



Employee Elect Medical Plan Change Request Form - "Designated Plans" Groups

FAX your completed form to 805-713-7024



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

Group No.	Company Name
Phone	Contact Name
FAX	Email

Be sure to complete this section to authorize these changes:

I am an owner or officer of this company, and hereby authorize the following changes to our Blue Cross group medical coverage.

Signature: _____ Print Name: _____

Date: _____ **Requested** Effective Date: _____

For each member who wishes to change plans you need to:

Fill in member's name and identification number and then mark the plan member wants to move to.

***Important Note:** If your group wants to add or change plans, refer to the *Group Administrators Manual* (Pages 32-34). Upgrades and plan additions require an Employer Application, letter from the group signed by an owner or officer, *California Quarterly Wage and Withholding Report* (DE-6) and this form. **Upgrades and plan additions will be medically underwritten and can be declined.**

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

Will Employer establish a Mellon Health Savings Account for Lumenos plan(s)? ___ Yes ___ No

	Premier \$10 Copay	Premier \$20 Copay	Advantage \$25 Copay	\$30 Copay	\$35 Copay GenRx	\$40 Copay	\$45 Copay GenRx	Lumenos HSA-Comp 1500	Lumenos HSA-Comp 3000	Lumenos HIA Plus 3000	PPO 2400 (HSA-Comp)	PPO 3500 (HSA-Comp)	Power HealthFund 750	Power HealthFund 500	High Deductible EPO	Saver PPO	Basic PPO	*Power Select HMO	Saver HMO	Classic HMO	HMO 100%		
Check box to indicate your currently offered plan(s):																							*Power Select HMO is not available in conjunction with any other HMO plan and in Areas 1 or 8. For HMO plans Provide a 3 or 6 digit Primary Care Physician number here.
Check box to indicate any plan(s) you would like to add, if applicable*:																							
Member's Name	Member's SSN or ID No.																						
1)																							
2)																							
3)																							
4)																							
5)																							
6)																							
7)																							
8)																							
9)																							
10)																							

Please photocopy form if additional rows are needed.

The following Medical and Dental plans are offered by BCC: HMO \$35 Copay, High Deductible EPO Plan, PPO \$40/\$30 Copay, Premier PPO \$20/\$10 Copay, HMO 100%, Classic HMO, Saver HMO, and Power SelectHMO: Dental Net, Dental SelectHMO and Voluntary Dental Saver SelectHMO Plan. The following Medical and Dental plans are offered by BCL&H: PPO \$45 Copay GenRx, Lumenos HSA 3000, Lumenos HSA 1500, Lumenos HIA Plus 3000, and PPO 3500/2400 (HSA-Compatible) plans, Basic PPO, Saver PPO, PPO \$35 Copay GenRx, Advantage PPO \$25 Copay, Power HealthFund 750/500, Hospital BeneFits, Hospital BeneFits Plus, Hospital BeneFits Preferred, PlanSilver 1000, Gold 1500, Gold Preferred 1500, Platinum 2000, Platinum Preferred 2000, Basic Option PPO, Standard Option PPO, High Option PPO, Dental Blue, Fee-for-Service Dental plans and Voluntary PPO Dental Plan. SmileNet Dental Discount Program is offered by BCL&H. Term Life and AD&D products offered by BCL&H. Workers' Compensation coverage is provided through Employers Compensation Insurance Company. Blue Cross of California and B C Life & Health Insurance Company are independent licensees of the Blue Cross Association. @LUMENOS is a registered trademark. The Blue Cross name and symbol are registered trademarks of the Blue Cross Association.