

# Rating, Billing, Cancellation & Reinstatement Policies

## General Rating Rules

### Member Level Rating

In accordance with the Affordable Care Act guidelines, for C.A.R. members, both Kaiser and Anthem rate each covered family member based on the home zip code for the family, and the age of the covered individual. Note: For W2 employees, Anthem rates the employee and each family member based on the employer's zip code.

- Kaiser calculates rates on the age of each covered family member as of the policy renewal date (January 1<sup>st</sup>)
- Anthem Blue Cross calculates rates on the age of each covered family member as of the coverage effective date.
- Rates are re-calculated for all members on the policy renewal date, January 1<sup>st</sup>.
- When calculating rates for a family:
  - For children under 21, include a rate for only the three oldest children.
  - For children 21 and older, include a rate for each child separately.

### Maximum Eligibility Age for Dependents: Medical, Dental and Vision Plans

The maximum age for a dependent child on the medical, dental and vision plans is age 26. Please read the *Who is Eligible* section in the *General Guidelines* document included on our website for additional details or call RealCare at 1-800-939-8088.

## MetLife Dental, Vision, Life and Voluntary AD&D Rating & Billing

### Rates

- For C.A.R. Members or W2 employees, dental and vision rates are based on the plan selected, the member's county, and the family members covered, (e.g. Member only, Member + Spouse, Member + Child(ren), Member + Family). Rates do not vary by age.
  - Life insurance rates are based on the plan selected and the member's/employee's attained age. These rates will change when a member's age change moves him/her into a new age/rate bracket.
  - Voluntary AD&D rates are based on the Coverage amount and the protection chosen (Member/Employee vs. Family). Since Voluntary AD&D rates are not based on age, they do not change when a member's age changes. Voluntary AD&D is renewed annually after receipt annual payment (premium plus administrative fee) and verification of eligibility.
- Rating Changes during the year
  - **Dental & Vision**
    - **If a member is added or dropped** during the plan year, MetLife will use the member's family status as of the effective date of the change to determine the new rate. Some changes do not change the rate. For example if a family of five drops a child from the coverage, the rate is still calculated as the member plus family.
    - **If a member changes addresses** to a new rating region during the plan year, rates will be re-calculated based on the new region as of the 1<sup>st</sup> of the month of the change.
    - **If a member changes plans during an Open Enrollment period** rates will be re-calculated based on the new plan and family status as of the renewal date, January 1<sup>st</sup>.
  - **Life Insurance**
    - **When a member has a birthday that moves him into a new age/rate bracket**, the rate will change as of the first of the month following the age change.
    - **If a member is approved for a plan change**, rates will be re-calculated based on the member's attained age and the new plan as of the effective date of the plan change.
- Annual Renewal Date
  - The plan renews each year on January 1<sup>st</sup>. Rate changes take effect on January 1<sup>st</sup> regardless of the member's initial effective date.

### Initial Payment

All applicants are required to pay a minimum of the first month's premium with their enrollment application unless they have authorized RealCare to draft monthly automatic payments from a bank account and their application is completed in time for the

automatic payment to be withdrawn for their first month of coverage. The initial premium payment may be mailed, faxed, or scanned and emailed.

### **Monthly Billing Cycle – MetLife (Note: If covered with Anthem, Anthem Monthly Billing Cycle applies)**

Bills are generated around the 6th of each month. Premiums are due the 25th of the month prior to the coverage month. If payment is not received within 10 days of the due date, a late fee of \$15 will be applied. If payment is not received within 30 days of the due date, your coverage will be terminated effective the last day of the month through which premiums have been paid.

Voluntary AD&D coverage is billed annually based on when coverage was effective.

## **Payments**

Monthly payments may be made by check or Automatic Premium Payment Authorization.

### **Check Payments**

Checks should be made **payable to RealCare Insurance Trust Account (RITA)**

- If Mailed, send to: 430 West Napa Street, Suite F, Sonoma, CA, 95476.
- If Faxed, add the \$5.00 processing fee to the total premium and fax your check to: (707) 939-8450
- If Scanned/Emailed, add the \$5.00 processing fee to the total premium and scan/email to: [enrollment@realcare.biz](mailto:enrollment@realcare.biz)
  - For initial premium payment only, the \$5.00 electronic check processing fee is waived.

### **Automatic Premium Payment Authorization (APPA)**

Plan members electing APPA will have all applicable premiums, dues, fees and adjustments debited on the first business day of the month. 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 of Coverage**

### **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 websites, [www.RealCareOnline.com](http://www.RealCareOnline.com) or [www.RealCareCAR.com](http://www.RealCareCAR.com). The effective date of termination will be no earlier than the first of the month following receipt of the completed form.

### **Involuntary Termination**

RealCare may cancel coverage for:

- Failing to pay premium and applicable administrative fees before the end of the grace period
- Failing to maintain active membership in C.A.R.
- Providing false information about membership in C.A.R.
- Providing false information about eligibility
- Providing false information about a qualifying event
- Reaching maximum allowable age for a dependent child
- Failing to continue to meet eligibility requirements as a member, employee or dependent

## **Reinstatement**

- Subject to approval from the insurance carrier, 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 the insurance carrier, 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.

## Eligibility for Re-Enrollment

Re-Enrollment is contingent on meeting all eligibility requirements.

***Kaiser:*** If your coverage terminates due to voluntary request or non-payment of premium, you may be eligible to re-enroll at the next Open Enrollment or during a Special Enrollment Period following a qualifying event. You will be required to pay all unpaid premiums, dues and fees at the time of enrollment.

***Anthem Blue Cross:*** If your coverage terminates due to voluntary request or non-payment of premium, you may be eligible to re-enroll at the next Open Enrollment or during a Special Enrollment Period following a qualifying event. You will be required to pay all unpaid premiums, dues and fees at the time of enrollment.

***MetLife Dental & Vision:*** If your coverage terminates due to voluntary request or non-payment of premium, you may be eligible to re-enroll at the next applicable Open Enrollment following a 13 month waiting period; or within 31 days of a loss of other coverage. You will be required to pay all unpaid premiums, dues and fees at the time of enrollment.

***MetLife Life:*** If your coverage terminates and you are ineligible for reinstatement, you will not be allowed to re-enroll without submitting evidence of medical insurability. If you must re-apply, coverage is not guaranteed.

# Plan Administration

## Plan Administrator

The C.A.R. Insurance Plan is administered by the California Association of REALTORS® (C.A.R.) On behalf of C.A.R., RealCare Insurance Marketing, Inc., a licensed Third Party Administrator, handles all eligibility, enrollment and billing. The RealCare office is located at 430 West Napa Street, Suite F, Sonoma, CA 95476. Calls and inquires can be directed to this office at 800-939-8088. Information on plans and rates; forms, administrative policies and Explanation of Coverage documents can be found on the RealCare website, [www.RealCareCAR.com](http://www.RealCareCAR.com).

RealCare is licensed as a third party administrator by the California Department of Insurance, license Number 0B23546.

## 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.

## C.A.R. Health Plan Administrative Fees

As a licensed Third Party Administrator, RealCare handles all administrative functions of the plan on behalf of C.A.R. This includes managing eligibility (including periodic audits), processing applications, conducting Open Enrollments, generating monthly billing, collection and remittance of premium, terminations, etc. All of these functions would normally be handled by an employer in a traditional group insurance plan. The following is a list of administrative fees charged by RealCare.

Check By Fax or Scan/Email (waived for initial premium payment) .....	\$ 5.00
Credit Card convenience fee .....	\$25.00
Late Fee (for past due payments) .....	\$15.00
Monthly Administration Fees:	
Accounts that include medical coverage .....	\$22.00
Accounts that include dental coverage and no medical coverage .....	\$ 5.00
Accounts that include vision and/or life insurance without medical or dental coverage .....	\$ 2.00
Annual Administration Fee for Voluntary AD&D: .....	\$ 5.00
Reinstatement Fee .....	\$25.00
Reinstatement Fee (Second and subsequent reinstatement in a plan year) .....	\$50.00
Returned Check Fee .....	\$25.00
Returned Item Fee for Automatic Premium Payment Deduction .....	\$25.00

For more information visit: [www.RealCareCAR.com](http://www.RealCareCAR.com)