Anthem Blue Cross

How to request changes

Please check the box that describes the change your group would like to make and follow the corresponding instructions. For groups that offer All Plans or the EmployeeChoice program you automatically have access to All Plans options, so no group level change is needed.

We would like to:

¡ **Add** one or more plans. **See Guideline below.**

Replace one or more of our current options with an option that requires underwriting (U). **See Guideline below.**

Replace one or more of our current options with an option that does not require underwriting (GI). Just send a letter from the group (signed by an owner or officer) requesting the change.

Important Note: All employees whose plan is replaced will be moved to the new plan selection.

Guideline – Send the following:

1. Employer application.
2. Letter from the group (signed by an owner or officer) requesting the change.
3. A reconciled ***California Quarterly Wage and Withholding Report***. (DE-6)
4. ***Medical Plan Change Request form***, if applicable. (If ALL employees are moving to a replacement plan, the ***Medical Plan Change Request form*** is not necessary.)

Important note: This benefit change request will be medically underwritten and can be declined.

Use the *Employer Plan Change Guide* to determine if underwriting is required for groups that offer a Single Plan, Designated Plans or Mix-n-Match option.
The chart uses the following symbols:

U - Underwriting is required

GI - No underwriting is required if replacing existing plan with new plan

Mail or FAX all requests and forms to:

Anthem Blue Cross, P.O. Box 9042,
Oxnard, CA 93031-9042 FAX: 805-713-7024

Submit requests during your group's open window period. Anthem Blue Cross will determine the effective date of the approved changes.

For groups that offer a Single Plan, Designated Plans or Mix-n-Match option
Please note: Grid is based upon a combination of both benefit and premium design

U - Underwriting is required **GI** - No underwriting is required if replacing existing plan with new plan

U - Underwriting is required **GI** - No underwriting is required if replacing existing plan with new plan **Move to:**		**Premier PPO Plans**			**PPO Copay Plans**			**PPO GenRx Plans**			**Solution PPO Plans**			**Lumenos HIA+ Plans**		**Lumenos HSA 100/70 Plans**			**Lumenos HSA 80/50 Plans**		
Move from:		Premier PPO $10 Copay	Premier PPO $20 Copay	Premier PPO $30 Copay	PPO 20 Copay	PPO 30 Copay	PPO 40 Copay	25 GenRx	35 GenRx	45 GenRx	Solution 2500	Solution 3500	Solution 5000	Lumenos HIA+ 750	Lumenos HIA+ 500	Lumenos 2000 (100/70)	Lumenos 3000 (100/70)	Lumenos 5000 (100/70)	Lumenos 1500 (80/50)	Lumenos 2500 (80/50)	Lumenos 3500 (80/50)
Premier PPO Plans	Premier PPO $10 Copay		GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	GI	GI	GI	GI	GI
	Premier PPO $20 Copay	U		GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	GI	GI	GI	GI	GI
	Premier PPO $30 Copay	U	U		GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	GI	GI	GI	GI	GI
PPO Copay Plans	PPO $20 Copay	U	U	U		GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	GI	GI	U	GI	GI
	PPO $30 Copay	U	U	U	U		GI	GI	GI	GI	GI	GI	GI	GI	GI	U	GI	GI	U	GI	GI
	PPO $40 Copay	U	U	U	U	U		GI	GI	GI	GI	GI	GI	GI	GI	U	GI	GI	U	GI	GI
PPO GenRx Plans	PPO $25 Copay GenRx	U	U	U	U	U	U		GI	GI	GI	GI	GI	U	U	U	U	U	U	U	U
	PPO $35 Copay GenRx	U	U	U	U	U	U	U		GI	GI	GI	GI	U	U	U	U	U	U	U	U
	PPO $45 Copay GenRx	U	U	U	U	U	U	U	U		GI	GI	GI	U	U	U	U	U	U	U	U
Solution PPO Plans	Solution 2500 PPO	U	U	U	U	U	GI	GI	GI	GI		GI	GI	U	GI	U	U	U	U	U	GI
	Solution 3500 PPO	U	U	U	U	U	GI	GI	GI	GI	U		GI	U	GI	U	U	U	U	U	GI
	Solution 5000 PPO	U	U	U	U	U	GI	GI	GI	GI	U	U		U	GI	U	U	U	U	U	U
Lumenos HIA+ Plans	Lumenos HIA+ 750	U	U	U	U	U	GI	GI	GI	GI	GI	GI	GI		GI	U	U	U	U	GI	GI
	Lumenos HIA+ 500	U	U	U	U	U	GI	GI	GI	GI	GI	GI	GI	U		U	GI	GI	U	GI	GI
Lumenos HSA 100/70 Plans	Lumenos HSA 2000 (100/70)	U	U	U	U	U	U	GI	GI	GI	GI	GI	GI	U	U		GI	GI	U	GI	GI
	Lumenos HSA 3000 (100/70)	U	U	U	U	U	U	GI	GI	GI	GI	GI	GI	U	U	U		GI	U	U	GI
	Lumenos HSA 5000 (100/70)	U	U	U	U	U	U	GI	GI	GI	GI	GI	GI	U	U	U	U		U	U	U
Lumenos HSA 80/50 Plans	Lumenos HSA 1500 (80/50)	U	U	U	U	U	U	GI	GI	GI	GI	GI	GI	U	U	U	U	U		GI	GI
	Lumenos HSA 2500 (80/50)	U	U	U	U	U	U	GI	GI	GI	GI	GI	GI	U	U	U	U	U	U		GI
	Lumenos HSA 3500 (80/50)	U	U	U	U	U	U	GI	GI	GI	GI	GI	GI	U	U	U	U	U	U	U	
Elements Hospital Plans	Elements Hospital Preferred	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
	Elements Hospital Plus	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
	Elements Hospital	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
EPO Plans	High Deductible EPO	U	U	U	U	U	GI	GI	GI	GI	GI	GI	GI	U	GI	U	U	U	U	U	U
HMO Plans	HMO $10 100%	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	GI	GI	U	GI	GI
	HMO $25 100%	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	GI	GI	GI	GI	GI
	Classic $20 HMO	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	U	U	GI	GI	GI	GI	GI
	Classic $30 HMO	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	U	U	GI	GI	GI	GI	GI
	Classic $40 HMO	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	U	U	GI	GI	U	GI	GI
	Saver $20 HMO	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	U	U	U	U	U	U	U
	Saver $30 HMO	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	U	U	U	U	U	U	U
	Saver $40 HMO	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	U	U	U	U	U	U	U
	Select $25 HMO	U	U	U	U	U	U	GI	GI	GI	GI	GI	GI	U	U	U	U	U	U	U	U
	Select $35 HMO	U	U	U	U	U	U	GI	GI	GI	GI	GI	GI	U	U	U	U	U	U	U	U
Additional Plans	Advantage 25 PPO	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	GI	GI	GI	GI	GI
	Lumenos 1500 (100/70)	U	U	U	U	U	U	GI	GI	GI	GI	GI	GI	U	U	GI	GI	GI	GI	GI	GI
	PPO HSA 2400	U	U	U	U	U	U	U	U	U	GI	GI	GI	U	U	U	U	U	U	GI	GI
	PPO HSA 3500	U	U	U	U	U	U	U	U	U	U	GI	GI	U	U	U	U	GI	GI	GI	GI
	Lumenos HIA+ 3000	U	U	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	U	GI	GI	GI	GI
	PHF 750	U	U	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	U	U	U	U	U
	PHF 500	U	U	U	U	U	GI	GI	GI	GI	GI	GI	GI	GI	GI	U	U	U	U	U	U
	PPO Saver	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
	PPO Basic	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U

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

All Small Group HMO Medical plans, High Deductible EPO plan, Premier $10/$20/$30 Copay plans and PPO $30/$40 Copay plans are offered by Anthem Blue Cross. All other Small Group Medical plans are offered 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 and LUMENOS are registered trademarks. The Blue Cross name and symbol are registered service marks of the Blue Cross Association. A COMPREHENSIVE DESCRIPTION OF COVERAGE, BENEFITS, EXCLUSIONS AND LIMITATIONS IS CONTAINED IN THE CERTIFICATES AND/OR COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORMS.

ECASH1218CEN Rev. 05/09