

# Plan Administrator's Quick Reference Guide



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# It's easy to administer your health plan

We're pleased to be your health plan of choice and hope this guide can be a useful tool in making your plan administration as effortless as possible.

Web tools make it easier to enroll, edit member information, manage billing, and more. Save time when you go to the employer website at [premera.com](http://premera.com).

**Benefits Administrator**—These pages are full of information on eligibility, enrollment, COBRA, continuation of coverage, and more.

**Billing and Accounts Payable**—Here you will find detailed information on billing and other financial matters.

**FAQ**—Take a look at our FAQ section to get the facts on administrators' most common concerns.

## Time-saving tip!

Encourage your employees to self-register at [premera.com](http://premera.com). It's easy, convenient, and a great way to make the most of their benefits. They will be able to:

- Find a network provider, pharmacy, or hospital
- Review plan benefits
- Order a new ID card and change address information
- Plan care with Healthcare Advisor and Treatment Cost Advisor
- Check recommended immunizations timeline
- Get information on member discounts through the Extras! program
- Learn ways to stay healthy
- Access their member how-to guide, "Your Card. Your Health."

The [premera.com](http://premera.com) employer website is your gateway to a suite of secure service features designed to help

you support your employees. Administer your health benefit plan quickly and easily:

- Enroll employees
- View eligibility and employee information
- Edit member information
- Review account and billing information
- Review reports
- Access health tools
- Find providers
- And more

## ACCESS ONLINE TOOLS:

**Step 1** Go to [premera.com](http://premera.com)

**Step 2** Log in

To access secure information and services, enter:

- Your user ID\*
- Your password\*

Not registered yet?

Click the Register link and you will be guided through online registration and will need to have your PIN letter available for reference.\*\*

\* You create your user ID and password the first time you register.

\*\* You should have received a letter from Premera with your personal identification number (PIN). The PIN is required to register. If you have not received your PIN letter, please contact our Help Desk at 800-722-9780.

# Online tools for plan administration

Through the employer website at [premera.com](http://premera.com), you can get the most up-to-date administration information, view transactions and invoices, and more.

## Message Center

This landing page offers you important benefit administration tools, such as:

- **News & Updates**  
Premera Blue Cross information and articles keep you up to date about your health plan and healthy living.
- **Payment Options**  
Find out how to pay your bill by mail, electronic transfer, or by phone. You can also link to our comprehensive Payment Submission Guidelines.
- **Change Password**  
Changing your password regularly helps protect your private information

## Enrollment Center

Talk to your account representative to set up your account for access to online tools to:

- Enroll an employee and his/her family into the system
- Add a spouse or domestic partner to an existing member profile
- Add dependents to an existing member profile
- Edit subgroup information (if you have more than one subgroup)
- Change Class/Plan (if applicable)
- Terminate a member from the plan
- Process rehires

Note: Additional steps may be required to enroll new members on an HSA plan.

## Your online toolkit

The Employee Communications Toolkit will help you communicate healthcare benefits and wellness information to your employees. It contains a variety of ready-to-use, downloadable resources that:

- Encourage better health among your employees
- Educate your employees about the resources available as part of their healthcare benefits
- Empower your employees to utilize their benefits wisely and make informed healthcare decisions.

Toolkit items include downloadable electronic, voicemail script, printed, and display communications. Some kit materials are customizable, so you can tailor the message for your company's needs.

Technical problems—To report a technical problem with this application, please contact our Help Desk at 800-722-9780.

Assistance with Membership & Billing—If you need assistance with, or have questions about, the information here, please contact your Premera Blue Cross membership analyst.

## Billing management

Invoices for the past six months can be viewed on the Billing Management page. Additionally, you can:

- Find out where to remit payments
- View summary information for each invoice (in PDF or Excel format)
- View next invoice generation date

## Reports

Audit reports are available to assist you in effective employee benefit management.

## Health tools

Link to important benefit information and supporting features, such as:

- **Dental Health Center**  
Research dental health topics and treatments, ask questions of a Dentist-at-certified dentist, and use our Dental Cost Estimator to find out costs of specific dental procedures.
- **Staying Healthy**  
Access preventive care information and health tools.
- **Rx Search**  
Rx Search is our online searchable drug list. Use this tool to learn about the tier status of a particular drug or to find the formulary drugs within a drug class. For 4-tier pharmacy benefit select X4. For 1-tier pharmacy benefit select X1.

- **Generics—Yes! A Smart Choice**  
A generic drug is equivalent to a brand name drug in safety, strength, quality, how the drug works, and what it's used to treat. Check out the cost difference between the brand name drug and an equivalent drug by going to our Savings Calculator.
- **MyPharmacyPlus™**  
You can select from more than 54,000 retail pharmacies nationwide or have prescriptions mailed to you through our home delivery service by visiting our partner site, MyPharmacyPlus™.

# Helpful web tips

## Entry guidelines:

- The only symbols that can be used in member names are the hyphen (-) and the apostrophe ('). In addition to those two symbols, the pound sign (#) can be used in the address.
- Names are limited to 26 characters. This includes the member's first name, middle initial, and last name as well as the spaces in between. This is how the name will be shown on the members ID card. Contact your membership analyst if you have additional questions.
- Entries using postal address standards will improve ID card/EOB delivery.
- Addresses entered can only be U.S. addresses. For foreign addresses please contact your billing representative found on the Premera website or your monthly invoice.

## Helpful reminders:

- Depending on your group's billing date, changes could appear on the next billing statement.
- If your group has prescription coverage, Web enrollment takes up to 96 hours to update with our pharmacy benefit manager.
- The Help Desk is available at 800-722-9780 6 a.m. to 6 p.m. Pacific time Monday through Friday.



Technical problems—To report a technical problem with this application, please contact our Help Desk at 800-722-9780.

Assistance with Membership & Billing—If you need assistance with, or have questions about, the information here, please contact your Premera Blue Cross membership analyst.



# Eligibility and enrollment

Use Enrollment Center to complete enrollment online, or if you continue using the paper enrollment process, each employee must complete and sign a Member Enrollment and Change Application to add, drop, or waive coverage. We require enrollment information to be submitted prior to, but no later than, 30 days from the effective date.

## Enrollment reminders

Employees or dependents who aren't enrolled when first eligible, or as allowed under special enrollment below, are eligible for enrollment during the group's next open enrollment period.

Please remember to provide notification regarding the plan's waiting period and special enrollment rights to all eligible employees before their enrollment.

## Open enrollment

When a group chooses to renew its existing contract with Premera, members are eligible to make different benefit selections and/or add/drop dependents from their plan, as per the guidelines of their new contract. This period of time

is known as open enrollment and is only available at the time of renewal. All other changes to enrollment must be as the result of an eligible enrollment reason as follows below.

## Enrollment outside of open enrollment period

Enrollment Reason	Definition
8 New employee	Newly hired employee
8 Rehired employee	Rehired employee
COBRA	No longer eligible as a regular member but is opting to continue benefits under COBRA
Employee entered eligible class	Part time to full time or temporary to permanent, etc.
8 Marriage	Adding dependents due to marriage
Legal separation	Dropping dependent(s) due to legal separation
Divorce	Dropping dependent(s) due to legal divorce
8 Death	Cancellation of coverage due to member death
8 Birth	Adding dependent(s) due to newborn
Adoption	Adding dependent(s) due to legal adoption (legal papers are required)
Dependent change	Add/Drop a dependent due to changes in eligibility status, such as a qualifying event or dependent coverage status (26)
Involuntary loss of coverage	Coverage with another carrier has been terminated
Qualified medical child support orders	Copy of court order may be required
Persons eligible for medical assistance	Newly enrolled by Department of Social and Health Services in the Employer-Sponsored Insurance program

Note: The employer is responsible for validating all enrollments submitted outside of open enrollment meet the above criteria.

8 This change can be made online using Enrollment Center or through our employer website.

Although the plan may provide for reimbursement of expenses incurred by the domestic partner, federal tax laws restrict the plan's ability to reimburse expenses incurred by an individual who is not a tax dependent. Because the tax laws applicable to domestic partners are complicated, the member should consult with their tax advisor to determine whether their domestic partner is their tax dependent before they make any decisions under the plan.



## Special enrollment

The terms of your healthcare plan may allow employees and/or dependents to waive enrollment when first eligible because they have other coverage. These employees and dependents have the right to enroll later if the other coverage was lost and if certain conditions are met.

Employees and dependents may enroll outside the open enrollment period for the following reasons:

- The employee or dependent had other healthcare coverage when the Premera Blue Cross coverage was offered.
- The employee declined Premera coverage for himself/herself and/or the dependent in writing, and the written notice stated that the person had other coverage.
- The employee or dependent lost other coverage due to legal separation, divorce, death, voluntary or involuntary termination of employment, or a voluntary or involuntary reduction in the number of hours worked.

- The employer terminated its contribution toward the employee or dependent's other coverage.

Note: Reduction in the amount of employer contribution does not convey special enrollment rights.

- An employee may enroll (with or without existing dependents) at the same time a new dependent (acquired through marriage, domestic partnership, birth, or adoption) is enrolled, if the terms of your healthcare plan allowed the employee or dependent to waive enrollment when first eligible.
- The employee was covered under COBRA at the time this coverage was offered, and the employee's COBRA benefits have been exhausted.

Note: Employees or dependents who voluntarily terminate COBRA coverage while still eligible for it do not have special enrollment rights.

- The employee is eligible for both state medical assistance and coverage under the Premera plan and is enrolled in the Department of Social and Health Services (DSHS) Employer-Sponsored Insurance (ESI) program. The employee may be required to provide a Notice of Eligibility from DSHS. Under the ESI program, the employee receives state subsidy for Premera coverage directly from the state. The employer is responsible for obtaining and maintaining any DSHS documentation.

Note: The employer is responsible for validating all special enrollments meets the above criteria.

## Waiving coverage

### Guidelines

Employees and dependents who have the opportunity to enroll for health benefits offered by your company may decline part or all of the benefits, provided that the group contract doesn't require 100 percent participation for that class of enrollee.

### Waiving coverage on initial enrollment

An employee may enroll (with or without existing dependents) at the same time a new dependent (acquired through marriage, domestic partnership, birth, or adoption) is enrolled, if the terms of your healthcare plan allowed the employee or dependent to waive enrollment when first eligible.

If an employee and/or dependent decline to enroll in the health plan, enter that information in Enrollment Center, or, if using the paper enrollment process, the employee must sign a waiver. Please note that for community rated groups of 1–50, all eligible waivers must be accompanied by a photocopy of an ID card or EOB to verify current coverage. Please keep signed waivers in your files. If you need additional copies, they are available on our website, [premera.com](http://premera.com). Go to the employer section and click on Forms and Supplies.

## Notification guidelines for cancellations

Your employees should notify you whenever dependents are no longer eligible for coverage or are canceling coverage under your plan. To ensure that coverage is canceled, choose the appropriate method below:

### Enrollment Center

Process enrollment cancellations via Enrollment Center. Cancellations must be completed within 60 days of receiving notice from your employee.

### Paper

Provide written notice to Premera Blue Cross within 60 days from the date of notification. This notification may be submitted via email to your membership analyst (firstname.lastname@premera.com). Your membership analyst's name and phone number are listed on your bill.

### Billing statement

Indicate enrollment changes via the enrollment adjustment form attached to your monthly billing statement.

Note: Cancellations that are requested to be retroactive because of a group's clerical error will not be retroactive more than two months from the date a group notifies us of the error. Please note that this retroactive cancellation policy does not apply to COBRA enrollees and situations other than the group's clerical error.

## Cancellation criteria

Below are general guidelines for coverage cancellation under most Premera Blue Cross plans. Check with your account representative for specific details on your plan.

### Employee and dependents

Coverage for an employee and all enrolled dependents will end when one or more of the following occurs:

- The group's contract is canceled.
- The employee's employment is terminated.
- The employee no longer meets group's eligibility guidelines.
- The employee is no longer in an eligible employee class.
- The employee cancels coverage, provided that the group contract does not require 100 percent participation for employees.
- The employee is deceased.
- The group's subscription charges are not paid when due or within the grace period.
- If the plan is an association plan, when the participating employer ceases to be a member of the association.





### Children/spouse/ domestic partner

A child's, spouse's, or domestic partner's coverage will end when one or more of the following occurs:

- The marriage or domestic partnership is terminated or the spouse divorces or legally separates from the employee (spouse/domestic partner will lose eligibility, however, enrolled children may not necessarily lose eligibility).
- The child reaches the allowable age limit.
- The employee cancels coverage, provided that the group contract does not require 100 percent participation for dependents.
- The child/spouse/domestic partner dies.
- Court ordered guardianship of a minor child expires or terminates.

Note: The employer is responsible for validating above cancellation criteria.

### COBRA

COBRA is the federally mandated program that provides your employees the opportunity to continue their health coverage if

they lose coverage under special circumstances. Employers may require COBRA enrollees to pay the full cost of this coverage plus an additional 2 percent.

As a group administrator, you should determine whether your plan is subject to COBRA. Here are some general guidelines:

- Groups that had fewer than 20 employees on at least 50 percent of their working days in the previous calendar year are NOT subject to COBRA starting January 1 of the next calendar year. (For example, an employer who had 17 employees or 50 percent of its working days in 2014 is NOT subject to COBRA as of January 1, 2015.)
- All employees must be counted, not just those eligible for, or enrolled in, the plan.
- Other requirements and restrictions apply, as stated in the federal law and regulations.
- If your plan is subject to COBRA, please notify your account representative immediately when COBRA status changes for your employees and their dependents.

### State of Washington continuation of coverage

Your plan also includes a three-month continuation option in accordance with Washington state law. Under this option, enrollees whose group coverage is terminated for any reason may elect to continue the coverage for up to three months at a rate agreed upon between the employer and Premera Blue Cross.

This continuation option applies only to enrollees whose loss of coverage does not qualify under COBRA.

Like COBRA coverage, employers may require enrollees who elect three-month continuation to pay the full cost of that coverage. As a group administrator, you collect the subscription charges and enrollment forms from these enrollees and forward them to us with your regular monthly payment.

### Individual coverage

When coverage under a group plan ends, your enrollees may apply for Premera individual plan coverage. Contact your producer or account representative for more information on these plans.





## Member enrollment and change application

Use the following only if you are using the paper enrollment process. The Member Enrollment and Change Application must be led out completely in order to avoid delays in the enrollment process. Any incomplete forms will be returned to you. If you need additional copies of this form, they are available on our website: [premera.com](http://premera.com). Go to the Employer section and click on Forms.

Note: Enrollment and changes can be made via Enrollment Center. Exceptions are listed on page 6. A Personal Funding Account Member Enrollment Form is also required if you offer HSA or HRA plans.

		P.O. Box 91059 Seattle, WA 98111-9159 <a href="http://www.premera.com">www.premera.com</a>		<b>MEMBER ENROLLMENT AND CHANGE APPLICATION</b>							
<b>1. GROUP INFORMATION (to be completed by the group)</b>											
Group ID	Group name		<input type="checkbox"/> New <input type="checkbox"/> Change		Reason	Date of event / /					
Employee class (if applicable)	Employee job title		Employee date of hire / /	Date employee entered eligible class <input type="checkbox"/> Same as hire date <input type="checkbox"/> Other date / /		Effective date / /					
If COBRA, indicate number of months eligible for coverage: <input type="checkbox"/> 18 months <input type="checkbox"/> 29 months <input type="checkbox"/> 36 months   If State Continuation (COC), eligible period of coverage cannot exceed 3 months.											
<b>2. EMPLOYEE INFORMATION (employee to complete sections 2 through 4)</b>											
Employee name (Last)		(First)	(M)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	Daytime phone ( )	E-mail address (Required)					
Home address		City	State	ZIP	Mailing address (if different than home address)   City   State   ZIP						
<b>3. ENROLLMENT INFORMATION</b>											
Plan choice		NOTE: In order for dependents to qualify for a benefit selection, the employee must select the same benefit. Please indicate each member's name as you would like it to appear on the ID card. ID card names are limited to 26 characters and spaces.									
Add	Drop	Relationship to Employee	Last Name	First Name	MI	Social Security No.	Date of Birth	Gender		Benefit Selection	
<input type="checkbox"/>	<input type="checkbox"/>	Self					/ /	Male	Female	Medical	Dental
<input type="checkbox"/>	<input type="checkbox"/>						/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does a dependent have a different mailing address? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete the following:   Dependent's Name _____ Dependent's mailing address _____ City _____ State _____ ZIP _____											
Is any child over the dependent age limit applying for coverage due to disability? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete and attach the Request for Certification of Disabled Dependent form.											
Will any applicant have other current health coverage including Medicare or Premera, which will remain in effect when your Premera coverage begins? <input type="checkbox"/> No <input type="checkbox"/> Yes, please complete and attach the Other Coverage Questionnaire form.											
<b>4. EMPLOYEE SIGNATURE</b>											
In applying for enrollment as indicated on this application, I declare that to the best of my knowledge, all of the information on this form is true and complete, and all of the persons for whom I am requesting enrollment are eligible for coverage. I have also read and understand the provisions as stated on the reverse side. The changes on this form supersede all previous forms submitted.											
Employee signature _____ Date signed ____ / ____ / ____											
Please note: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.											
008749 (01-2014)				An Independent Licensee of the Blue Cross Blue Shield Association							

# Enrollment application completion tips

Use Enrollment Center to complete enrollment online. The following is applicable only if you are using the paper enrollment process.

## Section 1: Group information

To be completed by the group administrator as follows:

- Group ID = your group number.
- Group name = Enter your group name.
- Mark the application as new or change.
- Select an enrollment reason from list of enrollment reasons in prior section of this manual.

Note: The employer is responsible for validating that all enrollments submitted outside of open enrollment meet acceptable criteria.

- New/change = Mark the new box if you are adding a new subscriber to your plan. Mark the change box if you are making changes to an existing subscriber.
- Reason = The enrollment reason is required. Please refer to “Enrollment outside of open enrollment period” for a list of acceptable qualifying events.

• Date of event = Date of enrollment reason (enter full date).

(Example: John Smith got married on 2/14/15 and would like to add his spouse. Enrollment reason = Marriage, Date of Event = 2/14/15.)

- Employee class = SubGroup ID or class name.
- Employee job title = Enter employee job title.
- Date of hire = Date employee was originally hired by your company. In the case of a rehire, enter the rehire date.

- Date employee entered eligible class = The date the employee qualified for health benefits.

Generally, this date is the same as the hire date for full-time employees. In the case of part-time employees, enter the date they became eligible for health benefits as per your contractual agreement.

(Example: Employee A hired 1/1/14 as part time; became full time effective 2/1/15 and is now eligible for health benefits. In this example, you would use 2/1/15.)

- Same as hire date = Check this  if date entered eligible class is the same as the hire date.
- Effective date = Enter the date the employee will begin receiving benefits. Refer to your contract to determine what the effective date would be following satisfaction of a probationary waiting period, if one applies.
- COBRA = Complete this section only if applicable.

## Section 2: Employee information

To be completed by employee.

- All information must be legible and completed.
- Member names must be written exactly as they should appear on the ID card (limited to 26 characters, including spaces for full name). The member must shorten the name if their name is more than 26 characters.
- Employee home address must be completed in full.
- Mailing address = only complete if correspondence should be mailed to different address than home address.

## Section 3: Enrollment information

To be completed by employee.

- Plan choice = Write in plan selected.
- Add/drop/waive = Complete appropriate box for each member.
- Relationship to employee = Describe dependents relationship to employee (i.e., stepson, domestic partner, daughter, etc.).
- Last name, first name, MI = Clearly write member's name exactly as it should appear on the ID card (limited to 26 characters including spaces for full name).

Continued on the next page



- Social Security Number = Write in each member's Social Security number.
- Date of birth = Write in each member's full date of birth (mm/dd/yy).
- Gender = Each member must have a gender selected. Premera will not make assumptions based on name.
- Benefit selection = Indicate benefit selection for each member (dependent member benefit selections left blank will default to employee benefit selections).
- Different dependent mailing address = Provide full address if correspondence should be mailed to different address. Specific member names should be listed, otherwise correspondence will default to employee's address.
- Disabled dependent information = If dependent coverage is due to disability, please complete the "Request for Certification of Disabled Dependent" form located on [premera.com](http://premera.com) under Forms.

### Newborn coverage and rate impact

- The Erin Act provides that when a mother's health plan coverage includes maternity benefits, her newborn child will receive three weeks (21 days) of coverage under the plan, regardless of whether the child is ultimately enrolled in the plan.
- If a newborn is added to the policy, the premium will appear on the billing the first of the month following the month the newborn is added. Contact your membership analyst, whose name and telephone number is included on your billing statement, if you have any questions.
- If the newborn addition does not change a dependent coverage level, then rates will not be affected.

## Section 4: Employee signature

Employee must read, sign, and date this enrollment application, which verifies data is accurate.

### Submission of enrollment applications

Note: If enrollment is completed via the Enrollment Center, do not submit hard copy enrollment form to Premera.

- Fax—Please contact your membership analyst for the appropriate fax number.

Note: Do not submit hard copy enrollment form to Premera for faxed documents.

- Email—If you have scanning capabilities you may email the application directly to your membership analyst ([firstname.lastname@premera.com](mailto:firstname.lastname@premera.com)). Your membership analyst's name and phone number are listed on your bill.

Note: Do not submit hard copy enrollment form to Premera if document is emailed.

- Mail—Enrollment forms can be mailed to:

Premera Blue Cross  
PO Box 91059  
Seattle, WA 98111



## Payment administration

The following payment detail data must be provided if the group's payment does not reflect the eligibility on your bill:

- Your group identification number
- Your subgroup identification number
- Your subscriber identification number or, if unavailable, the employee's social security number
- The subscriber's first and last name
- The subscription charge amount being paid for the affected subscriber
- The coverage period (month and year) to which we should apply the payment

## Membership administration

The following data must be provided for member enrollment, termination, and demographic changes:

- Type of transaction—member enrollment or termination, plan change, or a demographic change (such as a change of name or address)
- Your group identification number
- Your subscriber identification number, or, if unavailable, the employee's social security number (the member's social security number is required to enroll new members)
- The group's unique employee identification number, if any
- The affected member's first name, last name, and middle initial
- The affected member's date of birth, gender, and, for dependents, relationship to the subscriber
- The member's complete address (street and number, city, state, and ZIP code). If more than one address is provided, the home and mailing addresses must each be identified.

- The date the coverage is to start or end, as applicable
- For COBRA members, the date the maximum COBRA period is to end
- The start and end dates of the member's prior coverage. We will use this information for pre-existing waiting period crediting. This information must be provided for waiting period credit to be given.
- The affected subscriber's hire date
- Your subgroup identification number
- Your medical, dental, pharmacy, and vision plan identification codes, as applicable

## Paying your bill

### Direct payment

Pay by mail

Pay your bill by mailing the payment along with your payment remittance coupon to:

Premera Blue Cross  
PO Box 91060  
Seattle, WA 98111

A self-addressed envelope is enclosed with your monthly Group Invoice. Indicate your group number on your check to expedite the processing of your payment.

Continued on the next page

## Automated payments

For your convenience, we accept payments via Automated Clearing House (ACH). Electronic funds transfer payment is a fast and easy way to submit payments, eliminating mail time and reducing error.

For more information on setting up an ACH payment process, contact the membership analyst listed on your bill.

Enrollment changes or correspondence attached to payments may result in processing delays. To expedite processing, only send payments to P.O. Box 91060. All other information should be sent to P.O. Box 91059.

## Delinquent account and payment policies

The Premera Blue Cross group contract defaults to a subscription charge due date of the 1<sup>st</sup> of each month with a 10-day grace period. If payment is not received by the end of the grace period, the group contract will be automatically terminated retroactive to the subscription charge due date.



Contract excerpt:

### Payment of subscription charges and grace period

The 1<sup>st</sup> payment of subscription charges is due in advance of the contract's effective date. After that, the group will pay the monthly subscription charges by the subscription charge due date, as set forth on the face page of the contract, of each following month. After the 1<sup>st</sup> payment, there is a grace period of 10 days from each due date in which to pay subsequent subscription charges. If payment is not received by us by the end of the grace period, the contract will automatically terminate on the subscription charge due date.

Our acceptance of late or inadequate subscription charges shall not be construed as a waiver of our rights. No benefits are payable for expenses incurred on any date for which subscription charges are not paid. The group is liable for all subscription charges covering any period of time that this contract remains in force.

If your payment is not received by the 1<sup>st</sup> of each month, you will receive a cancellation warning notice. If you lost your billing statement or did not receive your bill, you may download a copy at [premera.com](http://premera.com). Billing statements may be accessed online for up to six months. If you did not receive your billing statement in a timely manner contact your membership analyst.

Reinstatement of a contract without a lapse in coverage is available only to accounts that have no prior reinstatements. Premera strictly enforces its one-time per contract lifetime policy.

Note: During your renewal month, your regularly scheduled bill may be suspended to ensure an accurate bill is mailed to you. If you do not see your bill on schedule, contact your membership analyst.

# Frequently Asked Questions

## Can I make changes online?

Yes, you can add/terminate members and update addresses if you use Enrollment Center.

To order ID cards or view your billing statements, go to [premera.com](http://premera.com). You will need to register using your PIN (Personal Identification Number). If you need a PIN, please call our Web Support Help Desk at 800-722-9780.

## Once I submit my enrollment do I need to submit a hard copy?

No, if you submit enrollment via fax, Enrollment Center, or email, you do not need to follow up with a hard copy of the enrollment application. Our fax number is 425-918-5456.

## When should I submit enrollment changes?

Submitting enrollment changes as they occur will ensure your billing accurately reflects your most current eligibility.

## When will changes show up on my statement?

Additions or terminations submitted after your billing cycle will be reflected on your next month's billing statement. To expedite the reconciliation of your group's account as well as ensure prompt claims payment, please pay as billed.

## Why haven't I received my bill yet?

During your renewal month, your group bill may be suspended to ensure an accurate bill is mailed to you. If you do not see your bill on schedule, please contact your membership analyst.

## How can I ensure my payment is accurately processed?

Returning your payment stub, found on the bottom of your monthly invoice, and noting your group number on your check, will assist in ensuring your payment is properly credited.

## Can my membership analyst answer my questions about benefits and claims?

No, your membership analyst cannot answer questions pertaining to benefits or claims processing. Please call Premera Blue Cross Customer Service at 800-722-1471 for these types of questions.

## Where can I find contact info for my membership analyst?

Your membership analyst's name and direct telephone number are listed on page one of your monthly invoice.

## Can I make my group's premium payment online?

Not at this time. We currently offer this service only for individual plans.



## Contact Information

### BUSINESS OFFICES

7001 220th St. SW  
Mountlake Terrace, WA 98043  
425-918-4000

### EXPRESS SCRIPTS

### PHARMACY LOCATOR

800-391-9701

Call this toll-free number to find a network pharmacy near you.

### CUSTOMER SERVICE

For questions related to benefits or claims processing, please contact our customer service team at 800-722-1471.

### CLAIMS SUBMISSION

Premera Blue Cross  
P.O. Box 91059  
Seattle, WA 98111-9159

### 24-HOUR NURSELINE

866-224-8541

Nurses are available 24 hours a day, seven days a week. The number can be found on the back of the members Premera Blue Cross member ID card or directly through our mobile app.

### WEB SUPPORT HELP DESK

800-722-9780

[support@premera.com](mailto:support@premera.com)