



# Anthem Blue Cross MediBlue Rx Standard (PDP) Individual Disenrollment Form 2025

Fax the completed form to: 1-800-833-8554

Or, mail to:  
Anthem Blue Cross  
P.O. Box 659403  
San Antonio, TX 78265-9714

Please fill out and carefully read all information below before signing and dating this disenrollment form.

We will notify you of your disenrollment effective date after we get this form from you.

Please provide the following information: <i>(Please print clearly)</i>			
Last name	First name	MI	
Member ID number <i>(as it appears on your Medical ID card)</i>		Sex M      F	
Birth date	Phone number		
Address	City	State	ZIP code

**Typically, you may disenroll from a Medicare Prescription Drug plan only during the Annual Election Period from October 15 through December 7 of each year.** There are exceptions that may allow you to disenroll from a Medicare Prescription Drug plan outside of this period. Instead of sending a disenrollment request to Anthem Blue Cross MediBlue Rx Standard (PDP) you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, to disenroll by telephone. TTY users should call 1-877-486-2048.

**Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Election Period. (check one):**

It is Annual Election Period (AEP) October 15 through December 7.

It is Open Enrollment Period (OEP) January 1 through March 31.

I have other creditable coverage (such as member of Tricare/VA or want to obtain VA benefits).

I get "Extra Help" paying for Medicare prescription drug coverage (Low-Income Subsidy). I am returning to Medicaid.

I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get "Extra Help" paying for Medicare prescription drug coverage, but I haven't had a change.

I recently had a change in my Medicaid/"Extra Help" paying for Medicare prescription drug coverage (newly got Medicaid/"Extra Help", had a change in the level of Medicaid/"Extra Help", or lost Medicaid/ "Extra Help" on (insert date): \_\_\_\_\_.

I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date): \_\_\_\_\_.

I am making a permanent move outside of the service area. Date of move: \_\_\_\_\_.

I am moving into, live in, or recently moved out of a Long-Term-Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date): \_\_\_\_\_.

I am joining a Program of All-Inclusive Care for the Elderly (PACE) program on (insert date): \_\_\_\_\_.

I am joining employer or union coverage on (insert date): \_\_\_\_\_.

If none of these statements apply to you or you're not sure, please contact Anthem Blue Cross MediBlue Rx Standard (PDP) at **1-800-928-6201** (TTY users should call **711**) to see if you are eligible to disenroll. We are open 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Please read and sign at the end of this section:

**By completing this disenrollment request, I agree to the following:** Anthem Blue Cross MediBlue Rx Standard (PDP) will notify me of my disenrollment date after they get this form. I understand that until my disenrollment is effective, I must continue to fill my prescriptions at Anthem Blue Cross MediBlue Rx Standard (PDP) network pharmacies to get coverage. I understand that there are limited times in which I will be able to join other Medicare plans, unless I qualify for certain special circumstances. I understand that I am disenrolling from my Medicare Prescription Drug plan and, if I don't have other coverage as good as Medicare, I may have to pay a late enrollment penalty for this coverage in the future.

Member or authorized representative signature*	Date
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\*Or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this disenrollment and 2) documentation of this authority is available upon request by Anthem Blue Cross MediBlue Rx Standard (PDP) or by Medicare.

*If you are the authorized representative, you must provide the following information:*

Authorized representative name	Phone number	Relationship to enrollee	
Street address	City	State	ZIP code

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## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-928-6201. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-928-6201. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-928-6201。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-928-6201。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-928-6201. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-928-6201. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-928-6201 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-928-6201. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-928-6201번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-928-6201. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم، فوري ليس عليك سوى الاتصال بنا على 1-800-928-6201. سيقوم شخص ما بتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-928-6201 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-928-6201. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-928-6201. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-928-6201. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-928-6201. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-928-6201にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。