

Group Anniversary Date Change

Producer Communication #710

Issued May 18, 2015

Message

Groups that wish to change their anniversary date must understand/agree to the impacts that occur with their benefits prior to receiving the new rates. A letter of acceptance must be signed by the policymaker to show their acceptance and understanding.

Details

Small and Mid-Market groups requesting a change in the anniversary date must submit a letter on company letterhead stating the business justification for the new anniversary date which is signed and dated by the group's policymaker. This letter is submitted by the group/producer to the CBC Account Executive. The Account Executive provides the letter to underwriting management for review.

If underwriting approves the group's request, an Anniversary Date Change Acceptance Letter (*Attachment A*) will be provided to the Account Executive to share with the producer/group. The letter outlines the conditions of the approval and the impact to the benefits offered by the group. The group policymaker must sign, date and return the form to move forward with the request and receive rates for the new anniversary date.

The Account Executive will provide the signed form back to underwriting who will in turn develop the rates, proposal document and highlight sheets reflecting the group's new anniversary date. When completed, the new anniversary date rates will be sold in the sales system and loaded into Facets.

The Underwriting Compliance Specialist will mail the new anniversary date document and highlight sheets to the group. A change in anniversary date change cover letter (*Attachment B*) will be included in the mailing.

Producers/Account Executives will have access to the sold new anniversary date proposal document and highlight sheets within Sales360°. The Underwriting Compliance Specialist will advise the Account Executive when this is available and provide a copy of the cover letter.

Producers should coordinate large group requests for anniversary changes with the group's CBC Account Executive.

Attachments

- **Attachment A** – Anniversary Date Change Acceptance Letter
- **Attachment B** - Anniversary Date Change Cover Letter

Questions

Contact your Preferred Agency with any questions. Thank you.



Date

Group Policy Maker

Group Name

Group Address

Group Address

City, State Zip

Group 005xxxxx

Dear Mr./Ms. <Policy Maker last name>:

Capital BlueCross appreciates the opportunity to serve your health and wellness needs and is pleased to be your health benefits provider. Per your request, Capital BlueCross has agreed to change the anniversary of your group's annual renewal date. Your current policy was written as a <month> renewal with <calendar/plan> year benefit administration on medical and prescription drug (Rx) coverage. You have requested to modify your renewal date to <next renewal date>.

Below is some important information to help make this transition as seamless as possible for you and your members.

Impact to benefits:

Your benefits may be mapped to new plans that match your current benefits as closely as possible. This may include changes to cost sharing (deductibles, co-pays, etc.) to match current Capital BlueCross plan designs or changes to include new mandated requirements (out-of-pocket maximum limits, Cost-of-Living Adjustments (COLA), etc.).

The new policy will have <calendar/plan> year benefit administration for medical and Rx coverage.

<If it was Plan Year, add the following sentence... No deductible credit from prior plan year or proration will apply. Your new policy will have a full 12 months of benefits beginning on your new effective date.>

Impact to rates:

Rates may increase or decrease due to a number of factors such as your group's utilization or population changes since your last renewal. Your new group rates beginning <next renewal date> will be valid for a 12 month period. If actual enrollment changes by 10 percent or more at any time during the contract year, Capital BlueCross reserves the right to adjust the rates accordingly.

Your action needed:

Please sign and return this letter to your Sales Executive or Producer. Once received, we will begin processing and implementing this change. Your renewal rates and benefits will automatically be applied as of the effective date of the new policy. If you wish to make any additional benefit changes, please request them through your Sales Executive or Producer at least 10 business days before the effective date of your new coverage period.

Please note: you will need to notify your members of the conditions listed above, and any impacts to their coverage or payroll contributions prior to the implementation of the plan changes.

We are committed to providing you and your employees with quality service and comprehensive health care coverage. If you have any questions about the above information, please contact your Sales Executive or Producer.

Thank you for choosing Capital BlueCross. We appreciate your business and look forward to continuing to serve you with excellence.

Sincerely,

Joann Wingert
Director, Actuarial Operations

cc: <group rep name>

Group Policymaker's Signature

Date: _____

Printed name



Date

Policymaker Name

Title

Group name

Street address

City, state, zip

RE: Group No. XXXXXX

Dear Mr./Ms. *policymaker last name*:

We recently received information from you requesting to change your anniversary date. We have enclosed your renewal document and highlight sheets for an effective date of _____ based on the new anniversary date.

If you have any questions regarding your corrected renewal please contact your Account Executive, *rep name* at (717) 541-XXXX.

Sincerely,

Joann Wingert
Director, Actuarial Operations

Enclosure