



Regence

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

201 High Street
PO Box 12625
Salem, Oregon 97309

Dear Regence BlueShield MedAdvantage Member:

To make a change in the Medicare Advantage plan you have with Regence BlueShield, 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 one of our plans with drug coverage and want to switch to the other plan that offers drug coverage, you can only do so between November 15 and March 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.

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, Assistant Director
Medicare Membership Accounting

Regence BlueShield
(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 with a premium of \$163.00
(Medical and enhanced Rx plan)

_____ Regence MedAdvantage + Rx with a premium of \$148.00
(Medical and basic Rx plan)

_____ Regence MedAdvantage with a premium of \$99.00
(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: _____