

Blue Shield Medicare Rx Plan's Easy\$Pay

With our simple automatic payment option, you can spend less time paying bills and more time enjoying life.

What is Easy\$Pay?

Easy\$PaySM is a simple, convenient way to pay your monthly Medicare Supplement plan dues without having to write a check.

The Easy\$Pay advantage

With Easy\$Pay, you won't have to be concerned about paying your Blue Shield Medicare Rx Plan premium on time. It's quick, easy, and free. And, you save on postage. Simply authorize Blue Shield to automatically withdraw your monthly plan premium from your checking or savings account on the fifth of each month by completing and signing the attached form.

It may take up to one month for your bank to process your application, so you may be asked to make one more payment before your Easy\$Pay deduction begins.

If you ever change your mind and want to stop your Easy\$Pay deduction, all you need to do is notify Member Services at **(888) 239-6469** or TTY **(888) 239-6482**, 8 a.m. to 8 p.m., seven days a week, or notify your bank, at least 10 days before the fifth day of the month.

Here's how to get started

1. Complete the attached automatic payment authorization form.
2. Include a check payable to Blue Shield Medicare Rx Plan for one month's plan premium.
3. Enclose a blank check marked "void." This will be used as a record of your account number, your bank's code, and other necessary information. If you prefer not to attach a voided check, you must provide your bank account number and the routing/transit number of your financial institution (see illustration below).

If you would like the payment to be deducted from your savings account, please provide the account number and routing/transit number of your financial institution.
4. Send the completed authorization form, your check for one month's plan premium, and your voided check to Blue Shield in the enclosed postage-paid envelope.

Mary Jane Blue 3025
123 First St.
Anytown, CA 99999

Pay to _____ 20
Order of _____ Dollars

Any Bank
San Francisco Main Office
P.O. Box 8944
San Francisco, CA 94126

Memo _____

032056884 9 8707228001 0233

Bank account number
Bank routing/transit number

If you have qualified for additional assistance for your Medicare Prescription Drug Plan costs, the amount of your plan premium and the cost at the pharmacy will be less. Once you have enrolled in the Blue Shield Medicare Rx Plan, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you would like to see whether you qualify for this additional assistance, you should contact 1-800-MEDICARE or TTY (877) 486-2048, Medi-Cal, or your local Social Security Administration office.

Blue Shield of California offers Medicare-approved Prescription Drug Plans, open to all Medicare beneficiaries who reside within the Plan's service area and are entitled to Part A or enrolled in Part B. You may only be enrolled in one Part D plan at a time. Minimal copayments, restrictions, and limitations apply to some services. Benefits vary by plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party. You must use network pharmacies to access your prescription drug benefit, except under non-routine circumstances when you cannot reasonably use network pharmacies. Blue Shield of California has a contract with the federal government.

Automatic Payment Authorization Form

Blue Shield Medicare Rx Plan

Staple your voided check here (no deposit slips)

- I am:** a new automatic payment applicant
 a current automatic payment user reporting a change in my credit card, bank or account number (please note this change requires 30 days for processing)

Member name

If you are a current Blue Shield member please include your member number.

Mailing address

City State ZIP

Member daytime phone number

Type of account: checking savings

Bank routing/transfer number

Bank account number

Name of financial institution

Name(s) on bank account

* You will be charged the amount owed for your monthly plan premium until you choose to cancel your automatic payment schedule. If you choose to cancel your automatic payment, or if changes are made to the account being charged, please call one of our Member Services Representatives at **(888) 239-6469** or TTY **(888) 239-6482**, 8 a.m. to 8 p.m., seven days a week.

Automatic payment by debit from checking/savings account:

I authorize my plan or Blue Shield of California to initiate debits (and/or make corrections to previous debits, as necessary) to the bank account identified on this form on the payment date and with the frequency set forth above for the purpose of payment of the monthly dues/premium owed for myself and any family members covered by Blue Shield. I also authorize my financial institution to reduce the balance of my account by the amount of such debits (and/or corrections to previous debits). I will maintain sufficient collected funds in my account for the full amount of each payment. If the automatic debit transaction ever fails (e.g., no funds are available), Blue Shield will mail a bill to me at my address on record and I will be responsible for making my payment by check or money order, along with a return item service charge.

Notice to Change/Cancel Required: I will continue to be debited the amount of dues/premium owed until I cancel this automatic payment authorization upon at least 10 calendar days notice before a debit is to occur. To cancel this automatic payment authorization, or if there are changes to my account being debited, I must contact Member Services at **(888) 239-6469** or TTY **(888) 239-6482**. Blue Shield may cancel this authorization at any time upon notice to me.

By signing below, I agree to the terms and conditions of this authorization form, and I acknowledge that I have received a copy of this form (if the bank account is a joint account, all account holders must sign). I acknowledge that all payment transactions must comply with the provisions of U.S. law. I will make payments by check or money order until my automatic payment service has been activated.

Signature Date

Print name Relationship

Signature Date

Print name Relationship

KEEP THIS SECTION FOR YOUR RECORDS

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