

Employee Elect Medical Plan Change Request – “Designated Plans” (2-50)



Print, sign and FAX your completed form to 805-713-7024. 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. **Important note:** Upgrades and plan additions will be medically underwritten and can be declined.

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 Mellon Bank)

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 plan). 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.

Will employer establish a Mellon Health Savings Account for the Lumenos plan(s)? 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	Print name
Date	Requested effective date

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	For HMO plans: provide 3- or 6-digit Primary Care Physician number.*
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Use plan options below as reference to fill in member plan information field above. Write clearly and use full plan name.

PPO/EPO Plans:	Premier PPO \$10 Copay PPO \$30 Copay PPO \$45 Copay GenRx Elements Hospital	Premier PPO \$20 Copay PPO \$40 Copay Solution 2500 PPO Elements Hospital Plus	Premier PPO \$30 Copay PPO \$25 Copay GenRx Solution 3500 PPO Elements Hospital Preferred	PPO \$20 Copay PPO \$35 Copay GenRx Solution 5000 PPO High Deductible EPO
HSA Plans:	Lumenos HIA Plus 750 Lumenos HSA 3000 (100/70) Lumenos HSA 3500 (80/50)	Lumenos HIA Plus 500 Lumenos HSA 5000 (100/70)	Lumenos HSA 1500 (100/70) Lumenos HSA 1500 (80/50)	Lumenos HSA 2000 (100/70) Lumenos HSA 2500 (80/50)
HMO Plans:	HMO \$10 100% Classic \$40 HMO Select \$25 HMO	HMO \$25 100% Saver \$20 HMO Select \$35 HMO	Classic \$20 HMO Saver \$30 HMO	Classic \$30 HMO Saver \$40 HMO
Additional Plans**:	Advantage PPO \$25 Copay Power HealthFund 500	Basic PPO Power HealthFund 750	Saver PPO PPO 2400	Lumenos HIA+ 3000 PPO 3500

New enrollees or family additions must complete an Employee application requesting coverage.

Important note: Upgrades and plan additions require the following: Employer Application, letter from the group signed by an owner or officer, California Quarterly Wage and Withholding Report (DE-6) and this form. **Upgrades and plan additions will be medically underwritten and can be declined.**

*Select HMO is not available in conjunction with any other HMO plan or in Areas 1 or 8.

**May not be available at renewal effective 2010.

The following Medical and Dental plans are offered by Anthem Blue Cross: High Deductible EPO Plan, PPO \$40/\$30 Copay, Premier PPO \$20/\$10 Copay, HMO 100%, Classic HMO, Saver HMO, and Power SelectHMO; Dental Net, Dental SelectHMO and Voluntary Dental Saver SelectHMO Plan. The following Medical and Dental plans are offered by Anthem Blue Cross Life and Health: PPO \$45 Copay GenRx, Lumenos HSA 3000, Lumenos HSA 1500, Lumenos HIA Plus 3000, and PPO 3500/2400 (HSA-Compatible) plans, Solution 2500 PPO, Solution 3500 PPO, Solution 5000 PPO, Basic PPO, Saver PPO, PPO \$35 Copay GenRx, Advantage PPO \$25 Copay, Power HealthFund 750/500, Hospital Benefits Plus, Hospital Benefits Preferred, PlanSilver 1000, Gold 1500, Gold Preferred 1500, Platinum Preferred 2000, Platinum Preferred 2000, Basic Option PPO, Standard Option PPO, High Option PPO, Dental Blue, Fee-for-Service Dental plans and Voluntary PPO Dental Plan. SmileNet Dental Discount Program is offered by Anthem Blue Cross Life and Health. Term Life and AD&D products offered by Anthem Blue Cross Life and Health. Workers' Compensation coverage is provided through Employers Compensation Insurance Company. Health care plans provided by Anthem Blue Cross. Insurance plans provided by Anthem Blue Cross Life and Health Insurance Company, Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensees of the Blue Cross Association. © ANTHEM is a registered trademark. ® The Blue Cross name and symbol are registered marks of the Blue Cross Association.