

## 2010 Forms Necessary When Making a Plan Change

(The back of this form needs to be completed by you)

Your Current Plan	Your Desired Plan	Necessary Forms	When you can make the change
Anthem SmartValue PFFS Plan	Change between SmartValue PFFS Options (Low to High, High to Base, etc.)	<ul style="list-style-type: none"> <li>• 2010 EB Plan Election Change Form</li> <li>• Anthem SmartValue PFFS Enrollment Form indicating 2010 plan selection.</li> </ul>	During Open Enrollment only
Navy POS	<ul style="list-style-type: none"> <li>• Anthem Retiree Medical Plan F and Health Net Rx</li> <li>• Anthem SmartValue PFFS &amp; Health Net Rx</li> </ul>	<ul style="list-style-type: none"> <li>• 2010 EB Plan Election Change Form</li> <li>• Health Net Disenrollment form</li> <li>• Anthem Retiree Medical Plan F or Anthem SmartValue PFFS Enrollment Form</li> <li>• Health Net Orange Rx Enrollment Form</li> </ul>	<ul style="list-style-type: none"> <li>• During Open Enrollment</li> <li>• Once during the year</li> </ul>
Anthem Retiree Medical Plan F or Anthem SmartValue PFFS Plan	<ul style="list-style-type: none"> <li>• Health Net Navy POS</li> <li>• Health Net Ruby HMO</li> </ul>	<ul style="list-style-type: none"> <li>• 2010 EB Plan Election Change Form</li> <li>• Health Net Orange Rx Disenrollment Form</li> <li>• Health Net Medicare Group Enrollment Form</li> </ul>	<ul style="list-style-type: none"> <li>• During Open Enrollment</li> <li>• Once during the year</li> </ul>
Anthem SmartValue PFFS Plan	Anthem Retiree Medical Plan F	<ul style="list-style-type: none"> <li>• 2010 EB Plan Election Change Form</li> <li>• Anthem Retiree Medical Plan F Enrollment Form</li> </ul>	<ul style="list-style-type: none"> <li>• During Open Enrollment</li> <li>• Once during the year</li> </ul>
Anthem Retiree Medical Plan F	Anthem SmartValue PFFS Plan (High, Base or Low)	<ul style="list-style-type: none"> <li>• 2010 EB Plan Election Change Form</li> <li>• Anthem SmartValue PFFS Enrollment Form</li> </ul>	<ul style="list-style-type: none"> <li>• During Open Enrollment</li> <li>• Once during the year</li> </ul>
Health Net Navy POS	Health Net Ruby HMO	<ul style="list-style-type: none"> <li>• 2010 EB Plan Election Change Form</li> </ul>	During Open Enrollment only
Health Net Unlimited Prescription Drug Plan	Health Net Limited Drug Plan	<ul style="list-style-type: none"> <li>• 2010 EB Plan Election Change Form</li> <li>• Health Net Orange Rx Opt Down Form</li> </ul>	During Open Enrollment only

Many forms available at our website at [www.BeaconMedicare.com](http://www.BeaconMedicare.com)

## 2010 Electric Boat Plan Selection Change Form

Please place an X next to the plan option(s) you would like to change to:

10/09

Option #	Changing to:	Plan Option(s)	2010 Premiums
1		<i>Anthem Retiree Medical Plan F</i>	<i>\$205.00</i>
2		<i>Anthem SmartValue PFFS High Option</i>	<i>\$130.18</i>
3		<i>Anthem SmartValue PFFS Base Option</i>	<i>\$91.62</i>
4		<i>Anthem SmartValue PFFS Low Option</i>	<i>\$70.94</i>
5		<i>Health Net Navy POS Plan</i>	<i>\$99.00</i>
6		<i>Anthem Retiree Medical Plan F with Health Net Limited Rx</i>	<i>\$239.50</i>
7		<i>Anthem Retiree Medical Plan F with Health Net Unlimited Rx</i>	<i>\$311.50</i>
8		<i>Anthem SmartValue PFFS High Option with Health Net Limited Rx</i>	<i>\$164.68</i>
9		<i>Anthem SmartValue PFFS High Option with Health Net Unlimited Rx</i>	<i>\$236.68</i>
10		<i>Anthem SmartValue PFFS Base Option with Health Net Limited Rx</i>	<i>\$126.12</i>
11		<i>Anthem SmartValue PFFS Base Option with Health Net Unlimited Rx</i>	<i>\$198.12</i>
12		<i>Anthem SmartValue PFFS Low Option with Health Net Limited Rx</i>	<i>\$105.44</i>
13		<i>Anthem SmartValue PFFS Low Option with Health Net Unlimited Rx</i>	<i>\$177.44</i>
14		<i>Health Net Navy POS* Plan with Health Net Limited Rx</i>	<i>\$133.50</i>
15		<i>Health Net Navy POS* Plan with Health Net Unlimited Rx</i>	<i>\$205.50</i>
16		<i>Health Net Ruby* HMO Plan with Health Net Limited Rx</i>	<i>\$9.50</i>
17		<i>Health Net Ruby* HMO Plan with Health Net Unlimited Rx</i>	<i>\$81.50</i>

\*Health Net Medical plans are available to Connecticut residents only.

Unlimited Prescription Drug plan is only open to those that are newly eligible for Medicare or those newly retiring and enrolling in Medicare.

Name, Printed: \_\_\_\_\_ Phone #: \_\_\_\_\_

Last four digits of SS#: \_\_\_\_\_

Requested Effective Date of change: \_\_\_\_\_ (This will be verified)

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Mail to: Beacon Retiree Benefits Group, Inc.  
710 Main St., Suite 6, Plantsville, CT 06479  
or Fax to: 860.621.5074

Questions? 888.484.0414/D.Caslin@BeaconMedicare.com

Visit us at [www.BeaconMedicare.com](http://www.BeaconMedicare.com) where most forms are available for printing.

Certain rules and restrictions apply to changes and effective dates.

We will contact you if there are any problems with your request.