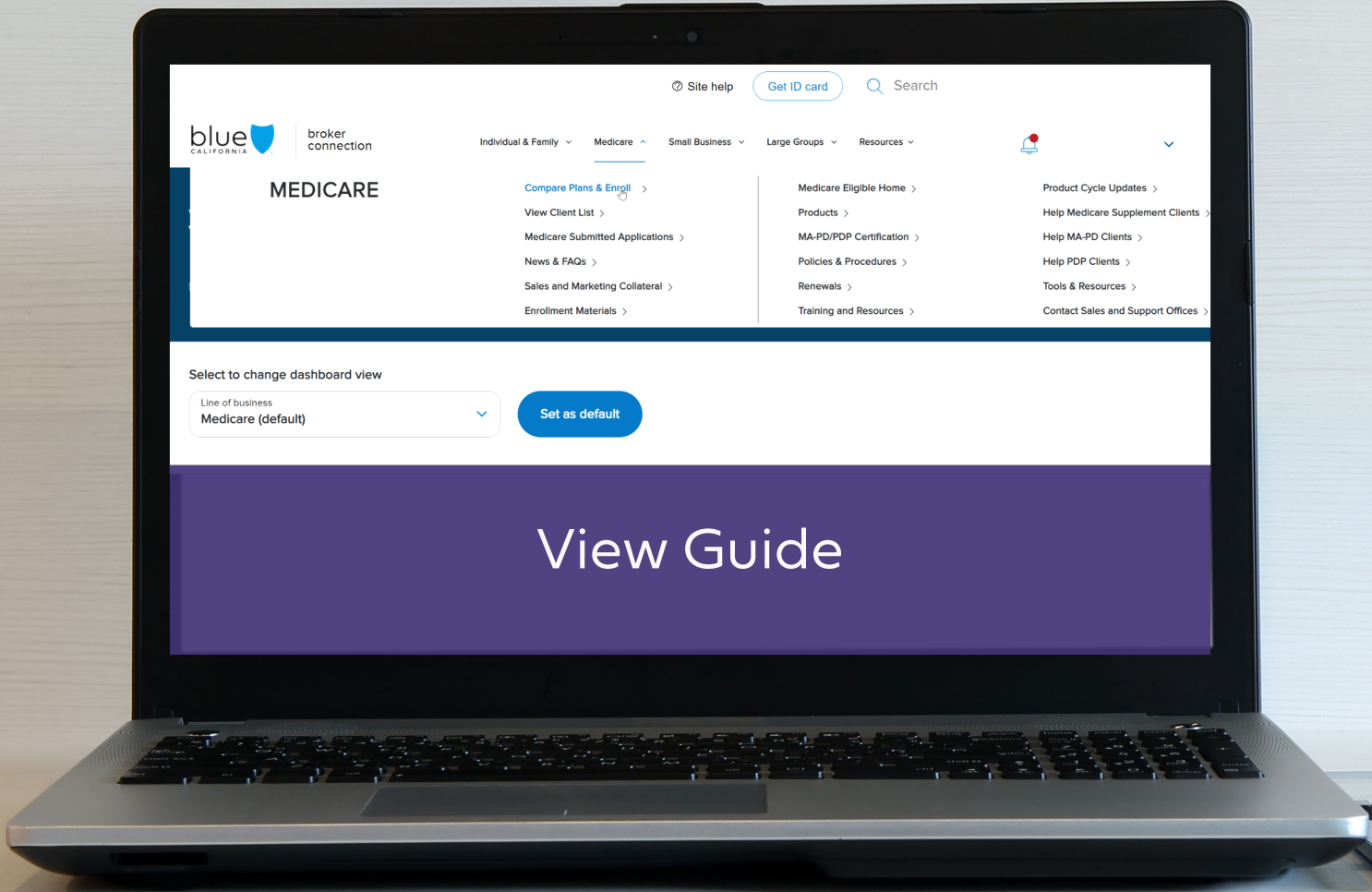


Blue Shield Medicare Enrollment Site

Reference Guide



Y0118_26_401A_MAR_C 10022026
H2819_26_401A_MAR_C 10022026

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

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 2027

1. Passphrase creation in beneficiary profiles.

- Agents/brokers can now create a passphrase directly within the beneficiary profile. The process has been simplified from the previous multi-step approach. Members can use the assigned passphrase to access their quote or enrollment experience. The password email process that previously involved brokers was removed, and agents now communicate the passphrase directly to the member.

2. New quote drawer UI.

- Quotes now open in a side drawer (slider window) instead of the previous experience.

3. Multi-line-of-business quoting.

- Users can now quote multiple lines of business within a single quote. Previously, quoting was limited to one product category at a time (such as MAPD, PDP, or Medicare Supplement). The new capability allows combinations such as MAPD plus PDP within the same quote experience.

4. Commissionable/non-commissionable plan indicators.

- New indicators identify whether plans are commissionable or non-commissionable.

Enrollment Begins

This year Medicare Enrollment Site for Medicare Annual Enrollment Period begins on October 15, 2026.

What's New for 2027 continued

- 5. Ability to limit member view to quoted plans.
 - Brokers can limit a quote to only the plans they selected. Members using the quote will only see the quoted plans rather than browsing all available plans.
- 6. Streamlined Send to Beneficiary enrollment flow.
 - After identity validation, members are taken directly to the enrollment form.
- 7. New Send to Beneficiary support for dental products*.
 - Consumers will be able to enroll through a self-service experience rather than relying solely on brokers. Applies to both MAPD-related dental and Medicare Supplement-related dental offerings.

* Pending release in late October.

Enrollment Begins

This year Medicare Enrollment Site for Medicare Annual Enrollment Period begins on October 15, 2026.



Broker

Login

[View Section](#)



Broker Connection

For members For providers For employers  **Log In/Register**

Individual & Family Plans Medicare Small business Large groups Resources



2027 Medicare Broker Certification is available July 15, 2026. Submit your AHIP or NABIP transcript to Blue Shield before attempting the exam [Learn more](#)

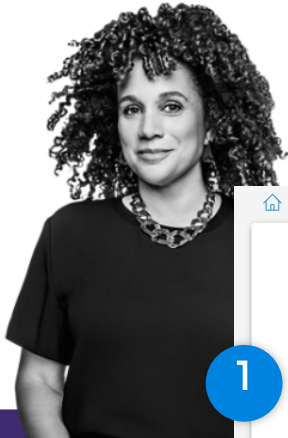


WELCOME TO

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



1

2

Welcome to Broker Connection

Log in



Username



Password

Show

☐ Remember my username

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

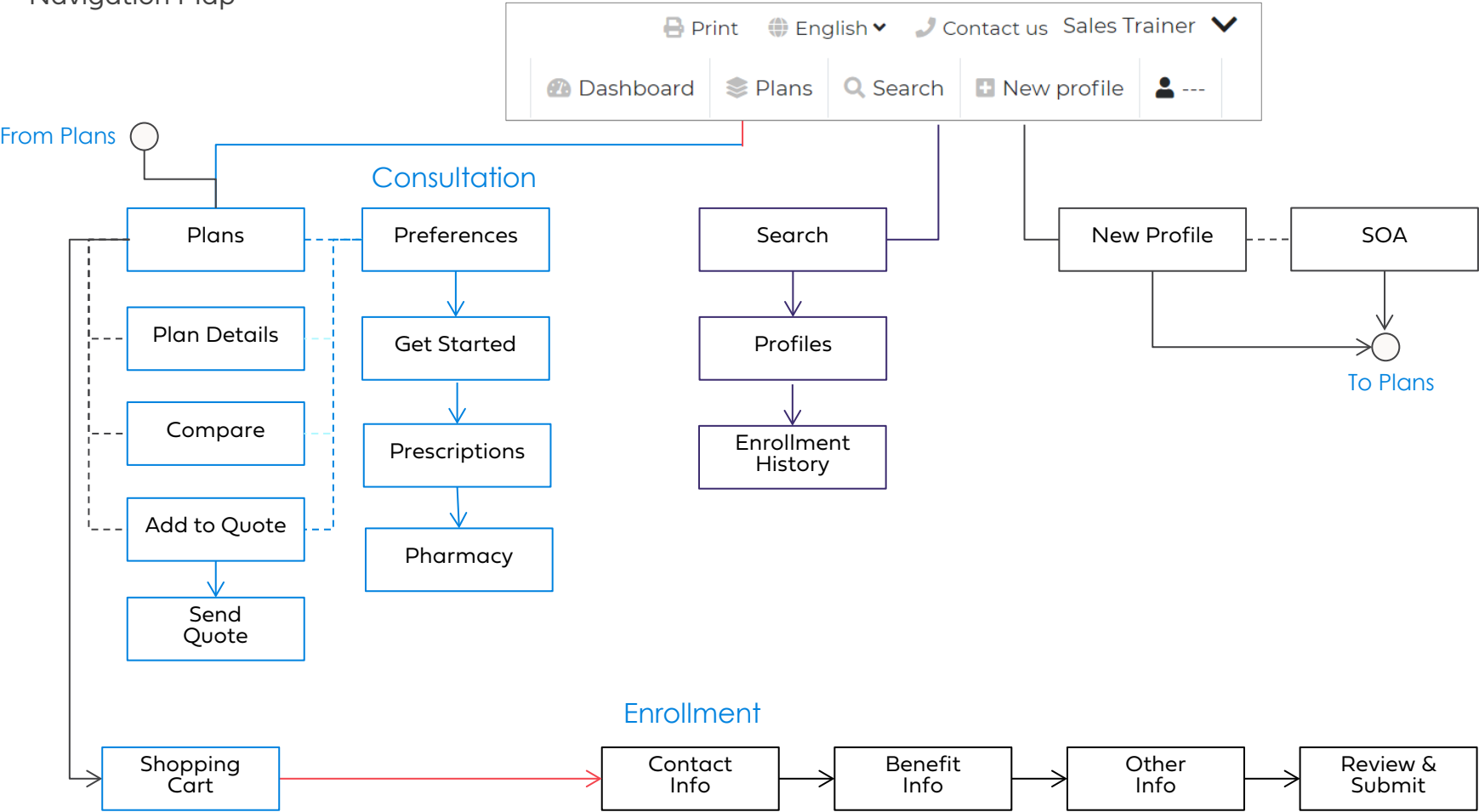
3. Click the **Compare Plans & Enroll** link.

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

PrintEnglishContact usSales Trainer

DashboardPlansSearch

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

My shopping link

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

Copy 2027 link

Copy 2026 link



My picture

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

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



Upload

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 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

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

Account information

Site Navigation

blueCALIFORNIA

Find your Medicare plan

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

* ZIP code

Show plans

AgentSales Trainer

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

PrintEnglishContact us

CartLogin

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.

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BLUE SHIELD OF CALIFORNIA

Start a New Consultation

[View Section](#)

Add Client



 Print
 English ▼
 Contact us
 Sales Trainer ▼

Dashboard

 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

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

Licensed to sell 1 Medicare organizations with 9 plans for 2027

* 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

Other Information

Hospital (Part A) effective date

Month Year

Medical (Part B) effective date

Month Year

Sales information

Is the sales contact different from the beneficiary?

Yes No

Save

3

Security Information

Provide a passphrase to your beneficiary for an additional verification method. (Note: Passphrase is available for beneficiaries use with PY2027 Quotes and Send to Beneficiary transactions.)

Passphrase

Show

Copy

Include at least 1 capital letter, 8 characters and 1 number

Save

2

Active profile

Archive profile

Copy link to beneficiary account

Copy the personalized link to direct your beneficiary to their account.

Copy 2027 link

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

4

Eligibility

MBI

Show

Add/edit subsidy

5

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

- Begin by entering the beneficiary information sections and Click **Save**.
- Add Notes or Tasks to the profile.
- Provide a passphrase to your beneficiary for an additional verification method. (Note: Passphrase is available for beneficiaries use with 2027 Quotes and Send to Beneficiary transactions.)
- Enter the MBI number in the Eligibility Field and add or edit any subsidies.
- Click **SOA** to move to the Scope of Appointment screen.

NOTE:
Fields with an asterisk are required.

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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

Phone number

(888) 321-5555

Text SOA

[Previous](#)

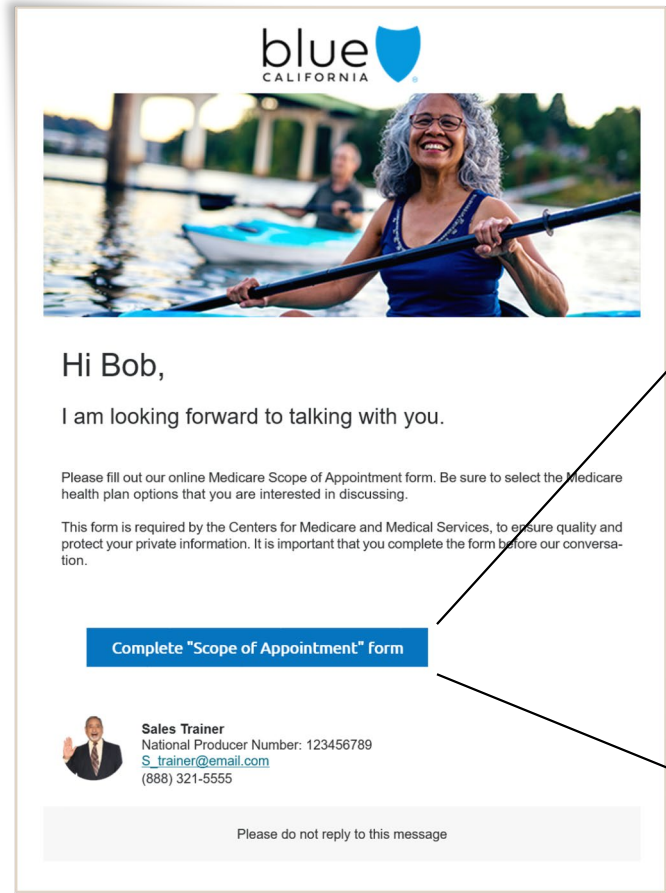
Enter infoContinue to plans

SOA - Email

- Electronically capture & store Scope of Appointment (SOA) confirmation.
6. Complete the Email or Text option to send the SOA to yourself or the beneficiary.
7. Click **Continue** to plans.

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

Prospect SOA Email



blue CALIFORNIA

English Agent Sales Trainer

Scope of Sales Appointment Confirmation Form

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

Fields marked with an asterisk (*) are required.

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

- ☐ Stand-alone Medicare Prescription Drug Plans (Part D)
- ☐ Medicare Advantage Plans (Part C) and Cost Plans
- ☐ 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 *	Beneficiary's Last Name *	
Bob	Smith	
Address (Line 1) *	Address (Line 2)	
Type address to see suggestions		
City *	State *	Zip Code *
Los Angeles	Select...	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.

Start Consultation

8

Add providers

Add pharmacies

Add prescriptions

SubsidyView

Add current plan

Personalize benefits

19 plans available in 90002 for 2027

for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 9 plans for 2027

Add non-commissionable plans

Medicare Advantage Prescription Drug Plans7 plans

Medicare Supplement Plans6 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 2027

Blue Shield Medicare + Medi-Cal Plan (HMO D-SNP)

★★★★☆ Medicare Star Rating

Plan ID: H2819-001-000 DSNP plan

Medical Deductible\$0

Medical out of pocket maximum\$9,850

ProvidersAdd

PrescriptionsAdd

PharmacyAdd

Est. drug costAdd

Highlights✔ Dental (Included With Plan)✔ Vision (Included With Plan)✔ Hearing (Included With Plan)

Add to compare

Monthly plan premium\$0

Total est. annual cost\$0

View plan detailsAdd to cart

Add to quote

W60✔✔View more info

Non-commissionable

Blue Shield Value Advantage Plan (HMO)

★★★★☆ Medicare Star Rating

Plan ID: H0504-056-000

Medical Deductible\$0

Medical out of pocket maximum\$199

ProvidersAdd

PrescriptionsAdd

PharmacyAdd

Est. drug costAdd

Highlights✔ Dental (Included With Plan)✔ Vision (Included With Plan)✔ Hearing (Included With Plan)

Add to compare

Monthly plan premium\$0

Total est. annual cost\$0

View plan detailsAdd to cart

Add to quote

W60✔✔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.

8. 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.

9. 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.
10. 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

11

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

12

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.

- 11. Enter the zip code and pharmacy name, then click the search icon.
- 12. 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.

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

NOTE: This step is optional.

13

Prescriptions

Add prescriptions

Add your prescriptions to see how each plan provides coverage.

Search for a prescription

lip

Lipitor
Lipofen
Nutrilipid
paliperidone er
Qulipta
Reclipsen
saxagliptin hydrochloride
saxagliptin hydrochloride/metformin hydrochloride er

Close

14

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

15

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

16

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.

16. 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

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.

17. 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 added
View

Pharmacy
2 added
View

Prescriptions
1 added
View

Subsidy
Added
View

Add current plan

Personalize benefits

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.

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

2026

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

Add Current Plan

Compare the beneficiary’s existing plan with the 2027 Blue Shield plan options.

If the beneficiary already has a Blue Shield plan, you can compare their previous plan to the 2027 options.

18. 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.

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BLUE SHIELD OF CALIFORNIA

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 Dental

x

Supplemental Vision

x

Supplemental Hearing

x

Close

Update 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

19

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.

19. 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

Filters

Sort:
Plan Name (A-Z)

Effective January 2027

Current plan for 2026

Hide

Blue Shield 65 Plus (HMO)

★★★★☆ Medicare Star Rating

Plan ID: H0504-015-000

Medical Deductible

\$0

Medical out of pocket maximum

\$1,500

Providers

0 of 1 In-network

[View providers](#)

Prescriptions

1 of 1 on formulary

[View prescriptions](#)

Pharmacy

CVS Pharmacy #08853

Preferred In-network

Est. drug cost

\$0

Highlights

✓ Dental (Included With Plan) ✓ Vision (Included With Plan) ✓ Hearing (Included With Plan) ✓ Hearing Aids (All Types)

Add to compare

Monthly plan premium

\$0

Total est. annual cost

\$0

View plan details

Edit current plan

6d

[View more info](#)

Blue Shield 65 Plus (HMO)

★★★★☆ Medicare Star Rating

Plan ID: H0504-015-000

Medical Deductible

\$0

Medical out of pocket maximum

\$1,250

Providers

No provider data for this carrier at this time

Prescriptions

0 of 1 on formulary

[View prescriptions](#)

Pharmacy

CVS Pharmacy #08853

Out of network

Est. drug cost

\$1,274

Highlights

✓ Dental (Included With Plan) ✓ Vision (Included With Plan) ✓ Hearing (Included With Plan) ✓ Hearing Aids (All Types)

Add to compare

Monthly plan premium

\$0

Total est. annual cost

\$1,274

View plan details

Add to cart

Add to quote

6d

[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

\$1,850

Providers

No provider data for this carrier at this time

Prescriptions

0 of 1 on formulary

[View prescriptions](#)

Pharmacy

CVS Pharmacy #08853

Out of network

Est. drug cost

\$1,274

Highlights

✓ Dental (Included With Plan) ✓ Vision (Included With Plan) ✓ Hearing (Included With Plan) ✓ Hearing Aids (All Types)

Add to compare

Monthly plan premium

\$0

Total est. annual cost

\$1,274

View plan details

Add to cart

Add to quote

6d

[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

Providers
1 added
View

Pharmacy
1 added
View

Prescriptions
1 added
View

Subsidy
Added
View

Current plan
1 added (Medicare)
View

Personalized benefits
Updated (Medical)
View

20
20 plans available in [90002](#) for [2027](#)
for Los Angeles County, CA
Licensed to sell 1 Medicare organizations with 9 plans for 2027
Add non-commissionable plans

21
Select Plan Year
Select the year you want coverage for
Plan Year
2026 2027
Cancel Continue

22
Medicare Advantage Prescription Drug Plans
8 plans
Medicare Supplement Plans
6 plans
Prescription Drug Plans
2 plans
Dental
4 plans

23
Sort:
Plan Name (A-Z)
Effective Jan

Filters
Special Needs Plans (SNP)
Hide all Special Needs Plans (SNP)
Medicare and Medicaid
Medical out of pocket maximum
under \$1999
\$2000-\$5999
\$6000 and over
Add-on coverage
Dental
Personalized benefits
Dental (Included with plan)
Hearing (Included with plan)
Hearing Aids (all types)
Vision (Included with plan)
Medicare Star Rating
5 stars
4 stars
3 stars
Apply

Current plan for 2026
Blue Shield 65 Plus (HMO)
★★★★☆ Medicare Star Rating
Plan ID: H0504-015-000
Medical Deductible \$0
Medical out of pocket maximum \$1,500
Providers 0 of 1 In-network
View providers
Prescriptions 1 of 1 on formulary
View prescriptions
Pharmacy CVS Pharmacy #08853
Preferred In-network
Est. drug cost \$0
Highlights
Dental (Included With Plan)
Vision (Included With Plan)
Hearing (Included With Plan)
Hearing Aids (All Types)
Monthly plan premium \$0
Total est. annual cost \$0
Add to compare
View plan details
Edit current plan
View more info

Blue Shield 65 Plus (HMO)
★★★★☆ Medicare Star Rating
Plan ID: H0504-015-000
Medical Deductible \$0
Medical out of pocket maximum \$1,250
Providers No provider data for this carrier at this time
View prescriptions
Prescriptions 0 of 1 on formulary
View prescriptions
Pharmacy CVS Pharmacy #08853
Out of network
Est. drug cost \$1,274
Highlights
Dental (Included With Plan)
Vision (Included With Plan)
Hearing (Included With Plan)
Hearing Aids (All Types)
Monthly plan premium \$0
Total est. annual cost \$1,274
Add to compare
View plan details
Add to cart
Add to quote
View more info

Plans

20. Plans available for the beneficiary's zip code will be displayed.
21. Choose the plan year for which you want coverage.
22. Click the tab to view plans categorized by type.
23. You can sort the plans by:
 - 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.

Start Consultation

Effective January 2027

Current plan for 2026

Hide

Blue Shield 65 Plus (HMO)

★★★★☆
Medicare Star Rating

Plan ID: H0504-015-000

Medical Deductible

\$0

Medical out of pocket maximum

\$1,500

Providers

0 of 1 In-network

[View providers](#)

Prescriptions

1 of 1 on formulary

[View prescriptions](#)

Pharmacy

CVS Pharmacy #08853

Preferred In-network

Est. drug cost

\$0

Highlights

✓ Dental (Included With Plan) ✓ Vision (Included With Plan) ✓ Hearing (Included With Plan)

Compare now

Monthly plan premium

\$0

Total est. annual cost

\$0

View plan details

Edit current plan

View more info

Summary of Benefits

View a PDF summary of this plan's benefits.

Blue Shield 65 Plus (HMO)

★★★★☆
Medicare Star Rating

Plan ID: H0504-015-000

Medical Deductible

\$0

Medical out of pocket maximum

\$1,250

Providers

No provider data for this carrier at this time

Prescriptions

0 of 1 on formulary

[View prescriptions](#)

Pharmacy

CVS Pharmacy #08853

Out of network

Est. drug cost

\$1,274

Compare now

Monthly plan premium

\$0

Total est. annual cost

\$1,274

View plan details

Add to cart

Add to quote

View more info

Clear all

Medicare Advantage Prescription Drug Plan

Monthly plan premium

blue CALIFORNIA

\$0

x

[Blue Shield 65 Plus \(HMO\)](#)

blue CALIFORNIA

\$0

x

[Blue Shield 65 Plus Plan 2 \(HMO\)](#)

blue CALIFORNIA

\$0

x

[Blue Shield Advantage \(HMO\)](#)

Quote plans

Compare Plans

From this page, you can:

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

Choose up to three plans to compare side by side.

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 Consultatic

27

☒ Show plan differences

Send quote

Effective [January 2027](#)

Blue Shield Advantage (HMO)

★★★★☆ Medicare Star Rating

Monthly plan premium \$0.00

View plan details

Add to cart

Blue Shield Inspire (HMO)

★★★★☆ Medicare Star Rating

Monthly plan premium \$0.00

View plan details

Add to cart

Blue Shield Value Advantage Plan (HMO)

★★★★☆ Medicare Star Rating

Monthly plan premium \$0.00

View plan details

Add to cart

Costs

Est. drug cost Based on 0 drugs Add/edit	\$0 annually	\$0 annually	\$0 annually
Total est. annual cost shown is based on the cost of the drug without plan benefits applied. (Effective Jan 2027)	\$0 annually	\$0 annually	\$0 annually

Benefits

Medical coverage ⓘ			
Medical Deductible ⓘ	\$0.00	\$0.00	\$0.00
Medical out of pocket maximum ⓘ	\$299.00	\$499.00	\$199.00
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 Primary Care Provider (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, \$75 copay per day for days 21-100.	In-Network: \$0 copay per day for days 1-20, \$75 copay per day for days 21-100.	In-Network: \$0 copay per day for days 1-20, \$75 copay per day for days 21-100.
Home Health Care ⓘ	\$0 copay for each covered home health visit	\$0 copay for each covered home health visit	\$0 copay for each covered home health visit
Outpatient Mental Health Care ⓘ	In-Network: \$30 copay per individual session.	In-Network: \$30 copay per individual session.	In-Network: \$30 copay per individual session.
Emergency Room ⓘ	In-Network: \$150 copay per visit	In-Network: \$150 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.
Prescription drug coverage ⓘ			

Clear all

Medicare Advantage Prescription Drug Plan

Monthly plan premium

blue CALIFORNIA \$0 x

Blue Shield Value Advantage Plan (HMO)

blue CALIFORNIA \$0 x

Blue Shield Advantage (HMO)

blue CALIFORNIA \$0 x

Blue Shield Inspire (HMO)

Quote plans

Compare 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

27. Click **Quote Plans** button.

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

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 providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

0 plans available in [CA](#) for [2027](#)

☐ Add non-commissionable plans

Medicare Advantage Prescription Drug Plans
0 plans

Medicare Supplement Plans
0 plans

Prescription Drug Plans
0 plans

Dental
0 plans

2

Enter ZIP code

Please enter your ZIP code to see plans.

* ZIP code

3

Shop for plans

Cancel

Print

English

Contact us

Plans

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

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

NOTE: This section is optional.

Quick Quote

Providers
1 added
View

Pharmacy
1 added
View

Prescriptions
1 added
View

Subsidy
Added
View

Current plan
1 added (Medicare)
View

Personalized benefits
Updated (Medical)
View

20 plans available in [90002](#) for [2027](#)
for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 9 plans for 2027
Add non-commissionable plans

Medicare Advantage Prescription Drug Plans
8 plans

Medicare Supplement Plans
6 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.

Filters

Sort:
Plan Name (A-Z)

Effective January 2027

Special Needs Plans (SNP)
Hide all Special Needs Plans (SNP)
Medicare and Medicaid
Medical out of pocket maximum
under \$1999
\$2000-\$5999
\$6000 and over
Add-on coverage
Dental
Personalized benefits
Dental (Included with plan)
Hearing (Included with plan)
Hearing Aids (all types)
Vision (Included with plan)
Medicare Star Rating
5 stars
4 stars
3 stars

Clear all

Apply

Current plan for 2026
Hide

Blue Shield 65 Plus (HMO)
★★★★☆ Medicare Star Rating
Plan ID: H0504-015-000
Medical Deductible \$0
Medical out of pocket maximum \$1,500
Providers 0 of 1 In-network
View providers
Prescriptions 1 of 1 on formulary
View prescriptions
Pharmacy CVS Pharmacy #08853
Preferred In-network
Est. drug cost \$0
Highlights
Dental (Included With Plan)
Vision (Included With Plan)
Hearing (Included With Plan)
Hearing Aids (All Types)

Add to compare

Monthly plan premium \$0
Total est. annual cost \$0
View plan details
Edit current plan
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 \$1,250
Providers No provider data for this carrier at this time
View prescriptions
Prescriptions 0 of 1 on formulary
View prescriptions
Pharmacy CVS Pharmacy #08853
Out of network
Est. drug cost \$1,274
Highlights
Dental (Included With Plan)
Vision (Included With Plan)
Hearing (Included With Plan)
Hearing Aids (All Types)

Add to compare

Monthly plan premium \$0
Total est. annual cost \$1,274
View plan details
Add to cart
Add to quote
View more info

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.

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 providersAdd pharmaciesAdd prescriptionsAdd subsidyAdd current planPersonalize benefits

Blue Shield Advantage (HMO)
★★★★☆ Medicare Star Rating Plan ID: H0504-054-000

Medical Deductible
\$0

Medical out of pocket maximum
\$299

Providers
Add

Prescriptions
Add

Pharmacy
Add

Est. drug cost
Add

Highlights
Dental (Included With Plan) Vision (Included With Plan) Hearing (Included With Plan)

Add to compare

Monthly plan premium
\$0

Total est. annual cost
\$0

View plan details

Add to cart

Remove from quote

View more info

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

Medical Deductible
\$0

Medical out of pocket maximum
\$499

Providers
Add

Prescriptions
Add

Pharmacy
Add

Est. drug cost
Add

Highlights
Dental (Included With Plan) Vision (Included With Plan) Hearing (Included With Plan)

Add to compare

Monthly plan premium
\$0

Total est. annual cost
\$0

View plan details

Add to cart

Remove from 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
\$1,250

Providers
Add

Prescriptions
Add

Pharmacy
Add

Est. drug cost
Add

Highlights
Dental (Included With Plan) Vision (Included With Plan) Hearing (Included With Plan)

Add to compare

Monthly plan premium
\$0

Total est. annual cost
\$0

View plan details

Add to cart

Remove from quote

View more info

Clear all

Medicare Advantage Prescription Drug Plan
Monthly plan premium

blue shield
CALIFORNIA
\$0 x
Blue Shield Advantage (HMO)

blue shield
CALIFORNIA
\$0 x
Blue Shield Inspire (HMO)

blue shield
CALIFORNIA
\$0 x
Blue Shield 65 Plus (HMO)

Quote plans

7

Plans

The plans that you selected are shown at the top.

7. Click **Quote Plans** 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

Blue Shield Advantage (HMO) 
★★★★☆ Medicare Star Rating Plan ID: H0504-054-000
Medical Deductible \$0 Medical out of pocket maximum \$299
Providers [+ Add](#) Prescriptions [+ Add](#)
Est. drug cost [+ Add](#)
Highlights ☒ Dental (Included With Plan) ☒ Vision (Included With Plan)

Blue Shield Inspire (HMO) 
★★★★☆ Medicare Star Rating Plan ID: H0504-043-000
Medical Deductible \$0 Medical out of pocket maximum \$499
Providers [+ Add](#) Prescriptions [+ Add](#)
Est. drug cost [+ Add](#)
Highlights ☒ Dental (Included With Plan) ☒ Vision (Included With Plan)

Blue Shield 65 Plus (HMO) 
★★★★☆ Medicare Star Rating Plan ID: H0504-015-000
Medical Deductible \$0 Medical out of pocket maximum \$1,250
Providers [+ Add](#) Prescriptions [+ Add](#)
Est. drug cost [+ Add](#)
Highlights ☒ Dental (Included With Plan) ☒ Vision (Included With Plan)

Send quote

Name of quote:

* First name

* Last name

* How would the beneficiary like to receive the quote information?

☐ Email

Email address

☐ Text

Primary phone number

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.

Personalization
☒ Limit quote view to these selected plans

Plan(s) included
Medicare Advantage Prescription Drug Plan
Blue Shield Advantage (HMO)
Blue Shield Inspire (HMO)
Blue Shield 65 Plus (HMO)

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
09/17/2025 
* 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.

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.

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



[English](#) [Contact us](#) [Sales Trainer](#)

[Dashboard](#) [Plans](#) [Search](#) [New profile](#) [Sales](#)

Profile

Personal information

*** ZIP code**

90002

County
Los Angeles, CA

Licensed to sell 1 Medicare organizations with 9 plans for 2027

*** First name**

Sales

*** Last name**

Training

Date of birth

MM/DD/YYYY

Email address

vincent.vigliotti@blueshieldca.c

Primary phone number

Mobile phone number

☐ Same as primary

Home address

Address 1

Address 2

City

Los Angeles

State

CA

Other Information

Hospital (Part A) effective date

Month Year

Medical (Part B) effective date

Month Year

Sales information

Is the sales contact different from the beneficiary?

Yes

No

Save

Active profile

[Archive profile](#)

Agent of record

 Sales Trainer

Copy link to beneficiary account

Copy the personalized link to direct your beneficiary to their account.

Copy 2027 link

SOA

You have no SOAs for this profile

Check for duplicate profiles

Check if there are any duplicate profiles for this beneficiary.

Check for duplicate profiles

Notes

You have no notes for this profile

Add note

Tasks

Quote history

Sales Training

Quote sent 09/10/2026 6:01 pm PST to vincent.vigliotti@blueshieldca.com

Medicare Advantage Prescription Drug Plan 2027

Blue Shield Advantage (HMO)
Blue Shield Inspire (HMO)
Blue Shield 65 Plus (HMO)

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

Enrollment History

You have no enrollments for this beneficiary

Quote History

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

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

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

NOTE: This section is optional.

Medicare Supplement Plans

[View Section](#)

Quick Quote



1

Print English Contact us Sales Trainer

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

Add providers Add pharmacies Add prescriptions Add subsidy Add current plan Personalize benefits

0 plans available in [CA](#) for [2027](#)
☐ Add non-commissionable plans

Medicare Advantage Prescription Drug Plans
0 plans

Medicare Supplement Plans
0 plans

Prescription Drug Plans
0 plans

Dental
0 plans

There are no plans available for your ZIP code. [Search again.](#)

2

Enter ZIP code

Please enter your ZIP code to see plans.

* ZIP code

Cancel **Shop for plans**

3

Print English Contact us

[Home](#) [Privacy policy](#) [Terms of use](#)

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

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

16 plans available in [90002](#) for [2027](#)

for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 9 plans for 2027

☒ Add non-commissionable plans

Medicare Advantage Prescription Drug Plans
7 plans

Medicare Supplement Plans
3 plans

Prescription Drug Plans
2 plans

Dental
4 plans

4

Select Plan Year

Select the year you want coverage for

Plan Year

20262027

CancelContinue

5

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.

You live in a state that allows you to change your existing Medicare Supplement plan.

The State of California allows current Medicare Supplement policyholders to change their plan. There is a 60-day open enrollment period that begins on the first day of your birthday. You may change carriers, but you must enroll in a plan that is considered to be of equal or lesser benefits to be considered Guaranteed Issue.

6

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

FiltersPlan G XPlan G Innovative X

Sort:Plan Name (A-Z)

Medicare Supplement Plan G
Attained Age

Add to compare

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

View plan details

[View more info](#)

Medicare Supplement Plan G Extra
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.

BLUE SHIELD OF CALIFORNIA

Quick Quote

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

Licensed to sell 1 Medicare organizations with 9 plans for 2027

☒ Add non-commissionable plans

Medicare Advantage Prescription Drug Plans

7 plans

Medicare Supplement Plans

3 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

* Hospital (Part A) effective date

Month

Year

* Medical (Part B) effective date

Month

Year

Continue to plans

Medicare Supplement Information

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

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

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

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 providersAdd pharmaciesAdd prescriptionsAdd subsidyAdd current planPersonalize benefits

Medicare Advantage Prescription Drug Plans7 plans

Medicare Supplement Plans3 plans

Prescription Drug Plans2 plans

Dental4 plans

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

You live in a state that allows you to change your existing Medicare Supplement plan.

The State of California allows current Medicare Supplement policyholders to change their plan. There is a 60-day open enrollment period that begins on the first day of your birthday. You may change carriers, but you must enroll in a plan that is considered to be of equal or lesser benefits to be considered Guaranteed Issue.

⚠️ Edit your answers

Plan GPlan G Innovative

Plan G

Plan G Innovative

Medicare Supplement Plan G

Monthly plan premium

\$387

View plan details

Add to cart

Add to quote

View more info

Medicare Supplement Plan G Extra

Monthly plan premium

\$407

View plan details

Add to cart

Remove from quote

View more info

Clear all

Medicare Supplement Plan

Monthly plan premium

blue california

\$362

×

Medicare Supplement Plan G with \$25 Welcome to Medicare Savings*

blue california

\$387

×

Medicare Supplement Plan G

blue california

\$407

×

Medicare Supplement Plan G Extra

Quote plans

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 **Quote Plans** button.

NOTE: This section is optional.

Quick Quote

Send quote

✓ We've successfully sent the quote to Sales Training
[View Sales Training's profile >](#)

Create a task to follow up with the beneficiary

Due date
09/13/2026

Create a task
Follow up on quote
[Add task](#)

Close

Send quote

Name of quote:
[Text field]

*** First name** *** Last name**
[Text field] [Text field]

*** How would the beneficiary like to receive the quote information?**

☐ Email **Email address** [Text field]

☐ Text **Primary phone number** [Text field]

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.

Personalization
☒ Limit quote view to these selected plans

Plan(s) included [Select all](#)

Medicare Supplement Plan
Medicare Supplement Plan G with \$25 Welcome to Medicare Savings*

☐ Choosing a Medigap Policy
☐ Evidence of Coverage
☐ Summary of Benefits
Medicare Supplement Plan G

Cancel **Send quote**

Send Quote

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

10. Click **Send quote** button.

You will receive a confirmation that the quote was sent.

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

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

NOTE: This section is optional.



Start New Enrollment

Annual Enrollment Period (AEP)

[View Section](#)

Shopping Cart

Providers
1 added
View

Pharmacy
1 added
View

Prescriptions
1 added
View

Subsidy
Added
View

Current plan
1 added (Medicare)
View

Personalized benefits
Updated (Medical)
View

20 plans available in 90002 for 2027 for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 9 plans for 2027
Add non-commissionable plans

Medicare Advantage Prescription Drug Plans
8 plans

Medicare Supplement Plans
6 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.

Sort:
Plan Name (A-Z)

Effective January 2027

Filters

Special Needs Plans (SNP)
Hide all Special Needs Plans (SNP)
Medicare and Medicaid

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

Add-on coverage
Dental

Personalized benefits
Dental (Included with plan)
Hearing (Included with plan)
Hearing Aids (all types)
Vision (Included with plan)

Medicare Star Rating
5 stars
4 stars
3 stars

Clear all
Apply

Current plan for 2026 Hide

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

Medical Deductible
\$0

Medical out of pocket maximum
\$1,500

Providers
0 of 1 In-network
View providers

Prescriptions
1 of 1 on formulary
View prescriptions

Pharmacy
CVS Pharmacy #08853
Preferred In-network

Est. drug cost
\$0

Highlights
Dental (Included With Plan) Vision (Included With Plan) Hearing (Included With Plan) Hearing Aids (All Types)

Add to compare

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

View plan details Edit current plan

View more info

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

Medical Deductible
\$0

Medical out of pocket maximum
\$1,250

Providers
No provider data for this carrier at this time

Prescriptions
0 of 1 on formulary
View prescriptions

Pharmacy
CVS Pharmacy #08853
Out of network

Est. drug cost
\$1,274

Highlights
Dental (Included With Plan) Vision (Included With Plan) Hearing (Included With Plan) Hearing Aids (All Types)

Add to compare

Monthly plan premium
\$0
Total est. annual cost \$1,274

View plan details Add to cart

Add to quote
View more info

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.

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



2027

Print

English

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Bob

[Back to plans](#)

Cart

Medicare Advantage Prescription Drug Plan

Blue Shield 65 Plus (HMO)

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

Monthly plan premium
\$0.00

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

Send application to beneficiary to sign and submit

Complete and submit form myself

Continue to apply

5

6

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

Total monthly plan premium \$0.00

[Previous](#)

Add to Cart

5. Select how you will complete this form:

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

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

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

2027

Print

English

Contact us

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Search

New profile

Bob

1

2

3

4

5

6

7

Acknowledgement

Contact Information

Eligibility Information

Other Information

Payment Information

Statement of Understanding

Review & Submit

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 CADT.

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.

Shopping cart

Blue Shield 65 Plus (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

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.

V078_25_522D_M Accepted 10010025 H2819_25_522D_M Accepted 10010025

Continue

2027

Print

English

Contact us

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Search

New profile

Bob

8

Contact Information

* Indicates Required Fields

Personal Information

* First Name

Bob

Middle Initial

Smith

* Last Name

Smith

* Birth Date

mm/dd/yyyy

* Sex

Male

Female

Phone and Email

* Phone Number

(810) 555-1212

Phone Number Type

Landline

Cell

Enter 10-digit phone number with no hyphen or spaces (e.g., 20555023).

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.blueshieldca.com/terms](#)

Yes

No

Email Address

4bobsmith@gmail.com

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.

Communication Preference

Preferred Communications Channel

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

Select...

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

Select...

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

Select...

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

For members enrolled in D-SAP plans, please contact D-SAP Customer Service (800) 452-4413 (TTY: 711). For Medicare Prescription Drug plans call (888) 239-6466 (TTY: 711). Our office hours are 8 a.m. to 8 p.m. PT, 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

V078_25_522D_M Accepted 10010025 H2819_25_522D_M Accepted 10010025

Previous

Continue

Contact Information

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

Step 1- Acknowledgement

7. Complete the Acknowledgement

Step 2- Contact Information

8. Continue to the Contact Information sections:

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

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

Note:

Images are for reference and may not show all fields.

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BLUE SHIELD OF CALIFORNIA

Shopping Cart

blue shield of CALIFORNIA

2027 | Print | English | Contact us | Sales Trainer | Dashboard | Plans | Search | New profile | Bob

Acknowledgement

Contact Information

Eligibility Information

Other Information

Payment Information

Statement of Understanding

Review & Submit

Eligibility Information

Medicare Information

Prescription Drug Coverage

Medicaid Enrollment

Shopping cart

Sales Trainer

Blue Shield of California

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blue shield of CALIFORNIA

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Acknowledgement

Contact Information

Eligibility Information

Other Information

Payment Information

Statement of Understanding

Review & Submit

Other Information

Employment Information

Physician Selection

Producer Information (Broker Use Only)

12

Continue

Contact Information

Step 3- Eligibility Information

10. Complete the Eligibility Information sections:

- Medicare Information
- Special Enrollment Period
- Prescription Drug Coverage

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

Step 4- Other Information

12. Complete Other Information sections:

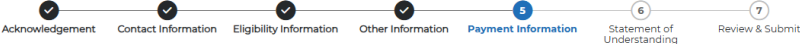
- Employment Information
- Physician Selection
- Producer Information

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

Shopping Cart

blue
CALIFORNIA

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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 <http://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. Our office hours are 8 a.m. to 8 p.m. PT, seven days a week.

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.

Y01B_25_S22D_M Accepted 10010205 H2B19_25_S22D_M Accepted 10010205

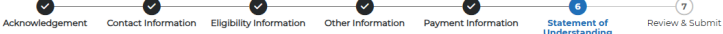
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Continue

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blue
CALIFORNIA

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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 65 Plus (HMO)
- By joining this Medicare Advantage Plan, I acknowledge that Blue Shield 65 Plus (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 65 Plus (HMO) coverage begins, I must get all of my medical and prescription drug benefits from Blue Shield 65 Plus (HMO). Benefits and services provided by Blue Shield 65 Plus (HMO) "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Shield 65 Plus (HMO) will pay for benefits or services that are not covered.

For Blue Shield Medicare + Medi-Cal Plan (HMO D-SNP) only:

This plan includes a Special Supplemental Benefit for the Chronically Ill (SSBC) called "Healthy Grocery". I understand that I must have a certain long-term illness known as a chronic condition to use this benefit. Blue Shield will find out if I am eligible for the Health Grocery benefit by using information from my doctor or by contacting my doctor for a signed statement about my chronic condition.

☐ 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

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 (PDR), improve care, and for the payment of Medicare benefits. Sections 1885 and 1860D-1 of the Social Security Act and 42 CFR 95.422.50 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.

Y01B_25_S22D_M Accepted 10010205 H2B19_25_S22D_M Accepted 10010205

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Continue

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Contact Information

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

Step 5 - Payment Information

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

Step 6- Statement of Understanding

15. 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

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2027

Print

English

Contact us

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New profile

Bob

✓

Acknowledgement

✓

Contact Information

✓

Eligibility Information

✓

Other Information

✓

Payment Information

✓

Statement of Understanding

7

Review & Submit

Acknowledgement

Contact Information

Eligibility Information

Other Information

Payment Information

Statement of Understanding

< Previous

Send to beneficiary

17

Shopping cart

Blue Shield 65 Plus (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 ...

Wood ...

Phon ...

(800) ...

Hour ...

8am ...

Send enrollment

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

* Email address

* Phone number

Cancel

Send application

Contact Information

- There is an 8-step process to completing the enrollment.
- [Step 7 - Review & Submit](#)
16. 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.
17. Click the **Send to beneficiary** button to send the application.
- 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



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. If you are ready to enroll in the plan we discussed, please click on the link below to enter a verification code and follow prompts to continue to the enrollment application.

[View application](#)



Sales Trainer
BSCA Test
National Producer Number: 123456789
S_trainer@email.com
(888) 321-5555

Please do not reply to this message

18



Access your account

Select a verification method to securely access your information

By verifying your email or mobile phone number, we can secure your account to make sure your information is kept private.

Select where to receive the code

☐ **Email address**
.....ti@.....

☐ **Mobile phone number**
.....12

Send code

This code will expire in 15 minutes.

OR

Continue with passphrase

Ask your agent for your passphrase

Already have an account?

[Login](#)

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[Print](#) [English](#) [Contact Us](#)

[< Previous](#)

Security and privacy

Blue Shield of California has sent a verification code to ti@blueshieldca.com. Please check your spam folder before requesting a new code. This email is for one time use only. If you did not initiate this request, you should contact your service provider as soon as possible.

This code will expire in 15 minutes.

Enter code

Continue

It may take a minute to receive your code. Haven't received it?
[Resend code](#)

Beneficiary Review & Submit

18. The beneficiary will receive an email or text with a link.
19. When they click the link, they are taken to verification screen. The beneficiary will select a verification method to securely access their application and click the Send Code button to receive their code.

If they have a passphrase, they will click the button and enter it to continue to the application.

Shopping Cart



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Agent Sales Trainer Cart Bob Smith

Account overview

Keeping your information up to date will help you find the best coverage. Changes made here do not update past enrollment information or your member record with the health plan. [How to use this page](#)

You have an enrollment to complete.

Continue enrollment

20

Your action may be required.

You may have action items to complete. Select a tile below to complete actions.

1

Enrollments in progress

1 total enrollments

[View](#)

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

Personal information

Beneficiary Confirmation

20. Ask the beneficiary to Click the Continue enrollment button to complete the enrollment form.

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. 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 1-844-735-1067.

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 Shield 65 Plus (HMO)

Monthly plan premium
\$0.00

Total monthly plan premium **\$0.00**

Email

Print

Application details

Member name

Bob Smith

Member address

1233 E 100th St Los Angeles, CA 90002

Submitted on

September 14, 2026

Confirmation number

A76951593198562M

[View application](#)

21

Beneficiary Confirmation

21. Once the beneficiary completes the enrollment form, ask the them to copy the confirmation number for their records.
- The beneficiary can also view and download a copy of the application.

Note:

Images are for reference and may not show all fields.

Medicare Supplement Plans

[View Section](#)

Shop for Plans

19 plans available in 90002 for 2027 for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 9 plans for 2027

☒ Add non-commissionable plans

Medicare Advantage Prescription Drug Plans
7 plans

2 Medicare Supplement Plans
6 plans

Prescription Drug Plans
2 plans

Dental
4 plans

Select Plan Year

Select the year you want coverage for

Plan Year

20252026

CancelContinue

2

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.

You live in a state that allows you to change your existing Medicare Supplement plan.
The State of California allows current Medicare Supplement policyholders to change their plan. There is a 60-day open enrollment period that begins on the first day of your birthday. You may change carriers, but you must enroll in a plan that is considered to be of equal or lesser benefits to be considered Guaranteed Issue.

3

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 G
[Attained Age](#)

Add to compare

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

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**.

19 plans available in [90002](#) for [2027](#)
for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 9 plans for 2027

☒ Add non-commissionable plans

Medicare Advantage Prescription Drug Plans
7 plans

Medicare Supplement Plans
6 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

* Effective date

Select an option

* Hospital (Part A) effective date

Month

Year

* Medical (Part B) effective date

Month

Year

Shopping Cart

Add providersAdd pharmaciesAdd prescriptionsAdd subsidyAdd current planPersonalize benefits

To exit full screen, move mouse to top of screen or press and hold Esc

20 plans available in 90002 for 2027 for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 9 plans for 2027
Add non-commissionable plans

Medicare Advantage Prescription Drug Plans
7 plans

Medicare Supplement Plans
7 plans

Prescription Drug Plans
2 plans

Dental
4 plans

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

You live in a state that allows you to change your existing Medicare Supplement plan.

The State of California allows current Medicare Supplement policyholders to change their plan. There is a 60-day open enrollment period that begins on the first day of your birthday. You may change carriers, but you must enroll in a plan that is considered to be of equal or lesser benefits to be considered Guaranteed Issue.

Add-on coverage

☐ Dental

Plan subtypes

☐ Plan A
☐ Plan F Innovative
☐ Plan G
☐ Plan G Innovative
☐ Plan N

Clear all

Apply

⚠️ Edit your answers

Filters

Sort: Plan Premium (Low to High)

Medicare Supplement Plan A
Attained Age

Monthly plan premium \$243

View plan detailsAdd to cart

Add to quote

View more info

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

Monthly plan premium \$297

View plan detailsAdd to cart

Add to quote

View more info

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BLUE SHIELD OF CALIFORNIA

Shopping Cart

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

20 plans available in [90002](#) for [2027](#)
for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 9 plans for 2027
☒ Add non-commissionable plans

Medicare Advantage
Prescription Drug Plans
7 plans

Medicare Supplement Plans
7 plans

Prescription Drug Plans
2 plans

Dental
4 plans

Medicare Supplement Plans cover gaps in Medicare Part A and B. You also have the option to enroll your client in a Prescription Drug Plan.
You live in a state that allows you to change your existing Medicare Supplement plan.
The State of California allows current Medicare Supplement policyholders to change their plan. There is a 60-day open enrollment period that begins on the first day of your birthday. You may change carriers, but you must enroll in a new plan that is considered to be of equal or lesser benefit than your current plan.

⚠️

Edit your answers

Filters

Medicare Supplement Plan A
Attained Age

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.

6

Shop for plans

Close

[Go to cart >](#)

7

Plan Premium (Low to High)

☐ Add to compare

Monthly plan premium
\$243

View plan details

Add to cart

Add to quote

[View more info](#)

☐ Add to compare

Monthly plan premium
\$297

View plan details

Add to cart

Add to quote

[View more info](#)

57 Page Navigation

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.

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



2027

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English

Contact us

Sales Trainer

Dashboard

Plans

Search

New profile

[⬅ 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: September 1, 2026
[View details](#) | [Change plan](#) | [Remove plan](#)

Monthly plan premium
\$243.00

Optional add-on coverage

Dental

Dental PPO 1000	View details	\$42.00	Add Dental
Dental PPO 1500	View details	\$62.30	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 application 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.

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

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Application for Blue Shield of California Medicare Supplement Plans

1

Contact Information

2

Eligibility Information

3

Health History

4

Current Insurance Coverage

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Agent & Broker Information

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Statements of Understanding

7

Review & Submit

2027

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New profile

Shopping cart

Medicare Supplement Plan A

Medicare Supplement Plan

\$243.00

Total monthly plan premium

\$243.00

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 90024

Phone

(888) 713-0000

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

First Name *

Middle Initial

Last Name *

Sex *

Male

Female

Date of Birth *

09/01/1950

Language Preference *

Select...

Phone Number *

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

Phone Number Type

Landline

Cell

Mobile Phone Number

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

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

I agree

Yes No

Communication Preference

Email Address

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

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

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

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

Select...

Home Address

Home Address (NO PO BOX) *

Type address to see suggestions

Apt

City *

Los Angeles

State *

CA

Zip *

90002

Mailing Address

Is your Mailing address different than your home address?

Yes No

Billing Address

Is your Billing address different than your home address?

Yes No

12

Medicare Information

Medicare Beneficiary Identification (MBI) number *

I am entitled to:

Hospital (Part A) Effective Date: *

09/01/2026

Medical (Part B) Effective Date: *

09/01/2026

Requested Effective Date: *

09/01/2026

Are you currently a Blue Shield of California member?

Yes No

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.

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Dashboard Plans Search New profile Bob

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Contact Information Eligibility Information Health History Current Insurance Coverage Agent & Broker Information Statements of Understanding Review & Submit

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 enrolled in, or applying for, the **same** Blue Shield Medicare Supplement plan that you are applying for and share both addresses?

Yes No

Continue

Shopping cart

Medicare Supplement Plan A
Medicare Supplement Plan
\$243.00

Total monthly plan premium
\$243.00

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

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

Additional Information

Step 2- Additional Info

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

Note:

Images are for reference and may not show all fields.

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Contact Information

Eligibility Information

Health History

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Review & Submit

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Guaranteed Acceptance

Do you believe you qualify for Guaranteed Acceptance? *

Yes

No

Would you like to attach any documents to this enrollment?

Yes

No

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Continue

Shopping cart

Medicare Supplement Plan A

Medicare Supplement Plan

\$243.00

Total monthly plan premium

\$243.00

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123 Main Street

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(888) 321-5555

Blue Shield of California Medicare Supplement Plan.

Address

P.O. Box 3008

Lodi, CA 95241

Phone

(888) 713-0000

Guaranteed Acceptance

Step 3- Guaranteed Acceptance

16. Indicate if the beneficiary qualifies for Guaranteed Acceptance.

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

17. Click the **Continue** button.

Note:
Images are for reference and may not show all fields.

blue
CALIFORNIA

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Dashboard Plans Search New profile Bob

Contact Information Eligibility Information Health History **Current Insurance Coverage** Agent & Broker Information Statements of Understanding Review & Submit

Current Insurance Coverage Information (Required For All Submissions)

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

Please fax or mail a copy of the front and back of your current carrier ID card. And please also include a copy of the notice from your 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

4.a. 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

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

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

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Medicare Supplement Plan A

Medicare Supplement Plan

\$243.00

Total monthly plan premium

\$243.00

Sales Trainer

123 Main Street
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(888) 321-5555

Blue Shield of California Medicare Supplement Plan.

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

Shopping Cart

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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.

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Bob

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✓

Contact Information

✓

Eligibility Information

✓

Health History

✓

Current Insurance Coverage

5

Agent & Broker Information

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Statements of Understanding

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Review & Submit

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

National Producer Number

123456789

Producer First Name (writing agent)

Sales

Producer Last Name (writing agent)

Trainer

FMO/Agency name

FMO/Agency ID

Today's Date

09/14/2026

Producer's Signature

Print Name

Shopping cart

Medicare Supplement Plan A

Medicare Supplement Plan

\$243.00

Total monthly plan premium

\$243.00

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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Continue

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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 <http://www.blueshieldca.com/MedSuppDetails2022>. If you are not approved, Blue Shield will refund your payment amount. If your application is approved, you will receive a bill indicating the amount and the date your next payment is due. Blue Shield will also send you an approval letter, an Evidence of Coverage and Health Service Agreement, and a member identification card as proof of approval.

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

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

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

Terms, Conditions, and Authorizations

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

1. You do not need more than one Medicare Supplement plan policy or contract.
2. If you purchase this contract, you may want to evaluate your existing health coverage to decide if you need multiple coverage.
3. You may be eligible for benefits under Medi-Cal or Medicaid, and may not need a Medicare Supplement plan contract.
4. 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.
5. 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.
6. 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.
7. 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, 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. - 8 P.m. seven days a week, year-round.

Conditions of Membership

1. 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.
2. 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.
3. 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.
4. 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

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Eligibility Information

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Current Insurance Coverage

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Send to beneficiary

23

Medicare Supplement Plan A Medicare Supplement Plan
\$243.00
Total monthly plan premium
\$243.00

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

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

Send enrollment

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

* Email address

☐ Email

* Phone number

☐ Text

Cancel

Send application

24

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



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. If you are ready to enroll in the plan we discussed, please click on the link below to enter a verification code and follow prompts to continue to the enrollment application.

[View application](#)



Sales Trainer
BSCA_Test
National Producer Number: 123456789
S_trainer@email.com
(888) 321-5555

Please do not reply to this message

25

Access your account

verification method to securely access your inform

By verifying your email or mobile phone number, we can secure your account to make sure your information is kept private.

Select where to receive the code

☐ Email address
.....ti@

Send code

This code will expire in 15 minutes.

OR

Continue with passphrase

Ask your agent for your passphrase

Already have an account?
[Login](#)

26



[Print](#) [English](#) [Contact Us](#)

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Security and privacy

Blue Shield of California has sent a verification code to ti@blueshieldca.com. Please check your spam folder before requesting a new code. This email is for one time use only. If you did not initiate this request, you should contact your service provider as soon as possible.

This code will expire in 15 minutes.

*** Enter code**

[Resend code](#)

Continue

It may take a minute to receive your code. Haven't received it?
[Resend code](#)

27

Beneficiary
Review & Submit

25. The beneficiary will receive an email or text with a link.
26. When they click the link, they are taken to verification screen. The beneficiary will select a verification method to securely access their application and click the Send Code button.
27. When they click the link, they are taken to verification screen. The beneficiary will select a verification method to securely access their application and click the Send Code button to receive their code.

If they have a passphrase, they will click the button and enter it to continue to the application.

Shopping Cart



Print English Contact us

Agent
Sales Trainer Cart Bob Smith

Account overview

Keeping your information up to date will help you find the best coverage. Changes made here do not update past enrollment information or your member record with the health plan. [How to use this page](#)

You have an enrollment to complete.

Continue enrollment × 28

Your action may be required.

You may have action items to complete. Select a tile below to complete actions.

1

Enrollments in progress

1 total enrollments

[View](#)

Add details to help decide which plan is right for you

Add providers

Add pharmacies

Add prescriptions

Add subsidy

Add current plan

Personalize benefits

Personal information

Beneficiary Confirmation

28. Ask the beneficiary to Click the Continue enrollment button to complete the enrollment form.

Note:
Images are for reference and may not show all fields.

Images are for reference and
may not show all fields.

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Shopping Cart

Application submitted

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

You may have other coverage in your cart you still need to enroll in.
You may clear your cart if you have completed all enrollments.

Continue applying for coverage

What to expect

Confirmation

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

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

Application details

Member name

Bob Smith

Member address

1233 E 100th St Los Angeles, CA 90002

Submitted on

September 14, 2026

Confirmation number

M8139738658642G

View application

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Your pending coverage

Medicare Supplement Plan

blue
california

Medicare Supplement Plan A

Monthly plan premium
\$243.00

Total monthly plan premium \$243.00

Continue applying for coverage

What's Next:

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

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

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

After the plan has processed your application, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check on the status of the enrollment.

Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.

If you need to fill a prescription before you get your plan membership card, let your pharmacist know your plan name and show any of the following materials as proof of membership:

- Take your 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.

Beneficiary Confirmation

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

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

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BLUE SHIELD OF CALIFORNIA

Dental Plans

[View Section](#)

Shop for Plans



1

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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 [\[location\]](#) 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 2026 to add stand alone dental plan.

Shopping Cart

blue
CALIFORNIA

2027 @ Print @ English @ Contact
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

19 plans available in 90002 for 2027 for Los Angeles County, CA

Licensed to sell 1 Medicare organizations with 9 plans for 2027
Add non-commissionable plans

Medicare Advantage Prescription Drug Plans
7 plans

Medicare Supplement Plans
6 plans

Prescription
4 plans

Dental
4 plans

Date of birth
09/01/1950

Dental effective date
Select an option

Sort:
Plan Premium (Low to High)

Optional Supplemental Dental HMO plan (MAPD ONLY)
Dental Only coverage

Deductible
\$0

Benefit Maximum
\$0

Monthly plan premium
\$16

Add to compare

View plan details

Add to cart

View more info

Dental PPO 1000 (Medicare Supplement Only)
Dental Only coverage

Deductible
\$75

Benefit Maximum
\$1,000

Monthly plan premium
\$42

Add to compare

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.

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BLUE SHIELD OF CALIFORNIA

Shopping Cart

[Back to plans](#)

Cart

Dental

Optional Supplemental Dental HMO plan (MAPD ONLY)
Requested start date: December 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

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1Contact Information

2Paying your plan premiums:

3Producer/Writing Agent Information

4Statements of Understanding

5Review & Submit

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: WH-Membership@blueshieldca.com

Mail: Blue Shield of California, P.O. Box 948, Woodland Hills, CA 91365-9856

Fax: (877) 251-3660

• Indicates Required Fields

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) 521-5555

Blue Shield of California

Blue Shield member ID number: *

Last Name *First Name *Middle Initial

Date of Birth *Sex *Phone Number *

Phone Type *

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.):

Address (Line 1) *Address (Line 2)

City *State *ZIP Code *

Mailing Address

Do you have a mailing address that is different than your permanent residence address?

Continue

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

Note:

Images are for reference and may not show all fields.

Shopping Cart

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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

Please select a premium payment option: *

- ☒ Get a monthly bill
- ☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

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.

H0504_25_522E_M Accepted 10012025

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Continue

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

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

Blue Shield of California

Paying the Plan Premium

Continue to complete the enrollment.

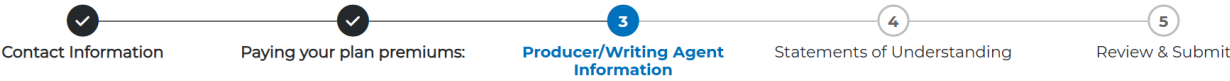
Step 2- Contact Info

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

Note:

Images are for reference and may not show all fields.

Shopping Cart



10

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):

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.

H0504_25_522E_M Accepted 10012025

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

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☒ *** 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

Beneficiary Signature

☐ Due to physical limitations, I am unable to sign my name

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

bob smith

Sign here

Agent Signature

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

Sales Trainer

Sign here

H0504_25_522E_M Accepted 10012025

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Continue

Shopping cart	
Optional Supplemental Dental HMO plan (MAPD ONLY)	
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Sales Trainer
123 Main Street
San Francisco CA 94102
(888) 321-5555

Blue Shield of California

Contact Information

Paying your plan premiums:

Producer/Writing Agent information

Statements of Understanding

[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

1

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 of the determination once your application has been reviewed
- Your insurance card will be mailed within 7 to 10 business days following application approval.
- If you provided an email address on your application, you will receive an email allowing you to register on our member portal to access a digital copy of your insurance card.

Application details

Member name

bob smith

Member address

1233 E 100th St Los Angeles, CA 90002

Submitted on

September 16, 2026

Confirmation number

D63323171988589

View application

12

Dental

BS California logo

Optional Supplemental Dental HMO plan (MAPD ONLY)

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.

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BLUE SHIELD OF CALIFORNIA

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.

1. 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

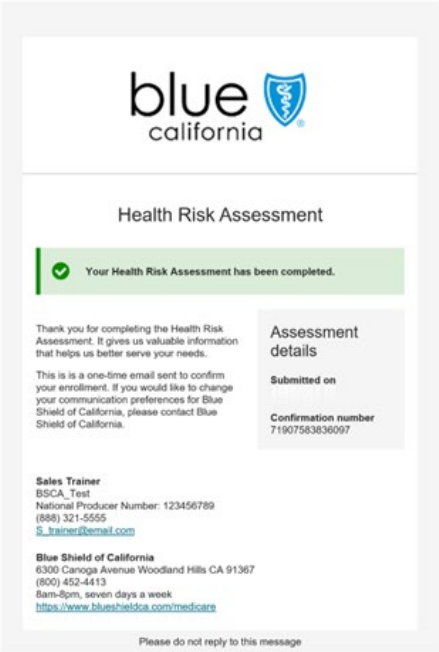
Confirmation

✓

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

Search results

Download results

Sort

Last name

bob smith 1230 1/2 E 99th St Los Angeles , CA 90002	bsmith@email.com (555) 555-5555	● Applicant
bob smith 1230 1/2 E 99th St Los Angeles , CA 90002	bsmith@email.com (555) 555-5555	● Applicant
Bob Smith Los Angeles CA 90002	bsmith@email.com	● Registrant
Bob Smith 123 Main St Los Angeles , CA 90002	bsmith@email.com (909) 555-1212	● Applicant

or [search again](#)

Profile Search Results

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

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

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

View Profile

Personal information

* ZIP code

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

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

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

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

5

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.

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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



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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