

Prior Carrier Deductible Instructions

Thank you for your inquiry regarding how to submit the prior carrier deductible (PCD) for a new Small Group that has recently moved to Blue Shield of California. Following are a couple of reminders about who is eligible for prior carrier deductible and how to submit the request.

- Blue Shield will give PCD for initial enrollees of a new group moving to a Blue Shield plan if the member(s) was enrolled in a **PPO, POS, HMO (with deductible) or a HSA-compatible** plan from the applying group's prior group plan. (Member must be moving from same plan type, i.e. PPO to PPO, HMO to HMO.)
- This PCD must have been accumulated within the **same calendar year** as the new plan with Blue Shield.
- If a member is coming from a **Blue Shield Individual/Family Plan (IFP)** they will no longer receive the PCD if enrolling in a new small group plan. This change was effective as of January 2010.
- Blue Shield does **NOT** give credit for prescription drug coverage (unless coming from an HSA plan, because the deductibles are combined with medical).
- Blue Shield does **NOT** give credit for out of pocket expenses.
- **DO NOT** submit the information with the original enrollment applications or prior to the group being approved as this process is not secure and often delays the posting of the PCD. The member's ID number and group number are needed to submit the PCD request
- **AFTER** the new group has been approved and ID numbers have been generated, information can be submitted to request the PCD be posted.
- In order to submit a request, an EOB for **EACH INDIVIDUAL FAMILY MEMBER** must be received. Without this, the request will not be posted. If an EOB is not available, please contact the prior carrier for a written letter showing the individual amounts. Please note that we **cannot** process the request if the information provided indicates a family deductible amount; the amounts **MUST** be broken out by what **each individual family member has accumulated** in deductible.
- Complete the attached PCD request form and **FAX** it to the number on the top of the form. Be sure to **keep the fax confirmation sheet** you receive back.
- For follow up, to see if the PCD has been posted, the member can **contact the Claims Department 888-319-5999** and by giving their ID number and date of birth, receive the information. I would suggest that the member **wait at least 30 calendar days** before checking to see if the PCD has been posted.

Should you have any questions, please contact your broker.

Thank you!



**Prior Carrier Accumulation (PCA)
Member Request Form
Fax # 209-371-3049**

1. Your Full Name: _____ Today's Date: _____

2. Your Blue Shield Identification#: _____ 3. Your plan effective date: _____

To credit your Prior Carrier Accumulation we need to know the amount to be credited for each member of your plan. If your total deductible was met by only one member, then we only need information for that member. We cannot credit a "family deductible." We need to know the amount of the "family deductible" each family member met.

4. Acceptable proof of PCA met:

- ◆ The most recent Explanation of Benefits (EOB) for each member (please do not include more than one page per member) **or**,
- ◆ A letter from your previous carrier indicating the amount each member has accumulated **or**,
- ◆ A pharmacy printout showing your total deductible amount met (if applicable).

5. Please enter the accumulation amount met by each member:

Name					
Deductible	\$	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$	\$
Internal use only					

6. Is this is a request for an additional amount to be credited? (If you previously submitted an accumulation request and now have additional credits to apply) If yes, please complete below, including the name for each member you are requesting additional credit, the original amount you previously submitted, and the additional amount you are adding to the original amount.

Name				
Original Amount	\$	\$	\$	\$
Additional Amount	\$	\$	\$	\$

Internal Use Only

Benefit	B/N	Plan Type	EFFT DT	Count	Adj Med	Adj Pre	Pre SS