

SAMPLE INC EMPLOYER BENEFIT WEBPAGE

Medical Insurance Plan



Anthem Blue Cross Blue Shield

[Current Renewal / Rates](#)

[Benefit Description](#)

[SBC Summary of Benefits and Coverage](#)

[Search Anthem Providers](#)

[Link to Anthem Employer Online Access](#)

[Anthem Employer Online Access DEMO](#)

[Employee Application](#)

(New Hire or Adding Dependents)

[Employee Coverage Change Form](#)

(Change Address, Name, Medicare Status, etc)

[Employer Anthem Customer Service Numbers](#)

Prescription Coverage



Anthem Prescription Coverage

[Prescription Benefit Description](#)

[Express Scripts Website Login](#)

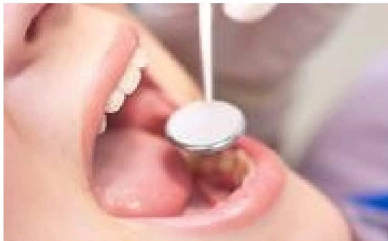
[Mail-Order Form](#)

[Rx Claim Form](#)

[Anthem Formulary List](#)

[Express Scripts Contact Information](#)

Dental Insurance Plan



Companion Life Dental Plan

[Current Renewal/Rates](#)

[Summary of Benefits](#)

[Search Dental Providers](#)

[Dental Claim Form](#)

[Employee Application](#)

(New Hire, Add Dependents, Change Address, etc.)

[Companion Employer Online Access Login](#)

[Companion Life Customer Service](#)

Contact Our Broker



Insurance Agency

Joe Agent

xxxx Main St

City, Ohio xxxxx

(xxx) xxx-xxxx

(xxx) xxx-xxxx

[Email Questions](#)