

Group Billing

Here are the important rules and guidelines to remember:

- You can access your premium invoice and payment history online. Just register your employer group at **www.connecticare.com** to obtain your premium billing information (including premium rate information.)
- You will receive an invoice on a monthly basis detailing your premium due.
- Please remit the Total Premium Due by the Premium Due Date posted on the invoice.
- Premium payment is due and payable on the first of the month for which coverage is applicable.
- Your invoices are driven by your eligibility and therefore they will automatically debit and credit your account retroactively, allowing us to keep your bill current. Eligibility changes may not appear on your bill if we do not receive and process the Enrollment/Change form before the Invoice Date (the date the bill was produced.)
- Be sure to include only your payment coupon with your check for a prompt, accurate credit to your account. Remit to: ConnectiCare, Inc., P.O. Box 416191, Boston, MA 02241-6191.
- **Alternative Payment Options for Small Groups Only** — Small Employer Groups can elect to have their monthly premium automatically taken from their bank account on a monthly basis. Your premium invoice payment voucher has a section on it to enroll in Electronic Funds Transfer. Simply sign the payment voucher that you send with your premium payment and continue to pay by check until you receive your confirmation letter with your effective date of EFT. (If you wish to cancel your EFT you must provide 30 days advance written notice.)

Mail to: ConnectiCare, Inc., 175 Scott Swamp Rd., Farmington, CT 06032.

Please mail your payment along with the invoice's payment voucher to the lockbox address noted on the voucher. Premium payment may be sent via overnight mail (UPS, FedEx, DHL, USPS Priority, etc.) to Bank of America Merrill Lynch Lockbox Services, Lockbox 416191, MA5-527-02-07, 2 Morrissey Blvd., Dorchester, MA 02125.


- Mail enrollment forms separately. Please don't send Enrollment/Change Forms along with your premium payment. The Enrollment/Change Forms should be submitted as soon as possible to us at 175 Scott Swamp Road, P.O. Box 4058, Farmington, CT 06034-4058.
- Wash Method. Our billing system works on a "wash method" for new hires, in accordance with the following ConnectiCare new hire eligibility and termination guidelines:
 - New hires and additions: If the effective date is on or before the 15th of the month, we will bill for the entire month. If the effective date is after the 15th, there will be no premium charge for that month.
 - Terminations: If the termination date is on or before the 15th of the month, there will be no premium charge for that month. If the termination date is after the 15th, we will bill for the entire month.
- Auditing. Remember, you are responsible for auditing your monthly invoice to ensure that it is accurate. Any eligibility discrepancies can be corrected through the submission of an Enrollment/Change Form or updates to your Electronic Enrollment and will be reflected on the invoice following the corrective transaction.
- Retroactive changes will only be allowed up to 60 days.

The Premium Invoice

Summary

- 1 Premium payment address. The same address appears on the payment coupon.
- 2 Your company's name and address.
- 3 Your company's account number, the billing period covered by the invoice, the premium due date, invoice number and date the invoice was produced (also located on page three of your invoice).
- 4 Premium billing department phone number.
- 5 Message box containing important billing information.
- 6 The amount of premium owed for the current billing period.
- 7 An adjustment code is assigned to any adjustment made to the previous or current billing period. The code appears here and is explained in the itemized portion of the invoice.
- 8 The current premium due after adjustments.
- 9 The monthly administration fee, if applicable.
- 10 Any outstanding balance carried over from a previous billing period appears here.
- 11 The amount of payment received since the last bill posting.
- 12 The total amount due for the current billing period.
- 13 Date premium payment is due.
- 14 Premium payment procedures.
- 15 All correspondences (other than premium payments) should be mailed to the address listed.
- 16 Premium due date and total amount due.

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Please send payments to: 1

ConnectiCare, Inc.
P.O. Box 416191
Boston, MA 02241-6191

2 000061 5102 MH
ABC COMPANY
ATTN: JOHN DOE
1 ANY STREET
2 ANY STREET
ANY TOWN, XX 99999

5 **ConnectiCare News**

When paying your monthly premium, please allow at least seven business days for processing of payment to your account.

View your invoice and payment history at www.connecticare.com

14 When making payments, please:
1. Remit the below coupon with your premium payment.
2. Make your checks payable to: ConnectiCare, Inc.
3. Include your Account Number on your check.
4. Please see reverse side for *Grace Period* and fee information.
5. Payments received after this invoice date will be reflected on your next invoice.

15 **Mail All Other Correspondence To:**
(enrollment forms, termination requests or address changes)

ConnectiCare
P.O. Box 4058
Farmington, CT 06034-4058

PREMIUM INVOICE

3 **Account Number:** 1234567890
Coverage Period: 04/01/2012 - 04/30/2012
Premium Due Date: 04/01/2012
Invoice Number: 000000000001
Invoice Date: 03/07/2012

4 Premium Billing Questions: (800) 333-1733

6 Current Premium	7 \$10,200.21
8 Adjustments	\$(992.72)
9 Current Premium Due	\$9,207.49
11 Admin Fee	\$0.00
10 Previous Balance	\$32,586.07
12 Payment Received	\$(9,778.30)
Total Amount Due	\$32,015.26

Premium Due Date: 13 04/01/2012

ABC COMPANY
1 ANY STREET
2 ANY STREET
ANY TOWN, XX 99999

Account Number: 1234567890
Invoice Number: 000000000001

Remit to: ConnectiCare, Inc.
PO Box 416191
Boston, MA 02241-6191

16 **Payment Due Date:** 04/01/2012
Total Amount Due: \$32,015.26

00010101017ZZZZZZZZ50000000000016D0000032015267

Billing Procedures

The Premium Invoice

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17 **PREMIUM PAYMENT INFORMATION**

Your premium billing will be administered in accordance with the following requirements:

All premiums must be sent to ConnectCare's premium remittance address according to rates in force and the number of members covered under this plan. All premiums are due and payable on the first of the month for which coverage is applicable and the first day of a calendar month thereafter. A grace period for payment, lasting until the end of the calendar month for which the premium is due, is allowed. Your payment must reach us in time for us to complete our posting process in order for it to be considered paid by the end of the grace period. Please allow 5-7 business days for premium payment to be received and processed.

Our bills reflect the membership changes for which we have been notified and processed at the rates in force for your coverage. Premium payment must be paid as billed, unless another payment method has been mutually agreed upon between you and ConnectCare. Membership changes received and processed afterward will be reflected on the next bill.

If additional copies of invoices are requested, you will be required to pay a \$15.00 fee per invoice copy.

ConnectCare, Inc. & ConnectCare Insurance Co, Inc. (Commercial Group Accounts):
If ConnectCare does not receive and post your premium by the end of the grace period, your group's coverage will be terminated effective the last day of the grace period. You will not receive a payment reminder. If your group coverage is terminated, ConnectCare reserves the right to either accept or deny reinstatement of your group's health insurance coverage. If reinstatement is accepted, you will be required to pay a reinstatement fee.

ConnectCare, Inc. & ConnectCare Insurance Co, Inc. (ConnectCare Solo Individual Accounts):
If ConnectCare does not receive and post your premium by the end of the grace period, your coverage will be terminated effective the last day of the grace period. You will receive a payment reminder (Past Due Notice) during the month that the premium is due indicating that payment for that month has not yet been received and needs to be received and posted by ConnectCare prior to the last day of the current month.

ConnectCare of Massachusetts, Inc. (Commercial Group Accounts):
If ConnectCare does not receive and post your premium by the end of the grace period, your group's coverage will be terminated no earlier than the 4th day and no later than the 6th day of the following month. Termination letters will be sent to you and to all subscribers enrolled in your plan which will include the exact date of termination. If your group is terminated, ConnectCare reserves the right to either accept or deny reinstatement of your group's health insurance coverage. If reinstatement is accepted, you will be required to pay a reinstatement fee.

For Employer Groups Only
Under a Connecticut law effective October 1, 2009, if an employee is terminated by their employer for any reason other than a layoff, or if the employee voluntarily terminates their own employment, the employer may decide not to pay the health insurance premium for the employee and their covered dependents, starting with the day that is 72 hours after the termination of employment. Credits for any refundable premium amounts will appear on your next premium statement that is processed after we receive your timely request. You must make your request for the premium credit by completing ConnectCare's Premium Credit for Terminated Employees form. To obtain a copy of this form, please visit our web site at www.connecticare.com/employers/OnlineForms.asp. ConnectCare must receive this form within 72 hours of the employee's termination or you will not be eligible for the credit. When you request the credit, you will have to certify that the employee's termination falls within the legal requirements for receiving the credit. **Please note that it is your responsibility under the law to pay the former employee any part of the credited premium which they contributed for their coverage.** Also note that you are not permitted under the law to request a credit where a collective bargaining agreement requires you to pay any premium beyond the date of termination.

17 Premium payment information and requirements.

Itemized

- 18** Contact name, number and contact type listed here.
- 19** Benefit plan description if your group offers more than one benefit plan.
- 20** Current monthly premium billed.
- 21** Retro-active adjustments made to your account will appear in this section.
- 22** Itemized amounts are totaled on each line for each contract holder.
- 23** This is where you'll find the adjustment code explained.
- 24** This box provides a summary of premium dollars (current and adjustments) by contract year.

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ConnectCare
P.O. Box 416191
Boston, MA 02241-6191
For Premium Questions: (800) 333-1733

Account Number: 1234567890
Coverage Period: 04/01/2012 - 04/30/2012
Invoice Number: 00000000001
Invoice Date: 03/07/2012
Premium Due Date: 04/01/2012

ABC COMPANY

Contract Name	Contract Number	Contract Type	Benefit Description	Current Premium	ADJUSTMENTS				Total	
					Eff Date	End Date	Reason Code	Contract Type		Amount
DOE1, JOHN	XXXXX1234	E		\$498.36	02/01/12	03/31/12	TW	E	\$992.72	\$992.72
DOE2, JOHN	XXXXX5678	E		\$498.36						\$498.36
DOE3, JOHN	XXXXX9012	E		\$498.36						\$498.36
DOE4, JOHN	XXXXX3456	F3		\$1,414.63						\$1,414.63
DOE5, JOHN	XXXXX7890	E		\$498.36						\$498.36
DOE6, JOHN	XXXXX123	E		\$498.36						\$498.36
DOE7, JOHN	XXXXX4567	E		\$498.36						\$498.36
DOE8, JAN	XXXXX8901	F3		\$1,414.63						\$1,414.63
DOE9, JAN	XXXXX2348	E		\$498.36						\$498.36
DOE10, JAN	XXXXX6789	F3		\$1,414.63						\$1,414.63
DOE11, JAN	XXXXX0012	E		\$498.36						\$498.36
DOE12, JAN	XXXXX3456	E		\$498.36						\$498.36
DOE13, JAN	XXXXX7890	E		\$498.36						\$498.36
DOE14, JAN	XXXXX0001	E		\$498.36						\$498.36
DOE15, JAN	XXXXX2345	E		\$498.36						\$498.36
DOE16, JAN	XXXXX7890	E		\$498.36						\$498.36
Grand Total				\$10,200.21					\$1,992.72	\$9,207.49

Adjustment Code Key
TW Termination via the Web

Total Contract Types by Product			
Contract Type	Current Premium	Adjustment Premium	
E = Employee Only	12	\$5,986.32	\$992.72
F3 = Family	3	\$4,213.89	\$1.00
Total	15	\$10,200.21	\$992.72

Questions?

If you have questions about your invoice, please feel free to reference the Employer page of our website, www.connecticare.com, or call us at 1-800-333-1733, Monday through Friday 9:00 a.m. to 5:00 p.m.



COBRA Billing

(available for Large-Group Employers only)

If your group would like ConnectiCare to administer the billing for members with COBRA continuation coverage, contact your Account Manager. We will execute a Contract Administration Agreement that outlines our mutual responsibilities, and we will bill the member at 102% of the group rate.

The following are the group's or the group's TPA's responsibilities

- Send us a change form or other notification to terminate an employee according to the terms of your policy (for example, at the end of the month or on the date of termination.)
- Determine if plan is required to offer COBRA.
- Determine member eligibility for extension or continuation of COBRA coverage.
- Notify terminating members and any other eligible covered dependents of their right to continuation of coverage in accordance with the provisions of COBRA.
- Determine duration of COBRA coverage.
- Communicate to employees of COBRA eligibility due to company closure or bankruptcy.
- Determine and/or advise of qualifying event(s) for employees, spouses and dependent children.
- Notify us within 60 days when an eligible employee elects COBRA continuation coverage. The member will then have 45 more days to send payment.
- Notify existing COBRA participants of plan and rate changes affecting their coverage.
- Conduct any other duties or responsibilities assigned to the COBRA Administrator.
- Communicate COBRA election timeframes to eligible subscriber/member.

ConnectiCare's Responsibilities for Large-Group Only

When hired by an employer group as the COBRA billing administrator, ConnectiCare will perform the following duties:

- Bill the COBRA participant for the initial and any retroactive premium.
- Communicate premium payment timeframes.
- Monitor premium payment timeframes.
- Bill the COBRA participant for subsequent monthly premium.
- Distribute late notices as applicable to COBRA participants.
- Terminate COBRA participant for nonpayment.
- Distribute a termination of COBRA coverage notice to the participant 60 days prior to COBRA expiration date.
- Notify COBRA participant of conversion coverage where applicable.
- Upon request, but no more than twice a year, provide employer group with a list of members on COBRA, complete with COBRA eligibility expiration dates.

Sometimes employer groups and COBRA participants have questions regarding COBRA eligibility, timeframes, terminations, etc.

IMPORTANT

When electing COBRA continuation coverage the member has 45 days from the date of the election to make the first payment of premium. **The first payment must include payment for coverage as of the member's effective date of COBRA election.** For example, if the election to continue coverage is made 60 days following the Qualifying Event and payment is made 45 days following the election, a total of three months premium must be paid on that date.

The following websites can help to answer questions that employers and members may have about COBRA.

- <http://www.dol.gov/ebsa/faqs/faq-consumer-cobra.html> – FAQ about COBRA continuation of Health Coverage
- <http://www.dol.gov/ebsa/publications/cobra.html> – Notice of changes under HIPAA to COBRA