



Reference Guide to Billing Preferences (1-50 Employees)

Fully Insured Small Groups (1-50 employees) – Existing and New

Background

Premium rates for all Blue Cross and Blue Shield of Illinois (BCBSIL) small group (1-50 employees) metallic plans (medical and dental) include two billing options:

- Individual age-rated billing
- Composite-rated billing

Premium rates for composite billed metallic plans are tiered by subscriber participation:

- EO – Employee Only
- ES – Employee +Spouse
- EC – Employee +Child(ren)
- EF – Employee +Family (Spouse with children)

Availability

ACA Composite-rated billing is available for accounts that select (new accounts) or renew (existing accounts) ACA/ metallic benefit plan options.

IMPORTANT: Billing Rules

1. Composite-rated billing will be effective for 12 months.
2. Only one billing selection is allowed per account.
3. Accounts on Metallic Plans may not select a combination of both age- AND composite-rated billing.
4. For existing accounts, composite-rated billing is only available at the time of the account's renewal.
5. If an account selects composite-rated billing for their medical plan, composite-rated billing will also be applied to the account's dental plan (if applicable).
6. Upon acceptance of composite rates, an account's billing method cannot be changed until the account's next renewal.
7. If an account is moving to a metallic plan from GF/GM/TP2, the metallic plans will default to age-rated premiums.

Paperwork and Submission Requirements

Existing Business – Renewals

- An existing group renewing with no plan changes will only need to submit the *Billing Method Declaration Form* if they select a different billing method from the prior year (all fields must be completed). Submit forms to: SMGRP1@bcbsil.com or FAX to 312-946-3688
- If the **existing account** selects age- or composite-rated billing with policy and/or plan changes, a *Benefit Program Application (BPA)*, to make an Anniversary Date change, and/or a BPS, which includes the billing method options (age- or composite-rated), are required. Please submit signed, completed forms to SMGRP1@bcbsil.com or FAX them to 312-946-3688. Incomplete forms will be returned and processing delays may occur.
- Renewing business paperwork must be submitted at least 30 days in advance of the group's renewal date.

New Business

- New enrolling accounts will be required to select either the age- or the composite-rated billing option on the Benefit Plan Selection (BPS) form. The BPS should be submitted along with other documents (for example, the BPA) for new enrolling accounts.

Frequently Asked Questions:

General

Q1: What billing options are available?

A1: New and renewing groups have two billing options available for ACA/Metallic medical and dental plans: age- and composite-rated billing.

Q2: What are the composite rate tiers?

A2: Employee Only (EO)
Employee + Spouse (ES)
Employee + Children (EC)
Employee + Family (EF)

Q3: How can an account select a billing method (age- or composite-rated billing)?

A3: Existing groups with ACA/metallic plan(s) must complete and return the *Billing Method Declaration Form* or the *Benefit Plan Selection* (BPS) form to us. **If neither form is submitted with the field indicating the billing preference (age- or composite-rated billing), the account will default to the existing billing method.**

If an existing account is selecting composite-rated billing AND making plan changes, the *Benefit Program Application* (BPA) and/or *Benefit Plan Selection* (BPS) form are also required.

Q4: If my existing group already has composite-rated billing with its ACA/metallic plans, will the form still be required to select composite-rated billing?

A4: No. If your group previously selected composite-rated billing with its ACA/metallic plans at renewals, the group will renew with composite-rated billing. There is no need to submit the form again if the group wishes to remain composite-rated.

Billing Rules

Q5: Is composite-rated billing available for current ACA/metallic plans and how long is it effective?

A5: Yes. Composite-rated billing for ACA/metallic plans is available at the time of the account's renewal. The rates are effective for 12 months.

Q6: Can an account select a combination of age- AND composite-rated billing?

A6: No, an account may only select one billing method for ACA/metallic plans. This includes stand-alone dental, if the group is also enrolled in a dental plan. *Note: Accounts that have Grandfathered and ACA metallic plans can also select composite-rated billing. The Grandfathered billing method will not be affected.*

Q7: How will selecting composite-rated billing impact new accounts' billing statements?

A7: The composite-rated billing will be based on final plan selections and member enrollment.

Q8: For existing business, can accounts request new renewal rates if enrollment has changed?

A8: No, the composite-rated premiums in the renewal exhibit for current and alternate plans will be the final composite-rated premiums and are not subject to change; no exceptions.

Q9: What if my group decides that it wants to move to composite-rated billing after it has renewed with the individual age-rated billing option?

A9: If a group decides to change to composite-rated billing after they have renewed, an [Anniversary Date change](#) is required. An Anniversary Date change will include a re-rate. The same applies to new business that decides to move from individual age- to composite-rated billing after the effective date. Final rates are based on enrollment at the requested effective date, as member census and ages may change.

Paperwork Requirements

Q10: How does an existing account select composite-rated billing?

A10: Submit a *Billing Method Declaration Form* or BPS form if the existing account elects composite-rating billing. If neither form is returned, the account will continue with its current billing method (the method in force before renewal).

Q11: How does a new account select age- or composite-rated billing?

A11: The BPS includes a section to elect age- or composite-rated billing.

Q12: How can I access the *Billing Method Declaration Form*?

A12: The form will be included in existing account renewal materials. It will also be available on BAP and Blue Access for EmployersSM (BAESM).

Q13: When is the *Billing Method Declaration Form* due?

A13: For renewing business, the form and all associated paperwork are required to be submitted together and are due 30 days before the account's renewal date.

New business requires the form and all associated paperwork to be received by the last business day of the month before the effective date.

Blue Directions for Small Business

Q15: How will Blue Directions for small business be affected by composite-rated billing?

A15: There will be no significant process/administrative changes to Blue Directions. Adjusted composite-rated billing for ACA/metallic plans will be provided in real-time through the Blue Directions portal.

Questions

Questions related to the billing preference options for Affordable Care Act/metallic plans, should be directed to your producer or Illinois Small Group Account Management Unit for more information. [Email](#) or call 855-649-9653.