



When you have a request or need to make a change to your Blue Cross and Blue Shield of Montana (BCBSMT) plan purchased on the Health Insurance Marketplace<sup>1</sup>, please refer to the table below.

<b>Health Insurance Marketplace</b> <i>call 800-318-2596</i>	<b>BCBSMT Customer Service</b> <i>call 855-258-8471</i> or <i>send</i> a secure message on Blue Access for Members <sup>SM</sup> (BAM <sup>SM</sup> ) <sup>2</sup>
---	---

<b>I want to change my:</b>	Physical Address	●	
	Billing Address		●
	Phone Number	●	
	Email Address		●
	Name	●	
	Date of Birth	●	
	Gender	●	
	Social Security Number	●	
<b>I want to cancel/remove my:</b>	Medical Plan	●	
	Dental Plan	●	
	Pediatric Dental Plan	●	
	Dependent	●	
	Entire Policy (Free Look Period - 10 days)		●
<b>I want to update my:</b>	Primary Care Provider (PCP) or Medical Group (MG)		●
<b>I'd like a copy of my:</b>	Member ID Card		●
	Policy Fulfillment Kit		●
	Proof of Coverage Letter		●
<b>I have a billing request. I want to:</b>	Receive Paper Billing		●
	Receive my Bill Electronically		●
	Reprint a Bill		●
	Rerun a Bill (Reinvoice)		●
<b>I have a payment request. I want to:</b>	Set up Auto Bill Pay		●
	Make a Phone Payment		●
	Request a Refund Due to Termination		●
	Request a Refund Due to Overpayment		●
	Research Missing or Misapplied Payments		●
	Reinstate my Policy		●
<b>I qualify for a Special Enrollment Period. I would like to:</b>	Add Spouse or Dependent to an Existing Policy		<b>855-594-1515</b>
	Add Medical/Dental Plan		
	Choose a Different Policy		

<sup>1</sup> Purchased policy online at HealthCare.gov, over the phone, or with the assistance of an agent or broker.

<sup>2</sup> BAM is the secure website for BCBSMT members. To send a message in BAM, log in to your account at [www.bcbsmt.com/member](http://www.bcbsmt.com/member) and select the message center.