



2012:004:01:003

AGENT: JANE Q. AGENT  
123 BROKER AVENUE  
ANYTOWN UT 84000-0000

"MM" means member submits claim to be reimbursed for prescription drugs on the new plan

AGENT: JANE Q. AGENT ID-NO: 001878		AGENT PLAN CHANGE GUIDE FOR 07/01/2008	
CONTRACT	NAME, ADDRESS, PHONE, B-DATE	CURRENT PLAN	NEW PLAN
000497716	CUSTOMER, JOHN 1000 MEMORY LANE ANYTOWN UT 84000-000 (435) 555-1212 Birth Date: 01/01/1970	Group #: 60591 Plan Name: Qualifier Lv8 Medical/Rx Deduct: 2500 / 0 Provider Network: Traditional Monthly Rate: 422.00	Group #: 63172 Plan Name: BlueAdvant Medical/Rx Deduct: 2500 / MM Provider Network: Traditional 2008 Monthly Rate: 410.80

Current Medical/Rx Deduct: 2500/0 means the medical deductible is \$2,500 and the prescription drug deductible is \$0

Current plan rate

New plan rate