



ANTHEM BLUE CROSS – METLIFE – VSP BILLING, CANCELLATION & REINSTATEMENT POLICIES

RealCare Insurance Marketing, Inc. Billing Department: (800) 939-8088 • Fax: (707) 939-8450

If you are enrolled in an **Anthem Blue Cross** medical plan, (with or without MetLife dental or VSP vision plan or MetLife life plan), premiums are billed based on the Anthem Blue Cross-MetLife-VSP Billing Cancellation and Reinstatement Policies. If you are not enrolled in an Anthem Blue Cross medical plan, refer to the **Kaiser Permanente-MetLife-VSP** Billing, Cancellation and Reinstatement Policies.

Initial Payment

Applicants may be required to send the first two months of premium with their **initial enrollment application**.

Monthly Billing

- Bills are sent to plan members around the 11th of each month. Premiums are due by the 1st of each month for coverage beginning the next month. (For example, premiums for coverage for the month of June are due on May 1st.) If payment is not received by the 10th day following the premium due date, a late fee of \$15 will be applied. If payment is not received within 30 days of the due date, coverage will be terminated effective the last day of the month through which premiums have been paid.
- For C.A.R. members, Anthem Blue Cross rates are based on each covered family member's age, and the subscriber's zip code and county. If a covered family member has a birthday that moves him/her into the next age bracket, the rate increase will become effective on the next group policy renewal date. For W2 employees, the rates are based on each family member's age, and the employer's zip code and county.
 - If a member is added during the plan year Anthem will use the member's age as of the coverage effective date to determine the rate.
 - If a member changes addresses to a new rating region during the plan year; or makes a plan change during the year, all members will be re-rated based on the new region AND their ages as of the effective date of the change.
- Checks should be made payable to RealCare Insurance Trust Account (RITA) and remitted to 430 West Napa Street, Suite F, Sonoma, CA 95476.

Automatic Premium Payment Authorization (APPA)

Plan members electing APPA will have all applicable premiums, dues, fees and adjustments debited on the due date. If an automatic debit is dishonored, a \$25 fee will be assessed and the premium payment and applicable fees must be remitted to RITA by cashier's check or money order and received before the end of the 30-day grace period to avoid cancellation of your health care and/or insurance coverage.

Cancellation

Coverage may be cancelled for:

- ✓ Failing to pay premium and applicable administrative fees before the end of the grace period
- ✓ Providing false information about membership in C.A.R.
- ✓ Providing false information about eligibility
- ✓ Providing false information about a qualifying event
- ✓ Failing to maintain active membership in C.A.R.

Voluntary Termination

A subscriber may voluntarily cancel coverage for himself or covered dependents. A subscriber who wishes to terminate coverage for any covered person must submit the completed termination form to RealCare Insurance Marketing - available on our member website, www.RealCareOnline.com. The effective date of termination will be no earlier than the first of the month following receipt of the completed form.

Reinstatement/Re-Enrollment Policy

- Subject to approval from Anthem Blue Cross of California, a subscriber may be allowed to reinstate his/her coverage if the subscriber submits a cashier's check or money order for all premiums, dues and administrative fees due, plus a \$25 fee for the first reinstatement and \$50 for subsequent reinstatement, payable to RealCare Insurance Trust Account, (RITA). If a reinstatement request is approved by Anthem Blue Cross of California, coverage will be reinstated effective as of the cancellation date.
- If your **medical** coverage is not reinstated, you may be eligible to re-enroll at the next Open Enrollment or within 60 days of a qualifying event. If your **life** coverage is not reinstated, you may be eligible to re-enroll; however medical underwriting will be required and coverage is not guaranteed. If your **dental or vision** coverage is terminated for any reason, you may be eligible to re-enroll at the first Open Enrollment following a thirteen month waiting period or within 60 days of a loss of other coverage. You will be required to pay all unpaid premiums, dues and fees at the time of enrollment.
- No lapses in coverage between the cancellation date and the reinstatement date are allowed.
- If your coverage is not reinstated, please contact RealCare to review your health care coverage options.

Amendment or Termination of the Plan

The California Association of REALTORS® intends to continue the Plan described within this summary, but reserves the right to amend or terminate the Plan at any time and for any reason. In addition, the carrier reserves the right to terminate the Plan at the end of the policy year.