

### OPTION 3 ONLINE BANKING

If you use your bank's bill pay feature to add us as a payee, you'll need the following two pieces of information.

- Member identification (ID) Number
- BCBSMA PO BOX Address  
Blue Cross Blue Shield of Massachusetts  
PO BOX 371314  
Pittsburgh, PA 15250-7314

### OPTION 4 PREMIUM WITHHOLD

Members have the option of having their Medicare HMO or Medicare PPO premiums held from their Social Security check. If you are interested in Premium Withhold, please call member service to have your request processed.

### Questions?

If you have any questions, please contact Member Service at **1-800-200-4255** (TTY: **711**) February 15 through September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through February 14, 8:00 a.m. to 8:00 p.m., seven days a week.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-200-4255 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-200-4255 (TTY: 711).



MASSACHUSETTS

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MASSACHUSETTS

Medicare  
Advantage

## PAYMENT OPTIONS

### For Medicare Advantage Members

Dear Member:

You now have the option to pay and view your bill online. To begin managing your account, please register and choose one of the following payment options.

- Debit Authorization
- eBilling
- Online Banking
- Premium Withhold

**Easiest way  
to view and  
pay invoices!**

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**OPTION 1 DEBIT AUTHORIZATION**

If you'd like us to handle your payments, just fill out the Debit Authorization form below. This will give us permission to automatically deduct monthly payments from your bank account.

I (we) hereby authorize Blue Cross and Blue Shield of Massachusetts, Inc., to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for premium payments for my (our) Blue Cross and Blue Shield of Massachusetts, Inc., health insurance account. I (we) acknowledge that the origination of such transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name
Branch
Address
City/State                      Zip
Routing Number
Account Number
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Saving

This authority is to remain in full force and effect until Blue Cross and Blue Shield of Massachusetts, Inc., has received written notification from me (either of us) of its termination in such time and manner as to afford Blue Cross and Blue Shield of Massachusetts, Inc., and FINANCIAL INSTITUTION a reasonable time to act on it.

I (we) understand that if payment for my health insurance premium is refused due to insufficient funds in my (our) account, I (we) have the right to be notified in writing of the deficiency under Massachusetts General Law Chapter 167B, Section 10. I (we) understand that future withdrawals from my (our) account may change based on my (our) membership status and future premium changes.

Signature	Print Individual Name	
Blue Cross Blue Shield ID Number		Date
Email Address	Telephone Number	
Address		Easiest way to pay!

**Please complete this form. Attach a voided check or deposit slip and mail to:**

**Blue Cross Blue Shield of Massachusetts  
ACH Premium Unit  
25 TECHNOLOGY PLACE  
Mail Stop 03/04  
HINGHAM, MA 02043**

**OPTION 2 eBILLING**

With eBilling, you can pay your bills quickly and securely. You just log in, view your invoice online, and pay with your preferred method. To get started, visit **[www.bcbsmaebilling.com](http://www.bcbsmaebilling.com)** and follow the easy instructions to register your account. Be sure to enter your name exactly as it appears on your member ID card.