



Composite Rate Billing Method Declaration Form for ACA/metallic plans

For New and Existing Fully Insured Accounts with up to 50 Employees

Effective Jan. 1, 2016, premium rates for all Affordable Care Act (ACA)/metallic plans* (including medical and dental plans) will include the option for accounts to view and be billed with a four-tier composite rate structure (**Employee, Employee + Spouse, Employee + Child(ren) and Employee + Family**).

For more information regarding ACA/metallic plan composite rating please contact your producer or [Texas Small Group Account Management Unit](#). To ensure timely processing, all fields must be completed by an authorized representative of the account.

If this form is not returned within the appropriate submission timeframes to BCBSTX, the account with ACA/metallic plans will be billed as age rated.

By completing and signing this form, the employer elects to utilize composite rate methodology for billing purposes for all group benefit plans, effective on the group’s anniversary date.

The employer understands that the selection of composite rates for ACA/metallic plans will be effective until the time of the account’s next renewal. The billing method can only be changed at the time of the account’s anniversary/renewal date.

Company Name	
Account Number (Not applicable for new business.)	
Authorized Employer Representative (Please print.)	
Signature	
Date	
Title	

Reference Guide to Composite Billing (up to 50 Employees)

For 2016 Accounts

Background

For 2016, premium rates for all Blue Cross and Blue Shield of Texas (BCBSTX) small group (up to 50) Affordable Care Act (ACA)/metallic plans (medical and dental) will include two billing options:

- Individual age billing
- **NEW!** Composite billing

Premium rates for composite billed ACA/metallic plans are tiered by subscriber participation:

- EO – Employee Only
- ES – Employee +Spouse
- EC – Employee +Child(ren)
- EF – Employee +Family (Spouse with children)

Availability

Composite billing is only available for accounts that select ACA/metallic benefit plan options.

To select composite billing, accounts **MUST** complete and submit the *Composite Rate Billing Method Declaration Form* to BCBSTX. If the form is not submitted, age billing will apply.

PLEASE NOTE: Upon acceptance of composite rates, an account's billing method cannot be changed until the account's next renewal. No exceptions.

IMPORTANT: Billing Rules

1. Composite billing will be effective for 12 months.
2. Only one billing selection is allowed per account.
3. Accounts may not select a combination of plans with age billing AND composite billing (excluding pediatric dental plans that will continue to be age-rated for December renewals).
4. For existing accounts, composite billing is only available at the time of the account's renewal.
5. If an account selects composite billing for their medical plan, composite billing would also be applied to the account's dental plan (if applicable).

Paperwork and Submission Requirements

- New Business
 - If new enrolling accounts want to elect the composite billing option, the *Composite Rate Billing Method Declaration Form* will be required. The form should be submitted along with other documents for new enrolling accounts such as the *Small Employer Benefit Program Application*. For new accounts, the account number field may remain blank on the *Composite Rate Billing Method Declaration Form*.
 - Please submit New Business paperwork to: Blue Cross and Blue Shield of Texas, Southwest Service Center, 12th Floor, Bldg B, 1001 E. Lookout Dr., Richardson, TX 75082
 - New business paperwork should be submitted at least two weeks prior to the requested effective date. We cannot accept the *Composite Rate Billing Method Declaration Form* unless it is submitted at the same time as the *Small Employer Benefit Program Application*.

- Existing Business
 - If an existing account selects composite billing and has NO plan changes, the *Composite Rate Billing Method Declaration Form* is the only required document to complete and submit to sbscamend@bcbstx.com or fax to (972) 231-6931.
 - If the account selects composite billing with plan changes, the *Composite Rate Billing Method Declaration Form* AND the *Benefit Program Application for Amendment* are required to be submitted to sbscamend@bcbstx.com or faxed to (972) 231-6931.
 - If a *Composite Rate Billing Method Declaration Form* is submitted, all fields on the form must be completed. Incomplete forms will be returned and processing delays may occur.
 - Renewing business paperwork must be submitted at least 30 days in advance of the group's effective renewal date.

Questions

Questions related to the NEW Composite Rate Billing Method for ACA/metallic plans, should be directed to your Texas Small Group Account Management Unit.