

# Changes are coming!

We are pleased to announce that we are changing our membership and claims system.

Changes you will see as an employer:

- A new consolidated bill
- New group numbers
- New online tools
- New Blue Shield member ID cards

## **New group and subgroup numbers**

You will find your new group and subgroup numbers embedded within the account number located under the mailing address on your bill for June 2014. Your account number is "1" followed by your group number beginning with the letter "W" and followed by seven numbers, then followed by your subgroup number, which is 4 numbers.

Example:

Account number: 1W00010261000

Group number: W0001026

Subgroup number: 1000

Previously, your customer number used to identify your account. This has been replaced by the account number/group number/subgroup number configuration.

# New integrated bill format

## Here's what's changing:

### Blue Shield of California

Installation & Membership - Group  
P.O. Box 629014  
El Dorado Hills CA 95762-9014



An Independent Member of the Blue Shield Association

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### Summary

<b>A</b> Bill Date:	07/02/10	
<b>B</b> Billing Period:	07/01/10-07/31/10	
	Due Date-Please pay within 15 days. 07/02/10	
<b>C</b> Previous Amount Due:	\$ 12,795.00	
<b>D</b> Payments - thank you:	0.00	
<b>E</b> Balance:	12,795.00	
<b>F</b> Current Charges:	13,580.00	
<b>G</b> Retroactive Adjustments:	-11,220.00	
<b>H</b> Net Credits/Debits	0.00	
<b>I</b> Total Amount Due:	\$ 15,155.00	

Test Subgroup 2  
1234 Main Street  
Anytown, CA 9XXXX

**J** Account Number: 1W000XXXXXXX  
**K** Invoice Number: 102430000009

Dear Valued Customer,

Blue Shield of California is a prepaid health plan. Payment of your dues/premium is due by the first day of your coverage period. Please send your remittance no later than the due date shown above to ensure that your coverage is not interrupted. We have not received your payment for the prior coverage period. Please remit payment in full by 07/02/10 to maintain your health care coverage. If you need further assistance please contact your Blue Shield Billing Representative. Thank you for your continued membership with Blue Shield. We appreciate the opportunity to serve you and provide you with access to quality healthcare. Please contact us if you have any questions.

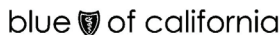
Sincerely,  
Becca Yancey, Billing Representative  
Blue Shield of California

www.blueshieldca.com

**L** Eligibility Inquiries: (800) 325-5166  
Billing Inquiries: (916) 350-7595  
Medical Claims Inquiries: (888) 256-1915

Dental Claims Inquiries: (888) 702-4171  
Vision Claims Inquiries: (877) 601-9083  
Life Insurance Claims Inquiries: (888) 800-2742

Please return this portion with payment to the address listed below



An Independent Member of the Blue Shield Association

Group Name: Apple Test Subgroup  
2  
Account Number: 1W000XXXXXXX  
Invoice Number: 102430000009

Check here if address has changed. Provide information on reverse side.

Payments made on this account will be credited first toward the Outstanding Balance amounts then to the current amount due.

Please remit payment to:

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

<b>Total Due - please pay this amount</b>	\$ 15,155.00
<b>Due Date-Please pay within 15 days.</b>	07/02/10
<b>Amount Enclosed</b>	



11121301406060606020000099999999999999999400027535008

- A** Bill date
- B** Billing period and due date
- C** Previous amount due – The total amount due from the prior month's billing statement
- D** Payment – Payment received since last billing statement
- E** Balance
- F** Current charges
- G** Retroactive adjustment – The total dues for those subscribers who had retroactive eligibility adjustments for periods other than the current period
- H** Net credits/debits – The sum of any fees or credits occurred outside of eligibility changes
- I** Total amount due
- J** Account number – This is the group number for which you are being billed
- K** Invoice number – This identifies the billing statement
- L** Contact phone numbers

# New integrated bill format *(continued)*

## Here's what's changing:

**Blue Shield of California**  
 Installation & Membership - Small Group  
 P.O. Box 3008  
 Lodi CA 95241-3008



Account Number: 1W000XXXXXXX  
 Invoice Number: 10243000009

### M Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Premier PPO 25 – Blue Shield of California Life &amp; Health Insurance Company</b>				
2 Party	5	4,325.00	-3,775.00	\$550.00
Family	6	6,340.00	-5,060.00	\$1,280.00
Single	3	2,915.00	-2,385.00	\$530.00
<b>Total</b>		<b>\$13,580.00</b>		<b>\$2,360.00</b>
<b>Total</b>		<b>S \$13,580.00</b>	<b>N \$-11,220.00</b>	<b>\$2,360.00</b>

### Membership Summary

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	3
Net Change Members	0	Total Subscriber and 1 dep	5
		Total Subscriber and 2+ dep	6
Total Subscribers	14		
Total Members	31		

### Q, R Billing Detail

Subscriber Name	Employee Id	SubscriberId	Health	Dental	Vision	Life	# Per	Total
<i>Current Charges</i>								
MORRISON, VAN		900XXXXXX	1,510.00	0.00	0.00	0.00	1	\$1,510.00
BRADY, TOM		900XXXXXX	450.00	0.00	0.00	0.00	1	\$450.00
MILANO, ALYSSA		900XXXXXX	1,060.00	0.00	0.00	0.00	3	\$1,060.00

- M** Product summary – Provides a summary of the number of subscribers and premiums/dues by products. This will include both medical and specialty plans. Starting with your first bill for the 2014 plan year, your pediatric dental plan(s) will appear in this section of your bill.
- N** Total current adjustment – Identifies the net change of subscriber and member since last billing statement
- O** Contract counts – Identifies a summary of contract counts
- P** Total subscribers and total members – Identifies the number of subscribers and dependents with current charges
- Q** Billing detail – Employees can be listed with up to two identifiers; the identifiers are the Blue Shield subscriber ID, Social Security number, or employee number. Starting with your first bill for the 2014 plan year, any charges for pediatric dental will be included under the "Dental" column.
- R** Billing detail – Retroactive adjustments; this lists each subscriber with retroactive changes
- S** Billing detail – Current charges

Address Change Form  
 New Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

# New Blue Shield ID card coming soon!

You will be receiving a new Blue Shield ID card by the first week in June. We have changed your subscriber ID number as part of a system improvement designed to provide faster claims processing and better service for you and your healthcare providers.

## New member ID cards

### Here's what's changing:


- Subscriber ID number
- Customer Service phone number

### What's NOT changing?


- Your medical plan remains the same.
- Your benefits remain the same.
- Your access to care remains the same. You will still be able to access quality medical care.

### What do I need to do?

- You will receive your new ID card in June. Present your new ID card to your healthcare providers and pharmacists the next time you access care or fill a prescription.

**blue**  **of california**  
Life & Health Insurance Company

Subscriber	Group #	<b>W0000XXX</b>
<b>John Peter</b>	Effective	<b>05/01/2010</b>
ID# <b>XEA90000XXXX</b>	Coverage	<b>FAMILY</b>
	Plan	<b>PPO</b>



**blue**  **of california**

[blueshieldca.com](http://blueshieldca.com)

**Members:** Use the Blue Shield Life Provider Network to receive maximum benefits. In case of emergency, call 911 or seek appropriate emergency care.

**Providers:** Please file all claims with your local BlueCross BlueShield licensee in whose service area the member received services or, when Medicare is primary, file all Medicare claims with Medicare.

**California Providers:** Call Provider Customer Service to obtain medical and hospital admission prior authorization to avoid reduced or non-payment. Visit Provider Connection at: [blueshieldca.com/provider](http://blueshieldca.com/provider).

**CA Medical claims to:**  
Blue Shield of California, P.O. Box 272540,  
Chico, CA 95927-2540

<b>(888) 256-1915</b>	Customer Service
<b>(866) 216-9926</b>	TTY
<b>(877) 263-7178</b>	Mental Health Customer Svc.
<b>(877) 304-0504</b>	NurseHelp 24/7
<b>(800) 985-2405</b>	LifeReferrals 24/7
<b>(800) 810-2583</b>	To locate providers outside of California
<b>(800) 541-6652</b>	CA Provider Customer Service (including hospitals)

Blue Shield of California Life & Health Insurance Company is an independent licensee of the Blue Shield Association.

# Frequently asked questions

Question	Answer
<p>1. Will I be able to access care and customer service with my old subscriber number?</p>	<p>Yes, you may continue to access care with your old subscriber ID number.</p> <p>For the most efficient service, begin using your new ID number and Customer Service number after June 1.</p>
<p>2. How will I distinguish my new subscriber number from my old subscriber number?</p>	<p>The old subscriber number started with a “J” followed by 8 characters, while the new subscriber number starts with a “9” followed by 8 characters.</p>
<p>3. When and how will I receive new member ID cards?</p>	<p>A new member ID card will be mailed on or shortly before June 1, 2014. You may also log in to <b>blueshieldca.com</b> to print a temporary ID card and request additional ID cards.</p> <p>IMPORTANT: If you have dental coverage, you will receive dental cards separately. Also, if you access your MES Vision coverage online, you will now only be able to view this information when you log in to your <b>blueshieldca.com</b> account.</p>
<p>4. Will I have to re-register on the website with my new ID number?</p>	<p>No, if you have already registered online at <b>blueshieldca.com</b>, you will keep your current login information.</p> <p>NOTE: As of June 1, you will see your new ID number when you access your member account on <b>blueshieldca.com</b>.</p>
<p>5. Will I still be able to view my prior and current claims online?</p>	<p>Yes, all medical claims are available when you access your <b>blueshieldca.com</b> online account.</p> <p>NOTE: If you do not currently have a <b>blueshieldca.com</b> online account, you must create one using your new ID number.</p>
<p>6. Will I have to change providers?</p>	<p>No, rest assured, while your member ID number is changing, your medical plan and benefits will remain the same.</p>
<p>7. What does the effective date on the new member ID card represent?</p>	<p>The “effective date” represents the date your coverage began and is not related to the date when these changes will be in effect.</p>