



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

## INDIVIDUAL PLAN CHANGE FORM

- ◆ Please read carefully making sure to complete all sections of the form. Incomplete forms will be returned.
- ◆ Use black or blue ink to complete and sign this form. A form completed in pencil will be returned.
- ◆ If you need assistance completing this form, please contact your Agent or call us at 1-800-624-6519.

Member Information			
Member Name		Member Identification Number	
Member Address		PO Box (if applicable)	
City, State, ZIP Code			
Home Phone Number (     )	Work Phone Number (     )	Cell Phone Number (     )	OFFICE USE CO CODE

Plan Selection				
Please select from one of the following five medical plan options. Then, select one deductible and one network option.				
<p><b>Option 1</b> <b>BLUE CHOICES</b> <b>ADVANTAGE (80%/20%)</b> <b>Office Visit Copay \$20</b></p> <p><b>DEDUCTIBLES:</b></p> <p><input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000</p> <p><b>Provider Network (choose one)</b></p> <p><input type="checkbox"/> Regence BCBSU "Traditional" <input type="checkbox"/> Regence ValueCare</p>	<p><b>Option 2</b> <b>BLUE CHOICES</b> <b>ADVANTAGE (80%/20%)</b></p> <p><b>DEDUCTIBLES:</b></p> <p><input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500</p> <p><b>Provider Network (choose one)</b></p> <p><input type="checkbox"/> Regence BCBSU "Traditional" <input type="checkbox"/> Regence ValueCare</p>	<p><b>Option 3</b> <b>BLUE CHOICES</b> <b>BASIC (70%/30%)</b> <b>Office Visit Copay \$30</b></p> <p><b>DEDUCTIBLES:</b></p> <p><input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000</p> <p><b>Provider Network (choose one)</b></p> <p><input type="checkbox"/> Regence BCBSU "Traditional" <input type="checkbox"/> Regence ValueCare</p>	<p><b>Option 4</b> <b>BLUE CHOICES</b> <b>BASIC (70%/30%)</b></p> <p><b>DEDUCTIBLES:</b></p> <p><input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500</p> <p><b>Provider Network (choose one)</b></p> <p><input type="checkbox"/> Regence BCBSU "Traditional" <input type="checkbox"/> Regence ValueCare</p>	<p><b>Option 5</b> <b>REGENCE HSA</b> <b>HEALTHPLAN</b></p> <p><b>Single/Family DEDUCTIBLES:</b></p> <p><input type="checkbox"/> \$1,500/\$3,000 <input type="checkbox"/> \$2,500/\$5,000 <input type="checkbox"/> \$3,500/\$7,000</p> <p><b>Provider Network (choose one)</b></p> <p><input type="checkbox"/> Regence BCBSU "Traditional" <input type="checkbox"/> Regence ValueCare</p>

Signature of Member (member must be 16 years of age or older) <b>X</b>	Date
Signature of Personal Representative (if applicable) <b>X</b>	Date

**Please return this form to:**  
**Regence BlueCross BlueShield of Utah**  
**PO Box 1127, M/S LD2N**  
**Lewiston, ID 83501**