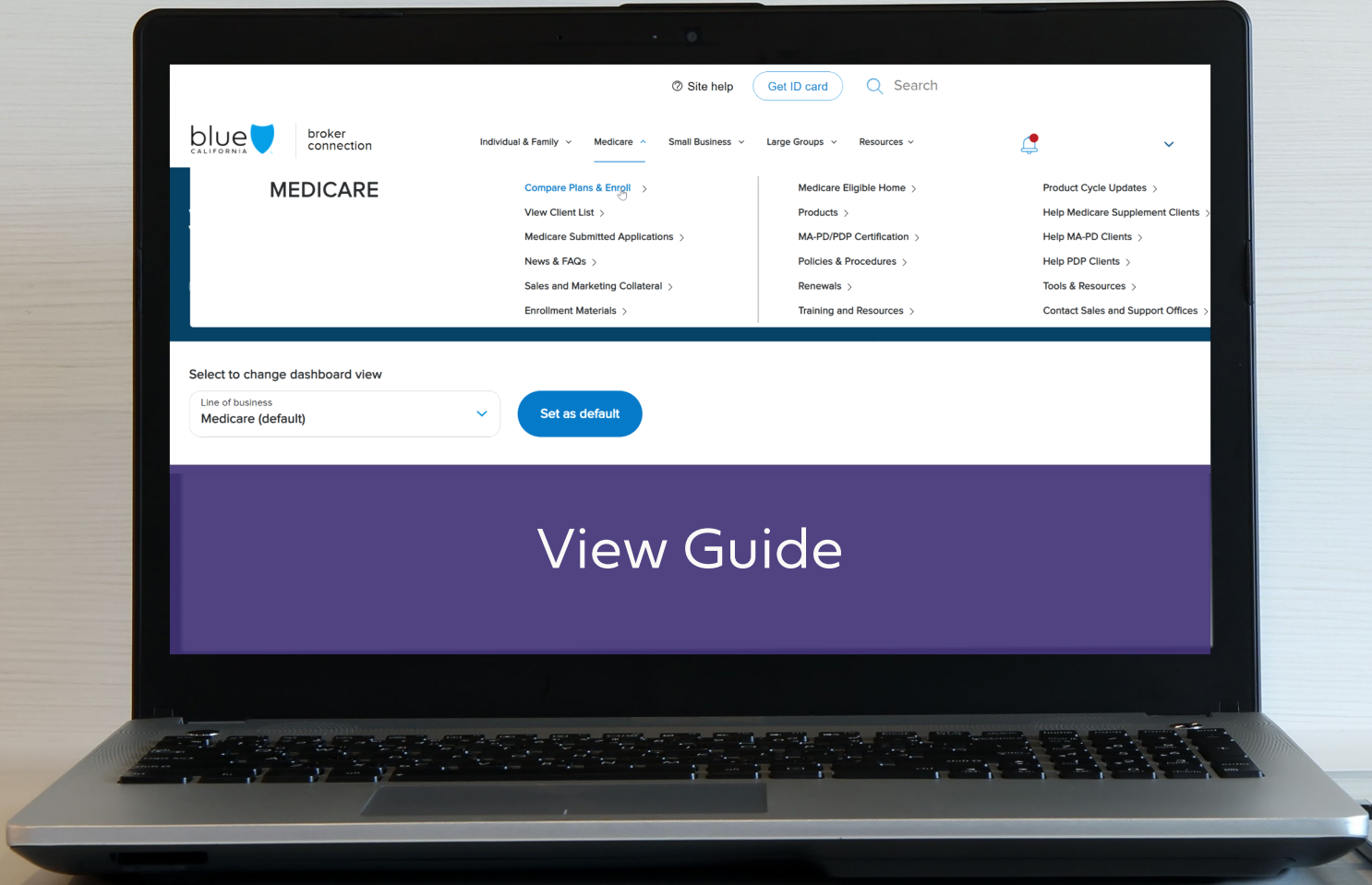


# Blue Shield Medicare Enrollment Site

## Reference Guide



Y0118\_25\_515A\_C 09222025  
H2819\_25\_515A\_C 09222025



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

Preferences

Answer a few questions to estimate your annual cost.

Get Started

Prescriptions

Pharmacy

Enter info

Filters

Medical out of pocket maximum

under \$1999

\$2000-\$5999

\$6000 and over

Add-on coverage

Dental

Additional telehealth

Fitness benefit

Meal benefit

Transportation

Clear all

Sort: Total Estimated Cost

Blue Shield Inspire (HMO)

Medical Deductible  
\$0

Medical out of pocket maximum  
\$599

Prescriptions  
Add

Pharmacy  
Add

Est. drug cost  
\$0

Add to compare

Monthly plan premium  
\$0

Add to cart

Add to quote

View more details

Blue Shield 65 Plus (HMO)

Medical Deductible  
\$0

Medical out of pocket maximum  
\$1,500

Prescriptions  
Add

Pharmacy  
Add

Est. drug cost  
\$0

Add to compare

Monthly plan premium  
\$0

Add to cart

Add to quote

View more details

Blue Shield 65 Plus Plan 2 (HMO)

Medical Deductible  
\$0

Medical out of pocket maximum  
\$2,100

Prescriptions  
Add

Pharmacy  
Add

Est. drug cost  
\$0

Add to compare

Monthly plan premium  
\$0

Add to cart

Add to quote

View more details

Questions ?

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

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## What’s New for 2026

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

## What’s staying for 2025

- 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, 2025.





# Broker

Login

[View Section](#)



# Broker Login

AA Increase Text Size



Individual & Family    Medicare    Small Business    Large Groups    Resources

Search

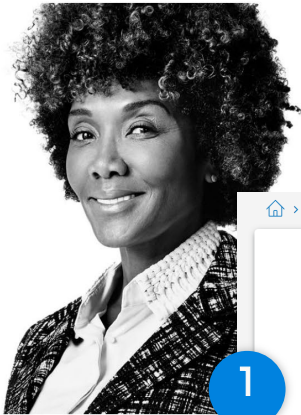
Login or Register

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

2

Login

[Forgot your password?](#)

[Forgot your username?](#)

Create an account

A Broker Connection account allows you to get updates on your client applications, check for policy cancellations, and view your latest commissions. You'll need to get your [Broker Connection account appointed through our two step process.](#)

Register

To get appointed you need:

- The tax ID number
- Email address
- Errors & Omissions Insurance Certificate
- Direct deposit information

[Who can create an account?](#)

ⓘ This page cannot be bookmarked. See instructions for how to bookmark this page [here.](#)

### 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.

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# Broker Login

Site help

Get ID card

Search

blue CALIFORNIA

broker connection

Individual & Family

Medicare

Small Business

Large Groups

Resources

EHEALTHINS \*0789

MEDICARE

3

Compare Plans & Enroll

View Client List

Medicare Submitted Applications

News & FAQs

Sales and Marketing Collateral

Enrollment Materials

Medicare Eligible Home

Products

MA-PD/PDP Certification

Policies & Procedures

Renewals

Training and Resources

Product Cycle Updates

Help Medicare Supplement Clients

Help MA-PD Clients

Help PDP Clients

Tools & Resources

Contact Sales and Support Offices

Select to change dashboard view

Line of business

Medicare (default)

Set as default

Clients

View my clients

Manage payments

Get ID card

Enrollment

Start enrollment

Medicare Submitted Applications

Key cycle

Important Medicare cycle

Underwriting guidelines

Medicare certification

Order materials

Broker news & resources

Agent Offline

## Log In Steps

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

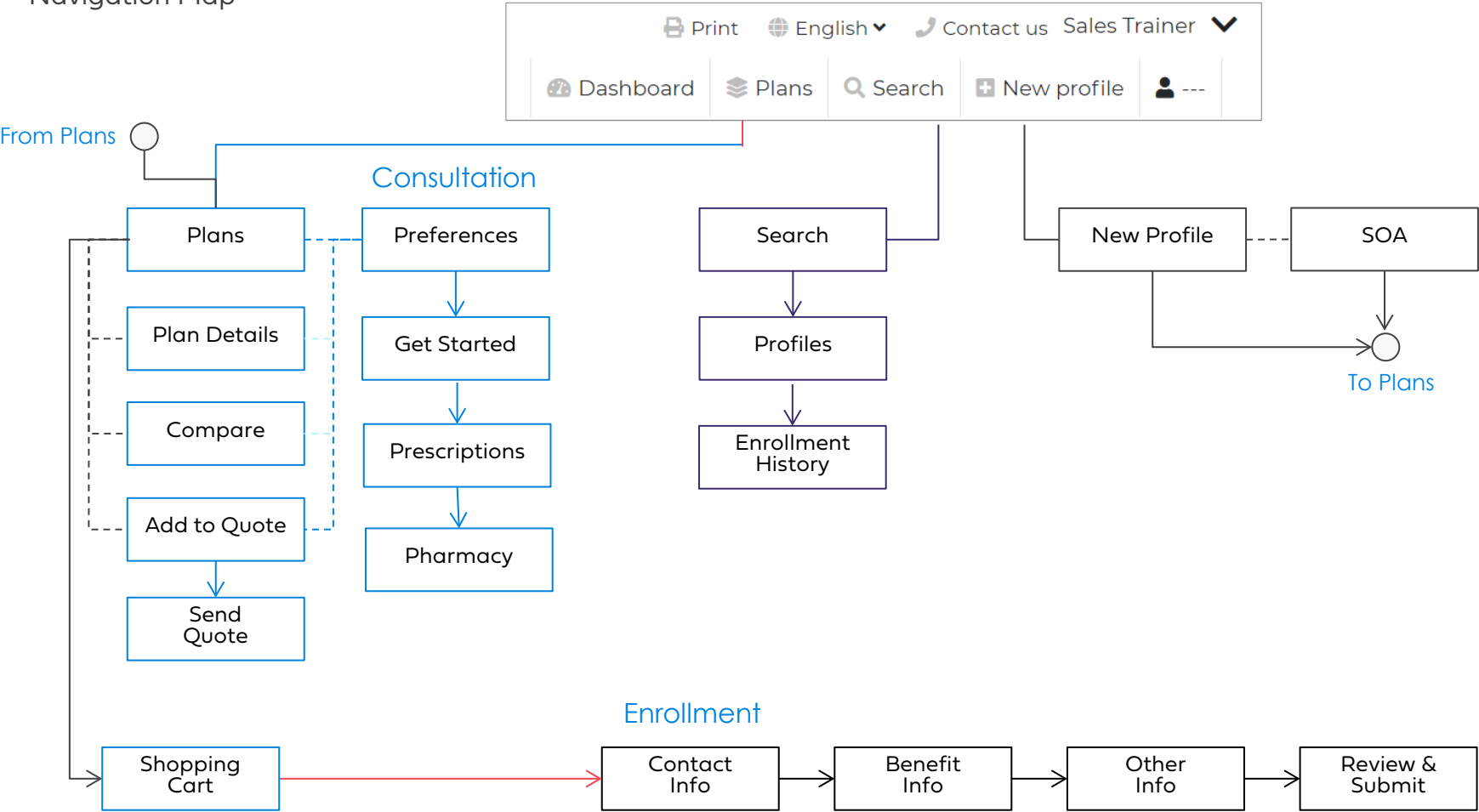
**NOTE:**  
From October 1st onwards there will be just one compare plans & enroll link

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# 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

Follow up on quote

Due

[Bob Smith](#)

Scope of Appointment

Follow up on Scope of Appointment

Due

[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



# Account Overview



Print   English   Contact us   Sales Trainer

Dashboard   Plans   Search

Sales Trainer

Reports

Agent training materials

Account overview

Logout

Dashboard

Reports

Agent training materials

Enrollments

You have no tasks for this category

Quotes

Follow up on quote

Due

Bob Smith

Scope of Appointment

Follow up on Scope of Appointment

Due

B Smith

Other

## 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

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 2026 link

Copy 2025 link



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

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



Upload

## Personalize benefits

Create a list of your favorite benefits for beneficiaries to use and compare across plans. Beneficiaries can update their favorites list without changing your default selections.

Personalize benefits

## 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

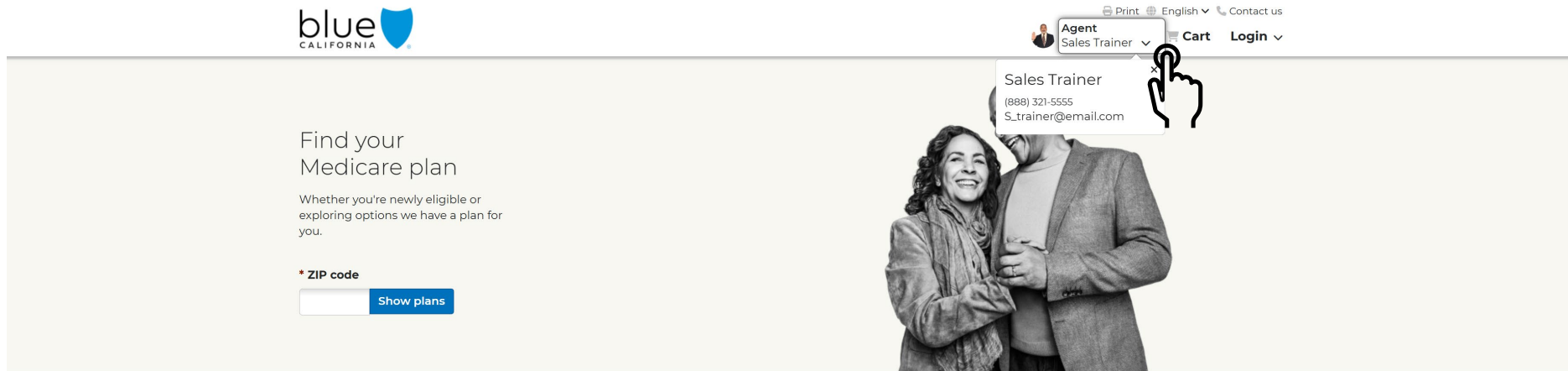
ZIP code

94102

## Account information



## Site Navigation



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)

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

**Prescription Drug (Part D)**

Prescription Drug plans cover prescription needs, but offer no medical coverage.

## Medicare Supplement

Medicare Supplement Plans cover gaps in Original Medicare Part A and B. You may choose to also enroll in a stand-alone Prescription Drug Plan.

## 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

<input type="checkbox"/> Follow up on quote	Due	<a href="#">Bob Smith</a>
---	-----	---------------------------

Scope of Appointment

<input type="checkbox"/> Follow up on Scope of Appointment	Due	<a href="#">B Smith</a>
--	-----	-------------------------

Other

You have no tasks for this category

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

MM/DD/YYYY

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?

Yes

No

Save

2

Active profile

Archive profile

Copy link to beneficiary's account

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

Save

4

Eligibility

MBI

Show

Hospital (Part A) effective date

Month

Year

Medical (Part B) effective date

Month

Year

Add/edit subsidy

Does beneficiary 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

Enter info >

Continue to SOA

Continue to plans

Create a Profile

1. Begin by entering the beneficiary information sections:

Personal Information

Home Address

Sales Information

Eligibility

2. Add Notes or Tasks to the profile.

3. Click **Save**.

4. 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.

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# 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

bob@email.com

Email SOA

5

#### Phone number

(888) 321-5555

Text SOA

6

[Previous](#)

Enter info    Continue to plans

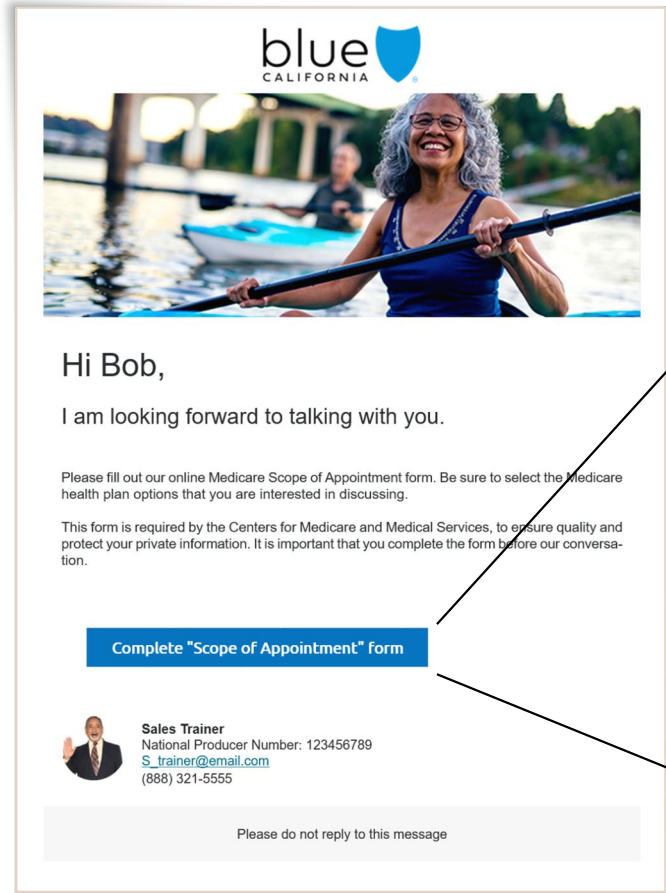
### SOA - Email


- Electronically capture & store Scope of Appointment (SOA) confirmation.
- Complete the Email or Text option to send the SOA to yourself or the beneficiary.
  - 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





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

☐ Dental, Vision, Hearing Products

☐ Hospital Indemnity Products

☐ Medicare Supplement (Medigap) 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 initiated 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 \*

Bob

Beneficiary's Last Name \*

Smith

Address (Line 1) \*

Type address to see suggestions

Address (Line 2)

City \*

Los Angeles

State \*

Select...

Zip Code \*

90002

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.

Submitted:

mm/dd/yyyy

Submit form

## 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.

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Start Consultation

7

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

18 plans available in 90002 for 2026 for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2026 Add non-commissionable plans

Medicare Advantage Prescription Drug Plans5 plans

Medicare Supplement Plans7 plans

Prescription Drug Plans2 plans

Dental4 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. Provider information contained in this directory is subject to change. Please check with the provider to confirm participation in a carrier's network.

Filters

Sort: Plan Premium (Low to High) Effective January 2026

Blue Shield TotalDual Plan (HMO D-SNP) AIP Plan too new to be measured Medicare Star Rating Plan ID: H2819-001-000 DSNP plan: QMB+, SLMB+, FBDE

Medical Deductible\$0

Medical out of pocket maximum\$9,250

ProvidersAdd

PrescriptionsAdd

PharmacyAdd

Est. drug costAdd

Highlights Supplemental Dental Supplemental Vision Supplemental Hearing

Add to compare

Monthly plan premium\$7 Total est. annual cost \$84

View plan details

Add to cart

Add to quote

W 6a 0 View more info

Blue Shield Inspire (HMO) 4.5 star Medicare Star Rating Plan ID: H0504-043-000

Medical Deductible\$0

Medical out of pocket maximum\$599

ProvidersAdd

PrescriptionsAdd

PharmacyAdd

Est. drug costAdd

Highlights Supplemental Dental Supplemental Vision Supplemental Hearing

Add to compare

Monthly plan premium\$0 Total est. annual cost \$0

View plan details

Add to cart

Add to quote

W 6a 0 View more info

Preferences

Guided Help allows agents and beneficiaries to specify preferences for a tailored shopping experience and provides access to the most precise cost estimates for each plan option.

7. Select each option to open its card and fill in the required information.

NOTE: This part is optional.

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# Start Consultation

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

Add Provider

Choose Add Providers to open the card and complete the necessary details.

8. Input the zip code and indicate yes or no for the general practice option. Then enter the provider's name and press the search icon button.
9. Pick a provider from the list and click the close button to exit the card.

NOTE: This step is optional.

Providers

Add providers

See which plans cover your doctor, specialist, urgent care or hospital.

Value Based Care providers may be available in your area. [Learn more](#)

ZIP code

General practice

Provider name

90002

Yes 

No

smith

Provider information contained in this directory is subject to change. Please check with the provider to confirm participation in a carrier's network.

Close

Providers

Choose the exact location for your provider. Network status can vary for a provider based on the location.

Doctors and other professionals

Facilities (hospitals, clinics and urgent care)

1 Samuel Smith

Psychiatric Neurology, Behavioral Medicine, Neurology, Pain Management, Podiatry, Psychiatry, Family Practice, Addiction Psychiatry, General Practice, Counseling/Social Work, Osteopathic Medicine, Neuropsychology, Mental Health - Counselor, Counseling

3 locations

Add provider

2 Rita G Smith

Family Practice, Osteopathic Medicine

7 locations

Add provider

Mont A Smith

Viewing 1 - 10 of 25

1

2

3

Back

Provider information contained in this directory is subject to change. Please check with the provider to confirm participation in a carrier's network.

Close



# Start Consultation

Add details to help decide which plan is right for you

Providers  
1 added    [View](#)

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

10

Pharmacy

Add Pharmacies

Add your pharmacy to get an estimated drug cost and compare across plans.

ZIP code

90002

Pharmacy name

Pharmacy name

Q

Close

11

Pharmacy

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

1 CVS Pharmacy #08853  
1645 East 103rd Street  
Los Angeles, CA 90002  
Add pharmacy

2 CVS Pharmacy #09501  
2655 Santa Ana Street  
South Gate, CA 90280  
Add pharmacy

3 CVS Pharmacy #08898  
7300 S Alameda St  
Walnut Park, CA 90255  
Add pharmacy

4 CVS Pharmacy #09507

Viewing 1 - 10 of 25    < 1 2 3 >

Back

Close

## Add Pharmacies

Select **Add Pharmacies** to open the card and fill in the required information.

- 10. Enter the zip code and pharmacy name, then click the search icon.
- 11. Drug prices differ depending on the pharmacy selected. Choose several pharmacies to compare estimated drug costs across all available plans.

After selecting one or more pharmacies from the list, click the close button to exit the card.

**NOTE:** This step is optional.



# Start Consultation

Add details to help decide which plan is right for you

Providers  
1 added  
[View](#)

Pharmacy  
2 added  
[View](#)

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

## Add Prescriptions

Select **Add Prescriptions** to open the card and fill in the required information.

12. Enter the prescription name, then click the search icon.
13. Select the dose, form, and quantity. Indicate the generic preference, if available.
14. Click Add to continue.

**NOTE:** This step is optional.

12

Prescriptions

Add prescriptions

Add your prescriptions to see how each plan provides coverage.

Search for a prescription

lip

Lipitor

Lipofen

Nutrillipid

paliperidone er

Qulipta

Reclipsen

saxagliptin hydrochloride

saxagliptin hydrochloride/metformin hydrochloride er

Close

13

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.

Yes

No

Back

Add

Close

14



# Start Consultation

Add details to help decide which plan is right for you

Providers  
1 addedView

Pharmacy  
2 addedView

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

15

Prescriptions

Add prescriptions

Add your prescriptions to see how each plan provides coverage.

Search for a prescription

Search prescriptions

Your prescriptions

atorvastatin calcium TAB 10MG

30 tablets per month

Common conditions

Generic

Edit

Close

## Add Prescriptions, Continued

The prescription will appear in the list located at the bottom of the card.

15. To include more prescriptions, simply repeat the previous steps.

**NOTE:** This step is optional.



# Start Consultation

Add details to help decide which plan is right for you

Providers  
1 addedView

Pharmacy  
2 addedView

Prescriptions  
1 addedView

Add subsidy

Add current plan

Personalize benefits

16

Subsidy

Subsidy information

Add your subsidy to see if you qualify for special needs plans which typically provide benefits not otherwise available in traditional Medicare and generally do not charge a premium.

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

I receive help from 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

Close

Add Subsidy

Include subsidy details to determine if the beneficiary is eligible for special needs plans, which often offer benefits not found in traditional Medicare and usually have no premium charges.

16. Click on each applicable option. Choose all that apply.

Once finished, click the close button to exit the card.

**NOTE:** This step is optional.



# Start Consultation

Add details to help decide which plan is right for you

Providers  
1 addedView

Pharmacy  
2 addedView

Prescriptions  
1 addedView

Subsidy  
AddedView

Add current plan

Personalize benefits

Current plan

Search for a Medicare Advantage Prescription Drug Plan

You may compare your current Medicare plan to all offerings available in your area. This information may be found on your current carrier insurance card. To find your current plan, enter the information below

ZIP code

90002

County  
Los Angeles, CA

Plan year

2025

Carrier

Select carrier

Plan

Select plan

Close

Update current plan

Medicare Advantage Prescription Drug Plan

Medicare Advantage Prescription Drug Plan

Prescription Drug Plan

Plan

Select plan

Blue Shield 65 Plus (HMO)

Blue Shield 65 Plus Plan 2 (HMO)

Blue Shield AdvantageOptimum Plan (HMO)

Blue Shield Inspire (HMO)

Blue Shield TotalDual Plan (HMO D-SNP) AIP

Carrier

Blue Shield of California

Anthem Blue Cross

Arcadian Health Plan, Inc.

Astiva Health, Inc.

Blue Shield of California

Central Health Plan of California, Inc.

Champion Health Plans-USA, LLC.

17

## Add Current Plan

Compare the beneficiary’s existing plan with the 2026 Blue Shield plan options.

If the beneficiary already has a Blue Shield plan, you can compare their previous plan to the 2026 options.

17. Start by choosing the plan type and entering the zip code of the current plan. Then select the carrier and plan from the drop-down menu.

After completing this, click **update current plan** to close the card.

**NOTE:** This step is optional.



# Start Consultation

Add details to help decide which plan is right for you

Providers  
1 addedView

Pharmacy  
2 addedView

Prescriptions  
1 addedView

Subsidy  
AddedView

Current plan  
1 added (Medicare)View

Personalize benefits

Personalized benefits

Personalize benefits to display for medical coverage.  
Add your favorite benefits and compare them across plans.

Search and select up to 6 benefit(s)

Search benefit(s)

Your favorite benefits

We started a list of the most common benefits, but you may add or remove any you would like.

Supplemental Dentalx

Supplemental Visionx

Supplemental Hearingx

CloseUpdate personalized benefits

Search and select up to 6 benefit(s)

hearing aids

Hearing Aids

Hearing Aids (all types)

OTC Hearing Aids

Prescription Hearing Aids - Inner Ear

Prescription Hearing Aids - Outer Ear

Prescription Hearing Aids - Over the Ear

18

## Add Personalized Benefits

Include benefits that the beneficiary has shown interest in or that are necessary for their plan.

You may add up to six options and remove any prepopulated ones.

18. Search for the benefit by typing; a list of options will appear as you type. Choose an option from the list.

Repeat this process to add more benefits.

**NOTE:** This step is optional.



Start Consultation

Providers  
View

Pharmacy  
View

Prescriptions  
View

Subsidy  
View

Current plan  
View

Personalized benefits  
View

Plan Premium (Low to High) ▾

Effective January 2026

Current plan for 2025

Hide ^

Blue Shield Inspire (HMO) ⓘ  
★★★★☆ Medicare Star Rating Plan ID: H0504-043-000

Medical Deductible  
\$0

Medical out of pocket maximum  
\$599

Providers  
No provider data for this carrier at this time

Prescriptions  
1 of 1 on formulary  
[View prescriptions](#)

Pharmacy  
CVS Pharmacy #08853  
Out of network

Est. drug cost  
\$0

Highlights  
✔ Supplemental Dental ✔ Supplemental Vision ✔ Supplemental Hearing ● Hearing Aids

☐ Add to compare

Monthly plan premium  
\$0

Total est. annual cost  
\$0

Edit current plan

⚙️ ⚙️ ⓘ [View more info](#) ▾

Next year's plan for 2026

Hide ^

Blue Shield Inspire (HMO) ⓘ  
★★★★☆ Medicare Star Rating Plan ID: H0504-043-000

Medical Deductible  
\$0

Medical out of pocket maximum  
\$599

Providers  
No provider data for this carrier at this time

Prescriptions  
1 of 1 on formulary  
[View prescriptions](#)

Pharmacy  
CVS Pharmacy #08853  
Out of network

Est. drug cost  
\$1,320

Highlights  
✔ Supplemental Dental ✔ Supplemental Vision ✔ Supplemental Hearing ✔ Hearing Aids

☐ Add to compare

Monthly plan premium  
\$0

Total est. annual cost  
\$1,320

View plan details Add to cart

Add to quote

⚙️ ⚙️ ⓘ [View more info](#) ▾

Blue Shield 65 Plus (HMO) ⓘ  
★★★★☆ Medicare Star Rating Plan ID: H0504-015-000

Medical Deductible  
\$0

Medical out of pocket maximum  
\$1,500

Providers  
No provider data for this carrier at this time

Prescriptions  
1 of 1 on formulary  
[View prescriptions](#)

Pharmacy  
CVS Pharmacy #08853  
Out of network

Est. drug cost  
\$1,320

Highlights  
✔ Supplemental Dental ✔ Supplemental Vision ✔ Supplemental Hearing ✔ Hearing Aids

☐ Add to compare

Monthly plan premium  
\$0

Total est. annual cost  
\$1,320

View plan details Add to cart

Add to quote

⚙️ ⚙️ ⓘ [View more info](#) ▾

Consultation Results

After the consultation concludes, the available plans in the beneficiary’s zip code are updated with the information to provides access to the most precise cost estimates for each plan option.

If the beneficiary has a Blue Shield plan offered in the upcoming plan year, it will be marked to facilitate easy comparison.



Start Consultation

19

20

21

19 plans available in 90002 for 2026 for Los Angeles County, CA

Medicare Advantage Prescription Drug Plans 6 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, prescriptions, dental, vision, hearing, and more.

Provider information contained in this directory is subject to change. Please check with the provider to confirm participation in a carrier's network.

22

Filters

Special Needs Plans (SNP)

Medical out of pocket maximum

Add-on coverage

Personalized benefits

Medicare Star Rating

Current plan for 2025

Next year's plan for 2026

Plans

19. Plans available for the beneficiary's zip code will be displayed.

20. Choose the plan year for which you want coverage.

21. Click the tab to view plans categorized by type.

22. You can sort the plans by:

- Plan Premium (from low to high)
- Total Estimated Cost
- Estimated Drug Costs (low to high)
- Plan Name (A–Z)
- Maximum Out-of-Pocket (low to high)

**Note:** Filters can also be applied to narrow down the list of plans further.

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



Start Consultation

Providers  
View

Pharmacy  
View

Prescriptions  
View

Subsidy  
View

Current plan  
View

Personalized benefits  
View

Filters

Hide all Special Needs Plans (SNP) X


Sort:

Total Estimated Cost

Effective January 2026

Current plan for 2025

Hide ^

Blue Shield Inspire (HMO) 

★★★★☆ Medicare Star Rating Plan ID: H0504-043-000

Medical Deductible  
\$0

Medical out of pocket maximum  
\$599

Providers  
No provider data for this carrier at this time

Prescriptions  
1 of 1 on formulary  
[View prescriptions](#)

Pharmacy  
CVS Pharmacy #08853  
Out of network

Est. drug cost  
\$0

Compare now

Monthly plan premium  
\$0


Total est. annual cost: \$0

Edit current plan

[View more info](#)

Next year's plan for 2026

Hide ^

Blue Shield Inspire (HMO) 

★★★★☆ Medicare Star Rating Plan ID: H0504-043-000

Medical Deductible  
\$0

Medical out of pocket maximum  
\$599

Providers  
No provider data for this carrier at this time

Prescriptions  
1 of 1 on formulary  
[View prescriptions](#)

Pharmacy  
CVS Pharmacy #08853  
Out of network

Est. drug cost  
\$1,320

Compare now

Monthly plan premium  
\$0


Total est. annual cost: \$1,320

View plan details

Add to cart

Add to quote

[View more info](#)

Blue Shield 65 Plus (HMO) 

★★★★☆ Medicare Star Rating Plan ID: H0504-015-000

Medical Deductible  
\$0

Medical out of pocket maximum  
\$1,500

Providers  
No provider data for this carrier at this time

Prescriptions  
1 of 1 on formulary  
[View prescriptions](#)

Pharmacy  
CVS Pharmacy #08853  
Out of network

Est. drug cost  
\$1,320

Compare now

Monthly plan premium  
\$0

Total est. annual cost: \$1,320

View plan details

Add to cart

Add to quote

[View more info](#)

Summary of Benefits

View a PDF summary of this plan's benefits.

23

Compare Plans

Choose up to three plans to compare side by side.

23. Mark the checkbox for each plan you wish to compare, then **click Compare Now** to see the results.

**Note:** To access the Summary of Benefits, click the PDF icon located next to the plan name.

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



Start Consultation

24

Show plan differences

Costs are based on

CVS Pharmacy #08853

Rite Aid Pharmacy 05476

Mail order

Effective January 2026

Blue Shield 65 Plus (HMO)

★★★★☆ Medicare Star Rating

Monthly plan premium \$0.00

View plan details

Add to cart

Current plan for 2026

Blue Shield Inspire (HMO)

★★★★☆ Medicare Star Rating

Monthly plan premium \$0.00

Edit current plan

Next year's plan for 2026

Blue Shield Inspire (HMO)

★★★★☆ Medicare Star Rating

Monthly plan premium \$0.00

View plan details

Add to cart

Costs			
Est. drug cost Based on 1 drug <a href="#">Add/edit</a>	\$1,320 annually	\$0 annually	\$1,320 annually
Total est. annual cost shown is based on the cost of the drug without plan benefits applied. (Effective Jan 2026)	\$1,320 annually	\$0 annually	\$1,320 annually
Benefits			
Medical coverage			
Medical Deductible	\$0.00	\$0.00	\$0.00
Medical out of pocket maximum	\$1,500.00	\$599.00	\$599.00
Doctor Office Visit	\$0 copay per visit if performed by your Primary Care Provider (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 Primary Care Provider (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, \$100 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	In-Network: \$30 copay per individual session.	\$30 copay for each individual or group therapy visit	In-Network: \$30 copay per individual session.
Emergency Room	In-Network: \$150 copay per visit	In-Network: \$140 copay per visit	In-Network: \$150 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
Prescription drug coverage			
Prescription Deductible	\$0.00	\$0.00	\$0.00
Low income subsidy	Generic: \$5.10, Brand: \$12.65 If you are eligible for the subsidy you selected, you will pay the lowest cost, which may be the plan benefit listed below. View the Prescriptions tab in Plan Details for an estimate of the cost you will pay for the subsidy selected.	Generic: \$5.10, Brand: \$12.65 If you are eligible for the subsidy you selected, you will pay the lowest cost, which may be the plan benefit listed below. View the Prescriptions tab in Plan Details for an estimate of the cost you will pay for the subsidy selected.	Generic: \$5.10, Brand: \$12.65 If you are eligible for the subsidy you selected, you will pay the lowest cost, which may be the plan benefit listed below. View the Prescriptions tab in Plan Details for an estimate of the cost you will pay for the subsidy selected.
Preferences			
Optional add-on coverage (available in cart)			
Plan documents			

25

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:

- 24. Send a quote.
- 25. Add a plan to the shopping cart.

**NOTE:**  
Differences between plans are highlighted in orange.





# Send a Quick Quote

View & Compare plans


[View Section](#)

blue  
california





Quick Quote



1

English    Contact us    Sales Trainer

Dashboard    Plans    Search    New profile    ---

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

0 plans available in [CA](#) for [2026](#)

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions. Provider information contained in this directory is subject to change without notice. Information in a carrier's network.

2

Enter ZIP code

Please enter your ZIP code to see plans.

\* ZIP code

Cancel    Shop for plans

3

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.

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



# Quick Quote

Providers  
View

Pharmacy  
View

Prescriptions  
View

Subsidy  
View

Current plan  
View

Personalized benefits  
View

19 plans available in [90002](#) for [2026](#) for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2026  
Add non-commissionable plans

Medicare Advantage Prescription Drug Plans  
6 plans

Medicare Supplement Plans  
7 plans

Prescription Drug Plans  
2 plans

Dental  
4 plans

Receiving help from Medicaid could qualify for a Dual Eligible Special Needs Plan. View plans labeled DSNP to review plan benefits. [Learn more](#)

Filters

Sort: Plan Premium (Low to High)

Effective January 2026

Special Needs Plans (SNP)  
☐ Hide all Special Needs Plans (SNP)  
☐ Medicare and Medicaid  
☐ FBDE  
☐ QMB+  
☐ SLMB+

Medical out of pocket maximum  
☐ under \$1999  
☐ \$2000-\$5999  
☐ \$6000 and over

Add-on coverage  
☐ Dental

Personalized benefits  
☐ Hearing Aids  
☐ Supplemental Dental  
☐ Supplemental Hearing  
☐ Supplemental Vision

Medicare Star Rating  
☐ 5 stars  
☐ 4 stars  
☐ 3 stars

Apply

Current plan for 2025

Blue Shield Inspire (HMO)  
★★★★☆ Medicare Star Rating Plan ID: H0504-043-000

Medical Deductible \$0 Medical out of pocket maximum \$599

Providers No provider data for this carrier at this time Prescriptions 1 of 1 on formulary View prescriptions Pharmacy CVS Pharmacy #08853 Out of network

Est. drug cost \$0

Monthly plan premium \$0 Total est. annual cost \$0

Edit current plan View more info

Highlights Supplemental Dental Supplemental Vision Supplemental Hearing Hearing Aids

Next year's plan for 2026

Blue Shield Inspire (HMO)  
★★★★☆ Medicare Star Rating Plan ID: H0504-043-000

Medical Deductible \$0 Medical out of pocket maximum \$599

Providers No provider data for this carrier at this time Prescriptions 1 of 1 on formulary View prescriptions Pharmacy CVS Pharmacy #08853 Out of network

Est. drug cost \$1,320

Monthly plan premium \$0 Total est. annual cost \$1,320

View plan details Add to cart

Add to quote View more info

Highlights Supplemental Dental Supplemental Vision Supplemental Hearing Hearing Aids

## Plans

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

- 4. Select the **year** you want coverage for.
- 5. Filters can also be applied to narrow down the list of plans further.
- 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

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

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.  
Provider information contained in this directory is subject to change. Please check with the provider to confirm participation in a carrier's network.

Blue Shield 65 Plus (HMO)  
\$0.00

x

Blue Shield Inspire (HMO)  
\$0.00

x

Blue Shield 65 Plus Plan 2 (HMO)  
\$0.00

x

Send quote

Filters

Hide all Special Needs Plans (SNP) X

Sort:  
Plan Premium (Low to High)

Effective January 2026

Blue Shield Inspire (HMO)  
★★★★☆ Medicare Star Rating  
Plan ID: H0504-043-000

Medical Deductible  
\$0

Medical out of pocket maximum  
\$599

Providers  
Add

Prescriptions  
Add

Pharmacy  
Add

Est. drug cost  
Add

Highlights  
Supplemental Dental Supplemental Vision Supplemental Hearing

Add to compare

Monthly plan premium  
\$0  
Total est. annual cost \$0

View plan details Add to cart

Remove from quote

W 6d 0 View more info

Blue Shield 65 Plus (HMO)  
★★★★☆ Medicare Star Rating  
Plan ID: H0504-015-000

Medical Deductible  
\$0

Medical out of pocket maximum  
\$1,500

Providers  
Add

Prescriptions  
Add

Pharmacy  
Add

Est. drug cost  
Add

Highlights  
Supplemental Dental Supplemental Vision Supplemental Hearing

Add to compare

Monthly plan premium  
\$0  
Total est. annual cost \$0

View plan details Add to cart

Remove from quote

W 6d 0 View more info

Blue Shield 65 Plus Plan 2 (HMO)  
★★★★☆ Medicare Star Rating  
Plan ID: H0504-021-000

Medical Deductible  
\$0

Medical out of pocket maximum  
\$2,200

Providers  
Add

Prescriptions  
Add

Pharmacy  
Add

Est. drug cost  
Add

Highlights  
Supplemental Dental Supplemental Vision Supplemental Hearing

Add to compare

Monthly plan premium  
\$0  
Total est. annual cost \$0

View plan details Add to cart

Remove from quote

W 6d 0 View more info

Plans

The plans that you selected are shown at the top.

7. Click **Send quote** button.

NOTE: This section is optional.



# Quick Quote

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

Medicare Advantage Prescription Drug Plans

Medicare Supplement Plans

Prescription Drug Plans

Dental

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions. Provider information contained in this directory is subject to change. Please check with the provider to confirm participation in a carrier's network.

Blue Shield 65 Plus (HMO)

\$0.00

x

Blue Shield Inspire (HMO)

\$0.00

x

Blue Shield 65 Plus Plan 2 (HMO)

\$0.00

x

Send quote

Filters

Hide all Special Needs Plans (SNP)

Sort:

Plan Premium (Low to High)

Blue Shield Inspire (HMO)

Medical Deductible \$0

Medical out of pocket maximum \$599

Providers Add

Est. drug cost Add

Prescriptions Add

Highlights Supplemental Dental

Blue Shield 65 Plus (HMO)

Medical Deductible \$0

Medical out of pocket maximum \$1,500

Providers Add

Est. drug cost Add

Prescriptions Add

Highlights Supplemental Dental

Blue Shield 65 Plus Plan 2 (HMO)

Medical Deductible \$0

Medical out of pocket maximum \$2,200

Providers Add

Est. drug cost Add

Prescriptions Add

Pharmacy Add

Highlights Supplemental Dental Supplemental Vision Supplemental Hearing

Send quote

First name

Last name

How would the beneficiary like to receive the quote information?

Email address

Primary phone number

Additional message

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

Cancel

Send quote

Send quote

We've successfully sent the quote to Bob Smith

View Bob Smith's profile

Create a task to follow up with the beneficiary

Due date

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



9



Dashboard Plans Search New profile Bob

Profile

Personal information

• ZIP code  
90002 County Los Angeles, CA  
Licensed to sell 1 Medicare organizations with 7 plans for 2026

• First name  
Bob

• Last name  
Smith

Date of birth  
MM/DD/YYYY

Email address  
bob@email.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?

Yes No

Save

Eligibility

MBI  
Show

Hospital (Part A) effective date  
Month Year

Medical (Part B) effective date  
Month Year

Add/edit subsidy

Quote history

Quote sent 09/15/2025 4:24 pm PST to bob@email.com 2026

Blue Shield 65 Plus (HMO)  
Blue Shield Inspire (HMO)  
Blue Shield 65 Plus Plan 2 (HMO)

Plan type MAPD

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

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.

10




# Medicare Supplement Plans

[View Section](#)



Quick Quote



1

Print   English   Contact us   Sales Trainer

Dashboard

Plans

Search

New profile

---

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

0 plans available in [CA](#) for [2026](#)

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions. Provider information contained in this directory is subject to change without notice. For more information, visit [bluecalifornia.com](#).

2

Enter ZIP code

Please enter your ZIP code to see plans.

\* ZIP code

Cancel

Shop for plans

3

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.

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

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# Quick Quote

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

18 plans available in [90002](#) for [2026](#)

for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2026

☒ Add non-commissionable plans

Medicare Advantage Prescription Drug Plans  
5 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

20252026

Cancel

Continue

6

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

Filters

Sort:  
Plan Name (A-Z)

Medicare Supplement Plan A  
[Attained Age](#)

Add to compare

Monthly plan premium  
[Get a personalized quote](#)

View plan details

[View more info](#)

Medicare Supplement Plan A with \$25 Welcome to Medicare Savings\*  
[Attained Age](#)

Add to compare

Monthly plan premium  
[Get a personalized quote](#)

View plan details

[View more info](#)

## Plans

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

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

NOTE: This section is optional.

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

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# Quick Quote

## 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.

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

NOTE: This section is optional.

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

18 plans available in 90002 for 2026  
for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2026  
☒ Add non-commissionable plans

Medicare Advantage Prescription Drug Plans  
5 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.

7

Date of birth

mm/dd/yyyy

Effective date

Select an option

This date will apply to all product types except Medicare.

Hospital (Part A) effective date

Month

Year

Medical (Part B) effective date

Month

Year

Continue to plans



# Quick Quote

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

⚠ Edit your answers

Medicare Supplement Plan A\$220.00

×

Medicare Supplement Plan N\$286.00

×

Medicare Supplement Plan G\$322.00

×

Send quote

Filters

Sort: Plan Premium (Low to High) ▾

Medicare Supplement Plan A  
Attained Age

☐ Add to compare

Monthly plan premium  
\$220

View plan details

Add to cart

Remove from quote

View more info ▾

Medicare Supplement Plan N  
Attained Age

☐ Add to compare

Monthly plan premium  
\$286

View plan details

Add to cart

Remove from quote

View more info ▾

Add-on coverage ⓘ

Plan subtypes

☐ Dental ⓘ

☐ Plan A

☐ Plan F Innovative

☐ Plan G

☐ Plan G Innovative

☐ Plan N

Clear all

×

Apply

## 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.

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



# Quick Quote

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

Edit your answers

Medicare Supplement Plan A\$220.00

×

Medicare Supplement Plan N\$286.00

×

Medicare Supplement Plan G\$322.00

×

Send quote

Filters

Medicare Supplement Attained Age

Medicare Supplement Attained Age

Send quote

\* First name

\* Last name

How would the beneficiary like to receive the quote information?

☐ \* Email address

Email

☐ \* Primary phone number

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.

Cancel

Send quote

10

Send quote

✓ We've successfully sent the quote to Bob Smith

[View Bob Smith's profile >](#)

Create a task to follow up with the beneficiary

\* Due date

09/18/2025

\* Create a task

Follow up on quote

Add task

Close

[View more info](#)

## 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.

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



Quote History



11

English

Contact us

Sales Trainer

Dashboard

Search

New profile

Bob

Profile

Personal information

• ZIP code

90002

County  
Los Angeles, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2026

• First name

Bob

• Last name

Smith

Date of birth

MM/DD/YYYY

Email address

bsmith@email.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?

Yes

No

Save

• Active profile

Archive profile

Copy link to beneficiary's account

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

MBI

Show

Hospital (Part A) effective date

October

2010

Medical (Part B) effective date

October

2010

Add/edit subsidy

Quote history

Quote sent 09/16/2025 9:36 am PST to bsmith@email.com

Medicare Supplement Plan A

Medicare Supplement Plan N

Medicare Supplement Plan G

Plan type MEDIGAP

Requested effective date: 01/01/2026

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

41    Page Navigation    ←    →

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.

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





# Start New Enrollment

Annual Enrollment Period (AEP)

[View Section](#)



Shopping Cart

Providers  
View

Pharmacy  
View

Prescriptions  
View

Subsidy  
View

Current plan  
View

Personalized benefits  
View

19 plans available in 90002 for 2026 for Los Angeles County, CA  
Licensed to sell 1 Medicare organizations with 7 plans for 2026  
Add non-commissionable plans

2

Medicare Advantage Prescription Drug Plans  
6 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. Provider information contained in this directory is subject to change. Please check with the provider to confirm participation in a carrier's network.

Receiving help from Medicaid could qualify for a Dual Eligible Special Needs Plan. View plans labeled DSNP to review plan benefits. [Learn more](#)

Filters

Special Needs Plans (SNP)  
☐ Hide all Special Needs Plans (SNP)  
☐ Medicare and Medicaid  
☐ FBDE  
☐ QMB+  
☐ SLMB+  
  
Medicare Star Rating  
☐ 5 stars  
☐ 4 stars  
☐ 3 stars

Medical out of pocket maximum  
☐ under \$1999  
☐ \$2000-\$5999  
☐ \$6000 and over

Add-on coverage  
☐ Dental

Personalized benefits  
☐ Hearing Aids  
☐ Supplemental Dental  
☐ Supplemental Hearing  
☐ Supplemental Vision

Clear all

Apply

Sort:  
Plan Premium (Low to High)  
Effective January 2026

3

Current plan for 2025

Blue Shield Inspire (HMO)  
★★★★☆ Medicare Star Rating Plan ID: H0504-043-000

Medical Deductible \$0    Medical out of pocket maximum \$599

Providers No provider data for this carrier at this time    Prescriptions 1 of 1 on formulary [View prescriptions](#)    Pharmacy CVS Pharmacy #08853 Out of network

Est. drug cost \$0

Monthly plan premium \$0  
Total est. annual cost \$0

Compare now

Edit current plan

View more info

Highlights ☒ Supplemental Dental ☒ Supplemental Vision ☒ Supplemental Hearing ☒ Hearing Aids

Next year's plan for 2026

Blue Shield Inspire (HMO)  
★★★★☆ Medicare Star Rating Plan ID: H0504-043-000

Medical Deductible \$0    Medical out of pocket maximum \$599

Providers No provider data for this carrier at this time    Prescriptions 1 of 1 on formulary [View prescriptions](#)    Pharmacy CVS Pharmacy #08853 Out of network

Est. drug cost \$1,320

Monthly plan premium \$0  
Total est. annual cost \$1,320

Compare now

View plan details

Add to cart

Add to quote

View more info

Highlights ☒ Supplemental Dental ☒ Supplemental Vision ☒ Supplemental Hearing ☒ Hearing Aids

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.
3. Sort the plans by:
  - Plan Premium (low to high)
  - Total Estimated Annual Cost
  - Plan Name (A –Z)
4. **Add plan to cart**

**Note:** Filters can also be applied to narrow down the list of plans further.



Shopping Cart

2026

Print

English

Contact us

Sales Trainer

Dashboard

Plans

Search

New profile

[Back to plans](#)

Cart

Medicare Advantage Prescription Drug Plan

Blue Shield Inspire (HMO)

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

Monthly plan premium  
\$0.00

Optional add-on coverage

Dental

Optional Supplemental Dental HMO plan	<a href="#">View details</a>	\$16.00	Add Dental
Optional Supplemental Dental PPO plan	<a href="#">View details</a>	\$49.00	Add Dental

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

Send open form 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 \$0.00

[Previous](#)

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.

V01B\_24\_700E\_M Accepted 10/15/2024 & H0B19\_24\_700E\_M Accepted 10/15/2024

Continue

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

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### Contact Information

\* Indicates Required Fields

#### Personal Information

\* First Name

Middle Initial

\* Last Name

\* Birth Date

\* Sex

MaleFemale

#### Phone and Email

\* Phone Number

Phone Number Type

LandlineCell

Enter 10-digit phone number with no hyphen or spaces (e.g., 2025550100).

Mobile Phone Number

Enter 10-digit phone number with no hyphen or spaces (e.g., 2025550100).

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/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, [https://www.bshieldca.com/terms](#)

YesNo

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 Change) 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 is 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: TTY) 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) 433-4433 (TTY: TTY). For Medicare Prescription Drug plans call (888) 239-6469 (TTY: TTY). Our office hours are 8 a.m. to 8 p.m., seven days a week.

#### Permanent Residence

\* Street Address 1

Type address to see suggestions

Street Address 2

\* City

Los Angeles

\* State

CA

\* ZIP Code

90002

County

Los Angeles

☐ My mailing address is different from my permanent address.

V01B\_24\_700E\_M Accepted 10/15/2024 & H0B19\_24\_700E\_M Accepted 10/15/2024

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Continue >

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## Contact Information

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



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	<input type="checkbox"/>
You lose your current coverage	<input type="checkbox"/>
You have a chance to get other coverage	<input type="checkbox"/>
Your plan changes its contract with Medicare	<input type="checkbox"/>

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

Y018L\_24\_700E\_M Accepted 10/15/2024 & H018L\_24\_700E\_M Accepted 10/15/2024

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Continue

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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.

Employment Information

Do you work?

☐ Yes ☐ No

Does your spouse work?

☐ Yes ☐ No

Physician Selection

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

Find a Doctor

\* Physician Name or Clinic Name:

\* Physician ID #

Physician Group Name:

\* Current Patient?

☐ Yes ☐ No

Producer Information (Broker Use Only)

FMO/Agency Name

FMO/Agency ID

This info has been hidden for security purposes.

Producer First Name

Producer Last Name

National Producer Number

For auditing, Brokers please retain copy of the paper application.

Agent Signature (Broker user only)

☐ 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.

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

Sign here

Y018L\_24\_700E\_M Accepted 10/15/2024 & H018L\_24\_700E\_M Accepted 10/15/2024

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Continue

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Contact Information

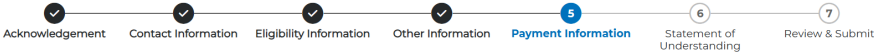
Step 3- Eligibility Information

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
  - 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.

Y018L24\_700E\_M Accepted 10152024 & H2819\_24\_700E\_M Accepted 10152024

Continue

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Statement of Understanding

\* Indicates Required Fields

IMPORTANT: Read and sign below:

I Bob Smith 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

Sales Trainer

\* Signature

Sales Trainer

\* Relationship to enrollee

Broker/Agent

National Producer Number (Agents/Brokers only)

123456789

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.

Y018L24\_700E\_M Accepted 10152024 & H2819\_24\_700E\_M Accepted 10152024

< Previous

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

16

Continue

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 helping the person enrolling" if you are the Broker/Agent.

Note:

Images are for reference and may not show all fields.



# Shopping Cart

17

✓

✓

✓

✓

✓

✓

7

Acknowledgement

Contact Information

Eligibility Information

Other Information

Payment Information

Statement of Understanding

Review & Submit

17

Acknowledgement

Contact Information

Eligibility Information

Other Information

Payment Information

Statement of Understanding

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

18

Send to beneficiary

## 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


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.





 Print

 English

 Contact us

 Agent


Sales Trainer



Hi Bob,  
Here is the plan we discussed...

Note: This email is from a licensed sales agent. 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. If you are ready to enroll in the plan we discussed, please click on the link below to be taken to the enrollment application.

View application



Sales Trainer

BSCA Test


National Producer Number: 123456789


S\_trainer@email.com


(888) 321-5555


19


Please do not reply to this message




 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

20

with Sales Trainer

(888) 321-5555  
S\_trainer@email.com

Feedback

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



# Shopping Cart

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 1-866-920-1017.

**Application details**

Member name  
Bob Smith

Member address  
9626 Baird Ave Los Angeles, CA 90002

Submitted on  
September 16, 2025

Confirmation number  
A51588784193881M

[View application](#)

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**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>

## Your pending coverage

**Medicare Advantage Prescription Drug Plan**

blue

CALIFORNIA

Blue Shield Inspire (HMO)

Monthly plan premium  
**\$0.00**

blue

CALIFORNIA

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. 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.

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**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.

This is a one-time email sent to confirm your enrollment. If you would like to change your communication preferences for Blue Shield of California or Blue Shield of California, please contact Blue Shield of California or Blue Shield of California.

**Application details**

Submitted on  
September 16, 2025

Confirmation number  
A51588784193881M

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

Please do not reply to this message

## 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.

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



# Medicare Supplement Plans

[View Section](#)



# Shop for Plans

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

18 plans available in 90002 for 2026 for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2026

☒ Add non-commissionable plans

2

Medicare Advantage Prescription Drug Plans  
5 plans

Medicare Supplement Plans  
7 plans

Prescription Drug Plans  
2 plans

Dental  
4 plans

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

Filters

Sort: Plan Name (A-Z)

Medicare Supplement Plan A  
Attained Age

Add to compare

Monthly plan premium  
[Get a personalized quote](#)

View plan details

View more info

Medicare Supplement Plan A with \$25 Welcome to Medicare Savings\*  
Attained Age

Add to compare

Monthly plan premium  
[Get a personalized quote](#)

View plan details

View more info

## 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.

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



# Personal Quote

## 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.

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

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

18 plans available in [90002](#) for [2026](#)  
for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2026  
☒ Add non-commissionable plans

Medicare Advantage  
Prescription Drug Plans  
5 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.

4

Date of birth

mm/dd/yyyy

Effective date

Select an option

Hospital (Part A) effective date

MonthYear

Medical (Part B) effective date

MonthYear

This date will apply to all product types except Medicare.

Continue to plans

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



# Shopping Cart

Add providers


Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

 [Edit your answers](#)

Add-on coverage

☐ Dental

Plan subtypes

☐ Plan A

☐ Plan F Innovative

☐ Plan G

☐ Plan G Innovative

☐ Plan N

Clear all

Apply

Filters

Sort: Plan Premium (Low to High)

Medicare Supplement Plan A

Attained Age

☐ Add to compare

Monthly plan premium  
\$220

View plan details

Add to cart

Add to quote

View more info

Medicare Supplement Plan N

Attained Age

☐ Add to compare

Monthly plan premium  
\$286

View plan details

Add to cart

Add to quote

View more info

5

## 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.

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

⚠️ Edit your answers

Medicare Supplement Plan A\$220.00

×

Medicare Supplement Plan N\$286.00

×

Medicare Supplement Plan G\$322.00

×

Send quote

Filters

Sort: Plan Premium (Low to High)

Medicare Supplement Plan A  
Attained Age

Monthly plan premium  
\$220

View plan details

Add to cart

Remove from quote

View more info

Medicare Supplement Plan N  
Attained Age

Monthly plan premium  
\$286

View plan details

Add to cart

Remove from quote

View more info

Plan added to cart

✓ Medicare Supplement Plan A was added to your cart

Add a Prescription Drug Plan

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

6Shop for plans

Close

7Go to cart >

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



# 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 A  
Requested start date: January 1, 2026

Monthly plan premium  
\$220.00

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

### Optional add-on coverage

#### Dental

Dental PPO 1000	<a href="#">View details</a>	\$39.20	Add Dental
Dental PPO 1500	<a href="#">View details</a>	\$58.80	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 open form 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 \$220.00

## 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.



Shopping Cart

11

1Applicant Info

2Additional Info

3Guaranteed Acceptance

4Current Insurance Coverage

5Producer Info

6Payment & Conditions of Membership

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

Personal Information

Please enter your personal information in the spaces provided.

First Name\*

Middle Initial

Last Name\*

Gender\*

MaleFemaleNon-binary

Date of Birth\*

Language Preference\*

Phone Number\*

Phone Number Type

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

YesNo

Shopping cart

Medicare Supplement Plan A

Medicare Supplement Plan

\$220.00

Total monthly plan premium

\$220.00

Sales Trainer

123 Main Street

San Francisco CA 94102

(888) 321-5555

Blue Shield of California Medicare Supplement Plan.

Address

P.O. Box 3008

Los Angeles CA 90241

Phone

(888) 715-0000

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.

Home Address

Home Address (NO PO BOX)\*

Apt

City\*

State\*

Zip\*

Edit

Mailing Address

Is your Mailing address different than your home address?

YesNo

Billing Address

Is your Billing address different than your home address?

YesNo

12

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?

YesNo

13

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 Continue.

Note:

Images are for reference and may not show all fields.



# Shopping Cart

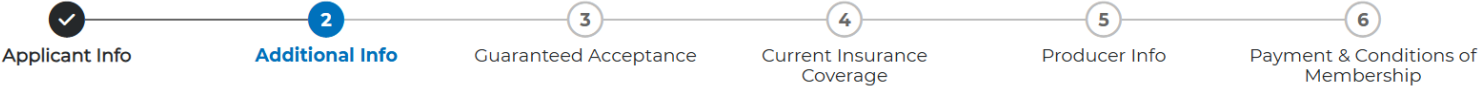
## Additional Information

### 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.



### 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](#)

15

Continue

Shopping cart
Medicare Supplement Plan A Medicare Supplement Plan
\$220.00
Total monthly plan premium
\$220.00

**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



# Shopping Cart

16

### Guaranteed Acceptance

Do you believe you qualify for Guaranteed Acceptance?\*

Yes

No

Would you like to attach any documents to this enrollment?

Yes

No

17

Continue

Applicant Info

Additional Info

Guaranteed Acceptance

Current Insurance Coverage

Producer Info

Payment & Conditions of Membership

Shopping cart

Medicare Supplement Plan A

Medicare Supplement Plan

\$220.00

Total monthly plan premium

\$220.00

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

[⬅ Previous](#)

## 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

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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 Supplements 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 and have not met your share of cost, 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.gov).

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Continue

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Shopping cart	
Medicare Supplement Plan A	
Medicare Supplement Plan	
	\$220.00
Total monthly plan premium	\$220.00

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

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Page Navigation

Current Insurance  
Coverage

Step 4- Current Insurance  
Coverage

18. Complete the Current  
Insurance Coverage  
section.

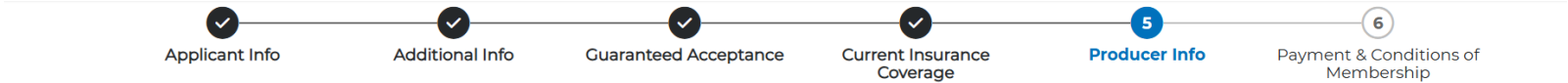
19. Click Continue to go to  
Step 5.

Note:

Images are for reference and  
may not show all fields.



# Shopping Cart



20

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

National Producer Number	<input type="text" value="123456789"/>
Producer First Name (writing agent)	<input type="text" value="Sales"/>
Producer Last Name (writing agent)	<input type="text" value="Trainer"/>
FMO/Agency name	<input type="text" value="BSCA_Test"/>
FMO/Agency ID	<input type="text"/>
Today's Date	<input type="text" value="09/16/2025"/>
Producer's Signature	<input type="text"/>
Print Name	<input type="text"/>

[< Previous](#)

Continue

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Shopping cart

Medicare Supplement Plan A  
Medicare Supplement Plan

\$220.00

Total monthly plan premium

\$220.00

**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.



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Payment Information

To determine the monthly dues amount, refer to Blue Shield's Medicare Supplement plans rate tables in the enrollment kit or visit <https://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](https://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.

- Savings due to increased efficiencies in 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.
- Counseling services are available in California to provide advice concerning your purchase of Medicare Supplement plan coverage and concerning medical assistance through the Medi-Cal program, including your benefits as a qualified Medicare beneficiary (QMB) and a specified low-income Medicare beneficiary (SLMB). You may obtain information regarding counseling services from the State Department of Aging.
- Receiving materials and communications electronically versus print: You may receive required benefit plan and coverage-related materials and communications via email and/or the Blue Shield website [blueshieldca.com](https://blueshieldca.com), as applicable. Obtaining a document electronically will confirm your consent to electronic delivery. You also have the right to obtain printed, mailed materials at any time and at no expense to you. To receive printed materials in the mail, to opt out of email communications, please call 800-248-2341 TTY: 711 8 a.m. - 6 P.m. seven days a week, year-round.

Shopping cart

Medicare Supplement Plan A	
Medicare Supplement Plan	
	\$220.00
Total monthly plan premium	\$220.00

Sales Trainer  
123 Main Street  
San Francisco CA 94102  
(888) 307-5555

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

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

24

23

Send enrollment

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

☐ Email

☐ Text

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

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.



Print    English    Contact us  
Agent  
Sales Trainer



Hi Bob,  
  
Here is the plan we discussed...

Note: This email is from a licensed sales agent. 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. If you are ready to enroll in the plan we discussed, please click on the link below to be taken to the enrollment application.

View application

25

 Sales Trainer  
BSCA\_Test  
National Producer Number: 123456789  
[S\\_trainer@email.com](mailto:S_trainer@email.com)  
(888) 321-5555

Please do not reply to this message

(888) 321-5555  
[S\\_trainer@email.com](mailto:S_trainer@email.com)



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



Shopping Cart

Contact Info

Benefit Info

Other Info

Review & Submit

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 your 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 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.

\*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:

- This person is authorized under State law to complete this enrollment, and
- 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.

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.

Previous

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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

blue shield of california

Medicare Supplement Plan A

Monthly plan premium  
\$220.00

Total monthly plan premium \$220.00

Application details

Member name

Bob Smith

Member address

123 Main St Los Angeles, CA 90002

Submitted on

September 16, 2025

Confirmation number

M88168641393472G

View application

blue shield of california

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.

This is a one-time email sent to confirm your enrollment. If you would like to change your communication preferences for Blue Shield of California or BS California, please contact Blue Shield of California or BS California.

Blue Shield of California Medicare Supplement Plan.

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

Application details

Submitted on

September 16, 2025

Confirmation number

M88168641393472G

Please do not reply to this message

## 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



1

Print    English    Contact us    Sales Trainer

Dashboard

Plans

Search

New profile

---

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

0 plans available in [for 2026](#)

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions. Provider information contained in this directory is subject to change without notice. Information in a carrier's network.

2

Enter ZIP code

Please enter your ZIP code to see plans.

\* ZIP code

Cancel

Shop for plans

3

## 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.

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



Shopping Cart

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

24 plans available in [90002](#) for [2026](#)

for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2026

☒ Add non-commissionable plans

Medicare Advantage Prescription Drug Plans  
5 plans

Medicare Supplement Plans  
13 plans

Prescription Plans  
2 plans

Dental  
4 plans

Select Plan Year

Select the year you want coverage for

Plan Year

20252026

Cancel

Continue

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

⚠ Edit your answers

Filters

Sort: Plan Premium (Low to High)

Optional Supplemental Dental HMO plan (MAPD ONLY)

Deductible

\$0

Benefit Maximum

\$0

Monthly plan premium

\$16

View plan details

Add to cart

[View more info](#)

Dental PPO 1000 (Medicare Supplement Only)

Deductible

\$75

Benefit Maximum

\$1,000

Monthly plan premium

\$39.20

View plan details

Add to cart

[View more info](#)

Optional Supplemental Dental PPO plan (MAPD ONLY)

Deductible

\$50

Benefit Maximum

\$1,500

Monthly plan premium

\$47

View plan details

Add to cart

[View more info](#)

Dental PPO 1500 (Medicare Supplement Only)

Deductible

\$50

Benefit Maximum

\$1,500

Monthly plan premium

\$58.80

View plan details

Add to cart

[View more info](#)

Plans

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

4. Select the year you want coverage for.

5. Click the **Dental Plans** tab to view plans.

6. Click **Add to cart** to add the plan.

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

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# Shopping Cart

[Back to plans](#)

## Cart

### Dental

Optional Supplemental Dental HMO plan (MAPD ONLY)  
Requested start date: January 1, 2026

[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](#)

### 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**.



Shopping Cart

8

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 :\*

mm/dd/yyyy

Sex:\*

Male

Female

Phone number:\*

Phone type:\*

Landline

Mobile

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\*

Los Angeles

State\*

CA

ZIP Code\*

90002

Edit

Is your Mailing address different from your permanent address?

Yes

No

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

1

Contact Info

2

Benefit Info

3

Agent Info

4

Review & Submit

Shopping cart	
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

9

1

Contact Info

2

Benefit Info

3

Agent Info

4

Review & Submit

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

•

Get a monthly bill

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

\* 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

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

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

Note:

Images are for reference and may not show all fields.

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



# Shopping Cart

10

10

✓

Contact Info

✓

Benefit Info

3

Agent Info

4

Review & Submit

10

Producer/writing agent information

Fields marked with an asterisk (\*) are required

Appointed agency name:

BSCA\_Test

Appointed agency's Tax ID:

\*Producer/writing agent's name\*

Producer/writing agent's individual NPN

123456789

Producer/writing agent's phone number:

Producer/writing agent's email address:

Date application received by producer/writing agent :

mm/dd/yyyy

\*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

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.

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

Paying your plan premiums:

Producer/writing agent information

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

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.

Email

Print

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.

Application details

Member name  
Bob Smith

Member address  
123 Main St Los Angeles, CA 90002

Submitted on  
September 16, 2025

Confirmation number  
D78273317472217

View application

12

Dental

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.
- 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 acknowledgement, 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.

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 2026 member effectives will occur in February 2026.

### 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	11/4/25	1/1/26	MAPD	Broker A		
	12/6/25	1/1/26	DSNP	Broker A	Y	
Scenario 2	11/4/25	1/1/26	DSNP	Broker A		
	12/6/25	1/1/26	MAPD	Broker A	N	No HRA payment
Scenario 3	11/4/25	1/1/26	DSNP	Broker A	Y	This broker will be paid both the HRA incentive and the commission
	12/6/25	1/1/26	DSNP	Broker A	N	No duplicate payment due to the same plan type
Scenario 4	11/4/25	1/1/26	DSNP	Broker A	Y	This broker will be paid both the HRA incentive and the commission
	12/6/25	1/1/26	DSNP	Broker B	N	No duplicate payment due to the same plan type
Scenario 5	12/7/25	1/1/26	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 needs to be recouped
	3/1/26	4/1/26	DSNP	Broker B		

## 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 1/1/2026 effective date.
  - Scenario 4** - The beneficiary is enrolled in the DSNP plan effective 1/1/2026 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 1/1/2026 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



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

[✉ 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 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.

**Application details**

**Member name**  
bob smith

**Member address**  
950 1/2 E 105th St Los Angeles, CA 90002

**Submitted on**  
September 16, 2025

**Confirmation number**  
A92821833617253M

[📄 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.

The HRA may also be accessed in the enrollment history for this beneficiary and will only be available for a limited time.

⚠ 90 day(s) left to complete HRA

[Complete Health Risk Assessment](#)

1

**Blue Shield of California**  
6300 Canoga Avenue Woodland Hills, CA 91367  
8am-8pm, seven days a week  
(800) 452-4413  
<https://www.blueshieldca.com/medicare>

At the time of Enrollment

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

- Click the button to open the form.



# HRA Form



2

## 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.

• Indicates Required Fields

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

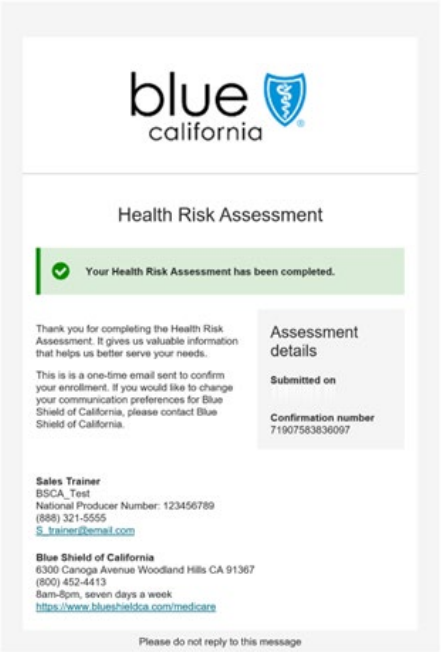
## Confirmation



**Your Health Risk Assessment has been completed.**  
Confirmation A92821833617253M

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

[View Health Risk Assessment](#)



## 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.



# Search Profiles & Enrollments

Searching for a beneficiary

[View Section](#)



# Search



Print    English    Contact us    Sales Trainer

Dashboard    Plans    **Search**    New profile    ---

## Search beneficiaries

Don't want to search for an individual beneficiary? [View entire book of business](#)

1

First name

Last name

Date of birth

Phone number

Email address

Confirmation number

MBI

☐ Include archived profiles

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

## 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.

### Search results

Download results

Sort

Last name

<a href="#">bob smith</a> 1230 1/2 E 99th St Los Angeles , CA 90002	bsmith@email.com (555) 555-5555	● Applicant	Updated 10/10/2024
<a href="#">bob smith</a> 1230 1/2 E 99th St Los Angeles , CA 90002	bsmith@email.com (555) 555-5555	● Applicant	Updated 10/10/2024
<a href="#">Bob Smith</a> Los Angeles CA 90002	bsmith@email.com	● Registrant	Updated 09/16/2025
<a href="#">Bob Smith</a> 123 Main St Los Angeles , CA 90002	bsmith@email.com (909) 555-1212	● Applicant	Updated 09/16/2025

or [search again](#)



View Profile

Personal information

\* ZIP code

90002

County  
Los Angeles, CA

Licensed to sell 1 Medicare organizations with 7 plans for [2026](#)

\* First name

Bob

\* Last name

Smith

Date of birth

MM/DD/YYYY

Email address

bsmith@email.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?

Yes

No

Save

Active profile

[Archive profile](#)

Copy link to beneficiary's account

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

MBI

Show

Hospital (Part A) effective date

October

2010

Medical (Part B) effective date

October

2010

[Add/edit subsidy](#)

Quote history

Quote sent 09/16/2025 9:36 am PST to bsmith@email.com

Medicare Supplement Plan A

Medicare Supplement Plan N

Medicare Supplement Plan G

Plan type MEDIGAP

Requested effective date: 01/01/2026

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

Sales Trainer

BSC\_Test\_Sales\_trainer\_2024

Profile


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

4. Click on the quote or application to view.

4



View Profile



PrintEnglishContact usSales Trainer

DashboardPlansSearchNew profileBob

Profile

Profile

Scope of Appointment

Add Preferences

Plans

Cart

Active profile

Copy link to beneficiary's account

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

Personal information

\* ZIP code

90002

County

Los Angeles, CA

Licensed to sell 1 Medicare organizations with 7 plans for 2026

\* First name

Bob

\* Last name

Smith

Date of birth

MM/DD/YYYY

Email address

bsmith@email.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?

Yes

No

Save

Profile

5. 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.



Resources

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

Contact Us

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



Print    English ▼    Contact us    Sales Trainer ▼

Dashboard    Plans    Search    New profile    ---

Contact us

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

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

Close