



Regence BlueCross BlueShield of Utah is an Independent  
Licensee of the Blue Cross and Blue Shield Association

201 High Street SE  
PO Box 12625  
Salem, Oregon 97309

Dear Regence BlueCross BlueShield of Utah MedAdvantage Member:

To make a change in the Medicare Advantage plan you have with Regence BlueCross BlueShield of Utah, fill out the plan benefit selection form on the back of this letter. Select the plan you would like and sign the form. Then mail the completed form back to us in the enclosed postage-paid envelope.

**Please be aware that you can change health plans only at certain times during the year.** Read the information below very carefully before making a new plan selection.

- If you are currently on our plan without drug coverage and want to switch to one of our plans with drug coverage, you can only do so between November 15 and December 31.
- If you are currently on our plan with drug coverage and want to switch to our plan without drug coverage, you can only do so between November 15 and December 31.
- If you are currently on one of our plans with drug coverage and want to switch to one of our other plans that offers drug coverage, you can only do so between November 15 and March 31.

Generally, you cannot make changes at other times unless you meet certain special exceptions, such as if you move out of the plan's service area. If you qualify for extra help with your prescription drug costs, you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

**Complete the form on the reverse side of this page only if you wish to change plans.**

If you have any questions, please call our Customer Service Department at 1 (800) 541-8981. TTY users should call 1 (800) 382-1003. We are open from 8 a.m. to 8 p.m. seven days a week. Thank you.

Sincerely,

Susan Nichol, Director  
Medicare Membership Accounting

**Regence BlueCross BlueShield of Utah**  
**(Complete this form only if you wish to change plans)**

\_\_\_\_\_  
Member Name (Please Print)

\_\_\_\_\_  
Member number

I want to transfer from my current plan to the plan I have selected below.

Please check the appropriate line below:

\_\_\_\_ Regence MedAdvantage + Rx Enhanced \$95.00 (Medical and Rx plan)

\_\_\_\_ Regence MedAdvantage + Rx Classic \$79.00 (Medical and Rx plan)

\_\_\_\_ Regence MedAdvantage + Rx Core \$31.00 (Medical and Rx plan)

\_\_\_\_ Regence MedAdvantage \$50.00 (Medical only plan)

**Your Plan Premium Options**

If you are currently receiving premium bills from us, having your premium deducted from your bank account or from your Social Security check, you can continue to use this method.

If you need to change how you pay your plan premium, please contact Customer Service at the telephone number on the other side of this form.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you are the authorized representative, you must sign above and provide the following information:

Name \_\_\_\_\_ Relationship to enrollee \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_