



An Independent Licensee of the Blue Cross and Blue Shield Association

## Group Certification Document (Exhibit B1)

Please complete this document and have it signed by the group's authorized representative.

### 1. Eligible Employee Verification for Small Employers

Under state law, an employer who has at least 2, but not more than 50, eligible employees on a typical business day during any one calendar year is considered a small employer. In addition, a small employer is also not a part of a larger national or worldwide employer that has additional eligible employees at any other location within Arizona or outside of Arizona.

An employee is considered an "eligible employee" if he or she is eligible to participate in a health benefit plan, regardless of whether Blue Cross Blue of Shield of Arizona (BCBSAZ) or other health insurers offer the plan, and regardless of whether the employee chooses to participate.

On a typical business day, how many employees (counting all employees worldwide) are eligible for health benefit plan coverage?

Arizona Eligible Employees: \_\_\_\_\_ Non-Arizona (US and worldwide) Eligible Employees: \_\_\_\_\_ Total Worldwide Eligible Employees: \_\_\_\_\_

### 2. Employer Verification of Total Employees

How many total employees does your company have regardless of benefit eligibility?

Arizona Employees: \_\_\_\_\_ Out-of-State Employees: \_\_\_\_\_ Total Employees: \_\_\_\_\_

### 3. Federal Medical Loss Ratio

The health care reform (HCR) law has requirements about an insurer's "medical loss ratio" ("MLR"), which is the amount of premium collected in relation to the amount the insurer spends on clinical services and quality improvement. MLR requirements vary based on group size. The HCR law defines how group size is measured for MLR purposes. The measure differs from the measure used for some other laws.

For MLR, we need to know the average number of total employees you employed on business days during the calendar year that precedes your Blue Cross Blue Shield of Arizona (BCBSAZ) plan effective date. When counting, you must include all employees, including part-time and seasonal workers, regardless of whether the employee was eligible for coverage under the prior plan.

BCBSAZ Plan effective date: \_\_\_\_\_

Average number of total employees on business days during calendar year preceding BCBSAZ plan effective date: \_\_\_\_\_

If the above information changes you must report the change to your account representative no later than December 15, of your plan effective year.

Note: If you are completing this form prior to the end of the calendar year and your plan effective date is the following calendar year, please provide your estimated number above, then re-evaluate at the end of the year. If your average total employee number has either moved above 50 or below 50, you must notify your account representative.

### 4. Medicare vs. Employer as Primary Coverage for Working Aged

Under federal law, certain employers must provide group benefits primary to Medicare for their active employees age 65 and over, as well as for spouses age 65 and over. If your company had 20 or more full and part-time employees each working day, for 20 or more calendar weeks during the current or preceding calendar year, you must provide group benefits primary to Medicare.

Did your company have 20 or more full and part-time employees, (count all employees throughout the U.S.), for 20 or more calendar weeks during the:

Current calendar year (Check one): YES: \_\_\_\_\_ NO: \_\_\_\_\_ Preceding calendar year (Check one): YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please Note: If you answered "no" in "preceding calendar year," skip questions 5 & 6.



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**Group Certification Document (page 2) (Exhibit B1)**

**5. Medicare vs. Employer as Primary Coverage for Disabled Individuals**

Under federal law, certain employers must provide group benefits primary to Medicare for their Medicare eligible disabled employees, as well as Medicare eligible disabled spouses and dependents. If you had more than 100 full and part-time employees for at least 50% of the workdays during the preceding calendar year, you must provide group benefits primary to Medicare.

Did your company have 100 or more full and part-time employees, (count all employees throughout the U.S.), for at least 50% of the workdays during the preceding calendar year? (Check one): **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**6. COBRA**

Under federal law, employers with 20 or more full and part-time employees for at least 50% of the workdays during the preceding calendar year must offer COBRA continuation within the group's benefit plan.

Did your company have 20 or more full and part-time employees, (count all employees throughout the U.S.), for **at least** 50% of the workdays during the preceding calendar year? (Check one): **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**7. Employer Contributions to HSA'S and HRA'S**

Do you make contributions to your employees' HSAs or HRAs? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, how much? (Employer must provide written notice to BCBSAZ of any changes in contribution.)

<b>HSA</b>	Employee _____	Spouse _____	Child _____	Family _____
	\$ _____	\$ _____	\$ _____	\$ _____
	Annually <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other <input type="checkbox"/>	Describe Other _____
<hr/>				
<b>HRA</b>	Employee _____	Spouse _____	Child _____	Family _____
	\$ _____	\$ _____	\$ _____	\$ _____
	Annually <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other <input type="checkbox"/>	Describe Other _____

I understand that BCBSAZ is relying on my answers to the 7 questions above to determine my group's premium tax obligations; average total employees for Federal Medical Loss Ratio; whether my employees have COBRA rights; and whether Medicare will be the primary payer of claims for my Medicare eligible insureds. I affirm that these answers are true to the best of my knowledge and belief. I also understand that I am responsible for promptly notifying BCBSAZ if my answers to question #4 (Medicare Working Aged) change during the course of my plan year because I have gained or lost employees. By the signature below, Employer hereby authorizes BCBSAZ to release to Employer's Broker of Record a copy of the Group Master Contract and/or any and all rate fee information. This authorization does not include any personal health information or other information covered by HIPAA.

**Health care reform proposals include provisions for increases on fees and taxes paid by insurance companies which may result in an increase in your rates. Notwithstanding any other provisions in this rate proposal, if the government imposes a new tax or fee on insurers, the rate set forth in this rate proposal may be adjusted to include, even retroactively, such taxes and fees.**

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Employer Name