Plan administrator guide

For groups on paper billing

PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

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Table of contents

GET STARTED

Secure employer website 3

BILLING

Paying your bill 4

Billing management 5

Billing information and policies 6

Delinquent accounts and payment policies 7

MANAGING ENROLLMENT

Enrollment Center 8

Eligibility and enrollment 9

Membership administration 10

Special enrollment 11

Waiving coverage on initial enrollment 12

Cancellations 13

Children, spouse, or domestic partner 14

COBRA and continuation of coverage 15

Enrollment application completion tips 16

Submission of enrollment applications 18

KEY RESOURCES

Frequently asked questions 19

Important contacts and links 20

Secure employer website

Complete administrative tasks for your health plan quickly and easily.

Once you sign in to the secure website, you can complete tasks such as:

- View employee information and eligibility
- Edit member information
- Order ID cards
- Review account and billing information
- Determine coverage start date for new employees
- Review reports*
- And much more

If you're the group administrator for your company, you are responsible for determining who has access to the secure employer website. After you sign in to the secure employer website, look for a link to how-to guides. These easy-to-follow tips will help you navigate the site, add users, delete users, reset your password, unlock your account, and perform other basic functions.

New to Premera?

When your group's plan begins, the group administrator will receive a letter asking them to call the help desk at **800-722-9780** to receive an email invitation. The email will provide instructions on how to set up a secure employer account with a user ID and password. Once you're in the secure employer website, you'll find a link to user guides and other helpful resources.

Secure employer website login: **www.premera.com/portals/employerportal/account/login/ak**

Need technical help?

For quick instructions on common tasks, visit:
www.premera.com/ak/employer/resources/using-employer-website

Call the Help Desk at **800-722-9780 (option 3)**
Available Monday through Friday, 5 a.m. to 5 p.m. Alaska Time.

* Authorized users can access reporting tools on the Reports page of the secure employer website. These audit reports are designed to help you effectively manage your employee benefits. Reports are available in either PDF or Excel format.

Paying your bill

Automated payments	For your convenience, payments are accepted through the secure employer website, using Automated Clearing House (ACH), bill pay, or wire transfer. For more information on setting up the ACH payment process, contact the membership and billing team at **855-756-0796**.
Pay by phone (recurring payments are not an option)	Call **866-396-0186**.
Pay by mail	Pay your bill by mailing it with your payment remittance coupon to the appropriate address: **Send your payment through standard mail:** Attention: Payment Processing PO Box 743982 Los Angeles, CA 90074-3982 **Send your payment through overnight service:** Bank of America Lockbox Services Lockbox 743982 2706 Media Center Drive Los Angeles, CA 90065-1733 A self-addressed envelope is enclosed with your monthly group invoice. Add your group number to your check to expedite processing.

Attention:

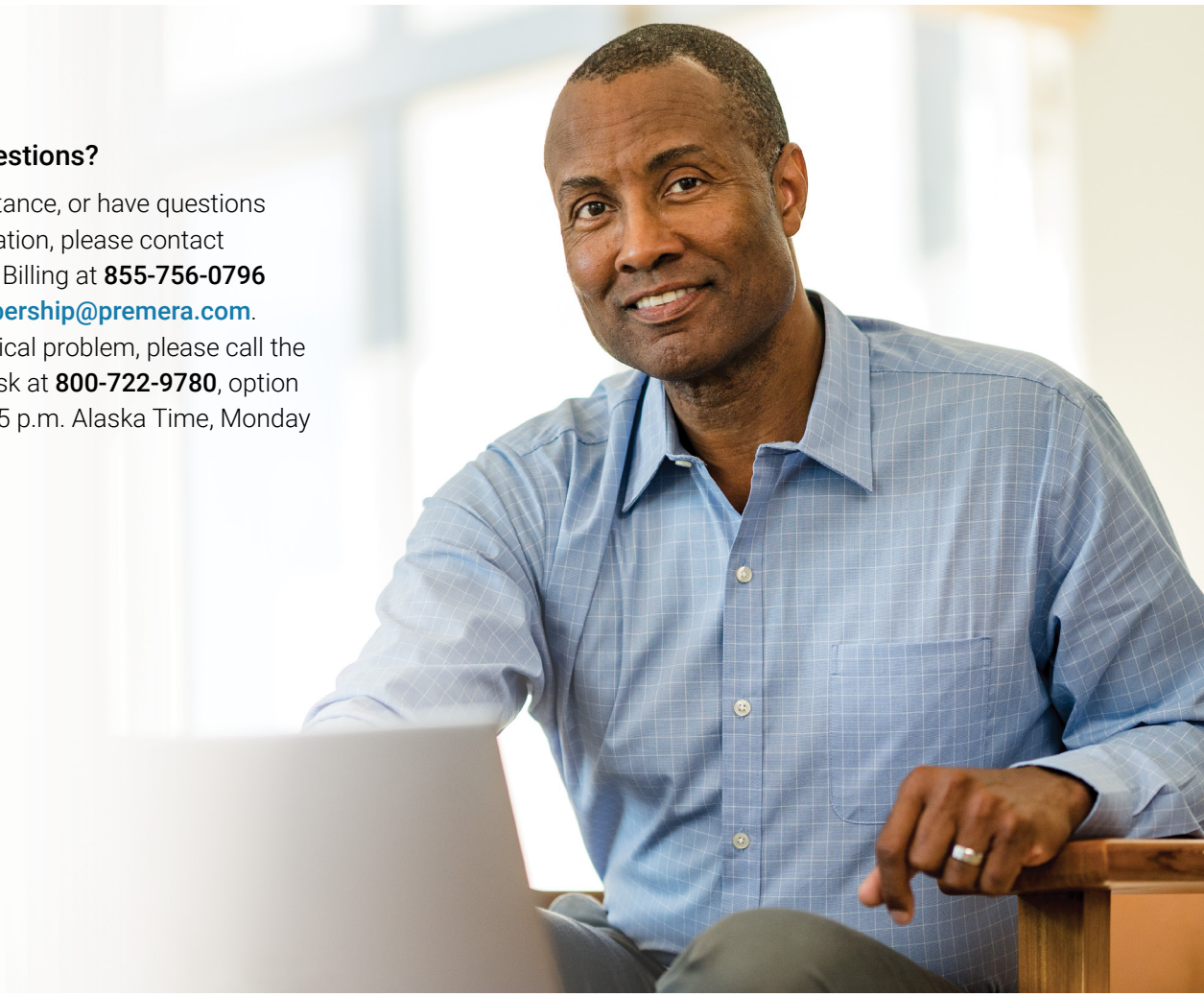
Enrollment changes or correspondence attached to payments may result in processing delays. To expedite processing, only send payments to the addresses listed above. All other information should be emailed to premeramembership@premera.com or faxed to **888-751-9295**.

Billing management

On the Billing page within the secure employer website, you can find helpful information:

- View invoices for the past 6 months
- Find out where to remit payments
- Get summary information for each invoice (in PDF or Excel format)
- See the next invoice generation date

Important note: Depending on your group's billing date, enrollment and eligibility changes could appear on the next billing statement.



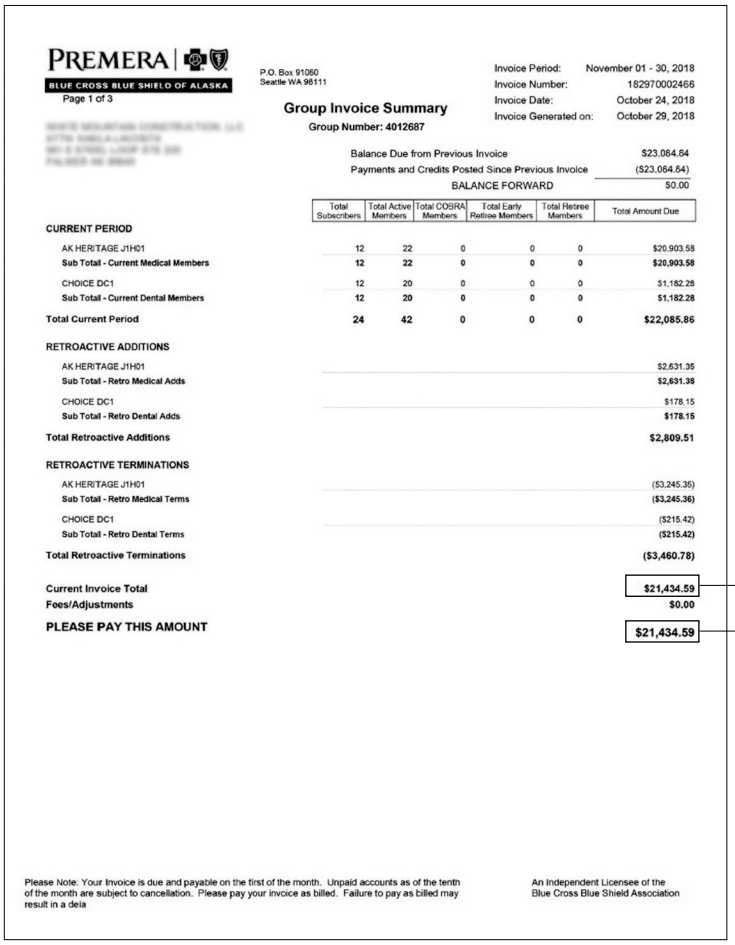
Have billing questions?

If you need assistance, or have questions about the information, please contact Membership and Billing at **855-756-0796** or **premeramembership@premera.com**. To report a technical problem, please call the technical help desk at **800-722-9780**, option 3, from 5 a.m. to 5 p.m. Alaska Time, Monday through Friday.

Billing information and policies

Understanding your group invoice summary

The group invoice summary you receive by mail provides detailed information for the current invoice period, including changes made to the account since the prior month's invoice date.



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Page 1 of 3

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P.O. Box 91060
Seattle WA 98111

Group Invoice Summary
Group Number: 4012687

Invoice Period: November 01 - 30, 2018
Invoice Number: 182970002466
Invoice Date: October 24, 2018
Invoice Generated on: October 29, 2018

Balance Due from Previous Invoice	$23,064.64
Payments and Credits Posted Since Previous Invoice	($23,064.64)
BALANCE FORWARD	$0.00

	Total Subscribers	Total Active Members	Total COBRA Members	Total Early Retiree Members	Total Retiree Members	Total Amount Due
CURRENT PERIOD						
AK HERITAGE J1H01	12	22	0	0	0	$20,903.58
Sub Total - Current Medical Members	**12**	**22**	**0**	**0**	**0**	**$20,903.58**
CHOICE DC1	12	20	0	0	0	$1,182.28
Sub Total - Current Dental Members	**12**	**20**	**0**	**0**	**0**	**$1,182.28**
Total Current Period	**24**	**42**	**0**	**0**	**0**	**$22,085.86**
RETROACTIVE ADDITIONS						
AK HERITAGE J1H01						$2,631.35
Sub Total - Retro Medical Adds						**$2,631.35**
CHOICE DC1						$178.15
Sub Total - Retro Dental Adds						**$178.15**
Total Retroactive Additions						**$2,809.51**
RETROACTIVE TERMINATIONS						
AK HERITAGE J1H01						($3,245.36)
Sub Total - Retro Medical Terms						**($3,245.36)**
CHOICE DC1						($215.42)
Sub Total - Retro Dental Terms						**($215.42)**
Total Retroactive Terminations						**($3,460.78)**
Current Invoice Total						**$21,434.59**
Fees/Adjustments						**$0.00**
PLEASE PAY THIS AMOUNT						**$21,434.59**

Please Note: Your Invoice is due and payable on the first of the month. Unpaid accounts as of the tenth of the month are subject to cancellation. Please pay your invoice as billed. Failure to pay as billed may result in a dela

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CURRENT INVOICE TOTAL

The current invoice total represents billing for the current month owing.

PLEASE PAY THIS AMOUNT

Represents the amount actually due and payable. It is calculated by adding the current invoice total **plus** any adjustments **plus** any balance forward owing from a prior billing invoice period. This is the amount that should be referenced for payment each month.

Any enrollment changes processed after the current month's billing statement will be reflected in the subsequent month's bill.

Important! Payments are due on the first of each month.

To expedite processing when mailing your payment, please submit your payment in full along with your remittance coupon located at the bottom of your group invoice summary. Your prompt payment enables us to provide your employees with uninterrupted claims processing.

Delinquent accounts and payment policies

The group contract defaults to a subscription charge due date of the first of each month with a 30-day grace period. If payment is not received by the end of the grace period, the group contract will be automatically terminated, retroactive to the subscription charge due date.

Contract excerpt:

"PAYMENT OF PREMIUMS AND GRACE PERIOD

The first payment of premiums is due in advance of the Contract's effective date. After that, the Group will pay the monthly premiums by the subscription charge due date, as set forth on the first page of this Contract, of each following month. After the first payment, there is a grace period of 30 days from each due date in which to pay subsequent premiums. If payment is not received by us by the end of the grace period, the Contract will automatically terminate on the subscription charge due date.

Our acceptance of late or inadequate premiums shall not be construed as a waiver of our right to terminate this Contract. No benefits are payable for expenses incurred on any date for which premiums are not paid. The Group is liable for all premiums covering any period of time that this Contract remains in force."

If your payment is not received by the first of each month, you will receive a cancellation warning notice. Billing statements may be accessed online for up to six months. If you have any issues accessing or questions regarding your invoice, contact **premeramembership@premera.com**.

Reinstatement of a contract without a lapse in coverage is available only to accounts that have no prior reinstatements. The one-time per contract year reinstatement allowance is strictly enforced.

Note: During your renewal month, your regularly scheduled invoice may be suspended to ensure an accurate invoice is received. If you do not see your invoice, contact **premeramembership@premera.com**.

Enrollment Center

You can reach the Enrollment Center through the secure employer website. With the Enrollment Center, you can enroll employees and their eligible dependents into their health plan.*

Navigate these tasks with the Enrollment Center:

- Add a spouse or domestic partner to an existing member profile
- Add dependents to an existing member profile
- Edit subgroup information (if you have more than one subgroup)
- Change class/plan (if applicable)
- Terminate a member from the plan
- Manage COBRA

If you'd like access to the Enrollment Center, talk with your account manager about setting up your account.

*Additional steps may be required to enroll new members on a plan with a health savings account (HSA), a flexible spending account (FSA), or a health reimbursement arrangement (HRA).

Login link:	**secure-enroll.com/go/bfi**
Training videos link:	**benefitfocusmedia.com/content/premera-blue-cross/enrollment-center-training**
Email:	**enrollmentctrsupport@premera.com**

Helpful web tips

When you're entering information online within the secure employer website, please keep these guidelines in mind.

- The only symbols that can be used in member names are the hyphen (-) and the apostrophe ('). In addition to those two symbols, the pound sign (#) can be used in the address.
- Names are limited to 26 characters. This includes the member's first name, middle initial, and last name, as well as the spaces in between. This is how the name will be shown on the member's ID card. Contact **premeramembership@premera.com** if you have additional questions.
- Entries using postal address standards ensure timely and accurate delivery of ID cards and other essential member communications.
- Enter only U.S. addresses. For foreign addresses, please contact your billing representative found on **premera.com** or on your monthly invoice.

Eligibility and enrollment

Complete enrollment online using the Enrollment Center. If you prefer using the paper enrollment process, each employee must complete and sign a Member Enrollment and Change Application to add, drop, or waive coverage. Required enrollment information should be submitted prior to, but no later than, 30 days after the start date.

Enrollment reminders

Employees or dependents who aren't enrolled when first eligible or through special enrollment are eligible to join during your group's next open enrollment period.

Open enrollment

When your group chooses to renew its existing contract, members are eligible to make different benefit selections and add or drop dependents from their plan, as per the guidelines of their new contract. This period is known as open enrollment and is only available at the time of renewal. Any other changes to enrollment must be for one of the reasons listed below:

Enrollment outside of open enrollment period

ENROLLMENT REASON	DEFINITION
New employee	Newly hired employee
Rehired employee	Rehired employee
COBRA	No longer eligible as a regular member but is opting to continue benefits under COBRA
Employee has entered eligible class	Change from part time to full time or temporary to permanent employment, and the like
Marriage	Adding dependent(s) due to marriage
Legal separation	Dropping dependent(s) due to legal separation
Divorce	Dropping dependent(s) due to legal divorce
Death	Cancellation of coverage due to member death
Birth	Adding dependent(s) due to birth
Adoption	Adding dependent(s) due to legal adoption (legal papers are required)
Dependent change	Adding or dropping a dependent due to changes in eligibility status, such as a qualifying event or dependent coverage status (26)
Involuntary loss of coverage	Coverage with another carrier has been terminated
Qualified medical child support orders	Copy of court order may be required
Persons eligible for medical assistance	Newly enrolled by Department of Social and Health Services (DSHS) in the Employer-Sponsored Insurance program

This change can be made online using the Enrollment Center or through the secure employer website.

Note:
- Please let eligible employees know about your plan's waiting period and special enrollment rights before they enroll.
- The employer is responsible for validating that all enrollments submitted outside of open enrollment meet the above criteria.
- Although the plan may provide for reimbursement of expenses incurred by the domestic partner, federal tax laws restrict the plan's ability to reimburse expenses incurred by an individual who is not a tax dependent. Because the tax laws applicable to domestic partners are complicated, the member should consult with their tax advisor to determine whether their domestic partner is their tax dependent before they make any decisions under the plan.

Membership administration

The following data must be provided for member enrollment, termination, and demographic changes:

- The type of transaction—member enrollment or termination, plan change, or a demographic change (such as a change of name or address)
- The group identification number
- The employee's subscriber identification number, or, if unavailable, the employee's Social Security number (the member's Social Security number is required to enroll new members)
- The affected member's first name, last name, and middle initial
- The affected member's date of birth, gender, and, for dependents, relationship to the subscriber
- The member's complete address (street and number, city, state, and ZIP code). If more than one address is provided, the home and mailing addresses must each be identified
- The date the coverage is to start or end, as applicable
- The start date or maximum COBRA period end date as applicable (for COBRA members only)
- The affected subscriber's hire date
- The subgroup and class identification number
- The medical, dental, pharmacy, and vision plan identification codes, as applicable

Special enrollment

The terms of your healthcare plan may allow employees and/or dependents to waive enrollment when first eligible because they have other coverage. They can enroll later if the other coverage is lost and certain conditions are met.

Employees and dependents may enroll outside the open enrollment period for the following reasons:

- The employee or dependent had other healthcare coverage when the coverage was offered.
- The employee declined coverage for themselves and/or the dependent in writing, and the written notice stated that the person had other coverage.
- The employee or dependent lost other coverage due to legal separation, divorce, death, voluntary or involuntary termination of employment, or a voluntary or involuntary reduction in the number of hours worked.
- The employer terminated its contribution toward the employee or dependent's other coverage.

  Note: Reduction in the amount of employer contribution does not convey special enrollment rights.

- An employee may enroll (with or without existing dependents) at the same time a new dependent (acquired through marriage, domestic partnership, birth, or adoption) is enrolled, if the terms of your healthcare plan allowed the employee or dependent to waive enrollment when first eligible.
- The employee was covered under COBRA at the time this coverage was offered, and the employee's COBRA benefits have been exhausted.

  Note: Employees or dependents who voluntarily terminate COBRA coverage while still eligible for it do not have special enrollment rights.

- The employee is eligible for both state medical assistance and coverage under the plan and is enrolled in the Department of Social and Health Services (DSHS) Employer-Sponsored Insurance (ESI) program. The employee may be required to provide a notice of eligibility from DSHS. Under the ESI program, the employee receives state subsidy for coverage directly from the state. The employer is responsible for obtaining and maintaining any DSHS documentation.

  Note: The employer is responsible for validating all special enrollments meet the above criteria.

Waiving coverage on initial enrollment

An employee may enroll (with or without existing dependents) at the same time a new dependent (acquired through marriage, domestic partnership, birth, or adoption) is enrolled, if the terms of your healthcare plan allowed the employee or dependent to waive enrollment when first eligible.

If an employee and/or dependent decline to enroll in the health plan, enter that information in the Enrollment Center. If using the paper enrollment process, the employee must sign a waiver. Please note that for small groups of 1 to 50, all eligible waivers must be accompanied by a photocopy of an ID card or Explanation of Benefits (EOB) to verify current coverage. Please keep signed waivers in your files. If you need additional copies, they are available on the website, **www.premera.com/ak/employer/resources/forms**.

Cancellations

Your employees should notify you whenever dependents are no longer eligible for coverage or are canceling coverage under your plan.

To ensure that coverage is canceled, choose the appropriate method below:

Enrollment Center	Process enrollment cancellations via the Enrollment Center. Cancellations must be completed within 60 days of receiving notice from your employee.
Paper	Provide written notice within 60 days from the date of notification. This notification may be submitted via email directly to **premeramembership@premera.com**.

Cancellation criteria

Below are general guidelines for coverage cancellation under most Premera plans. Check with your Premera representative or producer for specific details on your plan.

Employee and dependents

- The group's contract is canceled.
- The employee's employment is terminated.
- The employee no longer meets the group's eligibility guidelines.
- The employee is no longer in an eligible employee class.
- The employee is deceased.
- The group's subscription charges are not paid when due or within the grace period.
- The plan is an association plan, and the participating employer ceases to be a member of the association.

Note: Cancellations that are requested to be retroactive because of a group's clerical error will not be retroactive more than two months from the date a group notifies us of the error. Please note that this retroactive cancellation policy does not apply to COBRA enrollees and situations other than the group's clerical error.

Children, spouse, or domestic partner

Coverage for a child, spouse, or domestic partner will end when one or more of the following occurs:

- The marriage or domestic partnership is terminated or the spouse divorces or legally separates from the employee (spouse/domestic partner will lose eligibility; however, enrolled children may not necessarily lose eligibility).
- The child reaches the allowable age limit.
- The employee cancels coverage, provided that the group contract does not require 100 percent participation for dependents.
- The child, spouse, or domestic partner dies.
- The court-ordered guardianship of a minor child expires or terminates.

Note: The employer is responsible for validating above cancellation criteria.

COBRA

COBRA is the federally mandated program that provides your employees with the opportunity to continue their health coverage if they lose coverage under special circumstances. Your group may require COBRA enrollees to pay the full cost of this coverage plus an additional two percent.

As a group administrator, you should determine whether your plan is subject to COBRA. Here are some general guidelines:

- If your group had fewer than 20 employees on at least 50 percent of their working days in the previous calendar year, your group is not subject to COBRA starting January 1 of the next calendar year. For example, an employer who had 17 employees for 50 percent of their working days in 2025 is not subject to COBRA as of January 1, 2026.
- All employees must be counted, not just those eligible for or enrolled in the plan.
- Other requirements and restrictions apply, as stated in the federal law and regulations.
- If your plan is subject to COBRA, please notify your account representative immediately when COBRA status changes for your employees and their dependents.

Individual coverage

When coverage under a group plan ends, your enrollees may apply for Premera's individual plan coverage. Contact your producer or account representative for more information on these plans.

Enrollment application completion tips

Use the Enrollment Center to complete enrollment online.

If you are using the **paper enrollment process**, please follow the guidelines below:

- The Member Enrollment and Change Application must be filled out completely to avoid delays.
- Any incomplete forms will be returned to you.
- Additional copies of this form are available at: **www.premera.com/ak/employer/resources/forms**.

These instructions apply only if you are using the paper enrollment process.

Section 1: Group information

To be completed by the group administrator as follows:

Group ID	Your group number.
Group name	Enter your group name.
New/Change	Mark the new box if you are adding a new subscriber to your plan. Mark the change box if you are making changes to an existing subscriber.
Reason	The enrollment reason is required. Please refer to "Enrollment outside of open enrollment period" for a list of acceptable qualifying events. Note: The employer is responsible for validating that all enrollments submitted outside of open enrollment meet acceptable criteria.
Date of event	Date of enrollment reason (enter full date). (Example: John Smith got married on 2/14/25 and would like to add his spouse. Enrollment reason = Marriage, Date of Event = 2/14/25.)
Employee class	SubGroup ID or class name are required, if you have multiple subgroups and/or classes.
Employee job title	Enter employee job title.
Date of hire	Date employee was originally hired by your company. In the case of a rehire, enter the rehire date.
Date employee entered eligible class	The date the employee qualified for health benefits. Generally, this date is the same as the hire date for full-time employees. In the case of part-time employees, enter the date they became eligible for health benefits as per your contractual agreement. (Example: Employee A hired 1/1/26 as part time; became full time effective 2/1/26 and is now eligible for health benefits. In this example, you would use 2/1/26.)
Same as hire date	Check this field if the date they entered the eligible class is the same as the hire date.
Start date	Enter the date the employee will begin receiving benefits. Refer to your contract to determine what the start date would be following satisfaction of a probationary waiting period, if one applies.
COBRA	Complete this section only if applicable.

Section 2: Employee information

To be completed by employees.

- Member names must be written exactly as they should appear on the ID card (limited to 26 characters for full name, including spaces). The member must shorten the name if their name is more than 26 characters.
- All information must be legible and completed.
- Mailing address is required.

Section 3: Enrollment information

To be completed by employees.

Plan choice	Write in plan selected.
Add/Drop/Waive	Complete appropriate box for each member.
Relationship to employee	Describe dependent's relationship to employee.
Last name, first name, middle initial	Clearly write member's name exactly as it should appear on the ID card (limited to 26 characters including spaces for full name).
Social Security number	Write in each member's Social Security number.
Date of birth	Write in each member's full date of birth (mm/dd/yy).
Gender	Each member must have a gender selected. Assumptions will not be made based on name.
Benefit selection	Indicate benefit selection for each member if your plan has uncommon enrollment. Note: If you have common enrollment, all dependents will default to the employee benefit selections.
Different dependent mailing address	Provide full address if correspondence should be mailed to a different address. Specific member names should be listed, otherwise correspondence will default to the employee's address.
Disabled dependent information	If dependent coverage is due to disability, please complete the "Request for Certification of Disabled Dependent" form located on the **Employer Forms** page.

Newborn coverage and rate impact

- Regardless of whether a child is enrolled in the plan, a newborn child will receive 31 days of newborn coverage under the plan.
- If a newborn is added to the policy, the premium will appear on the billing the first of the month following the month the newborn is added. Contact **premeramembership@premera.com** if you have any questions.
- If the newborn addition does not change a dependent coverage level, then rates will not be affected.

Section 4: Employee signature

Employees must read, sign, and date this enrollment application, which verifies data is accurate.

Submission of enrollment applications

Please note: If the enrollment form is submitted via email or fax, do not submit a hard copy to Premera.

FAX: Please send forms to **888-751-9295**

EMAIL: If you have scanning capabilities, you may email the application directly to Membership and Billing at **premeramembership@premera.com**.

MAIL: Enrollment forms can be mailed to the following:

Premera Blue Cross Blue Shield of Alaska
PO Box 91059
Seattle, WA 98111-9159

Frequently asked questions

Can I make changes online?	Yes, you can add or terminate members if you use the Enrollment Center. On the Enrollment Center, you can also order ID cards or view your billing statements. If you need to register, please call the web support help desk at **800-722-9780**.
Once I submit my enrollment do I need to submit a hard copy?	No, if you submit enrollment via fax, Enrollment Center, or email, you do not need to follow up with a hard copy of the enrollment application. The fax number is **888-751-9295** or, if you have scanning capabilities, you may email the application directly to Membership and Billing at **premeramembership@premera.com**.
When should I submit enrollment changes?	Submitting enrollment changes as they occur will ensure your billing accurately reflects your most current eligibility.
When will changes show up on my statement?	Additions or terminations submitted after your billing cycle will be reflected on your next month's billing statement. To expedite the reconciliation of your group's account as well as ensure prompt claims payment, please pay as billed.
Why haven't I received my bill yet?	During your renewal month, your invoice may be suspended to ensure an accurate bill is mailed to you. If you do not see your bill on schedule, please contact Membership and Billing at **premeramembership@premera.com**.
How can I ensure my payment is accurately processed?	Returning your payment stub found on the bottom of your monthly invoice, and noting your group number on your check will assist in ensuring your payment is properly credited.
Who can answer my questions about benefits and claims?	Contact Customer Service at **800-508-4722** or your producer with questions about your group's plan.
Where can I find contact info for assistance with my bill?	For membership and billing inquiries, please contact **premeramembership@premera.com**. For reference, this contact information is listed on your monthly invoice, at the back of this guide, and on the **Pay Your Bill** page in the employer section of the Premera website.
Can I make my group's premium payment online?	Yes, sign in at premera.com, go to Tools, then Billing, and accept the new Terms and Conditions. Be sure to check that your autopay settings and profile information are correct and up to date. For more information, visit the Billing page or call Membership and Billing at **855-756-0796**.
If I make a payment online or by phone, how long does it take for my payment to process?	Payments set up after 2 p.m. will process the next business day. Payments set up prior to 2 p.m. will post the same day. *This does not apply to payments sent by mail.*
Is there a charge for paying over the phone or through the website?	No, we want to make this process as easy for you as possible. Therefore, when making payments via the website or over the phone, there is no additional charge.

Important contacts and links

Membership and billing

For questions related to enrollment, billing, or payments, please contact the membership and billing team at **855-756-0796** or **premeramembership@premera.com**. For assistance with the Enrollment Center website, contact **EnrollmentCtrSupport@premera.com** or call **801-528-9258** Monday through Friday from 5 a.m. to 5 p.m. Alaska Time.

Express Scripts Pharmacy Locator

800-391-9701 | Call this toll-free number to find an in-network pharmacy near you.

Claims Submission

Premera Blue Cross
PO Box 91059
Seattle, WA 98111-9159

Customer Service

For questions about claims status, benefits, or member support, please contact customer service at **800-508-4722**.

Technical Help Desk

800-722-9780 | Option 3 | Available Monday through Friday, 5 a.m. to 5 p.m. Alaska Time.

QUICK LINKS FOR ONLINE EMPLOYER RESOURCES

Secure employer website login
www.premera.com/portals/employerportal/account/login/ak

Employer forms
www.premera.com/ak/employer/resources/forms

Employer News
employernewsak.premera.com

B'link employee communications center
blink.ak.premera.com

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