

# Employee Elect Medical Plan Change Request

## “Designated Plans” (2-50)



**INSTRUCTIONS:** Print, sign and FAX your completed form to 877-363-9126. Complete this form only for employees who are changing plans. Refer to [anthem.com/easyrenew](http://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/EPO Plans	HMO Plans	HMO Plans (Select Network only)
Premier PPO \$10 Copay	PPO \$25 Copay GenRx	Lumenos HIA Plus 500	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		
		High Deductible EPO		

**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.			

**Important note:** Upgrades and plan additions may require the following: Employer Application, letter from the group signed by an owner or officer, California Quarterly Contribution Return and Report of Wages (Continuation) DE-9C, Statement of Understanding (when choosing HSA-compatible plans), HRA Agreement & Demand Debit Authorization form (when choosing HRA plans), and this form. Upgrades and plan additions will be medically underwritten and can be declined.

\*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

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

Signature <b>X</b>	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), Lumenos HSA 3500 (80/50) plans, and the High Deductible EPO plan 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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