

Request for Contract Change

FOR GROUPS WITH 2-50 ENROLLED EMPLOYEES

Effective July 1, 2006

Fax No: (209) 367-6603 Lodi



Blue Shield
of California

Blue Shield of California
An Independent Member of the Blue Shield Association

Blue Shield of California Life & Health Insurance Company
An Independent Licensee of the Blue Shield Association

THIS FORM SHOULD BE USED TO EXPEDITE CHANGE REQUESTS FOR YOUR CLIENT'S RENEWING GROUP CONTRACTS.

Once approval and processing is completed your subsequent billing will reflect the corresponding adjustments.

To: BLUE SHIELD OF CALIFORNIA

From: PRODUCER NAME: _____ GROUP NAME: _____
 PRODUCER TAX ID #: _____ GROUP NO. (S): _____
 PRODUCER PHONE #: _____ RENEWAL DATE: _____
 PRODUCER FAX #: _____

CHANGE GROUP STRUCTURE TO:

- Stand-Alone Plan Dual Option Dental (select any two dental plans)
 DualChoice (2-4 enrolled employees, select 1 HMO and 1 other – PPO, PPO Savings, POS or Active Choice plan (Except Access Baja)
 PlanSelectSM Indicate Plans Below - Groups with 5-9 enrolled employees select up to 17 plans or groups with 10-50 enrolled employees select up to 23 plans
- Select employer defined contribution level \$100 \$80 OR _____ %
 • Total # of Employees _____ Total # of Eligibles _____ Total # of Enrolled _____ (Must equal 80% of all Eligibles)

Shield Spectrum PPO[®] Plans <input type="checkbox"/> Zero Deductible <input type="checkbox"/> 500 Value* <input type="checkbox"/> 250 Premier <input type="checkbox"/> 1000 <input type="checkbox"/> 250 Standard <input type="checkbox"/> 1000 Value* <input type="checkbox"/> 500 Premier <input type="checkbox"/> 1500 Value* <input type="checkbox"/> 500 Standard* <input type="checkbox"/> 3000*	Shield Spectrum PPO Savings Plans <input type="checkbox"/> 2250 <input type="checkbox"/> 2600* <input type="checkbox"/> 3400* <input type="checkbox"/> 4800 Individual/9600 Family*	Active ChoiceSM Plans <input type="checkbox"/> 750 SG* <input type="checkbox"/> 500 SG*	<input type="checkbox"/> Other (Specify Below) _____
Access+ HMO[®] Plans <input type="checkbox"/> 5 <input type="checkbox"/> 20 <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 15 <input type="checkbox"/> 40	Added Advantage POSSM Plan <input type="checkbox"/> \$500 Deductible	Access Baja HMO[®] Plans <input type="checkbox"/> Plan 5 <input type="checkbox"/> Plan 10 <i>Note: Access Baja HMO Plans can be offered alongside those chosen through PlanSelect but they do not count toward PlanSelect restrictions.</i>	

ADD/DELETE OPTIONS: Available along with Blue Shield Medical plans, DualChoice or PlanSelect

Add / Delete	Rider Options	Add / Delete	Rider Options	Add / Delete	Rider Options
<input type="checkbox"/>	<input type="checkbox"/> Infertility Rider	<input type="checkbox"/>	<input type="checkbox"/> Blue Shield Vision Basic \$0/\$100	<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Plus Gold
<input type="checkbox"/>	<input type="checkbox"/> Inpatient Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/> Blue Shield Vision Basic \$10/\$75	<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Deluxe
<input type="checkbox"/>	<input type="checkbox"/> Chiropractic (Access+HMO & POS only)	<input type="checkbox"/>	<input type="checkbox"/> Blue Shield Life Vision Basic \$0/\$100*	<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Deluxe 2000
<input type="checkbox"/>	<input type="checkbox"/> Acupuncture/Chiropractic (Access+HMO & POS only)	<input type="checkbox"/>	<input type="checkbox"/> Blue Shield Life Vision Basic \$10/\$75*	<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Deluxe Plus 2000
<input type="checkbox"/>	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile SM Basic Voluntary	<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Deluxe Gold
		<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Basic	<input type="checkbox"/>	<input type="checkbox"/> DPPO Other _____
		<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Value	<input type="checkbox"/>	<input type="checkbox"/> Dental HMO Basic
		<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile	<input type="checkbox"/>	<input type="checkbox"/> Dental HMO Voluntary
		<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Plus	<input type="checkbox"/>	<input type="checkbox"/> Dental HMO Plus
		<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Plus Gold	<input type="checkbox"/>	<input type="checkbox"/> Dental HMO Deluxe

ADD/DELETE DENTAL ONLY CONTRACT: Available to groups without Blue Shield Medical plans

Add / Delete		Add / Delete		Add / Delete	
<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Basic Voluntary	<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Deluxe	<input type="checkbox"/>	<input type="checkbox"/> DPPO Other (specify) _____
<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Basic	<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Deluxe 2000	<input type="checkbox"/>	<input type="checkbox"/> Dental HMO Basic
<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Value	<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Deluxe Plus 2000	<input type="checkbox"/>	<input type="checkbox"/> Dental HMO Voluntary
<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile	<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Deluxe Gold	<input type="checkbox"/>	<input type="checkbox"/> Dental HMO Plus
<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Plus			<input type="checkbox"/>	<input type="checkbox"/> Dental HMO Deluxe
<input type="checkbox"/>	<input type="checkbox"/> DPPO Smile Plus Gold				

ADD/DELETE OPTIONS: Group Term Life Insurance and AD&D

Delete Life Add Life _____ K to Plan (between 15K to 25K maximum) to add more than 25K life, contact your local Blue Shield Sales office or Blue Shield Life directly.

Additional comments or any changes in group name, billing address or contact person: _____

Employer Signature _____ Date _____

Producer/Agent Signature _____ Date _____

Access+ HMO and Access+ Baja HMO are registered marks, and Shield Spectrum PPO, Active Choice, Smile and PlanSelect are service marks of Blue Shield of California.
 * Underwritten by Blue Shield of California Life & Health Insurance Company.