

**REQUEST FOR 2004 YEAR CONTRACT CHANGE
Portfolio Plans 2 to 50 Lives ONLY**

FAX NO: (209) 367-6603 Lodi
(Southern California)

FAX NO: (916) 350-8800 El Dorado Hills
(Northern California)

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#: _____
 PRODUCER PHONE #: _____ GROUP NO. (S): _____
 PRODUCER FAX #: _____ RENEWAL DATE: _____

CHANGE GROUP STRUCTURE TO:

DUAL CHOICE OR STAND ALONE PLAN - Indicate Plans Below. (Please note: effective 7/1/2001 RX upgrade options are no longer available. HMO and PPO Plans now have pre-set Prescription co pays for generic and brand drugs specific to the plan choice -see below.)

Dual Option (Indicate Plans Below)

<u>Shield Spectrum PPO Plans</u>	<u>Shield Spectrum PPO Savings Plan</u>	<u>Active Choice Plans</u>
<input type="checkbox"/> Zero Deductible <input type="checkbox"/> 500	<input type="checkbox"/> \$2250 (\$35 O.V. Co Pay)	<input type="checkbox"/> Plan 500
<input type="checkbox"/> 250 Premier <input type="checkbox"/> 1000	Note: Prescriptions benefits are subject to the <input type="checkbox"/> Plan 750	
<input type="checkbox"/> 250 Standard	Shield Spectrum PPO Savings Plan deductible.	

<u>Access+ HMO</u>	<u>Access Baja HMO</u>	<u>Added Advantage POS Plan</u>
<input type="checkbox"/> Plan 5	<input type="checkbox"/> Gold Plan \$5 Co-pay	<input type="checkbox"/> \$300 Deductible Plan
<input type="checkbox"/> Plan 10 Premier	<input type="checkbox"/> Silver Plan \$10 Co-pay	
<input type="checkbox"/> Plan 10 Standard		
<input type="checkbox"/> Plan 15		

MULTIPLE PLAN PACKAGES CHOICE - Available for groups of **5 PLUS** enrolled employees - Indicate Plans Below.
 Platinum Gold Silver Combination

ADD/DELETE OPTIONS: Available along with BSC Medical plans, Dual Choice or Multiple Plan Packages:

<u>Add / Delete Rider Options</u>	<u>PPO Dental Only Contract</u>	<u>HMO Dental Stand Alone</u>
<input type="checkbox"/> <input type="checkbox"/> BSC (MES) Vision No CoPay	<input type="checkbox"/> Smile Basic	<input type="checkbox"/> DHMO Basic
<input type="checkbox"/> <input type="checkbox"/> BSC (MES) Vision \$10 CoPay	<input type="checkbox"/> Smile	<input type="checkbox"/> DHMO Voluntary
<input type="checkbox"/> <input type="checkbox"/> Smile Basic	<input type="checkbox"/> Smile Plus	<input type="checkbox"/> DHMO Plus
<input type="checkbox"/> <input type="checkbox"/> Smile	<input type="checkbox"/> Smile Deluxe	<input type="checkbox"/> DHMO Deluxe
<input type="checkbox"/> <input type="checkbox"/> Smile Plus	<input type="checkbox"/> Smile Deluxe Gold	
<input type="checkbox"/> <input type="checkbox"/> Smile Deluxe		
<input type="checkbox"/> <input type="checkbox"/> Smile Deluxe Gold		
<input type="checkbox"/> <input type="checkbox"/> Dental HMO Plan Basic		
<input type="checkbox"/> <input type="checkbox"/> Dental HMO Plan Voluntary		
<input type="checkbox"/> <input type="checkbox"/> Dental HMO Plan Plus	<u>Blue Shield Life</u>	
<input type="checkbox"/> <input type="checkbox"/> Dental HMO Plan Deluxe	<input type="checkbox"/> DELETE LIFE	
<input type="checkbox"/> <input type="checkbox"/> Infertility Rider	<input type="checkbox"/> ADD _____ K to Plan (between 15K to 25K maximum)	
<input type="checkbox"/> <input type="checkbox"/> Substance Abuse	to add more than 25K life, contact your local Blue	
<input type="checkbox"/> <input type="checkbox"/> Chiropractic (Access +HMO & POS only)	Shield Sales office or Blue Shield Life directly.	
<input type="checkbox"/> <input type="checkbox"/> Acupuncture/Chiropractic (Access+ HMO & POS only)		

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

Producer/Agent Signature _____ Date _____