



C.A.R. ENROLLMENT & PAYMENT INSTRUCTIONS

For Assistance, Call RealCare Insurance Marketing at (800) 939-8088

Step 1: Calculate Rates

Medical Plans

Medical rates are based on a Medical Rating Region for each carrier. The region is determined by the county and zip code for the address stated on the subscriber's Blue Cross application form. This address is used to determine the rating area, and for mailing all correspondence from Blue Cross including your ID cards, the Explanation of Coverage (EOC), and Explanation of Benefits (EOB) forms generated when claims are submitted.

Follow the steps below to calculate your rate:

1. Use the address stated on your application to look up your county and zip code on the Medical Rating Regions page. *(If your county is included in more than one rating region, check to find your zip code to determine what rating region to use.)*
2. Find the rate table that applies to your rating region.
3. Rates are based on the subscriber's *attained age* as of the requested effective date. To determine the rate, look up the subscriber's age, the plan chosen and which dependents (if any) are to be enrolled. Rates are based on the subscriber's attained age and will change effective the first day of the month following the subscriber's birthday when the attained age moves to another age category.
4. **Calculate the first two months of premium.** Because of enrollment and billing dates, Blue Cross enrollees are required to send the first two month's premium payment with the application.
5. Add \$20 monthly administration fee for each month of premium submitted

Dental/Vision/Life

How to calculate rates for the optional Blue Shield Dental, Vision and Life Plans

The dental rates are based on the Blue Shield dental rating region. The rating region is determined by the county and in some cases the zip code in which the subscriber lives. The vision rates are not based on region but are determined by which (if any) dependents are enrolled. The life rates are based on the C.A.R. member's attained age and the amount of coverage purchased. **Note: You do not have to enroll the same family members in every plan. Follow the steps below to calculate your rate.**

1. Look up your county on the Blue Shield Dental and Vision Plans page. *(If your county is included in more than one rating region, check to find your zip code to determine what rating region to use.)*
2. For Dental: Find the rate table that applies to your rating region. Look up the rate based on the plan chosen and whether the member wants to enroll any eligible dependents.
3. For Vision: Find the rate based on who is enrolling on the plan.
4. For Life: Find the rate based on the subscriber's attained age and the level of coverage desired. (Only available to new C.A.R. members or employees. Not available to affiliate C.A.R. members.)

Step 2: Complete Forms

Please note you may need to complete more than one application, depending upon the coverage(s) you select.

All Applications

- ✓ **Do not** complete any shaded sections of the form
- ✓ **Personal Data:** List yourself and all eligible dependents you wish to enroll. Make sure to include each person's date of birth and social security number.
- ✓ **Requested Effective Date:** Write in the day, month and year. If enrolling outside of Open Enrollment please see "General Guidelines" section "Special Enrollment Provision" for information on qualifying events and effective dates.
- ✓ **Adding Dependents after you enroll:** If you initially waive coverage for your dependents, they will not be able to enroll until the next Open Enrollment period unless they experience a qualifying event (See section "Special Enrollment Provision" for more information.) If coverage is desired for newborns, they must be added **within 30 days** of the date of their birth (their effective date of coverage will be their actual date of birth.)
- ✓ **Signature/Date:** The C.A.R. member must sign and date the form.

Blue Cross “Employee Addition” Application Form

- ✓ **Blue Cross HMO:** If you are enrolling in the Saver HMO plan, you must select a Primary Care Physician (PCP) for each enrolling family member. You will find the Blue Cross PCP listing on the Blue Cross website at www.bluecrossca.com. Click on “Find a Doctor” and continue as a “Visitor.” Be sure to select the Small Group plan type, and a Blue Cross HMO (California Care) provider. You will need to complete a PCP number for each doctor selected. The provider number is available on the website. If you do not choose a PCP of your own, Blue Cross will assign one to you.
- ✓ **If you choose to waive coverage for your eligible dependents,** you must complete and sign Section 4 to decline coverage.

Blue Shield Dental/Life Application

- ✓ Use this application to enroll in either of the dental plans, life insurance on a stand alone basis, or dental and life insurance together.
- ✓ **Life Insurance Beneficiary:** ONLY complete this section if you are enrolling in the life insurance program. This coverage is only available on a *guaranteed basis to new C.A.R. members and W2 employees of C.A.R. members or local C.A.R. chapters* (who enroll between their 60th and 120th day of membership.) Affiliate C.A.R. members are not eligible to enroll for life insurance coverage. C.A.R. members who wish to enroll in the life insurance program outside of the new member enrollment period must contact RealCare for a separate enrollment application. Coverage for those members will not be guaranteed and will require medical history underwriting.

Blue Shield Vision Application

- ✓ Use this application if you are enrolling in the vision plan in combination with other coverage, or on a stand alone basis.

Step 3: Calculate Initial Payment

Use the worksheet below to calculate your initial payment:

Medical Premium	\$
Optional Dental Premium	\$
Optional Vision Premium	\$
Optional Life Premium *	\$
Monthly Administration Fee **	\$ 20.00
Total Monthly Payment	\$
Multiply Total Monthly Payment by 2 <i>(Two month's payment required at initial enrollment)</i>	\$
Total Due With Applications	\$
* Life Insurance is guaranteed only for new members who elect coverage between their 60 th and 120 th day of membership. Eligible members who wish to enroll outside of that date may apply for coverage and will be medically underwritten.	
** Administration fee \$20 per month. Fee is lower if subscriber does not enroll in medical insurance.	

Step 3: Select A Payment Method

After the initial payment, you can either be billed monthly or pay by Automatic Premium Payment Authorization. Monthly invoices are generated around the 8th of the month and are due by the 25th for the coverage period beginning the first of the second month following the due date. For example, coverage for the month of March is billed in early January. If you elect to pay by Automatic Premium Payment Authorization, you will need to complete the Automatic Premium Payment Authorization form and submit it with a voided check along with your initial payment. The Automatic Premium Payment will be debit for all dues, premiums and fees on the due date.

Step 4: Review & Mail Enrollment Materials & Payment

- ✓ Make your check payable to RealCare Insurance Trust Account (R.I.T.A.).
- ✓ Check your enrollment forms to be sure they are complete and have been signed
- ✓ Submit proof of eligibility (see Eligibility Guidelines for more information)
- ✓ Submit proof of prior coverage (ID card, Prior carrier bill, Certificate of Creditable Coverage)
- ✓ Submit completed Automatic Premium Payment Authorization and voided check

**Mail Completed Application
and Payment To:**

REALCARE INSURANCE MARKETING, INC.
19310 Sonoma Highway, Ste. A
Sonoma, CA 95476