



# Guide for Group Administration

Helpful information for coordinating employee health care benefits

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## Contact Information

**BCBSF Website Address:**

[www.bcbsfl.com](http://www.bcbsfl.com)

**MyBlueService**

[www.bcbsfl.com](http://www.bcbsfl.com) (click on MyBlueService)

**Membership & Billing:**

ATTN: Membership & Billing

Blue Cross and Blue Shield of Florida, Inc.

P.O. Box 44144

Jacksonville, FL 32231-4144

**Premium Payments:**

Blue Cross and Blue Shield of Florida, Inc.

P.O. Box 105358

Atlanta, GA 30348-5358

**Express Mail Deliveries:**

ATTN: Corporate Cash Receipts

Blue Cross and Blue Shield of Florida, Inc.

4800 Deerwood Campus Parkway DCC1-3

Jacksonville, FL 32246-6498

**Refer to BCBSF/HOI Membership ID Card  
for the appropriate customer service  
telephone number.**

## Introduction

Thank you for selecting Blue Cross and Blue Shield of Florida, Inc. (BCBSF) and/or Health Options, Inc. (HOI) for your health care Coverage needs. This guide contains information to help you administer your group health care Coverage program.

When you see the words “we” or “us” appearing in this guide, they refer to Blue Cross and Blue Shield of Florida, Inc. or Health Options, Inc. The words “you” or “your” refer to the Group Administrator or the individual who has been assigned the duties of group administration. Other terms you will see used in this guide are:

- **Covered Employee**

this means an eligible employee who meets and continues to meet all applicable eligibility requirements and who is enrolled and actually covered under the Group Master Policy (with BCBSF/HOI) other than as a Covered Dependent.

- **Covered Dependent**

this means an eligible dependent who meets and continues to meet all applicable eligibility requirements and who is enrolled and actually covered under the Group Master Policy (with BCBSF/HOI) other than as a Covered Employee.

- **Group Master Policy (Group Plan/Group Contract)**

this means the written document and any applicable application forms, schedules and endorsements which are evidence of, and are, the entire agreement between the group and BCBSF/HOI whereby Coverage and/or benefits will be provided to Covered Employees and Covered Dependents.

This guide explains Eligibility and Membership, Employee Changes, Applications and the Payment Remittance process. Your Sales/Service Representative, Agent or your Service Advocate can review any instructions with you.

This employer guide may be used for any small group (1-50) or large group (51+) health care product sold by BCBSF/HOI which includes any Health Maintenance Organization (HMO-BlueCare) products, Preferred Provider Organization (PPO-BlueChoice) products or BlueOptions products.

Sometimes HOI's procedures vary from BCBSF's procedures. For this reason, this guide may contain different instructions for different product offerings. Where instructions vary, the guide will explain which product the instructions apply to.

**Note:** This guide does not replace or override the information contained within the Group Master Policy. This guide does not cover information about ancillary products such as life, dental, long-term care or vision insurance Coverage.

In order for a BCBSF Representative to talk to, give information to, or accept information from a group, the Group Administrator's name (or Benefit Administrator – BA) must be on file with BCBSF. If there is a change in a BA or you need to add a BA's name, please submit a letter (on letterhead, signed by the Decision Maker) to your Service Advocate. If there is a change in Decision Maker, please contact your BCBSF sales representative. If you or your employees have questions other than enrollment issues, please have the employee contact BCBSF customer service.

## HIPAA-AS Privacy Compliance

The Privacy Rule of the Health Insurance Portability and Accountability Act-Administration Simplification (“HIPAA-AS”) considers health plans as “covered entities” that must comply with the Privacy Rule. Health Plans include health, dental, vision, and prescription drug insurers, health maintenance organizations (“HMOs”), Medicare, Medicaid, Medicare Advantage, Medicare Part D, Medicare supplement insurers, and long-term care insurers. Health plans also include group health plans that provide or pay the cost of medical care. A group health plan is established, by virtue of law, through the plan documents. As a group health plan, you may be accountable for complying with the HIPAA-AS Privacy Rule. The degree to which your group health plan is subject to the law depends on whether your employer provides health benefits solely through an insurance contract with a health insurer issuer, such as Blue Cross and Blue Shield of Florida, Inc. (BCBSF), or an HMO, such as Health Options, Inc. (HOI), and whether or not the employer group creates or receives Protected Health Information (PHI) other than as allowed under the HIPAA-AS Privacy Rule.

If you are a fully insured group health plan that provides health benefits through an insurance or HMO contract with BCBSF or HOI and do not create or receive PHI other than as permitted under the law, you may rely on your relationship with BCBSF or HOI to manage your Privacy Rule compliance requirements. The sharing of PHI between BCBSF/HOI and the group health plan is limited to enrollment/disenrollment information and summary health information in order for you to obtain premium bids for providing health insurance Coverage through your group health plan, or to modify, amend, or terminate your group health plan. The Privacy Rule compliance requirements that BCBSF and HOI may manage include, as an example, distribution of a Privacy Notice, managing requests for a PHI address, access to records, amendment requests, handling privacy complaints, and, through our Privacy Office, applying BCBSF’s policies and procedures to all matters involving PHI that we administer for our fully insured group health plan customers.

If you are a self-funded group health plan and/or create or receive PHI other than as the law permits for enrollment/disenrollment and summary level information, you may have additional responsibilities in order to meet HIPAA-AS requirements. A self-funded group health plan may delegate some of its requirements to a third party like BCBSF or HOI but cannot defer all the risk and is ultimately responsible for its own Privacy Rule compliance. The sharing of PHI will depend on the contractual arrangement that is in place between your group and BCBSF/HOI.

This information does not intend to dispense legal advice. If you are uncertain how the Privacy Rule applies to your organization’s group health plan, please read the Privacy Rule and seek legal counsel as necessary. If you would like more information about the Privacy Rule, you can obtain information at <http://www.hhs.gov/ocr/privacy/index.html>

## Completing Forms

When an employee initially enrolls or makes changes to existing group health and/or financial Coverage, the first step is to fill out the appropriate forms. There are several forms you will need to keep on hand. Forms may be ordered by contacting your local BCBSF office. A list of pertinent forms follows. Unless otherwise noted, these forms may be used for both BCBSF or HOI products and financial products.

### Form Name

1. Health and Financial Enrollment Application  
22095 (Page 16)

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2. Health and Financial Change Application  
22411 (Page 17)

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3. Notice of Special Enrollment Rights  
15741 (Page 18)

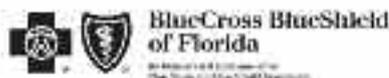
---
4. Determination of the Applicable  
Pre-existing Condition Exclusion Period (PCEP)  
15823 (Page 25)

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5. Reorder Form  
8222 (Page 4)  
\*Note: This reorder form is for individual forms only. If you need to reorder Enrollment Packages and Schedules of Benefits, etc., please contact your Sales Representative.

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Please be advised forms are subject to change. Please verify with your Sales/Service Representative, Service Advocate or Agent regarding changes or updates to the forms. Some forms may be obtained via the Internet by utilizing "MyBlueService" in the member section of [www.bcbsfl.com](http://www.bcbsfl.com).

## Reorder Form



### GROUP ADMINISTRATOR REORDER FORM

Please use this Group Administrator Reorder form for ordering additional forms. (A listing of frequently used forms is on the previous page.)

#### I. Instructions

- A. Order forms 1 to 2 weeks before your current supply is depleted.
- B. Order a supply of forms that will last you 1 to 2 months.
- C. Identify the quantity and the type of forms that you need by completing section II below. The form number shown on the form(s) that are being requested must be written on this reorder form.
- D. Complete section III below with the complete name, address, city, state and zip code of the company/facility that is to receive the form(s). Also, indicate the name of the person who is to receive the form(s).
- E. Return this reorder form to:

ATTN: Materials Management  
Blue Cross and Blue Shield of Florida, Inc.  
P.O. Box 1738  
Jacksonville, FL 32231-0014  
or FAX to: (904)791-6993

- F. Who may we contact if we have a question concerning your order?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### II. Quantity Form #

_____	_____
_____	_____
_____	_____
_____	_____

#### III. Ship forms to: (No P.O. Boxes Please)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Eligibility Information

### Eligibility Requirements

Eligibility is determined and effective dates are assigned upon completion of the eligibility waiting period. The Coverage Effective Date will be the 1st or 15th (your bill date) of the following month after the employee completes the eligibility waiting period, unless otherwise specified in the Group Master Policy (Contract). **The Health and Financial Enrollment Application must be received within 30 days of satisfying the eligibility waiting period.**

If the application is received more than 30 days after satisfying the eligibility waiting period, the employee must wait to re-apply at the Annual Open Enrollment (if applicable), or they may join the group plan if they have a Special Enrollment event as defined by the Health Insurance Portability and Accountability Act (HIPAA). HIPAA, which became effective July 1, 1997, includes the following events:

1. Involuntary loss of Coverage due to:
  - a. death;
  - b. divorce;
  - c. termination of employment;
  - d. reduction of hours of employment; or
  - e. Coverage termination as a result of termination of employer contributions;
2. marriage;
3. birth of a child; and
4. adoption or placement for adoption.

Please see the Special Enrollment section of this guide for further information.

**Note:** A 30-day month will be used to calculate the eligibility waiting period unless otherwise specified in the Group Master Policy. If a part-time employee has moved to full-time status, a Health and Financial Enrollment Application must be submitted, including the full-time date of hire. The employee must wait at the appropriate waiting period, unless otherwise specified.

### Types of Coverage

A Coverage code is assigned to each Covered Employee for the Coverage selected. Listed below are the Coverage codes and a description for each:

- 01 – Employee
- 02 – Employee/Family
- 03 – 2 Person (Employee and 1 dependent, either spouse or child)\*
- 04 – Employee/Child\*
- 06 – Employee/Children\*
- 07 – Employee/Spouse\*

These Coverage codes are listed in the “CVG” category on your group invoice.

\* Only applicable if you have purchased this option for your group.

## How Eligibility is Determined

### Covered Employee Eligibility

To be eligible to enroll for Coverage under BCBSF or HOI, a person must:

1. be a bona fide employee of the Group;
2. have a job which falls within a job classification on the True Group Application or the New Business Small Employer Application;
3. work for the Group at least the weekly number of hours specified on the True Group Application or the New Business Small Employer Application. Part-time, temporary or substitute employees are not eligible;
4. reside in, or be employed in, the service area ([Health Options products only](#)); and
5. complete any applicable eligibility waiting period specified on the True Group Application or the New Business Small Employer Application.

### Dependent Eligibility

To be eligible to enroll as a dependent, and to remain eligible as a dependent, a person must meet each of the eligibility requirements for a dependent, and

1. be the present spouse\* of a Covered Employee; or
2. be a dependent child of a Covered Employee, who is under the age of 25 or still within the calendar year in which he/she reaches age 25, and is dependent on the Covered Employee for support, and lives with the Covered Employee; or
3. has reached the end of the Calendar Year in which the dependent becomes 25, but has not reached the end of the Calendar Year in which he or she becomes 30 and who:
  - a. is unmarried and does not have a dependent;
  - b. is a Florida resident or a full-time or part-time student;

- c. is not enrolled in any other health coverage policy or plan;
- d. is not entitled to benefits under Title XVIII of the Social Security Act unless the child is a handicapped dependent child; or
- e. as specified in the Group Master Policy or endorsement.

This Coverage will terminate on the last day of the month in which the child no longer meets the requirements for eligibility.

**Note:** The term "child" includes the Covered Employee's child(ren), newborn child(ren), stepchild(ren), legally adopted child(ren), or a child for whom the Covered Employee has been court-appointed as legal guardian or legal custodian. Foster children are covered to age 18 under all BCBSF products and Health Options small group products only. **(Health Options large group products do not cover foster children.)**

\* Ex-spouses are not eligible dependents even if Coverage is court ordered.

### Dependent Eligibility Verification

The Dependent Eligibility Verification form will be sent out annually to verify the dependent status of dependents 19 years of age or older. BCBSF/HOI conducts this annual mailing to verify Coverage for these dependents. It is the responsibility of the Covered Employee to respond to this verification request in order for Coverage to continue for these dependents. The purpose of this verification is to obtain complete information on dependents currently covered by parents or guardians who participate in their employer's group health plan. Proper maintenance of eligibility assures that the dependent will continue to be covered under the group health plan, if applicable.

## Disability Status

BCBSF/HOI will continue Coverage for a Covered Employee's handicapped dependent child beyond the limiting age of 25, as a Covered Dependent, if the child is eligible for Coverage under the Group Master Policy and is actually enrolled. The dependent child must be incapable of self-sustaining employment by reason of mental retardation or physical handicap, and be chiefly dependent upon the Covered Employee for support and maintenance. The symptoms or causes of the child's handicap must have existed prior to the child's 25th birthday. This eligibility shall terminate on the last day of the month in which the child does not meet the requirements for extended eligibility as a handicapped child.

## Dependents on Medical Leave of Absence

A Covered Dependent child who is a full-time or part-time student at an accredited post-secondary institution, who takes a Physician-certified Medically Necessary leave of absence from school, will still be considered a student for eligibility purposes under the Group Master Policy for the earlier of 12 months from the first day of the leave of absence, or the date the Covered Dependent would otherwise no longer be eligible for coverage under this Contract.

**Note:** It is the Covered Employee's sole responsibility to establish that a handicapped child meets the applicable requirements for eligibility. A **physician's letter**, verifying this information, must accompany the annual Dependent Eligibility Verification Form. Eligibility will terminate on the last day of the month in which the child no longer meets the eligibility criteria required to be an eligible handicapped dependent.

## Retired Employees

If your group is not required by Florida law to provide Coverage for retired employees, you must terminate those retiring employees from your group plan when they are no longer eligible for Coverage

## Enrollment Information

### New Enrollment

Permanent, full-time employees, as defined by your Group Master Policy, should complete the Health and Financial Enrollment Application on the first day of employment. Applications should be submitted to BCBSF/HOI at that time. Be advised the employee's Effective Date of Coverage will be determined after the eligibility waiting period has been satisfied. Prompt submission will ensure that your employees receive their ID cards by their effective date.

If Pre-existing Creditable Coverage is to be applied, submit to our office the Health and Financial Enrollment Application, Certification of Creditable Coverage, or a Determination of Applicable Pre-existing Condition Exclusion Period (PCEP) form. For more information on calculating and determining the Pre-existing Condition Exclusion Period, see the Pre-existing Condition Exclusion Period section of this guide. If an employee terminates employment prior to completing their eligibility waiting period, notify us, in writing, and we will withdraw that employee's application.

### Enrollment Periods

The enrollment periods for applying for Coverage are as follows:

- **Initial Enrollment Period** – the period of time during which an eligible employee or eligible dependent is first eligible to enroll. It starts on the eligible employee's or eligible dependent's initial date of eligibility and ends no less than 30 days later.
- **Annual Open Enrollment Period\*** – an annual 30-day period occurring no less than 30 days **prior to** the group anniversary date, during which each eligible employee is given an opportunity to select Coverage from among the alternatives included in the group's health benefit program.
- **Special Enrollment Period** – the 30-day period of time immediately following a special event during which an eligible employee or eligible dependent may apply for Coverage. Special events are

described in the Special Enrollment Period sub-section.

- \* The Annual Open Enrollment Period may not apply to certain groups.

### Employee Enrollment

An individual who is an eligible employee on the group's Effective Date must enroll during the Initial Enrollment Period, unless the employee declines Coverage. The eligible employee shall become a Covered Employee as of the Effective Date of the group. Eligible dependents may also be enrolled during the Initial Enrollment Period. The Effective Date of Coverage for an eligible dependent(s) shall be the same as the Covered Employee's effective date.

An individual who becomes an eligible employee after the group's Effective Date (for example, newly hired employees) must enroll before or within their Initial Enrollment Period. The Effective Date of Coverage for such an individual will become effective according to the eligibility specified in the True Group Application.

### Dependent Enrollment

An individual may be added upon becoming an eligible dependent of a Covered Employee.

**Note:** Coverage changes should not be deducted from, or added to, the group invoice.

For adoption, foster children, legal or temporary guardianship or court order, proper court documentation must be submitted. Notarized statements and powers of attorney are not valid.

**Newborn Child** – To enroll a newborn child who is an eligible dependent, the Covered Employee must complete and submit to you a Health and Financial Change Application. The Effective Date of Coverage will be the date of birth. You must forward the Health and Financial Change Application to BCBSF/HOI for processing.

If BCBSF/HOI receives the Health and Financial Change Application from you within 30 days after the date of birth of the child, then no premium will be charged for the first 30 days of Coverage for the newborn child. [Therefore, it is important to notify your employees to submit the Health and Financial Change Application to you as soon as possible after the date of birth of a child because BCBSF/HOI must receive the form within 30 days of the date of birth in order for the premium payment to be waived for the first 30 days of Coverage.](#) If BCBSF/HOI receives the Health and Financial Change Application 31 - 60 days after the date of birth, then premium will be charged back to the date of birth. Pre-existing Condition Exclusionary Periods do not apply.

If the Covered Employee submits the Health and Financial Change Application more than 60 days after the date of birth and the Annual Open Enrollment has not occurred since the date of birth, the Covered Employee may still apply for Coverage for the newborn child. Premium will then be charged back to the date of birth.

If the Covered Employee submits the Health and Financial Change Application more than 60 days after the date of birth and the Annual Open Enrollment has occurred, the newborn child may not be added until the next Annual Open Enrollment Period or Special Enrollment Period.

The guidelines above only apply to newborns born after the Effective Date of the Covered Employee. If a child is born before the Effective Date of the Covered Employee and was not added during the Initial Enrollment Period, BCBSF/HOI must receive the Health and Financial Change Application within 60 days after the birth of the child and any applicable Premium must be paid back to the Effective Date of Coverage of the Covered Employee. In the event BCBSF/HOI is not notified within 60 days of the birth of the newborn child, the Covered Employee must submit the application during an Annual Open Enrollment Period or Special Enrollment Period.

**Note:** Coverage for a newborn child of a Covered Dependent other than the Covered Employee's spouse will automatically terminate 18 months after the birth of the newborn child.

**Adopted Newborn Child** – To enroll an adopted newborn child, the Covered Employee must complete and submit to you a Health and Financial Change Application and a copy of the final adoption decree from the court. The Effective Date of Coverage will be the date of birth, provided a written agreement to adopt the child has been entered into by the Covered Employee prior to the birth of the child. You must forward the Health and Financial Change Application along with a copy of the final adoption decree from the court to BCBSF/HOI for processing.

If BCBSF/HOI receives the Health and Financial Change Application within 30 days after the date of birth of the adopted newborn child, then no premium will be charged for the first 30 days of Coverage for the adopted newborn child. [Therefore, it is important to notify your employees to submit the Health and Financial Change Application to you as soon as possible after the date of birth of an adopted newborn child because BCBSF/HOI must receive the form within 30 days of the date of birth in order for the premium payment to be waived for the first 30 days of Coverage.](#) If BCBSF/HOI receives the Health and Financial Change Application 31 - 60 days after the date of birth of the adopted newborn child, then premium will be charged back to the date of birth. Pre-existing Condition Exclusionary Periods do not apply. BCBSF/HOI may require the Covered Employee to provide additional information or documents other than the Health and Financial Change Application and a copy of the adoption decree from the court which we deem necessary to properly administer this provision.

If the Covered Employee submits the Health and Financial Change Application more than 60 days after the date of birth and the Annual Open Enrollment has not occurred since the date of birth, the Covered Employee may still apply for Coverage for the adopted newborn child. Premium will then be charged back to the date of birth.

If the Covered Employee submits the Health and Financial Change Application more than 60 days after the date of birth and the Annual Open Enrollment has occurred, the adopted newborn child may not be added until the next Annual Open Enrollment Period or Special Enrollment Period.

The guidelines above only apply to adopted newborns born after the Effective Date of the Covered Employee. If a child is born before the Effective Date of the Covered Employee and was not added during the Initial Enrollment Period, BCBSF/HOI must receive the Health and Financial Change Application within 60 days after the birth of the child and any applicable Premium must be paid back to the Effective Date of Coverage of the Covered Employee. In the event BCBSF/HOI is not notified within 60 days of the birth of the adopted newborn child, the Covered Employee must make application during an Annual Open Enrollment Period or Special Enrollment Period.

If the adopted newborn child is not ultimately placed in the residence of the Covered Employee, there shall be no Coverage for the adopted newborn child. It is the responsibility of the Covered Employee to notify BCBSF/HOI within 10 calendar days if the adopted newborn child is not placed in the residence of the Covered Employee.

**Adopted/Foster Children** – To enroll an adopted or foster child, the Covered Employee must complete and submit to you a Health and Financial Change Application along with a copy of the final adoption decree from the court or applicable court documentation. The Effective Date for an adopted or foster child (other than an adopted newborn child) shall be the date the adopted or foster child is placed in the residence of the Covered Employee in compliance with Florida law. You must forward the Health and Financial Change Application and a copy of the final adoption decree from the court or applicable court documentation to BCBSF/HOI for processing. If BCBSF/HOI receives the Health and Financial Change Application and final adoption decree from the court within 30 days of the date of placement for an adopted child, then no additional premium will be charged for Coverage of the adopted child for the first 30 days of Coverage. In the case of a foster child, the Health and Financial Change Application and

applicable court documentation should be sent to BCBSF/HOI along with the applicable premium payment for the first 30 days of Coverage. [There is no waiver of premium provision for foster children.](#) Any Pre-existing Condition Exclusionary Period **will not** apply to an adopted child but **will** apply to a foster child. BCBSF/HOI may require that the Covered Employee provide additional information and/or documents we deem necessary in order to properly administer this provision.

If the Covered Employee has not submitted the Health and Financial Change Application within 30 days of the date of placement, the Covered Employee may still apply for Coverage for an adopted child or foster child. The Health and Financial Change Application, however, must be received by BCBSF/HOI within 60 days of the date of placement of the adopted or foster child. This means: (1) the Covered Employee must have completed the Health and Financial Change Application and submitted it to you along with a copy of the final adoption decree from the court or applicable court documentation; and (2) you have sent the forms to BCBSF/HOI; and (3) it has been received by BCBSF/HOI within 60 days from the date of placement of the adopted or foster child. Additionally, all premium payments must be paid back to the date of placement. In the event BCBSF/HOI does not receive the Health and Financial Change Application before or within the 60-day period after the date of placement of the adopted or foster child, the Covered Employee will have to wait to enroll the child during the next Annual Open Enrollment Period or Special Enrollment Period.

For all children Covered as adopted children, if the final decree of adoption is not issued, Coverage shall not be continued for the proposed adopted child. Proof of final adoption must be submitted to BCBSF/HOI. It is the responsibility of the Covered Employee to notify BCBSF/HOI if the adoption does not take place. Upon receipt of this notification, BCBSF/HOI will terminate the Coverage of the child on the first billing date following receipt of the written notice.

If the Covered Employee's status as a foster parent is terminated, Coverage shall not be continued for any foster child. It is the responsibility of the Covered Employee to notify BCBSF/HOI that the foster child is no longer in the Covered Employee's care. Upon receipt of this notification, BCBSF/HOI will terminate the Coverage of the child on the first billing date following receipt of the written notice.

**Note:** Health Options large group products do not cover foster children.

**Marital Status** – A Covered Employee may apply for Coverage for an eligible dependent(s) due to marriage. To apply for Coverage, the Covered Employee must complete the Health and Financial Change Application and submit it to you. You must then send the Health and Financial Change Application to BCBSF/HOI for processing. The Health and Financial Change Application must be received by BCBSF/HOI within 30 days of the date of the marriage. The Effective Date of Coverage for an eligible dependent(s) who is enrolled as a result of marriage is the date of the marriage.

**Court Order** – An eligible employee may apply for Coverage for an eligible dependent\* outside of the Initial Enrollment Period and Annual Open Enrollment Period if a court has ordered Coverage to be provided for a minor child under the eligible employee's plan. To apply for Coverage, the eligible employee must complete the Health and Financial Change Application, if covered, and submit it to you. You must forward the Health and Financial Change Application along with a copy of the court order signed by a judge to BCBSF/HOI for processing. BCBSF/HOI must receive the Health and Financial Change Application and a copy of the court order within 30 days of the court order. The Effective Date of Coverage for an eligible dependent who is enrolled as a result of a court order is the date required by the court or the next billing date.

\*The dependent must be named on the court order. If not named on the court order, application for Coverage must wait until the Annual Open Enrollment Period.

## Annual Open Enrollment Period (If Applicable\*)

Eligible employees and/or eligible dependents who did not apply for Coverage during the Initial Enrollment Period or a Special Enrollment Period may apply for Coverage during an Annual Open Enrollment Period. The eligible employee may enroll himself/herself (and any eligible dependents) during the Annual Open Enrollment Period by completing the Health and Financial Enrollment Application during the Annual Open Enrollment Period. If a Covered Employee chooses to change products offered by the group and BCBSF/HOI, or, if an employee is already a Covered Employee and only wishes to enroll an eligible dependent(s), the Covered Employee should complete and submit the Health and Financial Change Application. The Covered Employee should submit this form to you and you must forward it to BCBSF/HOI for processing. This form must be received by BCBSF/HOI during the Annual Open Enrollment Period.

The Effective Date of Coverage for an eligible employee and any eligible dependent(s) will be the first billing date following the Annual Open Enrollment Period. Eligible employees who do not enroll or change their Coverage selection during the Annual Open Enrollment Period must wait until the next Annual Open Enrollment Period, unless the eligible employee is enrolled due to a special event as outlined in the Special Enrollment Period subsection of this section.

\*The Annual Open Enrollment Period may not apply to certain groups.

## Special Enrollment Period

To apply for Coverage, the eligible employee must complete the applicable enrollment form and forward it to you within 30 days of the special event. Eligible dependents may be enrolled at the same time an eligible employee enrolls.

**Special Events** – An eligible employee may apply for Coverage due to the following special events: birth of a child, placement for adoption or marriage.

Eligible dependents may be enrolled at the time an eligible employee enrolls. To apply for Coverage, the eligible employee must complete the Health and Financial Enrollment Application and obtain a copy of any applicable Certificates of Creditable Coverage form(s) and forward those to you. You must then forward the application/forms to BCBSF/HOI for processing. The eligible employee must submit, and BCBSF/HOI must receive, the application for Special Enrollment within 30 days of the special event, except as indicated in number 4. The Effective Date of Coverage for an eligible employee and any eligible dependent(s) who are enrolled as a result of birth, adoption, placement for adoption or marriage is the date of the event and/or next billing cycle. Any Pre-existing Condition Exclusionary Period will not apply to a newborn child or adopted child.

Eligible employees who do not enroll or change their Coverage selection during the Special Enrollment Period must wait until the next Annual Open Enrollment Period. (See the Dependent Enrollment subsection of this section for the rules relating to the enrollment of eligible dependents of a Covered Employee.)

**Loss of Eligibility for Coverage** – An eligible employee and/or eligible dependent(s) may request enrollment outside of the Initial Enrollment Period and Annual Open Enrollment Period if the individual:

1. was covered under another group health benefit plan as an employee or dependent, or was covered under other health insurance Coverage including Healthy Kids, Medicare or Medicaid, or was covered under COBRA continuation of Coverage at the time he/she was initially eligible to enroll for Coverage under the Group Master Policy;
2. when offered Coverage at the time of initial eligibility, stated, in writing (via the Notice of Special Enrollment Rights), that Coverage under a group health plan or health insurance Coverage was the reason for declining enrollment;
3. demonstrates that he/she has lost Coverage under a group health benefit plan or health insurance Coverage within the past 30 days as a result of: (1) legal separation, (2) divorce,

(3) death, (4) termination of employment, (5) reduction in the number of hours of employment, or (6) the Coverage was terminated as a result of the termination of employer contributions toward such Coverage; and

4. requests enrollment within 30 days after the termination of Coverage under another employer health benefit plan unless the coverage under which you or your dependent was enrolled was Medicaid or a Children's Health Insurance Plan (CHIP) or if available in your State, you or your dependent becomes eligible for the optional State premium assistance program, in which case you have 60 days from the date you lose coverage to request enrollment in your employer's health plan.

If an eligible employee is requesting Coverage under a Special Enrollment Period due to loss of other Coverage, the employee needs to submit the following applications/forms to you, the group administrator: Health and Financial Enrollment Application or Certification of Creditable Coverage form; and a copy of the Notice of Special Enrollment Rights form. When you receive these forms, you must inform the employee of how long his/her Pre-existing Condition Exclusion Period will be, if any. To do this, complete the Determination of Applicable Pre-existing Condition Exclusion Period (PCEP) form. Send the employee's Health and Financial Enrollment Application and either a copy of the PCEP or Certification of Creditable Coverage and Notice of Special Enrollment Rights forms to BCBSF/HOI.

These forms must be submitted by you and received by BCBSF within 30 days of the loss of Coverage, otherwise the employee must wait until the next Annual Open Enrollment period to enroll for Coverage.

An individual who loses Coverage as a result of termination for failure to pay his or her portion of required premium on a timely basis, or for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the prior health Coverage) **does not** have the right to make application for Coverage during the Special Enrollment Period.

## Other Provisions Regarding Enrollment and Effective Date of Coverage

**Rehired Employees** – Individuals who are rehired as employees of the group are considered newly hired employees. The provisions of the Group Master Policy which are applicable to newly hired employees and their eligible dependents (e.g., Enrollment, Effective Dates of Coverage, Pre-existing Condition Exclusionary Period, and Waiting Period) are applicable to rehired employees and their eligible dependents.

**Premium Payments** – In those instances where an individual is to be added to the group Coverage (e.g., a new eligible employee or a new eligible dependent, including a newborn or adopted child), that individual's Coverage shall be effective, as set forth in this section, provided BCBSF/HOI receives the applicable additional premium payment within 30 days of the date BCBSF/HOI notified the group of such amount. In no event shall an individual be covered under a Group Master Policy if BCBSF/HOI does not receive the applicable premium payment within such time period.

**COBRA Participants** – Ceridian generates a daily report called the Participant Update when any of the following enrollment activity is processed:

- New election with payment
- Cancellation (non-payment or by request)
- Reinstatement
- Addition/Deletion of dependents

Upon receipt, **immediately fax or mail** a copy of this report to your Service Advocate in the appropriate Enrollment Maintenance and Billing unit of BCBSF/HOI. Faxing is preferred.

On or about the 15th of each month, you will receive a monthly report from Ceridian, called the Participant Status Report, indicating all the activity for your COBRA continuants during the previous month. Upon receipt, **immediately fax** or mail a copy of this report to your Service Advocate. This is the only reporting mechanism for miscellaneous changes, including address changes, takeovers and product changes.

When the monthly Ceridian Participant Status Report is not sent to us in a timely manner, those miscellaneous changes will not be processed timely and BCBSF/HOI may not process retroactively.

## Coordination of Benefits

In the event the Covered Employee or a Covered Dependent has other health care Coverage, in addition to Blue Cross and Blue Shield of Florida, Inc./Health Options, Inc. (BCBSF/HOI), legal provisions governing payment of benefits may apply. The Florida Statutes state that between two or more health carriers, 100% (and no more than 100%) of the allowable expense must be paid. Ensuring that each party pays exactly its fair share, in the correct legal order, is the responsibility of an insurer's Coordination of Benefits Department.

Coordination of Benefits (COB) is important to our members, providers, and to BCBSF/HOI. Where applicable, other party liability must be established before BCBSF/HOI's benefits can be determined. Other health care Coverage may include Medicare, group health plans, HMO, excess, indemnity or supplemental health policies.

**With multiple Coverage, it is important that all other health care Coverage information is provided at the time of enrollment.** Your assistance in obtaining this information will help to ensure accurate and timely processing of claims. If other health care Coverage information is not provided, the payment of claims may be delayed while the status of other health care Coverage is investigated. This applies not only to BCBSF/HOI, but also to any other health care Coverage company with whom you have a policy.

- If the member or a Covered Dependent has **Other Health Care Coverage**, Section F on the Health and Financial Enrollment Application **must** be marked **'Yes'** and the prior insurance information provided. These fields should not be completed if the Other Health Care Coverage will cancel as of the Effective Date that BCBSF/HOI commences.
- If the member has **No Other Health Care Coverage**, Section F on the Health and Financial Enrollment Application **must** be marked **'No'** and the prior insurance information left blank.
- **Electronically enrolled** (automated enrollment) groups should provide this information via the Internet during their enrollment process.

- Eligible members can update other health care Coverage information by utilizing "MyBlueService" in the member section of [www.bcbsfl.com](http://www.bcbsfl.com)\* website.

It is also important for the member to provide updated information as soon as changes to existing Coverage occurs. Examples include if a member cancels his or her Other Health Care Coverage policy, a dependent's Coverage ends, or a new dependent is added. If a change occurs, the member should provide this information by either accessing the Internet utilizing "MyBlueService" in the member section of [www.bcbsfl.com](http://www.bcbsfl.com)\* website, completing a Health and Financial Change Application ensuring Section F is correct, or by calling the Customer Service number on his or her Membership ID card.

Maintaining the most complete, accurate and up-to-date health care Coverage information is essential in helping to reduce the number of claim denials related to other Coverage. By providing BCBSF/HOI with complete information on other Coverage maintained by a Covered Employee or a Covered Member, you can help contain the rising cost of health care.

\* Some groups are excluded.

## Employees Who Decline Health Care Coverage

Employees who choose to decline health care Coverage for themselves or a dependent must Complete and sign a "Notice of Special Enrollment Rights" form, form # 15741-0604 SR. This notice informs employees and their dependents that, should their circumstances change, they may be eligible for a Special Enrollment. The form also provides a means to record whether the employee already has health care Coverage. **Employers are required by law to give their employees and/or any eligible dependents a written description of their Special Enrollment rights by the date the employee is offered the opportunity to enroll himself/herself and any dependents.** Included in this section is the "Notice of Special Enrollment Rights" form which you must give to any eligible individual (employee

and/or dependent) who declines your group health Coverage during the eligible employee's initial eligibility period for the following reasons:

1. The eligible employee declines Coverage because he/she currently has other health care Coverage, or he/she declines Coverage and he/she has no other Coverage; and/or
2. An eligible dependent(s) may choose to decline Coverage if he/she currently has other health care Coverage, even though the eligible employee has enrolled for Coverage. However, if the eligible employee declines Coverage, any eligible dependents do not have an option to enroll for Coverage.

Those persons who decline Coverage should sign and return a copy of the "Notice of Special Enrollment Rights" to you. The employee must also complete and sign the Health and Financial Enrollment Application indicating the employee declines all Coverage. If the employee elects Coverage, but the dependents do not, do not include the dependents on the Health and Financial Enrollment Application. The original of the Health and Financial Enrollment Application must be sent to BCBSF/HOI. You should retain a copy of the Health and Financial Enrollment Application along with the "Notice of Special Enrollment Rights" for your records.

If an employee or dependent requests Special Enrollment due to loss of other Coverage, the employee should complete and sign a Health and Financial Enrollment Application indicating the type of Coverage that is requested. This application should be sent to BCBSF/HOI along with the copy of the "Notice of Special Enrollment Rights"; and a copy of the Certificate of Creditable Coverage form.

## Miscellaneous Changes

### Status Changes

Use the Health and Financial Change Application when a Covered Employee wants to make any changes to their Coverage or wants to add or terminate a dependent(s). This form must be signed by the Covered Employee and received by BCBSF/HOI prior to the requested Effective Date of the change when an employee wants to add or

terminate a dependent(s). Payment for the change requested should not be made until it appears on your group invoice.

### Name or Address Changes

An employee may change their address via the Internet by utilizing MyBlueService at [www.bcbsfl.com](http://www.bcbsfl.com). Some groups are excluded. Changes to a Covered Employee's address or name should be submitted in writing using the Health and Financial Change Application. The form should be completed where appropriate, signed and returned to BCBSF/HOI.

### Primary Care Physician (PCP) Changes

[\(Applies to all Health Options products\)](#)

Each individual who has Coverage in a Health Options product must have their own Primary Care Physician. An individual may change their Primary Care Physician (PCP) at any time. All PCP changes should be made by filling out the Health and Financial Change Application; however, these changes may also be made by contacting the Customer Service Department. When the individual completes the form, please ensure the reason for the change is specified.

If the Health and Financial Change Application is received or if the Customer Service Department is contacted between the 1st and the 15th, the PCP change will be effective the 1st of the following month (for example, a change received between August 1st through the 15th will be effective September 1st). If the Health and Financial Change Application is received, or if the Customer Service Department is contacted **after** the 15th of the month, the PCP change will be effective the 1st of the **next** month (for example, a change received August 16th through the 31st would be effective October 1st).

Please be aware that some PCPs may have a 'closed panel.' If a PCP is chosen whose panel is closed, the only way the individual may have that doctor as their PCP is if the PCP and HOI approve the addition of the member to their panel. If there are any questions regarding the availability of a PCP, please contact Customer Service.

[Members with access to MyBlueService may use the "Change Primary Care Physician" feature under My Account to change their PCP provider.](#)



# Health and Financial Change Application



## Health & Financial Change Application

Please type or write clearly in black or blue ink.

### Section A: Current Information

Group Name:		Group #:	Division #:	Package #:
Employee Name: (Last, First Name, M.I.)	Social Security #:	Effective Date of Coverage:	Date of Event:	

### Section B: Coverage Change Information

Reason for Change:	<input type="checkbox"/> Adoption	<input type="checkbox"/> Death	<input type="checkbox"/> Leave of Absence/Layoff	<input type="checkbox"/> Moved from Service Area
	<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Section 125	<input type="checkbox"/> Marriage	<input type="checkbox"/> Birth
	<input type="checkbox"/> Over-Aged Dependent	<input type="checkbox"/> Terminate Employment	<input type="checkbox"/> Return of Alternate Insurance	<input type="checkbox"/> Loss of Coverage
	<input type="checkbox"/> Divorce	<input type="checkbox"/> Location _____	<input type="checkbox"/> Employee # _____	<input type="checkbox"/> Other _____
Change Request Type:	<input type="checkbox"/> New Name:			<input type="checkbox"/> New Physician Name/ID:
	<input type="checkbox"/> New Address:			<input type="checkbox"/> New Phone #:

Plan Coverage Type Requested:  Add Health  Delete Health  Change Plan: *Indicate Plan #*

Coverage Level Requested:  Employee  \*Employee & Spouse  \*Employee & One Dependent  \*Employee & Children  Family  
*\*When available*

Dependent Change *Complete Section D*  FSA Change *Complete Section C*  Other Change:

### Section C: Flexible Spending Account (FSA) Changes

<input type="checkbox"/> Add Health Care FSA	<input type="checkbox"/> Add Dependent Care FSA		
<input type="checkbox"/> I wish to Terminate and/or Stop Pay my FSA Health Care Program with a Final Payroll Deduction Date of:	<input type="checkbox"/> I wish to Terminate and/or Stop Pay my FSA Dependent Care Program with a Final Payroll Deduction Date of:		
<input type="checkbox"/> I wish to Change the Annualized Amount of my Health Care FSA to: \$	<input type="checkbox"/> I wish to Change the Annualized Amount of my Dependent Care FSA to: \$		
Payroll Deduction Amount \$:	Effective Date:	Payroll Deduction Amount \$:	Effective Date:

I wish to change my Payroll Frequency to:  Weekly  Bi-weekly  Monthly  Bi-monthly  Other

### Section D: Dependent Information *Attach separate sheet, if additional space is needed, with dependent information, sign & date.*

Last Name: <i>(if different than employee)</i> First Name, M.I.	Social Security Number:	Birth Date:	Relation to You				Physician Name/ID <i>HMO only</i>	Existing Patient (Y/N)	Dependent		Ethnicity <i>optional</i> <i>Circle all that apply.</i>
			Spouse (S)	Child (C)	Other (O)*	Sex (M or F)			Check if Disabled	You Support	
											<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> W
											<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> W
											<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> W
											<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> W

List the name of each dependent listed above that is married or has dependent child(ren) or lives outside of Florida.

\* If you indicated "O" in "Relation to You" above for any dependents, please explain here:

### Section E: Other Health Insurance Information *This section must be completed for claims processing and Prior Coverage Information*

In addition to this policy, do you or your dependents have any other insurance coverage (including BCBSF plans) that will be in effect after this coverage begins?  Yes  No *BCBSF Contract #* *Medicare #* *Pharmacy/Medicare D #*

Complete the following only if this is the first time you or your dependents: (1) are enrolling for health insurance with this employer; (2) currently have health coverage; and/or (3) have any health coverage in the past 12 months that this coverage replaces OR you can attach a Certificate of Creditable Coverage.

Prior Health Carrier Name: \_\_\_\_\_ Contract #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Prior Employee Hire Date: \_\_\_\_\_ Cancel Date: \_\_\_\_\_ List names of all family members that were covered, including yourself: \_\_\_\_\_

### Section F: Change Authorization and/or FSA Participation

I have read, understand, and agree to the Change Authorization and/or Participation in the FSA Program Terms on the back of this form. I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Employee Signature:	Date:
Employer Signature:	Date:

## Notice of Special Enrollment Rights



**BlueCross BlueShield  
of Florida**  
**Health Options®**

Health Options and its Parent, Blue Cross and Blue Shield of Florida, are Independent Licensees of the Blue Cross and Blue Shield Association.

### Important information regarding your Notice of Special Enrollment Rights

You must be given a written description of special enrollment rights by the date you are offered the opportunity to enroll. Notice of Special Enrollment Rights must be given to an employee who declines group health coverage during his/her initial eligibility period. You should return a signed copy of this notice to your employer if you decline coverage because you have other health coverage.

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself and your dependents in a health care plan offered by your employer, provided that you request enrollment, by submission of an individual application to Blue Cross and Blue Shield of Florida, Inc. (BCBSF) and/or Health Options, Inc. (HOI), within 30 days after the other coverage ends, unless the coverage under which you or your dependent was enrolled was Medicaid or a Children's Health Insurance Plan (CHIP), in which case you have 60 days from the date you lose coverage to request enrollment in your employer's health plan.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll yourself and your dependents, provided that you request enrollment by submission of an individual application to BCBSF/HOI, within 30 days after the marriage, birth, adoption, or placement for adoption.

The effective date of coverage for an individual and/or dependents as a result of marriage, birth, adoption, or placement for adoption is the date of the event.

Additionally, you have Special Enrollment Rights if you or your dependent becomes eligible for the optional State premium assistance program, if available in your State. You must request enrollment in your employer's group health plan within 60 days of the date you become eligible for the State premium assistance program.

If you and/or your dependents decline enrollment because you have coverage under another group health plan or other health insurance coverage, you are required to complete the statement below and return it to your Group Administrator. If you fail to do so, you may not be entitled to special enrollment in your employer's group health plan when your other coverage terminates.

**Please understand that you will not be entitled to special enrollment if loss of eligibility for coverage is the result of termination of coverage for failure to pay premiums on a timely basis or for cause. Voluntary Termination of Coverage does not constitute loss of eligibility of coverage.**

**NOTE:** For purposes of clarification, cause is defined as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan. Loss of eligibility for coverage is defined as loss of coverage as a result of legal separation, divorce, death, termination of employment, reduction in the number of hours of employment, the discontinuance of any contributions toward the health coverage plan by the employer, or you lose coverage under Medicaid or a Children's Health Insurance Plan (CHIP).

I hereby certify that I am declining enrollment in my employer's group health plan for  myself and/or  dependents because I or they currently **have** other health care coverage; or

I hereby certify that I am declining enrollment in my employer's group health plan and I **do not** currently have other health care coverage.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Group name

\_\_\_\_\_  
Group #

15741-0409 R SR

## Time-Saving Health Resources

We know your employees are busy and don't always have time to research and coordinate their health care. We offer a variety of value-added health resources to help make managing their health care easier and less time consuming – all at no additional premium cost.

**MyBlueService<sup>SM</sup>** is getting better all the time by delivering members with a suite of self-service health management tools that places the following features right at their finger tips.

- Member's ability to self-refer to care programs, including Healthy Addition for expecting mothers.
- Enhancements to the Compare Drug Prices tool such as maps to selected pharmacies, enhanced search capability and helpful links to other drug-related information including requirements for prior authorization, quantity limitations and step therapies where indicated.
- Ability to view their Member Health Statements online and stop paper delivery. Additionally, members are able to generate customized reports to assist them with planning & budgeting their health care dollars.

Convenience you can count on, 24 hours a day, 7 days a week. To register on MyBlueService, go to [www.bcbsfl.com/myblueservice](http://www.bcbsfl.com/myblueservice) and select Register Now. You will need your Member Number (without the alpha characters), your date of birth and your social security #. If you are new to MyBlueService<sup>SM</sup> or have not logged in since January of 2009, you will need to register as a New User.

Through MyBlueService, Members have secure access to health tools from WebMD that can help them with ways to save money, treatment support

and valuable health and wellness information.

**Blue365<sup>®1</sup>** provides members with significant discounts on vision care, hearing exams and hearing aids, contact lenses, fitness centers, weight management programs, healthy travel, massage therapy and complementary alternative medicine.

**Care Decision Support<sup>2</sup>** through Health Dialog<sup>®</sup> provides members with health information, health coaching and other health-related programs to help guide treatment choices and decisions about health care. Health Dialog is available to members whenever they need it, 24 hours a day, either by phone or online.

**Health Coaches<sup>2</sup>** are the most personal aspect of our support programs, providing members with relevant on-the-spot information and health-related videos and written materials if needed. Health Coaches are licensed, experienced health care professionals, including registered nurses, dietitians and respiratory therapists available 24 hours a day, seven days a week.

**The Online Provider Directory** allows you and your employees to find providers by visiting [www.bcbsfl.com](http://www.bcbsfl.com). Just click on Provider Directory to find a provider through Quick Search or by plan, specialty and hospital affiliation through Assisted Search.

Should be just click on Find a Doctor or Hospital to find a provider through Quick Search or by plan, specialty and hospital affiliation through Advanced Search.

*For more details on how you can provide these valuable programs to your employees, call your agent or your Blue Cross and Blue Shield of Florida Representative today.*

<sup>1</sup>Blue365<sup>®</sup> offers access to savings on items that members may purchase directly from independent vendors. Blue365 does not include items covered under your policies with Blue Cross and Blue Shield of Florida or any applicable federal health care program. To find out what is covered under your policies, call Blue Cross and Blue Shield of Florida. Blue Cross and Blue Shield Association (BCBSA) and local Blue companies may receive payments from Blue365 vendors. Neither BCBSA nor any local Blue company recommends, endorses, warrants or guarantees any specific Blue365 vendor or item. For more information about Blue365, go to [www.bcbsfl.com](http://www.bcbsfl.com).

<sup>2</sup>As a courtesy, Blue Cross and Blue Shield of Florida, Inc. (BCBSF) has entered into an arrangement with Health Dialog<sup>®</sup> to provide our members with value-added features that include care decision support tools and services. BCBSF has not certified or credentialed, and cannot guarantee or be held responsible for, the quality of services provided by Health Dialog. Please remember that all decisions pertaining to medical/clinical judgment should be made with your Physician or other health care provider, and BCBSF and Health Dialog do not provide medical care or advice. The written terms of your policy, certificate or benefit booklet determine what is covered.

Health Dialog<sup>®</sup> and Dialog Center<sup>SM</sup> are registered trademarks or service marks of Health Dialog Services Corporation. Used with permission. Healthwise is a registered trademark of Healthwise, Inc. Used with permission.

## The BlueCard® Program

When your employees travel outside Florida, their Coverage travels with them. The BlueCard Program gives them access to the BlueCard participating providers of other independent Blue Cross and/or Blue Shield organizations throughout the United States.

As with their health plan, they won't have to fill out any claim forms or pay up front when receiving services outside of Florida (unless it's an out-of-pocket expense or an expense for non-covered services they would pay anyway). Plus, they shouldn't have to pay above the rates the local Blue Cross and/or Blue Shield organization has negotiated with doctors and Hospitals in the area.

Here are four steps to making the BlueCard Program work for your employees:

1. Employees should always carry their current member ID card for easy reference and access to service.
2. In an emergency, they should go directly to the nearest Hospital.
3. To find names and addresses of nearby doctors and Hospitals worldwide, they can visit the BlueCard Doctor and Hospital Finder website ([www.bcbs.com](http://www.bcbs.com)) or call BlueCard Access at 800-810-BLUE (2583).
4. When they arrive at the participating doctor's office or Hospital, they should present their member ID card. The doctor will recognize the suitcase logo, which will ensure that they will get the in-network benefits at the level negotiated by the local Blue Plan.

*Note: The BlueCard Program is available to BlueChoice and BlueOptions members. BlueCare members can take advantage of this program for short trips (less than 90 days), but they must call their Primary Care Physician for prior authorization for non-emergency services. For extended stays (at least 90 consecutive days), BlueCare members should call the number on their member ID card for eligibility information and specific locations where the Guest Membership program is available.*

Outside of the United States, your employees have access to doctors and Hospitals in more than 200 countries and territories around the world through the BlueCard Worldwide® Program.

Here's how your employees can access Coverage internationally:

1. Employees should always carry their current member ID card and should verify their international benefits with BCBSF before leaving the United States.
2. In an emergency, they should go directly to the nearest Hospital.
3. They should call the BlueCard Worldwide Service Center at 1-800-810-BLUE (2583) or collect at 1-804-673-1177, 24 hours a day, seven days a week for information on doctors, Hospitals and other health care professionals or to receive medical assistance services around the world.
4. If they need to be hospitalized, they should call BCBSF for precertification or pre-authorization. They should use the phone number on their member ID card.
5. If they need inpatient care, they should call the BlueCard Worldwide Service Center. In most cases, they should not need to pay upfront for inpatient care at participating Hospitals except for the usual out-of-pocket expenses. The Hospital should submit the claim on their behalf.
6. They will need to pay upfront for care received from a doctor, hospital in an outpatient setting and/or non-participating hospital. Then, they should complete an international claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). The claim form is available from BCBSF, the BlueCard Worldwide Service Center or online at [www.bcbs.com/bluecardworldwide](http://www.bcbs.com/bluecardworldwide).

## Termination of an Individual's Coverage

### Employee Cancellations/Terminations

To terminate an employee's group health Coverage, please submit a Health and Financial Change Application, fax a written request or list them on the back of the most current group invoice. **If an employee has worked for any portion of that month, they must be paid for through the end of that billing cycle (the 1st or the 15th)\*.**

Terminations of employees' Coverage should be reported as soon as an employee is terminated. Terminations of Coverage will be accepted through the end of the month in which the employee is terminated. If claims activity has occurred, we will request a refund for any claims paid for the employee and/or dependents whose Coverage has been terminated. Late reporting of terminations of employees' Coverage will not be accepted and will not be effective until the following month. Only one (1) month's premium for each employee who has been terminated may be deducted on a group invoice.

If an employee is terminating Coverage by request, only a signed Health and Financial Change Application will be accepted. If an employee is terminated due to death and the employee had single Coverage, the cancellation date will be the day after death.

\*Or Group specific date.

### Dependent Cancellations/Terminations

In the event the Covered Employee wishes to delete a Covered Dependent from Coverage, the employee must complete and sign a Health and Financial Change Application and submit the form to you. The form must be submitted by you to BCBSF/HOI. The change will be effective on the group's billing cycle\* (the 1st or the 15th) following receipt and acceptance by BCBSF/HOI.

In the event the Covered Employee wishes to terminate a spouse's Coverage (e.g., in the case of divorce), the Covered Employee must submit a Health and Financial Change Application to you prior to the requested termination date or within 30 days of the date the divorce is final, whichever is applicable. If the request is not received within 30 days of the divorce, the Effective Date of the termination will be according to the group's billing cycle (the 1st or the 15th)\* following receipt and acceptance by BCBSF/HOI.

If the Coverage includes dependents, the termination will be the end of the billing cycle, or if requested, the day after death.

\*Or Group specific date.

### Certificates of Creditable Coverage for Individuals Who No Longer Have Coverage Under Your Group Plan

Individuals may prove periods of prior health Coverage by presenting a Certificate of Creditable Coverage. Both employers and health insurers (including HMOs) are required to automatically issue Certificates of Creditable Coverage to individuals who are no longer covered under the employer group health plan. In addition, both employers and health insurers are required to issue Certificates of Creditable Coverage upon request to any individual who is currently covered under the employer group health plan or whose Coverage terminated within the last 24 months.

BCBSF/HOI will automatically issue Certificates of Creditable Coverage to individuals whose Coverage under your employer group health plan terminates. These Certificates of Creditable Coverage are being sent, via U.S. mail, to the individual's last known address. In addition, BCBSF/HOI will issue a Certificate of Creditable Coverage to an individual upon request for up to 24 months following the date the employee's group health Coverage ended.



## Pre-existing Condition Exclusion Periods

### Satisfaction of the Pre-existing Condition Exclusion Period

Effective July 1, 1997, HIPAA and Florida Statutes 627.6561 and 641.31071 revised the requirements for Pre-existing Conditions. All health insurance Coverage (including HMO Coverage) offered, sold, issued, renewed, or in effect on or after July 1, 1997 must comply with the following:

You must inform the employee if your group health Coverage has a Pre-existing Condition Exclusion Period or eligibility waiting period. You must also notify the employee of his/her right to show proof of any prior creditable Coverage that may reduce or eliminate any Pre-existing Condition Exclusion Period.

Pre-existing Conditions are defined as a Condition, physical or mental, for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period\* prior to the enrollment date in any new health plan. The term "manifested" is no longer part of the definition.

For group sizes of two [2] or more, pregnancy is not considered a Pre-existing Condition, regardless of whether the woman had previous Coverage.

Florida Statutes 627.64172, 627.66122 and 641.31096 limit the application of Pre-existing Condition Exclusion Periods to women who have had breast cancer. The statutes stipulate if during routine follow-up care rendered to determine if breast cancer has recurred in a person who had previously been determined to be free of breast cancer and there is no evidence of breast cancer found during, or as a result of, the follow-up care, this information does not constitute medical advice, diagnosis, care or treatment for the purposes of determining Pre-existing Conditions. However, if

there is evidence of breast cancer found during or as a result of the follow-up care, this could be considered medical advice, diagnosis, care, or treatment and be considered a Pre-existing Condition, if this follow-up care was received during the six-month look-back period.\*

The Pre-existing Condition Exclusion Period will be restricted to a maximum of 12 months (24 months for group size of one [1] with no prior Coverage) for Conditions for which medical diagnosis, care, or treatment was received during the six (6) month period prior to the employee's enrollment date.\* For employees and their dependents who enroll in your group health plan during their initial eligibility period (within 30 days after satisfaction of their eligibility waiting period), the Pre-existing Condition Exclusion Period of 12 months begins as of the date of hire, not on the Effective Date of Coverage. Thus, the Pre-existing Condition Exclusion Period runs concurrently with any eligibility waiting period which may apply. This also means that the six (6) month look-back period\* to determine if a Condition was Pre-existing will be the six (6) month period\* immediately prior to the date of hire for initial enrollees. For special and annual enrollees, the Pre-existing Condition Exclusion Period will begin as of the Effective Date of the person's group health Coverage.

During the Initial, Special or Annual Open Enrollment, a new employee must furnish the employer with his/her Certificate of Creditable Coverage, indicating any previous creditable Coverage. At that time, you must inform the employee as to the amount of time that the Pre-existing Condition Exclusion Period will apply. To assist in determining the applicable Pre-existing Condition Exclusion Period, BCBSF/HOI has developed the Determination of the Applicable Pre-existing Condition Exclusion Period (PCEP) form. If the person presents a Certificate of

Creditable Coverage indicating that he/she has had continuous Coverage for more than 12 months, with no more than a 63-day break in Coverage, excluding your group's eligibility waiting period, there will be no Pre-existing Condition Exclusion Period applicable for that person.

When submitting the Group Member Enrollment or Change Application for a new enrollee to BCBSF/HOI, please include a copy of the person's Certificate of Creditable Coverage and the Determination of the Applicable Pre-existing Condition Exclusion forms. If the individual refuses to sign the Determination of the Applicable Pre-existing Condition Exclusion form, you should indicate the employee's refusal to sign and retain a copy of the form.

\*24 months for a group size of one [1] and 12 months for group sizes 2-50 with no prior Coverage.

## Determination of the Applicable Pre-existing Condition Exclusion Period (PCEP)



**BlueCross BlueShield  
of Florida  
Health Options**

Let's work together to make sure you have the health coverage you need to live your life.



### Determination Of The Applicable Pre-Existing Condition Exclusion Period (PCEP)

This Form Is To Be Used By Group Administrators Only

**Section One**

**Group Information**

Group Name:

Group Number:

Group Administrator Name:

Telephone Number:  Group Fax Number:

Group Waiting Period:

Group Pre-Existing Condition Exclusion Period:

6/12 Months

Other (specify below):

**Section Three**

**New Employee Enrollment - PCEP is calculated from date of hire**

1 month is equal to 30 days      1 year is equal to 360 days

Check the applicable box below:

**No PCEP Will Apply**

There are 12 months or more of Creditable Coverage AND there is no more than a 63 day break between last coverage period and date of hire.

The employee AND/OR dependent is not subject to the group's PCEP.

**Full PCEP Will Apply**

There is no Creditable Coverage OR there is more than a 63 day break between last coverage period and date of hire.

The employee AND/OR dependent is subject to full PCEP.

**Partial PCEP Will Apply**

There is less than 12 months of Creditable Coverage AND there is no more than a 63 day break between last period and date of hire.

The employee AND/OR dependent is subject to partial PCEP as determined by the following:

Group PCEP (days)

(minus)  Creditable Coverage (days)

(equals)  Applicable PCEP (days) from the EDOC

**Section Two**

**Employee/Dependent Information**

Employee Name:  Date of Hire:

Social Security Number:  Effective Date of Coverage (EDOC):

Prior Creditable Coverage From and To Dates

From  Date To:  Date.

Dependent(s) Name:	Social Security #	Relation to Employee:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Dependent(s) Name:	Social Security #	Relation to Employee:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Dependent(s) Name:	Social Security #	Relation to Employee:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Dependent(s) Name:	Social Security #	Relation to Employee:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

**Section Four**

**Special Enrollment - PCEP is calculated from the EDOC**

Type of Event:

Marriage    Birth    Adoption    Placement for Adoption

Loss of Coverage (i.e., legal separation, death, divorce, termination of employment, or reduction in the number of hours of employment)

Group PCEP (days)

(minus)  Creditable Coverage (days)

(equals)  Applicable PCEP (days) from the date of hire

NOTE: Effective date of coverage (EDOC) will be the date of the event provided notification is received within 30 days of the event.

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## Continuation of Coverage

### COBRA

#### Federal

##### **(Group size 20 or more eligible employees)**

**If your group size is 20 or more eligible employees (for 50% or more of the previous calendar year),** Federal Law requires you to comply with Federal COBRA. Once your group is set up with Ceridian, you will receive an information packet and all inquiries will be directed to Ceridian. For new groups, premium for COBRA continuants should be included with your initial premium check to BCBSF/HOI. You are responsible for billing and collecting premium from the continuant until the continuant is enrolled with Ceridian. Once the continuant is enrolled, Ceridian will take over billing and collection of premium which will be distributed monthly to your group. You are responsible for remitting the monthly premium payment to BCBSF/HOI. Any enrollment and/or termination participant updates received by the group from Ceridian must be forwarded to BCBSF/HOI.

If you have not received your "1-2-3 Kit" from Ceridian, please contact your Sales/Service Representative, Agent or Service Advocate.

\* BCBSF/HOI requires you to utilize the services of Ceridian if you have less than 100 employees and are not using another third-party administrator for COBRA administration. If you have more than 100 employees or use a third party administrator, you may waive the services of Ceridian provided you sign the appropriate indemnification form. Please contact your Sales Representative if you wish to pursue this option. Please contact Ceridian at 1-800-377-4990 or [www.ceridian.com](http://www.ceridian.com).

#### Florida

##### **(Group size 19 or less eligible employees)**

**If your group size is 19 or less eligible employees (for 50% or more of the previous calendar year),** Florida Law requires you to comply with the Florida Health Insurance Coverage Continuation Act. It will be administered by Coverage Continuation Services, Inc. (CCSI), 1-888-342-5888. All questions regarding the Florida Health Insurance Coverage Continuation Act should be directed to CCSI. Premium for Florida Health Insurance Coverage continuants should not be remitted by the group. CCSI will handle all billing and premium collection directly with the continuant.

## Conversion Privilege

BCBSF/HOI must receive a completed application for a converted policy and the applicable premium payment within the 63-day period beginning on the date the Coverage under the Group Master Policy terminated. If Coverage has been terminated due to the non-payment of premium by the group, BCBSF/HOI must receive the completed converted policy application and the applicable premium payment within the 63-day period beginning on the date notice was given that the Group Master Policy terminated.

In the event BCBSF/HOI does not receive the converted policy application and the initial premium payment within such 63-day period, the converted policy application will be denied and the individual applying will not be entitled to a converted policy.

If you have any questions regarding the conversion privilege, please contact one of the following:

### **Conversion Products:**

(800) 766-3737

### **Mailing address for Conversion:**

ATTN: Telemarketing  
Blue Cross and Blue Shield of Florida, Inc.  
P.O. Box 44052  
Jacksonville, FL 32231-4052

### **Individual Sales telephone numbers (Under and Over 65 products):**

(800) 876-2227 – Under 65 products  
(800) 926-6565 – Over 65 products  
(800) 888-6758 – Customer Service  
(800) 685-6371 – Medicare & More (Available in Broward, Dade and Palm Beach counties only).

## Premium Payments

### Payment Remittance

Your group invoice will be mailed approximately 10 days prior to the due date. Payment of premium should be remitted by the group invoice due date. [When you submit your payment, please write the invoice number and your group number on the check or money order.](#) Please do not add names to the group invoice or pay for an employee whose name does not appear on the group invoice. Please pay the amount due, less any contract terminations, if applicable. No other Coverage changes should be deducted from, or added to, the group invoice.

If the premium payment is not received prior to the 30th day past the due date of the invoice, the Group Master Policy will be canceled for non-payment of premium. Letters will be mailed throughout the delinquency period notifying the Group Administrator/Decision Maker of the pending cancellation. Therefore, it is imperative that you remit your premium payment within 10 days of the premium due date as indicated in your Group Master Policy. This will ensure prompt and accurate reconciliation of your payment.

[All returned checks \(i.e., stop payment, closed account, insufficient funds, etc.\) must be replaced by a Cashier's Check or Money Order immediately upon receipt of notification.](#)

If the rates on the invoice you receive at your renewal are not the correct rates, you must still submit payment for the amount listed "as billed" on that invoice. If it is determined that corrections need to be made, you will either receive a supplemental invoice for any additional premium due or a refund for any overpayment.

All payments should be mailed to the address indicated on the group invoice.

You should notify your Sales or Service Representative of any changes in your group's administration, address or telephone number.

If there are questions regarding rates during your renewal, please contact your Sales/Service Representative or Agent.

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