Anniversary Month Change/Off Anniversary Plan Change Request Form

Anthem BlueCross

This form is to be used for anniversary month changes or off anniversary plan change requests only.

Please note: Group's anniversary month will change as a result of either of these requests. You should consult your tax and legal advisors because this change may have an impact on your group's plan year. Requests can only be made once in a 12-month period. New rates and benefits may apply.

Instructions:

- Print, sign and FAX your completed form to 1-877-363-9126.
- Complete section 2 for any employee plan changes.
- 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. No retroactive requests will be accepted.

SECTION 1: PLEASE TELL US WHO YOU ARE AND HOW WE CAN REACH YOU.

Group no.	Company name	Contact name	Employer tax ID no. (required)
Phone no.	Fax no.	Email address (required)	Requested anniversary month

SECTION 2: PROVIDE EACH MEMBER'S NAME AND IDENTIFICATION NUMBER, IF THE MEMBER WISHES TO MOVE TO A NEW PLAN OR CHANGE NETWORKS. USE PLAN OPTIONS ON PAGE 2 AS A REFERENCE TO FILL IN MEMBER PLAN INFORMATION. WRITE OR TYPE CLEARLY AND USE FULL PLAN NAME.

Please choose one PPO and/or one HMO network.

☐ Prudent Buyer PPO network ☐ Select PPO network

For PPO network plans
Note: Select PPO and Prudent Buyer (Full) PPO network plans can only be offered alongside other plans with the same network type. (For example, plans on the Select PPO network can be offered alongside other plans on the Select PPO network, but they cannot be offered alongside plans on the Prudent Buyer (Full) PPO networks. Not all network options are available in every area.)

☐ Traditional HMO network (CaliforniaCare) ☐ Select HMO
☐ Priority Select HMO network

For HMO network plans
Note: Select HMO, Priority Select HMO and Traditional (Full) HMO network plans can only be offered alongside other plans with the same network type. (For example, plans on the Select HMO network can be offered alongside other plans on the Select HMO network, but they cannot be offered alongside plans on the Priority Select HMO or Traditional (Full) HMO networks. Not all network options are available in every area.)

Would you like to offer infertility benefits? ☐ Yes ☐ No

HMO plans: provide three- or six-digit Primary Care Physician no. This number can be found on anthem.com/ca.

Member name	Member Social Security or ID no.	Plan name	Choose the **Find a Doctor** link.
1.			
Network option (required)	☐ Prudent Buyer PPO network ☐ Select PPO network	☐ Traditional HMO network (CaliforniaCare) ☐ Select HMO network	☐ Priority Select HMO network
2.			
Network option (required)	☐ Prudent Buyer PPO network ☐ Select PPOnetwork	☐ Traditional HMO network (CaliforniaCare) ☐ Select HMO network	☐ Priority Select HMO network
3.			
Network option (required)	☐ Prudent Buyer PPO network ☐ Select PPO network	☐ Traditional HMO network (CaliforniaCare) ☐ Select HMO network	☐ Priority Select HMO network
4.			
Network option (required)	☐ Prudent Buyer PPO network ☐ Select PPO network	☐ Traditional HMO network (CaliforniaCare) ☐ Select HMO network	☐ Priority Select HMO network

SECTION 3: BE SURE TO COMPLETE THIS SECTION TO AUTHORIZE YOUR CHANGES.

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

Statement of Understanding – I understand that Anthem Blue Cross small group plans cannot be sold or utilized in conjunction with any other product, whether insured or self-funded, that funds any annual deductible, copayment, coinsurance, or out-of-pocket expense of the health benefit plan (i.e., "wrapping").

By signing below, I consent and acknowledge that:

- **My group's anniversary month will change. (You should consult your tax and legal advisors because this change may have an impact on your group's plan year)**
- **Requests can only be made once in a 12-month period.**
- **New rates and benefits may apply.**

Owner/Officer signature	Print name	Date (MM/DD/YY)
X		

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Use this chart to select the plan the member wishes to move to and enter into section 2.

	PPO plans		HMO plans		
	Prudent Buyer PPO network	**Select PPO network**	**CaliforniaCare HMO network**	**Select HMO network**	**Priority Select HMO network**
Anthem Premier		20/10%/4000 Plus		20/0%/4000 Plus 10/10%/2500 Plus	20/0%/4000 Plus 10/10%/2500 Plus
Anthem Gold	500/20%/4500 1000/20%/4000 2000/20%/4000 w/HRA	30/20%/6250 Plus 1000/20%/4000 Plus 500/20%/4500 1000/20%/4000 2000/20%/4000 w/HRA	35/20%/6600 35/25%/6600	30/0%/6250 Plus 500/20%/4500 Plus 35/20%/6600 35/25%/6600	30/0%/6250 Plus 500/20%/4500 Plus 35/20%/6600 35/25%/6600
Anthem Silver	1500/20%/6250 2000/35%/6600 2000/30%/6350 w/HSA	1500/20%/6250 Plus 2000/35%/6600 Plus 1500/20%/6250 2000/35%/6600 2000/30%/6350 w/HSA	1500/30%/6550	1500/20%/6250 Plus 1500/30%/6550 Plus 1500/30%/6550	1500/20%/6250 Plus 1500/30%/6550 Plus 1500/30%/6550
Anthem Bronze	5000/30%/6250 6000/35%/6600 5500/30%/6450 w/HSA 6350/0%/6350 w/HSA	5000/30%/6250 Plus 5750/35%/6450 Plus 5000/30%/6250 6000/35%/6600 5500/30%/6450 w/HSA 6350/0%/6350 w/HSA			