

Employee Elect Medical Plan Change Request

"All Plans" (2-50)



INSTRUCTIONS: Print, sign and FAX your completed form to 805-713-7481. Complete this form only for employees who are changing plans. Refer to anthem.com/easyrenew to help you and your employees make the choice that's right for them. **New enrollees or family additions must complete an Employee application requesting coverage.**

PLEASE TELL US WHO YOU ARE AND HOW WE CAN REACH YOU

Group no.	Company name
Phone no.	Contact name
Fax no.	E-mail (required if electing Anthem Banking Partner)

Use plan options below as a reference to fill in member plan information. Write or type clearly and use full plan name.

PPO Plans		Lumenos Plans	EPO Plan	HMO Plans	HMO Plans (Select Network only)
Premier PPO \$10 Copay	PPO \$25 Copay GenRx	Lumenos HIA Plus 500	High Deductible EPO	HMO \$10 100%	HMO \$10 100% (Select Network)
Premier PPO \$20 Copay	PPO \$35 Copay GenRx	Lumenos HIA Plus 750		HMO \$25 100%	HMO \$25 100% (Select Network)
Premier PPO \$30 Copay	PPO \$45 Copay GenRx	Lumenos HSA 1500 (80/50)		Classic \$20 HMO	Classic \$20 HMO (Select Network)
PPO \$20 Copay	Solution 2500 PPO	Lumenos HSA 2500 (80/50)		Classic \$30 HMO	Classic \$30 HMO (Select Network)
PPO \$30 Copay	Solution 3500 PPO	Lumenos HSA 3500 (80/50)		Classic \$40 HMO	Classic \$40 HMO (Select Network)
PPO \$40 Copay	Solution 5000 PPO	Lumenos HRA 3000D		Saver \$20 HMO	Saver \$20 HMO (Select Network)
PPO 1000/\$25	Elements Hospital	Lumenos HRA 3000C		Saver \$30 HMO	Saver \$30 HMO (Select Network)
PPO 1500/\$35	Elements Hospital Plus	Lumenos HRA 5000D		Saver \$40 HMO	Saver \$40 HMO (Select Network)
PPO 2000/\$45	Elements Hospital Preferred	Lumenos HRA 5000C			

PROVIDE EACH MEMBER'S NAME AND IDENTIFICATION NUMBER. THEN, SELECT THE PLAN THE MEMBER WISHES TO MOVE TO

Member's name	Member's SSN or ID no.	Plan name	For HMO plans: provide 3- or 6-digit Primary Care Physician no. *
1.			
2.			
3.			
4.			
5.			
6.			

*SelectHMO plans cannot be offered along with any other non-SelectHMO plans. HMO and SelectHMO rates are limited in Areas 1, 2, and 8.

BE SURE TO COMPLETE THIS SECTION TO AUTHORIZE YOUR CHANGES.

Employer Statement of Understanding – Applies to HSA Compatible and any high deductible plans with the exception of the EPO, Elements Hospital, Elements Hospital Preferred and Elements Hospital Plus plans. I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wrap around product, now or in the future.

For Lumenos plans: Will Employer establish a Health Savings Account with Anthem Banking Partner? Yes No

For Lumenos HRA plans: The selection of any HRA-compatible plan requires enrollment in the Agreement for Health Reimbursement Accounts (HRA Agreement), and submission of the Demand Debit Authorization form.

I am an owner or officer of this company, and hereby authorize the following changes to our Anthem Blue Cross group medical coverage.

Signature X	Date
Print name	Requested effective date

All Small Group HMO Health plans, Premier \$10/\$20/\$30 Copay plans, PPO \$20, \$30, \$40 Copay plans, PPO 1000/\$25, PPO 1500/\$35, PPO 2000/\$45, Lumenos HSA 1500 (80/50), Lumenos HSA 2500 (80/50), and Lumenos HSA 3500 (80/50) plans are offered by Anthem Blue Cross. All other Small Group Health products are offered by Anthem Blue Cross Life and Health Insurance Company.

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