



C.A.R. ENROLLMENT & PAYMENT INSTRUCTIONS

For Assistance, Call RealCare Insurance Marketing at (800) 939-8088

Step 1: Calculate Rates

Medical Plans

Medical rates are based on a Medical Rating Region for each carrier. The region is determined by the county and in some cases the zip code in which the subscriber **lives**. Not all zip codes in all counties appear on the Medical Rating Region page. If your zip code does not appear on the Medical Rating Region page, contact RealCare to determine if you are eligible to enroll in a Kaiser plan.

Follow the steps below to calculate your rate:

1. Look up your county and zip code on the Medical Rating Regions page. *(If your county is included in more than one rating region, check to find your zip code to determine which rating region to use.)*
2. Find the rate table that applies to your rating region.
3. To determine the rate, look up the subscriber's age, the plan chosen and which dependents (if any) are to be enrolled. Rates are based on the subscriber's attained age as of the requested effective date; and will change effective the first day of the month following the subscriber's birthday when the attained age moves to another age category.
4. Add \$20 monthly administration fee for each month of premium submitted.

Dental/Vision/Life

The dental rates are based on the MetLife dental rating region. The rating region is determined by the county. The vision rates are not based on region but are determined by which (if any) dependents are enrolled. The life rates are based on the C.A.R. member's attained age and the amount of coverage purchased. **Note: You do not have to enroll the same family members in every plan. Follow the steps below to calculate your rate.**

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1. For Dental: Look up your county on the Dental Plans rate page. Find the rate table that applies to your rating region. Look up the rate based on the plan chosen and whether the member wants to enroll any eligible dependents.
2. For Vision: Review the Vision Plan rate page. Find the rate based on who is enrolling on the plan.
3. For Life: Review the Life Plan rate page. Find the rate based on the C.A.R. member's attained age and the level of coverage desired. (Only available to new C.A.R. members or employees. Not available to affiliate C.A.R. members.)
4. If enrolling *without medical coverage*, add monthly administration fee (see rate guide for amount)

Step 2: Complete Forms

Please note you may need to complete more than one application, depending upon the coverage you select.

All Applications

- Do not complete any shaded sections of the form.
- **Personal Data:** List yourself and all eligible dependents you wish to enroll. Make sure to include each person's date of birth and social security number (if requested), and your C.A.R. join date or hire date.
- **Requested Effective Date:** Write in the day, month and year. If enrolling outside of Open Enrollment, please see "General Guidelines" section "Special Enrollment Provision" for information on qualifying events and effective dates.
- **Adding Dependents after you enroll:** If you initially waive coverage for your dependents, they will not be able to enroll until the next Open Enrollment period unless they experience a qualifying event (See section "Special Enrollment Provision" for more information.) If coverage is desired for newborns, they must be added **within 30 days** of the date of their birth (their effective date of coverage will be their actual date of birth.)
- **Signature/Date:** The C.A.R. member must sign and date the form.

Kaiser Medical Application

- **Plan Selection:** Be sure to check the plan you want to enroll in.
- **Employee/Subscriber Information:** Enter your personal information, including your Kaiser Medical Record Number if you are already a Kaiser member. You will continue to use this number to obtain services.

MetLife Dental/Life Applications

- Use this application to enroll in either of the dental plans, life insurance on a stand alone basis, or dental and life insurance together.
- **Life Insurance Beneficiary:** ONLY complete this section if you are enrolling in the life insurance program. This coverage is only available on **a guaranteed basis to new C.A.R. members and W2 employees of C.A.R. members or local C.A.R. associations** who enroll between their 60th and 120th day of membership/employment; and who have not been hospitalized in the 90 days prior to making application. Affiliate C.A.R. members are not eligible for guaranteed life coverage but may apply for coverage with evidence of medical insurability. Those who do not qualify for guaranteed coverage must contact RealCare for a statement of health form. They will require medical history underwriting to determine if they qualify for life coverage.

MES Vision Application

- Use this application if you are enrolling in the vision plan in combination with other coverages, or on a stand alone basis.

Step 3: Calculate Initial Payment

Use the worksheet below to calculate your initial payment:

Medical Premium	\$
Dental Premium	\$
Vision Premium	\$
Life Premium *	\$
Monthly Administration Fee **	\$ 20.00
Total Due With Applications	\$
* If you do not qualify for guaranteed issued life insurance (see above), do <u>not</u> submit any life premium at this time.	
** Administration fee is lower if subscriber does not enroll in medical insurance.	

Step 4: Select A Payment Method

After the initial payment, you can either be billed monthly or pay by Automatic Premium Payment Option. Monthly invoices are generated around the 10th of the month for the following month. Premiums are due the first of the month. If you elect to pay by Automatic Premium Payment Authorization, you will need to complete the Automatic Premium Payment Authorization form and submit it with a voided check along with your initial payment. The Automatic Premium Payment will debit for all premiums and fees on the fifth of the month of coverage.

Step 5: Review & Mail Enrollment Materials & Payment

- ✓ Make your check payable to RealCare Insurance Trust Account (R.I.T.A.).
- ✓ Check your enrollment forms to be sure they are complete and have been signed.
- ✓ Submit proof of eligibility (see Eligibility Guidelines for more information).
- ✓ Submit completed Automatic Premium Payment Authorization and voided check.

<p style="text-align: center;">Mail Completed Application and Payment To:</p> <p style="text-align: center;">REALCARE INSURANCE MARKETING, INC. 19310 Sonoma Highway, Ste. A Sonoma, CA 95476</p>
