



What happens after you enroll in Blue Cross Group Medicare Advantage?

Medicare Approval

Medicare must approve your enrollment before you are officially a member. This generally takes about 10 business days.

Watch your mailbox for these items.

- **Acknowledgment Letter:** Within 10 days of getting your enrollment form, we will send an acknowledgment letter.
- **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.
- **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.
- **Welcome Guide:** This helpful kit includes plan documents and other useful information.

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. We might also ask a few basic health questions, help you schedule your Annual Wellness Visit, and talk more about the Rewards Program.

Ongoing Communication

Once you are a member, your plan becomes your partner in health. We'll send helpful reminders, and health tips and guidance throughout the year. If you have a special medical condition, you may receive even more personalized communication from our medical professionals who can help you manage your health and find resources just for you.

If you have any questions about your plan, please call the customer service number listed on your acknowledgment or confirmation letter or 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). 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). PPO plan 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. 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.