FREQUENTLY ASKED QUESTIONS
and HOW TO’S!

Q1. How can I print off a temporary ID card for my client? The only carrier that gives you access to member temporary ID cards is BCBSIL. Members also have the ability to pull temporary ID cards for themselves by logging into the carriers’ member portals. For BCBSIL group clients, you can access ID cards by logging into Blue Access for Producers and for BCBSIL individual qualified health plan clients, you can locate temp ID cards via the Retail Producer Portal. For instructions on how to log onto the carrier websites’, please visit the Register for Access section of the Flex Support Guide.

Q2. What is the BCBSIL Vision Discount program? Is the client charged for this? BCBSIL group and individual plans automatically come with their vision discount program through Davis Vision, free of charge. Members can search for vision providers by using the Provider Finder function (see section “Find a Provider” here- http://www.flexiblebenefit.com/producers/resources/support-guide). Vision Discount Brochure

Q3. My client is making a plan change mid-year. Does the deductible that has been met so far by the members transfer over to the new plan? If the group makes a plan change and members move to the new plan design, they will receive deductible credit for any amount they have met during the year. For example, a member moves from a PPO plan with $2,500 deductible to an HDHP plan with $5,000 on 7/1/14. She met $1,800 of her deductible on the PPO plan. That amount will carry over to the new HDHP, so she will only have $3,200 remaining for the calendar year.

NOTE – Deductibles run calendar year and reset on January 1st. UHC does allow for “Plan Year” deductibles. This option will be chosen on the master application.

Q4. What is needed to add a newborn to a policy? The following table will address how a newborn can be added to his/her parent’s policy. The baby’s effective date will be the date of birth:

<table>
<thead>
<tr>
<th>CARRIER</th>
<th>INDIVIDUAL (ACA compliant plans)</th>
<th>GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>An application and birth certificate must be submitted to Aetna within 60 days of the baby’s date of birth.</td>
<td>Employee must complete an application and submit it to Aetna within 30 days of the baby’s date of birth. Baby can also be added online via Aetna’s eBusiness.</td>
</tr>
<tr>
<td>BCBSIL</td>
<td>An application must be submitted to BCBSIL within 60 days of the baby’s date of birth.</td>
<td>Employee must complete an application and submit it to BCBSIL within 30 days of the baby’s date of birth. Baby can also be added via Blue Access for Employers.</td>
</tr>
<tr>
<td>UHC</td>
<td>An application must be submitted to UHOne within 30 days of the baby’s date of birth.</td>
<td>Employee must complete an application and submit to UHC within 30 days of the baby’s date of birth. Baby can also be added via Employer eServices.</td>
</tr>
</tbody>
</table>
Q5. How do I find my BCBSIL individual client’s group number if they haven’t received their ID cards yet?

View BCBSIL 2016 On and Off Exchange Group Numbers

You can also view the client’s group number on the BCBSIL Producer Portal under the “Advanced Search” function.

Q6. What benefits does a member have while traveling outside of the country?

Aetna and UHC will only provide coverage for emergency benefits while a member is outside of the country.

The BlueCard Program is BCBSIL’s program for PPO members who are traveling outside of their home state and internationally with access to their same in-network benefits. Members have access to doctors and hospitals in more than 200 countries and territories around the world through the BlueCard Worldwide program.

View BlueCard Worldwide Brochure

Members can search for providers outside of the U.S. by using the Provider Finder function on BCBS’s website.

Q7. What are the 2016 Health Savings Account (HSA) Contributions Limits?

<table>
<thead>
<tr>
<th>Contribution Limits</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Coverage</td>
<td>$3,350</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$6,750</td>
</tr>
<tr>
<td>Age 55+ catch-up contribution</td>
<td>Additional $1,000</td>
</tr>
</tbody>
</table>
Q8. How To find the new hire waiting period for your Aetna group!

1. Go to www.aetna.com and login as a producer.

2. Once you’re logged in click on “Small Group” located at the top of the page.

3. Next, click on “eBusiness” under the “Quick Links” tab.
4. Type in the name of the group you need to confirm the waiting period for and hit search.

5. Click on “Enrollment” under “Connect me to” on the right hand side of the page.

4. Next, click on “Group Settings” which is located on the left hand side of the page.

5. Click on the box that says “Download Report”.

(continued)
6. You will be able to save and open up the report which shows the new hire waiting period.

**New Hire Rules**

**MEDICAL 12/01/2015 - 11/30/2016**

- **Sponsor Product:** IL OAMC HSA Comp $3,500 90/70 (08/12)
- **Benefit Element:** - Any
- **Initial Eligibility Wait Period:** 30 Day(s)
- **Benefit Effective Date:** On the 1st of the month upon satisfaction of wait period.

Q9. How To find the rate tables for BCBS Metallic Plans!


2. Click on the “Group” icon on the left hand side of the page.

The information provided in this document is based on the information available as of the revision date of this document, and is not intended to be legal or tax advice.
3. Click on “Plan Benefits & Rates” under the Group Tools.

4. Next, select the effective date for the rate table and enter in the employer’s zip code. County should automatically populate. If the zip code is affiliated with more than one county, then you will need to select which county the company resides in. Finally, hit search.

5. You will be able to select up to five rate tables and have those emailed to yourself or your group.
Q10. How To look up rates for an existing BCBS group in BAE and BAP!


2. Click on Blue Access for Employers on the upper right hand side of the page.

3. Enter in the name of the group you are looking to obtain rates for and then click on account name.

4. Click on “View Health Plans” under account summary.

5. You will see the medical/dental plans listed for your group. Click on the plan that you need rates for and hit display.
6. Scroll down towards the bottom of the page and you will see the rates for your group.

<table>
<thead>
<tr>
<th>Age</th>
<th>Total Monthly Health Cost*</th>
<th>Age</th>
<th>Total Monthly Health Cost*</th>
<th>Age</th>
<th>Total Monthly Health Cost*</th>
<th>Age</th>
<th>Total Monthly Health Cost*</th>
<th>Age</th>
<th>Total Monthly Health Cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>$235.69</td>
<td>21</td>
<td>$271.68</td>
<td>22</td>
<td>$371.17</td>
<td>23</td>
<td>$371.17</td>
<td>24</td>
<td>$371.17</td>
</tr>
<tr>
<td>26</td>
<td>$300.08</td>
<td>27</td>
<td>$306.89</td>
<td>28</td>
<td>$403.46</td>
<td>29</td>
<td>$415.34</td>
<td>30</td>
<td>$421.28</td>
</tr>
<tr>
<td>32</td>
<td>$439.10</td>
<td>33</td>
<td>$444.66</td>
<td>34</td>
<td>$450.60</td>
<td>35</td>
<td>$453.57</td>
<td>36</td>
<td>$456.54</td>
</tr>
<tr>
<td>38</td>
<td>$462.48</td>
<td>39</td>
<td>$468.42</td>
<td>40</td>
<td>$474.36</td>
<td>41</td>
<td>$483.27</td>
<td>42</td>
<td>$491.80</td>
</tr>
<tr>
<td>44</td>
<td>$518.53</td>
<td>45</td>
<td>$535.97</td>
<td>46</td>
<td>$555.76</td>
<td>47</td>
<td>$580.14</td>
<td>48</td>
<td>$605.87</td>
</tr>
<tr>
<td>50</td>
<td>$652.91</td>
<td>51</td>
<td>$692.24</td>
<td>52</td>
<td>$724.53</td>
<td>53</td>
<td>$757.19</td>
<td>54</td>
<td>$792.45</td>
</tr>
<tr>
<td>56</td>
<td>$855.95</td>
<td>57</td>
<td>$904.55</td>
<td>58</td>
<td>$945.75</td>
<td>59</td>
<td>$966.16</td>
<td>60</td>
<td>$1,007.36</td>
</tr>
<tr>
<td>62</td>
<td>$1,066.38</td>
<td>63</td>
<td>$1,095.70</td>
<td>64</td>
<td>$1,113.51</td>
<td>65-120</td>
<td>$1,113.51</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q11. How To download an SBC for an existing BCBS in BAE/BAP!


2. Click on Blue Access for Employers on the upper right hand side of the page.
3. Enter in the name of the group you are looking to obtain the SBC for and then click on the account name.

4. Click on “View Health Plans” under account summary.

![Account Summary](image)

5. You will see the medical/dental plans listed for your group. Click on the plan that you need the SBC for and hit display.

![Account Summary - Health Plans](image)

6. You will see a PDF icon for the SBC in English and Spanish.

![Summary of Benefits and Coverage](image)

Click on the version you need to download. If the SBC is unavailable then please send an email to the BCBSIL stockroom at Stock_Request@bcbsil.com and include the name and account number for the group. They will send you a copy of the SBC.
Q12. How-To confirm if a group offers domestic partner coverage!


2. Click on Blue Access for Employers on the upper right hand side of the page.

3. Enter/find the group you are looking to see if they offer domestic partner coverage and hit “find.” Then, click on the account name to open group’s account page.
4. Click on “View Health Plans” under account summary.

![Account Summary]

5. Hit “Display” under the plan name.

![Account Summary - Health Plans]

6. Scroll towards the bottom of the page until you get to the “Eligibility” section. If your group offers coverage for domestic partners then you will see a line entry to this effect under the eligibility section.

![Eligibility]

<table>
<thead>
<tr>
<th>Member Type</th>
<th>Effective Date</th>
<th>End Date</th>
<th>Age Limit</th>
<th>Auto Cancel</th>
<th>Cancellation Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>11/01/2011</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>11/01/2011</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Dependent Child</td>
<td>11/01/2011</td>
<td>26</td>
<td>Yes</td>
<td>End Of The Billing Month</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>11/01/2011</td>
<td>26</td>
<td>Yes</td>
<td>End Of The Billing Month</td>
<td></td>
</tr>
<tr>
<td>Disabled Dependent</td>
<td>11/01/2011</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>11/01/2011</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Civil Union Spouse</td>
<td>11/01/2011</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

If you do not see a line entry then this means your group currently does not offer coverage to domestic partners.
Q13. How To update group primary contact and address for small groups (2-50)!


2. Click on Blue Access for Employers on the upper right hand side of the page.

3. Enter/find the group you need to update the group contact and/or address for and hit “find.” Then, click on the account name to open group’s account page.
4. Click on “View Details” under Account Summary.

6. Click on “Edit” under the account details tab.

7. Enter in new contact’s information and update address if necessary, then hit “Submit”