



## Ancillary Products

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### Guide to List Billing

**Group Customer Service: 800-367-6401**

**Membership Changes:**

- Email: [AncillaryQuestionsIL@bcbsil.com](mailto:AncillaryQuestionsIL@bcbsil.com)
- Fax: 312-240-0143
- Mail: Blue Cross and Blue Shield of Illinois  
Attention: Membership Administration Office  
701 E. 22nd Street, Suite 300  
Lombard, IL 60148
- Website: [bcbsil.com/ancillary](http://bcbsil.com/ancillary)

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The following guide is designed to assist you in the administration of your group insurance plan. Successful administration of your plan depends upon the accuracy and timeliness with which you record and communicate changes. Please be sure to include your Group Policy Number on all communications. We recommend that everyone involved in the administration of your group insurance plan familiarize themselves with all administrative procedures and forms, including remittance of premium payments. To determine the rights and obligations of all parties, refer to your Group Master Policy.

## ONLINE TOOLS OVERVIEW

### BENEFITS MANAGER

Our employer portal, Benefits Manager, provides a wide variety of online tools, services and information. Benefits Manager is your one-stop resource for administering your group benefits by providing the ability to:

- ▲ Manage employee enrollment
- ▲ View and print your bill(s)
- ▲ Pay bills online
  - Automatic payment option available
- ▲ View billing and payment history
- ▲ Access group policies and documents
- ▲ Initiate EOI application submission for eligible employees
- ▲ Submission of EOI online by employees by using your group-specific link
- ▲ Run Evidence of Insurability (EOI) status reports
- ▲ Run life, disability and premium waiver claim status reports

To access Benefits Manager, visit our website. If you do not have a user ID and password for Benefits Manager, please contact Group Customer Service to start the registration process.

## MANAGING GROUP MEMBERSHIP

Membership may be managed online via Benefits Manager or directly to us via email or fax. Benefits Manager's intuitive Enrollment Management features provide the ability to add new members, make changes to existing members and process terminations. Life events and anniversary enrollments may also be processed via Benefits Manager. In the event that EOI is required, the system provides you with the ability to either send an email to the employee containing a link to the online EOI form or to download and print the paper form for the employee to complete.

In some instances—such as Late Enrollments and some voluntary coverages—a paper enrollment form and EOI form will be required. Paper enrollments may be submitted via email, fax or mail.

For all changes and communications, please ensure the following information is provided:

- ▲ Group and Account Number
- ▲ Name and SSN of the employee
- ▲ The requested effective date of the change

Please retain copies of all forms and records that document any changes.

*Please note: An incomplete form will delay the processing of an applicant's insurance requests.*

## IDENTIFYING EMPLOYEE ELIGIBILITY

Any employee who is actively at work, working the minimum number of hours, and is in a class shown in the Group Policy will become eligible for coverage on the day following any waiting period. If an employee is not actively at work on the date coverage is to begin, the effective date will be deferred until the day the employee returns to active work.

The waiting period for new employees is shown in the Group Application of your policy.

### NEW EMPLOYEE ENROLLMENT

Please have new employees complete and sign an enrollment form within 31 days after the waiting period has been satisfied, even if the employee is declining all coverage.

- ▲ Review the enrollment form for completeness and signature
- ▲ Ensure the enrollment form contains:
  - The employer name as shown on the group policy
  - Group number/account number
  - Location, if applicable
  - The employee's class designation as indicated in the group policy
- ▲ Retain the original for your records; do not send to us unless Guarantee Issue limits apply and employee is applying for coverage in excess of the limit
- ▲ Begin withholding employee contribution for approved/guaranteed issue amounts as of that employee's effective date

### LATE EMPLOYEE ENROLLMENT

A late employee enrollee is one who previously waived his/her insurance or one who fails to enroll for insurance within 31 days after the waiting period has been satisfied. These employees are subject to the following:

- ▲ If the employee does not contribute to the cost of the insurance, the coverage effective date will be determined based upon the provisions of your Group Policy.
- ▲ If the employee chooses coverage under a voluntary plan, the employee or spouse (if applicable) may not be allowed to enroll late and may need to wait until the next Annual Enrollment period.
- ▲ Review your Group Policy or contact us for more specific information.
- ▲ If the employee is contributing to the cost of the insurance, the employee must complete and submit an EOI application along with an enrollment form for underwriting approval.

If paper application is used, review forms for completeness and signature. Make a copy of the EOI application and enrollment form for your records, and send us the original signed copies of both forms.

Important: Do not begin withholding employee contributions in this situation until you receive our approval.

Our medical underwriting decision will be communicated to the applicant and to you in writing, along with an effective date, if approved. The first premium will generally be due the first of the month following the approval date.

### **EVIDENCE OF INSURABILITY**

If Guarantee Issue limits apply and the employee is applying for coverage in excess of the limit, please provide the employee with a Disclosure Form and have the employee complete an Evidence of Insurability (EOI) form. Important: Do not begin withholding employee contributions for the amount in excess of the Guarantee Issue limit until you receive our approval.

We offer two options for completing EOI:

- ▲ The applicant may complete the EOI form online on our website. Instructions are provided.
- ▲ EOI forms can also be completed manually via paper form. Simply download the EOI form on our website. The employer should fill out PART I completely. Employees (and spouses, if applicable) must answer all questions completely and accurately.

Whether completing the form online or via paper, the applicant must include the following information to submit Evidence of Insurability:

- ▲ Your group number
- ▲ Employer or sponsor name and address
- ▲ Reason EOI is required
- ▲ Completed enrollment form
- ▲ Social security number of all applicants requiring EOI (employee and/or dependents)
- ▲ Height, weight and date of birth of all applicants requiring EOI (employee and/or dependents)
- ▲ Treatment history and medication(s) for any health condition(s); name and address of any physician, hospital or other practitioner that provided medical care, consultation or treatment

Before submitting the paper form, please verify the above information has been included, as well as the following:

- ▲ All "yes" or "no" questions have been answered
- ▲ Complete details have been provided for every "yes" answer
- ▲ Included signatures of all applicants (including spouse and dependent children, if applicable)
- ▲ Signed and dated the form (even if he or she is not applying for coverage)

Make a copy of the EOI form and enrollment form for your records, and send the original signed copies of both forms to us. We must receive the completed Employer and Employee sections of this form within 30 days of the signature date.

The information on this form is considered current for no longer than 60 days.

Our medical underwriting decision will be communicated to the applicant and to the group administrator in writing, along with an effective date, if approved.

*Please note: An incomplete form will delay the processing of an applicant's insurance request.*

### **ANNUAL ENROLLMENT**

Annual Enrollment applies if your Group Policy includes an Annual Enrollment period. During this period, eligible employees may apply for voluntary coverage, additional coverage or request changes to existing coverage. Employees who were declined coverage during the initial enrollment or during past enrollment periods may reapply during this period.

EOI or pre-existing condition limitations may apply. Please refer to your policy for “change in family status” revisions that occur outside of the Annual Enrollment timeframes (if applicable).

### **SALARY CHANGES**

If your benefit plan includes salary-based products (benefit amounts based on a multiple of salary), then you must submit salary changes as they occur.

- ▲ Determine if you have salary-based products by reviewing your Group Policy.
- ▲ Review the definition of “salary” in your policy to determine what you should report (e.g., commissionable employees). If your insurance plan contains a Guarantee Issue limit, and the salary change will result in an insurance amount in excess of the Guarantee Issue limit, the employee must complete an EOI form the first time the benefit exceeds the limit.
- ▲ If approved, future salary increases are not subject to EOI unless the salary change results in a benefit increase of more than \$50,000.
- ▲ Refer to EVIDENCE OF INSURABILITY in this document for additional information regarding submission.

### **TERMINATIONS AND OTHER CHANGES**

To effectively manage your Group Membership on an ongoing basis, you must submit changes in a timely fashion. Examples of changes include:

- ▲ Name changes
- ▲ Salary changes (if applicable to your group products)
- ▲ Dependent Life insurance coverage changes
- ▲ Class changes
- ▲ Coverage or employee terminations

### **EMPLOYEE MATERIALS**

After you have completed the New Employee Enrollment process, explained the waiting period (if applicable) to the employee, communicated any Evidence of Insurability to us and received any necessary approvals, please give the enrolled employee:

- ▲ A Certificate Booklet
  - The electronic file of your certificate booklet was provided to you as part of your New Case Submission Materials. The certificate may also be downloaded from the Policies & Documents tab within Benefits Manager.
- ▲ A copy of the completed Employee Enrollment form
- ▲ A copy of the completed EOI form (if applicable)

## REMITTING PREMIUM PAYMENTS

### POLICIES & DOCUMENTS

In Benefits Manager, select the Policies & Documents tab and follow the on-screen instructions to access your group's Certificate Booklets, Policy and Amendments.

### GROUP ADMINISTRATION FORMS

Forms can be accessed on our website.

### BENEFICIARY CHANGES

You must maintain records regarding beneficiary changes. The Beneficiary Designation form can be found on our website. Have the employee complete the form and keep it with your records. This form will be required in the event of a life claim.

### YOUR POLICY ANNIVERSARY DATE AND POLICY RENEWAL

Your policy anniversary date is listed on your Group Policy. We will notify you at least 30 days before your policy anniversary date of any rate adjustments.

### ACCURACY OF EMPLOYEE RECORDS

It is important to verify the employee information we report to you. With each bill you receive, please verify that:

- ▲ Our roster of insureds is correct, based on your employee population for that billing period
- ▲ Your insureds' premium amounts are updated when salary increases are received for your salary-based products (e.g., life and disability coverages)
- ▲ Name changes are reflected

Detailed billing statements will be available to view and print via Benefits Manager, with each insured employee listed on the bill along with coverage(s) and premium due. After your initial bill, an email notification will be sent to you approximately 10 to 15 days prior to the premium due date, advising you that the bill is available to view and pay online.

It is important that you understand your billing statement. Please be aware of the following:

- ▲ The **Statement Date** is when your billing statement was created. Please use this as a guide when reviewing your billing statement for accuracy each month. The billing statement reflects any premium changes made to your group prior to the Statement Date. Changes made after that date will be reflected on the next billing statement.
- ▲ The **Paid To Date** is the date your account is paid to. If your account is past due, it will be reflected here.
- ▲ The **Premium Due Date** is the date that begins the billing period for which premiums are due.

- ▲ The email address associated with your group will be reflected on every bill and is the address to which the monthly reminder notice is sent. Please make sure this is updated at all times. Your Group and Account Number will also appear on your billing statement. Please use these when communicating with us.
- ▲ The **Billing Summary** of your billing statement will include your current month's premium due as well as any outstanding premiums due for prior months.
- ▲ **Membership Detail** lists all products, as well as coverage amounts, adjustments and premiums.
- ▲ The **Summary by Group** will summarize all products, coverage amounts, members and premiums due for the current month. Any group under/over payment will be reflected in the Summary by Group.

### PREMIUM ADJUSTMENTS

A group under/over payment indicates a balance from a previous billing period. This is likely to occur if you have made your own adjustments on a prior billing statement and paid an amount other than what you were billed.

Employee-specific adjustments for the current period will be itemized on your billing statement. An employee-specific adjustment reflects charges or credits resulting from employee additions, terminations or changes. In the case of an employee addition or change, we will not bill for partial months. The premium for the first month will be due on the premium due date following the effective date of the coverage. In the case of a termination, the entire premium is due for the month in which the termination occurred.

- ▲ **Example 1:** If you have a new employee with an effective date of June 20, and your next premium payment is July 1, you will begin remitting premium for the new employee beginning on July 1. However, the employee is covered under the terms of your Group Policy as of June 20.
- ▲ **Example 2:** If an employee terminates effective April 12, you will remit premium for the entire month of April and discontinue remitting premium on the next premium due date, May 1. The employee is not covered under the terms of your Group Policy after April 12.

### PREMIUM PAYMENT REMITTANCE

Paperless billing is our method of billing. In an effort to save trees, time, administrative cost and paper, we have implemented a paperless billing process. Simply log in to Benefits Manager to retrieve your current or prior bills online.

Benefits Manager offers easy-to-use online bill payment, accessible by selecting "Billing and Payments," then "Billing Statements" from the drop-down menus. You may enroll in Autopay to have your premiums automatically deducted, or you can schedule a single payment. The payments will be deducted from a checking account. Processed payments will appear in Benefits Manager within two to three business days.

If you choose to send a payment via mail, please tear off the remittance coupon from your bill and mail it with your premium payment to the remittance address printed on the coupon. Make sure that your Group Policy, Account Number and Group Name as shown on your billing statement are listed on your check. This will assist us in ensuring that your payments are credited to the proper account. This is especially important if you have more than one account associated with your group.