

Small Group (2 – 50)

2023 Agent Training Guide



**BlueChoice[®]
HealthPlan**
South Carolina

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Welcome!

Thank you for selling BlueChoice HealthPlan small group products. You are an integral part of our success, so we want to make the process easier for you! This agent guide will help you:

- Understand our Small Group plans.
- Understand all the programs and services included with the plans.
- Understand some of the administrative operations to help your clients when necessary.

We hope this guide provides you with valuable information and assists you with selling BusinessADVANTAGE products and answering your clients' questions.

We stay focused on helping you. You should always contact your account management team if you have any questions that cannot be answered in this guide. If you can't reach a member of your account management team, please contact us in one of these ways:



Email us:

BCHPsmall@BlueChoiceSC.com



Visit our website:

www.BlueChoiceSC.com



Call us Monday – Friday
from 8:30 a.m. – 5 p.m.:

[866-280-0766](tel:866-280-0766), option 1

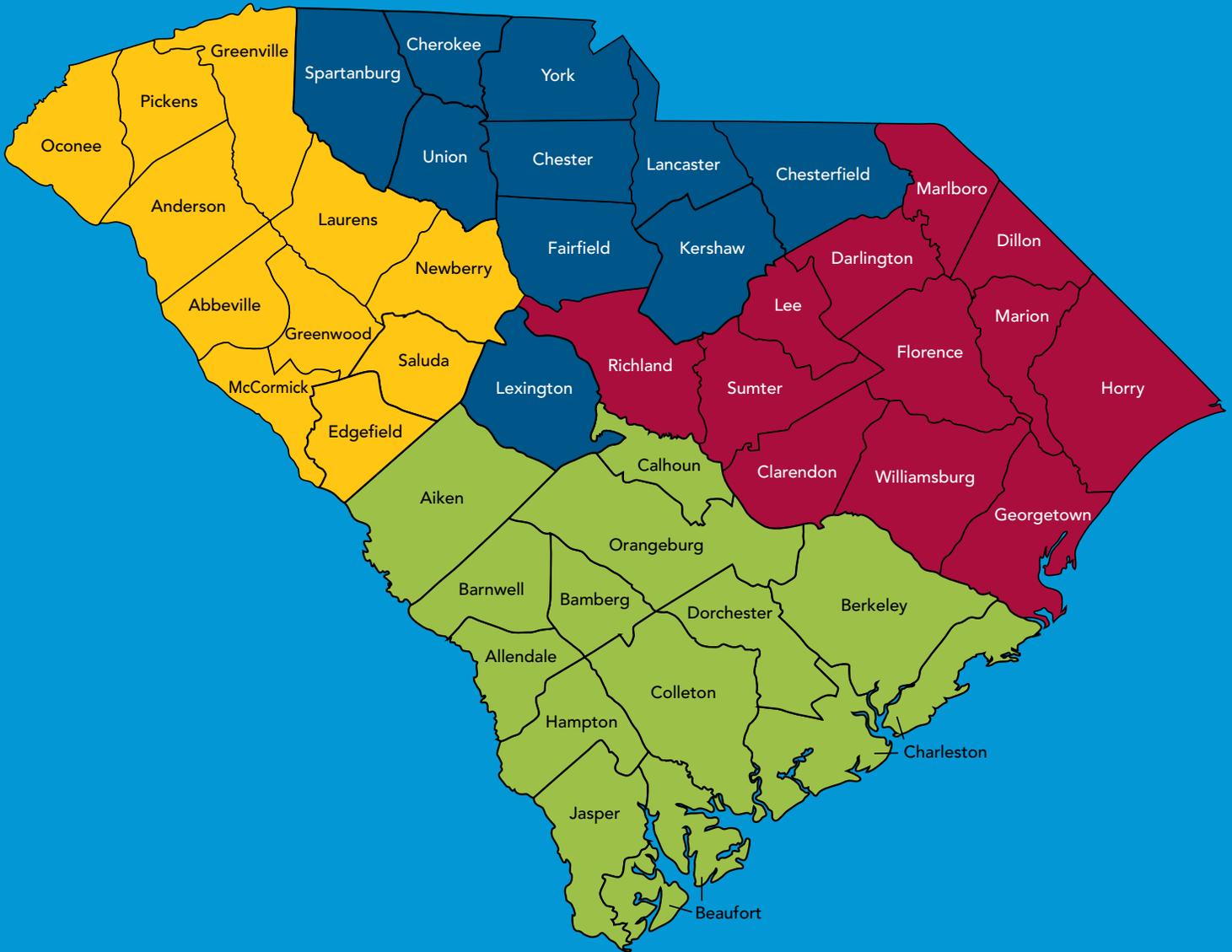
We look forward to serving you and your clients, our valued customers, for years to come.

Section 1: Primary Contacts

Agent Contacts

BlueChoice® prides itself on providing high levels of service. We assign staff to different portions of the state to assist our agents. You have been assigned a small group marketing sales representative to answer any questions you may have or help you navigate any issues that may arise.

	ROLE	CONTACT INFORMATION
	Pee Dee/Coastal/Midlands	Name: Janna Todd Email: Janna.Todd@BlueChoiceSC.com Cellphone: 803-546-4124 Direct Phone: 803-382-5170 Fax: 803-714-6461 (cover sheet necessary) Street Address: 3060 Alpine Rd. AX-405, Columbia SC 29223 P.O.Box: P.O.Box 6170, AX-405, Columbia, SC 29260
	Midlands/Upstate/York	Name: Melissa Gimbel Spearman Email: Melissa.Spearman@BlueChoiceSC.com Cellphone: 803-361-7006 Direct Phone: 803-382-5249 Fax: 803-714-6461 (cover sheet necessary) Street Address: 3060 Alpine Rd. AX-405, Columbia, SC 29223 P.O. Box: P.O. Box 6170, AX-405, Columbia, SC 29260
	Lowcountry	Name: Natalie Riggs Email: Natalie.Riggs@BlueChoiceSC.com Cellphone: 843-901-2586 Direct Phone: 803-382-5185 Fax: 803-714-6461 (cover sheet necessary) Street Address: 3060 Alpine Rd. AX-405, Columbia, SC 29223 P.O. Box: P.O. Box 6170, AX-405, Columbia, SC 29260
	Upstate	Name: Nan Minor Email: Nancy.Minor@BlueChoiceSC.com Cellphone: 864-270-2729 Direct Phone: 803-382-5585 Fax: 803-714-6461 (cover sheet necessary) Street Address: 3060 Alpine Rd. AX-405, Columbia, SC 29223 P.O. Box: P.O. Box 6170, AX-405, Columbia, SC 29260
	Small Group Service Representative	Name: Kristie Cornelius Email: Kristie.Cornelius@BlueChoiceSC.com Cellphone: 803-749-9942
	Marketing Support Services*	Monday – Friday from 8:30 a.m. – 5 p.m. Phone: 866-280-0766, option 1 Email: BCHPSmall@BlueChoiceSC.com
*NOTE: Members should call the phone number listed on the back of their member ID cards with questions.		



Other Important Contacts To Remember

As you assist your clients, you may have questions. In addition to your account team, here are some contacts that may help you.

AREA TO CONTACT	WHEN TO CONTACT US	HOW TO CONTACT US
Billing Questions	When your groups have questions about their bills	Phone: 866-569-5933, option 3
Bill Payments	To pay a bill	Visit: www.QuickBillSC.com
Membership <i>(For update requests and applications only. No responses to inquiries.)</i>	To submit update requests and applications	Email: BCHPMembership@BlueChoiceSC.com Fax: 803-870-9250
Member Services	Members can call when they have questions about the following: <ul style="list-style-type: none"> • Claims or bills • Benefits clarification • Eligibility inquiries • Coordination of other health coverage or benefits • Out-of-area care and authorizations • Emergency room services 	Phone: 800-868-2528



Section 2: Our Plans



Our Plans

BlueChoice HealthPlan offers a series of plans with options to suit employers with 2 – 50 employees. We can work with you to determine which features and benefits best fit your clients. Our plans include a variety of programs for medical, health and chronic condition management. We have your clients covered regardless of their needs.

BusinessADVANTAGE

BusinessADVANTAGE offers the most comprehensive benefits with our largest network.

We are offering 22 BusinessADVANTAGE plans:

- Six Gold plans
- 10 Silver plans
- Six Bronze plans

Four of these are qualified high-deductible health plans.

BA Primary Choice

BA Primary Choice offers all the same great benefits as BusinessADVANTAGE but with an exclusive network through Southeastern Health Partners.

Members must select a primary care physician (PCP) within the BA Primary Choice network upon enrolling.

The primary care physician will help manage care by providing referrals to other providers when needed.

To view the BA Primary Choice network, please visit www.BlueChoiceSC.com.

We are offering 13 BA Primary Choice plans:

- Three Gold plans
- Six Silver plans
- Four Bronze plans

Two of these are qualified high-deductible health plans.

You can offer dual options in any combination from any of these plans down to two lives. All plans are health reimbursement arrangement-compatible, and nine plans are health savings account-qualified.

Section 3: Benefits and Services



The Benefits of Employer Group Coverage With BlueChoice

We have more than 30 years of experience serving members throughout South Carolina. Our plan options provide comprehensive, whole-health solutions to members and their families and help you manage your health care costs.

With BlueChoice, You Get More

All-Inclusive, Comprehensive Office Visit Copayment — One low copayment per in-network office visit covers ALL related diagnostic and treatment services, including labs and X-rays.

The **FOCUS_{fwd} Wellness Incentive Program** is designed to help members lead healthier lifestyles. By completing health-related activities and challenges, members earn up to **\$110 in rewards** and increase their chances of winning one of the **\$1,000 quarterly** and **\$5,000 annual cash rewards** in our **Sweepstakes!** Just look for the running man icon (pictured here) indicating a **FOCUS_{fwd}** initiative and its entry values.



for signing up for
FOCUS_{fwd}

Great Expectations for health — More than 20 wellness, chronic condition management and behavioral health programs focus on the early detection of illness and the prevention of disease.

My Diabetes Discount Program — Qualifying members receive their insulin with a \$0 copayment when they meet the program criteria.

Blue CareOnDemand — Virtual visits with a doctor any time day or night cost less than \$35 on most plans.

Specialist Visits — No referral is necessary for BusinessADVANTAGE members! BA Primary Choice members must request and receive a referral from the PCP before seeing a specialist.

Urgent Care Visits at Doctors Care — These cost the same as primary care visits on most plans.

BlueCard Program — Members living or traveling outside of South Carolina can locate participating doctors and hospitals nationwide. When members use a doctor or hospital through BlueCard, they receive the highest level of benefits. For BA Primacy Choice members, no benefits are provided for services received out of network unless the service is due to an emergency medical condition and the services are provided in an urgent care center or hospital emergency room.

Lab Choices — We offer lab choices, generating savings and less out-of-pocket costs for our members. All care for a BA Primary Choice member must be provided through or authorized by the member's PCP.

Free-Standing Ambulatory Surgical Centers — Our network of free-standing ambulatory surgical centers can save members money when they need surgery or a procedure that doesn't require an overnight stay. All care for a BA Primary Choice member must be provided through or authorized by the member's PCP.

EXAMPLE	FACILITY FEE*
You use a free-standing ambulatory surgical center.	\$200
You use the hospital or an outpatient facility affiliated with a hospital.	\$400 copayment, then deductible, then 50%
*Benefits vary. Groups should check their Schedules of Benefits.	

Pediatric Vision — All plans cover one eye exam and one pair of glasses or contact lenses each year from a designated selection through the Physicians Eyecare Network. Physicians Eyecare Network is an independent company that administers a vision provider network on behalf of BlueChoice.

Adult Vision — This benefit covers one eye exam each year and one pair of glasses from a designated selection or contact lenses every two years through the Physicians Eyecare Network.

Preventive Dental — This benefit covers an allowed amount per benefit period for preventive exams and cleanings at any South Carolina-licensed dentist.

Employee Assistance Program (EAP) — Our employee assistance program can be used for family counseling, life management, training and more, included at no additional cost through First Sun EAP. Because First Sun EAP is a separate company from BlueChoice, First Sun will be responsible for all services related to this program.



Tiered Prescription Drug Benefits



BlueChoice offers pharmacy benefits programs that provide the highest level of clinical effectiveness and safety for the lowest net spending. Our goal is to help our members get the appropriate drugs they need at the best price. One way we do this is by developing and maintaining a covered drug list.

We continually evaluate our prescription drug formularies and drug management programs to ensure that quality and costs are managed effectively. We work with a group of independent doctors and pharmacists to evaluate our pharmacy programs and get their recommendations. This group also approves decisions about our covered drug list, specialty drug list and drug management programs. They base their decisions on a drug’s effectiveness, safety and value.

To view the covered drug list, visit www.BlueChoiceSC.com, go to the **Member Center** and select either **BA Primary Choice** or **BusinessADVANTAGE**.

Six-Tier Drug Program

BlueChoice has a six-tier prescription drug plan. This program offers flexibility in drug treatments. The chart shows the drugs that are typically in each tier.

MEMBER COST	DRUG TIER	DESCRIPTION
Not Applicable	Tier 0	These drugs are considered preventive medications under the Affordable Care Act (ACA), and we cover them at no cost to the member.
\$	Tier 1	Drugs on this tier are usually preferred generic drugs. They will typically cost the least amount of money out of pocket.
\$\$	Tier 2	Drugs on this tier are usually generic drugs. They will typically cost less than brand-name drugs.
\$\$\$	Tier 3	Drugs on this tier are usually preferred brand-name drugs. They typically cost less than other brand-name drugs.
\$\$\$\$	Tier 4	Drugs on this tier are usually nonpreferred brand-name drugs. They typically cost more than other brand-name drugs and may have generic equivalents.
\$\$\$\$\$	Tier 5	Drugs on this tier are usually preferred specialty drugs that are used to treat complex conditions. They are typically expensive.
\$\$\$\$\$\$	Tier 6	Drugs on this tier are usually specialty drugs that are used to treat complex medical conditions. They are typically the most expensive drugs available.

All-Inclusive Office Visit Copayment

All plans that have a copayment provide members with the convenience of an all-inclusive office visit copayment. What does that mean?



Members who visit a participating in-network provider will pay one copayment for all covered services performed in the doctor's office for the same date when billed by the physician. Best of all, there are no dollar maximums!

Here are a few examples of what is covered under the all-inclusive office visit copayment:

- Office charges, including surgical services or treatment of an illness, accident or injury
- Allergy and tetanus shots
- Annual physicals
- Injections (immunizations)
- Diagnostic lab and X-ray services (Other charges could apply if the provider sends the claim to a hospital for processing.)



The all-inclusive office visit copayment benefit encourages members to see a contracting provider of their choice to establish and maintain a relationship, improving their health care experience. It has been a significant feature of BlueChoice HealthPlan products for years and continues to be a primary selling feature with our plans.



Value-Added Benefits and Services

These benefits are nonessential and do not count toward any maximum out-of-pocket (MOOP) expenses unless otherwise indicated.



Employee Assistance Program

First Sun EAP provides a broad array of services designed to help employees be at their best. The employee assistance program can help reduce the number of days employees miss, help increase productivity and bring out the best in employees. These services are free to members and those in their households.

EAP services include these resources and more:

- Financial counseling and planning
- Adult care resources
- College consultation resources
- Legal consultations and documents
- Child care resources
- Parenting/adoption resources
- Individual, couples and family counseling

Members and those in their households receive three life management sessions and three counseling sessions at no cost.



Routine Vision Care

All plans include routine vision coverage through the Physicians Eyecare Network:

- **Adults** — One routine eye exam each year with a \$0 copayment and one pair of glasses from a designated selection or contact lenses every two years with a \$0 copayment. Costs incurred do not apply toward MOOP expenses.
- **Pediatric** (under the age of 19) — One routine eye exam each year with a \$25 copayment and one pair of glasses from a designated selection or contact lenses each year with a \$50 copayment. Costs incurred do apply toward MOOP expenses.

For members outside of the South Carolina service area, we allow \$71 toward the routine eye exam and \$120 toward the purchase of eyewear. The member must file these claims with BlueChoice.



Preventive Dental Care

All plans include a dental allowance per benefit period for exams and cleanings for adults and children by any South Carolina-licensed dentist:

- Preventive dental, one exam every six months: up to \$50
- Preventive dental, one cleaning every six months: up to \$50

Members can send a completed dental reimbursement form and the paid receipt to BlueChoice for reimbursement of the allowed amount. If you would like to offer a comprehensive dental plan, you can choose one of our Blue Dental plans. See page 28 for details.



Discounts

At BlueChoice, members can take advantage of great discount programs and special services. We offer these services and discounts to our members in addition to, but not included in, the services and benefits covered under a BlueChoice policy. Through our value-added services, members have access to special discounts or benefits on services such as these:

- Blue365®, a program offering nationwide discounts
- Weight loss programs and centers
- Hearing aid discounts
- Fitness center discounts
- Bosley® hair restoration

Bosley is an independent company that provides discounts on hair restoration services for BlueChoice members.



for signing up
for Blue365





Section 4: Health and Wellness

FOCUSfwd Wellness Incentive Program



The **FOCUSfwd** Wellness Incentive Program is designed to help members lead healthier lifestyles. By completing health-related activities and challenges, members earn up to **\$110 in rewards** and increase their chances of winning one of the **\$1,000 quarterly** and **\$5,000 annual cash rewards** in our **Sweepstakes!**



FOCUS Points

Members get a **\$70 reward** and **40 Sweepstakes entries** for completing an individual Personal Health Assessment, annual wellness exam, and preventive screening or flu vaccine.



GET FIT

Members get up to **\$40 in rewards** and **40 Sweepstakes entries** for completing the quarterly step challenges.

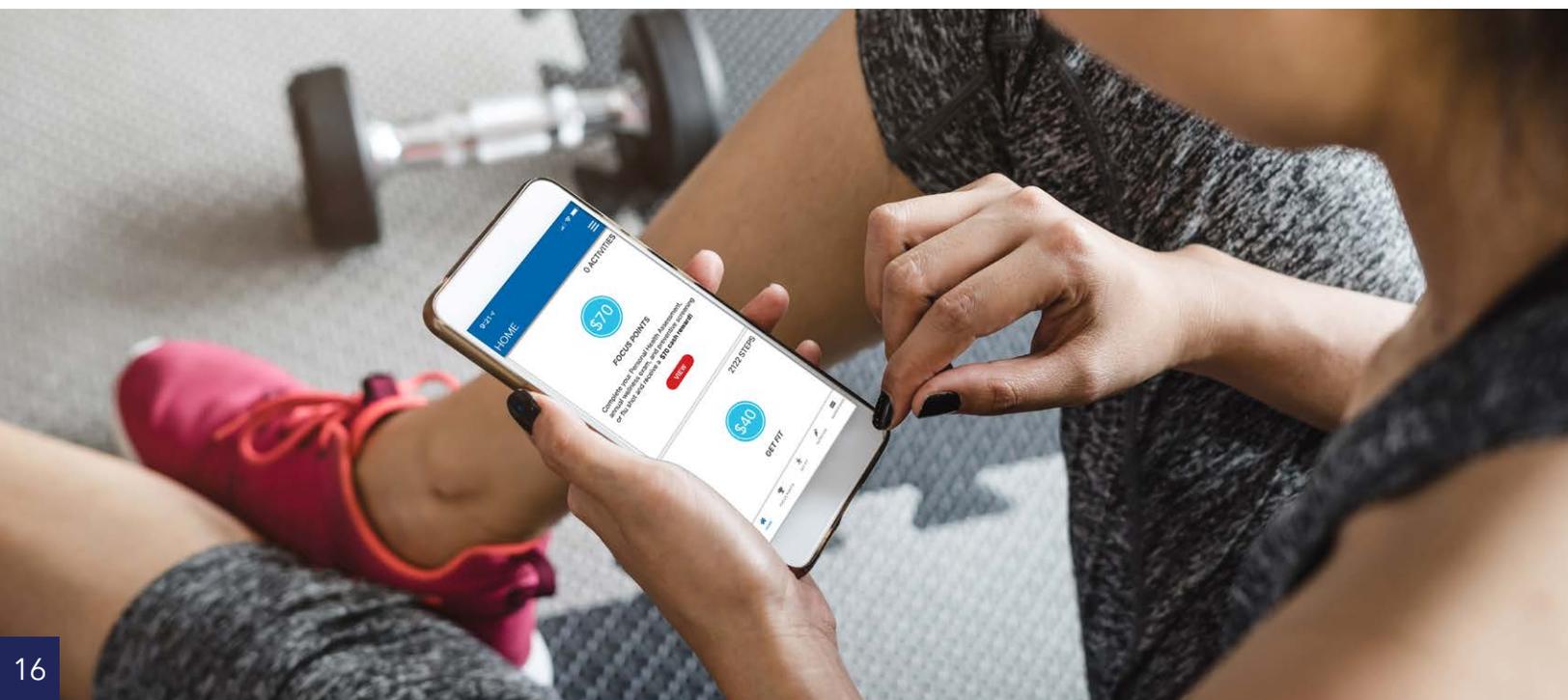


Sweepstakes

Members earn entries into the **Sweepstakes** for every activity they complete in **FOCUSfwd**, increasing their chances to win one of the **\$1,000 quarterly** and **\$5,000 annual cash rewards**. Members earn **10 Sweepstakes entries** by simply signing up for **FOCUSfwd**.

Get the FOCUSfwd App

Members can stay connected with their health and their rewards with the **FOCUSfwd** app. To get started, members should access **FOCUSfwd** from their mobile devices and then select **Learn More** and follow the prompts to download the app and link their accounts.



Great Expectations *for health*



Our Great Expectations *for health* programs help educate members about their overall health. We support them as they make healthy lifestyle changes. Whether they are already healthy and active, have a chronic condition, are pregnant, or have serious health challenges, we can help them take charge of their health.

Best of all, members can participate in these programs at no cost!

We offer these programs for education and support:

Prevention and Wellness

- Back Care
- Healthy and Active Kids and Teens
- Maternity
- Tobacco Cessation

Behavioral Health

- Anxiety Management
- Adult Attention-Deficit Hyperactivity Disorder
- Bipolar Support
- Depression
- Moms Support Program
- Recovery Support

Condition Support

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Kidney Disease
- Diabetes
- Heart Disease
- Heart Failure
- High Blood Pressure
- High Cholesterol
- Metabolic Health
- Migraine

Members with a complex health condition may be contacted to participate in our Case Management program. For a complete description of these Great Expectations programs, visit www.BlueChoiceSC.com/GreatExpectations.

How the Programs Work

After members enroll, they will receive information welcoming them to the program.



*for participating
in Great Expectations*

Focus on life. Focus on health. *Stay focused.*



My Diabetes Discount Program



It's crucial for people with diabetes to stick to their care plans. But according to our claims data, medication adherence decreases when the copayment for an insulin prescription exceeds \$15.

My Diabetes Discount Program enables members to receive insulin with a \$0 copayment when they meet the requirements listed below.

- Visit their primary care physician for a checkup that includes:
 - A comprehensive metabolic panel lab test¹ OR a basic metabolic panel and liver function panel.
 - An A1C test every six months.
 - A diabetes risk factor assessment of their feet and eyes.
- Get a flu vaccine.
- Complete approved diabetes education.²

Who is eligible?

Members who have Type 1 or Type 2 diabetes and are actively on insulin therapy are eligible for this program.

How it works:

- Eligible members receive outreach from BlueChoice each quarter that includes a detailed checklist of what they need to do to start or continue receiving their \$0 copayment.
- After completing all program requirements, members will begin receiving their \$0 copayment the following quarter.
- Requirements must be maintained on an annual basis to continually receive the \$0 insulin copayment.

¹Members under the age of 18 require a fasting glucose test instead of a comprehensive metabolic panel test.

²For members under the age of 18, the parent/guardian must meet the diabetes education requirement.

My Health Novel



My Health Novel matches members with helpful resources and tools based on their specific health needs. With it, they can access **weight management, behavioral health and musculoskeletal health** mobile apps at no cost.

To see if they qualify, members should:

1. Log in to **My Health Toolkit**.
2. Select **Benefits**, then **My Health Novel**.
3. Take a quick, one-minute assessment.

After taking the brief health quiz, qualifying members will be matched to the program that is best for them.



*for completing
the assessment in
My Health Novel*

Behavioral Health Resources



We know helping members take care of their mental health can help improve their physical health and all aspects of their lives. That's why BlueChoice provides a variety of services for members dealing with depression, anxiety and other behavioral health conditions.

- Members receive three face-to-face counseling sessions through our employee assistance program provided by First Sun EAP.
- Our Great Expectations *for health* behavioral health programs provide support for members with bipolar disorder, depression, substance use disorder, and stress and anxiety. These programs are offered through Companion Benefit Alternatives (CBA). CBA is a separate company that manages behavioral health benefits on behalf of BlueChoice.
- Members have access to mental health services anytime, anywhere with Blue CareOnDemand.
- Members have access to behavioral health management mobile apps at no cost through My Health Novel.





Section 5: Tools and Resources





Doctor Visits Anytime, Anywhere for Less Than \$35*



With Blue CareOnDemand, members can visit with a doctor via smartphone, tablet or computer rather than visiting an office or urgent care facility.



Services Available With Blue CareOnDemand

Urgent Care: Skip the waiting room for common issues such as cold and flu symptoms, sinus infections, ear infections, and more.

Behavioral Health: Schedule an appointment with a mental health professional to help with life's challenges.

Breastfeeding Support: Meet with a lactation consultant for common questions and issues associated with breastfeeding.

Get Started Now

There are two easy ways for members to use Blue CareOnDemand:

- From a mobile phone or tablet, download the **Blue CareOnDemand** app for an Apple or Android device.
- From a computer, go to www.BlueCareOnDemandSC.com.



for registering for
Blue CareOnDemand

*Members enrolled in high-deductible or Bronze health plans must meet any deductible and coinsurance requirements.

Find Care



Helping employees find a participating provider is quick and easy! Your clients can view and print customized lists of health care providers and facilities. Their lists will show providers or facilities in their network. They can find providers and facilities located near them. They can even create directories based on the types of doctors their employees may need.

To see if a doctor is in the network, your clients can have their employees visit www.BlueChoiceSC.com and select **Find Care**.

Information on the Web

When members need to download forms, learn specifics about our health plans, send us emails, review the Prescription Drug List or read about our wellness programs, they can visit www.BlueChoiceSC.com. Our website is a protected, secure and convenient way to access information on their schedules, not ours.



My Health Toolkit

Members can use My Health Toolkit to see if their plan covers a specific procedure, get more information about their health benefits, check the status of a claim and more.

In the Benefits section, members have access to:

- Prescription information.
- Eligibility and benefits.
- My Health NovelSM.

In the Health and Wellness section for desktop and tablet users and Benefits for mobile users, helpful tools include:

- **FOCUS** *fwd* Wellness Incentive Program.
- Health Coaching Activity Center.

In the Resources section, members can:

- Find care.
- Rate their visits.
- Estimate treatment costs.



My Health Toolkit Mobile App

With the My Health Toolkit mobile app, our members' insurance benefits are with them wherever they go!

With the app, they can:

- View and share their digital ID cards.
- Quickly check the status of their claims.
- See what's covered by their health plans.
- Find an in-network doctor or hospital.
- Update their contact information.
- Update their other health insurance information.
- Check the status of prior authorizations.

Current My Health Toolkit users can log in to the app with their existing username and password. New My Health Toolkit users can register through the app. The My Health Toolkit app is available on the App Store or Google Play.



for registering for My Health Toolkit



Cost Estimates

Your covered clients can use Find Care in My Health Toolkit to find the estimated cost of a service across providers, like an office visit or radiology test. This gives your covered clients personalized information so they can make informed decisions about health care treatment options.

The results show dollar amount estimates that are specific to their benefits and the treatments they researched. They can also sort the information based on features that are important to them, such as:

- Average cost of a particular treatment or service.
- Estimated out-of-pocket costs.
- Distance from home to facility.
- Whether a facility is a Blue DistinctionSM Center, a designation by the Blue Cross Blue Shield Association for medical facilities that have demonstrated expertise in delivering quality health care.

To access the cost estimates, members should:

- Visit www.BlueChoiceSC.com.
- Log in to **My Health Toolkit**. Members (ages 16 and older) can register for a free account if they do not have one.
- Select the **Resources** tab and select the **Find Care** link.

HRA/HSA/FSA/COBRA

We have health reimbursement accounts (HRAs), health savings accounts (HSAs), flexible spending accounts (FSAs) and COBRA administration solutions. With BlueChoice, your clients have the flexibility of choosing the vendor to meet their needs.



Section 6: Optional Coverage Enhancements



Blue Dental



If your clients would like to offer a comprehensive dental plan to their employees, they can purchase one of our Blue Dental plans. Blue Dental can offer members a whole-health approach to their dental care. When clients choose BlueChoice for both medical and dental coverage, their covered employees get an integrated approach that provides a complete picture of their overall health. Proper dental care can help employees spot issues early, like diabetes, heart disease, osteoporosis, oral cancer and kidney disease.

Our comprehensive dental offerings allow your clients to choose a dental benefit design that fits the needs of your clients and their employees. Plus, by offering medical and dental through BlueChoice, your clients can easily administer dental benefits.

Why Choose Blue Dental?

Orthodontia

For employers with preferred pricing, orthodontia is available for children and adults up to age 19. Preferred pricing is for employers that contribute at least 50 percent or more of the single premium and have a minimum 10 or more contracts or 50 percent participation, whichever is greater.

Easy to administer

Single-source placement consolidates billing, eligibility and enrollment through a single account team.

Comprehensive dental networks

Blue Dental gives your clients' covered employees access to one of the industry's largest national dental preferred provider (PPO) networks. Covered employees can choose from more than 4,300 access points in South Carolina and more than 496,000 nationally. Referrals are not required before covered employees see a specialist. Visit www.BlueChoiceSC.com for a comprehensive list of dental providers.

Let your BlueChoice representative help you find the best dental plan for your clients.

Companion Life Insurance Company



Companion Life offers an array of innovative and competitive employee benefit plans. Because Companion Life is a separate company from BlueChoice, Companion Life will be responsible for all services related to these insurance products. Companion Life specializes in group life and disability income insurance programs with a variety of features and plan design options. Companion Life's Insurance plans may be offered on a voluntary or group basis.

Life Insurance

Group term life insurance products can be offered as a flat amount or multiple of salaries up to \$500,000, with accidental death and dismemberment included. Guaranteed issue amounts are available.

Short- and Long-Term Disability Insurance

Short-term disability insurance offers a wide selection of benefit percentages, waiting periods, benefit maximums and payment durations up to one year. Partial disability insurance is also available. Companion Life offers small group short-term disability insurance benefits down to two lives, with no pre-existing limitations on employer-paid insurance plans.

Long-term disability insurance provides choices for benefit payment maximums, elimination periods and benefit duration periods. Companion Life's insurance plans include updated definitions of a disability as well as an amended definition of own occupation.

Voluntary Vision Insurance

Our small group insurance plans include routine vision. If they prefer, your clients may also offer your employees vision insurance through Companion Life. To offer this service, two participants are required. Your clients will have access to a national network of providers. They have the choice of three plans: exam-only, materials-only, or exam and materials.





Section 7: Quick Reference Section

Quick Reference Section

Group Size and Proposal Rating

BusinessADVANTAGE plans:

- 2 – 50 eligible employees — Adjusted Community Rates.
- A 20 percent surcharge applies to tobacco users 21 years or older. If the member is participating in a tobacco cessation program, the surcharge can be removed by completing and submitting the Tobacco Usage Form.
- The size of the group is determined by the number of full-time, eligible employees, not the number of enrolled subscribers.
- If a business has 50 or fewer full-time employees, the health care law considers it a small business, and it is subject to Affordable Care Act (ACA) requirements.
- Family dependent rates are based on the three oldest children under age 21 and all children 21 through 26. A rate will only be applied to the three oldest dependents under age 21. Dependents age 21 and over will be rated individually.
- All applicable ACA fees are included in new and renewal rates for all groups.
- All groups will have an open enrollment period 30 days before their renewal/effective date. Any member changes outside of that open enrollment period must be subject to a qualifying event.



Please email your new group submission/enrollment to BlueChoice Underwriting at: Submissions@BlueChoiceSC.com and copy your **small group marketing sales representative**.

New Group Submission Requirements

Refer to the **Agent New Group Checklist**, which lists all required documentation needed for submission of new groups:

1. Small Group Request for Coverage
2. Master Group Application
3. Copy of Accel-A-Rate (AAR) proposal that matches enrollment to include **full legal names and correct dates of birth**.
New group proposals need to be run seven days before required effective date
4. Membership Application and Change form or **Census Enrollment Spreadsheet** (preferred)
5. Quarterly Wage and Tax Report (UCE 101 and 120) or applicable tax documentation
6. Medical Loss Ratio form
7. Tobacco Usage Form — only required for tobacco users if currently enrolled in tobacco cessation program
8. Companion Life Employer Participation Application (if elected — optional).

Group Criteria

Plan Effective Date

Groups can select effective dates on the first of the month (preferred) or 15th of the month. Proposals must be run in AAR at least seven days before the effective date. Cases should be submitted a minimum of two weeks before the effective date. This will ensure groups are loaded into the system and members receive ID cards in a timely fashion.

Plan Year

Calendar or Contract Year — Deductible credit can be given back to January for groups on a calendar year with a previous carrier that elect a calendar year with BlueChoice. Explanation of Benefits (EOB) information must be submitted within 30 days of the effective date.

Waiting Periods

- First of the month following 30 days
- First of the month following 60 days
- Exactly 90 days

If a group does not elect a waiting period, the default will be the first of the month following 60 days.

Employer Contribution

- Employer contribution requirement is 50 percent of the single medical premium rate.
- Employer contribution does not include tobacco surcharges.

Employee Eligibility

- All eligible employees (working a minimum of 30 hours a week) are eligible to enroll after meeting the waiting period.
- New hires must enroll within 31 days of their eligibility dates.
- Late enrollees are not eligible until the group's open enrollment period at renewal, and enrollees must submit by the renewal date.
- Members enrolled on exchange individual plans CANNOT be added to the group plan until they have been terminated off the exchange plan. Members MUST contact www.HealthCare.gov for this service if coverage was purchased on the exchange.
- We will cover dependent children up to age 26. Coverage ends at the end of the birthday month.
- Contract (1099), leased employees and management (class) carve-outs of any kind are not eligible.

Participation Requirements

- Valid waivers include Medicare, Medicaid, other employer-sponsored group and individual insurance coverage and military/veterans programs.

ELIGIBLE EMPLOYEES	MINIMUM PARTICIPATION REQUIREMENT
2 – 50	70 percent of total full-time, eligible employees after excluding valid waivers

Dual-Option Coverage

- Groups can elect a dual option from any BusinessADVANTAGE plan option.
- Minimum group size for dual option is two employees, with at least one employee enrolled in each option.

Two- or Three-Person Groups

- If a husband and wife are the only two employees in a valid group, they must enroll separately. They can only enroll children under one parent.
- If the group has three or more employees, and two of those are a husband and wife, they can enroll together with employee/spouse or family coverage.
- The employee covered as a spouse must complete a waiver enrollment form for medical/dental.
- The employee covered as a spouse must complete a waiver enrollment form for life insurance offered by Companion Life Insurance Company. The covered spouse still has the option of electing the employee life insurance. If elected, the life section on the enrollment form must be completed.

Additional Guidelines and Helpful Hints

- All health plans include an embedded deductible and embedded MOOP.
- All groups switching to BusinessADVANTAGE plans will receive a new group number and new member ID cards.
- The ID card prefix for BusinessADVANTAGE and CarolinaADVANTAGE is ZCL.
- BusinessADVANTAGE/CarolinaADVANTAGE (legacy business) use the full Open Access Network.

Approval is required for a name change, tax ID change or new ownership. If there is only a name and tax ID change, a completed Small Group Request for Coverage and Master Group Application must be submitted. If there is an address change that results in a county code change, a new group number will be provided and members will be moved to the new plan. The change will not impact member claims and deductibles.

Group Renewal Form Requirements

Important Reminder: If any group currently has optional life or comprehensive dental coverage, it **MUST** be reflected on the group renewal proposal if the group plans to continue with this coverage. If it is not reflected, the coverage will be dropped.

Grandfathered CarolinaADVANTAGE Plans

1. Group Attestation form
2. Medical Loss Ratio form — can be emailed to the address or faxed to the number on the form
3. Revised signed rate sheet if group renews with rate concession

Non-Grandfathered CarolinaADVANTAGE Plans

1. Medical Loss Ratio form — can be emailed to the address or faxed to the number on the form
2. Signed rate sheet (if switching to another CarolinaADVANTAGE plan)
3. Revised signed rate sheet if group renews with rate concessions

BusinessADVANTAGE Plans

1. Medical Loss Ratio form — can be emailed to the address or faxed to the number on the form.
2. Signed rate sheet (if switching to another BusinessADVANTAGE plan)
3. Completed Small Group Request for Coverage form (SGRFC) if switching to another BusinessADVANTAGE plan, adding another BusinessADVANTAGE plan, adding Blue Dental, changing the business name or changing business ownership

Moving From CarolinaADVANTAGE to BusinessADVANTAGE

1. The group MUST pay current month's premium before BlueChoice completes the rollover to a BusinessADVANTAGE plan.
2. No past-due balances can be rolled over to the new plan.
3. Complete the Small Group Request for Coverage form.

On Renewal Date:

1. Signed metallic rate sheet
2. Medical Loss Ratio form — can be emailed to the address or faxed to the number on the form
3. New employer paperwork

Off Renewal Date: Refer to Section 7.5.5 below.

Off-Anniversary Plan Changes

All new group paperwork — including census spreadsheet or enrollment applications with tobacco usage questions answered

Group Termination Requests

All group termination requests should be submitted BEFORE the requested termination date for approval. Failure to provide timely requests will result in the request being approved the first of the following month of the request. Retro-termination requests will ONLY be granted if claims have not been paid on members and the request is within 30 – 60 days of the request.





Section 8: Forms

Forms

You can find all forms on our website:

- Go to www.BlueChoiceSC.com.
- Select **Find a Form**.
- Select the **Agents** check box.



Agent New Group Checklist

(Small Group Segment 2 – 50)

Please email your new group submission/enrollment to BlueChoice HealthPlan Underwriting: submissions@bluechoicesc.com and copy your marketing representative.

Agent's Name: _____ Agent's Number: _____ Proposed Effective Date: _____

Group's Name: _____ Submission Date: _____

Required Forms and Documents: Medical Coverage

_____ Copy of the complete Accel-A-RateSM proposal (that matches enrollment, include the employee's and dependent's being covered full name(s) and exact date(s) of birth)

1. _____ Small Group Request for Coverage
2. _____ Master Group Application
3. _____ MLR Form
4. _____ Prior Medical Carrier Contract Year _____ Calendar year _____
5. _____ Enrollment Application and Change Form for each eligible employee, including signed and dated waivers.

OR

- _____ BlueChoice HealthPlan-Approved Census Enrollment Spreadsheet
6. _____ Tobacco Usage Form (only if member is enrolled in a smoking cessation program)
 7. _____ Most Recent S.C. Quarterly Wage and Tax Statement: Both the UCE-120 and UCE 101 (lists all W-2 employees)

You need notation by each name—full time, part time, temp, seasonal, termed/with term date, new hire—reconcile the wage report to match the number of enrollment/waivers received. If new hire is not listed on the wage report — we will require a W-4 form for that employee.

Additional forms of tax documentation that is acceptable for group submissions.

Please provide a letter the group signed that states the number of hours worked per week and weeks worked per year for each person. These documents are accepted if the owner/partner isn't listed on the QW/W2 document.

Also, provide one of these tax schedules:

- | | |
|------------------------------|---|
| - Corporations | (1120(S) with Schedule E & Schedule K) |
| - Sole Proprietor | (1040 with Schedule C) |
| - Sole Proprietor – Farmer | (Form 943 & payroll records) |
| - Partnerships – Spouse only | (1065 with Schedule K1 & payroll records) |
| - Partnerships – Partners | (1040 with schedule K1 & payroll records) |
| - Nonprofit Business | (Form 941 & payroll records) |

Newly organized groups that do not have tax documentation available at time of submission:

- Must provide payroll records, a business license and the Secretary of State form and/or articles of Incorporation listing owners' names and ownership
- You must provide the tax documents within 30 days of the tax-filing deadline.

Important reminder: BlueChoice HealthPlan reserves the right to pend any group until the required tax documentation has been received and approved. Failure to submit this information timely could result in a new effective date of coverage where rates would be impacted.

Companion Life-Required Forms and Documents (optional)

____ Companion Life – Group Term Life Insurance Master Application (ICC19-CL-LIFE-1000-APP)

____ Companion Life insurance requested is **greater** than \$50,000: A Personal Health Statement for each employee regardless of group size 2-100)

Life insurance is offered by Companion Life. Because Companion Life is a separate company from BlueChoice HealthPlan, Companion Life will be responsible for all services related to life insurance.

(Note: Binder check **not required** at submission.)



Small Group Request for Coverage (2 – 50)

GROUP INFORMATION (New Business)

Requested Effective Date: _____ / _____ / _____ <small style="display: flex; justify-content: space-around; width: 100%;">Mo. Day Yr.</small>	Tax ID: _____
Group's Legal Name: _____	
Group Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;">(Street) (City) (State) (ZIP) (County)</small>	
Group Mailing Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;">(P.O. Box) (City) (State) (ZIP) (County)</small>	
Group Billing Contact: _____	Executive Contact: _____
Title: _____	Title: _____
Telephone: (_____) _____	Fax: (_____) _____
Email Address: _____	Number of Years in Business: _____
Nature of Business: _____ Standard Industrial Classification (SIC) Code: _____	
Do you provide workers' compensation for all your employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide carrier's name and policy number: _____	
If no, list employees not covered and reason: _____	
Prior Medical Carrier: _____ Prior Dental Carrier: _____	

PLAN OPTIONS

<input type="checkbox"/> Please be sure to include the proposal that matches enrollment, including rates, for the plan design(s) you are requesting.
--

BusinessADVANTAGE PLAN SELECTION

Employer Contribution Amount: _____ percent				
<input type="checkbox"/> Gold 1001	<input type="checkbox"/> Silver 2500	<input type="checkbox"/> Silver 5501	<input type="checkbox"/> Bronze 4000	<input type="checkbox"/> Bronze 7000 HD
<input type="checkbox"/> Gold 1502	<input type="checkbox"/> Silver 2950	<input type="checkbox"/> Silver 7100	<input type="checkbox"/> Bronze 5550	<input type="checkbox"/> Bronze 8000
<input type="checkbox"/> Gold 2000	<input type="checkbox"/> Silver 3500	<input type="checkbox"/> Silver 7800	<input type="checkbox"/> Bronze 6500	<input type="checkbox"/> Bronze 8800
<input type="checkbox"/> Gold 2503	<input type="checkbox"/> Silver 4800 HD	<input type="checkbox"/> Silver 8550		
<input type="checkbox"/> Gold 3000 HD	<input type="checkbox"/> Silver 5001			
<input type="checkbox"/> Gold 5225	<input type="checkbox"/> Silver 5500 HD			

BA Primary Choice PLAN SELECTION

Employer Contribution Amount: _____ percent				
<input type="checkbox"/> Gold 1001	<input type="checkbox"/> Silver 2950	<input type="checkbox"/> Silver 5501	<input type="checkbox"/> Bronze 4000	<input type="checkbox"/> Bronze 6500
<input type="checkbox"/> Gold 1502	<input type="checkbox"/> Silver 3500	<input type="checkbox"/> Silver 7100	<input type="checkbox"/> Bronze 5550	<input type="checkbox"/> Bronze 7000 HD
<input type="checkbox"/> Gold 5225	<input type="checkbox"/> Silver 4800 HD	<input type="checkbox"/> Silver 7800		

DENTAL

Comprehensive Dental (for groups sold before January 1, 2017): Yes No Employer Contribution Amount: _____ percent

Preferred Standard Ortho

Blue DentalSM: Yes No

Blue Dental 1 Open Access Blue Dental 2 Open Access Blue Dental 3 Open Access

Blue Dental 1 Select Blue Dental 2 Select Blue Dental 3 Select

REQUIRED PLAN SETUP

Select One: Contract Year Calendar Year

Select One: Single Option Dual Option

Waiting Period: First of the month following 30 days

Billing: First of the month

First of the month following 60 days

15th of the month

90 calendar days

HEALTH REIMBURSEMENT ACCOUNT (HRA)

Preferred Health Reimbursement Accounts (HRAs) Vendor: Benefit Coordinators Inc.

Benefit Coordinators Inc. is an independent company that manages HRAs for BlueChoice HealthPlan.

LIFE INSURANCE

Companion Life Insurance Company: Yes No

Life insurance covered by Companion Life Insurance Company. Because Companion Life Insurance Company is a separate company from BlueChoice HealthPlan, Companion Life Insurance Company will be responsible for all services related to life insurance.

ID CARD/CONTRACT DELIVERY INFORMATION

Send ID Cards to: Group Members

Summary of Benefits and Coverage (SBC) Delivered to Group: Yes No

To receive the contract and the Schedule of Benefits via email, please provide the group administrator's email address:

CC: Agency Administrator Yes No

Agency's Email Address: _____

AGENT INFORMATION

Agent's Name: _____ Agent's Number: _____

Email Address: _____

Agent's Signature: _____ Date: _____

Sales Representative: _____

Administrator's Name: _____

Administrator's Email Address: _____

CHAMBER INFORMATION

Chamber Name: _____ Membership Start Date: _____

Chamber Code: (for external use only) _____

MASTER GROUP APPLICATION

Application is hereby made for coverage as set forth in the attached BlueChoice® HealthPlan of South Carolina, Inc. Contract as stated on this Master Group Application.

EMPLOYER INFORMATION

FULL LEGAL NAME OF EMPLOYER: _____

PHYSICAL ADDRESS OF EMPLOYER: _____

MAILING ADDRESS OF EMPLOYER: _____
(if different)

EMPLOYEE AND DEPENDENT INFORMATION

CLASSIFICATION OF ELIGIBLE EMPLOYEES:

All full-time, active Employees working at least 30 hours a week. To be considered Actively-at-Work, the Employee must not be absent from work because of leave of absence or temporary lay-off, unless the absence is due to a Health Status Related Factor. If the Employee does not meet this requirement, coverage will begin upon completion of the group's Waiting Period.

PERIOD OF CONTINUOUS EMPLOYMENT AS PREREQUISITE TO ELIGIBILITY:

Coverage for new Employees hired following the Contract Effective Date will commence:

- On the first of the month following 30 days of employment
- On the first of the month following 60 days of employment
- Exactly 90 calendar days of employment

This Waiting Period may not be waived for individual Employees. The group may waive the Waiting Period only for Employees during the initial enrollment for the new group. All eligible Employees must be offered coverage.

CLASSIFICATION OF ELIGIBLE DEPENDENTS:

An eligible Dependent is: 1) the Subscriber's legal spouse; or 2) the Subscriber's natural child, adopted child, foster child, step child or child for whom the Subscriber has legal custody or legal guardianship and who is under 26 years of age. This also includes any child of a divorcing/divorced Employee who is recognized under a Qualified Medical Child Support Order (QMCSO) as having a right to enrollment under this health plan.

BENEFIT PROVISIONS

BENEFIT PERIOD: Contract or calendar year

PARTICIPATION AND CONTRIBUTION REQUIREMENTS

CONTRIBUTION REQUIREMENTS

1. When the Employer pay 100 percent of the single coverage premium, all eligible Employees must enroll with at least single coverage.
2. The Employer must pay at least 50 percent of the single coverage premium.

PARTICIPATION REQUIREMENTS

70 percent of total full-time eligible Employees after excluding waivers.

Valid waivers are those covered through another Employer plan, Medicare, Medicaid, the military or veterans' programs. Individual non-group coverage is not a valid waiver.

EMPLOYER'S SIGNATURE

Effective date of coverage under this application shall be 12:01 a.m., Eastern Time on the first day of _____, _____, at the address indicated. Such Coverage will continue until terminated in accordance with the provisions of the Contract between the Employer and the Corporation. It is understood and agreed that the Employer shall cause to be paid to the Corporation, in advance, the premium specified in Schedule A of the Contract. This premium is made on behalf of the Employer's Employees who meet the eligibility requirements specified in this application and who elect to be Covered by the Corporation. This application shall form part of the Contract issued by the Corporation.

It is also understood and agreed that if the Employer had coverage with BlueChoice HealthPlan of South Carolina, Inc. or any of its affiliated companies, and the Contract was cancelled due to nonpayment of premiums, and the Employer reapplies for coverage within 12 months, the Employer will be required to pay all past due premiums before new coverage can be effective.

The Employer may accept this Contract either by signature of this Master Group Application or by making the required premiums to the Corporation. Such acceptance renders all terms and provisions hereof binding on the Corporation and the Employer.

BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA, INC.

By: _____

By: _____

Title: _____

Title: President and Chief Operating Officer

Date: _____

Date: _____

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determination. If you are an individual living with disabilities or have limited English proficiency, we have free interpretive services available. **We can also give you information in languages other than English or other alternate formats.**

DEFINITIONS

The terms defined shall have their defined meaning whenever they are capitalized in this Master Group Application or in the Master Group Contract.

Contract Effective Date – The date the Coverage goes into effect.

Enrollment Date – The date of enrollment under the Group Health Plan or, if earlier, the first day of the Waiting Period for the enrollment.

Special Enrollment Period – Employees and/or Dependents who are eligible to enroll other than during the initial enrollment period or open enrollment as described in the Master Group Contract or the Certificate.



MEDICAL LOSS RATIO & COBRA ELIGIBILITY SURVEY

Part 1: Medical Loss Ratio 2023

Rebate Information

Group Administrator

Email: MLR@BlueChoiceSC.com

Fax: 1-803-735-1934

Group Name: _____

Group Number: _____

Group Contact's Name: _____

Group Contact's Email Address: _____

Group's Standard Industry Code (SIC): _____

Under the Patient Protection and Affordable Care Act (PPACA), health insurance carriers are required to report their medical loss ratios (MLR) to state and federal agencies annually.

- 1. What was the total average number of employees in your organization/company in 2022?
This is defined "by averaging the total number of all employees employed on business days during the preceding calendar year. This includes each full-time, part-time, and seasonal employee."
2. Of that number, how many were eligible for health insurance in 2022?
(This number represents the 2022 average of all full-time employees, defined as working at least 30 hours per week, 48 weeks per year.)
3. Are you a new group with only 2 members enrolling? Yes No (If yes, answer questions 5 and 6)
4. Are you a renewing group with only 2 members enrolled? Yes No (If yes, answer questions 5 and 6)
5. Is the second enrollee your spouse? Yes No (If no, please answer question 6.)
6. Is this group a sole proprietorship, partnership, S corporation, or C corporation (circle one)? Please answer based on how the group is treated for federal tax purposes (e.g., a single-owner limited liability company (LLC) that chooses to be treated as a sole proprietorship (disregarded entity) or C corporation, for federal tax purposes, should indicate accordingly).
Sole Proprietorship Partnership C Corporation S corporation
6a. If the business is a partnership for federal tax purposes, is the second enrollee a partner/owner in your business?
Yes No N/A
6b. If the business is a corporation for federal tax purposes, is the second enrollee a shareholder in your business?
Yes No N/A
6c. Is the second enrollee a common-law employee (i.e. Enrollee receives a W2 wage statement (even if he or she is also a shareholder in a corporation)?
Yes No
6d. If the business is a partnership for federal tax purposes, and the second enrollee is a partner/owner, does he or she actually perform employee-type services for the business?
Yes No

7. Is your group a **non-governmental, non-ERISA plan** (i.e. church plan)? Yes No

If you answered yes to question #7, we need assurance if your employer group qualifies for a medical loss ratio rebate that the rebate will be used to benefit your group plan's current enrollees. Please affirm which method you will use to distribute the subscriber portion of your rebate should you be eligible for one:

- The group will reduce the subscriber's portion of the annual premium for the subsequent policy year for all subscribers covered at the time we receive the rebate either (i) under any group health policy offered by the plan, or (ii) under the group health policy on which the rebate is based. This premium reduction will be applied within 3 months of when we receive the rebate, and will be either divided evenly among the subscribers, divided based on each subscriber's actual premium contributions, or apportioned in a manner that reasonably reflects each subscriber's premium contributions.
- The group will provide a cash refund only to the subscribers that were (or are) covered, in the year on which the rebate is based (or at the time we receive the rebate, as applicable), by the group health policy on which the rebate is based. The cash refund will be distributed within 3 months of when we receive the rebate, and will be divided evenly among the subscribers, divided based on each subscriber's actual premium contributions, or apportioned in a manner that reasonably reflects each subscriber's premium contributions.
- The group will not provide written assurance of the above. We understand that BlueChoice HealthPlan will distribute 100% of any medical loss ratio rebate evenly and directly to our subscribers.

Group hereby certifies that the plan qualifies as a "church plan" under section 3(33) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), 29 U.S.C. section 1002(33), and is not subject to Title I of ERISA. Group shall defend, indemnify and hold harmless Company, and its parent companies, affiliates, directors, officers, employees, agents, successors and assigns from and against any and all threatened or actual litigation, claims, demands, causes of action, penalties, regulatory actions, fines, losses, liabilities, damages, out-of-pocket costs and reasonable attorney's fees, settlements and/or judgments arising out of or relating to the Group's certification of the plan as an ERISA-exempt church plan in accordance with the preceding sentence or non-church plan. The Group shall be the administrator of the plan represented by its contract with Company and shall have the sole responsibility for compliance with all state and federal laws and regulations with respect to such plan.

Part 2: COBRA Eligibility

In the previous calendar year, did you have 20 or more employees on more than 50 percent of your company's typical business days?

Yes No

Please note: Both full-time and part-time employee are counted. Part-time employees are counted as a fraction of an employee with the fraction equal to the number of hours the part-time employee worked divided by the hours an employee must work to be considered full-time.+

***If any of the responses listed above change during the calendar year it will require the completion and submission of a new MLR form.**

I certify that I am an authorized representative of the Group and that the information I provide on behalf of the Group is both true and correct to the best of my knowledge, information, and belief. As an authorized representative of the Group, I understand and acknowledge that BlueChoice HealthPlan of South Carolina, Inc. will rely on the information I provide herein on behalf of the Group.

Print Name and Title: _____

Signature: _____ Date: _____

MEMBERSHIP APPLICATION AND CHANGE FORM

REQUIRED EMPLOYEE INFORMATION (Please Print)

1. Name (Last, First, MI): _____ 2. Birthdate: ____ / ____ / ____ 3. Male Female

4. Address (Street): _____ (City): _____ (State): _____ (ZIP): _____

5. Employee Social Security Number (required): _____ 6. Phone (required): (____) _____ Cellphone: Yes No

7. Email (required): _____ 8. Name of Employer: _____

9. Effective Date of Action Requested: ____ / ____ / ____ 10. Tobacco Use* (small group only): Yes No

REASON FOR APPLICATION

11. New Member — Full-Time Employee; Full-Time Date of Hire: ____ / ____ / ____

Coverage Change — Reason for Change: _____ Date of Occurrence: ____ / ____ / ____

Cancellation — Date Left Employment: ____ / ____ / ____

Reinstatement — Reason: Return From Layoff Return From Leave

COBRA/State Continuation: _____ Start Date: ____ / ____ / ____

12. Group Number (if known for changes to existing plan): _____

COVERAGE INFORMATION	13. Plan Choice: _____
<p>14. MEDICAL ELECTION</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Spouse</p> <p><input type="checkbox"/> Employee/Child(ren) <input type="checkbox"/> Family</p> <p>No Medical Coverage Due To (check one):</p> <p><input type="checkbox"/> Other BlueChoice® Coverage (01)</p> <p><input type="checkbox"/> Covered by Military (03)</p> <p><input type="checkbox"/> Insurance With Another Company (02)</p> <p><input type="checkbox"/> Covered by Medicare (12)</p> <p><input type="checkbox"/> Covered by Spouse With This Employer (07)</p> <p><input type="checkbox"/> Other (05); Explain: _____</p>	<p>15. DENTAL ELECTION (if applicable)</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child(ren)</p> <p><input type="checkbox"/> Family <input type="checkbox"/> No Dental Coverage</p> <p>16. LIFE COVERAGE (if applicable) (underwritten by Companion Life Insurance Company)**</p> <p><input type="checkbox"/> Life Only (No Medical) <input type="checkbox"/> Life and AD&D <input type="checkbox"/> Dependent Life</p> <p><input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> No Life Coverage</p> <p>Life Amount: \$ _____ Life Class: _____ Earnings: \$ _____</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>Beneficiary Designation (All Plans – applicable only if life coverage is available and selected)</p> <p>Primary: _____ Relationship: _____</p> <p>Contingent: _____ Relationship: _____</p>

ENROLLMENT INFORMATION

17.	Last Name	First Name	Birthdate	Male or Female	Social Security #	Other Insurance	Tobacco Use*
Spouse						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Please indicate whether any person age 21 or older has used tobacco four or more times a week in the last six months.
 If you are enrolling in a BA Primary ChoiceSM plan, please complete the second page of this application.

OTHER COVERAGE INFORMATION

18. If you or any of your family members have other health (including Medicare), dental or drug coverage other than with this employer, what is the name of the insurance company and the policyholder's ID number? _____

EMPLOYEE CERTIFICATION *Authorization To Release Information and Statement of Understanding*
 I authorize release to BlueChoice HealthPlan or its representatives all past and future medical records for myself and eligible dependents and other information deemed necessary by BlueChoice HealthPlan to review, process or investigate claims. This authorization includes Medicare Part A and Part B claims. I understand the benefits for which I (we) will be eligible are those disclosed in the group contract between the insurer and my employer. I also understand that my coverage may be voided or terminated, or claims denied, if fraud or intentional misrepresentations of material facts have been made on this application, subject to the Incontestability provision. The statements made herein are complete and true to the best of my knowledge.

BlueChoice HealthPlan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Signature: _____ **Date:** _____

BlueChoice HealthPlan of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.
 **Because Companion Life Insurance Company is a separate company from BlueChoice®, Companion Life Insurance Company will be responsible for all services related to life insurance.



MEMBERSHIP APPLICATION AND CHANGE FORM

– continued

BA Primary ChoiceSM plan enrollees, please provide the following:

	Member Last Name	Member First Name	Primary Care Physician Name*	Primary Care Physician Location
Employee				
Spouse				
Child				

*To view a list of in-network primary care physicians, please visit www.BlueChoiceSC.com/PCP.



If you prefer, use the Census Enrollment Spreadsheet in lieu of the Membership Application and Change Form to submit enrollment requests. This spreadsheet gives you the flexibility to submit information for numerous members in your group at once. The spreadsheet can be found at www.BlueChoiceSC.com/find-form. Be sure to select the Agents check box.

Please follow these instructions to complete the Census Enrollment Spreadsheet.

Please type all enrollment data into this Census Enrollment Spreadsheet.

By giving us this information, it allows us to ensure all group information is loaded timely and accurately.

Basic Steps:

1. Update the **Group Subscribers** tab to include demographic information, health, dental and life coverage.
2. If the member had prior coverage with BlueChoice®, select **Existing** in Column E. If the member is new to BlueChoice, select **New** in Column E.
3. If a member has any dependents, please update the Associated Dependents tab for all family, employee/spouse or employee/child coverages.
4. Confirm the contents of the file and submit through your marketing representative for new group submissions, or to the appropriate membership mailbox for changes.

Key Tips:

- Please don't change the file format.
- Please don't remove or change the order of any columns. The current format is required for the upload.
- Please don't change the name of the Group Subscriber or Associated Dependents tab.
- Do use only the values provided in the drop-down fields.
- Please don't send handwritten or faxed forms. We will not accept them.



**BlueChoice[®]
HealthPlan[®]**

South Carolina

An independent licensee of the
Blue Cross and Blue Shield Association

Member Claim Form

Patient's Name: _____ Sex: Male Female

Patient's Birthdate: ____/____/____
MM DD YY

Patient's Relationship to Insured: Self Spouse Child Other

Insured's Name: _____

Insured's ID Number: _____

Patient's Address (No., Street): _____

City: _____ State: _____

ZIP Code: _____ Telephone: (____) _____

Date(s) of Service						Description of Item or Service	Amount Paid	Procedure Code
From:			To:					
MM	DD	YY	MM	DD	YY			

Provider's Name: _____

Provider's Address (No., Street): _____

City: _____ State: _____

ZIP Code: _____ Telephone: (____) _____

Please provide a reason why the payment was made to the provider and submit a bill or receipt with the provider's name and address.

* If this was a visit via Blue CareOnDemandSM, please fill out this form and print and staple your claim receipt to this form.

Claims Address:
BlueChoice HealthPlan
Claims Department
P.O. Box 6170
Columbia, SC 29260-6170



An independent licensee of the Blue Cross and Blue Shield Association

Dental Reimbursement Form

Patient's Name: _____ Sex: Male Female

Patient's Birthdate: ____/____/____
MM DD YY

Patient's Relationship to Insured: Self Spouse Child Other

Insured's Name: _____

Insured's ID Number: _____

Patient's Address (No., Street): _____

City: _____ State: _____

ZIP Code: _____ Telephone: (_____) _____

Date(s) of Service						Description of Item or Service	Amount Paid	Procedure Code
From:			To:					
MM	DD	YY	MM	DD	YY			

Provider's Name: _____

Provider's Address (No., Street): _____

City: _____ State: _____

ZIP Code: _____ Telephone: (_____) _____

Please submit a bill or receipt with the provider's name and address. Include a complete description of services provided.

Claims Address:
BlueChoice HealthPlan
Claims Department
P.O. Box 6170
Columbia, SC 29260-6170

You have 12 months from the date of service to submit this form.



BlueChoice Health Plan
 P.O. BOX 6170
 AX-425
 Columbia, SC 29260-6170

Tobacco Usage Form

How to complete and return this form

Fill out this table. If your plan covers your spouse, partner and/or a dependent child who's 21 or older, add their information, too. Don't forget to sign the form when you're done.

What does "tobacco user" mean?

The Affordable Care Act (ACA) defines "tobacco user." You're a tobacco user if you've used any type of tobacco products four or more times a week in the last six months, excluding religious or ceremonial use.

Don't use this form for plan changes. Only use it to tell us about your and your family's tobacco use. If you need to make a change to your plan (such as adding a dependent or ending your coverage), call us at 866-280-0766 or email us at BCHPIndividual@BlueChoiceSC.com, BCHPSmall@BlueChoiceSC.com or BCHPLarge@BlueChoiceSC.com.

Name	Is this person the employee or a covered spouse or dependent?	Date of birth MM/DD/YYYY	Put an "X" in the correct box. Choose only one.		
			I don't use tobacco	I use tobacco but I'm in a certified program to help me quit ***	I use tobacco and I'm not in a certified program to help me quit

***If you are in a program to help you quit, please list the **name of the program** and the **start date**:

Sign the form

By signing this form, I'm saying the information I've provided about my and my family's tobacco use is true.

Print Your Name

Sign Your Name Date

Subscriber Number

Print Your Employer's or Group's Name and Group Number



Authorization to Disclose Protected Health Information (PHI) to a Third Party

PLEASE RETURN THIS FORM TO: BlueChoice HealthPlan of South Carolina, Inc., Attn: Privacy Official (AX-400), P.O. Box 6170, Columbia, SC 29260-6170. Fax number 803-714-6443

SECTION 1. MEMBER INFORMATION. (INDIVIDUAL WHOSE INFORMATION MAY BE DISCLOSED)

Name: _____ Date of Birth: _____ Telephone: _____
Address: _____
Primary Member's ID Number or Social Security Number: _____
Spouse's Name: (if included in authorization) _____ Date of Birth: _____
Dependent's Name, Age 16 or Older: (if included in authorization) _____ Dependent's Name, Under Age 16: (if included in authorization) _____

SECTION 2. AUTHORIZED INDIVIDUAL/ENTITY. (PERSON OR ORGANIZATION RECEIVING YOUR INFORMATION)

I authorize BlueChoice HealthPlan to disclose my PHI to:

Name: _____ Relationship: _____
Address: _____ Telephone: _____
Name: _____ Relationship: _____
Address: _____ Telephone: _____

SECTION 3. DESCRIPTION OF INFORMATION TO BE RELEASED. (TYPE OF INFORMATION THAT WILL BE USED OR DISCLOSED.)

Please check only one:

- I authorize BlueChoice HealthPlan to disclose any of my PHI (except psychotherapy notes) that the above-named individual/entity may request. I understand the information may include information pertaining to chronic diseases, behavioral health conditions and communicable diseases, including HIV or AIDS and/or genetic information.
Also include any alcohol and substance abuse records, if applicable. (Indicate by initialing)
This authorization will not apply to alcohol or substance abuse information unless specifically authorized.
I authorize BlueChoice HealthPlan to disclose ONLY the following PHI: _____
This authorization is made at my request or for this purpose(s): _____

SECTION 4. EXPIRATION AND REVOCATION. (WHEN THIS AUTHORIZATION WILL END)

Expiration: This authorization will expire (Chose one):

- On ____/____/____. 12 months after termination of my coverage with BlueChoice HealthPlan.

Revocation: I understand that I may revoke this authorization by sending written notice of my revocation to the address shown above. I understand that revocation of this authorization will not affect any action taken by BlueChoice HealthPlan on this authorization before my written notice of revocation was received.

SECTION 5. SIGNATURE.

I am making this authorization voluntarily and have had full opportunity to read and consider the contents of this authorization. I understand that BlueChoice HealthPlan will not condition my enrollment in a health plan, eligibility for benefits or payment of claims upon my signing this authorization. I further understand the Authorized Individual/Entity may not be subject to federal/state privacy laws and they may further release my PHI.

Signature: _____ Date: _____
Spouse's Signature: _____ Date: _____
Dependent Age 16 or Older Signature: _____ Date: _____
Dependent Age 16 or Older Signature: _____ Date: _____

If the individual's legal Personal Representative is completing this authorization, the Personal Representative must sign below and attach legal documentation that establishes his or her authority to act on the individual's behalf.

Personal Representative's Printed Name/Signature: _____

You should keep a copy of this signed authorization for your records; however, we will provide you a copy upon your request.

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。(Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háida biká'aná nílwo'ígíí díí Béeso Ách'ááh naa'níligi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdizh nínízingo, koji' béesh bee hólne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helpa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)



Section 9: How To Access Secure Emails From BlueChoice HealthPlan

How To Access Secure Emails From BlueChoice HealthPlan

When an email contains sensitive information, we will send it secured and you will need to create a password to open it. For assistance, please review these instructions:

Step 1: Open the secure Proofpoint message attachment and select "Click to read message."



Registration

Create your account to read secure email.

Password Policy

- Passwords must be 7-20 characters long.
- At least one digit (0-9) is required.
- At least one symbol character is required.
- Your username may not appear in the password.

Email Address:

First Name:

Last Name:

Password:

Confirm Password:

We have sent a validation code to your email address. Please check your inbox for the code and enter it below. If you did not receive it and need another code: [Click here](#)

Validation Code:

Step 2: Complete the registration and continue.

Step 3: Ensure your password meets the following requirements:

- Passwords must be 7 – 20 characters long.
- At least one digit is required.
- At least one symbol or character is required.
- Your username may not appear in the password.

Proofpoint emails must be opened on a personal computing device only. Please contact our technical support team at [803-264-8599](tel:803-264-8599) for lockout assistance.

Section 10: Quoting Through Accel-a-Rate (AAR)

Quoting Through Accel-a-Rate (AAR)

- Go to www.BlueChoiceSC.com.
- Select **Agents**.
- Select the **My Business Manager Log In** button. (If you have not created an account before, select **Create a New Agent Profile**.)

After you log in, you can follow the instructions included in the system or use these instructions to help you:

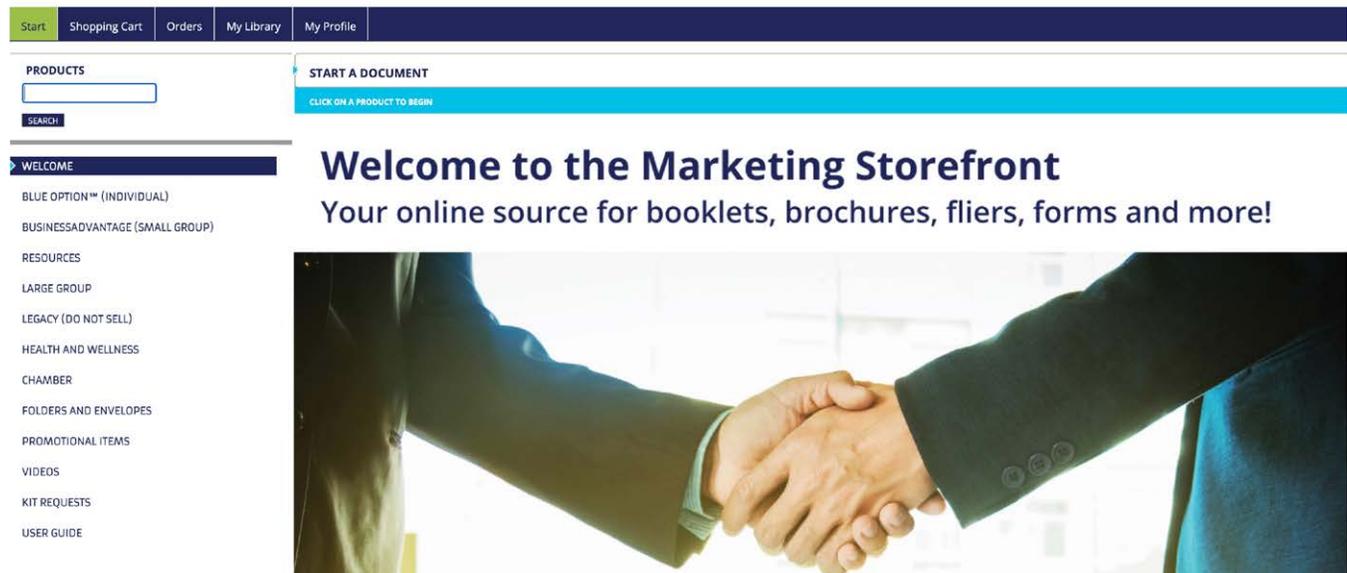
- Select the **Quotes & Proposals** tab toward the top of the page.
- This will bring you to the **Search for a Proposal** page.
 - To run a **New Group Proposal**, choose the drop-down box at the top, select **New Proposal** and choose **GO** beside the drop-down box.
 - Input the information needed on the **Group Info** page and select **Next** at the bottom right corner of the page.
- Now you are on the **Product Selection** page.
 - Here, you can run up to six different alternate medical plans. Select the different drop-down boxes to choose the different options to run.
 - If a group would like to also have life and accidental death and dismemberment (AD&D) coverage or dependent life coverage (all optional), please select the **Life and AD&D** boxes beside each selected plan.
 - Then, select **Next** in the bottom corner.
- This brings you to the **Health Options** page.
 - On this page, you can select the different optional choices available for each plan.
 - Once you have chosen what is needed on this page, select **Next** in the bottom right corner.
- Now you are on the **Life Option** page.
 - This is where you would elect their Life and AD&D amount if the group elects Life and AD&D.
 - Select **Next** in the bottom corner. Please note, if the group did not elect Life and AD&D, then it will skip this page and go straight to the next one.
- This brings you to the **Census Review** page.
 - This is where you input the census of the group. To add a spouse or dependent to an employee, please select the little arrow right beside the number on the left side of the page. This will bring down a drop-down box to add the spouse or dependent. Select **Add a Member** to add more dependents. Open the drop-down box to select spouse or dependent.
 - If the group is choosing Life and AD&D, please make sure you put a 1 in the Life AD&D drop-down box (instead of an N) by each employee.
 - Once you have entered the census, select **Update Census**.
- Select **Rate Proposal** in the bottom right corner.
- Once the proposal has been successfully rated, select the **Proposal Report** at the top in the blue background.
 - If you have any problems rating it, first check to make sure you do not have a pop-up blocker on.

- Check all of the boxes for the plans you would like to include in the proposal. Then select **Print Proposals**, which will give you the benefit description page along with the rate page for each plan, or select **Print Comparison Report**, which will compare each plan's main benefits side by side for you on a chart.
- After you have run these plans, if you would like to go back and edit something on them, just search for the group name by using the **Search** button at the top in the blue background. Then check the circle and box for the plan you would like to edit and select **Edit Proposal** from the **drop-down box**. This will start you over with the process. Or you can select **New Alternate** from the **drop-down box**. This will allow you to run additional options while keeping the original options you already ran in AAR.





Section 11: The Marketing Storefront — Where You Order Marketing Materials



The Marketing Storefront — Where You Order Marketing Materials

The BlueChoice Marketing Storefront will allow you to:

- Download marketing collateral.
- Order brochures and flyers.
- Ship items directly to your clients.

Accessing the Marketing Storefront

To create a Marketing Storefront account, go to www.BlueChoiceSC.com/Storefront and select **Request Account**. Complete the **Storefront Account Request** form and instructions to log in will be sent to you via email.

Changing Your Password

After you log in the first time, you should change your password. To change your password:

- Select **My Profile** in the top menu.
- Then select **Change Password** to change your password.

After you change your password, verify that your email address is correct and add your mailing address. Then select **Accept**.

Ordering Items

Ordering items is very similar to using a shopping cart for major online retailers.

For detailed instructions, see the **User Guide** on the **Welcome** page in the **Marketing Storefront**.

Section 12: Agent of Record (AOR) Changes

Agent of Record (AOR) Changes

- AOR requests should be submitted on company letterhead and signed by an officer of the company.
- For first-year groups, AOR changes will be approved upon the first year renewal. After the renewal, AOR requests are approved the first of the month following the request date as long as the request is received by the 15th. If the request is received after the 15th, the request will be approved the first of the second month after the request. For example, if the AOR request is received on October 10, it will be approved November 1. If the request is received on October 16, it will be approved December 1.



Section 13: Membership Enrollment and Changes

Membership Enrollment and Changes

Paper Enrollment

Eligible new members can elect BlueChoice coverage. Coverage begins when the member becomes eligible for the company's health benefits and eligibility is received by BlueChoice. The group should submit a Membership Application and Change form within 31 days of the date the employee becomes eligible for coverage. If the company requires a probationary period for new employees, the group can submit the form 31 days in advance of the effective date of coverage. The 31-day deadline also applies when making changes for a current member as a result of a qualifying event.

You or your client can find the Membership Application and Change form online:

- Visit www.BlueChoiceSC.com.
- Select **Agent**.
- Select **Forms** under **Key Resources**.

Your group leader should review the Membership Application and Change form to make sure the member provides complete information that is consistent with the information in his or her company records. The group leader will need to insert the appropriate BlueChoice group and subgroup numbers.

The group leader should check the appropriate box on the Membership Application and Change form — either original enrollment or enrollment change with corresponding reason — and fill in the effective date. The member should complete the rest of the form.

The enrollment form also requests information concerning other health benefits the subscriber or family member(s) may have. We will not make any benefit payments if this information is incomplete.

Electronic Data Integration (EDI)

If a small group has a minimum of 25 enrolled members and uses a payroll vendor or software to manage its benefits, we can work with it to have that information sent to us automatically. Our service will translate the data and enter it into our system. It may take up to 60 days to implement the process due to setup and testing.

Setting Up EDI Enrollment

If the group does not currently have EDI enrollment but would like to set it up, you or the group can contact your BlueChoice representative, and he or she will help you.

Changes, Additions or Cancellations of Members' Plans for Groups With EDI

If a group has changes, additions or cancellations, it needs to send all its transactions through its EDI enrollment vendor. If it's an emergency, contact the BlueChoice representative, and he or she will provide assistance.

ChoiceEnroll

ChoiceEnroll is our administration tool that gives you or your agency the ability to view and manage all of your BlueChoice small group accounts in one place. ChoiceEnroll eliminates paper by allowing enrollments, changes and terminations to be processed securely online. There's no software to download and no investment from your internal IT department. Best of all, this service is **FREE!**

Manage transactions and requests through a single online tool, including:

- Annual enrollments.
- Qualifying life events.
- Terminations.
- Demographic changes.
- ID card requests.

All transactions are processed in five minutes or less per event! You will also have access to group-specific documents, including Schedules of Benefits.

With seamless, daily updates to the membership and claims system, you can rest assured your clients' eligibility data is consistent and accurate. In addition, customized reporting and a history of all maintenance transactions are available.

Contact your BlueChoice representative if you have any questions.

Changes

No one, except for new hires and new dependents acquired through a qualifying event, can join the plan outside the mutually agreed-upon enrollment period. BlueChoice conducts an annual open enrollment period for each employer, usually just before the effective date of coverage or renewal date. During this period, the groups' employees and their dependents can elect our coverage. Your BlueChoice representative is available to help you with group implementation and renewals.

Changes in Employment Status

Termination of Employment — BlueChoice's coverage ends at the end of the month following termination of employment or earlier, based on your group's policy. Retroactive terminations are acceptable if received within 31 days of the member's coverage termination and if the member had no benefit payments during that period. If benefits were paid during such a period, **premiums are due and payable through the end of the month in which benefits were provided.**

Layoffs/Leaves of Absence — The member who is laid off or who has a leave of absence may be able to continue his or her BlueChoice coverage on a group/individual basis.

Changes in Family Status

Groups should notify BlueChoice of any changes in a family's status within 31 days of the qualifying event.

The group will use the Membership Application and Change form or EDI to terminate a family member.

Please remember, the Membership Application and Change form must contain the member's name, address, Social Security number and requested effective date of termination. The member or group leader should check the coverage change box and indicate the reason for termination (divorce, death or other).

The member should list each dependent he or she wishes to disenroll in the same section of the enrollment form as the original (for example, spouse 02, first child 03, second child 04). The member should include the dependent's full name, gender, Social Security number and date of birth.

Qualifying Events

BlueChoice recognizes the following qualifying events as reasons to change status outside the open enrollment period:

- Birth
- Marriage/divorce
- Death
- Legal adoption
- Addition of stepchildren or foster children
- Permanent legal custody
- Spouse's loss or gain of employment and insurance coverage, with the following requirement when the spouse's loss of employment and insurance coverage allows the employee to add the spouse and other eligible family members previously covered by the spouse
- Reinstatement of civilian status

Groups should use the Membership Application and Change form to notify BlueChoice of any change in employment status or family situation that may affect BlueChoice coverage. Our Membership department must receive this form within 31 days of the qualifying event. Once premiums are received, coverage will take effect on the date of the event. We do not accept additions, deletions or changes outside this 31-day period.

Digital Member ID Cards

BlueChoice members can access their digital member ID cards anytime, anywhere from their computers or mobile devices.

Advantages of the Digital ID Card

The digital member ID card is identical to the plastic card. It contains the member ID number and other coverage details unique to the member. Unlike with plastic cards, members don't have to worry about losing them or ordering duplicate copies for their families. Members can easily:

- View the card on a smartphone, tablet or computer.
- Email the card to a spouse, child(ren), doctor's office or pharmacy.
- Print the card at home from a smartphone, tablet or computer. Members can use the printed card just like a plastic card.

How members can access their digital ID cards

On a smartphone or tablet: Access the digital ID card on the My Health Toolkit app.

On a desktop: Go to www.BlueChoiceSC.com and log in to My Health Toolkit. Under the Insurance Card section on the left, select **View Your Card**.

ID Cards

Once we have processed enrollment for our members, they will receive their member ID cards in the mail. If members lose their member ID cards, they can request new copies through My Health Toolkit, our secure online portal, at www.BlueChoiceSC.com (see Section 5 for more details).

When members receive their member ID cards, they should verify all information on the front of the card and carefully read the information on the back. Please note that the card will only have the subscriber's name on it. Members should carry their cards with them at all times and present them whenever they receive medical services or prescription drugs.

Sample ID Cards

 BusinessADVANTAGE		 www.BlueChoiceSC.com																
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCL000000000		MEMBERS Member Services: 800-868-2538 Out of Area: 800-810-2583																
<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK DEDUCTIBLE</td> <td>\$XXXXX</td> <td>\$XXXXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XXXXX</td> <td>\$XXXXX</td> </tr> <tr> <td>OUT OF NETWORK DEDUCTIBLE</td> <td>\$XXXXXX</td> <td>\$XXXXXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XXXXXX</td> <td>\$XXXXXX</td> </tr> </tbody> </table>			INDIVIDUAL	FAMILY	IN NETWORK DEDUCTIBLE	\$XXXXX	\$XXXXX	OUT OF POCKET	\$XXXXX	\$XXXXX	OUT OF NETWORK DEDUCTIBLE	\$XXXXXX	\$XXXXXX	OUT OF POCKET	\$XXXXXX	\$XXXXXX	PROVIDERS Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218 Vision: 800-997-3746	
	INDIVIDUAL	FAMILY																
IN NETWORK DEDUCTIBLE	\$XXXXX	\$XXXXX																
OUT OF POCKET	\$XXXXX	\$XXXXX																
OUT OF NETWORK DEDUCTIBLE	\$XXXXXX	\$XXXXXX																
OUT OF POCKET	\$XXXXXX	\$XXXXXX																
PLAN CODE 380.04 RxGRP PPO 021684 CHC		Possession of this card does not guarantee eligibility for services. Inpatient precertification required. Providers, file all claims with the local BlueCross and/or BlueShield Plan where member received services. File medical/specialty dental claims to: BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170																
www.BlueChoiceSC.com		BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association. Benefits available in network only. Rx Powered by BlueChoice HealthPlan																



Section 14: *QuickBill*

QuickBill

What Is QuickBill?

QuickBill is BlueChoice's secure online billing system. QuickBill makes managing monthly invoices efficient, convenient and easier than ever. The QuickBill application gives your clients the ability to monitor their monthly group billing information, run various payment reports and make online premium payments. They can also generate membership and enrollment reports through QuickEnroll.

How To Access QuickBill

We will email groups the initial invoice. The cover letter contains their username and password for QuickBill.

To access QuickBill:

- Go to www.QuickBillSC.com.
- Enter their username and password to log in to their account. If they forget their username or password, they can email QuickBill.Setup@BlueChoiceSC.com.

How To Read and Pay a Bill

Premium payments for coverage are due on a prepaid basis.

Your clients will receive an email notification each month stating that their invoice is ready to view on QuickBill. Their premium invoice is mailed before the first of the month in which the premium is due. BlueChoice applies their payment to their oldest balance.

Step 1:

- Go to www.QuickBillSC.com.
- Enter their username and password to log in to their account. If they forget their username or password, they can email QuickBill.Setup@BlueChoiceSC.com.

Step 2:

To view their invoice or make an electronic payment, select **View Invoices**.

Step 3:

To view the details of their bill, including their roster of covered employees, select **View Details**.

Invoice Details
You are currently viewing: ABC Company

3

View Financial Totals | View Summary | **View Details** | View Activity

Consolidated Invoice View

Pay Invoice | Print Invoice

Invoice Level: XX1111
Due Date: 04/01/2016 | Balance: \$131,124.75 | Enablement: Enabled
Invoice #: 1234 | Invoice Date: 03/15/2016
Billing Period: 04/01/2016-04/30/2016

Details

Find By: Please Select [] Search Reset

128 Items | 1-20 | Advanced Sorting

	SSN	First Name	Middle Name	Last Name	Suffix	Coverage Type	Begin Dt	End Dt
Options	*****1234	TOM	E	JONES		P	04/01/2016	04/30/2016
Options	*****5678	JOHN		SMITH		D	04/01/2016	04/30/2016
Options	*****9012	MARY		KELLY		S	04/01/2016	04/30/2016

Step 4:

Choose **View Financial Totals** to view the line items of their bill.

Step 5:

Select **View Activity** to see employees who have added, changed or terminated coverage.

Step 6:

To pay their invoice, choose **Pay Invoice**.

Invoice Details
You are currently viewing: ABC Company

4 | 5

View Financial Totals | View Summary | View Details | **View Activity**

Consolidated Invoice View

6 Pay Invoice | Print Invoice

Invoice Level: XX1111
Due Date: 04/01/2016 | Balance: \$131,124.75 | Enablement: Enabled
Invoice #: 1234 | Invoice Date: 03/15/2016

Step 7:

Select **Make Online Payment**, and select **Next**.

The screenshot shows a light blue bordered box with the title "Choose payment method". Below the title is the question "How would you like to make a payment?". There are two radio button options: "Make online payment" (which is selected) and "Print payment stub to send in the mail". At the bottom of the box are three buttons: a grey "Back" button, a blue "Next" button, and a blue circular button containing the number "7".

Step 8:

Choose how they would like to pay, and select **Next**.

The screenshot shows a light blue bordered box with the title "Choose payment account". Below the title is the question "You have these accounts on file. Do you want to use one of your preexisting accounts or would you like to add another account?". There are two radio button options: "I'd like to use : Accounts Payable - MC [edit account info](#)" (which is selected) and "Create New Account". At the bottom of the box are three buttons: a grey "Back" button, a blue "Next" button, and a blue circular button containing the number "8".

Step 9:

Choose the amount they would like to pay and the date. Select **Next**.

The screenshot shows a light blue bordered box with the title "Choose amount". Below the title is the text "Paying with: Accounts Payable - MC [change account](#)". Below that is the instruction "Please choose from the following payment options:". There are two radio button options: "Pay as Billed \$131,124.75 [select invoices](#)" (which is selected) and "Edit Payment [select invoices](#)". Below the options is the text "Date of Payment: 03/17/2017". At the bottom of the box is a bolded disclaimer: "ACH, Check and Credit Card Payments will be refunded in the same manner as received by BlueChoice HealthPlan. Check Refunds may take up to 10 d the customer. Checks not received or lost in the mail will be reissued 30 days after the initial check date." At the bottom of the box are three buttons: a grey "Back" button, a blue "Next" button, and a blue circular button containing the number "9".

Step 10:

Choose the payment account. Select **Next**.

Choose payment account

You have these accounts on file. Do you want to use one of your preexisting accounts or would you like to add another account?

I'd like to use : ALFORD & THORESON LLC [edit account info](#)

I'd like to use : Alford Law Firm [edit account info](#)

Create New Account

[Next](#) [Back](#) 10

Step 11:

Select the **Submit Payment** button.

Review and submit

Payment Account: ALFORD & THORESON LLC [change account](#)

Amount of Payment: \$15.00 [edit payment amount](#)

Payment Date: 01/12/2022 [change payment date](#)

[Review invoice payment information details](#)

ACH, Check and Credit Card Payments will be refunded in the same manner as received by BlueChoice HealthPlan. Check Refunds may take up to 10 days to be received by the customer. Checks not received or lost in the mail will be reissued 30 days after the initial check date.

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[Submit Payment](#) [Back](#)

Key Dates To Review a Bill

Your clients will receive an email notification each month stating that their invoice is ready to view on *QuickBill*.

When they receive the email, they should log in to their account to view their invoice and pay it by the date it is due to avoid interruption of coverage.



Section 15: Learning Management System

Learning Management System

BlueChoice requires you to take training periodically to be able to sell our BusinessADVANTAGE products. Most of the training you are required to take will be done through our Learning Management System (LMS).

To access LMS:

- Go to www.BlueChoiceSC.com.
- Select **Agents**.
- Select the **Learning Management System** link.

Before logging in for the first time:

1. Choose **Forgot Username or Password**.
2. Enter your National Producer Number. An email will be delivered to the address we have on file for you. From here, you can reset your password and log in.



Focus on life. Focus on health. *Stay focused.*

We stay focused on helping you. You should always contact your account management team if you have any questions that cannot be answered in this guide. If you can't reach a member of your account management team, please contact us in one of these ways:



Email us:

BCHPSmall@BlueChoiceSC.com



Visit our website:

www.BlueChoiceSC.com



Call us Monday – Friday

from 8:30 a.m. – 5 p.m.:

866-280-0766, option 1

We look forward to serving you and your clients, our valued customers, for years to come.



BlueChoice HealthPlan is an independent licensee
of the Blue Cross Blue Shield Association.

www.BlueChoiceSC.com