

Blue Shield Medicare Prescription Drug 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 plan premium for Blue Shield Medicare Prescription Drug Plan premium 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 Prescription Drug Plan premium on time, and you'll help us take another step forward in going green by reducing the need for a paper bill. 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 eighth day 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 Customer Care at **(888) 239-6469** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30. 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 Prescription Drug 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 and your voided check to Blue Shield in the enclosed postage paid envelope or mail to: Attn. Medicare Billing Department, Blue Shield of California, 6300 Canoga Ave. Woodland Hills, CA 91367-9520.

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	

VOID

Bank account number
Bank routing/transit number



You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security Office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

Mail to:

Attn. Medicare Billing Department
Blue Shield of California
6300 Canoga Avenue
Woodland Hills, CA 91367-9520

Automatic payment authorization form

Blue Shield Medicare Prescription Drug Plan

- I am:** a new Easy\$Pay applicant
- a current Easy\$Pay user reporting a change in my 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/transit number

Bank account number

Name of financial institution

Name(s) of bank account

Note: You will be charged the amount owed for your monthly plan premium(s) 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 Customer Care at **(888) 239-6469** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30.

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 understand that charges may occur two to three days prior to the payment date indicated on this form. 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 returned-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 Customer Care at **(888) 239-6469** [TTY: **711**]. 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.

Account holder signature Date

Print name Relationship

Account holder signature Date

Print name Relationship

KEEP THIS SECTION FOR YOUR RECORDS

Mail to:
Attn. Medicare Billing Department
Blue Shield of California
6300 Canoga Avenue
Woodland Hills, CA 91367-9520

Automatic payment authorization form

Blue Shield Medicare Prescription Drug Plan

- I am:** a new Easy\$Pay applicant
 a current Easy\$Pay user reporting a change in my 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/transit number

Bank account number

Name of financial institution

Name(s) of bank account

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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.

Account holder signature Date

Print name Relationship

Account holder signature Date

Print name Relationship

KEEP FOR YOUR RECORDS

Discrimination is Against the Law

Blue Shield of California complies with applicable state laws and federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Blue Shield of California provides:

- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-239-6469 (TTY: 711).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-239-6469 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถรับบริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-239-6469 (TTY: 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຮ 1-888-239-6469 (TTY: 711).