

Individual ACA Plan Change Form

Off Exchange Plans. Please print clearly using blue or black ink only.

As part of Open Enrollment, I would like Anthem Blue Cross and Blue Shield (Anthem) to update my application to change my medical plan (including the coverage for any enrolled dependents) to the one selected below. Open Enrollment effective date rules apply.

Subscriber's name (please print)	Subscriber ID number
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Medical Plans

Please select one medical plan from the below Pathway Guided Access HMO plans only if you reside in one of the following counties: Cherokee, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, and Richmond. *These plans require the selection of a PCP.

Anthem Bronze	Anthem Silver	Anthem Catastrophic	Only available to applicants under age 30, unless otherwise qualified.
Pathway Guided Access HMO <input type="checkbox"/> 0% for HSA (4D8A)* <input type="checkbox"/> 4800 (4D81)* <input type="checkbox"/> 5200 (4D8J)* <input type="checkbox"/> 5500 (4D8G)* <input type="checkbox"/> 6750 (4D86)*	Pathway Guided Access HMO <input type="checkbox"/> 2000 (4D8L)* <input type="checkbox"/> 2600 (4D7Y)* <input type="checkbox"/> 4950 (4D84)* <input type="checkbox"/> 5500 (4D88)* <input type="checkbox"/> 6000 (4D82)*	Pathway Guided Access HMO <input type="checkbox"/> 8150 (4D8E)*	

Please select one medical plan from the below Pathway HMO plans only if you reside in one of the following counties: Atkinson, Baldwin, Banks, Bartow, Berrien, Brooks, Burke, Carroll, Charlton, Chattooga, Clinch, Colquitt, Columbia, Cook, Coweta, Crawford, Dawson, Decatur, Early, Echols, Emanuel, Fannin, Floyd, Franklin, Gilmer, Glascock, Grady, Habersham, Hall, Hancock, Haralson, Hart, Heard, Jasper, Jefferson, Jenkins, Johnson, Lamar, Lanier, Laurens, Lincoln, Lowndes, Lumpkin, McDuffie, Morgan, Oglethorpe, Pickens, Pike, Polk, Rabun, Seminole, Stephens, Taliaferro, Thomas, Tift, Towns, Turner, Union, Upson, Ware, Warren, Washington, White, Wilkes and Wilkinson. Please be sure to select a PCP.

Anthem Bronze	Anthem Silver	Anthem Catastrophic	Only available to applicants under age 30, unless otherwise qualified.
Pathway HMO <input type="checkbox"/> 0% for HSA (4D8B) <input type="checkbox"/> 4800 (4D80) <input type="checkbox"/> 5200 (4D8K) <input type="checkbox"/> 5500 (4D8H) <input type="checkbox"/> 6750 (4D87)	Pathway HMO <input type="checkbox"/> 2000 (4D8M) <input type="checkbox"/> 2600 (4D7Z) <input type="checkbox"/> 4950 (4D85) <input type="checkbox"/> 5500 (4D89) <input type="checkbox"/> 6000 (4D83)	Pathway HMO <input type="checkbox"/> 8150 (4D8F)	

PCP Selection (HMO only)

If you choose a medical plan, please choose a PCP for each family member from the Provider Directory, which can be found at anthem.com, or by calling 1 (888) 231-5046.

Member name	PCP	PCP ID	Current patient	PMG/IPA ID*
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

*PMG = Participating Medical Group, IPA = Independent Practice Association

Please mail this change form to the following address:

Anthem Blue Cross and Blue Shield OR Fax to: 1 (877) 628-4593
P.O. Box 659960
San Antonio, TX 78265-9146

I hereby acknowledge that Anthem has informed me of the following prior to my enrollment in their health care coverage plan:

- Number, mix and location of participating/network health care providers;
- Limitations of choices of participation/network health care providers;
- Disclosure of contractual relationship between participation/network provider and Anthem.

Subscriber (or legal representative) signature

X

Date (MM/DD/YYYY)

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We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish

Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

Chinese

您有權免費獲得透過您使用的語言提供的幫助。請撥打您的ID卡片上的會員服務電話號碼。若您為視障人士，還可索取本文件的其他格式版本。

Vietnamese

Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

Korean

귀하는 자국어로 무료 지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog

May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

Russian

Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

Armenian

Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi

"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

French

Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

Arabic

لك الحق في الحصول على مساعدة بلغتك مجاناً. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

Japanese

お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Haitian

Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòm tou.

Italian

Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

Polish

Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800-368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>