

Georgia Agent's Guide

Individual Markets in Georgia

2009

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Blue Cross and Blue Shield of Georgia.*

FOR AGENT USE ONLY



Contact Information

Please see the website, BCBSGa.com for additional contact information.

Contacts	Call	Web
Appointment/Licensing	phone: 800-542-7988 option 7 fax: 404-682-3265	agentappointments@bcbsga.com
Website Access Technical Issues Agent Connect	888-268-4361	software.support@wellpoint.com
Pre-Sales application status requests	866-215-4879	GABrokerServices@bcbsga.com
Medical Underwriting	phone: 800-718-8831 fax: 1-800-327-9255	
Underwriting Opinion Forms		GA_underwriting@Wellpoint.com *contains "underscore" after GA
Post Sale In-force contracts: Member issues ID card status Billing Options for renewing members	866-215-4879	GABrokerServices@bcbsga.com
Supplies		https://merrillconnect.iscorp.com/wellpoint/
Applications/Form Submission	Fax	Mail
<ul style="list-style-type: none"> · New (Individual) Applications · Change Requests requiring underwriting · Short-term Applications · Change Requests not requiring underwriting · Dental (only) Applications · Term Life (only) Applications · HCTC Applications · Waiver Acceptance forms (signed) · Completed Medical Questionnaires · Re-review (Appeal) Requests 	<p>866-538-0824</p> <p>888-470-6598</p> <p>800-327-9255</p>	<p>BCBSGa 3350 Peachtree Road GA G008-0005 Atlanta, GA 30326</p> <p>BCBSGa 3350 Peachtree Road GA G008-0005 Atlanta, GA 30326</p> <p>BCBSGa 3350 Peachtree Road GA G008-0005 Atlanta, GA 30326</p>

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Introduction

This guide is intended to be used as a general reference designed to assist you in determining Blue Cross and Blue Shield of Georgia's (BCBSGa) most common underwriting practices and to answer common questions regarding coverage for individuals under age 65. **The Agent's guide is not all-inclusive and is subject to change without prior notice.**

Helpful Hints for Completing the Application

Taking a few minutes now to review the following may avoid unnecessary delays in processing the application. **PLEASE MAKE SURE:**

1. The application is completed in ink.
2. All questions have been answered completely including height/weight for all applicants.
3. All changes/corrections have been initialed and dated by the primary applicant. **Do not use correction fluid.**
4. The applicant (the spouse/domestic partner and any adult dependents, if applying for coverage) have both signed and dated all appropriate areas. **Please do not date the application for the applicant.**
5. The primary applicant is the older spouse/domestic partner. For child only applications the youngest child should be the primary applicant.
6. Include additional pages as needed for applicant/medical information. Include the primary applicant's SSN on each additional page.
7. The agent has signed and dated the application. All requested broker information is completed including the complete broker number.
8. The agent is licensed and appointed to sell the program applied for.
9. The custodial parent or guardian has completed the health history for any underage applicant and the minor has been questioned regarding tobacco, alcohol and drug use. The applicant will be held accountable for the accuracy of all health information provided or omitted in the event retroactive action becomes necessary.
10. Proof of legal guardianship or other legal documents (e.g. Power of Attorney) is included (if necessary).
11. Any/all medical information is included if there is a questionable condition. **Completing the medical detail thoroughly can speed up the processing of the application.**
12. **The first month's premium must be included or the credit card payment section is completed.**
13. All appropriate medical questionnaires are completed in full, signed and dated by applicant. (See Medical Questionnaires).

No agent or representative has the authority to waive the answer to any question on the application, to pass on insurability, to waive any BCBSGa's rights or requirements, or to make or alter any contract.

How to Apply

New applications, completed questionnaires, signed waiver acceptance forms, appeal requests and change requests requiring underwriting (upgrades) can be faxed to: **866-538-0824** or mailed to: **Blue Cross and Blue Shield of Georgia; 3350 Peachtree Road NE; Mail Code GAG008-0005; Atlanta, GA 30326.**

Applications for Dental, Over 65, Term Life, Change Request Forms, Bank Draft Agreements and Requests to cancel coverage can be faxed to 888-470-6598.

Initial Premium Payment for Premier and SmartSense

Because the applicant's underwriting status is not yet determined when the initial premium payment is due, the initial premium payment due with the application is equivalent to the Standard rating. If underwriting determines that the applicant is in a category other than Standard, the difference between the initial payment and the premium of the rating determined by underwriting will be added to the second premium payment.

Eligibility Requirements

Service Area

To purchase coverage, the applicant and family members to be covered must be residents of the state of Georgia. College students who meet all other eligibility requirements and attend school outside of the state may be covered under their parent/legal guardian policy.

Age

BCBSGa's Individual policies are available to applicants under age 65, or if over age 65, not eligible for Medicare, and not enrolled in Medicaid. Applicants must meet all other eligibility criteria in addition to passing medical underwriting. With the exception of short-term coverage, applicants enrolled in individual coverage prior to turning age 65 may have their coverage continue, however it is recommended that covered persons age 65+ who are enrolled in Medicare purchase a Medicare Supplement policy. Short-term coverage is open for individuals aged 30 days to 64 years. Individuals enrolled in short-term coverage cannot turn 65 during the duration of the policy.

Dependents (Eligible Family Members)

- **Applicant's spouse or domestic partner.** Our general definition for a domestic partnership is that each party is the sole domestic partner of the other, each are at least 18 years of age, must have lived together for the previous six months, are financially inter-dependent, are not married to anyone else, and are not related by blood in a way that would prohibit marriage.

- **Applicant’s unmarried natural child, adopted child, stepchild; or other child for whom the applicant or applicant’s spouse/domestic partner is legally responsible.** “Child” also includes the insured’s mentally or physically handicapped, unmarried child, if the disability occurred prior to age 19 who are claimed as dependents on the applicant’s federal income tax return. BCBSGa requires written proof of such handicap within 31 days of the child’s 19th birthday.
- **Applicant’s unmarried child or stepchild who is under age 26, and is full-time college student .**
- **In the case of a natural child, adopted child, or stepchild, it is not mandatory that the child live with the applicant.** However, in the case of “other child” (e.g., foster child, grandchild), it is necessary that the child live with the applicant in a “natural parent-child setting”. Please submit legal guardianship documentation with the application anytime the dependent falls into the “other child” category.

Minor Child Coverage

- A policy may be issued to a minor child or children who lives in the Georgia service area (under age 18) if the parent or legal guardian applying for coverage on the child’s behalf signs the Significant Terms, Conditions and Authorizations statement on the application. For child only policies the youngest child will be primary.
- A child age 18 or older may not apply with their siblings without a parent or legal guardian included on the application – two separate applications are required as two policies must be purchased. The parent/legal guardian must sign the minor child’s application and the child age 18+ must sign their application.
- Proof of legal guardianship may be required in some cases, primarily if the last name of the child is different from the last name of the person listed as the parent or guardian. Proof of legal guardianship is a copy of a court document that grants legal guardianship.

Emancipated Minor

A person under the age of 18 is an emancipated minor if he/she has entered into a valid marriage (regardless if the marriage has been dissolved), OR the person has received a declaration of emancipation. A copy of the emancipation declaration must be submitted with the application. If two married minors (under age 18) are applying for coverage, a copy of the marriage certificate must be submitted with the application. If one applicant is age 18 or over with a spouse under age 18 the marriage certificate is not required. Both applicants should sign the application.

Foreign Exchange Students

Coverage is available to Foreign Exchange Students who are enrolled in a foreign exchange student program and who pass medical underwriting. If a foreign exchange student has not resided in the U.S. for at least three months, he/she must have a physician complete our Medical History Form. If the form is not submitted with the application it will be requested during the underwriting process. The foreign exchange student cannot travel outside of the U.S. for more than 30 consecutive days during the term of the policy.

Non-U.S. Citizens

Coverage is available to non-U.S. Citizens. If the applicant has lived in the U.S. for less than three months he/she must have a physician complete a Medical History Form. The form cannot be completed more than 30 days prior to submission of the application and the physician completing the form must be licensed in the U.S. The Medical History Form is available at BCBSGa.com. The effective date of the policy cannot be prior to the day after BCBSGa receives the Medical History form. Submitting a completed Medical History Form with the application will expedite the underwriting process.

Coverage in Addition to Blue Cross and Blue Shield of Georgia Individual Coverage

A person cannot purchase a BCBSGa individual policy “in addition” to any other individual policy regardless of the carrier. The applicant cannot purchase a BCBSGa individual policy “in addition” to a short-term policy. The applicant may apply for an individual policy “in addition” to a BCBSGa or any other carrier’s group policy.

Employer Payment of Premium

Our policies are individual health insurance policies. As such, they shall not be used as employer provided health care benefit plans. No employer of any covered person under these policies may contribute to any premium directly or indirectly, including through wage adjustment, specific to coverage for health insurance. Wage adjustments that do **not** require the purchase of health insurance are allowed. “Employer” in this context does not include a trade or business wholly owned by an individual or individual and spouse/domestic partner that has no other employees or that does not offer health benefits to any other employees. Also, as it pertains to this provision, a church may purchase an individual policy if only purchasing it for one employee.

List Bill

Employers with two or more employees who decide not to be covered as a group can enroll onto a List Bill. The employer is required to sign the List Bill Agreement stating that he/she understands this coverage is not a Group Plan and the company may not contribute to any part of the premium either directly or through reimbursement. The completed List Bill form should be submitted with the applications for coverage along with the total first month's premium. You will find additional information on List Bill guidelines at BCBSGa.com. Premium refunds for List Bill members will be paid directly to the member.

Military Service

An applicant or dependent is not eligible for an Individual health insurance policy if they are on active duty with any branch of the Armed Services.

A Georgia resident reservist who is a BCBSGa individual policyholder at the time he/she is called to active duty will have the option to continue or cancel their coverage. If the policyholder continues his/her coverage, BCBSGa will be the primary payer and TRICARE will be the secondary payer. If the policyholder cancels his/her current coverage, he/she will be allowed to re-enroll without evidence of insurability (underwriting) if ALL of the following criteria are met:

1. Re-enrollment occurs within 2 years of the original activation date.
Note: If a reservist were on active duty for more than 2 years, we would still allow re-enrollment.
2. The re-enrollment request is received within 120 days of the discharge date.
3. The effective date of re-enrollment occurs within 120 days of the discharge date. A copy of the orders returning the reservist to inactive duty or valid inactive status documentation will be required.
4. Re-enrollment must be in the previous product (even if it is a closed product) with the same deductible; coinsurance and out-of-pocket limit.

Reservists will receive portability credit for any time served under TRICARE as long as there is no more than a 120 day break in coverage and the re-enrollment guidelines are met.

Covered dependents may elect to:

1. Remain on the BCBSGa coverage
2. Remain on the BCBSGa coverage and enroll in TRICARE
3. Cancel the BCBSGa coverage and enroll in TRICARE

If covered dependents elect to cancel the BCBSGa coverage, they must do so when the reservist cancels his/her coverage in order to retain the opportunity to re-enroll without evidence of insurability (underwriting) when TRICARE coverage ends.

Portability

Portability is defined as credit for time served on a previous group or individual coverage towards the twelve month pre-existing waiting period of the new policy. An applicant that meets all eligibility requirements for portability may have part or all of the waiting period for pre-existing conditions waived.

Applicants may receive up to 365 days of credit towards their waiting period for pre-existing conditions on products where portability credit is given. For each day of aggregate coverage on prior/current qualifying coverage in the past 12 months the applicant receives one day of portability credit. Portability is offered at the applicant level.

Aggregate creditable coverage is the total amount of time a person is enrolled in health plan(s) without a break in coverage of more than 63 days. Serving a waiting period for group coverage is not considered part of the 63-day break of coverage. The waiting period for group coverage will not be calculated into the portability credit to be issued.

The application for Individual coverage must be received within 63 days from end date of most recent coverage. The agent signature date will qualify as receipt date IF the application is received within ten days of the agent signature date.

See the accompanying chart for specific Portability guidelines. To receive this credit the agent should have the applicant complete the “Other Health Coverage” section of the application in full for each applicant.

Portability Matrix

To → From ↓	BCBSGa SmartSense®; Premier; Tonik;	BCBSGa FlexPlus; HDHP; Short-term
BCBSGa and Affiliated Group Health Plans (fully and self insured); Competitor's Group Health Plans (fully and self insured); Competitor's Individual Health Plans (including Group Trusts and Association Plans)	YES	NO
BCBSGa and Affiliated Individual Health Plans	YES	YES
“Other” Blue Health Plans' Group and Individual	YES	NO
Medicaid or Medicare	YES	NO
Short-term and Limited Duration Plans	YES	NO
CHAMPUS, TRICARE or other Public Health Plans	YES	NO
Socialized Medical Plans and International Group Plans	YES	NO
COBRA	YES	NO
None	NO	NO

Pre-Existing Waiting Periods

For any applicant that is not eligible for Portability credit, coverage will not be provided for the 12 months following the effective date of all BCBSGa Individual Plans for any illness, injury, or other condition for which medical advice, diagnosis, care or treatment was recommended or received in the 12 months prior to the effective date. Any prescription medications associated with a pre-existing condition will not be covered until the 12 month pre-existing waiting period has expired. No pre-existing credit is given toward a short-term policy and pre-existing time does not accumulate with each short-term policy.

Additional Coverage Options

Consumer Choice Option – Available for all PPO products for an additional ten percent premium, this option allows members to nominate an out-of-network doctor or hospital to provide services to the member as though they were part of the network. Physicians must first accept BCBSGa reimbursement rates and utilization management then be approved before services are received.

Maternity Rider – A Maternity rider is available with the Premier plan. There is a 12 month pre-existing waiting period for the Maternity Rider that is NOT waived by portability. Maternity care for dependent children is not covered. Maternity care is available to the female subscriber and/or female covered spouse of the subscriber. The female subscriber or the female covered spouse of the subscriber must also be at least 18 years of age or an emancipated minor.

Buy-Up Drug Rider – The SmartSense programs are available with a “Buy-Up Drug Rider” if the applicant so chooses. This rider will provide coverage for non-generic drugs at the same level as the Premier program.

Dental Coverage is available to the applicants and can be approved regardless of medical underwriting outcome.

Life Coverage is available to the applicants. If the applicant is declined for medical coverage the life coverage will also be decline.

Short-term Coverage is available to applicant's age 30 days up to age 65 that may need health care protection for a short period of time. It is available in 30 day increments up to and including 180 days. A one-year waiting period is required after a second short-term policy is purchased.

Effective Dates

The effective date for a new application must be within 75 days of the applicant's signature date. The applicant has two opportunities to resign and redate the application to extend the 75 days. The new signature will reaffirm that all of the information on the application is still accurate and has been updated to reflect their current health status.

- The earliest effective date an applicant may request is the day after BCBSGa receives the application.
- If the applicant requests an effective date of "ASAP" the underwriter will follow the above policy for the earliest effective date.
- If the applicant does not specify an effective date (blank), the day BCBSGa approves the application will be assigned.
- The effective date for Blue Value and Blue Value Select policies offered waiver will be the day after approval.

Note: Current underwriting guidelines do not allow an effective date if any applicant is hospitalized as of that date. For effective date policies for change requests see the section titled "Changes in Coverage".

Liability During Underwriting

BCBSGa will use all information obtained prior to the time the applicant's underwriting decision is made or the application is effective, applicant's effective date, whichever is later, to determine if individuals are eligible for coverage. This includes changes in health information that may have occurred after the applicant completed the application. Refer to Item 1 under the Significant Terms, Conditions and Authorizations section of the application.

Free Look Period

BCBSGa allows a ten-day "free look" period from the day the member receives their policy. During this time we are legally required to allow the applicant to cancel their policy and provide a full refund. BCBSGa will not be responsible for any claims incurred between the effective date and cancellation date.

In addition, the following changes (with limitations) will be allowed during the ten-day "free look" period (excluding short-term policies):

- Change the effective date to future date (not more than 75 days from most recent signature on the application).
- Change their effective date to a past date. This is allowed **only** to avoid a break in coverage and is subject to underwriting review. The retro date cannot be prior to the day after the BCBSGa receipt date.
- Change the product selection or deductible - subject to underwriting review if moving to product with richer benefits and/or lowering deductible.
- Add a supplemental rider to the policy - subject to underwriting review.
- Remove a supplemental rider from their policy.
- Split the application (move some applicants to different product) - subject to underwriting review if moving to product with richer benefits and/or lowering deductible.

Risk Determination

Health underwriting is the assessment of the medical history and the current health and lifestyle status of an applicant to determine the appropriate risk level and premium.

BCBSGa will make the final decision on the acceptance of any insurable risk. All information discovered during the underwriting process will be used, including, but not limited to the health questions on the application, any claims history available for review, any information taken over the telephone and any additional information that may be requested.

On the application, the applicant may request that no eligible applicants are enrolled unless ALL family members qualify.

The following risk determination methodology is used at BCBSGa:

Premier, SmartSense and Tonik Underwritten Programs

- Level 1 – This level includes the healthiest of applicants.
- Level 2 – This level designates the average healthy applicant who does not meet our most stringent underwriting guidelines.
- Level 3 – This level includes health applicants who are at an increased risk of incurring health care claims in the future.

Note: Tonik includes an additional underwriting level for applicants that may either have a slightly lower or higher level of risk than the Level 3 outcome.

Short-term

Short-term coverage is offered on Approve or Deny basis only. Applicants aged 16 and over are considered approved as long as their BMI index is below 38.0.

Tobacco Use – Premier, SmartSense and Tonik products

Use of any tobacco product within the 12 months preceding the date of the application will cause an applicant to be ineligible for the Level 1 rating. The amount and frequency of use will determine whether the applicant will receive a Level 2 or Level 3 rating.

Pregnancy – All products

If a female applicant is pregnant at the time of application the application will be declined.

If any applicant is an expectant parent (male/female) or if any dependent is pregnant at time of application whether or not they are included on the application the application will be declined. The **only** exception is if the pregnant person or pregnant person's spouse/domestic partner/dependent is already covered on another BCBSGa group or individual policy (COBRA policies not included). **This is due to the risk associated with the unborn child.**

Newborns and Infants – All products

Newborns may be added to an existing parent's policy without medical underwriting if notification is received within 31 days from date of birth. For infants less than six months of age, except for those newborns eligible to be added to an existing policy without underwriting, we require information from the nursery records from the hospital where the infant was born and the office records from the infant's pediatrician. If this information is not submitted with the application we will forward a request to the infant's pediatrician. You may expedite this process by providing your client with a copy of the Newborn Questionnaire, available on the Broker Website at **BCBSGa.com** and/or provide the newborn's pediatrician's name and telephone number.

No medically underwritten applicant can be assigned an effective date that coincides with a hospitalization. The earliest effective date that can be assigned will be the day after the date of discharge.

Future Surgery or Procedures – All products

Applicants who have been advised of or scheduled for future surgery, tests or procedures are subject to further review for our underwritten products. Pertinent details should be provided on the application. This will expedite the underwriting process. This review may result in a higher rating or a denial of the coverage.

Requesting Additional Medical Information

During the underwriting process there are occasions when the underwriter must obtain additional information to clarify or supplement the medical information on the application and/or in claims history.

Underwriting by Phone

When possible we will attempt to call the applicant to obtain the additional information necessary to complete medical underwriting. The determination to obtain information directly from the applicant over the telephone depends on the type and scope of information needed.

Medical Questionnaires

There are several questionnaires that are "condition specific" that the underwriter may use to request additional information directly from the applicant. If possible the applicant should include a completed questionnaire with the new application if any of these conditions exist to expedite processing. These questionnaires can be found at **bcbsga.com**.

Questionnaires are for: asthma, depression/anxiety, diabetes, fractures, high blood pressure, herpes, newborns (under 6 months), seizures/epilepsy and cholesterol. Medical Questionnaires can be faxed to 800-327-9255.

Provider Requests

When necessary the underwriter will request additional information directly from the provider. It is important to have your client include their physician's name and phone number on the application. When possible we will fax requests directly to the provider to expedite processing.

Medication Denials

DENY if any applicant is taking or has taken any of the following medications within the past year.

- Abacavir
- Aggrenox
- Aldurazyme
- Alimta
- Amprenavir
- Apokyn
- Antabuse
- Arava
- Aricept
- Avastin
- Avonex
- AZT
- Baraclude
- Betaseron
- Bexxar
- Campral
- Carbolith
- Cibalith-S
- Cisplatin
- Clolar
- Clozapine
- Clozaril
- Cognex
- Combivir
- Comtan
- Copaxone
- Crixivan
- Cyclosporine
- Cytovene
- d4T
- Dapsone
- Daunoxome
- Delavirdine
- Didanosine
- Doxil
- Duralith
- Efavirenz
- Eloxatin
- Emtriva
- Enbrel
- Entocort
- Epiriv
- Epzicom
- Equetro
- Erbitux
- Eskalith
- Faslozime
- Faslodex
- Fazacllo
- Felbamate
- Felbatol
- Flolan
- Fortovase
- Foscavir
- Fuzeon
- Ganciclovir
- Geodon
- Gleevec
- HIVID
- Hexalen
- Humira
- Indinavir
- Insulin
- Interferon
- Intron A
- Invirase
- Iressa
- Kaletra
- LAAM
- Lamivudine
- Leponex
- Levomethadyl
- Lexiva
- Lithane
- Lithium
- Lithizine
- Lithobid
- Lithonate
- Lithotabs
- Loxapine
- Loxitane
- Lymphocyte Immune Globulin
- MBACOD
- Memantine
- Mepron
- Methadone
- Methotrexate
- Mozobil
- Muromonab-CD3
- Mycophenolate
- Myfortic
- Namenda
- Naltrexone
- Neupogen
- Norvir
- Octagam
- Orthoclone OKT3
- Parcopa
- Pentamidine
- Platinol
- Plenaxis
- Pletal
- PMPA
- Pneumopent
- Prialt
- Rebif
- Remicade
- Rescriptor
- Retrovir
- ReVia
- Reyataz
- Risperdal
- Sandimmune
- Seroquel
- Simponi
- Somavert
- Stavudine
- Suboxone
- Subutex
- Supartz
- Sustiva
- Symbyax
- Symlin
- Synagis
- Synvisc
- Tacrolimus
- Tarceva
- Tasmar
- Taxotere
- Thalidomide
- Thalomid
- Ticlid
- Ticlopidine
- Trizivir
- Truvada
- Tysabri
- Valcyte
- Vantas
- Velcade
- Vidaza
- Videx
- Viracept
- Viramune
- Viread
- Vistide
- Vitravene
- Zalcitabine
- Zerit
- Zidovudine
- Zyprexa

Height and weight guidelines

for children, age 15 and under

BMI less than or equal to 30.0 = Level 1

BMI 30.1–39.9 = Level 2

BMI 40.0 or greater = Decline

*Medical records may be requested for underweight children

Height and Weight Table

Males Age 16 to 64

Height	Minimum	Level 1	Level 2	Level 3
		Maximum	Maximum	
4'6" (54")	77	132	144	157
4'7" (55")	80	137	150	163
4'8" (56")	83	142	155	169
4'9" (57")	86	147	161	175
4'10" (58")	89	152	167	181
4'11" (59")	92	158	173	187
5'0" (60")	95	163	178	194
5'1" (61")	98	169	184	200
5'2" (62")	101	174	191	207
5'3" (63")	105	180	197	214
5'4" (64")	108	186	203	221
5'5" (65")	111	192	210	228
5'6" (66")	115	197	216	235
5'7" (67")	118	204	223	242
5'8" (68")	122	210	229	249
5'9" (69")	125	216	236	257
5'10" (70")	129	222	243	264
5'11" (71")	133	229	250	272
6'0" (72")	137	235	257	279
6'1" (73")	140	242	264	287
6'2" (74")	144	248	272	295
6'3" (75")	149	255	279	303
6'4" (76")	152	262	287	311
6'5" (77")	156	269	294	320
6'6" (78")	160	276	302	328
6'7" (79")	164	283	310	336
6'8" (80")	168	290	318	345
6'9" (81")	173	298	326	354
6'10" (82")	177	305	334	362
6'11" (83")	181	313	342	371
7'0" (84")	186	320	350	380
7'1" (85")	190	328	359	390
7'2" (86")	195	336	367	399
7'3" (87")	199	343	376	408

Height and Weight Table

Females Age 16 to 64

Height	Minimum	Level 1	Level 2	Level 3
		Maximum	Maximum	Maximum
4'0" (48")	58	101	111	124
4'1" (49")	60	105	115	129
4'2" (50")	63	110	120	134
4'3" (51")	65	114	125	140
4'4" (52")	68	119	130	145
4'5" (53")	70	123	135	151
4'6" (54")	73	128	140	157
4'7" (55")	76	133	146	163
4'8" (56")	78	138	151	169
4'9" (57")	81	143	156	175
4'10" (58")	84	148	162	181
4'11" (59")	87	153	168	187
5'0" (60")	90	158	173	194
5'1" (61")	93	163	179	200
5'2" (62")	96	169	185	207
5'3" (63")	99	174	191	214
5'4" (64")	102	180	197	221
5'5" (65")	105	186	204	228
5'6" (66")	109	191	210	235
5'7" (67")	112	197	216	242
5'8" (68")	115	203	223	249
5'9" (69")	119	209	229	257
5'10" (70")	122	215	236	264
5'11" (71")	126	221	243	272
6'0" (72")	129	228	250	279
6'1" (73")	133	234	257	287
6'2" (74")	136	241	264	295
6'3" (75")	140	247	271	303
6'4" (76")	144	254	278	311
6'5" (77")	148	261	286	320
6'6" (78")	152	267	293	328

The Height and Weight Tables show the minimum and maximum allowable weights for males and females age 16-64. This table is to be used as a general guide and is not the final determining factor. Heights and Weights that fall below the minimum or above the maximum may be subject to an APS (Attending Physician Statement) or denial.

SmartSense and Premier Health History Guidelines

Note: This is a listing of some of the most common conditions reviewed. It is not all-inclusive and is subject to change.

ABBREVIATIONS:

APS = Request for Medical Records

D = Decline

MR = Medical Review

QST = Medical Questionnaire

(Completed by Applicant)

How to read the chart:

Example:

Anxiety Within 6 months MR

Over 6 months LEVEL 1

What it means:

If an applicant had symptoms or treatment, including medication, within the past 1 year, the underwriting action is to request a medical questionnaire.

If an applicant had no symptoms or treatment, including medication, within the past 1 year, the underwriting action is to approve at the Level 1 rate.

Note: · For conditions where an Underwriting Consideration is not specified, the Underwriting Action is always applicable.

- The symptom and treatment free waiting period for Underwriting Considerations is calculated from last symptom or treatment date until the application receipt date.

Condition	Underwriting Considerations (From Application Receipt Date)	Underwriting Action
Acne		MR
Adjustment Disorder	Within 6 months Over 6 months <i>*Applicants with a suicide attempt or hospitalization in the past 3 years are not eligible for coverage.</i>	MR LEVEL 1
AIDS/HIV		D
Alcoholism	Within 5 Years Over 5 Years	D APS
Allergies	Treated with Immunotherapy: Within 6 Months Over 6 Months No Immunotherapy Within 1 Year Over 1 Year	LEVEL 2 LEVEL 1 MR LEVEL 1
Anemia		MR
Angina		D
Anorexia Nervosa	Within 1 Year Over 1 Year	D APS

Condition	Underwriting Considerations (From Application Receipt Date)	Underwriting Action
Anxiety	Within 6 months Over 6 months	MR LEVEL 1
* Applicants with hospitalization or suicide attempt in the past 3 years are not eligible for coverage.		
Aortic Stenosis		D
Arthritis		
Osteoarthritis		LEVEL 3*
Rheumatoid		D*
*With option for a more favorable decision on appeal.		
Asthma	Within 1 Year Over 1 Year	QST LEVEL 1
Attention Deficit Disorder	Suicide attempt or hospitalization within past 5 years Within 1 Year Over 1 Year	D MR LEVEL 1
Back Pain and Other Disorders		MR
Back Sprain/Strain	Within 1 Year After 1 Year	APS LEVEL 1
Bipolar Disorder	Within 10 Years Over 10 Years	D APS
Bladder Infection	Within 1 Year Over 1 Year	MR LEVEL 1
Breast Disorders		
Breast Disease (not cancer)		MR
Breast Implants		LEVEL 1
Bronchitis		
Chronic	Within 2 Years Over 2 but Within 5 Years Over 5 Years	D LEVEL 2 LEVEL 1
Others	Within 3 Months Over 3 Months	LEVEL 2 LEVEL 1
Cancer		
Basal Cell Skin Cancer	Within 5 Years Over 5 Years	MR LEVEL 1
Breast Cancer	Within 5 Years Over 5 Years	D APS
Prostate Cancer	Within 5 Years Over 5 Years	D LEVEL 2
Other Cancers (and melanoma of skin)	Within 10 Years Over 10 Years	D LEVEL 2

Condition	Underwriting Considerations (From Application Receipt Date)	Underwriting Action
Cataract	Operated: Within 3 Months and released from doctor's care	LEVEL 2
	Within 3 months and not released from doctor's care Over 3 Months	LEVEL 3 LEVEL 1
Cervicitis	Unoperated	MR
	Within 6 Months After 6 Months	MR LEVEL 1
Cholesterol (Elevated Cholesterol, or Hypercholesterolemia)	Within 1 year normal labs and no medications with no co-morbid conditions	LEVEL 1
	* Submitting questionnaire for past 12 months may expedite the underwriting process Others	MR
Chronic Obstructive Pulmonary Disease		D
Congenital Anomalies		MR
Corneal Ulcer	Within 6 Months	MR
	Over 6 Months	LEVEL 1
Crohn's Disease	Operated without stoma (i.e. ileostomy or colostomy): Within 5 years	D
	Over 5 years Medical Records required and if approved	LEVEL 3
	Unoperated or with stoma (i.e. ileostomy or colostomy)	D
Cystitis (see Bladder Infection)		
Dementia		D
Depression		
Major	Within 1 Year Over 1 Year	D APS
Mild	Within 6 months Over 6 months	MR LEVEL 1
	* Applicants with a suicide attempt or hospitalization in the past 3 years are not eligible for coverage.	
Deviated Nasal Septum	Operated	LEVEL 1
	Unoperated	MR
Diabetes Mellitus	Insulin Dependent	D
	Non-insulin Dependent	MR

Condition	Underwriting Considerations (From Application Receipt Date)	Underwriting Action
Dislocations Knee or Hip	Operated: Within 1 Year Over 1 Year Unoperated	MR LEVEL 1 MR
Ankle, Foot, Shoulder, Elbow, Wrist or Finger	Within 6 Months Over 6 Months	MR LEVEL 1 LEVEL 1
Vertebrae	Operated: Within 1 Year Over 1 but within 3 Years Over 3 Years Unoperated	D MR LEVEL 2 MR
Drug Abuse	Within 5 Years Over 5 Years	D APS
Ear Infections (See Otitis Media)		
Emphysema		D
Endometriosis	Within 1 Year Over 1 Year	MR LEVEL 1
Epilepsy		QST
Fibrocystic Breast Disease (See Breast Disorders)		
Fracture		MR
Gallbladder Disorders Cholelithiasis or Cholecystitis	Unoperated Operated: Within 6 Months Over 6 Months	MR LEVEL 2 LEVEL 1 MR
Other		
Genital Warts	3 or more STDs within 5 Years or Anal/Rectal Warts within 2 Years Within 6 Months Over 6 Months	D LEVEL 3 LEVEL 1

Condition	Underwriting Considerations (From Application Receipt Date)	Underwriting Action
GERD (Acid reflux disorder)	Testing/work up not complete OR surgery planned/recommended OR pulmonary complications with 12 months OR history of eating disorder OR alcohol abuse OR implant present	D
	Controlled over the counter medication or symptoms do not require medication	Level 1
	Prescription medication use within past 6 months: Infants (Under 12 months of age)	LEVEL 2
	Age 12 months or older	LEVEL 3
Gestational Diabetes	Current Pregnancy	D
	Past Pregnancy After 5 years OR within 5 years but released from physician care and weight is not ratable	LEVEL 1
	Within 5 years but released from physician care and weight is ratable	LEVEL 2 and height and weight rate up
	Hysterectomy or tubal ligation	LEVEL 1
	*Glucose levels must have returned to normal after birth of baby.	
Glaucoma		MR
Gonorrhea	Within 1 Year	D
	Over 1 but within 3 Years	APS
	Over 3 Years	LEVEL 1
Gout	Within 2 Years	APS (including uric acid lab reports)
	Over 2 Years	LEVEL 1
Headache (Migraine)	Within 1 Year	MR
	Over 1 Year	LEVEL 1
	* Applicants who have 2 or more ER/ urgent care visits within the past 12 months or had change in prescription medication within the past 90 days or diagnosed within the past 90 days are not eligible for coverage.	

Condition	Underwriting Considerations (From Application Receipt Date)	Underwriting Action
Heart Disorders		
Heart Attack		D
Atrial Fibrillation & Flutter / Cardiac Dysrhythmia	Within 2 Years	APS
	Over 2 Years	LEVEL 1
		APS
Congestive Heart Failure		LEVEL 1
Coronary or vascular stent, valve replacement, pacemaker, internal defibrillator, or vascular strainer		D
Mitral Valve Prolapse	Operated:	D
	Within 1 Year	
	Over 1 Year	D
	Unoperated	MR
Palpitations/Cardiac Murmurs	Within 1 Year	MR
	Over 1 Year	APS
Rapid Heart Rate (Tachycardia)	Within 2 Years	LEVEL 1
	Over 2 Years	APS
		LEVEL 1
Hematuria (blood in urine)	Within 1 Year	APS
	Over 1 Year	LEVEL 1
Hemiplegia		D
Hemophilia		D
Hemorrhoids	Operated	LEVEL 1
	Unoperated	MR
Hepatitis		
Type A		MR
Type B	Within 2 Years	D
	Over 2 Years	MR
Type C, D or E		D
Alcoholic		D
Chronic		D
Hernia	Operated:	
	Within 6 Months	LEVEL 2
	Over 6 Months	LEVEL 1
	Unoperated	MR

Condition	Underwriting Considerations (From Application Receipt Date)	Underwriting Action
Herpes (Genital)	Within 1 Year Over 1 Year	MR LEVEL 1
Hodgkin's Disease	Within 10 Years Over 10 Years	D LEVEL 2
Hypertension (high blood pressure)		QST
Hypoglycemia (low blood sugar)	Within 1 Year Over 1 Year	APS LEVEL 1
Hypotension (low blood pressure)	Within 1 Year Over 1 Year	APS LEVEL 1
Irritable Bowel Syndrome	Within 6 Months After 6 Months	LEVEL 2* LEVEL 1
* With option for a more favorable decision on appeal.		
Kidney Stones	Within 1 Year Over 1 Year	MR LEVEL 1
Knee Derangement	Operated: Within 1 Year Over 1 Year Unoperated	MR LEVEL 1 MR
Leukemia	Within 10 Years Over 10 Years	D LEVEL 2
Lupus		D
Menopausal Bleeding	Within 1 Year After 1 Year	MR LEVEL 1
Mental Retardation	Mild (IQ 50 - 70) Moderate/Severe (IQ < 50)	APS D
Multiple Sclerosis		D
Muscular Dystrophy		D
Osteoporosis		MR
Otitis Media	Within 12 Months Over 12 Months	MR LEVEL 1*
* If currently taking preventive medication, LEVEL 2		
Panic Disorder	Within 1 Year After 1 Year *Applicants with a suicide attempt or hospitalization in the past 3 years are not eligible for coverage.	MR LEVEL 1
Pap Smear (Abnormal)	Within 10 Years Over 10 Years	APS LEVEL 1
Paraplegia		D
Pneumonia (Bacteria)	Within 6 Months Over 6 Months	MR LEVEL 1
Polyp (Colon)	Operated: Within 5 Years Over 5 Years Unoperated	MR LEVEL 1 D

Condition	Underwriting Considerations (From Application Receipt Date)	Underwriting Action
Pregnancy (current)		D
Prostatitis		
Acute	Within 1 Year	MR
	Over 1 Year	LEVEL 1
Chronic	Within 1 Year	LEVEL 3
	Over 1 Year	LEVEL 2
Pulmonary Embolism	Within 2 Years	APS
	Over 2 Years	LEVEL 1
Quadriplegia		D
Raynaud's Disease		MR
Renal Failure		D
Retinal Detachment	Unoperated	LEVEL 3
	Operated:	
	Within 1 Year	LEVEL 2
	Over 1 Year	LEVEL 1
Rheumatic Heart Disease		D
Schizophrenic Disorders	Within 10 Years	D
	Over 10 Years	APS
Sinusitis	Within 1 Year	MR
	Over 1 Year	LEVEL 1
Sleep Apnea	Operated:	
	Within 1 Year	LEVEL 2
	Over 1 Year	LEVEL 1
	Unoperated:	
	Within 3 Years	APS
	Over 3 Years	LEVEL 1
Stroke		D
Thyroid Gland Disorders		MR
Tonsillitis	Operated	LEVEL 1
	Unoperated	MR
Tobacco	Depending upon the number of cigarettes smoked per day within the past 12 months, an applicant may receive a LEVEL 2 or LEVEL 3 rating.	
Ulcer	Operated:	
	Within 1 Year	APS
	Over 1 Year	LEVEL 1
	Unoperated	MR
	Within 5 years	APS
	Over 5 years	LEVEL 1

Condition	Underwriting Considerations (From Application Receipt Date)	Underwriting Action
Ulcerative Colitis	Operated with a Total Proctocolectomy with IPAA (ileal pouch-anal anastomosis) performed:	
	Within 5 years	D
	Over 5 years Medical Records required and if approved	LEVEL 3
	Operated with a surgical procedure other than a Total Proctocolectomy with IPAA performed	D
	Un-operated	D
Uterine Fibroids		MR
Menopausal/ Post-menopausal	Hysterectomy performed	Level 1

For automatic decisions with an option for a more favorable decision on appeal, please see the chart below to see the specific documentation that is required and would result in a faster decision if submitted with the application:

Condition	Documentations Required for a Potentially More Favorable Decision
Diabetes	Diabetes Questionnaire
Irritable Bowel Syndrome	Records for the past 6 months
Osteoarthritis	If osteoarthritis is not in the hip, knee, shoulder, or spine, submit records for the past 12 months
Rheumatoid Arthritis	Records for the past 5 years

Re-Reviews (Appeals)

All applicants who receive an adverse underwriting decision for a request for individual coverage will receive written notification of our decision. Every applicant who receives an adverse underwriting decision has the right to appeal the decision.

Our policy gives the applicant 90 business days from the date of written notification of the adverse decision to submit a written appeal. This written request may be from the applicant or a person acting on behalf of the applicant such as a health care provider, broker or family member. All responses to appeal requests will be directed and sent to the applicant.

The purpose of an appeal is to provide additional information that was not available during the initial review or to provide corrections to the information that was provided. To expedite the appeal process the applicant should submit supporting information from their provider with the written appeal. If supporting information is not submitted with the written appeal it will be requested if necessary during the appeal review.

Retroactive Process for Material Misrepresentation

BCBSGa has 24 months to initiate retroactive action due to false or omitted health information on the application. Claims submitted during that period are reviewed for pre-existing conditions not listed on the application. If a pre-existing condition that should have been disclosed is discovered or if any other material misstatements are discovered, the Policy may be retroactively canceled.

Changes in Coverage

Changes in coverage are necessary from time to time to meet the policyholder's changing needs. Changes to existing policies can be made effective the first of the month if the request is received on or before the first of that month. Additional detailed information regarding changes in coverage is available in the BCBSGa Product Movement Guidelines located on the broker website at BCBSGa.com.

Adding Maternity Rider (available for Premier only)

Medical underwriting required: No

Credit for prior time given: No

When allowed: Anytime, only once in a 12 month period.

Form required: Change Request form

Effective date: 1st of month following Change Request receipt

Deleting Maternity rider (from Premier)

Medical underwriting required: No

Credit for prior time given: N/A

When allowed: Anytime

Form required: Change Request form

Effective date: Anytime, no earlier than receipt date of request.

Name or Address Change

Medical underwriting required: No

Credit for prior time given: N/A

When allowed: We will allow cancellation retro to the first of the month if the request is received within the first 7 days of the month.

Form required: Change Request form

Effective date: Anytime, no earlier than receipt date of request.

Cancel Requests

Medical underwriting required: No

Credit for prior time given: N/A

When allowed: Anytime

Form required: Change Request form

Effective date: Anytime, no earlier than receipt date of request.

Policy or Product Upgrades & Downgrades

Please refer to the Product Movement Guideline for detailed information regarding deductible and product changes and if the change is an upgrade or downgrade.

Downgrades – increasing deductible; moving to a lower benefit plan

Medical underwriting required: No

Credit for prior time given: Yes (SmartSense, Premier and Tonik only)

When allowed: Anytime after policy has been enforce at least 30 days

Form required: Change Request form

Effective date: 1st of month following Change Request receipt

Upgrades – decreasing deductible; moving to higher benefit plan; rating level review

Medical underwriting required: Yes

Credit for prior time given: Yes (SmartSense; Premier and Tonik only)

When allowed: Policy must be enforce at least 30 days and then twice within a 12-month period – Does not have to be at renewal*

Form required: Individual Enrollment Application with Change Request box marked

Effective date: 1st of month following receipt

***Plan Changes 60 days prior to Renewal or Age Band Rate Change**

Medical underwriting required: No if moving to comparable plan –
see Product Movement Grid

Credit for prior time given: Yes

When allowed: Request must be received on or before renewal date

Form required: Renewal Option Card or call a Customer Service
at 800-718-8831

Effective date: Date of renewal

Note: See Renewal Process and Options section of this manual for specific
details

Rollbacks (HDHP only)

Medical underwriting required: Yes

Credit for prior time given: No

When allowed: At or anytime after the first renewal date

Form required: Call Customer Service 800-718-8831

Effective date: 1st of month following receipt

Changes in Family Status**Addition of Dependent (Not available for Tonik or Short-term)**

Medical underwriting required: Yes (exception is newborns to an existing
policy w/written request)

Credit for prior time given: Yes (SmartSense, Premier only)

When allowed: Anytime

Form required: Individual Enrollment Application with Charge Request box
marked

Effective date: 1st of month following receipt

Adding a Newborn or Adopted Child (Not available for Tonik)

Medical underwriting required: No if written request received within 31 days
of date of birth

Credit for prior time given: Yes (SmartSense, Premier only)

When allowed: Anytime

Form required: Change Request form

Effective date: Date of birth or placement for adoptions

Cancellation of Dependent

Medical underwriting required: No

Credit for prior time given: N/A

When allowed: Anytime

Form required: Change Request form

Effective date: 1st of month following request

Aging off Dependent

Medical underwriting required: No, if moving to same product and same deductible

Credit for prior time given: Yes

When allowed: Request must be received within 30 days of dependent ineligibility

Form required: Change form

Effective date: 1st of month following ineligibility

Renewal Process and Options

A member's policy renews each year on the first day of the calendar quarter in which they initially signed their application. At the time of each annual renewal, the premium rate for the policy may change based upon the new rates in effect for that product, quarter, and duration (if applicable). In addition, a policy's premium may change based upon the age of the primary insured. During the first policy year, any age changes will not be reflected until the first annual renewal. Following that, age band rate changes will take effect on the first day of the calendar quarter after the month of the birthday.

Approximately 60 days prior to the renewal effective date each calendar quarter, you (the agent) will receive a list containing each of your clients impacted by a rate change. This list will include:

- Your client's name
- Their current plan and monthly premium amount
- Their new monthly premium amount
- Up to three product movement options

Your client will receive a renewal kit that includes a letter outlining the renewal changes, new premium amount, up to three product movement options, and a Renewal Option Card.

***Special rules for plan changes prior to a renewal rate change or age band rate change:**

In addition to product movement options available at all times, BCBSGa members have the option to move to another plan that offers comparable benefits within BCBSGa's actively sold product portfolio without medical underwriting. Members must exercise this option within the 60-day period prior to the effective date of a renewal or age band rate change.

To request a change to one of the plans offered in the renewal letter, **members** may either mail the Renewal Option Card to BCBSGa or call Customer Service at 800-718-8831. **The request must be received on or before the renewal date (first day of the calendar quarter).**

For more information about specific plan changes, please refer to the Product Movement Option Grid at **BCBSGa.com** or contact Sales Operations at 866-215-4879.

Special considerations for changes during the 60-day renewal period:

- For members requesting a change to a new plan, any existing waivers, rate ups, waiting periods, deductible accumulations, and accumulations toward the lifetime benefit maximum will be carried over to the new plan. Members with an existing waiver that move to the Premier or SmartSense plans will receive an additional rate up and the waiver will be removed.
- Members that wish to move to a higher benefit or lower deductible plan will still be subject to medical underwriting and should submit a BCBSGa Individual Enrollment Application.

A member's policy renews on the first day of the quarter in which the member signed the application. The first renewal will occur on that day of the following year and annually thereafter on the same day each year.

Age band changes take place on the first annual renewal date if the birthday occurs prior to the first renewal. After the first renewal, age band changes will take effect on the first day of the quarter after the month of the birthday.

Agent Services

For information regarding application status, please login to the agent services section of **bcbsga.com** using your user name and password. For assistance with Agent Services or to request a user name and password please call **888-268-4361**.

BCBSGA Legacy Plans

**The following section
contains information on
BlueValue, BlueValue Select,
and HDHP**

HDHP, Blue Value and Blue Value Select Underwritten Programs

- Preferred Rate — This rate applies to applicants with minimal underwriting risk.
- Tobacco OR Condition waiver rate up — This rate applies to applicants who use or have used tobacco within the past 12 months OR who have a condition, illness or injury that can be identified as one that may affect the applicant's overall health and could affect the risk balance for all other policyholders.
- Tobacco AND Condition waiver rate up — This rate applies to applicants who use or have used tobacco within the past 12 months AND who have a condition, illness or injury that can be identified as one that may affect the applicant's overall health and could affect the risk balance for all other policyholders.

Condition Waivers for HDHP, Blue Value and Blue Value Select

Condition waivers are offered at the applicant level and if accepted, it means that expenses for treatment of that condition, or any other conditions related to the condition will not be covered for a specified period of time. Waiver durations are anywhere from two years to lifetime depending on the potential risk of the condition. Waiver conditions and lengths are pre-determined. Statistically members who have waivers are shown to be higher users of health insurance for conditions other than the waived condition. That is why these members pay a higher rate. The effective date for policies with accepted condition waivers is the day that the condition waiver is offered to the applicant provided it is within 75 days of the signature date of the application.

Removing Condition Waivers on HDHP, Blue Value and Blue Value Select

When the designated waiting period for the condition waiver has been satisfied, the condition waiver is removed from the policy. Policyholders should contact BCBSGa to be sure that the condition waiver rate up has been removed from the policy.

If the policyholder would like to apply to have the condition waiver removed prior to the waiver waiting period expiring, a new application must be completed. The application should indicate that the applicant is requesting a review of the waiver and should be accompanied by current medical records including office notes, consultations and all laboratory and test results. Termination of the waiver will be dependent upon the findings of the waiver review.

Rates and Levels of Coverage

Blue Cross and Blue Shield of Georgia (BCBSGa) believes that someone whose health can be predicted to require costly care should not unfairly offset the cost of covering expenses of someone with minimal health care needs. BCBSGa Individual plans offer a solution. These plans balance the cost of coverage by making sure that a 'Risk Balance' is maintained. Our rates include a rating area factor based on the county in which the applicant resides along with the factors indicated below.

BCBSGa Individual plan rates are based on the signature date of the application. New business rates change the first day of each quarter and are available on our website: BCBSGa.com. We offer different levels of premiums:

Age/Gender Rates:

The Age band rate is determined by the age of the applicant (older spouse on family contracts) on the first day of the quarter in which the applicant signed the application. Rates are available for Male, Female or Family. One person on an application will result in individual coverage. More than one person on an application for plans that offer maternity coverage will result in family coverage that includes maternity. If maternity is not needed, rates may be lower if separate applications are submitted.

Preferred Rates:

Preferred Rates are for individuals with medical conditions of minimal underwriting risk. BCBSGa calculates the rate for Applicant and Spouse or Family based on the age of the older spouse.

Tobacco Use Rate:

Applicants answering 'yes' to the tobacco use question with use within the past 12 months	Applicants answering 'yes' to the tobacco use question with NO use within the past 12 months
<p>Applicant will receive a letter informing them of their tobacco use premium. If applicant is also receiving a medical waiver, the notice of tobacco use premium will be included in their medical waiver letter.</p> <p>The earliest effective date would be the day following the approval of the application. If there is also a medical waiver involved, the earliest effective date would be the day following BCBSGa's receipt of the signed and dated waiver.</p> <p>The first month's premium at preferred rates should be submitted with the application. The increased premium associated with the tobacco user rates will begin with the second month's premium.</p>	<p>Applicant must provide the date they quit as well as any treatment dates and programs in the space provided on the application for details on any medical question answered "yes".</p> <p>This information will be considered by Medical Underwriting.</p> <p>If no explanation is provided, tobacco use rates will automatically apply.</p> <p>If no use within the past 12 months, the applicant/member may appeal the underwriting decision by submitting the Tobacco Questionnaire for review within the first 30 days the policy is in force. After these 30 days, please refer to the Plan Change section of this guide.</p>

Waivers:

BCBSGa has developed a system of waivers that may be assigned to Individual and Family policies. This allows us to provide modified coverage to enrollees who would otherwise be declined. A waiver is assigned for a condition, illness, or injury that can be identified as one that may affect the applicant's overall health, and could affect the 'risk balance' for all other policyholders.

When a waiver is assigned, it means the expenses for treatment of that condition, or any other conditions related to it, will not be covered for a specified period of time. Statistically, members who have waivers are shown to be higher utilizers of health insurance for conditions other than the waived condition. Therefore, those members will pay a higher rate to reflect this higher utilization.

The duration of the waiver can be 2 - 5 years or lifetime, depending upon the specific potential risk of the condition. Any prescription medications associated with a waiver will not be covered until the waiver period has expired.

The first month's premium rated at preferred rates should be submitted with the application. The increased premium associated with the medical waiver rates will begin with the second month's draft or bill. A letter will be issued to the applicant advising them of the waived condition and increased premium. The applicant must sign and return the waiver letter within ten calendar days by fax to 800-327-9255 or by mail to BCBSGa, P. O Box 4445, Atlanta GA 30302-4445. The earliest effective date would be the day following BCBSGa's receipt of the signed and dated waiver.

Pre-existing Waiting Periods

Coverage will not be provided for the 12 months following the effective date of all BCBSGa Individual Plans for any illness, injury, or other condition for which medical advice, diagnosis, care, or treatment was recommended or received in the 12 months prior to the effective date. Any prescription medications associated with a pre-existing condition will not be covered until the 12-month pre-existing waiting period has expired.

Maternity Waiting Periods

- Maternity benefits are only available with a BCBSGa family plan consisting of two or more people in the same family.
- There is a twelve month waiting period from the Effective Date of a BCBSGa family plan that includes maternity benefits, before maternity benefits will be paid. A baby must be born in the 13th month or after following the effective date of a family contract for normal routine maternity benefits to be considered for payment.

- Maternity is not covered on the Blue Value \$3,500; \$5,000; \$10,000; or FlexPlus Plans.
- There are no maternity benefits for the dependent child of an insured on any of our plans.
- Please refer to 'Adopted Children, Infants, and Newborns being added to an existing policy' section on page six for instructions on adding newborns to an existing policy. No additional premium is required if the baby is being added to an existing family policy.

Effective Date Selection

If a waiver rate is involved, the effective date of coverage will be the day following BCBSGa's receipt of the signed and dated waiver if the requested effective date has already past. Change of Coverage and Add Dependent(s) applications will always be effective on the 1st of the month following approval by Medical Underwriting. Please refer to 'Plan Change' section for further details

Automatic Decline Conditions

This is not an all-inclusive list and is subject to change.

AIDS Related Complex	Multiple Sclerosis
Alcoholic Cirrhosis	Muscular Dystrophy
Alzheimer's Disease	Organic Brain Syndrome
Ascites	Parkinson's Disease
Becker's Disease	Personality Disorders
Cardiomyopathy	Polyarteritis
Chronic Glomerulonephritis	Polycythemia Vera
Chronic Hepatitis	Pregnancy
Chronic Pancreatitis	Primary Pulmonary Hypertension
Chronic Renal Failure	Psoriatic Arthritis
Cooley's Anemia	Rosenthal's Disease
Congestive Heart Failure	Sickle Cell Anemia
Crohn's Disease	Stroke
Cystic Fibrosis	Tay-Sach's Disease
Dementia	Transient Ischemic Attack
Emphysema (COPD)	Transplanted Organ Recipients
Fabry's Disease	Transposition of Great Vessels
Felty's Syndrome	Ventricular Fibrillation and Flutter
Gaucher's Disease	Wilson's Disease
Heart Attack	Neurogenic Bladder
Hemophilia	
HIV Positive	
Hypogammaglobulinemia	
Lou Gehrig's Disease	
Systemic Lupus Erythematosus	

Automatic Medication Denials

(This is not an all-inclusive list and is subject to change.)

Medication Denials

Decline if any applicant is taking or has taken any of the following medications within the past year:

Abacavir	d4T	Humira	Neupogen	Synagis
Abilify	Dapsone	Indinavir	Norvir	Synvisc
Aggrenox	Daunoxome	Insulin	Octagam	Tacrolimus
Aldurazyme	Delavirdine	Interferon	Orthoclone OKT3	Tarceva
Alimta	Didanosine	Invirase	Parcopa	Tasmar
Amprenavir	Doxil	Iressa	Pentamidine	Thalidomide
Antabuse	Duralith	Kaletra	Platinol	Thalomid
Apokyn	Efavirenz	LAAM	Plavix	Ticlid
Arava	Eloxatin	Lamivudine	Plenaxis	Ticlopidine
Aricept	Emtriva	Leponex	Pletal	Trizivir
Aromasin	Enbrel	Levomethadyl	PMPA	Truvada
Avastin	Entocort	Lexiva	Pneumopent	Tysabri
Avonex	Epivir	Lithane	Prialt	Valcyte
AZT	Epzicom	Lithium	Rebif	Vantas
Baraclude	Equetro	Lithizine	Remicade	Velcade
Betaseron	Erbitux	Lithobid	Rescriptor	Vidaza
Bexxar	Eskalith	Lithonate	Retrovir	Videx
Capoxone	Fabrazyme	Lithotabs	ReVia	Viramune
Carbolith	Faslodex	Loxapine	Reyataz	Viread
Cibalith-S	Fazaclo	Loxitane	Risperdal	Vistide
Cisplatin	Felbamate	Lymphocyte Immune Globulin	Sandimmune	Vitravene
Clolar	Felbatol	MBACOD	Seroquel	Zalcitabine
Clozapine	Flolan	Memantine	Somavert	Zerit
Clozaril	Fortovase	Mepron	Stauvdine	Ziagen
Cognex	Foscavir	Methadone	Suboxone	Zidovudine
Combivir	Fuzeon	Muromonab-CD3	Subutex	Zyprexa
Comtan	Ganciclovir	Mycophenolate	Supartz	
Crixivan	Geodon	Myfortic	Sustiva	
Cyclosporine	Gleevec	Namenda	Symbyax	
Cytovene	HIVID	Naltrexone	Symlin	

* Any medication not on this list should be investigated in order to determine the underlying medical condition for which the medication was prescribed.

Height and Weight Table

Females Age 18 to 64

Height	APS (Attending Physician's Statement)	ACCEPT	ACCEPT * (Review for Combination Risk Factors)	DECLINE
4'0"	<56	56 - 83	84 - 122	123
4'1"	<58	58 - 87	88 - 126	127
4'2"	<60	60 - 92	93 - 132	133
4'3"	<62	62 - 98	99 - 138	139
4'4"	<64	64 - 102	103 - 142	143
4'5"	<66	66 - 108	109 - 149	150
4'6"	<68	68 - 113	114 - 154	155
4'7"	<70	70 - 119	120 - 161	162
4'8"	<72	72 - 124	125 - 166	167
4'9"	<74	74 - 130	131 - 172	173
4'10"	<76	76 - 161	162 - 189	190
4'11"	<78	78 - 164	165 - 193	194
5'0"	<79	79 - 167	168 - 196	197
5'1"	<81	81 - 170	171 - 199	200
5'2"	<83	83 - 173	174 - 202	203
5'3"	<86	86 - 177	178 - 207	208
5'4"	<89	89 - 181	182 - 211	212
5'5"	<92	92 - 185	186 - 215	216
5'6"	<95	95 - 189	190 - 219	220
5'7"	<98	98 - 193	194 - 229	230
5'8"	<101	101 - 197	198 - 235	236
5'9"	<104	104 - 200	201 - 241	242
5'10"	<107	107 - 203	204 - 246	247
5'11"	<110	110 - 206	207 - 252	253
6'0"	<113	113 - 209	210 - 257	258
6'1"	<119	120 - 224	225 - 273	274
6'2"	<127	128 - 232	233 - 281	282
6'3"	<131	132 - 241	242 - 291	292
6'4"	<132	133 - 247	248 - 298	299
6'5"	<141	142 - 256	257 - 307	308
6'6"	<147	148 - 262	263 - 314	315

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Height and Weight Table

Adult Male: Age 18 – 64

Height	APS (Attending Physician's Statement)	ACCEPT	ACCEPT* (Review for Combination Risk Factors)	DECLINE
4'6"	<87	87 - 127	128 - 158	159
4'7"	<89	89 - 133	134 - 165	166
4'8"	<91	91 - 138	139 - 170	171
4'9"	<93	93 - 144	145 - 177	178
4'10"	<95	95 - 149	150 - 182	183
4'11"	<97	97 - 156	157 - 189	190
5'0"	<99	99 - 161	162 - 195	196
5'1"	<101	101 - 168	169 - 202	203
5'2"	<103	103 - 185	186 - 215	216
5'3"	<105	105 - 188	189 - 218	219
5'4"	<107	107 - 191	192 - 222	223
5'5"	<109	109 - 195	196 - 226	227
5'6"	<111	111 - 199	200 - 230	231
5'7"	<113	113 - 203	204 - 234	235
5'8"	<115	115 - 207	208 - 249	250
5'9"	<117	117 - 211	212 - 256	257
5'10"	<119	119 - 215	216 - 262	263
5'11"	<121	121 - 219	220 - 270	271
6'0"	<124	124 - 223	224 - 277	278
6'1"	<127	127 - 227	228 - 285	286
6'2"	< 130	130 - 232	233 - 292	293
6'3"	<133	133 - 237	238 - 300	301
6'4"	<137	137 - 242	243 - 307	308
6'5"	<169	169 - 269	270 - 316	317
6'6"	<175	175 - 275	276 - 322	323
6'7"	<184	184 - 284	285 - 332	333
6'8"	<190	190 - 290	291 - 338	339
6'9"	<200	200 - 300	301 - 349	350
6'10"	<206	206 - 306	307 - 355	356
6'11"	<216	216 - 316	317 - 366	367
7'0"	<223	223 - 323	324 - 374	375
7'1"	<233	233 - 333	334 - 384	385
7'2"	<239	239 - 339	340 - 391	392
7'3"	<249	249 - 349	350 - 401	402

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***Review for Combination Risk Factors:**

- Overweight (Accept* in height and weight chart)
- Hypertension
- Elevated Cholesterol or Elevated Triglycerides
- Tobacco use within the past 1 year
- Diabetes
- Cardiovascular Disease

The presence of three or more of these combination risk factors will lead to decline.

Child: Age Birth – 17

Height (in)	ACCEPT	REVIEW *	DECLINE
36"	<64	64-72	73+
37"	<68	68-76	77+
38"	<71	71-81	82+
39"	<75	75-85	86+
40"	<79	79-89	90+
41"	<83	83-94	95+
42"	<87	87-98	99+
43"	<91	91-103	104+
44"	<95	95-108	109+
45"	<100	100-113	114+
46"	<104	104-118	119+
47"	<109	109-123	124+
48"	<113	113-129	130+
49"	<118	118-134	135+
50"	<123	123-140	141+
51"	<128	128-145	146+
52"	<133	133-151	152+
53"	<138	138-157	158+
54"	<143	143-163	164+
55"	<149	149-169	170+
56"	<154	154-175	176+
57"	<160	160-182	183+
58"	<165	165-188	189+
59"	<171	171-195	196+
60"	<177	177-202	203+
61"	<183	183-208	209+
62"	<189	189-215	216+
63"	<195	195-222	223+
64"	<201	201-229	230+
65"	<208	208-237	238+
66"	<214	214-244	245+
67"	<220	220-251	252+
68"	<227	227-259	260+
69"	<234	234-267	268+
70"	<241	241-274	275+
71"	<248	248-282	283+
72"	<255	255-290	291+
73"	<262	262-299	300+
74"	<269	269-307	308+
75"	<276	276-315	316+
76"	<284	284-324	325+
77"	<291	291-332	333+
78"	<299	299-341	342+
79"	<306	306-350	351+
80"	<314	314-359	360+

*If co-morbidities (1) are present - DECLINE / If no co-morbidities (1) are present - ACCEPT
 (1)CO-morbidities are considered Hypertension, Diabetes, Sleep Apnea, Cardiopulmonary Conditions, and Elevated Cholesterol/Triglycerides.

Health History Guidelines

This is not an all-inclusive list and is subject to change without prior notice.

Abbreviations: APS = Attending Physician Statement;
SST = Signs, Symptoms or Treatment

Condition	Underwriting Decision (Based on Application Receipt Date)
Acne	SST within 1 monthReview (Accept or Decline) No SST within 1 monthAccept
Abdominal Pain	SST within 6 monthsReview (Accept or Decline) No SST within 6 monthsAccept
Alcohol / Drug Dependence	SST within 5 yearsDecline No SST within 5 yearsReview (Accept or Decline)
Allergic Rhinitis	No ImmunotherapyAccept Immunotherapy within 2 yearsWaiver 24 months
Anxiety / Depression - Questionnaire Required	SST within 1 yearReview If hospitalized within past 1 yearDecline If no hospitalization within past 1 yearReview (Accept or Waiver 36 months) No SST within 1 yearAccept
Asthma - Questionnaire Required	SST within 1 yearQuestionnaire (Accept, Waiver 60 months, or Decline) No SST within 1 yearAccept
Atrial Septal Defect	Operated: SST within 1 yearReview (Accept or Decline) No SST within 1 yearAccept Unoperated.Review (Accept or Decline)
Attention Deficit Disorder	Accept (Outpatient counseling and testing is not a contract benefit)
Autism and other Childhood Psychoses and Pervasive Developmental Disorders	SST within 10 yearsDecline No SST within 10 yearsAPS (Accept or Decline)
Back Pain	SST within 1 yearAPS ResolvedAccept UnresolvedDecline No SST within 1 yearAccept
Basal Cell Carcinoma (Need pathology report to underwrite)	SST within 6 monthsWaiver 36 months No SST within 6 monthsAccept
Bipolar Disorder	SST within 10 yearsDecline No SST within 10 yearsAPS (Accept or Decline)
Cancer, Prostate	SST within 5 yearsDecline No SST within 5 yearsAccept

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Condition	Underwriting Decision (Based on Application Receipt Date)
Drug Abuse, Nondependent	<p>Antidepressant Abuse SST within 1 year Decline No SST within 1 year but within 5 years APS (Accept or Decline) No SST within 5 years Accept</p> <p>Alcohol or Other Unspecified Abuse SST within 2 years APS (Accept or Decline) No SST within 2 years Accept</p> <p>Cannabis Abuse SST within 5 years Review (Accept or Decline) No SST within 5 years Accept</p> <p>Drug Abuse SST within 5 years Decline No SST within 5 years Accept</p>
Eating Disorders	SST within 1 year Decline No SST within 1 year APS (Accept or Decline)
Endometriosis	SST within 1 year Review (Accept, Waiver 36 months, or Decline) No SST within 1 year Accept
Epilepsy / Seizures – Questionnaire Required (Specific type and date of last seizure required to underwrite)	<p>Partial Epilepsy: Seizure within 1 year Decline No seizure within 1 year Waiver</p> <p>Generalized Nonconvulsive Epilepsy: Petit Mal or Absence Seizures Seizure within 3 years Decline No seizure within 3 years Waiver</p> <p>Others Current SST, uncontrolled or 1 or more seizures within 1 year Decline Others Accept</p> <p>Generalized Convulsive Epilepsy, & Grand Mal Status: Seizure within 5 years Decline No seizure within 5 years Waiver</p> <p>Convulsions: Uncontrolled or seizure within 1 year Decline Controlled and no seizure within 1 year Accept</p>
Fibrocystic Breast Disease	Accept
Fibromyalgia	SST within 6 months Review (Accept or Waiver 36 months) No SST within 6 months Accept
Gallbladder Disorders	<p>Obstruction of Gallbladder: Operated Accept Unoperated Decline</p> <p>Gallbladder Disorder Accept</p> <p>Calculus / Cholecystitis: Operated Review Unoperated Review (Accept, Waiver 24 months, or Decline)</p>

BlueValue, BlueValue Select, HDHP, and FlexPlus

Condition	Underwriting Decision (Based on Application Receipt Date)
Gallbladder Disorders (continued)	Cholangitis, Other Disorders of Biliary Tract: Operated: SST within 6 months Waiver 24 months No SST within 6 months Accept Unoperated: Current SST Decline No current SST Waiver 24 months
Gastroesophageal Reflux / GERD	Operated: SST within 1 year APS (Waiver 60 months or Decline) No SST within 1 year Accept Unoperated: SST within 1 year Review (Waiver 60 months or Accept) No SST within 1 year Accept
Genital Warts	SST within 6 months Waiver 36 months No SST within 6 months Accept
Genital Herpes	If initially diagnosed within past 1 year Waiver 36 months If initially diagnosed more than 1 year ago Review (Accept or Waiver 36 months)
Glaucoma	Lifetime Waiver
Gout	SST within 2 years APS (Accept or Decline) No SST within 2 years Accept
Hemorrhoids	Accept
Hepatitis A / E	SST within 6 months Decline No SST within 6 months Accept
Hepatitis B / D	SST within 1 year Decline No SST within 1 year APS (Accept or Decline)
Hepatitis C / G	Lifetime Decline* *Option for a more favorable decision with APS, Liver Function Tests, and Hepatic Panel (labs must be performed within the past 1 year).
Hernia, Hiatal	Operated Accept Unoperated: Without obstruction: Medication use within 1 year Waiver 36 months No medication use within 1 year Accept With obstruction or gangrene Decline
Hernia, Inguinal	Operated Accept Unoperated: With obstruction or gangrene Decline Others: SST within 1 year Decline No SST within 1 year Waiver 36 months Resolved spontaneously, no ongoing SST or evaluation Accept
Hip / Knee Replacement	Age 59 & Under Decline Age 60-64 Review (Lifetime Waiver or Decline)

BlueValue, BlueValue Select, HDHP, and FlexPlus

Condition	Underwriting Decision (Based on Application Receipt Date)
Hyperlipidemia (Elevated Cholesterol)	Lifetime Review (Accept or Decline)
Hypertension - Questionnaire Required	Decision is based on average of readings within past 1 year and use of medication . . . (Accept or Decline)
Hypertensive Heart & Renal Disease / Angina / Ischemic & Acute Pulmonary Heart Disease.	Lifetime Decline* *Option for a more favorable decision with additional medical information
Hyperthyroidism / Hypothyroidism	Lifetime Review If diagnosed within past 12 months . . . Waiver 48 months If diagnosed more than 12 months ago Accept
Hypothyroidism, Congenital	Birth through 6 months of age Decline Age 7 months through 64 years Review (Waiver 48 months or Decline)
Internal Derangement: Ankle, Foot, Shoulder, Upper Arm	Ankle or Foot Accept Shoulder or Upper Arm: Current SST Decline No current SST Accept
Irritable Bowel Syndrome	SST within 6 months Waiver 48 months No SST within 6 months Accept
Joint Disorders	SST within 6 months APS Resolved Accept Unresolved Decline No SST within 6 months Accept
Kidney Stones	SST within 1 year Review Multiple episodes Decline Single episode Accept No SST within 1 year Accept
Internal Derangement: Knee	Operated: SST within 1 year Review (Accept or Decline) No SST within 1 year Accept Unoperated: Current SST Decline No current SST but SST within past 1 year Waiver 24 months No SST within past 1 year Accept
Leukemia	SST within 10 years Decline No SST within 10 years Accept
Lymphedema	SST within 10 years Decline No SST within 10 years Accept
Major Depressive Disorder, Single Episode	SST within 1 year Decline No SST within 1 year APS Resolved, no residuals Accept Others Decline
Migraines	SST within 1 year Review (Accept or Waiver 60 months) No SST within 1 year Accept
Mitral Regurgitation / Mitral Insufficiency / Mitral Valve Prolapse	Operated: SST within 1 year Decline No SST within 1 year Review (Accept or Decline) Unoperated: Review (Accept or Decline)

BlueValue, BlueValue Select, HDHP, and FlexPlus

Condition	Underwriting Decision (Based on Application Receipt Date)
Newborn (under the age of 6 months) – Questionnaire Required to be completed by the provider	Under the age of 6 monthsReview
Obesity	If surgical procedure performed within 3 years....Decline If after 3 years through 5 years.....Review (Waiver or Decline) If no SST within 5 years.....Accept If no surgical procedure performed Refer to height and weight charts for decision
Obsessive-Compulsive Neurosis	SST within 5 yearsReview (Accept or Decline) No SST within 5 yearsAccept
Osteoarthritis	Lifetime.....Waiver* *Option for a more favorable decision with additional information.
Osteoporosis	Lifetime.....Review If no history of fracture of hip or spine AND if age 50 or overLifetime Waiver If others.....Decline
Otitis Media	Accept
Ovarian Cyst	SST within 1 yearReview Recurrent episodes within 1 year....Waiver 24 months Single episode within 1 year: Resolved, no SST other than BC pillsAccept Unresolved, excluding use of BC pills...Waiver 24 months No SST within 1 yearAccept
Peripheral Vascular Disease	SST within 10 yearsDecline No SST within 10 yearsAccept
Rheumatoid Arthritis, Adult	Lifetime.....Decline* * Option for a Waiver with additional medical information from physician.
Rheumatoid Arthritis, Juvenile	SST within 2 yearsDecline No SST within 2 yearsAccept
Rotator Cuff Syndrome	Operated: SST within 6 monthsDecline No SST within 6 monthsAccept Unoperated: Current SSTDecline No current SSTAccept
Schizophrenic Disorders	SST within 10 yearsDecline No SST within 10 yearsAPS (Accept or Decline)
Scoliosis	Operated: SST within 1 yearDecline No SST within 1 year but within 5 years....Review (Accept, Waiver 36 months, or Decline) No SST within 5 yearsAccept Unoperated: SST within 5 yearsAPS (Waiver 36 months or Decline) No SST within 5 yearsAccept
Sickle Cell Trait & Thalassemia Minor or Trait	Accept

Waiver Reviews

BCBSGa will review a waiver assigned to an Individual or Family policy with a Change Form completed by the member that is accompanied by current medical records, including office notes, consultations, and all laboratory and other tests results. Termination of the waiver will be dependent upon the findings of the waiver review. If the condition is progressive or ongoing, the waiver will not be terminated before the expiration date. Subsequently, the waiver will automatically terminate on the assigned waiver expiration date.

If, after review of additional supporting documentation, BCBSGa chooses to remove the waiver, termination will become effective on the first of the month following the decision to remove the waiver. The decision to terminate a waiver rests solely with BCBSGa and is not subject to any appeal rights.

Tobacco Rate Reviews

In order to appeal the rate up on tobacco use, the member must submit a completed Change Form along with a letter from his/her primary care physician stating no tobacco use in 12 months or urinalysis showing nicotine levels. BCBSGa does not pay for the urinalysis. There is no impact to the effective date if the tobacco rate is removed.

Renewal Process and Options

BCBSGa will email your renewals approximately 60 days prior to the renewal effective date each quarter.

You will receive: Your client's current plan, current premium, and new premium, plus other options. A renewal kit including a letter outlining the same options and a Renewal Option card.

Members may have options available in addition to those listed in their renewal kit. Please contact Broker Services at 866-215-4879 for additional options not listed or for any questions you may have.

I. Renewal Process:

- A member's policy renews on the first day of the quarter in which the member signed the application. The first renewal will occur on that day of the following year, and will occur annually thereafter on the same day each year,
- Age band changes take place on the first annual renewal date if the birthday occurs prior to the first renewal. After the first renewal, age band changes will take effect on the first day of the quarter after the month of the birthday.

II. Plan Changes at Renewal Rate Change or Age Band Rate Change:

BCBSGa individual members have the option to move to another BCBSGa plan that offers comparable benefits, more limited benefits and/ or higher deductibles within BCBSGa's actively sold products without medical underwriting. Members must exercise this option within the 60-day period prior to the effective date of the renewal/age band rate change.

Members may call Customer Service at 800-718-8831 anytime during their 60-day period prior to the effective date of the renewal/age band rate change to request a plan change. Plan Change Forms are not required for members requesting to move to comparable plans more limited benefits and/or higher deductible plans during the 60-day period.

Should members request a change to a new plan, any existing waiver, rate up, waiting periods, deductible accumulations, and accumulations towards lifetime benefit maximums will move with the member to the new plan.

Members requesting a change to a **higher benefit** or **lower deductible** plan during this 60-day period will be subject to Medical Underwriting and should submit a completed Change Form that can be faxed to us at 888-470-6598.

Members currently on our Hospital/Surgical plan as well as those who transitioned from UniCare and Mutual of Omaha are eligible to change to higher deductible plans within their current product family. Members of these plans are eligible to move to a lower deductible plan within their current product family or change to plans outside of their current product family, but these changes will be subject to Medical Underwriting and will require a completed Change Form.

Please refer to **Grid 1 – Rate Change Product Option Grid for members who are in the 60-day period prior to a renewal/age band rate change**. This grid is posted on our website BCBSGa.com and is only available and applicable for the 60 days prior to the renewal/age band rate change effective date – the first day of each quarter.

III. Renewal Option Card Changes (No Medical Underwriting Required)

- Members may select to change to a plan option offered in their renewal letter by completing the Renewal Option Card enclosed in their kit and mailing it to BCBSGa. The return address is printed on the card.
- The Renewal Option Card must be received by BCBSGa on or before the renewal date (the first day of the quarter).
- Members may also select to change to a plan offered in their renewal letter by calling Customer Service at 800-718-8831 on or before their renewal date.
- The options offered in the renewal letter do not require Medical Underwriting if requested during the 60-day period prior to the effective date of the renewal/age band rate change.

- If the Renewal Option Card is received after the renewal date or if a member calls to request the change after the renewal date, the change may require Medical Underwriting. We will notify the member if this request to change will require the member to complete a Change Form. The request will be reviewed by Medical Underwriting and the effective date of the change will be assigned if the request is approved.

IV. Plan Changes Requested Outside of Renewal or Age Band Rate Change Period: (May require Medical Underwriting)

Members may want to make changes to their existing BCBSGa coverage at times other than the renewal/age band rate change period, some of which are listed in the chart below.

Plan changes to add dependents (other than newborns), change the current plan deductible, change to a new plan, remove current condition waiver, or to have the tobacco rate up removed can be done after the policy has been in force for 30 days and may require Medical Underwriting review. Please note that plan changes that require Medical Underwriting may also require the underwriter to request additional information or medical records from the applicant or his/her medical provider(s).

Please refer to **Grid 2 – Product Option Grid** for members who are outside of their 60-day period prior to a renewal or age band rate change to determine if the option your client is considering will require underwriting approval.

Type of Plan Change	When Change Can Be Requested	Underwriting Required?	How to Request	Earliest Effective Date of change
Add Dependent	Anytime	Yes (If newborn or adopted child, refer to page 6)	Fax completed Change Form to 888-470-6598	1st of month following approval
Request to have tobacco rate up removed	Anytime after policy is in force for 30 days	Yes. All members on policy who have tobacco rate up must be approved at preferred rates with no tobacco rate up	Fax completed Change Form along with a letter from primary care physician stating no tobacco use in 12 months or urinalysis showing nicotine levels to 888-470-6598.	1st of month following approval
Request to have condition waiver removed prior to waiver expiration	Anytime after policy is in force for 30 days	Yes. Medical Underwriting will review waived condition to determine if waiver can be removed	Fax completed change form with current medical records, including office notes, consultations and all laboratory/other test results to 888-470-6598	1st of month following approval
Increase deductible on current plan	Anytime after policy is in force for 30 days	No	Call Customer Service 800-718-8831	1st of following month if requested by 25th
Move to a higher benefit or lower deductible plan.	Anytime after policy is in force for 30 days	Yes	Fax completed Change Form to 888-470-6598	1st of following month if received by 15th of the month
Move to a new product family anytime outside the 60-day period prior to renewal/ age band rate change (e.g. Blue Choice to Blue Value Select)	Anytime after policy is in force for 30 days	Yes Please refer to Grid #2: Product Option Grid	Fax completed Change Form to 888-470-6598	1st of following month if received by 15th of the month
Rollback Option	At or anytime after the first renewal date	Yes	Call Customer Service 800-718-8831	1st of following month if received by 15th of the month

- Please refer to **Rate Change Product Option Grid for members who are in their open enrollment period** that consist of the 60 days prior to the effective date of a renewal rate change or age band rate change.
- Please refer [BCBSGa.com](https://www.bcbsga.com) for quarterly updates of both the Rate Change Product Option Grid and the Product Change Grid.
- For plan changes that **do not require** Medical Underwriting, members may call Customer Service at 800-718-8831 to request the change.
- For plan changes **that do require** Medical Underwriting, members should complete a Change Form. The Change Form can be found at [BCBSGa.com](https://www.bcbsga.com). The form may be faxed to Enrollment/Billing at 888-470-6598 or may be mailed to BCBSGa, P.O. Box 4445, G00502, Atlanta, GA 30302.
- Plan changes that require Medical Underwriting have potential for waivers, rate ups, and declination of the change requested. BCBSGa will mail a letter to the member with the details of our decision. Should the member decide at that time to not make the requested change, they may continue on their current plan with no changes. The decision to terminate a waiver or remove a tobacco rate up rests solely with BCBSGa and is not subject to any appeal rights.
- Members who are billed monthly must pay the current month's premium in full before applying for any changes.
- Members who have already satisfied their 12-month pre-existing condition waiting period will not be required to serve another waiting period. This excludes members who are requesting a Rollback.
- If changing plans, any existing waiver, rate up, waiting periods, deductible accumulations, and accumulations towards lifetime benefit maximums will move with the member to the new plan.
- If the member decides to make no changes, their policy will renew as detailed in their renewal letter.

IMPORTANT NOTE: New Applications submitted for current BCBSGa individual members will not be accepted. Any change to a member's current plan may be requested by the member calling 800-718-8831 or mailing a completed Change Form to BCBSGa, P.O. Box 4445, G00502, Atlanta, GA 30302. Should you decide to assist a current member, **and you are not the current Agent of Record, there would be no compensation paid to you. If you decide to proceed and assist the BCBSGa member,** you may fax a completed PHI form to Enrollment/Billing at 888-470-6598. The PHI form can be found [BCBSGa.com](https://www.bcbsga.com).

Rollbacks: (Medical Underwriting Required)

- The member may request a Rollback option that will allow them to “rollback” to current new business rates that are in effect on the renewal date. This can be done each year, if your client chooses to keep the premiums at current new business rates.
- The member must agree to accept a new 12-month pre-existing condition waiting period, a new 12-month maternity waiting period if on a family contract which provides maternity benefits, and a new deductible beginning on the effective date of the Rollback. **The Rollback option is only recommended for your clients who do not have any ongoing medical conditions.**
- Rollback requests require approval from Medical Underwriting.

If the request is **approved**, BCBSGa will send the member an approval letter, noting the effective date of the change, confirming the new 12-month pre-existing and maternity waiting periods, and new ID cards will be sent to the member.

If the request is **denied**, BCBSGa will send the member a letter informing them their coverage will continue as before at the renewal rate.

- Members who have an existing medical waiver and/or are tobacco users **are not eligible** for Rollbacks.
- Members requesting a Rollback at renewal should ask for the effective date to be the same as their current renewal date.
- Rollback requests received by the 15th of the month and approved by Medical Underwriting may receive an effective date as early as the first of the following month.
- There is no Rollback option for plans that are no longer being marketed by BCBSGa.
- Members may request the Rollback option by calling 800-718-8831 or by submitting a Change Request form by mail or fax to 888-470-6598. Please specify “Rollback” when using the change form.
- Plan changes, contract changes, and Rollbacks can only be requested by the member. Agents are not authorized to make contract changes on behalf of their BCBSGa member clients.

Individual Members who Move Outside the State of Georgia:

Individual Members who move outside the state of Georgia should have their coverage transferred to the Blue Cross and Blue Shield Licensee of the new resident state. Members should notify us of their new address by calling 800-718-8831 or by fax to 888-470-6598. Upon notification that the member has moved outside the state of Georgia, a Validation of Residency Form is sent to the member's new address.

The Validation of Residency form indicating the member is a non-resident of Georgia should be returned within 30 days of receipt. Once we have received the completed Validation of Residency Form, BCBSGa will mail a HIPAA authorization form to the member that will allow BCBSGa to transmit his/her personal data to the receiving Blue Cross Blue Shield Licensee and a request to pay the policy 60 days in advance. The advance payment allows the coverage to stay active while the receiving licensee processes the request and contacts the member to offer coverage. If a member moves out of the state of Georgia the member must transfer to the Blue Cross and Blue Shield Licensee of the new resident state within 90 days. If the member fails to complete this process the member's policy will be cancelled for non-compliance.

Cancellation Requests:

Requests for cancellation of coverage may only be made by the primary member or the parent/guardian of a dependent member. Cancellations may be made on the entire policy, or on any covered member. To cancel coverage, the member may call Customer Service at 800-718-8831. Cancellation will be effective on the first day of the month following the request. No change form is required.

In the event of the death of a covered member, the cancellation request from a family member of the deceased should be made as soon as possible. No death certificate is required.

Cancellation of any riders, (e.g., dental, vision, life) while maintaining the medical policy must be requested on a Change Form and received by the 25th day of the month to be effective on the first day of the following month.

Agent of Record Changes:

Our goal is to partner with you to conserve your clients who have coverage with BCBSGa. We prefer that a client never have a need to seek out a new agent.

Agent Requirements:

1. Agent must be licensed and actively appointed with BCBSGa.

Guidelines:

1. The request must be from the customer on our BCBSGa Agent of Record Change Request Form. No other letter or form will be accepted.
2. The "Authorization to Release PHI" form completed in full indicating the new agent's name and signed by the client must accompany the BCBSGa Agent of Record Change Request form.
3. Member's Contract must be in place for 12 months prior to Agent of Record Change Request.
4. Completed forms must be received by BCBSGa by the 15th of the month in order to be effective the 1st of the following month.
5. Retroactive commission adjustments are not allowed
6. Commissions will be paid at five percent for all approved Agent of Record Changes. These contracts will not count as new sales, and are excluded from all incentive bonus plans.
7. Only one Agent of Record Change is permitted per 12 calendar months on each contract.
8. If the request for Agent of Record Change is missing information or denied, BCBSGa will notify the agent by fax.

Communication:

If you submit an Agent of Record Change to BCBSGa that does not meet the above guidelines, you will be notified via fax from BCBSGa indicating the reason for denial.

The agent should fax the completed Agent of Record Change Request form along with the Authorization to Release PHI form to:

**BCBSGa
Consumer Services
404-682-3233**



3350 Peachtree Road, N.E., PO Box 4445, Atlanta, GA 30302-4445

Telephone: 404.842.8000

Customer Service: 800.718.8831

bcbsga.com

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