

# Anniversary Month Change Form



This form is to be used for anniversary month changes, which will allow for plan changes. New rates and benefits may apply. If your anniversary date is moving from one calendar year to another as a result of this request, **rates and benefits will change**. New enrollees or family additions must complete an Employee Application requesting coverage. No retroactive requests will be accepted.

**Please note: Your anniversary month will change as a result of this request. You should consult your tax and legal advisors because this change may have an impact on your plan year. Requests can only be made once in a 12-month period.**

- Instructions:**
- Please print, sign and email your completed request to [SGUWCA@anthem.com](mailto:SGUWCA@anthem.com).
  - The plan selection must be noted in section 2.
  - Refer to [anthem.com/easyrenew](http://anthem.com/easyrenew) to help you and your employees make the choice that's right for them.
  - All requests are due by the 20th of the month preceding the anniversary change request.

Section 1: Please tell us who you are and how we can reach you.			
Group/Case no.	Employer name	Contact name	Employer tax ID no. (required)
Phone no.	Fax no.	Email address (required)	Requested anniversary month

Section 2: Please provide network, current plan(s) and requested plan(s) upon your new anniversary date for each current active plan(s) offered. Plan options available upon 2018 Anniversary date are listed on page 3 for your reference.	
<b>Please choose one PPO and/or one HMO network.</b>	
<input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network <b>For PPO network plans</b> <b>Note:</b> 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.)	<input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network <b>For HMO network plans</b> <b>Note:</b> 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 Traditional (Full) HMO networks. Not all network options are available in every area.)

Current plan(s)		Requested plan(s) upon new anniversary effective date	
1		→	
2		→	
3		→	
4		→	
5		→	

Please note that any employees who wish to make plan changes outside of these requested group level plan mappings/assignments must be listed on the next page. Additionally, any member moving to an HMO plan from a PPO plan, must select a new PCP on this document. If you are making a change to a new HMO network and would like to request a new PCP, that is also required on this form.

Please complete this section for any employees who wish to make plan changes.

**Section 2 – Continued**

Would you like to offer infertility benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, an additional \$90 will be charged for each subscriber within the group. This applies to all areas, gender and age.		<b>HMO plans:</b> provide three- or six-digit Primary Care Physician no. This number can be found on anthem.com/ca.	
Member name	Member Social Security <sup>1</sup> or ID no.	Plan name (required)	Choose the Find a doctor link.
1.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network <input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network			
2.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network <input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network			
3.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network <input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network			
4.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network <input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network			
5.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network <input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network			
6.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network <input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network			
7.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network <input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network			
8.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network <input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network			
9.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network <input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network			
10.			
Network option (required) <input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network <input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network			

**Section 3: Be sure to complete this section to authorize your changes.**

By signing below, I consent and acknowledge that:

- My anniversary month will change. I should consult my tax and legal advisors because this change may have an impact on my plan year.
- Requests can only be made once in a 12-month period. Once the change is complete, it is not reversible. Once I exercise the option to change my anniversary date, I cannot change my anniversary date again for 12 months.
- New rates and benefits may apply.
- If my anniversary month changes from one calendar year to another calendar year as a result of my request, rates and benefits will change.

I am an owner or officer of this company, and hereby authorize the following changes to our Anthem group anniversary month.

Owner/Officer signature <b>X</b>	Print name	Date (MM/DD/YYYY)
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<sup>1</sup> Anthem is required by the Internal Revenue Service and Centers for Medicare & Medicaid (CMS) regulations to collect this information.

Available plans for 1/1/18 – 12/31/18 effective dates.

	PPO plans		HMO plans	
	Prudent Buyer PPO Network	Select PPO Network	CaliforniaCare HMO Network	Select HMO Network
Anthem Platinum	20/10%/3000 200/10%/3000	15/10%/3350 20/10%/3000 200/10%/3000	10/10%/2000	10/10%/2000
Anthem Gold	20/30%/6500 500/20%/6500 750/20%/6500 1000/20%/6000 2000/20%/4000	20/30%/6500 25/20%/6000 500/20%/6500 750/20%/6500 1000/20%/6000 2000/20%/4000	25/20%/5500 40/20%/4500 500/20%/5000 1000/30%/4000	25/20%/5500 40/20%/4500 500/20%/5000 1000/30%/4000
Anthem Silver	1250/40%/7350 1750/35%/7350 2000/20%/6000 w/HSA – Rx <sup>2</sup> 2000/40%/7350	1250/40%/7350 1750/35%/7350 2000/20%/6000 w/HSA – Rx <sup>2</sup> 2000/20%/7000 2000/40%/7350	1500/35%/7150 2000/40%/7350	1500/35%/7150 2000/40%/7350
Anthem Bronze	4500/35%/6550 w/HSA 5000/30%/7350 5000/35%/6550 w/HSA 6000/35%/7350 6500/0%/6500 w/HSA	4500/35%/6550 w/HSA 4800/40%/6550 w/HSA 5000/30%/7350 5000/35%/6550 w/HSA 6000/35%/7350 6500/0%/6500 w/HSA		

<sup>2</sup> These plans have a different per member deductible amount depending on whether the subscriber is enrolled as self only, or has enrolled dependents within the plan. Plans have been designed in this manner to comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

All product offerings are subject to regulatory review and approval.