

# Blue Cross Blue Shield of Michigan

## Individual Business - Plus Products

### Frequently Asked Questions

March 26, 2009

Question No	Topic	Questions	Answer
1	Benefits Waiting Period	Does the preventive benefit waiting period apply to GC policies?	Benefit waiting periods will be waived with proof of creditable coverage.
2	Benefits Urgent Care	Is there a maximum on urgent care visits?	No.
3	Benefits Vision	Does the 90 benefit waiting period apply to the New Preventive Vision program?	It does not apply to vision.
4	Benefits Adding Member	What date is used to determine effective date of spouse or family member for pre x and benefit waiting period?	The substantially completed application date (SCAD) will be used as the effective date of the addition if added within 30 days of the event. If after 30 days, the date of the phone call or the date the change of status form is received.
5	Benefits Emergency Services/Urgent Care	How does the flat dollar co pay for Emergency Services and Urgent Care work on ICBlue Plus and Flexible Blue II?	<p>For ICB+, the flat dollar co pay will never contribute to the deductible or the annual co pay maximum. Members will pay the flat dollar co pay for emergency services and urgent care even if they have met their deductible and annual co pay maximum.</p> <p>For FBII, the flat dollar co pay will contribute to the deductible until the member's deductible has been met. If the deductible has been met, the flat dollar co pay will contribute to the annual co pay maximum. Once the annual co pay maximum has been met, a flat dollar co pay for emergency services or urgent care will no longer be imposed.</p>

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6	Benefits HSA Carryover	Are you allowed to carryover deductibles and co pays from a non HSA-qualified product to an HSA-qualified high deductible health plan during a given calendar year?	It is allowable to carry over deductibles and copays from a non-HSA qualified plan to an HSA-qualified plan if two conditions are met. Member must be switching from a lower deductible product to a higher deductible product. And, the carryover must occur during a given plan (calendar) year. Deductibles will reset January 1 regardless of when the subscriber enrolled. There is no 4 <sup>th</sup> quarter carryover. Recall: plan changes may only be made at anniversary date.
7	Benefits Maternity	Does pre-existing waiting period and benefit waiting period apply to an adopted new born?	Yes they do.
8	Billing ACH	If a person chooses monthly or bi-monthly billing, they are required to enroll in ACH. If the person does not have an active bank account, what are their options?	The subscriber will have to choose a quarterly billing frequency in order to have their bills mailed. No exceptions will be made.
9	Billing ID Cards	When will my customer receive their ID card?	ID cards will be mailed to customers within 2 business days of the application is approved by Underwriting.
10	Billing Payments	How much of my premium do I have to pay in order for my contract to remain active and allow for claim payments?	You must pay 95% or more of your balance due in order for your contract to remain active and have claims paid. The remaining amount due will be included on the subscribers next billing invoice.
11	Billing Who can pay?	Our certifications state that a subscribers premium payment can be made by the subscriber, a member on the contract, a blood relative or a guardian. Will Underwriting deny the application if anyone else is making the payment?	We will investigate the contract if we see that a provider, medical facility, group or organization is making premium payments on behalf of the subscriber.
12	Commissions Adjustments	If Underwriting determines the information provided by the applicant was misrepresented, will the commission level be changed to reflect a new risk rating.	Yes. A new risk level will be applied to the contract and commissions will be adjusted retroactively to the coverage effective date.

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13	Commissions Commission Level	How will an agent know what commission level is assigned?	Your managing/general agent will be receiving this information on a regular basis. In addition, you can find the commission level on BCBSM's on-line enrollment application on the summary application page.
14	Commissions Commission Level Calculation	How will the commission level be determined? At a contract or member level.	The commission level of each member will be assigned and then averaged to determine the commission level of the contract.
15	Commissions Health Questions	If the subscriber refuses to answer the medical questions how does it affect commission?	If a consumer chooses not to answer the health questions we will automatically apply a level C commission rate.
16	Membership Product Changes	Can I change my customer from a closed My Blue product to a new product?	Your customers can change to the new Plus Products upon their anniversary date.
17	Membership Product Changes	If I am enrolled in a closed product with an effective date other than the 1st or 15th, what will be my new product effective date?	Product change effective dates are based on the receipt date of the change of status form. Receipts from the 1st to the 14th will be effective on the 15th; receipts from the 15th to 31st will be effective on the 1st.
18	Underwriting Application	Will the person's height and weight impact their premium?	Information provided by the application relative to their height and weight will not impact the subscribers rate.
19	Underwriting Application	Why is BCBSM asking personal questions on the application (ethnic, salary, etc.)?	These are optional questions and will not be used to assign commission level. This will assist our marketing area in knowing who are customers area and to support future marketing efforts.
20	Underwriting Cancellation Policy	Has the policy for cancelling an individual MyBlue contract changed?	No, cancellations will continue to be effective the end of the billing cycle after subscriber notifies BCBSM. The only exception would be Blue (Individual) to Blue (Group).
21	Underwriting Change in contract membership	Under what circumstances would we allow a spouse or remaining family member to stay in a closed product.	We will allow a spouse or family member to remain in a closed product if the qualifying event is due to death or if the subscriber becomes eligible for Medicare and is remaining Blue (enrolling in Medicare Plus Blue or Medigap).

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22	Underwriting Drivers License	If a subscriber has just moved from another state and they don't have a Michigan Drivers license yet, how should the application be completed? Will it allow a non Michigan number and state of issue?	You must have a Michigan drivers license or Michigan State Identification in order to apply for BCBSM individual coverage. This must be a permanent drivers license, not a temporary license.
23	Underwriting Eligibility	Can an employer pay for any percentage of the premium?	No, the employer cannot pay or reimburse the member for any of the premium for individual coverage.
24	Underwriting Group Conversion Eligibility	If a person is Group Conversion eligible can they enroll in an Individual product (they want IC Blue Plus but is not offered to GC) and still get their pre-x waived?	A person can enroll in an Individual product if they are Group Conversion eligible and get their pre-x waived ONLY if they meet all HIPAA guidelines. This means that they must elect and exhaust COBRA if it's offered.
25	Underwriting Group Conversion Eligibility	If a subscriber eligible for Group Conversion chooses to enroll in an Individual product (non-group) will we align their effective date with the date they lost group coverage?	No. Subscribers enrolling in an Individual product (non-group) will always have a future effective date even if they are HIPAA eligible. If a member chooses to waive their GC rights then they are subject to all Individual Underwriting guidelines.
26	Underwriting Health Question Details	What type of details are required in the "detail" section of the health questions? Can the application be denied if an underwriter doesn't feel the details are sufficient?	The application will not be denied due to insufficient detail on a health condition. BCBSM is only gathering this information to promote our Care Management program to subscribers who may currently be receiving treatment for these conditions. Suggested information to be completed in the detail section may be a further description of the condition, date of onset and are you currently being treated and what is the treatment.
27	Underwriting Interplan Transfers	If a subscriber is deemed eligible for an inter-plan transfer will we waive pre-x and will we align their effective date with loss of group coverage from the other plan? If the subscriber has individual coverage with another plan will we waive pre-x and align their effective dates?	The rules for inter-plan transfers are dictated by the Blue Cross Blue Shield Association. Pre-x is always waived. In order to qualify they must use the inter-plan process. The Blues plan they are with MUST initiate the transfer in.

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28	Underwriting Membership Changes	If a subscriber is enrolled in a closed product and later wants to add a child who is under 18, will she be able to?	No. Under special circumstances, this would be reviewed by underwriting and additional documentation would be required.
29	Underwriting New HIPAA Law	Has BCBSM changed their HIPAA criteria to incorporate the 9 month period defined in the new laws?	BCBSM has not yet changed any policy regarding HIPAA and the new laws. A consumer must exhaust 18 months of COBRA before being eligible for having pre-x waived.
30	Underwriting Option Change Anniversary date	If a subscriber changes from Value Blue to IC Blue Plus what will be their anniversary date?	The anniversary date will be the new product effective date.
31	Underwriting Option Change Anniversary date	What time frames does a member have when making a product change on their anniversary date?	We will allow a 30 day window before and after the anniversary date for the member to submit their change of status form.
32	Underwriting Plan Changes	Will subscribers be given a "special election period" to change into a new plan rather than waiting until their anniversary date?	Yes, the subscriber is allowed to make a plan change when there is a rate increase which does not include a age or subsidy reduction.
33	Underwriting Premium Payments	Can a subscriber utilize their pre-tax dollars - "premium only" option under an HRA to pay for the premium (assuming they pay with a personal check and the payment does not come from a TPA)?	No