

# Special Open Window Details



Submit Forms for	AETNA	ANTHEM BLUE CROSS	CALIFORNIACHOICE	HEALTH NET	KAISER PERMANENTE CHOICE SOLUTION
<b>January Effective Date from</b>	12/1/08 - 12/31/08	12/1/08 - 1/31/09	Now - 12/15/08	Now - 12/31/08	Now - 12/15/08
<b>February Effective date from</b>	1/1/09 - 1/31/09	Not applicable	Not applicable	1/1/09 - 1/31/09	Not applicable
<b>Eligible Plans</b>					
	MC \$2300/80/50 HSA Compatible MC \$3000/100/50 HSA Compatible MC \$3300/80/50 HSA Compatible	Lumenos HSA 1500 Lumenos HSA 2000 Lumenos HSA 3000 Lumenos HIA 3000 Plus PPO 2400 HSA Compatible PPO 3500 HSA Compatible Solution PPO 2500 Solution PPO 3500 Solution PPO 5000 HMO \$25 100% Classic \$30 HMO Saver \$30 HMO Power \$35 Select HMO	HSA 1500 HSA 2400	Standard HSA 2000 Standard HSA 3000 Standard HSA 4000 Value HSA 1500 Value HSA 2500 Value HSA 3500 Value HSA 4500 Options PPO 3000 Options PPO 4000	HDHP 1400 HDHP 2400 PPO HSA 2200
<b>Who's Eligible / What's Allowed</b>					
<b>Employer Level</b>	Groups may add an HSA Compatible plan and move enrollment into that plan only.	Groups may add the eligible plans according to the <a href="#">Plan Change Guide</a>	Not applicable since all plans are already available to members.	Groups who offer Enhanced Choice, Silver Choice, or Options may select from any HSA offered within the specific suite.  Groups who currently offer a Single Option may replace their current offering with an HSA Compatible plan OR they may go through underwriting to add the Enhanced Choice portfolio.	Not applicable since all plans are already available to members.
<b>Employee Level</b>	Members currently enrolled in an Aetna plan.  Members and/or dependents previously waiving coverage are not eligible.	Members currently enrolled in an Anthem Blue Cross plan.  Members and/or dependents previously waiving coverage are not eligible.	Members currently enrolled in Blue Shield PPO plans.	Members enrolled with an employer currently offering Enhanced Choice, Silver Choice, Hn Options or Hn Options Silver may elect to move to an HSA compatible plan within their portfolio on an individual basis.	Members currently enrolled in a KP Choice Solution plan.
<b>Required Forms</b>					
<b>Employer</b>	<a href="#">Small Group Employer Application</a> (complete sections 1, 2 and 10)	<a href="#">Elect - "All Plans" Change Form</a>  <a href="#">Elect - "Designated Plans" Change Form</a>  <a href="#">Choice - Change Form</a>  <a href="#">Benefits - Change Form</a>	Not applicable since all plans are already available to members.	<a href="#">Open Enrollment Change Request Form - Enhanced Choice</a>  <a href="#">Open Enrollment Change Request - Hn Options</a>	Not applicable since all plans are already available to members.
<b>Employee</b>	<a href="#">Employee Change of Coverage</a>  <a href="#">HSA Application</a>		<a href="#">Employee Application</a> (with cover letter)		<a href="#">Employee Application</a> (with cover letter)
<b>Change to Plan Renewal Date</b>					
	There will be no change to the group's plan renewal date	There will be no change to the group's plan renewal date	There will be no change to the group's plan renewal date	The group may experience a change to their plan renewal date  <a href="#">Click here for details.</a>	There will be no change to the group's plan renewal date