

Small Group Employee Elect Renewal Medical Plan Change Request



Instructions:

- Please sign, print and return your completed form to small.group@anthem.com, by fax at 1-855-750-2227, or return through [ESubmit](#).
- Self-Service options for submitting request are available through [EmployerAccess](#).
- The plan selection must be noted in section 2.
- Refer to anthem.com/easyrenew to help you and your employees make the choice that's right for them.

Please note: Plan changes may result in rate and benefit changes.

New enrollees or family additions must complete an Employee application requesting coverage.

Section 1: Please tell us who you are and how we can reach you.

Group/Case no.	Company name	Contact name	Employer tax ID no. (required)
Phone no.	Fax no.	Email address (required)	

Section 2: Please provide network, current plan(s) and requested plan(s) upon your anniversary date for each current active plan(s) offered. Plan options available upon Anniversary date listed on page 3 for your reference.

Please choose one PPO and/or one HMO network.

<input type="checkbox"/> Prudent Buyer PPO Network <input type="checkbox"/> Select PPO Network For PPO network plans PPO plans – Prudent Buyer PPO, and Select 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 PPO network. Not all network options are available in every area.)	<input type="checkbox"/> CaliforniaCare HMO Network <input type="checkbox"/> Select HMO Network <input type="checkbox"/> Priority Select HMO Network For HMO network plans HMO plans – CaliforniaCare HMO, Select HMO and Priority Select 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 CaliforniaCare HMO network. Not all network options are available in every area.)
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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.

For Health Savings Account (HSA) plans

Do you want Anthem to facilitate opening a HSA Financial Custodian (bank) account? Yes No If yes, requires completion of questionnaire.

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.		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 or contract code (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 <input type="checkbox"/> Priority 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 <input type="checkbox"/> Priority 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 <input type="checkbox"/> Priority 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 <input type="checkbox"/> Priority 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 <input type="checkbox"/> Priority 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 <input type="checkbox"/> Priority 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 <input type="checkbox"/> Priority 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 <input type="checkbox"/> Priority 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 <input type="checkbox"/> Priority 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 <input type="checkbox"/> Priority Select HMO Network			

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

By signing below, I consent and acknowledge that plan changes may result in rate and benefit changes.		
I am an owner or officer of this company, and hereby authorize the following changes to our Anthem group medical coverage.		
Signature	Print name	Date (MMDDYYYY)
X		

*Anthem is required by the Internal Revenue Service and Centers for Medicare & Medicaid (CMS) regulations to collect this information.

Available plans for 1/1/21 – 12/31/21 effective dates.

	Anthem Platinum	Anthem Gold	Anthem Silver	Anthem Bronze
PPO: Prudent Buyer PPO Network	Platinum 5/250/15% Platinum 5/250/15% WH Platinum 15/250/10% Platinum 20/10%	Gold 5/1500/30% Gold 20/30% Gold 30/500/20% Gold 30/750/20% Gold 35/500/25% Gold 35/1000/20% Gold 35/500/25% WH Gold 35/1000/20%WH	Silver 45/1750/40% Silver 45/1750/40% WH Silver 50/2200/40% Silver 55/2500/45% Silver 55/2500/45% WH Silver 2000/30% w/HSA-RxC* Silver 2500/35% w/HSA PrevRx*	Bronze 40/5600/40% Bronze 60/6350/40% Bronze 70/6600/35% Bronze 75/7300/40% Bronze 4600/50% Bronze 5600/45% w/HSA Bronze 5600/45% w/HAS WH Bronze 6950/0% w/HSA Bronze 6950/0% w/HAS WH
PPO: Select PPO Network	Platinum 5/250/15% Platinum 15/250/10% Platinum 15/10% Platinum 20/10%	Gold 5/1500/30% Gold 20/30% Gold 25/350/20% Gold 30/500/20% Gold 30/750/20% Gold 35/500/25% Gold 35/1000/20% Gold 35/500/25% WH Gold 35/1000/20%WH	Silver 45/1750/40% Silver 45/1750/40% WH Silver 50/2200/40% Silver 50/2250/30% Silver 55/2500/45% Silver 55/2500/45% WH Silver 2000/30% w/HSA-RxC* Silver 2500/35% w/HSA PrevRx*	Bronze 40/5600/40% Bronze 60/6350/40% Bronze 70/6600/35% Bronze 75/7300/40% Bronze 4600/50% Bronze 5600/45% w/HSA Bronze 6950/0% w/HSA Bronze 7000/0% w/HSA
EPO: Prudent Buyer PPO Network		Gold 35/500/20% Gold 35/1700/20%		
HMO: CaliforniaCare HMO Network	Platinum 20 Platinum 25	Gold 30 Gold 35 Gold 35/700/20% Gold 35/1250/20%	Silver 55 Silver 55/2250/45%	
HMO: Select HMO Network	Platinum 20 Platinum 25	Gold 30 Gold 35 Gold 35/700/20% Gold 35/1250/20%	Silver 55 Silver 55/2250/45%	
HMO: Priority Select HMO Network	Platinum 20 Platinum 25	Gold 30 Gold 35 Gold 35/700/20% Gold 35/1250/20%	Silver 55 Silver 55/2250/45%	

* 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.

Product offerings are subject to regulatory review and approval.