

Guide to List Bill for Employers

A Billing Convenience

List bill is a premium payment method that allows one or more individuals who work for a common employer to have the premiums for individual health insurance coverage deducted from their pay and remitted to Blue Cross and Blue Shield of Illinois by that employer.

By accepting authorization to deduct and remit premiums to us, it is not your intent, nor is it the intent of Blue Cross and Blue Shield of Illinois, to establish any type of employee benefit welfare plan as defined by either federal or state law. In fact, list bill is a billing convenience only and *does not create* an employee welfare benefit plan as defined by either federal or state law for any of the individuals or their covered family members.

Each employee pays 100% of the premium. As the employer, you can not contribute to any premiums, either directly or indirectly. This includes reimbursement or adjustments to compensation. You are simply facilitating payment of the individual's personal health insurance premiums through the deduction and list bill process.

Each individual makes an independent choice of plan and benefits. You have made no recommendation or suggestion to anyone with regard to coverage choice.

ESTABLISHING A LIST BILL ACCOUNT

As an employer agreeing to remit premiums on a list bill basis, you have already completed and submitted, through your Producer, a **Personal Health Insurance Certification for Employers**. This **Certification** attests to your understanding of the guidelines (including limitations) for the payroll deduction and list bill process.

If you have any questions about Blue Cross and Blue Shield of Illinois' list bill guidelines, please contact us at **800-538-8833**. Have your "Payor Number" on hand; it is shown on the enclosed letter. We'll be happy to assist you with any questions you might have.

At this time, we recommend you begin to immediately deduct premiums from each employee who wishes to pay premiums via list bill. That way you will have assured the collection of sufficient premium in advance if and when a policy is approved. Either the employee(s) or your Producer can provide you with the premium detail that you will need to initiate this process.

Because all applications are for individual coverage and are medically underwritten, we have a duty of confidentiality to those individuals. For this reason, the only information that can be made available to you regarding these applications is the premium amount because this information is necessary to establish the payroll deduction process.

The First List Bill

At the time you completed the Personal Health Insurance Certification for Employers, you also chose to have your company's list bill due on either the 1st or the 15th of each month. If you do not recall which date you have chosen, please call us toll free at **800-538-8833**. We'll be happy to assist you.

Once one or more applications for coverage have been approved and accepted, you will receive your company's first list bill. If and when additional applications are approved, the premiums for these individuals will automatically be added to subsequent list bills to coincide with either the 1st or the 15th of the month, whichever date you have selected.

Bills are mailed approximately 25 days in advance of their due date. For example, bills due on May 1st are mailed on or about April 7th.

Your list bill will consist of two parts: a monthly account summary and an invoice. The summary is your record to keep and the invoice should be completed and returned with each month's premium payments. A sample is shown on page 3 for your information.



BlueCross BlueShield
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ADDING EMPLOYEES TO AN EXISTING LIST BILL ACCOUNT

It is not necessary to submit another Personal Health Insurance Certification for Employers form if you wish to add an employee to an existing list bill account.

Once someone has submitted an application to Blue Cross and Blue Shield of Illinois for consideration, you should begin to immediately deduct premiums from his or her paycheck. As before, doing so will help assure you have collected sufficient premiums in advance. Either the individual applying for coverage or your Producer can provide you with the premium amount.

Once the underwriting process has been completed, and if a policy is approved and accepted, we will automatically add the individual's name and premium amount to the next available list bill to facilitate payment of all future premiums. This will be done to coincide with your current billing on either the 1st or the 15th of the month.

ADJUSTMENTS TO AN EMPLOYEE'S LIST BILL PREMIUM AMOUNT

Occasionally, you may receive a notice from us indicating that an individual's list bill premium amount is changing.

If the new amount is *greater* than the current premium, and you are unable to increase the employee's deductions in time to pay the next list bill, the employee should submit a check for the difference directly to Blue Cross and Blue Shield until such time as the new payroll deduction amount is in place. The employee should include his or her policy number on their check. If you have any questions, please call us at **800-538-8833**.

If the new amount is *less* than the current premium, simply adjust the employee's payroll deduction amount downward and remit the lesser premium as shown on the next list bill.

REMOVING EMPLOYEES FROM AN EXISTING LIST BILL ACCOUNT

It may be necessary from time to time to remove an employee from an existing list bill account.

If you wish to do so, simply cross out the individual's information on your current list bill invoice and return it to Blue Cross and Blue Shield with your payment for the remaining employees.

You will also need to cease making payroll deductions at the appropriate time and coordinate any premium issues with the employee. We will contact the individual who has been removed from the bill to establish either a monthly bank draft from his or her personal account, or we will bill the employee every two months.

CHANGING YOUR COMPANY'S BILLING ADDRESS

If it is necessary to notify us of a change to your company's billing address, simply write the new address on your next list bill invoice when you pay the premium. If there isn't space on the invoice, you may include a brief note on a separate sheet of paper and include it with your next premium payment.

CANCELING YOUR COMPANY'S LIST BILL ACCOUNT

If you wish to cancel your company's entire list billing process with us, please provide 30 days advance written notice to all employees who are affected and to Blue Cross and Blue Shield of Illinois. You are responsible for coordinating any returns of premium that may be necessary with your employees. They will be offered the opportunity to change the way they pay premiums to a manner and form available at that time.

CONTACT INFORMATION

- If you have any questions, please call Blue Cross and Blue Shield of Illinois Monday through Friday, 8am to 5pm toll free at **800-538-8833**.
- Return completed invoices, premium payments, and all other written correspondence to:

Blue Cross and Blue Shield of Illinois
P.O. Box 2039
Aurora IL 60507



BlueCross BlueShield
of Illinois

Payor #: 37
Billing Date: April 24, 2000

Employee List Billing

Monthly Account Summary - Keep This Summary For Your Records

of Insureds Billed: 3

John Doe	987-65-4320-0101-3	\$91.26
Jane Smith	123-45-6780-0101-9	\$122.62
Bob Test	123-45-6788-0101-4	\$37.45
Total Premium Due:		\$251.33



Keep this copy for your records.

Payment Due Date: May 24, 2000

Amount Paid: _____

Check Number: _____

A Sample Employer
ATTN: Test
75 Executive Dr
Aurora IL 60505

Mark any changes on the enclosed **List Bill Invoice** and return it with your Premium payment to:

Blue Cross Blue Shield of Illinois

Hallmark Services Corporation
P.O. Box 2039
Aurora, IL 60507-2039

For Billing Questions, call (800) 538-8833 between 8:00am and 5:00pm

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List Bill Invoice

Return this completed invoice with a check made payable to:

Blue Cross Blue Shield of Illinois
P.O. Box 2039
Aurora, IL 60507-2039

A Sample Employer
Payor Number: 37
Payment Due Date: May 24, 2000

INSURED NAME	ID NUMBER	DUE PERIOD	BILL TYPE	PREMIUM DUE	CREDIT	TOTAL	AMOUNT REMITTED
DOE, JOHN	0987654320-0101-3	04/21 - 05/21	I	\$91.26		\$91.26	_____
SMITH, JANE	0123456780-0101-9	04/21 - 05/21	I	\$122.62		\$122.62	_____
TEST, BOB	0123456788-0101-4	04/21 - 05/21	I	\$37.45		\$37.45	_____
Total Payment Due						\$251.33	_____



Bill Type Explanation

- I - Initial Billing Notice
This insured is paid current and premium is due for the next period.
- R - Reminder Notice
This policy is past due.
A billing notice and reinstatement information has been sent directly to the insured regarding the past due status.
- T - Termination Notice
This policy has been cancelled for non-payment of premium.
A cancellation notice and reinstatement information has been sent directly to the insured regarding the policy cancellation.

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CONSUMER MARKETS

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