



How to request changes

Our goal is to make it as easy as possible for you to request changes during your group's open window.

Employer-Level Requests

To continue your current coverage and employer contributions, no additional action is needed; just keep paying your new premiums on a monthly basis.

To change your current medical employer contribution level, please write us a letter on company letterhead, signed by an owner/officer, requesting your desired new contribution to employees' monthly premiums. Please note that you must choose the same contribution option for all employees, and that dependent contributions are optional. Underwriting approval may be required.

You can choose:

- Fixed Dollar Contribution Option - \$50 or more
- Percentage Contribution Option - 25% or more

Your contribution will apply to each employee's monthly premium amount, and they will pay the rest through payroll deductions.

To request changes in your current Specialty Products (Dental, Life, Vision), or employer contribution levels for your current Specialty Products, please write a letter on company letterhead, signed by an owner/officer, requesting your desired changes.

To discuss other possible changes, please contact your agent or call us at (800) 627-8797. Available options may include:

- Get maximum choice by moving up to EmployeeElect, another portfolio of Anthem Blue Cross plans for small businesses with 2-50 employees.
- Add stand-alone Dental, Life and Vision products to round out a valuable benefits package.
- Get a 10% Workers' Compensation discount by integrating Workers' Compensation from Employers Compensation Insurance with your medical coverage.
- Save on taxes with a Premium Only Plan.

Member-Level Medical Plan Changes

To request group member plan changes, simply complete and submit the Plan Change Request form.

NOTE: The Plan Change Request form is provided to simplify member-level plan changes during your group's special open window. However, Employee Applications must be submitted for any group members who previously declined coverage, and wish to enroll during your group's special open window.

Submission Information for all Change Requests

Mail or FAX all requests to:
Anthem Blue Cross
P.O. Box 9042
Oxnard, CA 93031-9042
FAX: (805) 713-7024

Requests must be received during your group's open window period. The effective date of requested changes depends on receipt of all completed materials, and will be the first of the month following approval.

Ask your agent or call Customer Service at (800) 627-8797 if you need any help, or want to explore other changes that may be possible.



Option: Offer more affordable BeneFits plans to meet your employees' changing needs

If your employees' needs have changed in the past year, you can offer options that are more affordable for them and still give them the coverage they need.

	Hospital PPO Plans offered by Anthem Blue Cross Life and Health Insurance Company			Comprehensive PPO Plan offered by Anthem Blue Cross Life and Health	Comprehensive HMO Plan offered by Anthem Blue Cross	Consumer-driven Plan offered by Anthem Blue Cross Life and Health
<i>Member pays all amounts after deductible(s) unless noted. Amounts cover in-network services only; member pays more out-of-network</i>	Hospital BeneFits	Hospital BeneFits Plus	Hospital Benefits Preferred	PPO \$35 Copay GenRx	Power SelectHMO	Lumenos HSA 3000 (HSA-Compatible)
Lifetime Covered Charges Paid by Anthem Blue Cross	\$5,000,000				Unlimited	\$5,000,000
Annual Deductible Amount member pays first for covered services before plan benefits start; waived for some services.	\$1,250 per member (2-family-member maximum*)	\$1,000 per member (2-family-member maximum*)	\$750 per member (2-family-member maximum*)	\$500 per member (2-family-member maximum*)	\$500 per member	\$3,000 single member \$6,000 family aggregate* (medical/pharmacy combined)
Annual Out-of-Pocket Maximum The most a member pays in a year for qualified services before plan pays 100% for most in-network services.	Annual deductible plus \$2,500 (2-family member maximum*)			\$4,000 per member (includes deductible) (2-family-member maximum*)	\$2,250 per member \$4,500 family aggregate* (includes deductible)	\$3,000 single member \$6,000 family aggregate* (includes deductible)
Prescription Drugs Amounts shown are per 30 day supply.	\$15 - Generic Only				Generic: \$15 Brand-name: \$25 (after \$150 brand-name deductible)	0% after deductible
	30-day retail supply; up to 60-day supply through mail order					30-day retail supply; up to 90-day supply through mail order
Doctor Office Visits and Related Professional Services	No benefits for routine doctor visits or related services	50% coinsurance for first \$1,000 of covered expenses and 100% after that (maximum Anthem Blue Cross payment of \$500 per year) (not subject to deductible)	50% coinsurance for first \$1,500 of covered expenses and 100% after that (maximum Anthem Blue Cross payment of \$750 per year) (not subject to deductible)	Doctor visits: \$35 copay first 12 visits, then 45%; (not subject to deductible)	Doctor visits: \$25 copay primary care physician; \$35 copay specialist or referral care; (not subject to deductible)	0% after annual deductible (deductible is waived for preventive care, which includes nationally recommended preventive services)
HealthyCheckSM***	Choose \$25 or \$75 screening option Two levels of annual health screenings include lab work and immunizations Offered at HealthyCheck Centers only				Not available	Not applicable: covered under preventive care. See doctor office visits.
Inpatient Hospital Coverage	30% after deductible			35% after deductible	Facility: 10% (after deductible) Professional services: no charge	0% after deductible
Emergency Care	30% after deductible \$100 Emergency Room copay – waived if admitted			35% after deductible \$100 Emergency Room copay – waived if admitted	\$100 Emergency Room copay – waived if admitted (ER not subject to deductible)	0% after deductible
Dental Coverage	Standalone coverage is available	Standalone coverage is available	2 free cleanings and up to \$500 benefit** after \$25 deductible	Standalone coverage is available	Standalone coverage is available	Standalone coverage is available
Vision Coverage	Standalone coverage is available	Standalone coverage is available	Eye exam every 12 months	Standalone coverage is available	Standalone coverage is available	Standalone coverage is available

*2-family-member maximum means that two covered members of the family must meet this amount separately to satisfy the requirement for all covered family members; Family aggregate means that all covered family members' eligible expenses can be combined to meet the family requirement.

**Dental and Vision benefit amounts cover Anthem Blue Cross payments for eligible expenses only as outlined in the Certificate.

***Must be done at a HealthyCheckSM designated facility.

IMPORTANT: This overview should be used only for high-level benefit comparisons using in-network providers; refer to the Certificates and/or Combined Evidence of Coverage and Disclosure Forms for comprehensive descriptions of coverage, benefits, special circumstances and limitations. Please note that In-network providers accept Anthem Blue Cross negotiated fee rates as payment in full for covered services. PPO plans: benefits listed are based on the negotiated fee rate for In-Network providers (Out-of-Network providers can charge more than the Negotiated Fee Rate); benefits listed are based on Customary and Reasonable charges (in cases of medical emergencies) for Out-of-Network providers; when members use an Out-of-Network provider, they must pay the applicable co-payment or coinsurance, plus any charges that exceed that allowable amount.

Anthem Blue Cross offers the Power SelectHMO plan and the Dental Net plan. Anthem Blue Cross Life and Health Insurance Company offers the three Hospital BeneFits plans Lumenos HSA 3000 and the PPO \$35 Copay GenRx plan; the Dental BeneFits plan; Blue View Vision and Term Life and AD&D products. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensees of the Blue Cross Association. © ANTHEM and LUMENOS are registered trademarks. Dental Blue and the Blue Cross name and symbol are registered service marks of the Blue Cross Association. THIS IS AN OVERVIEW OF COVERAGE. A COMPREHENSIVE DESCRIPTION OF COVERAGE, BENEFITS, EXCLUSIONS AND LIMITATIONS IS CONTAINED IN THE CERTIFICATES AND/OR COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORMS