



It's time to enroll in your Medicare Advantage Plan

Retiree Checklist



Actions you may need to take:

- Confirm you are enrolled in Medicare Parts A and B.**
Enrollment is done through the Social Security Administration. Visit SSA online at www.ssa.gov, visit your local SSA office in person or call SSA at 1-800-772-1213 (TTY 1-800-325-0778).
- Review the Enrollment Brochure and Summary of Benefits for details about your plan.**
- Enroll in the plan or decline coverage.**
I want to enroll in this plan — no action needed.
I want to opt out of this plan — contact your benefits office unless otherwise instructed.
- Watch your mailbox for important plan documents and notices.**
- Share your new member ID card and number with your provider.**

Enrollment Timeline:

It takes about four weeks from the time we receive enrollment information from your benefits office until you receive your member ID card and Welcome Kit. Here's what you can expect to receive to stay updated on your enrollment status:

1. Acknowledgment Letter

Within 10 days of getting your enrollment form, we will send an acknowledgment letter.

2. Confirmation Letter

After your enrollment is approved by Medicare, we will send a confirmation letter. **It can be used as proof of insurance if you have not received your member ID card by your effective date.**

3. Member ID Card

Your member ID card will be mailed next. Show your new card when you get services so you are giving the right information.

4. Welcome Guide

This helpful kit includes plan documents and other useful information.

5. Personal Phone Call

We will call to welcome you to the plan. We'd like to know if you have questions about your benefits or if you have special needs we should know about.

6. Member Engagement

Your health matters to us.

We will reach out to you about your benefits and preventive health care resources. Benefits like your Annual Wellness Visit, health screenings and in-home health assessments can help you maintain good health.

We work with specialty care and extra health and wellness providers to help meet your health needs. These partners may reach out by email, phone or text message to:

- Welcome you to the plan and answer questions
- Schedule an in-home health assessment
- Offer support as you manage a health issue

You can stop receiving these communications at any time. If you have questions about their trustworthiness, please call the customer service number on the back of your member ID card.

HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). PPO plan in New Mexico provided by HISC. HMO and PPO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HMO Special Needs Plan and PPO plans in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.