Enrollment

Learn About Our Tools

Contact Sales and Support Offices

Access commissions, client lists, and more in one convenient place when you're a broker with Blue Shield of California

Log in to your account



Log In Steps

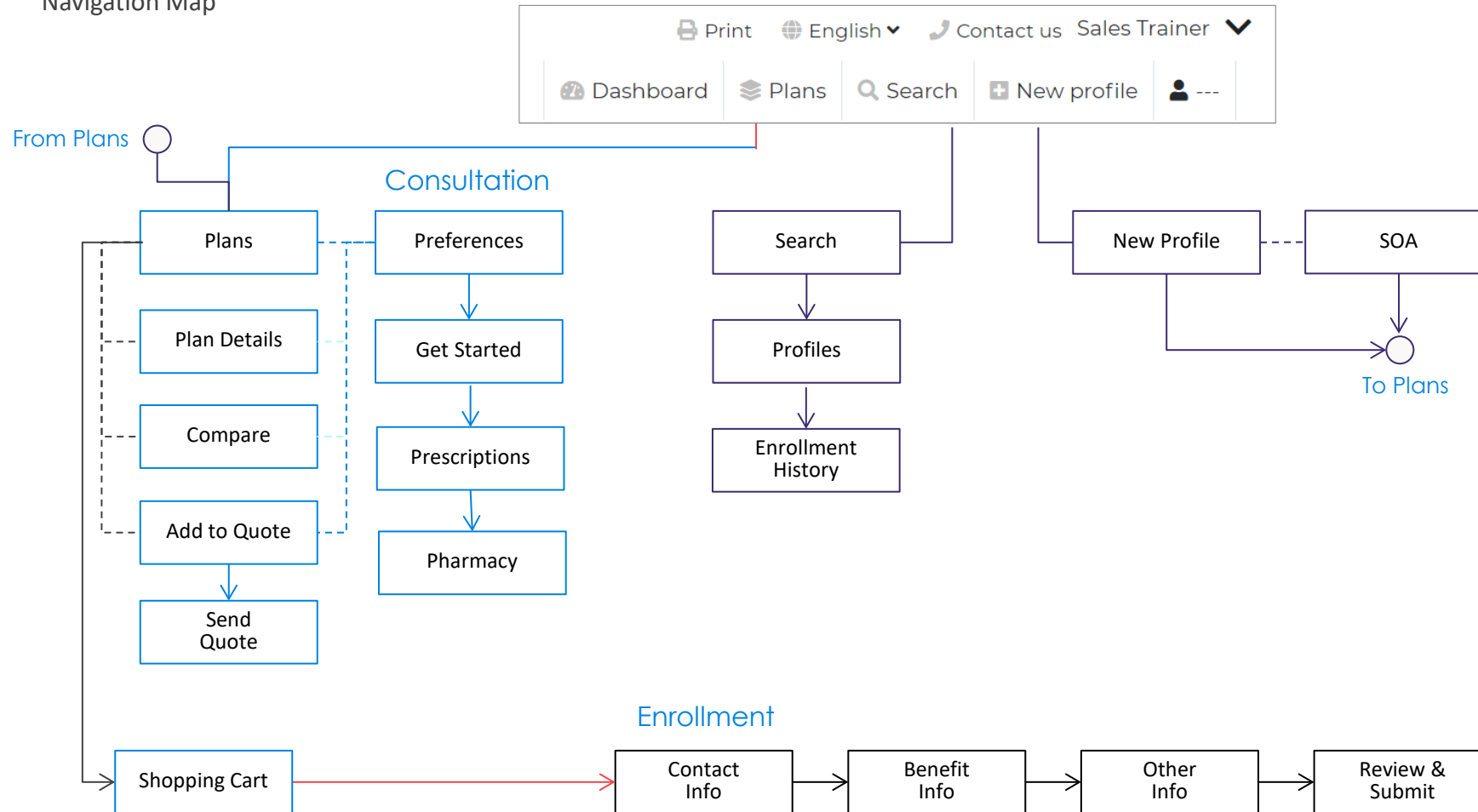
3. Click the **Compare Plans & Enroll** link.

NOTE:

From October 1st onwards there will be just one compare plans & enroll link

Site Navigation

Navigation Map



Use the site flow diagram as a reference guide to navigating through the site

When you login to the site, you will be on the Dashboard page. The Dashboard is your home page that provides a snapshot of your activity.

There are three main areas within the site:

1. Plans
2. Search Profiles & Enrollment
3. New Profile

The diagram shows the associated screens for each area.

NOTE:

- Dotted lines indicate access to supporting site pages for the main screens.
- Solid arrow lines indicate typical process flow a person would follow during an enrollment.

When you login to the site, you will be on the Dashboard Screen

Dashboard

📊 Reports 📄 Agent training materials

Enrollments

You have no tasks for this category

Quotes

<input type="checkbox"/> Follow up on quote	Due 10/12/2023	Bob Smith
---	----------------	---------------------------

Scope of Appointment

<input type="checkbox"/> Follow up on Scope of Appointment	Due 09/23/2023	B Smith
--	----------------	-------------------------

Other

You have no tasks for this category

Dashboard Overview

The dashboard provides an overview of your sales activities including:

- In process enrollments
- Completed applications
- Quotes to follow up on

Feedback

Account Overview



Sales Trainer

- Reports
- Agent training materials
- Account overview
- Logout

Dashboard

Reports

Agent training materials

Enrollments

You have no tasks for this category

Quotes

Scope of Appointment

Follow up on Scope of Appointment

Due 09/23/2023

[B.Smith](#)

Personal Sales Link

The Account Overview screen provides your personalized link.

Share this link with your clients to get them started shopping for plans.

You will get credit for the sale if your client enrolls in any of the plans you are authorized to sell.

Account Overview



Print English Contact us Sales Trainer

Dashboard Plans Search New profile

Account overview

My shopping link

Send your personalized link to the client to get them started with shopping for plans. Don't worry, you will get credit if the consumer enrolls in any of these plans.

Copy 2025 link

[Copy 2024 link](#)



My picture

This image will be used on the consumer shopping site and email signatures.

Please upload a .png, or .jpg, less than 5 MB.



Upload

Feedback

Personal Sales Link

It's important to confirm your information including the NPN to ensure that you get credit for the sale.

You can make changes to the some of the fields and click the Save button to update the information.

Fields you can edit include:

- Name
- Email
- Phone number
- Address
- Agency ID
- Agency name
- CA License number

Personal information

* First name Sales	* Last name Trainer		
Email address S_trainer@email.com	Phone number (888) 321-5555	Ext. 	
Address 123 Main Street	City San Francisco	State CA	ZIP code 94102

Account information

* Username	Password	NPN	* Role
-------------------	-----------------	------------	---------------

Site Navigation



Print English Contact us



Sales Trainer
(888) 321-5555
S_trainer@email.com

Cart Login

Find your Medicare plan

Whether you're newly eligible or exploring options we have a plan for you.

* ZIP code

Feedback



Explore potential costs

Enter your prescription and medications to estimate out-of-pocket costs and help find ways to save.

[Get started](#)

Plans designed to fit your budget and your needs

Medicare Advantage Prescription Drug (C + D)

Prescription Drug (Part D)

Medicare Supplement

Personal Link Page

When the prospect clicks your personal link, they will see your name, email, and image at the top of the page.

Start a New Consultation

[View Section](#)

Add Client



Dashboard

Reports

Agent training materials

Enrollments

You have no tasks for this category

Quotes

Follow up on quote

Due 10/12/2023

[Bob Smith](#)

Create a Profile

Select New Profile to create a new beneficiary profile. Creating a profile will allow you to search and return to view all information related to this beneficiary record in the future.

Add Client

1

Personal information

* ZIP code

* First name * Last name Date of birth

Email address Primary phone number Mobile phone number

Same as primary

Home address

Address 1 Address 2

City State

Sales information

Is the sales contact different from the beneficiary?

Save

2

SOA

You have no SOAs for this profile

Notes

You have no notes for this profile

[Add note](#)

Tasks

You have no tasks for this profile

[Add task](#)

3

Eligibility

Medicare Number [Show](#)

Hospital (Part A) effective date Month Year

Medical (Part B) effective date Month Year

[Add/edit subsidy](#)

4

Does beneficiary receive extra help paying for prescription drugs? (Optional)

[Previous](#) [Enter info](#) [Continue to SOA](#) [Continue to plans](#)

Create a Profile

- Begin by entering the beneficiary information sections:
 - Personal Information
 - Home Address
 - Sales Information
 - Eligibility
- Add Notes or Tasks to the profile.
- Click **Save**.
- Click **SOA** to move to the Scope of Appointment screen.

NOTE:

Fields with an asterisk are required.

The new fields will only validate the correct format, NOT the accuracy of the MBI or the effective dates.

Scope of Appointment

Scope of Appointment

A Scope of Appointment (SOA) is needed for all sales appointments and required 48-hours in advance with limited exceptions. Submit the SOA once you have received it from the beneficiary.

SOAs

You have no SOAs for this profile

[Complete SOA form in-person](#) | [Print consumer form](#) | [Upload](#)

Email address

5

Phone number

[Previous](#)

Enter info

Continue to plans

6

SOA - Email

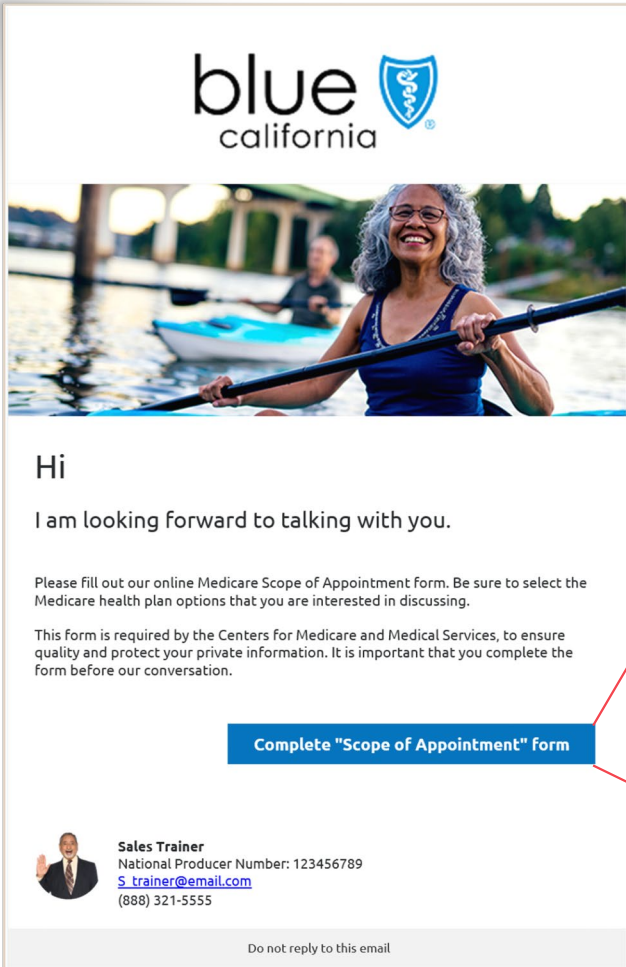
Electronically capture & store Scope of Appointment (SOA) confirmation.

5. Complete the Email or Text option to send the SOA to yourself or the beneficiary.
6. Click **Continue** to plans.

NOTE:

- The agent receives confirmation that beneficiary has signed their SOA.
- The beneficiary receives confirmation SOA has been submitted.
- You can upload a copy of the SOA using the upload button.

Prospect SOA Email



blue shield of california

English Agent Sales Trainer

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.
Fields marked with an asterisk (*) are required.

Please check one or ALL the product(s) below that you want the agent to discuss. *

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Medicare Supplement (Medigap) Products
- Ancillary Products

[View](#) complete Medicare product descriptions.

Beneficiary or Authorized Representative Information

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary's First Name*

Beneficiary's Last Name*

*Address (Line 1)

Address (Line 2)

*City

*State

*Zip Code

Phone Number

Are you the authorized representative acting on behalf of the beneficiary?

Yes No

* By checking this box, I have read and understand the contents of the Scope of Appointment form, and that I confirm that the information I have provided is accurate. If submitted by an authorized individual (as described above), this submission certifies that 1) this person is authorized under State law to complete the Scope of Appointment form, and 2) documentation of this authority is available upon request by Medicare.

2024: Y0118_24_299A_M Accepted 06172024 & H2819_24_299A_M Accepted 06172024
2025: Y0118_24_700A_M Accepted 10092024 & H2819_24_700A_M Accepted 10092024

SOA - Email

The beneficiary will receive an email or text with a link.

When they click the link, they are taken to the Scope of Appointment form.

When they complete form, you will receive an email notification.

NOTE:

Brokers will receive a notification when the SOA is received, and can click on the notification to be taken directly to Blue Shield of California Medicare Enrollment Site, if they are already logged in.

Start Consultation

17 plans available in [90002](#) for [2025](#)

for Los Angeles county, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2025

<p>Medicare Advantage Prescription Drug Plans</p> <p>4 plans</p>	<p>Medicare Supplement Plans</p> <p>7 plans</p>	<p>Prescription Drug Plans</p> <p>2 plans</p>	<p>Dental</p> <p>4 plans</p>
--	---	---	------------------------------

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.

Effective [January 2025](#)

Sort: Total Estimated Cost

[Add all Special Needs Plans \(SNP\)](#)

<p>Blue Shield Inspire (HMO)</p> <p>Medical Deductible \$0</p> <p>Medical out of pocket maximum \$599</p> <p>Prescriptions Add</p> <p>Pharmacy Add</p> <p>Est. drug cost \$0</p>	<p><input type="checkbox"/> Add to compare</p> <p>Monthly plan premium \$0</p> <p>Add to cart</p> <p>Add to quote</p> <p>View more details</p>
<p>Blue Shield 65 Plus (HMO)</p> <p>Medical Deductible \$0</p> <p>Medical out of pocket maximum \$1,500</p> <p>Prescriptions Add</p> <p>Pharmacy Add</p> <p>Est. drug cost \$0</p>	<p><input type="checkbox"/> Add to compare</p> <p>Monthly plan premium \$0</p> <p>Add to cart</p> <p>Add to quote</p> <p>View more details</p>
<p>Blue Shield 65 Plus Plan 2 (HMO)</p> <p>Medical Deductible \$0</p> <p>Medical out of pocket maximum \$2,100</p> <p>Prescriptions Add</p> <p>Pharmacy Add</p> <p>Est. drug cost \$0</p>	<p><input type="checkbox"/> Add to compare</p> <p>Monthly plan premium \$0</p> <p>Add to cart</p> <p>Add to quote</p> <p>View more details</p>

7

Preferences

Answer a few questions to estimate your annual cost.

[Get Started](#)

[Prescriptions](#)

[Pharmacy](#)

[Enter info](#)

Filters

[Clear all](#)

Medical out of pocket maximum

under \$1999

\$2000-\$5999

\$6000 and over

Add-on coverage

Dental

Additional benefits

additional telehealth

fitness benefit

meal benefit

transportation

Preferences

Guided Help gives agents and beneficiaries the option of adding preferences for a more personalized shopping experience, along with the ability to see the most accurate cost estimates for every plan option.

- Enter the information in the **Get Started** option to start the consultation.

NOTE: This section is optional.

Start Consultation



Get Started

Prescriptions

Pharmacy

[Go to plans >](#)

* ZIP code

90026

County
Los Angeles, CA

These optional questions help us estimate your potential costs.

What coverage type are you interested in? (Optional)

Medical only

Prescription drug

Medical and prescription drug

I don't know

8

Do you receive extra help paying for prescription drugs?(Optional)

Medicaid

Supplemental Security Income

Medicare Savings Program

Extra Help from Social Security

I don't get help from any of these programs

I'm not sure

[< Previous](#)

[Skip >](#)

[Continue](#)

9

Get Started

From the Get Started page, the following can be added:

- Prescriptions
- Pharmacy

8. Add what type of coverage the beneficiary is interested in.

9. Click **Continue**.

NOTE: This section is optional.

Start Consultation

✔ Get Started

● Prescriptions

○ Pharmacy

[Go to plans >](#)



Prescriptions

Add your prescriptions to see how each plan provides coverage.

10

- Lipitor
- Lipofen
- Locoid Lipocream
- paliperidone er
- Qulipta
- Declisen

[< Previous](#) [Skip >](#) [Continue](#)

11

Prescription

10. Add prescriptions to see how each plan provides coverage.
11. Click **Continue**.

NOTE: This section is optional.



Start Consultation

Get Started

Prescriptions

Pharmacy

[Go to plans >](#)



Prescriptions

Add your prescriptions to see how each plan provides coverage.

Search prescriptions

Lipitor

Select your dosage and enter the amount you use below. The most common dosage and quantity is prefilled.

<p>Select dose and form</p> <ul style="list-style-type: none"> Lipitor TAB 10MG Lipitor TAB 20MG Lipitor TAB 40MG Lipitor TAB 80MG 	<p>Enter quantity and frequency</p> <p>30 per month</p>
--	--

Would you like to use a Generic (atorvastatin calcium) for Lipitor

According to the FDA, this generic drug has the same quality, strength, safety and active ingredient as the brand name drug.

Yes **No**

Cancel **Add**

12

13

Prescription

- Select the dose, form, and quantity. Indicate the generic preference, if available.
- Click **Add** to continue.

NOTE: This section is optional.

[< Previous](#)

[Skip >](#)

Continue

Start Consultation

- Get Started
- Prescriptions
- Pharmacy

[Go to plans >](#)

Pharmacy

Drug costs vary based on the pharmacy you use. Select multiple pharmacies to compare estimated drug costs for all available plans.

* ZIP code Pharmacy name

Retail pharmacy Digital pharmacy Digital pharmacy

14

23 Chinatown Pharmacy
709 N Hill St #21
Los Angeles, CA 90012

24 CVS Pharmacy #09669
2530 Glendale Boulevard
Los Angeles, CA 90039

25 Rite Aid Pharmacy 05454
1744 W Sixth Street
Los Angeles, CA 90017

Viewing 21 - 25 of 25

[Previous](#)

15

Unlike mail order pharmacies determined by your health plan, digital pharmacies allow you to choose a pharmacy to deliver prescriptions, if allowed in your service area.

AMAZON PHARMACY #001

Pharmacy

14. Add the beneficiary pharmacy preference.

You may add both retail and digital pharmacies to your list.
15. Click **Continue**.

NOTE: This section is optional.

Start Consultation

16 17 plans available in [90002](#) for [2025](#) for Los Angeles county, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2025

17

18

- Medicare Advantage Prescription Drug Plans (4 plans)
- Medicare Supplement Plans (7 plans)
- Prescription Drug Plans (2 plans)
- Dental (4 plans)

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.

Select Plan Year

Select the year you want coverage for

Plan Year

2024 2025

Cancel Continue

Effective [January 2025](#)

Sort: Total Estimated Cost

[Add all Special Needs Plans \(SNP\)](#)

Blue Shield Inspire (HMO)	Medical Deductible \$0	Medical out of pocket maximum \$599	Prescriptions Pharmacy Est. drug cost \$0	<input type="checkbox"/> Add to compare Monthly plan premium \$0 <input type="button" value="Add to cart"/> <input type="button" value="Add to quote"/> View more details
Blue Shield 65 Plus (HMO)	Medical Deductible \$0	Medical out of pocket maximum \$1,500	Prescriptions Pharmacy Est. drug cost \$0	<input type="checkbox"/> Add to compare Monthly plan premium \$0 <input type="button" value="Add to cart"/> <input type="button" value="Add to quote"/> View more details
Blue Shield 65 Plus Plan 2 (HMO)	Medical Deductible \$0	Medical out of pocket maximum \$2,100	Prescriptions Pharmacy Est. drug cost \$0	<input type="checkbox"/> Add to compare Monthly plan premium \$0 <input type="button" value="Add to cart"/> <input type="button" value="Add to quote"/> View more details

19

Plans

- Available plans are shown for the beneficiary's zip code.
- Select the plan year you want coverage for.
- Select the tab to view available plans by type
 - Medicare Advantage Prescription Drug Plans
 - Medicare Supplement Plans
 - Prescription Drug Plans
- Sort the plans by:
 - Plan Premium (low to high)
 - Total Estimated Cost
 - Estimated Drug Costs (Low to High)
 - Medicare Star Ratings
 - Plan Name (A-Z)
 - Max Out of Pocket (Low to High)

Start Consultation

Effective [January 2025](#)

Filters

Medical out of pocket maximum

- under \$1999
- \$2000-\$5999
- \$6000 and over

Add-on coverage

- Dental

Additional benefits

- Additional telehealth
- Fitness benefit
- Meal benefit
- Transportation

Preferences

- Get Started** [Edit](#)
 - Extra help: I don't get help from any of these programs
- Prescriptions** [Edit](#)
 - Lipitor TAB 10MG
- Pharmacy** [Add](#)

[Add all Special Needs Plans \(SNP\)](#)

Sort:

Total Estimated Cost

Blue Shield Inspire (HMO)				<input checked="" type="checkbox"/> Compare now
Medical Deductible	Medical out of pocket maximum			Monthly plan premium
\$0	\$599			\$0
Prescriptions	Pharmacy	Est. drug cost		Add to cart
0 of 1 on formulary	Add	\$5,609		Add to quote
View prescriptions				View more details
Blue Shield 65 Plus (HMO)				<input checked="" type="checkbox"/> Compare now
Medical Deductible	Medical out of pocket maximum			Monthly plan premium
\$0	\$1,500			\$0
Prescriptions	Pharmacy	Est. drug cost		Add to cart
0 of 1 on formulary	Add	\$5,609		Add to quote
View prescriptions				View more details
Blue Shield 65 Plus Plan 2 (HMO)				<input checked="" type="checkbox"/> Compare now
Medical Deductible	Medical out of pocket maximum			Monthly plan premium
\$0	\$2,100			\$0
Prescriptions	Pharmacy	Est. drug cost		Add to cart
0 of 1 on formulary	Add	\$5,609		Add to quote
View prescriptions				View more details



Compare Plans

Select up to three plans to compare side-by-side.

20. Check the box for each plan that you want to compare and click Compare Now to view the results.

Start Consultation

21

Show plan differences

Send quote

Costs are based on

AMAZON PHARMACY #001

CVS Pharmacy #04898

Mail order

Effective January 2025

	Blue Shield Inspire (HMO)	Blue Shield 65 Plus Choice Plan (HMO)	Blue Shield 65 Plus (HMO)
Monthly plan premium	\$0.00	\$0.00	\$0.00
Est. drug cost	\$5,597 annually	\$5,597 annually	\$5,597 annually
Total est. annual cost	\$5,597 annually	\$5,597 annually	\$5,597 annually

Benefits			
Medical coverage			
Medical Deductible	\$0.00	\$0.00	\$0.00
Medical out of pocket maximum	\$599.00	\$800.00	\$1,500.00
Doctor Office Visit	\$0 copay per visit if performed by your PCP \$0 copay per visit if performed by a specialist	\$0 copay per visit if performed by your PCP \$0 copay per visit if performed by a specialist	\$0 copay per visit if performed by your PCP \$0 copay per visit if performed by a specialist
Specialist Office Visit	In-Network: \$0 copay per visit	In-Network: \$0 copay per visit	In-Network: \$0 copay per visit
Skilled Nursing Facility coinsurance	In-Network: \$0 copay per day for days 1-20, \$75 copay per day for days 21-100.	In-Network: \$0 copay per day for days 1-20, \$75 copay per day for days 21-100.	In-Network: \$0 copay per day for days 1-20, \$75 copay per day for days 21-100.
Home Health Care	\$0 copay for each covered home health visit	\$0 copay for each covered home health visit	\$0 copay for each covered home health visit
Outpatient Mental Health Care	\$30 copay for each individual or group therapy visit	\$30 copay for each individual or group therapy visit	\$30 copay for each individual or group therapy visit
Emergency Room	In-Network: \$140 copay per visit	In-Network: \$140 copay per visit	In-Network: \$140 copay per visit
Hospital Inpatient Stay	\$0 copay per admission Note: Our plan covers an unlimited number of days for an inpatient hospital stay.	\$0 copay per admission Note: Our plan covers an unlimited number of days for an inpatient hospital stay.	\$0 copay per admission Note: Our plan covers an unlimited number of days for an inpatient hospital stay.
PartB Giveback	N/A	N/A	N/A

22

Plans

Expand each section to view the information for each plan side-by-side.

In the Preferences section, you can search for:

- Provider
- Prescriptions
- Pharmacy's

From this page, you can:

21. Send a quote.
22. Add a plan to the shopping cart.

NOTE: Differences between plans are highlighted in orange.

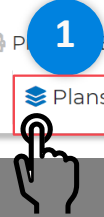


Send a Quick Quote

View & Compare plans

[View Section](#)

Quick Quote



Enter ZIP code

Please enter your ZIP code to see plans.

*ZIP code

Cancel Shop for plans



Plans

Available plans are shown for the beneficiary's zip code.

1. Select **Plans** from the menu bar.
2. Select the **Edit Zip Code** button.
3. Enter the zip code and click **Shop for Plans** to continue.

NOTE: This section is optional.

Quick Quote

17 plans available in [90026](#) for [2025](#) **4**

for Los Angeles county, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2025

Medicare Advantage
Prescription Drug Plans

4 plans

Medicare Supplement Plans

7 plans

Prescription Drug Plans

2 plans

Dental

4 plans

Select Plan Year

Select the year you want coverage for

Plan Year

2024 **2025**

Cancel Continue

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.

5

Effective [January 2025](#) [Add all Special Needs Plans \(SNP\)](#) Sort: Total Estimated Cost

Filters Clear all

Medical out of pocket maximum

under \$1999

\$2000-\$5999

\$6000 and over

Add-on coverage

Dental

Additional benefits

Additional telehealth

Fitness benefit

Meal benefit

Transportation

Preferences

Get Started Edit

• Extra help: I don't get help from any of these programs

Prescriptions Edit

• Lipitor TAB 10MG

Pharmacy Add

Blue Shield Inspire (HMO)				<input type="checkbox"/> Add to compare
Medical Deductible	Medical out of pocket maximum			Monthly plan premium
\$0	\$599			\$0
Prescriptions	Pharmacy	Est. drug cost		Add to cart
0 of 1 on formulary	Add	\$5,609		Add to quote
	View prescriptions			View more details
Blue Shield 65 Plus (HMO)				<input type="checkbox"/> Add to compare
Medical Deductible	Medical out of pocket maximum			Monthly plan premium
\$0	\$1,500			\$0
Prescriptions	Pharmacy	Est. drug cost		Add to cart
0 of 1 on formulary	Add	\$5,609		Add to quote
	View prescriptions			View more details
Blue Shield 65 Plus Plan 2 (HMO)				<input type="checkbox"/> Add to compare
Medical Deductible	Medical out of pocket maximum			Monthly plan premium
\$0	\$2,100			\$0
Prescriptions	Pharmacy	Est. drug cost		Add to cart
0 of 1 on formulary	Add	\$5,609		Add to quote
	View prescriptions			View more details

6

Plans

Available plans are shown for the beneficiary's zip code.

4. Select the **year** you want coverage for.
5. You can hide or show Special Needs Plans (SNP) by clicking the show/hide button.
6. Send a quote with up to three plans (of the same type) at a time.
 - Click **Add to quote** button for each plan.

NOTE: This section is optional.

Quick Quote

<p>Medicare Advantage Prescription Drug Plans 4 plans</p>	<p>Medicare Supplement Plans 7 plans</p>	<p>Prescription Drug Plans 2 plans</p>	<p>Dental 4 plans</p>
---	--	--	---------------------------

Plans

The plans that you selected are shown at the top.

7. Click **Send quote** button.

NOTE: This section is optional.

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.

Blue Shield Inspire (HMO)	\$0.00	x	Blue Shield 65 Plus (HMO)	\$0.00	x	Blue Shield 65 Plus Plan 2 (HMO)	\$0.00	x	<input type="button" value="Send quote"/>
---	---------------	---	---	---------------	---	--	---------------	---	---



Effective [January 2025](#)

- Filters** ▾
- Preferences** ▾

[Add all Special Needs Plans \(SNP\)](#)

Sort:

Blue Shield Inspire (HMO)			<input type="button" value="Add to compare"/>
Medical Deductible	Medical out of pocket maximum		Monthly plan premium
\$0	\$599		\$0
Prescriptions	Pharmacy	Est. drug cost	<input type="button" value="Add to cart"/>
0 of 1 on formulary	Add	\$5,609	<input type="button" value="Remove from quote"/>
View prescriptions			View more details ▾

Quick Quote

28 plans available in [90026](#) for [2025](#)
for Los Angeles county, CA

Licensed to sell 1 Medicare organizations with 20 plans for 2025

Medicare Advantage Prescription Drug Plans 15 plans
Medicare Supplement Plans 7 plans
Prescription Drug Plans 2 plans
Dental 4 plans

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.

Blue Shield Inspire (HMO) \$0.00 x Blue Shield 65 Plus Choice Plan (HMO) \$0.00 x Blue Shield 65 Plus (HMO) \$0.00 x

Effective [January 2025](#)

Filters
Preferences

Send quote to Bob Smith
How would the beneficiary like to receive the quote information?
 Email
 Text
Additional message
This will show when the user logs back into the site.
Please review this quote at your earliest convenience. Let me know if you have any questions.
Send quote

We've successfully sent the quote to Bob Smith
Authorization code: 1A2M6G5A
[View Bob Smith's profile](#)
Create a task to follow up with the beneficiary
Due date: 09/11/2024
Create a task: Follow up on quote
Add task
Close

Send Quote

Complete the form and select how you want to send the quote via email or text by checking the box.

8. Click **Send quote** button.

You will receive a confirmation that the quote was sent.

You can also create a task to follow up with beneficiary.

To dismiss the confirmation window, click the close button to return to the plans list.

NOTE: This section is optional.

Quote History

Quote History

The **Quote history** allows you to see all quotes that have been sent to the beneficiary. The Quote history will display:

- The plan quoted
- The date and time the quote was sent
- The email/phone number the quote was sent to
- The authorization code

9. Click the **Search** button to find the beneficiary profile.
10. At the bottom of the Profile screen is the Quote and Enrollment history.

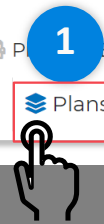
NOTE: This section is optional.



Medicare Supplement Plans

[View Section](#)

Quick Quote



Enter ZIP code

Please enter your ZIP code to see plans.

*ZIP code

Cancel Shop for plans



Plans

Available plans are shown for the beneficiary's zip code.

1. Select **Plans** from the menu bar.
2. Select the **Edit Zip Code** button.
3. Enter the zip code and click **Shop for Plans** to continue.

NOTE: This section is optional.

Quick Quote

26 plans available in [90026](#) for [2025](#) for Los Angeles county, CA

Licensed to sell 1 Medicare organizations with 18 plans for 2025

5 Medicare Supplement Plans 4 plans

Prescription Drug Plans 2 plans

Dental 4 plans

Select Plan Year

Select the year you want coverage for

Plan Year

2024 2025

Cancel Continue

6 Click [get a personalized quote](#) to see premiums for plans available in your area

Preferences

Answer a few questions to estimate your annual cost.

Get Started

Prescriptions

Pharmacy

Enter info

Filters

Clear all

Additional benefits

Fitness benefit

Plan subtypes

Plan A

Plan G

Plan G Innovative

Plan N

Sort: Plan Name (A-Z)

Medicare Supplement Plan G <i>Attained Age</i>	<input type="checkbox"/> Add to compare	Monthly plan premium Get a personalized quote View more details
Medicare Supplement Plan G Extra <i>Attained Age</i>	<input type="checkbox"/> Add to compare	Monthly plan premium Get a personalized quote View more details
Medicare Supplement Plan G Extra with \$25 Welcome to Medicare Savings* <i>Attained Age</i>	<input type="checkbox"/> Add to compare	Monthly plan premium Get a personalized quote View more details
Medicare Supplement Plan G with \$25 Welcome to Medicare Savings* <i>Attained Age</i>	<input type="checkbox"/> Add to compare	Monthly plan premium Get a personalized quote View more details

Plans

Available plans are shown for the beneficiary's zip code.

- Select the **year** you want coverage for.
- Click the **Medicare Supplement Plans** tab to view plans.
- Click get a **personalized quote** to see premiums for plans available.

NOTE: This section is optional.



Quick Quote

29 plans available in [90026](#) for [2025](#)

for Los Angeles county, CA

Licensed to sell 1 Medicare organizations with 18 plans for 2025

Medicare Advantage Prescription Drug Plans 16 plans	Medicare Supplement Plans 7 plans	Prescription Drug Plans 2 plans	Dental 4 plans
--	---	------------------------------------	-------------------

Medicare Supplement Information

The information you provide below will be used to calculate your Medicare Supplement plan premium. Rates are determined based on your age at the time of your plan effective date.

To qualify for the \$25 monthly savings for the first 12 months of enrollment, you must be 65 years or older and Blue Shield must receive your application no later than six months from your original Medicare Part B effective date.

* **Date of birth**

* **Effective date**

This date will apply to all product types except Medicare.

* **Hospital (Part A) effective date**

* **Medical (Part B) effective date**

[← Previous](#)

[Continue to plans](#)



Medicare Supplement Information

The information you provide below is used to calculate the beneficiaries Medicare Supplement plan premium.

Rates are determined based on beneficiaries age at the time of their plan effective date.

- Complete the form and click **Continue** to plans.

NOTE: This section is optional.

Quick Quote

28 plans available in [90026](#) for [2025](#)
for Los Angeles county, CA

Licensed to sell 1 Medicare organizations with 18 plans for 2025

Medicare Advantage Prescription Drug Plans 16 plans	Medicare Supplement Plans 6 plans	Prescription Drug Plans 2 plans	Dental 4 plans
--	--------------------------------------	------------------------------------	-------------------

Medicare Supplement Plans cover gaps in Medicare Part A and B. You also have the option to enroll your client in a Prescription Drug Plan.

[Edit your answers](#)

Medicare Supplement Plan G \$283.00 × UAT - Medicare Supplement Plan G \$283.00 × Medicare Supplement Plan G Extra \$298.00 × [Send quote](#)

Sort: Plan Premium (Low to High)

Preferences

Answer a few questions to estimate your annual cost.

- [Get Started](#)
- [Prescriptions](#)
- [Pharmacy](#)

[Enter info](#)

Filters [Clear all](#)

Add-on coverage

- Dental

Additional benefits

- Fitness benefit

Plan subtypes

- Plan A
- Plan F Innovative
- Plan G
- Plan G Innovative
- Plan N

<p>Medicare Supplement Plan G Attained Age</p>	<p><input type="checkbox"/> Add to compare</p> <p>Monthly plan premium \$283</p> <p>Add to cart</p> <p>Remove from quote</p> <p>View more details</p>
<p>UAT - Medicare Supplement Plan G Attained Age</p>	<p><input type="checkbox"/> Add to compare</p> <p>Monthly plan premium \$283</p> <p>Add to cart</p> <p>Remove from quote</p> <p>View more details</p>
<p>Medicare Supplement Plan G Extra Attained Age</p>	<p><input type="checkbox"/> Add to compare</p> <p>Monthly plan premium \$298</p> <p>Add to cart</p> <p>Remove from quote</p>

Plans

Available plans are shown for the beneficiary's zip code with their monthly plan premium.

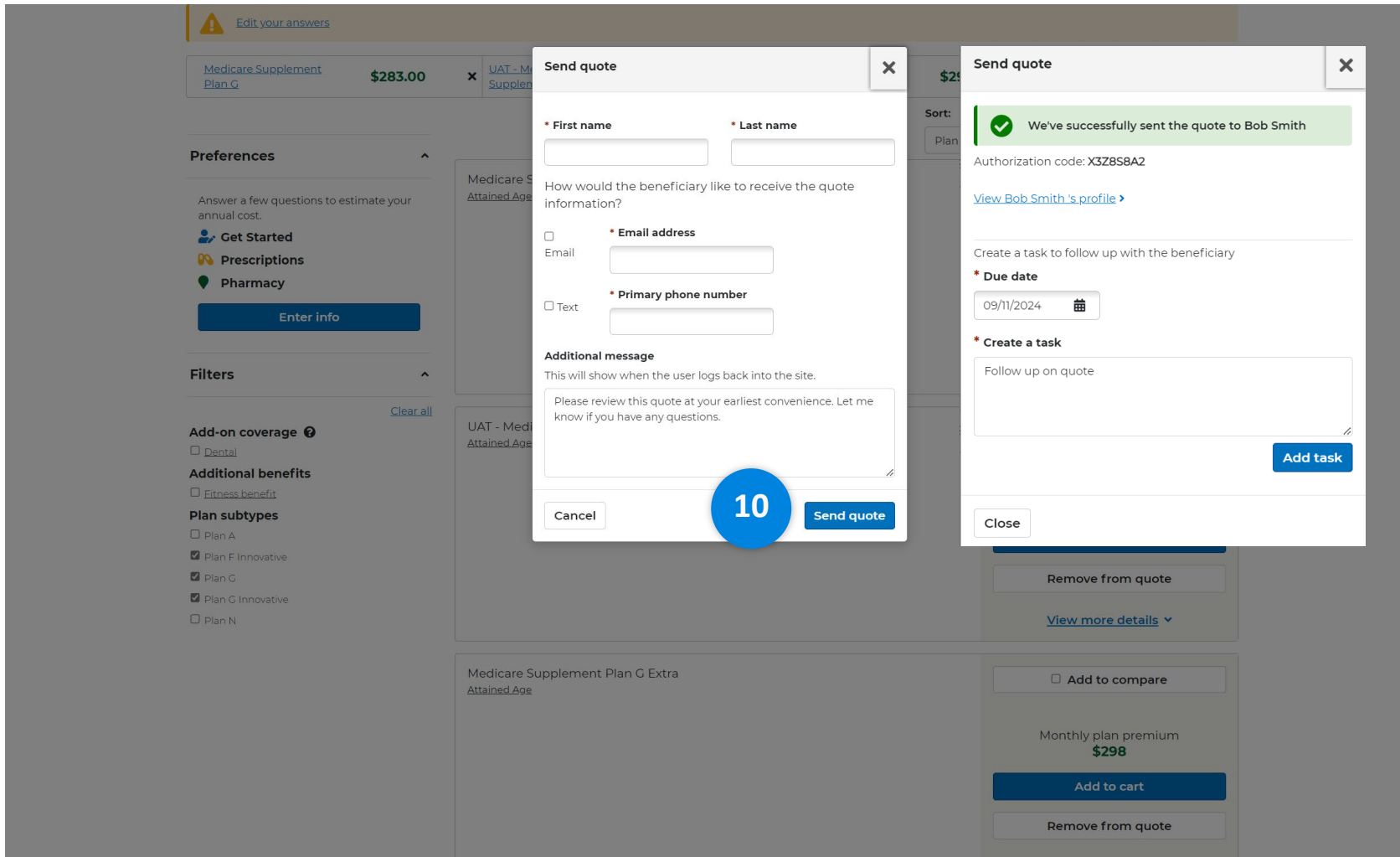
8. Click the **Add to quote** button.

The quotes are shown at the top of the screen.

9. Click **Send a Quote** button.

NOTE: This section is optional.

Quick Quote



Send Quote

Complete the form and select how you want to send the quote via email or text by checking the box.

10. Click **Send quote** button.

You will receive a confirmation that the quote was sent.

You can also create a task to follow up with beneficiary.

To dismiss the confirmation window, click the close button to return to the plans list.

NOTE: This section is optional.

Quote History

blue shield of california

Print English Contact us

Dashboard Plans Search New

11

Profile

Personal information

* ZIP code: 90026 County: Los Angeles, CA
Licensed to sell 1 Medicare organizations with 20 plans for 2025

* First name: Bob * Last name: Smith * Date of birth: MM/DD/YYYY

Email address: vincent.vigliotti@blueshieldca.com * Primary phone number * Mobile phone number
 Same as primary

Home address
Address 1 Address 2
City: Los Angeles State: CA

Sales information
Is the sales contact different from the beneficiary?

Agent of record
Sales Trainer

SOA
You have no SOAs for this profile

Notes
You have no notes for this profile
[Add note](#)

Tasks
You have no tasks for this profile
[Add task](#)

Eligibility
Medicare Number: [Show](#) Hospital (Part A) effective date: Month Year Medical (Part B) effective date: Month Year
[Add/edit subsidy](#)

Quote history

Quote sent 09/09/2024 11:37 am PST to

Medicare Supplement Plan F Extra
Medicare Supplement Plan G
Medicare Supplement Plan G Extra

Plan type MEDIGAP
Requested effective date: 10/01/2024
Authorization code: X3Z8S8A2

Please review this quote at your earliest convenience. Let me know if you have any questions.
Sales Trainer
BSC_Test_Sales_trainer_2024

Enrollment History
You have no enrollments for this beneficiary

12

Quote History

The **Quote history** allows you to see all quotes that have been sent to the beneficiary. The Quote history will display:

- The plan quoted
- The date and time the quote was sent
- The email/phone number the quote was sent to
- The authorization code

11. Click the Search button to find the beneficiary profile.
12. At the bottom of the Profile screen is the Quote and Enrollment history.

NOTE: This section is optional.



Start New Enrollment

Annual Enrollment Period (AEP)

[View Section](#)

Shopping Cart

17 plans available in [90002](#) for [2025](#) for Los Angeles county, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2025

2 Medicare Advantage Prescription Drug Plans (4 plans)

Medicare Supplement Plans (7 plans)

Prescription Drug Plans (2 plans)

Dental (4 plans)

Select Plan Year

Select the year you want coverage for

* Plan Year

2024 2025

Cancel Continue

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.

Effective [January 2025](#)

Sort: Total Estimated Cost

3

4

Plan Name	Medical Deductible	Medical out of pocket maximum	Prescriptions	Pharmacy	Est. drug cost	Monthly plan premium	Actions
Blue Shield Inspire (HMO)	\$0	\$599	Add	Add	\$0	\$0	Add to compare Add to cart Add to quote View more details
Blue Shield 65 Plus (HMO)	\$0	\$1,500	Add	Add	\$0	\$0	Add to compare Add to cart Add to quote View more details
Blue Shield 65 Plus Plan 2 (HMO)	\$0	\$2,100	Add	Add	\$0	\$0	Add to compare Add to cart Add to quote View more details

Plans

Available plans are shown for the beneficiary's zip code.

1. Select the year you want coverage for.
2. Select the tab to view available plans by type
 - Medicare Advantage Prescription Drug Plans
 - Prescription Drug Plans
 - Medicare Supplement Plans
3. Sort the plans by:
 - Plan Premium (low to high)
 - Total Estimated Annual Cost
 - Medicare Star Ratings
 - Plan Name (A –Z)
4. Add plan to cart

Shopping Cart



2025 Print English Contact us Sales Trainer

Dashboard Plans Search New profile

[Back to plans](#)

Cart

Medicare Advantage Prescription Drug Plan

Blue Shield Inspire (HMO)

Monthly plan premium
\$0.00

[View details](#) [Change plan](#) [Remove plan](#)

5

Optional add-on coverage

Dental

Optional Supplemental Dental HMO plan	View details	\$16.00	Add Dental
Optional Supplemental Dental PPO plan	View details	\$47.00	Add Dental

* In order to process this application Blue Shield of California requires agreement from the beneficiary, How will you be completing this form?

Continue to apply

6

 Send to beneficiary to sign and submit

 Complete and submit form myself

7

You may [clear the cart](#) if you have completed all enrollments.

Total monthly plan premium **\$0.00**

Add to Cart

5. Add any optional add-on coverage.

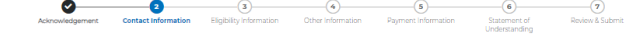
You can only add optional coverage in the Cart screen.

6. Select how you will complete this form:

- Send to beneficiary to sign and submit
- Complete and submit form yourself

7. Click the **Continue to apply** button.

Shopping Cart



Acknowledgement

Before you enroll.
To process this application Blue Shield of California requires a signature from the beneficiary.
If you cannot obtain a signature from your client, please click your client's name on the top right side of the screen and select CART.
Then select "Send to beneficiary to sign and submit" button to continue.
Your client can review this completed form and send it directly to Blue Shield of California.
You will receive credit for submitting this application.

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan
To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](#) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all fields that are marked with an asterisk (*). Some items are optional. You cannot be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit. For more information, see Paying Your Plan Premium section on the Review & Submit page of this application.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

*I acknowledge that I have read, understood, and agree to the above-mentioned text.



Continue

Shopping cart

Blue Shield Inspire (HMO)
Medicare Advantage Prescription Drug Plan

\$0.00

Total monthly plan premium

\$0.00

[Blue Shield Inspire \(HMO\) Los Angeles & Orange EOC](#)
[Blue Shield Inspire \(HMO\) Los Angeles & Orange SOB](#)
[Blue Shield Inspire \(HMO\) Los Angeles & Orange ANOC](#)
[Multi-Language Insert](#)

Sales Trainer
123 Main Street
San Francisco CA 94102
(888) 321-5555

Blue Shield of California
Address
6300 Canoga Avenue
Woodland Hills, CA 91367
Phone
(800) 776-4466
Hours
8am-8pm, seven days a week



Contact Information

* Indicates Required Fields

Personal Information

* First Name Middle Initial * Last Name
 * Birth Date * Sex Male Female

Phone and Email

* Phone Number
 Enter 10-digit phone number with no hyphen or spaces (e.g., 2125551212)

Phone Number Type

- Landline
 Cell

Mobile Phone Number

Enter 10-digit phone number with no hyphen or spaces (e.g., 2125551212)

I agree that Blue Shield and its affiliated entities and agents may communicate with me about my account and various health and wellness programs available to me, and other promotional information that may benefit me and my dependents, including by phone or text to my phone numbers listed on this form, using an auto-dialer or artificial or prerecorded voice. Standard data rates may apply. Agreement to receive text/inits is voluntary and is not required to receive Blue Shield of California services. Reply "Stop" to cancel any time and get one (1) text to confirm. I agree to the SMS Terms & Conditions. <https://www.Blueshieldca.com/terms>

Yes No

Email Address

Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (for example, Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

Communication Preference

Preferred Communications Channel
It's our goal to communicate with you in your preferred method. However, in some situations, we may need to adjust how we are providing you with information.

Select...

Select one if you want us to send you information in a language other than English.

Select...

Select one if you want us to send you information in an accessible format.

Select...

Please contact Blue Shield Customer Service at (800) 776-4466 (TTY: 711) if you need information in an accessible format or language other than what is listed above.

For members enrolled in D-SNP plans, please contact D-SNP Customer Service (800) 452-4413 (TTY: 711). For Medicare Prescription Drug plans call (888) 233-6469 (TTY: 711). Our office hours are 8 a.m. to 8 p.m., seven days a week.

Permanent Residence

* Street Address 1 Street Address 2
 Type address to see suggestions
 * City * State * ZIP Code * County
 Los Angeles CA 90002 Los Angeles

My mailing address is different from my permanent address

[Previous](#)

Continue



There is an 8-step process to completing the enrollment.

Step 1- Acknowledgement

8. Complete the Acknowledgement

Step 2- Contact Information

9. Continue to the Contact Information sections:

- Personal Information
- Phone & Email Consent
- Communication Preference
- Permanent Residence

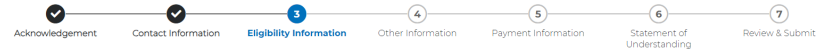
10. Click **Continue** to go to Step 3.

Note:

Images are for reference and may not show all fields.



Shopping Cart



11

Eligibility Information

* Indicates Required Fields

Medicare Information

Please take out your red, white and blue Medicare card to complete this section. In the spaces provided enter your Medicare Number (do not enter dashes).

* Medicare Number

Special Enrollment Period

Typically, you may enroll in a Medicare Advantage plan or Medicare Prescription Drug plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan or Medicare Prescription Drug plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- You change where you live
- You lose your current coverage
- You have a chance to get other coverage
- Your plan changes its contract with Medicare

If none of these statements applies to you or you're not sure, please contact Blue Shield of California at (888) 534-4263 (TTY: 711) or Authorized Agent, to see if you are eligible to enroll. For Medicare Prescription Drug plans please call (888) 292-7591 (TTY: 711).

We are open 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 and 8 a.m. to 8 p.m., Monday through Friday, from April 1 to September 30.

Prescription Drug Coverage

* Will you have other prescription drug coverage (like VA, TRICARE) in addition to this plan?

 Yes No

Medicaid Enrollment

* Are you enrolled in your State Medicaid (Medi-Cal) program?

 Yes No

[Previous](#)

[Continue](#)

12

Shopping cart	
Blue Shield Inspire (HMO) Medicare Advantage Prescription Drug Plan	\$0.00
Total monthly plan premium	\$0.00

[Blue Shield Inspire \(HMO\) Los Angeles & Orange EOC](#)
[Blue Shield Inspire \(HMO\) Los Angeles & Orange SOB](#)
[Blue Shield Inspire \(HMO\) Los Angeles & Orange ANOC](#)
[Multi Language Insert](#)

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 123 Main Street
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 (888) 321-5555

Blue Shield of California
Address
 6300 Canoga Avenue
 Woodland Hills, CA 91367
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 (800) 776-4466
Hours
 8am-8pm, seven days a week

13

Other Information

Please see the additional questions below. Answering these questions is your choice. You can't be denied coverage for not answering any of them.

Ethnicity and Race

What's your race? Select all that apply.

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- I choose not to answer

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a or Spanish origin
- Yes, Puerto Rican
- Yes, Another Hispanic, Latino or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Cuban
- I choose not to answer

Gender Identity & Sexual Orientation

What is your gender? Select one.

- Woman
- Man
- Non-binary
- I use a different term
- I choose not to answer

Which of the following best represents how you think of yourself? Select one.

- Lesbian or gay
- Straight, that is, not gay or lesbian
- Bisexual
- I use a different term
- I don't know
- I choose not to answer

Employment Information

Do you work?

 Yes No

Does your spouse work?

 Yes No

Physician Selection (Optional)

Use Find A Doctor to locate your primary care physician.

Once you've made your selection, click on the "Make PCP" button under your chosen doctor's name and then confirm your selection by clicking the "Choose for primary care" button.

The doctor's name and ID number will automatically be populated in the fields below.

Shopping cart	
Blue Shield Inspire (HMO) Medicare Advantage Prescription Drug Plan	\$0.00
Total monthly plan premium	\$0.00

Sales Trainer
 123 Main Street
 San Francisco CA 94102
 (888) 321-5555

Blue Shield of California
Address
 6300 Canoga Avenue
 Woodland Hills, CA 91367
Phone
 (800) 776-4466
Hours
 8am-8pm, seven days a week

[Continue](#)

14

Contact Information

Step 3- Eligibility Information

11. Complete the Eligibility Information sections:

- Medicare Information
- Special Enrollment Period
- Prescription Drug Coverage

12. Click **Continue** to go to the next section.

Step 4- Other Information

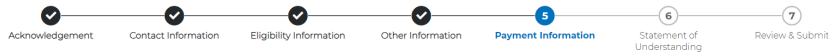
13. Complete Other Information sections:

- Employment Information
- Ethnicity and Race Information
- Gender Identity & Sexual Orientation
- Physician Selection
- Producer Information

14. Click **Continue** to go to the next section.



Shopping Cart



Payment Information

* Indicates Required Fields

Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty you currently have or may owe) by mail each month. If your plan has a premium due, you will receive a monthly bill including the amount and the date of when your next payment is due, or you may choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

To learn more about your payment options, visit us at blueshieldca.com/medicarewaystopay or call Customer Service at 800-776-4466 (TTY: 711). For members enrolled in D-SNP plans, please contact D-SNP Customer Service 800-452-4413 (TTY: 711). For Medicare Prescription drug plans 888-239-6469.

Please select a premium payment option:

- Get Monthly Bill
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

* I get monthly benefits from:

- Social Security
- RRB

[The Social Security/Railroad Retirement Board deduction may take two or more months to begin. In most cases, if Social Security/the Railroad Retirement Board accepts your request for automatic deduction, the first deduction from your Social Security/Railroad Retirement Board benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.]

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA) you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Blue Shield of California the Part D-IRMAA.

[Previous](#)

[Continue](#)

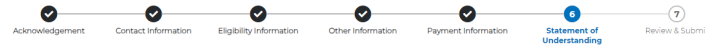
15

Shopping cart	
Blue Shield Inspire (HMO) Medicare Advantage Prescription Drug Plan	\$0.00
Total monthly plan premium	\$0.00

[Blue Shield Inspire \(HMO\) Los Angeles & Orange EDC](#)
[Blue Shield Inspire \(HMO\) Los Angeles & Orange SOB](#)
[Blue Shield Inspire \(HMO\) Los Angeles & Orange ANOC](#)
[Multi Language Insert](#)

Sales Trainer
 123 Main Street
 San Francisco CA 94102
 (888) 321-5555

Blue Shield of California Address
 6300 Canoga Avenue
 Woodland Hills, CA 91367
Phone
 (800) 776-4466
Hours
 8am-8pm, seven days a week



Statement of Understanding

* Indicates Required Fields

IMPORTANT: Read and sign below.

I (bob green understand(s) that:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Blue Shield Inspire (HMO)
- By joining this Medicare Advantage Plan, I acknowledge that Blue Shield Inspire (HMO) 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).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA or Part D plan at a time - and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- 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 when my Blue Shield Inspire (HMO) coverage begins, I must get all of my medical and prescription drug benefits from Blue Shield Inspire (HMO). Benefits and services provided by Blue Shield Inspire (HMO) "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Shield Inspire (HMO) 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.

* What is your relationship to the person enrolling in this Medicare plan?

- I am the person enrolling
- I am helping the person enrolling
- I am the authorized representative

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

* Name * Relationship to Enrollee

Helper Signature

Sign your name below using a stylus, mouse, or your finger.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) and Medicare Prescription Drug Plans (PDP), 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 (MAPD)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

[Previous](#)

[Continue](#)

16

Shopping cart	
Blue Shield Inspire (HMO) Medicare Advantage Prescription Drug Plan	\$0.00
Total monthly plan premium	\$0.00

[Blue Shield Inspire \(HMO\) Los Angeles & Orange EDC](#)
[Blue Shield Inspire \(HMO\) Los Angeles & Orange SOB](#)
[Blue Shield Inspire \(HMO\) Los Angeles & Orange ANOC](#)
[Multi Language Insert](#)

Sales Trainer
 123 Main Street
 San Francisco CA 94102
 (888) 321-5555

Blue Shield of California Address
 6300 Canoga Avenue
 Woodland Hills, CA 91367
Phone
 (800) 776-4466
Hours
 8am-8pm, seven days a week

Contact Information

There is an 8-step process to completing the enrollment.

Step 5 - Payment Information

15. Complete the Payment and then click **Continue** to go to Step 6.

Step 6- Statement of Understanding

16. Complete the Statement of Understanding and then click **Continue** to go to Step 8.

For the question:

“What is your relationship to the person enrolling in this plan?”

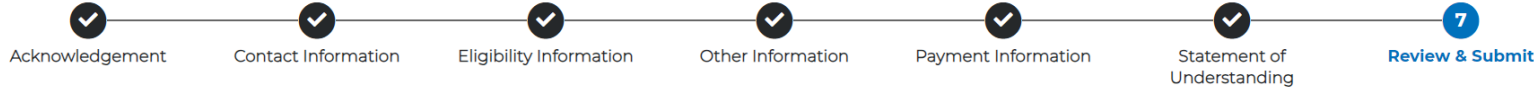
- Select “I am (or am helping) the person enrolling” if you have the Power of Attorney (POA).
- Select “I am an agent or authorized person” if you are the Broker/Agent.

Note:

Images are for reference and may not show all fields.



Shopping Cart



17

- > Acknowledgement
- > Contact Information
- > Eligibility Information
- > Other Information
- > Payment Information
- > Statement of Understanding

< Previous

18

Send to beneficiary

Shopping cart

Blue Shield Inspire (HMO)
Medicare Advantage Prescription Drug Plan

\$0.00

Total monthly plan premium

\$0.00

[Blue Shield Inspire \(HMO\) Los Angeles & Orange EOC](#)
[Blue Shield Inspire \(HMO\) Los Angeles & Orange SOB](#)
[Blue Shield Inspire \(HMO\) Los Angeles & Orange ANOC](#)
[Multi Language Insert](#)

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Address
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Phone
 (800) 776-4466
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 8am-8pm, seven days a week



Contact Information

There is an 8-step process to completing the enrollment.

Step 7 - Review & Submit

17. Complete the Review and send to the beneficiary:

- Expand each section to view and verify the information.
- Correct or complete any fields that require revision.

18. Click the **Send to beneficiary** button to send the application.

Note:

Images are for reference and may not show all fields.

Shopping Cart

blue shield of california

Print English Contact us

Agent Sales Trainer

Hi Bob,

To view the plan information we discussed, please enter your authorization code. Check your email or text messages for the code.

* Authorization code

The authorization code was sent to you.

Continue

19

View application

Sales Trainer
BSC_TEST_Agency
sales_training@blueshieldca.com
(415) 555-1212

Feedback

with Sales Trainer

5555
@email.com

Beneficiary Review & Submit

19. The beneficiary will receive an email or text with a link.

When they click the link, they are taken to application to sign and submit.

20. The beneficiary will also receive a second email with the authorization code to access the application.

Shopping Cart

Application submitted

Your application has been submitted and is pending approval. This confirmation is not proof of membership.

You may have other coverage in your cart you still need to enroll in. You may clear your cart if you have completed all enrollments. [Continue applying for coverage](#)

What to expect

Confirmation
Within 10 days of enrollment, you will receive a confirmation enrollment letter in the mail. It is also confirmation that Medicare has approved your enrollment

Member ID card
You will also receive your member ID card. Keep this with you for all your doctor, hospital, and pharmacy visits.

Welcome package
You will receive a package containing important plan documents. This includes instructions about how to access the Evidence of Coverage, drug list, and provider directory.

Premium assistance
If you qualify for help, you will receive a Low-Income Subsidy (LIS) letter. Depending on your level of coverage, receiving US means lower prescription drug costs and financial assistance to cover your Part D premium.

Complete your Health Risk Assessment HMO, D-SNP members only
If you have enrolled in a D-SNP plan, Blue Shield Care Coordinators will call you within 90 days of enrolling to complete your Health Risk Assessment (HRA) and Care Plan. Completing these tools helps our Care Coordinators individualize your care to meet your needs. You can also complete your HRA by mail or call 1-888-548-5765.

[Email](#) [Print](#)

Application details

Member name
Beth Smith
Member address
123 Lucas Ave Los Angeles, CA 90026
Submitted on
September 18, 2024

Confirmation number
A66914328134748M
[View application](#)

21

Blue Shield of California
6300 Canoga Avenue Woodland Hills, CA 91367
8am-8pm, seven days a week
(800) 776-4466
<https://www.blueshieldca.com/medicare>

Medicare Advantage Prescription Drug Plan



Blue Shield Inspire (HMO)

Monthly plan premium
\$0.00



Application submitted

Your application has been submitted and is pending approval. This confirmation is not proof of membership.

What to expect

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Premium assistance
If you qualify for help, you will receive a Low-Income Subsidy (LIS) letter. Depending on your level of coverage, receiving US means lower prescription drug costs and financial

Application details

Submitted on
September 18, 2024

Confirmation number
A66914328134748M

Beneficiary Confirmation

21. Ask the beneficiary to copy the confirmation number for your records.

The beneficiary can also view and download a copy of the application.

Note:

Images are for reference and may not show all fields.



Medicare Supplement Plans

[View Section](#)

Shop for Plans

15 plans available in [90026](#) for [2025](#) for Los Angeles county, CA

Licensed to sell 11 Medicare organizations with 7 plans for 2025

2

- Medicare Advantage Prescription Drug Plans (5 plans)
- Medicare Supplement Plans (4 plans)
- Prescription Drug Plans (2 plans)
- Dental (4 plans)

1

Select Plan Year

Select the year you want coverage for

* Plan Year

2024 2025

Cancel Continue

3

Medicare Supplement Plans cover gaps in Medicare Part A and B. You also have the option to enroll your client in a Prescription Drug Plan.

Click [get a personalized quote](#) to see premiums for plans available in your area

Sort: Plan Name (A-Z)

<p>Preferences</p> <p>Filters</p>	<p>Medicare Supplement Plan G</p> <p>Attained Age</p>	<p><input type="checkbox"/> Add to compare</p> <p>Monthly plan premium</p> <p>Get a personalized quote</p> <p>View more details</p>
	<p>Medicare Supplement Plan G Extra</p> <p>Attained Age</p>	<p><input type="checkbox"/> Add to compare</p> <p>Monthly plan premium</p> <p>Get a personalized quote</p> <p>View more details</p>
	<p>Medicare Supplement Plan G Extra with \$25 Welcome to Medicare Savings*</p> <p>Attained Age</p>	<p><input type="checkbox"/> Add to compare</p> <p>Monthly plan premium</p> <p>Get a personalized quote</p> <p>View more details</p>

Plans

Available plans are shown for the beneficiary's zip code.

1. Select the year you want coverage for.
2. Click the **Medicare Supplement Plans** tab to view plans.
3. Click **get a personalized quote** to see premiums for plans available.

Personal Quote

15 plans available in [90026](#) for [2025](#)

for Los Angeles county, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2025

Medicare Advantage Prescription Drug Plans 5 plans	Medicare Supplement Plans 4 plans	Prescription Drug Plans 2 plans	Dental 4 plans
---	--------------------------------------	------------------------------------	-------------------

Medicare Supplement Information

The information you provide below will be used to calculate your Medicare Supplement plan premium. Rates are determined based on your age at the time of your plan effective date.

4

To qualify for the \$25 monthly savings for the first 12 months of enrollment, you must be 65 years or older and Blue Shield must receive your application no later than six months from your original Medicare Part B effective date.

* Date of birth

* Effective date

This date will apply to all product types except Medicare.

* Hospital (Part A) effective date

* Medical (Part B) effective date

[← Previous](#)

[Continue to plans](#)

Medicare Supplement Information

The information you provide below is used to calculate the beneficiaries Medicare Supplement plan premium.

Rates are determined based on beneficiaries age at the time of their plan effective date.

- Complete the form and click **Continue to plans**.



Shopping Cart

15 plans available in [90026](#) for [2025](#)
for Los Angeles county, CA
Licensed to sell 1 Medicare organizations with 7 plans for 2025

Medicare Advantage Prescription Drug Plans 5 plans	Medicare Supplement Plans 4 plans	Prescription Drug Plans 2 plans	Dental 4 plans
---	--------------------------------------	------------------------------------	-------------------

Medicare Supplement Plans cover gaps in Medicare Part A and B. You also have the option to enroll your client in a Prescription Drug Plan.

[Edit your answers](#)

Sort: Plan Premium (Low to High)

Preferences	
Filters	
Medicare Supplement Plan G Extra Attained Age	<input type="checkbox"/> Add to compare Monthly plan premium \$298 Add to cart Add to quote View more details
Medicare Supplement Plan F Extra Attained Age	<input type="checkbox"/> Add to compare Monthly plan premium \$298 Add to cart Add to quote View more details



Plans

Available plans are shown for the beneficiary's zip code with their monthly plan premium.

5. Click the **Add to cart** button.

Shopping Cart

Add to Cart

6. Add any optional add-on coverage by selecting **Shop for plans** button.

You will return to the plans screen.

7. Click **Go to Cart** button to continue with the application process.

Shopping Cart

[Back to plans](#)

Cart

Add a Prescription Drug Plan

Adding a Prescription Drug Plan can help save money on your prescription costs.

[Shop for plans](#)

Medicare Supplement Plan

Medicare Supplement Plan G Extra
Requested start date: January 1, 2025

Monthly plan premium
\$298.00

[View details](#) [Change plan](#) [Remove plan](#)

Optional add-on coverage

Dental

Dental PPO 1000	View details	\$37.40	Add Dental
Dental PPO 1500	View details	\$56.10	Add Dental

* In order to process this application Blue Shield of California requires agreement from the beneficiary, How will you be completing this form?

- Send to beneficiary to sign and submit
- Complete and submit form myself

[Continue to apply](#)

You may [clear the cart](#) if you have completed all enrollments.

Total monthly plan premium \$298.00

Important Information

8. Add any optional add-on coverage.

You can only add optional coverage in the Cart screen.

9. Select how you will complete this form:

- Send to beneficiary to sign and submit
- Complete and submit form yourself

10. Click the **Continue to apply** button.

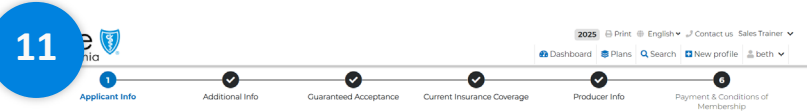
8

9

10



Shopping Cart



Application for Blue Shield of California Medicare Supplement Plans

Here's how to apply

1. Please make sure you answer all questions completely and accurately
2. Sign and date in all places indicated.

If you are a current member interested in transferring to a Medicare Supplement plan of equal or lesser value outside your enrollment period or to a richer benefit plan at any time, you must complete this application.

Plan F Extra will only be available to applicants who attained age 65 before January 1, 2020 or first became eligible for Medicare benefits due to disability before January 1, 2020.
Fields marked with an asterisk (*) are required

Shopping cart

Medicare Supplement Plan C
Medicare Supplement Plan

\$283.00

Total monthly plan premium
\$283.00

Sales Trainer
123 Main Street
San Francisco CA 94102
(888) 321-6565

Blue Shield of California Medicare Supplement Plan.
Address
P.O. Box 3008
Lodi, CA 95247
Phone
(888) 753-0000

Personal Information
Please enter your personal information in the spaces provided.

First Name*

Middle Initial

Last Name*

Gender*
 Male Female Non-binary

Date of Birth*

Language Preference*

Phone Number*

Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212)

Phone Number Type
 Landline Cell

Mobile phone number

Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212)

I agree that Blue Shield and its affiliated entities and agents may communicate with me about my account and various health and wellness programs available to me, and other promotional information that may benefit me and my dependents, including by phone or text to my phone numbers listed on this form, using an auto-dialer or artificial or prerecorded voice. Standard data rates may apply. Agreement to receive texts/calls is voluntary and is not required to receive Blue Shield of California services. Reply "Stop" to cancel any time and get one (1) text to confirm. I agree to the [SMS Terms & Conditions](#)

Yes No

Communication Preference

Email Address

Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (for example Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

Select one if you want us to send you information in an accessible format.

Home Address

Home Address (NO PO BOX)*

Apt

City*

State*

Zip* [Edit](#)

Mailing Address

Is your Mailing address different than your home address?
 Yes No

Billing Address

Is your Billing address different than your home address?
 Yes No

Home Address

Home Address (NO PO BOX)*

Apt

City*

State*

Zip* [Edit](#)

Mailing Address

Is your Mailing address different than your home address?
 Yes No

Billing Address

Is your Billing address different than your home address?
 Yes No

Medicare Information

Please take out your red, white and blue Medicare card to complete this section. In the spaces provided, enter your Medicare Number (do not enter dashes) and the Effective Dates for your Part A and Part B coverage.

You must have Medicare Part A and Part B to join a Medicare Supplement plan.

Medicare Beneficiary Identification (MBI) number*

I am entitled to:
 Hospital (Part A) Effective Date*
 Medical (Part B) Effective Date*
 Requested Effective Date*

Are you currently a Blue Shield of California member?
 Yes No



[Continue](#)

Applicant Information

There is a 6-step process to completing the enrollment.

Step 1- Applicant Info

11. Complete the Personal Information sections:

- Home Address
- Mailing Address
- Billing Address
- Communication Preferences

12. Continue down the page to complete the Medicare sections:

- Medicare Information
- Medicare Prescription Drug Plan Information

13. Click **Next** to continue.

Note:

Images are for reference and may not show all fields.

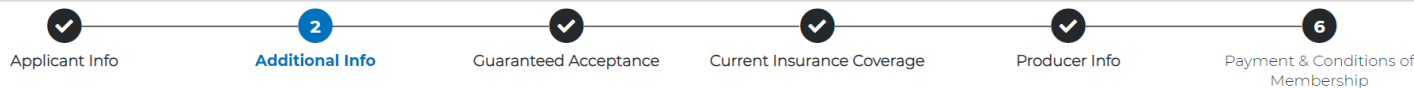


Shopping Cart



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Dashboard Plans Search New profile beth



Household Savings Program

Each individual must complete their own application if not already an active member:

If you and the other member of your household are age 65 or older and both members have, or are applying for the same plan (including any dental plans), you may be eligible for a 7% monthly savings on your combined medical plan dues when both members are enrolled in the same eligible plan. Both members must share the same home and mailing addresses. Tobacco users are not eligible for the Household Savings Program.

14

Is the other member of your household is enrolled in, or applying for, the **same** Blue Shield Medicare Supplement plan that you are applying for and share both addresses? please check this box:
If "Yes," Please provide the following information for the other household member:

[Previous](#)

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[Continue](#)

Shopping cart	
Medicare Supplement Plan G	
Medicare Supplement Plan	
	\$283.00
Total monthly plan premium	\$283.00

Sales Trainer
123 Main Street
San Francisco CA 94102
(888) 321-5555

Blue Shield of California Medicare Supplement Plan.

Address
P.O. Box 3008
Lodi, CA 95241
Phone
(888) 713-0000

Additional Information

Step 2- Additional Info

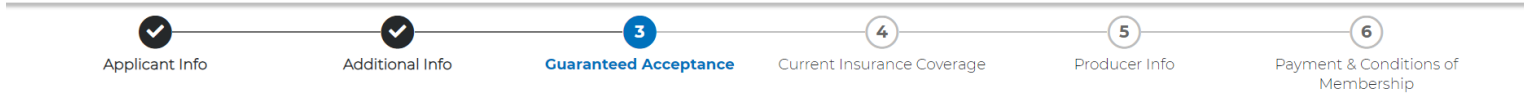
14. Check the box to acknowledge to indicate any other members of the beneficiary's household is enrolled in or applying for the same Blue Shield Medicare Supplement plan.
15. Click the **Continue** button.

Note:

Images are for reference and may not show all fields.



Shopping Cart



Guaranteed Acceptance

Do you believe you qualify for Guaranteed Acceptance?*

Yes No

16

If you think you qualify for guaranteed acceptance, please write the number of the qualifying situation, as described in the Blue Shield Guaranteed Acceptance Guide included in the enrollment kit or visit blueshieldca.com/medicareoptions, in the space below. Submit proof of prior coverage as a separate sheet, sign and date and fax the sheet to (844) 266-1850 or mail to: Blue Shield of California, P.O. Box 3008, Lodi, Ca 95241-1912.

I believe I qualify for guaranteed acceptance based on situation number.*

Select

If applying for guaranteed acceptance under situation No 2 on the Blue Shield Guaranteed Acceptance Guide please, complete the Notice of Replacement of Coverage form under question 4 on the next page.

Would you like to attach any documents to this enrollment?

Yes No

If you have any files to provide to support this enrollment, please click "Browse" and select the file(s) you wish to submit. File size may be up to 5 MB. Please upload one file at a time. Acceptable file types include .xls, .xlsx, .doc, .pdf, .jpg, .gif, .png, .txt and .rtf files. To delete or remove any uploaded file, please click the (X) sign on the left side of the file name. To download the uploaded file, please click the file name on the screen, the document will be downloaded to your computer.

Choose Files No file chosen

[Previous](#)

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Continue

Shopping cart	
Medicare Supplement Plan G	
Medicare Supplement Plan	
	\$283.00
Total monthly plan premium	
	\$283.00

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(888) 321-5555

Blue Shield of California Medicare Supplement Plan.

Address
P.O. Box 3008
Lodi, CA 95241
Phone
(888) 713-0000

Guaranteed Acceptance

Step 3- Guaranteed Acceptance

16. Indicate if the beneficiary qualifies for Guaranteed Acceptance.

Depending on how you answer the question, additional fields will appear, and you must complete the form to move the next part of the application.

17. Click the **Continue** button.

Note:

Images are for reference and may not show all fields.

>



Shopping Cart

18

Current Insurance Coverage Information (Required For All Submissions)

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance contract, or that you had certain rights to buy such a contract, you may be eligible for guaranteed acceptance in one or more of our Medicare Supplement plans. The Blue Shield Guaranteed Acceptance Guide describes the different situations in which you may be eligible for guaranteed issue of a Medicare Supplement plan. It is important to note that the time period of eligibility for guaranteed issuance may vary by situation, and you must apply within this time period to be eligible for guaranteed acceptance.

Please fax or mail a copy of the front and back of your current carrier ID card. And please also include a copy of the notice from you prior insurer. Please fax the documents to (844) 266-1850 or mail to: Blue Shield of California, P.O. Box 3008, Lodi, Ca 95241-1912.

Please answer all questions to the best of your knowledge. (Please check Yes or No below.)

1.

a. Did you turn 65 years of age in the last 6 months?*

Yes No

2.

a. Are you covered for medical assistance through California's Medi-Cal program?

NOTE TO APPLICANT: If you have a share cost under the Medi-Cal program, please answer No to this question.*

Yes No

3.

a. Have you had coverage from any Medicare plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan or a Medicare HMO or PPO)? If yes fill in your start and end dates below. If you are still covered under this plan, leave the "End "blank."

Yes No

4a. Do you have any another Medicare Supplement plan policy or certificate or contract in force?*

Yes No

5. Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)?*

Yes No

6. Are you under age 65?*

Yes No

You may contact the California Health Insurance Counseling and Advocacy Program (HICAP) for guidance. HICAP provides health insurance counseling for California senior citizens. Call HICAP toll-free at (800) 434-0222 for a referral to your local HICAP office. HICAP is a service provided free of charge by the state of California.

A rate guide is available that compares the policies sold by different insurers. You can obtain a copy of this rate guide by calling the Department of Managed Health Care's consumer toll-free telephone number (1-888-466-2219), by calling the Health Insurance Counseling and Advocacy Program (HICAP) toll-free telephone number (1-800-434-0222), or by accessing the Department of Managed Health Care's Internet website (www.dmhca.ca.gov).

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Continue

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Shopping cart	
Medicare Supplement Plan G	
Medicare Supplement Plan	
	\$283.00
Total monthly plan premium	
	\$283.00

Sales Trainer
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San Francisco CA 94102
(888) 321-5555

Blue Shield of California Medicare Supplement Plan.

Address
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Lodi, CA 95241
Phone
(888) 713-0000

Current Insurance Coverage

Step 4- Current Insurance Coverage

18. Complete the Current Insurance Coverage section.
19. Click Continue to go to Step 5.

Note:

Images are for reference and may not show all fields.

>

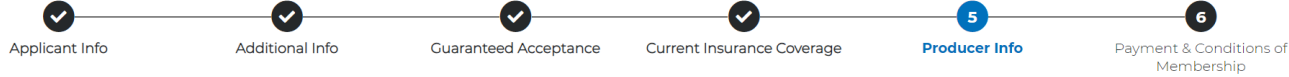


Shopping Cart



2025 Print English Contact us Sales Trainer

Dashboard Plans Search New profile beth



20

Optional - Agent Confirmation, for verification purposes only - please select continue

National Producer Number

Producer First Name (writing agent)

Producer Last Name (writing agent)

FMO/Agency name

FMO/Agency ID

Today's Date

Producer's Signature

Print Name

[Previous](#)

[Continue](#)

21

Shopping cart

Medicare Supplement Plan G
Medicare Supplement Plan

\$283.00

Total monthly plan premium
\$283.00

Sales Trainer
123 Main Street
San Francisco CA 94102
(888) 321-5555

Blue Shield of California Medicare Supplement Plan.
Address
P.O. Box 3008
Lodi, CA 95241
Phone
(888) 713-0000

Producer Information

Step 5- Producer Information

20. Complete the Agent information section.
21. Click the **Continue** button.

Note:

Images are for reference and may not show all fields.





Shopping Cart

22



Payment Information

To determine the monthly dues amount, refer to Blue Shield's Medicare Supplement plans rate tables in the enrollment kit or visit <http://blueshieldca.com/MedSupp2025>. If you are not approved, Blue Shield will refund your payment amount. If your application is approved, you will receive a bill indicating the amount and the date your next payment is due. Blue Shield will also send you an approval letter, an *Evidence of Coverage and Health Service Agreement*, and a member identification card as proof of approval.

- I agree to choose Monthly billing as the payment option for ongoing billing and payments

Save \$3 a month by paying dues through automatic monthly debit from your checking or savings account using our AutoPay program. **To enroll, after receiving and paying for your first bill, register for and log into your Blue Shield account at blueshieldca.com and access the Payment Center tab.** You may also call Customer Service at 800-248-2341 TTY: 711 8 a.m - 5:30 p.m Monday through Friday. Requests to enroll in the AutoPay program may take up to two billing cycles for completion. Members should pay all paper bills received until a letter confirming registration in the AutoPay program is received.

1. Savings due to increased efficiencies from administering Medicare Supplement plans under this program/service are passed along to the subscriber.

Terms, Conditions, and Authorizations

Information regarding Medicare Supplement plan coverage: Before you apply, it's important that you read the following information, then sign and date at the end of this application.

- You do not need more than one Medicare Supplement plan policy or contract.
- If you purchase this contract, you may want to evaluate your existing health coverage to decide if you need multiple coverage.
- You may be eligible for benefits under Medi-Cal or Medicaid, and may not need a Medicare Supplement plan contract.
- If after purchasing this contract you become eligible for Medi-Cal, the benefits and premiums under your Medicare Supplement plan contract can be suspended, if requested, during your entitlement to benefits under Medi-Cal or Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medi-Cal or Medicaid. If you are no longer entitled to Medi-Cal or Medicaid, your suspended Medicare Supplement plan contract (or if that is no longer available, a substantially equivalent contract) will be reinstated if requested within 90 days of losing Medi-Cal or Medicaid eligibility. If the Medicare Supplement plan contract provided coverage for outpatient prescription drugs, and you enrolled in Medicare Part D while your contract was suspended, the reinstated contract will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in, a Medicare Supplement plan contract by reason of disability, and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement plan contract can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement plan contract under these circumstances and later lose your employer or union-based group health plan, your suspended Medicare Supplement plan contract (or if that is no longer available, a substantially equivalent contract) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement plan contract provided coverage for outpatient prescription drugs, and you enrolled in Medicare Part D while your contract was suspended, the reinstated contract will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

Conditions of Membership

- I understand that this application and the Statement of Health, if applicable, together with the Evidence of Coverage and Health Service Agreement and any endorsements, appendices, and attachments thereto, will collectively constitute the entire agreement for coverage.
- I will not receive coverage from Blue Shield unless Blue Shield's Underwriting Department approves this application. Blue Shield is not liable for bills incurred before the effective date of coverage.
- Only Blue Shield can approve this application. I understand that any insurance agent, broker, or sales representative cannot grant approval, change terms, or waive requirements.
- I acknowledge receipt of the:
 - Summary of Benefits
 - Rate table
 - The Guide to Health Insurance for People with Medicare
 - a copy of this application.

With my signature below, I represent that the information provided in this application is complete and accurate to the best of my knowledge, and I understand and agree to the terms and conditions of coverage, the Household Savings Program, and the authorizations I have provided. I have read the Summary of Benefits and the terms, conditions, and authorizations set forth above.

I certify that I meet the eligibility requirements set forth in the Summary of Benefits. I alone am responsible for the accuracy and completeness of this application and have answered all questions to the best of my knowledge and belief. I understand that I will not be eligible for coverage if any information is false or incomplete, and that coverage may be revoked based on such finding.

Applicant's Signature*

Today's Date*

[Previous](#)

Send enrollment ✕

How would the beneficiary like to receive the application to finish enrolling?

Email

Text

Plan included [Select all](#)

Medicare Supplement Plan G Extra

Choosing a Medigap Policy

Evidence of Coverage

Multi-Lanugage Notice

Notice of New or Innovative Benefits Form

Summary of Benefits

23

Send to beneficiary

Send enrollment ✕

✔ The application was sent to

Authorization code: 7G233N6W

[View beth smith's profile](#)

Create a task to follow up with the beneficiary

Due date

Create a task

Follow up on Application for Medicare Supplement Plan G

24

Send application

Payment & Conditions of Membership

Complete the application.

Step 6 - Payment & Conditions of Membership

22. Complete the Payment & Conditions of Membership Section.

23. Click **send to beneficiary** to send that application to the beneficiary for signing.

24. Complete the form and select the method of sending the application to the beneficiary by selecting a check box (you can select multiple boxes). Click **Send Application**.

Note:

Images are for reference and may not show all fields.



Shopping Cart



Print English Contact us

Agent Sales Trainer



Hi Bob,

Here is the plan we discussed...

Thank you for meeting with me. Per our discussion, here is the plan that should fit your needs. Once you receive your verification code, which should arrive in an email shortly, you will be able to enroll in this plan.

View application

25



Sales Trainer
BSC_TEST_Agency
sales_training@blueshieldca.com
(415) 555-1212



Hi Bob,

To view the plan information we discussed, please enter your authorization code. Check your email or text messages for the code.

* Authorization code

The authorization code was sent to you.

Continue

26

Feedback

Sales Trainer

Beneficiary Review & Submit

25. The beneficiary will receive an email or text with a link.

When they click the link, they are taken to application to sign and submit.

26. The beneficiary will also receive a second email with the authorization code to access the application.

Shopping Cart



Review and Submit

Review your application. You may review your answers to the application by expanding each section below and make updates if needed. After you review, in the Important Information section below, check the acknowledgement that you have reviewed the information. Then indicate who is submitting this form and click the Submit button at the bottom of the page.

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all fields that are marked with an asterisk (*). Some items are optional. You cannot be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit. For more information, see Paying Your Plan Premium section on the Review & Submit page of this application.

27

28

*What is your relationship to the person enrolling in this plan?

I am (or am helping) the person enrolling

I am an agent or authorized person

Beneficiary Signature

Due to physical limitations, I am unable to sign

*Please sign your name in the space below using your

Bob B

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.

Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty you currently have or may owe) by mail each month. If your plan has a premium due, you will receive a monthly bill including the amount and the date of when your next payment is due, or you may choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

To learn more about your payment options, visit us at blueshieldca.com/medicarewaystopay or call Customer Care at **800-776-4466** (TTY: 711). For members enrolled in D-SNP plans, please contact D-SNP Customer Care **800-452-4413** (TTY: 711). For Medicare Prescription drug plans **888-239-6469**.

Electronic funds transfer (EFT) from your bank account each month
Credit Card
Get Monthly Bill
Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Blue Shield of California the Part D-IRMAA.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) and Medicare Prescription Drug Plans (PDP), 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 (MAPD)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

29 Submit

Beneficiary Review & Submit

Step 4 - Review & Submit

27. For the question: "What is your relationship to the person enrolling in this plan?"

- Select "I am (or am helping) the person enrolling" if you have the Power of Attorney (POA) or **the beneficiary**.
- Select "I am an agent or authorized person" if you are the Broker/Agent.

28. The beneficiary signs the form.

29. Click **Submit**.

Note:

Images are for reference and may not show all fields.



Shopping Cart

Application submitted

Your application has been submitted and is pending approval.
This confirmation is not proof of membership.

What to expect

Confirmation

Within 10 days of enrollment, you will receive a confirmation enrollment letter in the mail.

Welcome package including ID card

Within 10 days of your confirmed enrollment, you will receive your welcome package that includes your ID card. This kit gives you a full explanation of how to use your new plan. Be sure to read the plan's *Evidence of Coverage (EOC)*. Present your ID card every time you receive healthcare services.

Blue Shield of California Medicare Supplement Plan.

P.O. Box 3008 Lodi, CA 95241
(888) 713-0000

Your pending coverage

Medicare Supplement Plan



Medicare Supplement Plan G

Monthly plan premium
\$283.00

30

Confirmation number
M69168751449595G

[View application](#)

Application details

Member name

beth smith

Member address

123 Lucas Ave Los Angeles, CA 90026

Submitted on

September 20, 2024

Confirmation number

M69168751449595G

[View application](#)

[Email](#) [Print](#)

[Continue applying for coverage](#)

What's Next:

This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.

If any of the required information on your enrollment form was missing or does not match your Medicare record, the plan may contact you to get the missing or correct information. This could delay the plan's ability to process your enrollment.

Here are some important things to expect when your coverage is first effective if the plan determines that your enrollment meets all of the Medicare requirements and is complete. This information is especially important if you enrolled late in the month and you have not received a letter, or your membership card, by the day your coverage starts.

- After the plan has processed your application, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check on the status of the enrollment.
- Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.
- If you need to fill a prescription before you get your plan membership card, let your pharmacist know your plan name and show any of the following materials as proof of membership:
 - Take your acknowledgment, welcome, or confirmation letter that you receive from the plan with you to the pharmacy.
 - **Please note: The confirmation number listed on this website cannot be used at your local pharmacy as proof of plan membership.**
 - If you haven't gotten a letter yet, you might have a copy of an enrollment application signed by a plan representative.
 - If you have both Medicare and Medicaid, you should bring proof of enrollment in both programs such as your Medicare and Medicaid cards, a copy of a Medicare Summary Notice, a recent Medicaid bill, or a copy of your current Medicaid award letter. If you qualify for extra help (the low-income subsidy) you can also bring proof that you qualify such as a copy of your yellow or green automatic enrollment letter from Medicare (if you automatically qualify) or your approval letter from Social Security (if you applied and qualify).
 - As a last resort, if you pay out of pocket for your prescription, save your receipts and work with your plan to be reimbursed.
- If you have questions, call the plan's toll-free number.

Beneficiary Confirmation

30. Ask the beneficiary to copy the confirmation number for your records.

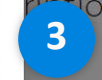
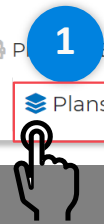
The beneficiary can also view and download a copy of the application.



Dental Plans

[View Section](#)

Shop for Plans



Enter ZIP code

Please enter your ZIP code to see plans.

*ZIP code

Cancel Shop for plans

Plans

Available plans are shown for the beneficiary's zip code.

1. Select **Plans** from the menu bar.
2. Select the **Edit Zip Code** button.
3. Enter the zip code and click **Shop for Plans** to continue.

NOTE: The beneficiary must have a MAPD or PDP plan for Calendar Year 2025 to add stand alone dental plan.

Shopping Cart

25 plans available in [90002](#) for [2025](#) for Los Angeles county, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2025

- Medicare Advantage Prescription Drug Plans: 5 plans
- Medicare Supplement Plans: 14 plans
- Prescription Drug Plans: 2 plans
- Dental: 4 plans

Dental insurance is designed to help you offset the cost of your dental care and to help you maintain good overall oral health.

Select Plan Year

Select the year you want coverage for

* Plan Year

2024 2025

Cancel Continue

Sort: Plan Premium (Low to High)

<p>Optional Supplemental Dental HMO plan (MAPD ONLY)</p> <p>Deductible: \$0</p> <p>Benefit Maximum: \$0</p> <p>Monthly plan premium: \$16</p> <p>Add to cart</p> <p>View more details</p>
<p>Dental PPO 1000 (Medicare Supplement Only)</p> <p>Deductible: \$75</p> <p>Benefit Maximum: \$1,000</p> <p>Monthly plan premium: \$37.40</p> <p>Add to cart</p> <p>View more details</p>
<p>Optional Supplemental Dental PPO plan (MAPD ONLY)</p> <p>Deductible: \$50</p> <p>Benefit Maximum: \$1,500</p> <p>Monthly plan premium: \$47</p> <p>Add to cart</p> <p>View more details</p>
<p>Dental PPO 1500 (Medicare Supplement Only)</p> <p>Deductible: \$50</p> <p>Benefit Maximum: \$1,500</p> <p>Monthly plan premium: \$56.10</p> <p>Add to cart</p> <p>View more details</p>

Preferences

Answer a few questions to estimate your annual cost.

Get Started

Prescriptions

Pharmacy

Enter info

Filters

Clear all

Plans

Available plans are shown for the beneficiary's zip code.

- Select the year you want coverage for.
- Click the **Dental Plans** tab to view plans.
- Click **Add to cart** to add the plan.



Shopping Cart

[← Back to plans](#)

Cart

Plans

Confirm that you have selected the correct dental plan for the beneficiary's medical plan. If you select the incorrect type, for example MAPD for a PDP plan, the application will be pended.

7. Click **Continue to apply**.

Dental

Optional Supplemental Dental HMO plan (MAPD ONLY)

Requested start date: January 1, 2025

[View details](#) | [Change plan](#) | [Remove plan](#)

Monthly plan premium
\$16.00

Continue to apply

7

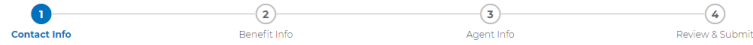
You may [clear the cart](#) if you have completed all enrollments.

Total monthly plan premium \$16.00

[← Previous](#)

Shopping Cart

8



2025 Blue Shield of California Optional Supplemental Dental HMO or PPO enrollment request form

Please contact Blue Shield of California if you need information in another language at (800) 776-4466 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.

Please fax, mail, or email your completed enrollment form to:

Email: WHMembership@blueshieldca.com
Mail: Blue Shield of California, P.O. Box 948, Woodland Hills, CA 91365-9856
Fax: (877) 251-3660

Fields marked with an asterisk (*) are required

Blue Shield member ID number:

Last name:

First name:

Middle initial:

Birth date:

Sex:

Phone number:

Phone type:

Mobile phone number:

Email address:

Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (for example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

Permanent residence street address (Don't enter a P.O. box. Note: For individuals experiencing homelessness, a P.O. box may be considered your permanent residence address):

Street Address:

Street Address 2:

City:

State:

ZIP Code: [Edit](#)

Is your Mailing address different from your permanent address?

Dentist information:

Name of dentist:

Provider ID#:

Dentist selection is not required for Dental PPO plan. For Dental HMO plan, if you do not select a dentist, you will be assigned a dentist at the time of enrollment.

[Continue](#)

Shopping cart	
UAT - Optional Supplemental Dental HMO plan (MAPD ONLY)	
Dental	
	\$16.00
Total monthly plan premium	
	\$16.00

Sales Trainer
123 Main Street
San Francisco CA 94102
(888) 321-5555
Blue Shield of California

Contact Information

There is a 4-step process to completing the enrollment.

Step 1- Contact Info

8. Complete the Contact Information sections:

- Blue Shield Member ID
- Home Address
- Dentist Information

Note:

Images are for reference and may not show all fields.



Shopping Cart



Paying your plan premiums:

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. If your plan has a premium due, you will receive a monthly bill including the amount and the date of when your next payment is due, **or you can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

To learn more about your payment options, visit us at blueshieldca.com/medicarewaystopay or call Customer Service at **(800) 776-4466 (TTY: 711)**.

Fields marked with an asterisk (*) are required

9

Get a monthly bill

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

*I get monthly benefits from:

Social Security RRB

(The Social Security/Railroad Retirement Board deduction may take two or more months to begin. In most cases, if Social Security/the Railroad Retirement Board accepts your request for automatic deduction, the first deduction from your Social Security/Railroad Retirement Board benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay BS California the Part D-IRMAA.

Please note: If your Blue Shield of California Medicare Advantage Prescription Drug Plan has a monthly premium, or if you currently pay a late enrollment penalty, whatever plan premium option you select now will be applicable to ALL components of your plan premium.

If you do not make your premium payment according to the payment option you selected, you will receive a written notice and will be given 3 months from the payment due date to pay all amounts due to Blue Shield of California. If you do not pay all amounts due within that time, Blue Shield of California will disenroll you from the Optional Supplemental Dental HMO or PPO plan.

Once you have enrolled in the Optional Supplemental Dental HMO or PPO plan, your membership will continue as long as you pay your premiums as specified by the plan and remain enrolled as a Blue Shield of California Medicare Advantage Prescription Drug Plan member.

You must be a member of a Blue Shield of California Medicare Advantage Prescription Drug plan in order to be eligible to enroll in the Optional Supplemental Dental HMO or PPO plan. If you disenroll from our Blue Shield of California Medicare Advantage Prescription Drug plan, you will also be disenrolled from the Optional Supplemental Dental HMO or PPO plan. If you disenroll from the Optional Supplemental Dental HMO or PPO plan only and wish to re-enroll at a later date, you must wait 6 months from the disenrollment date and pay any premium amount owed before you will be allowed to re-enroll in the Optional Supplemental Dental HMO or PPO plan.

[← Previous](#)

[Continue](#)

Shopping cart	
UAT - Optional Supplemental Dental HMO plan (MAPD ONLY)	
Dental	
	\$16.00
Total monthly plan premium	\$16.00

Sales Trainer
123 Main Street
San Francisco CA 94102
(888) 321-5555

Blue Shield of California

Paying the Plan Premium

Continue to complete the enrollment.

Step 2- Contact Info

- Complete the Benefit Information section and click **Continue**.

Note:

Images are for reference and may not show all fields.

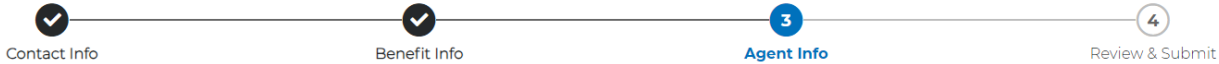


Shopping Cart



2025 Print English Contact us Sales Trainer

Dashboard Plans Search New profile Bob



Producer/writing agent information

Fields marked with an asterisk (*) are required

10

Appointed agency name:

Appointed agency's Tax ID:

Producer/writing agent's name:

Producer/writing agent's individual NPN:

Producer/writing agent's phone number:

Producer/writing agent's email address:

Date application received by producer/writing agent:

Producer/writing agent's signature:

With my signature, I hereby certify that I have read and understand the CMS Medicare Communications and Marketing Guidelines and Enrollment rules and confirm that the enrollee has received a complete enrollment kit. I agree that this enrollment of a Medicare beneficiary, on behalf of Blue Shield of California, has complied with these rules.

[Previous](#)

[Continue](#)

Shopping cart

UAT - Optional Supplemental Dental HMO plan (MAPD ONLY)
Dental

\$16.00

Total monthly plan premium

\$16.00

Sales Trainer
123 Main Street
San Francisco CA 94102
(888) 321-5555

Blue Shield of California

Producer Information

Continue to complete the enrollment.

[Step 3- Agent Info](#)

10. Complete the Agent Information section and click **Continue**.

Note:

Images are for reference and may not show all fields.

>

Shopping Cart



Review and Submit

Review your application

You may review your answers to the application by expanding each section below and make updates if needed. After you review, in the Important Information section below, check the acknowledgement that you have reviewed the information. Then indicate who is submitting this form and click the Submit button at the bottom of the page.

2025 Blue Shield of California Optional Supplemental Dental HMO or PPO enrollment request form

Paying your plan premiums:

Producer/writing agent information

2025 Blue Shield of California Optional Supplemental Dental HMO or PPO enrollment request form

Paying your plan premiums:

Producer/writing agent information

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.

What is your relationship to the person enrolling in this plan?*

- I am the person enrolling
- I am helping the person enrolling
- I am the authorized representative

Name*

Relationship to Enrollee

Beneficiary Signature

Helper Signature

*Sign your name below using a stylus, mouse, or your finger.

[clear](#)

Agent Signature

*Sign your name below using a stylus, mouse, or your finger.

[clear](#)

Sales Trainer

[Previous](#)

[Submit](#)

Shopping cart

UAT - Optional Supplemental Dental HMO plan (MAPD ONLY)
Dental

\$16.00

Total monthly plan premium

\$16.00

Sales Trainer
123 Main Street
San Francisco CA 94102
(888) 321-5555

Blue Shield of California



Producer Information

Continue to complete the enrollment.

Step 4- Review and Submit

11. Complete the application, sign, and submit.

Note:

Images are for reference and may not show all fields.





Shopping Cart

Application submitted

Your application has been submitted and is pending approval.
This confirmation is not proof of membership.

What to expect

- You will be notified when your application is accepted and your coverage is effective.
- You should receive your insurance card within 7 to 10 business days.
- If you have an email address on file, we will send copy of your application submission.

[Email](#) [Print](#)

Application details

Member name
Bob Smith

Member address
1230 1/2 E 99th St Los Angeles, CA 90002

Submitted on
September 25, 2024

Confirmation number
D71878424362525

[View application](#)

12

Dental

UAT - Optional Supplemental Dental HMO plan (MAPD ONLY)

Monthly plan premium
\$16.00

Total monthly plan premium \$16.00

What's Next:

This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.

If any of the required information on your enrollment form was missing or does not match your Medicare record, the plan may contact you to get the missing or correct information. This could delay the plan's ability to process your enrollment.

Here are some important things to expect when your coverage is first effective if the plan determines that your enrollment meets all of the Medicare requirements and is complete. This information is especially important if you enrolled late in the month and you have not received a letter, or your membership card, by the day your coverage starts.

- After the plan has processed your application, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check on the status of the enrollment.
- Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.

Producer Information

12. Provide the beneficiary a copy of the confirmation number for their records.

You can also view and download a copy of the application.

Note:

Images are for reference and may not show all fields.



Health Risk Assessment

[View Section](#)



Health Risk Assessment Process Overview

The Health Risk Assessment is available for our Exclusively Aligned Enrollment (EAE) Blue Shield TotalDual Plan (HMO D-SNP) for Los Angeles and San Diego Counties. Enrollment application form must have an app submission date prior to the effective date of the member in the DSNP plan.

- HRA form must have an HRA submission date that is equal to the enrollment app submission date or within 90 days of the enrollment effective date for the plan.

Other Criteria

- Enrollment must be submitted through DRX only (paper apps are excluded).
- Eligible for DSNP plans only. Other MAPD and MAPPO plans are excluded.
- Eligible for Individual brokers only. FMOs, Private Exchange and BSC Internal Reps are excluded.

Timing

- Incentives will be paid on the month following the member effective date.
- Ex. Incentive payout for January 2025 member effectives will occur in February 2025.

Look-back

There will be a 90-day look-back to check for member late installs and ownership updates only.



Business Rules Scenarios for the HRA Incentive Eligibility

	Submission Date	Effective Date	Plan Type	Broker	Pay HRA Incentive?	Comments
Scenario 1	11/4/24	1/1/25	MAPD	Broker A		
	12/6/24	1/1/25	DSNP	Broker A	Y	
Scenario 2	11/4/24	1/1/25	DSNP	Broker A		
	12/6/24	1/1/25	MAPD	Broker A	N	No HRA payment
Scenario 3	11/4/24	1/1/25	DSNP	Broker A	Y	This broker will be paid both the HRA incentive and the commission
	12/6/24	1/1/25	DSNP	Broker A	N	No duplicate payment due to the same plan type
Scenario 4	11/4/24	1/1/25	DSNP	Broker A	Y	This broker will be paid both the HRA incentive and the commission
	12/6/24	1/1/25	DSNP	Broker B	N	No duplicate payment due to the same plan type
Scenario 5	12/7/24	1/1/25	DSNP	Broker A		Not likely to happen but if it does happen, needs to be flagged and reviewed by SalesOps if payment to incorrect broker
	3/1/25	4/1/25	DSNP	Broker B		needs to be recouped

Overview

Here are scenarios that you may come across.

- Scenario 1** - The beneficiary moved from a MAPD to the DSNP plan.
- Scenario 2** – The beneficiary moves from a DSNP to a MAPD plan.
- Scenario 3** – The beneficiary is currently enrolled in a DSNP plan and re-enrolls in the DSNP plan for a 1/1/2025 effective date.
- Scenario 4** – The beneficiary is enrolled in the DSNP plan effective 1/1/2025 and submits an enrollment with another broker for the same plan and effective date (aka duplicate enrollment).
- Scenario 5** - the beneficiary is enrolled in the DSNP plan effective 1/1/2025 and dis-enrolls. Submits an enrollment with another broker for the same plan and an effective date with 6 months of the prior date.

Next Steps – Completing the Health Risk Assessment

Application submitted

i Your application has been submitted and is pending approval.
This confirmation is not proof of membership.

! You may have other coverage in your cart you still need to enroll in.
You may clear your cart if you have completed all enrollments. [Continue applying for coverage](#)

[Email](#) [Print](#)

What to expect

Confirmation
Within 10 days of enrollment, you will receive a confirmation enrollment letter in the mail. It is also confirmation that Medicare has approved your enrollment.

Member ID card
You will also receive your member ID card. Keep this with you for all your doctor, hospital, and pharmacy visits.

Welcome package
You will receive a package containing important plan documents. This includes instructions about how to access the Evidence of Coverage, drug list, and provider directory.

Premium assistance
If you qualify for help, you will receive a Low-Income Subsidy (LIS) letter. Depending on your level of coverage, receiving LIS means lower prescription drug costs and financial assistance to cover your Part D premium.

Complete your Health Risk Assessment HMO, D-SNP members only
If you have enrolled in a D-SNP plan, Blue Shield Care Coordinators will call you within 90 days of enrolling to complete your Health Risk Assessment (HRA) and Care Plan. Completing these tools helps our Care Coordinators individualize your care to meet your needs. You can also complete your HRA by mail or call 1-888-548-5765.

Application details

Member name
Bob Green

Member address
123 Main Los Angeles, CA 90026

Submitted on

Confirmation number
AS4817984979463M
[View application](#)

Next steps

Please complete the plan's optional Health Risk Assessment to gather more information about your health so they may provide health improvement suggestions.

1 [Complete Health Risk Assessment](#)

At the time of Enrollment

When the application is submitted, the broker/agent has the option to complete the Health Risk Assessment.

1. Click the button to open the form.

HRA Form

Complete the HRA form

The broker must complete the form in its entirety (all required fields) before submitting.

- Incomplete forms will not qualify for incentive payouts.
- HRA must be completed at the time of enrollment to qualify for incentive payouts.

2. Complete the form.

The beneficiary will receive an email acknowledging the completion of the form.

1 Health Risk Assessment

Health Risk Assessment Questionnaire

Blue Shield of California uses this questionnaire to assist in assessing your health status. Please check the appropriate box that answers the questions below and type any additional pertinent information that will help us meet your needs better.

Fields marked with an asterisk (*) are required

1. Did you receive your Blue Shield of California ID Card?

Yes
No

2. What is your primary Language?

English
Spanish
Other

3. What is your living situation today?

I have a steady place to live
I have a place to live today, but I am worried about losing it in the future
I do not have a steady place to live

4. Where do you currently live?

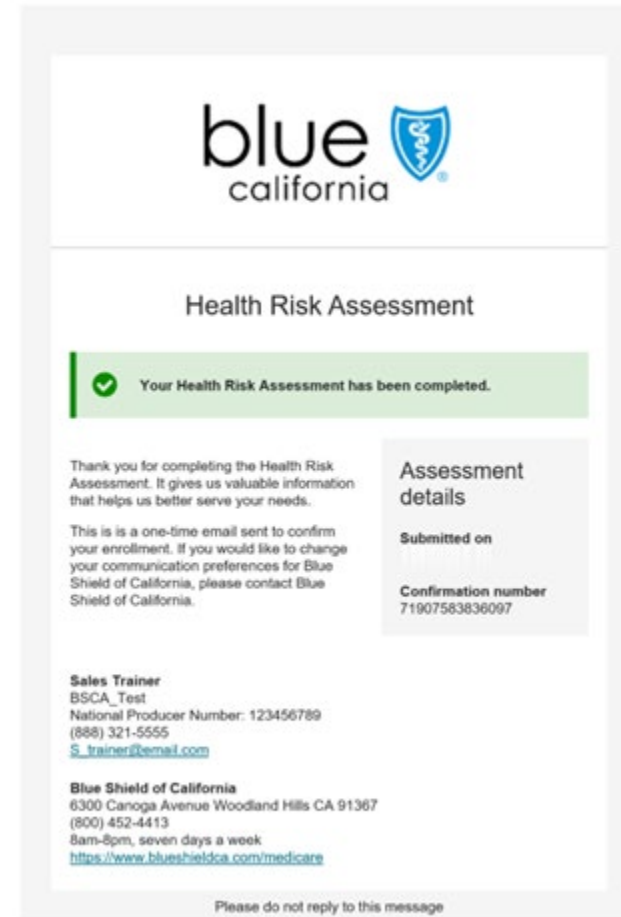
Live in an independent house, apartment, mobile home
Live in an assisted living apartment, or board & care
Live in a nursing home
Other

5. What is your current living arrangement?

Live alone
With spouse/significant other
With children
With other relative(s)
With non-relative(s)
With caregiver

2024 | Print | English | Contact us | Sales Trainer

Dashboard | Plans | Search | New profile | Bob



Confirmation

✓ Your Health Risk Assessment has been completed.
Confirmation 71907583836097

Thank you for completing the Health Risk Assessment. It gives us valuable information that helps cater to your needs.

[View Health Risk Assessment](#)

Search Profiles & Enrollments

Searching for a beneficiary

[View Section](#)

Search



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Dashboard Plans Search New profile

Search beneficiaries

1

First name	Last name	Date of birth	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Confirmation number	Medicare Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Search profiles

2

Search

Select **Search** to find and access an existing beneficiary profile. Upon logging in, you will be automatically directed to the “Search Beneficiary” page to avoid creating a duplicate profile.

1. Enter the beneficiary’s information using any of the search criteria available.
2. Click the **Search Profiles** button.

NOTE: The “Personal Code” field has been removed.



Search Results

Search results

[Download results](#)

Sort

Last name

3

[Bob Smith](#)

6300 Canoga Avenue
woodland hills , CA 35218

(650) 555-1212

● Registrant

Updated 09/09/2024

Profile Search Results

The results show all available beneficiaries that match the search results.

Each result shows the beneficiaries' sales stage and the date the record was updated.

3. Click the **hyperlinked name** to view the profile.

View Profile

Personal information

*** ZIP code**
90026 County: Los Angeles, CA
Licensed to sell 1 Medicare organizations with 20 plans for 2025

*** First name**: Bob
*** Last name**: Smith
Date of birth: 06/01/1950

Email address: bob@email.com
Primary phone number: (650) 555-1212
Mobile phone number: (650) 555-1212
 Same as primary

Home address
Address 1: 6300 Canoga Avenue
Address 2:
City: Los Angeles
State: CA

Sales information
Is the sales contact different from the beneficiary?

Agent of record

Sales Trainer

SOA

You have no SOAs for this profile

Notes

You have no notes for this profile

[Add note](#)

Tasks

You have no tasks for this profile

[Add task](#)

Eligibility

Medicare Number: [Show](#)
Hospital (Part A) effective date: January 2024
Medical (Part B) effective date: January 2024
[Add/edit subsidy](#)

Quote history

Quote sent 09/09/2024 11:37 am PST to vincent.vigliotti@blueshieldca.com

Medicare Supplement Plan F Extra
Medicare Supplement Plan G
Medicare Supplement Plan G Extra

Plan type MEDIGAP
Requested effective date: 10/01/2024
Authorization code: X3Z8S8A2

Please review this quote at your earliest convenience. Let me know if you have any questions.
Sales Trainer



Profile

The beneficiaries quotes and enrollment history is shown at the bottom of the page.

4. Click on the quote or application to view.



View Profile



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Dashboard Plans Search New profile Bob



Profile

Profile

Personal information

***ZIP code**
90026 County Los Angeles, CA

*** First name** Bob *** Last name** Green **Date of birth** 08/01/1956

Email address **Phone number**

Home address

Address 1 **Address 2**

City **State**

Notes

SOA sent to vincent.vigliotti@ca.com on - Sales Trainer Created 08/31/20

Tasks

You have no tasks for this profile

+ Add task

- Profile
- Scope of Appointment
- Preferences
 - Prescriptions
 - Pharmacy
 - Other Preferences
- Plans
- Cart

- When you are working with a beneficiary profile, you can easily see the beneficiary's name and use the dropdown navigation bar to access different steps in the workflow.

Drug and Pharmacy

Finder

[View Section](#)



Drug and Pharmacy Finder



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Dashboard Plans Search New profile

Dashboard

1

Home
Drug and pharmacy finder

Privacy policy
Accessibility statement

Terms of use

Search

At the bottom of each page's footer, there is a link to the drug and pharmacy finder.

1. Click the link to view the drug and pharmacy finder.



Drug and Pharmacy Finder

0 plans available

Medicare Advantage
Prescription Drug Plans
0 plans

Prescription Drug Plans
0 plans

Please enter your ZIP code to see plans.

2

*ZIP code

View plans

Search

2. Enter a zip code.

Drug and Pharmacy Finder

20 plans available in [90026](#) for [2025](#)

for Los Angeles county, CA

Medicare Advantage Prescription Drug Plans
18 plans

Prescription Drug Plans
2 plans

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.

Blue Shield TotalDual Plan (HMO D-SNP)	Find providers	Find prescriptions	Find pharmacy
Blue Shield Inspire (HMO D-SNP)	Find providers	Find prescriptions	Find pharmacy
Blue Shield TotalDual Plan (HMO D-SNP)	Find providers	Find prescriptions	Find pharmacy
Blue Shield AdvantageOptimum Plan (HMO)	Find providers	Find prescriptions	Find pharmacy
Blue Shield AdvantageOptimum Plan 1 (HMO)	Find providers	Find prescriptions	Find pharmacy

Search Results

3. Click on:
- Find Prescriptions
 - Find Pharmacy

To see if the drug or pharmacy is covered by the plan.



Drug and Pharmacy Finder

Blue Shield Inspire (HMO)

Prescriptions

Pharmacy

Add your prescription to see how this plan provides coverage. Formularies may change on January 1.

Search prescriptions

Lipitor
We defaulted the most common dosage so you have a better idea of what you might take.

Select dose and form

- Lipitor TAB 10MG
- Lipitor TAB 20MG
- Lipitor TAB 40MG
- Lipitor TAB 80MG

Enter quantity and frequency

30 per month

Would you like to use a Generic (atorvastatin calcium) for Lipitor
According to the FDA, this generic drug has the same quality, strength, safety and active ingredient as the brand name drug.

4

Prescriptions

Pharmacy

*ZIP code

Pharmacy name

90026

Pharmacy name

Search

	Preferred In-network	Standard In-network
<p>1 Rite Aid Pharmacy 05434 1433 Glendale Boulevard Los Angeles, CA 90026 ● Standard In-network 30+ days supply.</p>		
<p>Echo Park Pharmacy 1634 W Sunset Blvd Los Angeles, CA 90026 ● Preferred In-network 30+ days supply and long term care.</p>		
<p>3 Walgreens #9136 1625 W Sunset Blvd Los Angeles, CA 90026 ● Standard In-network 30+ days supply.</p>		
<p>CVS Pharmacy #17816 330 N Westlake Ave Apt 500</p>		

Viewing 1 - 10 of 25

< 1 2 3 >

Enter Information

4. For Prescriptions:

- Enter the information.
- Click the button to see if drug is covered by the plan.

For Pharmacy:

- Enter the Pharmacy name.
- Check to see if it is a Preferred in-network pharmacy.



Drug and Pharmacy Finder

Blue Shield Inspire (HMO)

Prescriptions

Pharmacy

Add your prescription to see how this plan provides coverage. Formularies may change on January 1.

Search prescriptions



Covered prescriptions

Preferred Generic

atorvastatin calcium TAB 10MG

30 tablets per month

Generic

Retail cost	Retail Cost [?] \$109.40	Initial Coverage [?] \$109.40	Catastrophic [?] \$109.40	5
Restrictions	PA No	QL No	ST No	

Cancel

[← Edit drug](#)

Results

5. Review the results

Resources

- **Broker Connection Site:** <https://www.blueshieldca.com/producer>
- **Consumer Application Status Site:** <https://www.blueshieldca.com/brokerwebapp/medicareProspectAppStatus>



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Contact us

We're here to help. Contact Producer Services, our contact information is below.

Phone: (800) 559-5905
Email: ProducerServices@blueshieldca.com

Close

Contact Us

Blue Shield Producer Services
Phone Number:
1-800-559-5905