

Billing

Anthem Blue Cross is pleased to introduce you to our Premium Billing System. This billing system allows for a simple, efficient approach to billing and premium reconciliation.

This guide is designed to help you understand and become familiar with our billing process. Enclosed are detailed descriptions and procedural flows for the following documents:

- *Billing Statement*
- *Group Membership Maintenance Recap* form
- *Enrollment/Change* forms

We hope that you will find the information in this guide helpful; however, if you need further assistance, please call your Anthem Blue Cross Service Representative or your assigned Premium Specialist.

Billing Highlights

- Billing statements will be prepared on the same calendar date each month.
- Billing statements will reflect a one-month billing period.
- Premium rates for subscribers enrolled in multiple products/suffixes are grouped together and appear under each subscriber's certificate number.
- Your monthly premium payments should always equal the amount due as shown on your billing statement. You should not adjust or recalculate your monthly bills.
- Membership changes can be submitted any time during the month.
- Membership changes processed between billing periods are recapped in a separate section of the bill.
- Only "ONE" *Maintenance Recap* form will be required for all products when submitting Membership changes.

Golden Rules

Please Do:

- To expedite both payment and processing, please send your maintenance (e.g., adds, terms, COBRA, changes) separate from your premium payments.

Send your payments to the lockbox address on your invoice, and send maintenance – with a *Maintenance Recap* form – directly to your Premium Specialist in Woodland Hills.

- Please submit subscriber changes so that they are "received" by Anthem Blue Cross Membership by the 5th day of each month for the upcoming billing period – to ensure they appear on the next billing statement.

Example:

Anthem Blue Cross Membership's Cut-off Date for Receiving Changes	June 5
Effective Date of Change:	July 1

- Be sure you pay your invoice in full by the first of the month to avoid delinquency and cancellation consequences. Premium payments received on the 13th day or later (within the 30-day grace period) are subject to nonpayment reminder letters and cancellation for nonpayment of premiums.

Example:

Billing Period:	July 1 - August 1
Premium Due Date:	July 1
Reminder Letter:	July 13
Expiration of Grace Period:	July 31
Auto Cancel for Nonpayment of July's Premium:	August 1
Cancellation Letter Mailed to Client:	August 1

- Please pay the Total Amount Due on your invoice and do not worry about reconciling. Your balance will be adjusted retroactively.

- To expedite research or processing, be sure to include your group number on all correspondence and remittance check stubs.
- To avoid processing delays and ensure rapid ID card receipt, be sure the information requested on the enrollment/change form is complete and legible.
- Be sure to add new dependents (i.e., spouses, newborns and adopted children) within 31 days of the “life event” (i.e., new marriage, birth or adoption).
- Encourage subscribers to communicate Over-Age Dependent student status by completing and responding to the *Over-Age Dependent Recertification* form that is sent directly to their home. This “yearly” process is applicable to all dependents between age 19 and the maximum student age as defined for your Group.
- Make sure your subscribers complete a new enrollment form when they switch plans or elect COBRA.
- Know that requests for retroactive adds/cancellations are allowed for up to 60 days from the current processing date. All retroactive requests are subject to review by our Membership and/or Underwriting departments.

When retroactively assigning members to a PMG or IPA the system will only pay capitation for a 60-day period. Please use the following guidelines.

Determining the effective date (60-day retroactive) is based on the capitation run date. Below are examples:

Capitation Run Date	Dates of Adjustment	60-Day Assignment Date
09/15	09/01 - 09/15	07/06
	09/16 - 09/30	08/06
10/15	10/01 - 10/15	08/06
	10/16 - 10/31	09/06
11/15	11/01 - 11/15	09/06
	11/16 - 11/30	09/06

- For Life, please refer to the *Life* section.

Billing Process

One of the main advantages of our billing system is the convenience that it offers on your billing statement. Since membership changes can be submitted and processed throughout the month, all billing adjustments will be reflected on the following month’s bill. Your monthly premium will always equal the amount due shown on your billing statement. You do not need to adjust or recalculate your monthly bills. To make it more convenient for you, we will provide you with a separate adjustment recap section on your billing statement that will show you all the eligibility changes processed between billing periods.

Here is an explanation of the new billing flow:

Submission and Processing of Membership Changes

Membership changes can be submitted any time during the month. A *Group Membership Maintenance Recap* form should accompany all membership activities. Membership changes received after the last billed date and prior to the 5th of the next month will be recapped on the next Group Billing Statement, under the *Eligibility Adjustments* section. For example, maintenance changes for a March 1 effective date should be received by the Membership and Billing department by February 5.

Billing

On or around the 15th of each month, the Group Billing Statement is generated for the upcoming billing period. For example, on February 15, the Group Billing Statement for March is produced.

Premium Payment Guidelines

Anthem Blue Cross is committed to high standards of service. In order to maintain these service standards, we ask your cooperation in the consistent and on-time submission of your premium payment. Please read and familiarize yourself with the following premium payment guidelines to expedite the timely processing of your premium payment.

Failure to adhere to the specific guidelines outlined below will result in delinquency and cancellation of your group medical insurance:*

1. To ensure the timely processing of your premium payment, you must submit payment by the **first** of the month.
2. Premium payments received on the 13th day of the month or later (within the 30-day grace period) will be subject to nonpayment reminder letters, and may be subject to cancellation for non-payment of premiums.
3. As detailed in your agreement, failure to make timely premium payments will result in termination of the agreement as of the last day of the Grace Period.

Example:

Billing Period:	July 1 - August 1
Premium Due Date:	July 1
Reminder Letter:	July 13
Expiration of Grace Period:	July 31
Automatic Cancellation:	August 1
Cancellation Letter Sent to Client:	August 1

Terminations

The notice also states that your agreement will not be terminated if you make the appropriate payment in full within the grace period after Anthem Blue Cross issues the reminder notice. If your agreement is terminated for nonpayment and you wish to apply for reinstatement, you will be required to submit a new application for coverage that Anthem Blue Cross may decline. If your coverage is reinstated, you may be assessed a reinstatement fee. Please note that it is the sole discretion of Anthem Blue Cross to determine the appropriate terms and conditions for reinstatement.

** If you have a one-time legitimate reason for a late submission of premium payment, notify your Anthem Blue Cross Account Manager immediately to work out an arrangement and avoid termination of group medical insurance.*

Premium Payment

Premium payment is due and payable on the 1st of the month. For example, on March 1, the premium is due for the March 1 to April 1 billing period (Please note that there is a 31-day grace period.).

The payment amount must equal the "TOTAL DUE" amount shown on the billing cover sheet.

The following needs to be included with your remittance each month.

- A. A copy of the Lockbox Cover Page (see following page)
- B. Your remittance check (Note: Please ensure that the amount of your check equals the "TOTAL DUE" amount on your Group Billing Statement.)

***Note:** Membership Change and Maintenance Recap forms should be sent to:*

Anthem Blue Cross

Attention: Your Assigned Membership

Premium Specialist

P.O. Box 629

Woodland Hills, CA 91365-0629

These changes will not appear until the next month's billing statement.

Billing Statement

The Group Billing Statement includes six (6) separate sections. They are:

- Cover Page
- Product Summary
- Eligibility Adjustments
- Membership Detail
- Over-Age/Deleted Over-Age Dependents
- COBRA Subscribers (Future cancellations and cancelled COBRA participants)

Understanding how the information is organized in each section will help you quickly find the data that you need.

Cover Page

The Cover Page is a summary of all the billing and payment activity that has occurred since your last month's bill. It gives pertinent information regarding your prior billed and paid amounts, and the summary of all member activity submitted throughout the month, including the Total Amount Due for this billing. Since the Cover Page is to be returned along with your payment, your group name, bill entity number, billing period and due date will also be displayed. The Cover Page was designed to be folded in half, placed in the remittance window envelope, and returned along with your premium payment.

AREA 1 – This section provides a recap of the PRIOR and CURRENT month's billing amounts/totals.

Ref	Name Field	Description
1	Prior Bill Amount	The total amount due for the previous billing
2	Amount Paid	The total premium payment applied toward the prior month's billing
3	Balance Due	Premium discrepancy amount (debit or credit) after last month's billing was reconciled
4	Eligibility Adjustment Subtotal	This amount represents the "net total" (debit or credit) for all Retroactive Membership changes processed after last month's billing was prepared
5	Manual Adjustment	An amount will only appear here if a Manual Adjustment is processed (i.e., Reinstatement Fees)
6	Membership Detail Subtotal	This amount represents the "net premium total" for the "CURRENT BILLING PERIOD" ONLY
7	Total Amount Due	The sum of the Prior Balance Due, Eligibility Adjustment, Manual Adjustment and the Membership Detail

AREA 2 – This section includes pertinent address and billing information. This section should be completed when you are ready to mail your premium payment.

Ref	Field Name	Description
8		The Group's name and billing address
9	Bill Entity Number	The primary group number that consolidates all suffixes under one group number for billing purposes. Previously referred to as your "Master Group Number"
10	Invoice Number	A unique invoice number will appear on your Group Billing Statement each time a bill is issued for your Group
11	Billing Period	The period of time for which you are being billed
12	Date Billed	The calendar date that your billing was generated
13	Total Due	The total premium amount due
14	Enter Amount Paid	The amount that you are remitting to Anthem Blue Cross
15	Lockbox Address	Anthem Blue Cross' remittance address
16	Due Date	The date in which your premium payment is to be received by Anthem Blue Cross
	Sys	For Internal Use Only
	Desk	For Internal Use Only
	MBS Number	For Internal Use Only

Please Return this Page With Your Check To



ANTHEM BLUE CROSS

AREA 1

Invoice Number 000001628A

Billing Entity No. 58P25A

1 Prior Bill Amount	\$ 5,719.06
2 Amount Paid	\$ 5,719.06-
3 Prior Balance Due	0.00
4 Eligibility Adjustment Subtotal	131.50-
5 Manual Adjustment Subtotal	0.00
6 Membership Detail Subtotal	<u>3,263.50</u>
7 Total Amount Due	\$ 3,132.00

Please Fold Here for Mailing

AREA 2

9

Bill Entity No.: 58P25A

8
FAMILY TREE ENTERPRISES
21555 OXNARD ST.
WOODLAND HILLS, CA 91367

10 Invoice Number: 000001628A
11 Billing Period: 05-01-06 To 06-01-06
12 Date Billed: 04-15-06
13 Total Due: \$3,132.00

14
Enter Amount Paid , , .

2

15

Make Check Payable To: Anthem Blue Cross
Department 4492
Los Angeles, CA 91050

BILL
SYS DESK ENTITY
2 4109 58P25A

MBS
NUMBER
66300000

16

Due Date
05-01-06 4492

Product Summary

The Product Summary section provides a detailed breakdown of the total amount due for each group/product. It displays the contract counts for all contract types, the current month's charges, and any retroactive adjustments. This gives you the opportunity to quickly determine the monthly charge for each of your products.

Ref	Name Field	Description
1	Billing Entity Name	The Group's Name
2	Billing Entity No.	The primary group number that consolidates all suffixes under ONE group number for billing purposes
3	Invoice No.	A unique invoice number will appear on your Group Billing Statement each time a bill is issued for your Group
4	Page No.	The page number of the bill
5	Group Contact	The first and last name of the person that Anthem Blue Cross contacts when billing or reconciliation issues need to be resolved
6	Premium Specialist	The name of the Premium Specialist assigned to administer your account
7	Desk No.	The desk number of the Premium Specialist
8	Telephone	The phone number of the Premium Specialist
9	Billing Period	The period of time for which you are being billed
10	Date Billed	The calendar date that your billing was generated
11	Payment Due Date	The date your premium payment is to be received by Anthem Blue Cross
12	Group/Product Contract Type	Your group numbers/product names with the appropriate contract type codes within each product
13	Current Count	The subscriber counts within each contract type
14	Current Volume	Current total volume for Life/AD&D products
15	Current Charges	The premium charges being billed, by contract type, for the "current month" only
16	Retro	The premium charges being billed, by contract type, for "retroactive changes" only
17	Total	The total of all current months plus retroactive amounts being billed
18	Monthly Rate	The rates for your group will be displayed by group suffix for each contract type
19	Total	The total for each group suffix, by the number of subscribers, current month charges, retroactive charges and the total premium due
20	Subtotal/All Products	The subtotal for all products
21	Legend	Description of all contract types

Note: The subtotal shown for current charges will also appear by the Membership Detail Subtotal on the Cover Page. The subtotal shown for Retroactive Charges will also appear by the Eligibility Adjustment Subtotal on the Cover Page.



Product Summary

1 Billing Entity Name: FAMILY TREE ENTERPRISES **3** Invoice No.: 00001628A
2 Billing Entity No.: 58P25A **4** Page No.: 1
5 Group Contact: FRANCES JONES

6 Premium Specialist: Terista Maliniemi **7** Desk No. 4109 **8** Telephone: (818) 123-4567

9 Billing Period: FROM 05-01-06 TO 06-01-06
10 Date Billed: 04-15-06
11 Payment Due Date: 05-01-06

12 Group/Product Contract Type	13 Current Count	14 Current Volume	15 Current Charges	16 Retro	17 Total	18 Monthly Rate
---	-------------------------------	--------------------------------	---------------------------------	--------------------	--------------------	------------------------------

11P25A - DENTAL NET - ACTIVE						
S	4	40.00	40.00	10.00-	30.00	10.00
2P	4	80.00	80.00	10.00	90.00	20.00
FAM	1	30.00	30.00	0.00	30.00	30.00
Total	9	150.00	150.00	0.00	150.00	

11P25B - DENTAL NET - COBRA						
S	0	0.00	0.00	0.00	0.00	10.00
2P	0	0.00	0.00	0.00	0.00	20.00
FAM	1	30.00	30.00	0.00	30.00	30.00
19 Total	1	30.00	30.00	0.00	30.00	

20 Subtotal/ALL Products 2,980.00

11P25C - BASIC LIFE TERM - ACTIVE						
LSUB	9	450,000	261.00	29.00-	232.00	0.580*
Total	9	450,000	261.00	29.00-	232.00	

11P25D - AD&D - ACTIVE						
LSUB	9	450,000	22.50	2.50-	20.00	0.050*
Total	9	450,000	22.50	2.50-	20.00	

58P25A - ANTHEM BLUE CROSS HMO - ACTIVE						
S	4		800.00	200.00-	600.00	200.00
2P	4		1200.00	100.00	1300.00	300.00
FAM	1		400.00	0.00	400.00	400.00
Total	9		2,400.00	100.00-	2300.00	

58P25B - ANTHEM BLUE CROSS HMO - COBRA						
S	0		0.00	0.00	0.00	200.00
2P	0		0.00	0.00	0.00	300.00
FAM	1		400.00	0.00	400.00	400.00
19 Total	1	400.00	400.00			

20 Subtotal/All Products **3,263.50** **131.50-** **3,132.00**

21 LEGEND

S	=	SUBSCRIBER ONLY	*Rate per \$1000	**Flat rate	
2P	=	TWO PARTY CONTRACT	S+DEPS	=	SUBSCRIBER +2 DEPS
FAM	=	FAMILY CONTRACT	LSUB	=	SUBSCRIBER LIFE
DEP	=	ONE DEPENDENT	LDEP	=	DEPENDENT LIFE
DEPS	=	TWO OR MORE DEPENDENTS	LSPS	=	SPOUSE LIFE
S+DEP	=	SUBSCRIBER + 1 DEPENDENT (NO SPOUSE)	LCHD	=	CHILD(REN) LIFE
S+DEPS	=	SUBSCRIBER + 2 DEPENDENTS (NO SPOUSE)			

Eligibility Adjustments

This section of the billing recaps all eligibility changes that were received and processed AFTER the last billing statement was prepared. This section also details all “Retroactive” premium charges.

Ref	Name Field	Description
1	Cert. No.	Subscriber’s Certificate Number (generally the employee’s social security number)
2	Subscriber Name	The name of the subscriber
3	Dept. No.	Employee department number if group requests
4	Group No.	Each of the group numbers that were impacted by the subscriber’s eligibility changes
5	Prod Type	Each of the product types that were impacted by the subscriber’s eligibility changes
6	Cont. Type	The new contract code resulting from the Membership change
7	No Cvd.	Number of members covered
8	From Date	The “From” date of the change
9	To Date	The “To” date of the change
10	Mo/Da	Indicates the number of months/days affected by the adjustment change. Zeros will be displayed for all changes made during the current billing period
11	Calc. Rate	The rate amount used to calculate retroactive premium (calculation rate) x (number of months/days)
12	Prem. Adj.	Premium adjustments resulting from the membership change. The premium adjustment for changes processed as of the current billing period will display with zeros due. Premium amounts for the current billing period are charged in the “MEMBERSHIP DETAIL” section of the billing. Premium Adjustment amounts shown here represent “Retroactive premiums” only
13	Code	Short description of the membership change processed (See General Terms)
14	Eligibility Adjustments Subtotal	The net subtotal of the Eligibility Adjustments is shown here

We would like to recommend that you audit this section of the billing monthly by comparing each entry against your *Maintenance Recap* forms to ensure that all eligibility changes requested were processed accurately.

Note: The “From” and “To” dates of the change: If the change is effective as of the current billing period, the “From” and “To” dates will be the same. If the change is effective retroactive to the current billing period, the applicable date will be displayed in the “From Date” column.



BILLING DETAIL

Billing Entity Name: FAMILY TREE ENTERPRISES Invoice No.: 00001628AA
 Billing Entity No.: 58P25A Page No.: 2
 Group Contact: FRANCES JONES

Premium Specialist: Terista Maliniemi Desk No.4109 Telephone: (818) 123-4567
 Billing Period: FROM 05-01-06 TO 06-01-06
 Date Billed: 04-15-06
 Payment Due Date: 05-01-06

ELIGIBILITY ADJUSTMENTS*

*Eligibility changes received after the 5th of the month may be reflected on your next bill.

1	2	3	4	5	6	7	8	9	10	11	12	13
Cert No.	Subscriber Name	Dept No.	Group No.	Prod Type	ContNo Type	Cvd	From Date	To Date	Calc Mo/da	Prem Rate	Adj	Code
547003701	ANTHONY, TRISH		11P25A	DNET	2P	2	05-01-06	05-01-06	00/00	0.00	0.00	TRMDEP
			58P25A	CALC	2P	2	05-01-06	05-01-06	00/00	0.00	0.00	TRMDEP
547003730	CHAN, STEVEN		11P25A	DNET	S	1	05-01-06	05-01-06	00/00	0.00	0.00	ADD
			58P25A	CALC	S	1	05-01-06	05-01-06	00/00	0.00	0.00	ADD
546003710	DRINKARD, PAM		11P25A	DNET	S	1	04-01-06	05-01-06	01/00	10.00-	10.00-	EFFCHG
			58P25A	CALC	S	1	04-01-06	05-01-06	01/00	200.00-	200.00-	EFFCHG
547003706	JONES, KYLA		11P25A	DNET	2P	2	04-01-06	05-01-06	01/00	10.00	10.00	ADDDEP
			58P25A	CALC	2P	2	04-01-06	05-01-06	01/00	100.00	100.00	ADDDEP
547003704	SMITH, RYNE		11P25A	DNET	2P	2	05-01-06	05-01-06	00/00	0.00	0.00	TERM
			58P25A	CALC	2P	2	05-01-06	05-01-06	00/00	0.00	0.00	TERM
14 Eligibility Adjustments Subtotal											131.50-	

MEMBERSHIP DETAIL

Cert No.	Dept. No.	Emp No.	Subscriber Name	COBRA End Date	Group No./Suffix	Grp. Type	Prod. Type	Cont. Type	No. Cvd	Prem. Amt
----------	-----------	---------	-----------------	----------------	------------------	-----------	------------	------------	---------	-----------

Membership Detail

This section of the billing lists all of the subscribers who are presently enrolled in your group plan.

Ref	Name Field	Description
1	Cert. No.	Subscriber's Certificate Number (generally the employee's social security number)
2	Dept. No.	This area will remain blank unless your organization utilizes department numbers for billing purposes
3	Emp. No.	This area will remain blank unless your organization utilizes employee numbers for billing purposes
4	Subscriber Name	The name of the Subscriber
5	COBRA End Date	The effective date in which COBRA is to be terminated based on Anthem Blue Cross records
6	Group No./Suffix	The Group Number(s) in which the subscriber is enrolled
7	Group Type	Group Type associated with the group suffix the subscriber is enrolled in (i.e., A=Active, C=COBRA, R=Retiree)
8	Prod. Type	A brief description of the benefit associated with each group suffix. Refer to the General Terms section for complete list
9	Cont. Type	Current contract type for each subscriber (i.e., S=Subscriber Only, 2P=Two Party Contract, FAM=Family)
10	No. Cvd.	Total number of members presently covered on the subscriber's contract
11	Volume	Life insurance volume
12	Prem. Amt.	Premium Amount due for the current billing period for each subscriber
13	Total Subscribers	The total number of subscribers and the premium subtotal due for the "current" billing period

**BILLING DETAIL**

Billing Entity Name: FAMILY TREE ENTERPRISES

Invoice No.: 00001628AA

Billing Entity No.: 58P25A

Page No.: 2

Group Contact: FRANCES JONES

Premium Specialist: Terista Maliniemi

Desk No.4109

Telephone: (818) 123-4567

Billing Period:

FROM 05-01-06 TO 06-01-06

Date Billed:

04-15-06

Payment Due Date: 05-01-06

MEMBERSHIP DETAIL

1	2	3	4	5	6	7	8	9	10	11	12
Cert No.	Dept No.	Emp No.	Subscriber Name	COBRA End Date	Group No./Suffix	Grp. Type	Prod. Type	Cont. Type	No. Cvd	Volume	Prem. Amt.
547003701			ANTHONY, TRISH		11P25A	A	DNET	2P	2		20.00
					11P25C	A	LBAS	LSUB		50,000	29.00
					11P25D	A	ADD	LSUB		50,000	2.50
					58P25A	A	CALC	2P	2		300.00
546002841			CHAN, STEVEN		11P25A	A	DNET	S	1		10.00
					11P25C	A	LBAS	LSUB		50,000	29.00
					11P25D	A	ADD	LSUB		50,000	2.50
					58P25A	A	CALC	S	1		200.00
546002841			CRAWFORD, BLAKE		11P25A	A	DNET	S	1		10.00
					11P25C	A	LBAS	LSUB		50,000	29.00
					11P25D	A	ADD	LSUB		50,000	2.50
					58P25A	A	CALC	S	1		200.00
547003710			BLUE, LAURIE		11P25A	A	DNET	S	1		10.00
					11P25C	A	LBAS	LSUB		50,000	29.00
					11P25D	A	ADD	LSUB		50,000	2.50
					58P25A	A	CALC	S	1		200.00
546003710			GREEN, PAM		11P25A	A	DNET	S	1		10.00
					11P25C	A	LBAS	LSUB		50,000	29.00
					11P25D	A	ADD	LSUB		50,000	2.50
					58P25A	A	CALC	S	1		200.00
547003705			GOULD, SHIRLEY	06-01-06	11P25B	C	DNET	FAM	3		30.00
				06-01-06	58P25B	C	CALC	FAM	3		400.00
546002749			HOFFMAN, JOHN		11P25A	A	DNET	2P	2		20.00
					11P25C	A	LBAS	LSUB		50,000	29.00
					11P25D	A	ADD	LSUB		50,000	2.50
					58P25A	A	CALC	2P	2		300.00
547003707			JAMES, MICHAEL		11P25A	A	DNET	2P	2		20.00
					11P25C	A	LBAS	LSUB		50,000	29.00
					11P25D	A	ADD	LSUB		50,000	2.50
					58P25A	A	CALC	2P	2		300.00
546002842			JOHNSON, JACK		11P25A	A	DNET	FAM	5		30.00
					11P25C	A	LBAS	LSUB		50,000	29.00
					11P25D	A	ADD	LSUB		50,000	2.50
					58P25A	A	CALC	FAM	5		400.00
547003706			JONES, KYLA		11P25A	A	DNET	2P	2		20.00
					11P25C	A	LBAS	LSUB		50,000	29.00
					11P25D	A	ADD	LSUB		50,000	2.50
					58P25A	A	CALC	2P	2		300.00
		13									
									Volume Total	900,000	
Total Subscribers: 10									Membership Detail subtotal		3,263.50
									Total Amount Due		3,263.50

Over-Age Dependents – Medical, Dental and/or Vision Products

Over-Age dependents are dependents who reach the maximum child age limit or dependents who are medically disabled and should be recertified or deleted. This portion of the billing statement will coincide with a letter the subscriber will receive regarding Over-Age certification. Please refer to your *Group Benefit Agreement/Evidence of Coverage* for age limitations that affect your group. A subscriber with an Over-Age dependent will receive notification 60 days (first questionnaire) and 30 days (second questionnaire – second request) before recertification is due. This process will occur annually thereafter until the dependent reaches the maximum age limit, as stated in your Group Policy.

Deleted Over-Age Dependents Medical, Dental and/or Vision Products

If the subscriber fails to respond to our request for recertification, this may result in termination of the dependent's coverage, effective the first of the month following the dependent's birth date. Each of these dependents will appear in the Deleted Over-Age Dependent section of the billing statement.

The subscriber is not notified when this occurs.

The billing is the only notification to the Group Administrator.

Dependents who appear with an asterisk (*) next to their name have been deleted because they have reached the Group's MAXIMUM age limit according to your *Group Benefit Agreement/Evidence of Coverage*. The subscriber will receive a "maximum age" letter prior to the termination date.

Each of the dependents appearing in this section of the billing statement may then be eligible for continuation on COBRA or an individual conversion policy. The Group Administrator may be required to advise these dependents of their COBRA or conversion rights.

Over-Age Dependents – Dependent Life Products

The above procedures for medical do not apply to Life coverages. Anthem Blue Cross must be notified if a subscriber is no longer eligible for dependents' Life coverage, as defined in the Policy.

This would occur only when the subscriber does not have a spouse *and* he or she no longer has eligible dependent children as defined in the Policy.

A subscriber's dependent child may become ineligible for coverage either by obtaining a change in student status, IRS dependent status, or both; or the dependent has reached the maximum student age established for your group.



Over-Age Dependents

Billing Entity Name: FAMILY TREE ENTERPRISES Invoice No.: 00001628A
 Billing Entity No.: 58P25A Page No: 3
 Group Contact: FRANCES JONES

Premium Specialist: Terista Maliniemi Desk No. 4109 Telephone: (818) 123-4567

Billing Period: FROM 05-01-06 TO 06-01-06
 Date Billed: 04-15-06
 Payment Due Date: 05-01-06

OVER-AGE DEPENDENTS

Cert. No.	Subscriber Name/ Dependent Name	Mbr Cd	Birth Date	Group Number	Prod Type	Curr Cont Type	Curr Numb Cov
546002842	JOHNSON, TOM	10					
	STONE, LISA	70	05-02-83	11P25A	DNET	FAM	5
				58P25A	CALC	FAM	5

DELETE OVER-GE DEPENDENTS

Cert. No.	Subscriber Name/ Dependent Name	Mbr Cd	Birth Date	Group Number	Prod Type	New Cont Type	New Numb Cov
-----------	------------------------------------	-----------	---------------	-----------------	--------------	---------------------	--------------------

Retroactivity and Terminations

RETROACTIVITY Guidelines

Please note: When submitting requests for retroactive enrollments, terminations or changes, Anthem Blue Cross' policy allows for a maximum period (shown below) for retroactivity from "the date that the request is received by the Membership and Billing Department." All requests for retroactivity are subject to review for approval/denial.

All other products: 60 days from the date received by the Membership and Billing department
(*NOT including Life*)

Noncontributory

Life Products: Date of Addition, termination or change (not to exceed 12 months)

Contributory

Life Products: Terminations and changes that reduce benefit: 60 days
Additions and changes that increase benefit: NO RETROACTIVITY

- If applied for within 31 days of becoming eligible, charges begin on eligibility date.
- If applied for beyond 31 days of becoming eligible, charges begin on the date satisfactory evidence of insurability is approved by Underwriting.

Payment Reminder and Termination

If premium is not received by the 13th day of the grace period, a reminder letter is generated. For example, if the billing period is 3/1 to 4/1 and the premium is not received by 3/13, a reminder letter is generated.

If the premium is not received by 4/1, for the billing period of 3/1 to 4/1, a termination letter will be generated.

Group Membership Maintenance Recap Form

You do not have to wait to submit your eligibility changes along with your premium payment billing. You may submit these changes separately as the need for changes to your existing information arises. For simplicity and better control, we would like to suggest that eligibility changes be reported and submitted once a week.

This form is to be used when reporting membership eligibility changes (e.g., additions of new employees, terminated employees, changes between suffixes and contract type, changes, etc.).

The *Maintenance Recap* form allows you to consolidate the membership changes that need to be processed. Upon completion, please remember to attach this recap form to any and all applicable enrollment forms, change forms and correspondence. Please do not send enrollment and change forms without the *Maintenance*

Recap form completed and attached. You should retain a copy of this form for your records.

Premium totals should not appear anywhere on this form. Once all of your eligibility changes are received and processed, all premium charges/credits will appear directly on your NEXT Group Billing Statement.

When There Are NO Changes – If there are no changes in your membership, it is NOT necessary to prepare a *Maintenance Recap* form. This form is only required when eligibility changes need to be made.

When There Are Changes – If there ARE changes, you must report them on the *Maintenance Recap* form. Please DO NOT send enrollment/change forms WITHOUT a completed *Maintenance Recap* form attached.

Maintenance Recap Form

SECTION 1 – New Enrollments/Cancellations/ Retroactivity

ADD EMPLOYEES - Please use "Section 1" to add newly eligible employees and their dependents. Be sure to include a completed and signed *Group Membership Enrollment* form for each new subscriber. The following information should be completed on the *Maintenance Recap* form:

- Applicable Group Number(s)
- Subscriber's Certificate Number
- Subscriber's Name
- The activity type should show "ADD" in the ADD/CANCEL column
- Subscriber's benefit effective date

DELETE EMPLOYEE – Please also use "Section 1" to terminate ineligible employees and their covered dependents. The following information should be completed on the *Maintenance Recap* form:

- Applicable Group Number(s)
- Subscriber's Certificate Number
- Subscriber's Name
- The activity type should show "TERM" in the ADDITION/TERMINATION column
- Subscriber's benefit termination date
- For Life products, employees must be given the opportunity to convert their life insurance, but must apply for the coverage within 31 days of the date their life insurance terminated.

SECTION 2 – Changes to Existing Contracts

Please use "Section 2" to reference those employees who are either adding or terminating a family member from an existing medical contract. Be sure to include a completed and signed *Membership Change* form. The following information should be completed on the *Maintenance Recap* form:

- Applicable Group Number(s)
- Current Contract Type (e.g., S=Subscriber only or 2P=Two-Party Contract)
- New Contract Type: If the dependent change affects the contract type, the "new" contract type should be listed in this column (e.g., S=Subscriber only or 2P=Two Party Contract, Fam=Family, etc.).

If the requested dependent change does not affect the contract type status, you could be referencing the same contract type in both the Current and New Contract Type columns (i.e., Adding a new dependent to an existing family party contract – The "current" contract type is FAM and the "new" contract type is also FAM). Please refer to the Contract Type legend, which appears in the lower right-and corner of this form.

This section can also be used to communicate life insurance changes (e.g., contract type, salary/class amounts/code).


SECTION 3 – COBRA Enrollment/Termination

Note: COBRA participants are not eligible for Life products.

Please use "Section 3" when reporting new enrollments or terminations pertaining to COBRA. When completing this section of the form, please follow the same instructions documented for Section 1-New Employees and Terminations.

NOTES – SPECIAL SITUATIONS

For your convenience, we have provided an area on this recap form for special communication with our Membership and Billing department. Please use this notes section for comments you think might clarify any special membership situation(s). Please print the full name of the person who completed the *Maintenance Recap* form and his or her telephone number, so we may call if necessary.

	<p>COBRA Enrollment Form Federal COBRA/Cal-COBRA</p> <hr/> <p>INSTRUCTIONS</p> <p>Please read carefully and provide all applicable information. Your signature is required. Return the completed form to your employer.</p> <p><small>Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are Independent Licensees of the Blue Cross Association. Medical and Dental coverage provided by Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company. Vision plans offered by Anthem Blue Cross Life and Health Insurance Company. © The Blue Cross name and symbol are registered marks of the Blue Cross Association. © ANTHEM is a registered trademark. © Lumenos is a registered trademark. anthem.com/ca</small></p> <p>EMPLOYEE COPY - Retain the canary copy of this form for your records. GC4110 Rev. 7/09</p>
---	--

Enrollment and Change Forms

Use the *Group Membership Enrollment* form to enroll new members and the *Group Membership Change* form to report updates to existing membership information. A supply of the most current *Group Membership Enrollment* and *Change* forms can be obtained by contacting your Anthem Blue Cross Sales Representative.

Please note that monthly maintenance changes should be submitted separate from your premium remittance.

Any and all completed enrollment forms and change forms should be attached to a completed *Membership Recap* form and mailed to:

Anthem Blue Cross
Attention: Your Assigned Membership
Premium Specialist
P.O. Box 629
Woodland Hills, CA 91365-0629

The above maintenance mailing address is pre-printed on the *Group Membership Maintenance Recap* form.

General Terms

GROUP NUMBER – Group numbers have recently changed and are now 10-digits long:

1. First six digits denote the **Case Number**
2. Seventh digit denotes the **Product**
 - M – PPO/FFS or other noncapitated medical products
 - H – HMO/POS or other capitated medical products
 - 0 (zero) – all other products
3. Eighth through tenth digits denote **Suffix Number**

Example:

Case Name: XYZ Corporation

Case Number: 150123

Products Purchased: Anthem Blue Cross HMO,
Prudent Buyer Medical and
Prudent Buyer Dental PPO

The Group Number structure for the products purchased in the example above would be:

- 150123H001 – Anthem Blue Cross HMO (Active Employees)
- 150123H002 – Anthem Blue Cross HMO (COBRA Participants)
- 150123M001 – Prudent Buyer Incentive (Active Employees)
- 150123M002 – Prudent Buyer Incentive (COBRA Participants)
- 1501230001 – Prudent Buyer Dental (Active Employees)
- 1501230002 – Prudent Buyer Dental (COBRA Employees)

Product Type Codes

These codes are used to denote the type of product/s purchased.

BADD	AD&D	FSO	51-250 FFS \$1000 DED
BADS	ADD&D – Standalone	FSPI	FFS Hospital/IPBP Incentive Professional
BCMC	Anthem Blue Cross PPO (non-California resident) Incentive – Multi-Choice 51-250	FST	51-250 FFS \$250 DED
BCPI	Anthem Blue Cross PPO (non-California resident) Incentive – PPO Network	IACB	Industry Advantage Anthem Blue Cross HMO Plus (PBP Portion)
BCPI	Anthem Blue Cross PPO (non-California resident) Incentive – Traditional Network (PAR)	IACC	Industry Advantage Anthem Blue Cross HMO
BCPP	Anthem Blue Cross PPO (non-California resident) Plus	IACP	Industry Advantage Anthem Blue Cross HMO Plus (HMO Portion)
BHA	Behavioral Health Program (Standalone)	INRX	Insurx Standalone
BLFE	Basic Life – Term	LFE	Basic/Dependent Whole/Universal Life Insurance
BLOP	Anthem Blue Cross Life and Health Insurance Company Lease O/O/S PPO	MCAL	Medi-Cal
CALC	California Care	MCLL	LA County – Medi-Cal
CALP	California Care Plus (HMO Portion)	MCOP	Cal-Optima – Medi-Cal
CALR	California Care – Rural Network	MRKD	Medicare Risk/With Dental Coverage
CALT	Tenet HMO	MRSK	Anthem Blue Cross HMO Medicare Risk
CCDC	Anthem Blue Cross HMO Durational Cap Arrangement	MSFP	Medicare Sup FFS Hosp/PBP Plus Profess
CCGV	Anthem Blue Cross HMO Saver Non-Durational Cap (Group)	MSLP	Medicare Select II and Plus
CCPB	Anthem Blue Cross HMO Plus (PBP Portion)	MSPP	Medicare Supplemental PBP Plus
CCPR	51-250 Anthem Blue Cross HMO Preferred Rating	MSUP	Medicare Supplement (FFS)
CCSD	51-250 Anthem Blue Cross HMO Saver – Durational Cap	NPDN	O/O/S PPO Dental – Incentive Arrangement
CCSR	51-250 Anthem Blue Cross HMO Standard Rating	NPDP	O/O/S PPO Dental – Plus Arrangement
CCSV	51-250 Anthem Blue Cross HMO Saver Non-Durational Cap	OOSF	Out Of State FFS
CCX	51-250 Anthem Blue Cross HMO Plan CS-C	PBCC	Stanford Student Cardinal Care
CCXR	51-250 Anthem Blue Cross HMO Plan CS-C – Rural Network	PBCF	51-250 PBP Classic \$500 DED
CCZ	51-250 Anthem Blue Cross HMO Plan LS-C	PBCI	PBP Classic and Incentive Combo
CCZR	51-250 Anthem Blue Cross HMO Plan LS-C – Rural Network	PBCO	51-250 PBP Classic \$1000 DED
CEDP	Anthem Blue Cross HMO Plus-Cedars Sinai (Spec Enroll)	PBCT	51-250 PBP Classic \$250 DED
CSDR	51-250 Anthem Blue Cross HMO Saver – Durational Cap - Rural	PBEX	Anthem Blue Cross PPO Exclusive – EPO
DCDN	Anthem Blue Cross PPO Choice Dental – HMO Arrangement	PBIF	51-250 PBP Incentive \$500 DED
DCPB	Anthem Blue Cross PPO Choice Dental – PB Arrangement	PBIO	51-250 PBP Incentive \$1000 DED
DFXX	51-250 1993 FFS Dental	PBIT	51-250 PBP Incentive \$250 DED
DFZZ	51-250 1994 FFS Dental	PBPC	PBP Classic
DLFE	Dependent Life – Term	PBPI	PBP Incentive
DNBP	Dental EPO	PBPP	PBP Plus
DNBP	Dental Net	PBSD	UCSD Anthem Blue Cross PPO
DNPC	PBP Dental Classic	PBTN	Tenet PPO
DNPI	PBP Dental Incentive	PCFF	PBP Classic Hosp/Foundation FFS Profess
DNPP	PBP Dental Plus	PCFS	PBP Classic Hosp/FFS Profess
DNXX	51-250 Dental Net	PCMC	51-250 PBP Classic Copay
DRG	Drug Standalone (PCS or Paid)	PCPI	PBP Classic Hosp/PBP Incentive Profess
DSDP	Dental Savings Plus II	PCPR	51-250 PBP Classic Preferred Rating
EAP	Employee Assistance Program (Standalone)	PCSR	51-250 PBP Classic Standard Rating
FDEN	Fee For Service Dental	PIFF	PBP Incentive Hops/FFS Profess
FEPI	FEP Members	PIFS	PBP Incentive Hops/ FFS Profess
FFFP	FFS Foundation using LA Pricing	PIMC	51-250 PBP Incentive Copay
FFS	Fee For Service	PIPP	PBP Incentive Hosp/PBP Plus Profess
FFSD	Fee For Service Dental Foundation Pricing	POS	Point Of Service (Anthem Blue Cross Plus)
FFSF	Fee For Service Foundation	POSB	Point Of Service (Anthem Blue Cross Plus) - Bus Health Alliance
FPBI	Foundation PBPI Special Pricing Santa Clara	POSM	Point Of Service (Anthem Blue Cross Plus) - Mainland Company
FSA	Flexible Spending Account	POSR	Point Of Service (Anthem Blue Cross Plus) - Rural Network
FSAD	Flexible Spending Accounts – Dependents	POST	Tenet Point of Service
FSF	51-250 FFS \$500 DED	POSV	Chevron Point Of Service
		PPFF	PBP Plus Hosp/Foundation FFS Profess
		PPFS	PBP Plu Hosp/FFS Profess
		PPTN	Tenet Plus
		VIS	Vision Standalone
		WRKC	Worker's Compensation

Eligibility Adjustment Codes

These codes are used to denote the type of activity that was processed by our Membership and Billing Department after receiving reported changes to your existing eligibility information. When applicable, the various codes listed below will also appear in the “Eligibility Adjustments” section of your Group Billing Statement.

- ADD – New Subscriber Enrollment - This adjustment code also includes subscribers who have been re-enrolled (a lapse in coverage exists).
- REINST – Subscriber Reinstated (NO lapse in coverage)
- TERM – Subscriber’s Contract Terminated
- ADDDEP – New Dependent Addition - This adjustment code also includes dependents who have been re-enrolled (a lapse of coverage).
- TRMDEP – Dependent(s) Terminated
- REIDEP – Dependent(s) Reinstated (NO lapse in coverage)
- EFFCHG – Effective Date Change

We hope you will find this information helpful. If you need further assistance, please contact your Anthem Blue Cross Service Representative or your assigned Premium Specialist.