Composite Rate Billing Method Declaration Form
For New and Existing Fully Insured Accounts with One to 50 Employees

Effective July 1, 2016, premium rates for all Affordable Care Act (ACA)/metallic plans (including medical and dental plans) will include the option for accounts to view and be billed with a four-tier composite rate structure (Employee, Employee + Spouse, Employee + Child(ren) and Employee + Family (Spouse with children)).

For more information regarding composite rating please contact your producer or Illinois Small Group Account Management Unit.

To ensure timely processing, all fields must be completed by an authorized representative of the account.

If this form is not returned within the timeframes identified within the Reference Guide to Composite Rating, the account with ACA/metallic plans will be billed as age rated.

By completing and signing this form, the employer elects to utilize composite rate methodology for billing purposes for all group benefit plans, effective on the group’s anniversary date.

The employer understands that the selection of composite rates will be effective until the time of the account’s next renewal. The billing method can only be changed at the time of the account’s anniversary/renewal date.

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<th>Company Name</th>
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<tbody>
<tr>
<td>Account Number (Not applicable for new business.)</td>
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<tr>
<td>Authorized Employer Representative (Please print.)</td>
</tr>
<tr>
<td>Signature</td>
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<tr>
<td>Date</td>
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<td>Title</td>
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These materials are for informational purposes only and do not constitute legal, tax or compliance advice. Please consult with your legal, tax or compliance advisors.
Reference Guide to Composite Billing (One to 50 Employees)

Beginning July 2016

Background

Effective July 1, 2016, premium rates for all Blue Cross and Blue Shield of Illinois (BCBSIL) small group (1-50) metallic plans (medical and dental) will include two billing options:

- Individual age billing
- NEW! Composite 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

Composite billing is now available for accounts that select ACA/metallic benefit plan options.

To select composite billing, accounts MUST complete and submit the Composite Rate Billing Method Declaration Form to BCBSIL. If the form is not submitted, age billing will apply.

PLEASE NOTE: Upon acceptance of composite rates, an account’s billing method cannot be changed until the account’s next renewal. No exceptions.

IMPORTANT: Billing Rules

1. Composite billing will be effective for 12 months.
2. Only one billing selection is allowed per account.
3. Accounts may not select a combination of plans with age billing AND composite billing.
4. For existing accounts, composite billing is only available at the time of the account’s renewal.
5. If an account selects composite billing for their medical plan, composite billing would also be applied to the account’s dental plan (if applicable).

Paperwork and Submission Requirements

- New Business
  - If new enrolling accounts want to elect the composite billing option, the Composite Rate Billing Method Declaration Form will be required. The form should be submitted along with other documents for new enrolling accounts such as the Small Employer Benefit
Program Application. For new accounts, the account number field may remain blank on the Composite Rate Billing Method Declaration Form. (All fields must be completed.)

- To expedite your new business processing, email documents to: sgoesubmissions@bcbsil.com
- Submissions must be received two weeks prior to the effective date. We cannot accept the Composite Rate Billing Method Declaration Form unless it is submitted at the same time as the Small Employer Benefit Program Application.

- Existing Business
  - If an existing account selects composite billing for an ACA/metallic plan and has NO plan changes, the Composite Rate Billing Method Declaration Form is the only required document (all fields must be completed) and submit to: SMGRP1@bcbsil.com or FAX to (312) 946-3688
  - If the account selects composite billing with policy and/or plan changes, the Benefit Program Application (BPA) and/or Benefit Plan Selection Form (BPS) along with the Composite Rate Billing Method Declaration Form are required to be submitted to SMGRP1@bcbsil.com or FAX to (312) 946-3688. If a Composite Rate Billing Method Declaration Form is submitted, all fields on the form must be completed. 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 2016 renewal date.

Questions

Questions related to the NEW Composite Rate Billing Method for Affordable Care Act/metallic plans, should be directed to your producer or Illinois Small Group Account Management Unit (email or call 855.649.9653) for more information.