

Colorado BluePreferred PPO for Individuals Deductible Change Form

This form can be used to increase your current plan deductible.
It cannot be used to lower your deductible.

Subscriber Name: _____

Subscriber Number: _____

I authorize Anthem Blue Cross and Blue Shield to change the deductible on my BluePreferred PPO for Individuals health plan effective January 1, 2005 to:

_____ \$500 Deductible/\$25 Office Visit Copayment/20% Coinsurance

_____ \$1,000 Deductible/\$25 Office Visit Copayment/20% Coinsurance

_____ \$2,000 Deductible/\$25 Office Visit Copayment/20% Coinsurance

_____ \$3,000 Deductible/No Office Visit Copayment*/20% Coinsurance

*You will be responsible for office visit fees in full until your deductible is met.

I understand that if I choose a deductible that is higher than my current deductible, my premium will be lower and I will not have to re-qualify for coverage based on my medical history.

Please fax or mail this form to Anthem Blue Cross and Blue Shield by December 31, 2004 to make sure your February 2005 invoice will reflect this change.

I agree that, if I am unable to return this form by December 31, 2004, I will refer to my Membership Certificate for the effective date guidelines under which Anthem will process my request. I understand that this deductible change form is valid for this transaction only.

Subscriber Signature

Date

Please fax this form to: 303-764-7282

Or, mail it to: Anthem Blue Cross and Blue Shield
Individual Products Membership
P.O. Box 17349
Denver, CO 80217-0349