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Employer Level Changes

Whether your client has had a change of address or is looking to terminate their group policy, the request must come from them in writing on company letterhead. If the group is looking to make a change in their plan coverage, specific forms must be completed to make the change within certain timeframes.

What Type of Change?	Aetna	BCBSIL	UHC
Address, Phone Number, Group Administrator Change	Request can be made on the group's company letterhead and submitted to MidAmAAT@aetna.com	Request can be made on group's company letterhead and submitted to SMGRP1@bcbsil.com	Request can be made on group's company letterhead and faxed to (248) 733-6062
Employer Name Change	Request is made on the group's company letterhead and submitted to MidAmAAT@aetna.com	A <u>fully</u> completed Benefit Program Application (BPA) form AND a letter on the group's company letterhead can be submitted to SMGRP1@bcbsil.com	Request can be made on group's company letterhead and faxed to (248) 733-6062
New Hire Waiting Period	Request can be made on the group's company letterhead and submitted to MidAmAAT@aetna.com Request can only be made once a year upon the group's anniversary date.	A fully completed Benefit Program Application (BPA) form must be completed and sent to SMGRP1@bcbsil.com Effective date will be first day of the month following receipt of request.	Request can be made on group's company letterhead and faxed to (248) 733-6062. Can only be changed once per year
Group Termination	Request can be made on the group's company letterhead and submitted to MidAmAAT@aetna.com Aetna requires 30 days advance notice of termination. Proof of other coverage is required to retroactively terminate.	Request can be made on group's company letterhead and submitted to SMGRP1@bcbsil.com	Request can be made on group's company letterhead and faxed to (248) 733-6062



Plan Change Guidelines

Aetna – At Renewal

- Plan changes are due **Fifteen (15) BUSINESS DAYS** prior to the renewal date
- The changes are made by the employer indicating his/her plan choices on the Plan Sponsor Signatures Pages within the renewal letter. They mark an "X" in the box next to their plan selection (see next page)
- Employer may select up to 5 plans and enrollment is only required in one plan
- The Signature Section needs to be signed and dated
 - Email: MidAmAAT@aetna.com
- Processing time is about 10-14 business days

RENEWAL SIGNATURE PAGE

"X" Purchase	Plan Name	Plan ID	Employees	Total Monthly Premium
MEDICAL PRODUCTS				
	RENEWAL: IL Bronze OAMC 3750 80/50 HSA EMB	14024970	6	\$6,451.87
			% Change	13.30%
	ALT: IL Gold IND 1000 80%	14024998	6	\$11,065.01
	ALT: IL Platinum OAMC 500 80/50	14024953	6	\$10,564.14
	ALT: IL Platinum Savings Plus OAMC 500 80/50	14024973	6	\$9,725.00
	ALT: IL Platinum HMO \$0 70%	14024939	6	\$9,687.23
	ALT: IL Gold OAMC 750 80/50	14024954	6	\$9,568.68
	ALT: IL Gold PPO 1000 80/50	14024993	6	\$9,469.88
	ALT: IL Gold OAMC 1000 80/50 \$30	14024955	6	\$9,467.69
	ALT: IL Gold OAMC 1250 80/50	14024956	6	\$9,430.13
	ALT: IL Gold OAMC 1000 80/50	14024957	6	\$9,416.62
	ALT: IL Platinum Savings Plus HMO \$0 70%	14024946	6	\$9,081.71
	ALT: IL Gold HMO 500 70%	14024940	6	\$8,968.74
	ALT: IL Gold PPO 1500 80/50	14024994	6	\$8,924.12
	ALT: IL Gold OAMC 1500 80/50	14024958	6	\$8,885.68
	ALT: IL Gold Savings Plus OAMC 750 80/50	14024974	6	\$8,765.27
	ALT: IL Gold HMO 750 70%	14024941	6	\$8,723.85
	ALT: IL Gold Savings Plus OAMC 1000 80/50 \$30	14024975	6	\$8,655.92
	ALT: IL Gold Savings Plus OAMC 1000 80/50	14024977	6	\$8,616.38

	ALT: Option 7; PPO 2000	60103	6	\$965.20
	ALT: Option 6; PPO Plan	60089	6	\$852.10

LIFE PRODUCTS

	RENEWAL: Life and AD&D	71001	6	\$41.52
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STD PRODUCTS

	ALT: STD - 1/8 - \$300	70010	6	\$162.00
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NOTE: "X" Check the box associated with the product you are selecting for new business. Please send the signed copy of this page to your account manager.
 Rate Accepted By: _____ Title: _____ Date: _____



Aetna – Off Renewal

- As of 4/1/2016, Aetna no longer allows plan changes off renewal

BCBSIL – At Renewal

- Plan changes are due **30 days prior to the renewal date**
- December Plan Changes are due **45 days prior to the renewal date**
- A Benefit Plan Selection (BPS) form needs to be completed
- The group can chose up to six plan options
- If the group chooses more than one plan option, employee applications must also be submitted indicating their plan choice at the bottom of page one
- All pages can either be faxed or emailed (email is highly recommended)
 - Email: SMGRP1@bcbsil.com
 - Fax (312) 946-3688
- Processing time is about 3-4 weeks

BCBSIL – Off Renewal

- BCBSIL has a “lock out” period of six months prior to the group’s renewal date when changes cannot be made
- BPS must be submitted to BCBSIL **60 days prior to the requested effective date**

GRANDFATHER PAPERWORK FORMS MUST BE SUBMITTED

30 DAYS PRIOR

TO THE RENEWAL DATE.



UHC – At Renewal

- Plan changes are due around **20 days prior to the renewal date** (see plan change form included with renewal for exact due date)
- The changes are made by the employer indicating his/her plan choices on the Renewal Change Form within the renewal letter, as shown below
- The group can choose up to 11 different plan options
 - If more than one plan is chosen, the Employee Plan Selection Form (section 4 of the Renewal Change Form) should be completed showing the employees’ plan selections
- The Signature Section needs to be signed and dated
- All pages can either be faxed or emailed
 - Fax # (800) 676-4652
 - Email: plan_changes@uhc.com
- Processing time is about 5-7 business days

Renewal change form

1 Medical plan selection:

Multi-Choice: If you'll be purchasing a Multi-Choice package, you must complete this section of the renewal change form to indicate the one or more benefit design options you will be offering to your employees. Note: By selecting any of the below alternate options, you are no longer eligible for *Keep Your Coverage* Transitional Relief and will be subject to all requirements of the Affordable Care Act.

Policy number: OP01234
 Customer number: OP01234
 Renewal date: 06/01/2014
 Employer name: Pretty in Pink, LLC

If you choose not to renew to the package above, below is an alternate package with different plan options.

ELITE / IL007						
Core HSA	Bronze	GK-3 / RX J7	<input type="checkbox"/>	HSA	Silver	DO-U / RX J7 <input type="checkbox"/>
Core HRA	Gold	GJ-8 / RX J7	<input type="checkbox"/>	UHC Core	Silver	DO-V / RX KE <input type="checkbox"/>
Navigate	Gold	GO-6 / RX 7M	<input type="checkbox"/>	Navigate	Gold	GO-7 / RX 7M <input type="checkbox"/>
Navigate	Gold	GO-5 / RX 7M	<input type="checkbox"/>	Navigate	Gold	GO-4 / RX 7M <input type="checkbox"/>
HRA	Gold	DO-N / RX J7	<input type="checkbox"/>	Navigate	Gold	GO-3 / RX 7M <input type="checkbox"/>
UHC Core	Gold	DO-T / RX J7	<input type="checkbox"/>	UHC Core	Gold	GK-2 / RX J7 <input type="checkbox"/>
UHC Core	Gold	GJ-3 / RX 7M	<input type="checkbox"/>	UHC Core	Gold	DO-R / RX J7 <input type="checkbox"/>
UHC Core	Gold	GJ-6 / RX 7M	<input type="checkbox"/>	UHC Core	Gold	GJ-9 / RX 7M <input type="checkbox"/>
UHC Core	Gold	DO-Y / RX 7M	<input type="checkbox"/>	Core HSA	Silver	GK-1 / RX 7M <input type="checkbox"/>
UHC Core	Gold	DO-Z / RX 7M	<input type="checkbox"/>	UHC Core	Gold	DO-G / RX KE <input type="checkbox"/>
UHC Core	Gold	GJ-7 / RX J7	<input type="checkbox"/>	UHC Core	Gold	DO-W / RX KE <input type="checkbox"/>



Employee plan selection form

Policy number: 0P01234
 Customer number: 0P01234
 Renewal date: 06/01/2014
 Employer name: Pretty in Pink, LLC

4 If your employees are offered more than one medical option, please complete and submit this form to report the option they've selected. For each medical plan selected, write the plan code name under the appropriate column headings; ("Renewal Plan 1-4"). Mark the box for each employee's name that corresponds to the medical plan they've elected. If you offer more than 4 plans, use the last column marked "Other Renewal" to write in the additional plan code on the same row as the employee's name.

Covered Employee	Member #	Current Medical Plan	Medical plans must match those selected on the renewal change form				Other Renewal (Write plan code on the same row as the employee's name, if the employee is selecting a plan other than Renewal Plans 1 - 4)
			Renewal Plan 1	Renewal Plan 2	Renewal Plan 3	Renewal Plan 4	
			DO-M	DO-H			
SMITH, BOB		IV-Z /2V	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* SMITH, JOHN			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* SMITH, JANE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*New Enrolled Employees Write In: The blank lines provided allow you to "write-in" an employee who is currently enrolled with a member ID, but may have been missed due to the timing of our renewal data pull. Please include their member ID along with their plan selection. These lines SHOULD NOT be used to add new employees who haven't had their enrollment form received and processed.

3 Sign and send:

I understand that non-medical coverage, if any, will be insured by UnitedHealthcare Insurance Company or one of its affiliates.

Full legal name of employer/firm: _____

Date signed: _____
(month/day/year)

Signed by: _____
(Employer signature)

- ▶ Indicate coverage changes and **submit your renewal change form** by fax to **1-800-676-4652** by 05/12/2014, or e-mail us at **plan_changes@uhc.com**.
- ▶ **If you have questions** or wish to discuss your coverage options contact your broker or UnitedHealthcare representative at **1-866-432-5992**.

Submit
 Renewal change form

UHC – Off Renewal

- UHC has a "lock out" period of four months prior to the group's renewal date when changes cannot be made.
- Must be approved by underwriting
- Must be a reduction in benefits
- Must be submitted to UHC **75 days prior to the requested effective date.**

