

HealthOne |

Client Benefit Design Changes

Effective Date of Changes:

Deductible: **Calendar Year Deductible or Plan Year (circle one)**

PCP Co-Pay:

Specialist Co-Pay:

Co-Insurance Amount In-Network:

Co-Insurance Amount Out-of-Network:

Wellness Benefit:

Other Change (Please describe):

***Please Make Changes to TPA or Pre-Certification Companies on
TPA CHANGE FORM.**

**Mail or Fax this form to: HealthOne Alliance
401 S. Wall Street, Ste. 201
Calhoun, GA 30701
Attn: Pam Balog**

Fax: 706/629-3744