# 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 <u>for all members</u> 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.

# **Anthem Blue Cross Rating & Billing**

#### Rates

- For C.A.R. members, Anthem Blue Cross rates are based on the plan selected, the member's home zip code and county, and each covered family member's age as of the effective date of the coverage. If a covered family member has a birthday that moves him/her into the next age bracket, the associated rate increase will become effective on the plan renewal date, January 1<sup>st</sup>. If a C.A.R. member lives out of state but maintains membership in C.A.R., Anthem will base the member's rates on the location of the C.A.R. office in Los Angeles, Rating Region 16.
- For W2 employees, the rates are based on the plan selected, the employer's zip code and county, and each family member's age as of the effective date of the coverage. If a covered family member has a birthday that moves him/her into the next age bracket, the associated rate increase will become effective on the plan renewal date, January 1<sup>st</sup>.
- For those who are Members and W2 employees:
  - Anthem will rate based on the C.A.R. member's home address when the C.A.R. member is both an employee of a C.A.R. member and a C.A.R. member themselves unless the Employer is being billed for the premiums.
- Rating Changes during the year
  - **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 for that member.
  - **If a member is dropped** during the plan year, Anthem will reduce the billed amount by the cost for the member whose coverage terminated as of the effective date of the change.
  - If a member changes addresses to a new rating region during the plan year, all members will be re-rated based on the new region as of the effective date of the change.
  - **If a member changes plans** as a result of a qualifying event, all members will be re-rated based on the new plan as of the effective date of the change.
- Annual Renewal Date
  - The plan renews each year on January 1st. Rate changes take effect on January 1st 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. Due to the timing of billing cycles, Anthem applicants <u>may</u> be required to send the first two months of premium with their enrollment application.

#### Monthly Billing Cycle - Anthem Health Coverage (with or without dental/vision)

Bills are generated around the 11<sup>th</sup> of each month. Premiums are due by the 1<sup>st</sup> of each month for coverage beginning the next month. (For example, premiums for coverage for the month of June are due on May 1<sup>st</sup>.) 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, 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.

• Voluntary AD&D is renewed <u>annually</u> after receipt of annual payment (premium plus administrative fee) and verification of eligibility.

### **Payments**

Monthly payments may be made by check, Automatic Premium Payment Authorization or online ACH or Credit Card.

#### **Check Payments**

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

• Mail to: RITA., 548 Market St., PMB 91266, San Francisco, CA 94104

#### **Online Payments**

To make an ACH payment or <u>a credit card payment online click this link:</u> <u>ePay</u>

- This link is only for C.A.R. medical, dental and vision plans or C.A.R. life and AD&D insurance.
- Do <u>not</u> make payments using this link for any other policies you may have with RealCare Insurance Marketing, Inc.
- ePayPolicy will assess a transaction fee of 3.25% of the amount charged to the credit card or a \$3.00 transaction fee per ACH payment. Transaction fees assessed by ePayPolicy will <u>not</u> be refunded.
- Acceptance of payment by ePay is not a guarantee of coverage.

#### 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 themselves and/or covered dependents. A subscriber who wishes to terminate coverage for any covered person must submit the completed termination form to RealCare Insurance Marketing, Inc. The termination form is available on our member websites, <u>www.RealCareOnline.com</u> or <u>www.RealCareCAR.com</u>. The effective date of termination will be no earlier than the first of the month following receipt of the completed form unless a retroactive termination date is approved by RealCare and the insurance carrier(s).

- 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<sup>®</sup> (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 2300 Contra Costa Blvd., Ste. 600, Pleasant Hill, CA 94523. The RealCare mailing address is 548 Market St., PMB 91266, San Francisco, CA 94104. 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, <u>www.RealCareCAR.com</u>.

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<sup>®</sup> 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.

Monthly Automatic Premium Payment AuthorizationNo Fee
Credit or Debit Card transaction fee (charged by ePay)
ACH Transaction fee (charged by ePay)\$3.00
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 Bank Payment Fee\$25.00

For more information visit: www.RealCareCAR.com