

Group Enrollment Guidelines for Large Group Business

(51 or more eligible employees)



These general guidelines outline the enrollment policies of Blue Cross & Blue Shield of Rhode Island (“BCBSRI”) for its large group employers. This information will be revised from time to time to comply with changes in laws, regulations, or BCBSRI policy. Please note: A completed Group Activity Report must be submitted with all additions, changes (including retroactive changes), and cancellations. Specific questions regarding our enrollment policies may be directed to Membership Services at (401) 459-2341.

Additions and Changes in Coverage:

You may add newly hired employees effective on the first day of the month following the date of hire or on the first day of the month following completion of a probationary period. Your group’s probationary period for new hires can be changed upon renewal via written request or off-cycle once per year within a 12 month period with approval. The employee must apply for coverage within 60 days of the date of hire or within 60 days after the end of his or her probationary period.

1. You may add employees who did not apply for coverage when first eligible, or you may change an employee’s coverage from an individual to a family plan during the following enrollment periods:
 - A. During your group’s annual open enrollment period, to be effective on your group’s Renewal date; and,
 - B. Through a special enrollment period after the employee experiences one of the qualifying events described below:

Reason for Enrollment	Who can Be Enrolled	Requirements	Enrollment Period	Effective Date
Marriage	Employee, spouse, or dependent	<ul style="list-style-type: none"> • Employee is a participant or is eligible to participate, but not enrolled, and has met required waiting periods • A person becomes a dependent of the employee due to marriage (includes new spouse and children) 	Within 60 days of the date dependent coverage is made available or the date of the marriage, whichever is later	First of month following date of marriage
Birth, Adoption, Placement for Adoption	Employee, spouse, or dependent	<ul style="list-style-type: none"> • Employee is a participant or is eligible to participate, but not enrolled, and has met required waiting periods • A child is born to, adopted by, or placed for adoption with the employee. 	Within 60 days of the date dependent coverage is made available or the date of the birth, adoption, or placement for adoption, whichever is later	The date of the birth, adoption, or placement for adoption
Loss of Coverage other than COBRA	Employee, spouse, or dependent	<ul style="list-style-type: none"> • Coverage was declined (for employee, spouse, or dependents) when offered because other health insurance coverage was available at the time. • Eligibility for coverage is terminated (due to legal separation, divorce, death, termination of employment, or reduction in hours of employment) or employer contributions for coverage are terminated. 	Within 60 days of termination of eligibility or employer contributions, as applicable	Not later than the first day of the calendar month after the timely completed request is received
Loss of COBRA	Employee, spouse, or dependent	<ul style="list-style-type: none"> • Coverage was declined (for employee, spouse, or dependents) when offered because COBRA coverage was available at the time • COBRA is exhausted 	Within 60 days of exhaustion of COBRA	Not later than the first day of the calendar month after the timely completed request is received

2. A change in employee’s benefit plan is only allowed on the group’s renewal date, unless there is a qualifying event for a special enrollment right.

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Terminations:

1. Employee coverage terminations become effective on the last day of the month following termination of employment or other termination event.
2. Termination of dependent coverage is allowed at any time and will be effective on the last day of the month following the dependent termination event.
3. If your group has a written leave policy which allows a person to remain in your employ while he or she is on sick leave or on leave of absence, the employee may continue coverage for up to six months. Additional documentation may be required if your leave policy exceeds six months, but in no case may the leave policy exceed one year. If your group does not have a written leave policy, the employee's health coverage must terminate after 13 weeks.
4. We may terminate enrollment immediately in the event of intentional misrepresentation of a material fact or fraud, or as otherwise stated in your group's Benefit Document.

Retroactive Additions, Terminations, and Status Changes:

Retroactive additions and enrollment changes are allowed only if the request is due to an administrative oversight, and cannot go back more than 60 days. Retroactive changes cannot be made on the basis of health status.

1. Retroactive terminations will be effective on the last day of the previous month subject to the additional condition that no claims have been incurred after the requested effective date of the termination. Retroactive terminations may not exceed 60 days.

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