



FULLY INSURED BILLING GUIDE

Guide to your invoice and billing package

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NOTE

The examples in this guide are hypothetical and are used for illustration only. Your invoices and reports may have a slightly different appearance than those shown in this guide.

CONTACT INFORMATION

Billing Questions

Billing Team Hours

- Monday Friday
- 8 a.m. 4:30 p.m. (CT)

Phone

- 1-800-385-5293
- 8 a.m. 4:30 p.m. (CT)

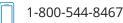
E-mail

- billing.inquiries@bcbsnd.com
 - Include client name and client number.
 - Turnaround time is 1-2 business days. If no response after two (2) business days, please call our Billing Team at the number listed above.

Enrollment Updates

If you need to make enrollment changes, you may:

- Submitting the changes using your Employer Portal.
 - If you have issues accessing your Employer Portal, please reach out to our Portals team.



- portals@bcbsnd.com
- Contacting your local Blue Cross Blue Shield of North Dakota (BCBSND) Office.

ADDITIONAL QUESTIONS

If you have additional questions related your plan benefits, claims, eligibility and more, please contact your local BCBSND office (see below) or the Member Services number located on the back of your card.

and the local the local	www.ECBSND.car	
	Multipartiamical TTV/TOB Samical	1-844-653-4056
Salooniber: Identify-yeuroeff by-the ID Namber on the face of this card.	Par Bedrank Claw United Cancordia D	Subression, use your termi Payer ID.*
This dential plans is that of your employer, itse Cress Boa Sharist of North Dalams is reverso only as the Claims Adhemicitation and does not assume any financial sisk.	Mail Paper Claires 1 Ceireal Claires Adm PO Box 63446 Harrisburg, PA 171	acchinator.
	independent comp	Companies, Inc. Is an my providing deetail rve services and provide BCEIND.
		eld of North Dekata is an ee of the Blue Cross and rise.

Local BCBS	SND offices
Bismarck 1415 Mapleton Ave Bismarck, ND 58503 701-223-6348 24/7 Drop Box	Devils Lake Virtual Office 701-662-8613
Dickinson Virtual Office 701-225-8092	Fargo 4510 13th Ave S. Fargo, ND 58121 701-277-2232 24/7 Drop Box
Grand Forks 3570 42nd St S. Suite B Grand Forks, ND 58201 701-795-5340 24/7 Drop Box	Jamestown 300 2nd Ave NE Suite 132 Jamestown, ND 58401 701-251-3180
Minot 1308 20th Ave SW Minot, ND 58701 701-858-5000 24/7 Drop Box	Williston 1500 14th St. W. #270 Williston, N.D. 58801 701-572-4535 24/7 Drop Box

BILLING DATES

This section outlines important Blue Cross Blue Shield of North Dakota (BCBSND) billing dates.

Overview of Billing Dates

When do premium bills get mailed?

The bill date is determined by the bill cycles the client is set up with. The bill cycles are 11, 18 and 25 days prior to the first day of the month. Refer to the Bill Cycles section for additional information. Mailing can take seven to 10 business days to arrive. If you have not received your invoice within 10 days, please reach out to our Billing Team.

You can access a bill in your Employer Portal account before receiving it in the mail.

When is the premium due?

Premium is due on the first day of the first business day of the coverage month.

If you are set up with EFT, when will those funds be withdrawn?

If you are set up with Electronic Funds Transfer (EFT), the premium funds will be withdrawn on the first business day after the first day of the coverage month.

How can I see if I am set up for EFT?

To see if you are set up with EFT, you can log into your Employer Portal or contact our BCBSND Billing Team.

Additional Billing Letters and Notices

There may be times when payment is not received by the due date. If this occurs, system-generated letters will be mailed out.

Additional Information

- If a bill is delayed, the past due notice may not go out until the twentieth (20) of the month.
- One past due notice will be sent each month.
- Letters may take seven to 10 business days to arrive via mail.
- If a Final Notice is mailed and client is cancelled for nonpayment, employees will receive cancel letters.

Type of letter	Date	Reason for letter
Past Due Notice	Tenth day of the month	No payment received by the tenth day of the month.
Past Due Notice	Twentieth of the month	If payment comes back non-sufficient funds (NSF) or if client did not receive past due notice on the tenth of the month.
Final Notice (Cancel Notice)	Twentieth of the month	No payment received by the twentieth of the month.

BILL CYCLES

There are various times during the month when premium bills are generated, called bill cycles. There are three (3) bill cycles every month – 11 days, 18 days and 25 days, prior to when the premium is due on the first business day of the month.

11 Days	18 Days	25 Days
Most current enrollment will be reflected	New clients to Blue Cross Blue Shield of North Dakota (BCBSND) who are set up for EFT will be defaulted to this bill cycle	Late enrollment changes might not be reflected on the current invoice
Limited time to pay invoice by the due date	Recommended for anyone who is set up for EFT	Limited changes during the month (smaller clients)
Recommended for anyone who is set up for electronic funds transfer (EFT)	Potential past due notice if client does not pay as billed	Potential past due notice if client does not pay as billed
Potential past due notice if client does not pay as billed		New clients to BCBSND not set up for EFT will default to the 25 day cycle
		EFT is recommended for clients who have a longer process to send in premium payments

Changing the Bill Cycle

If you would like to change your bill cycle, use one of the following:

- Calling 1-800-385-5293
- Emailing billing.inquiries@bcbsnd.com
- Contacting your BCBSND representative

All bill cycle changes will be effective prospectively (on the next bill cycle).

PAYMENT OPTIONS

There are several ways to pay your premium to BCBSND. This section outlines each type of payment BCBSND accepts as well as important information related to each one.

Premiums may be made using a checking/savings account or a money order. Credit card, debit card payments or money wires are not acceptable forms of payment.

Electronic Funds Transfer (EFT)

One easy way to make payments to BCBSND is by setting up an EFT. This automated process allows you to avoid mailing payments and gives you peace of mind that your premium invoice is paid timely.

Payment Types Accepted: Checking and Savings Account

EFT Authorization Form

Authorized Representative Name

If you want to set up EFT, you can do so by completing the EFT Authorization Agreement. This form can be found on BCBSND.com in the Employer section under Forms and Resources. See example below.

	mployers / Resources / I	Shop Plans	Health & Well-Beir	ng Group Insurance 101	Employer News	Resources	COVID-19	
	mployers 7 Hesources 7 1	or ns						
	fost common form you can't find the form y		ou can log in to th	ne employer portal 🗺 or cont	act a member of your	Blue Team.		
	mployee Change Fo			ember Claim Form 🕴				
	ubmit form to cancel cov mployee name or addres			ist an employee in filing a cla vices.	im for medical			
	illing and payments		Electronic Funds 1	Transfer (EFT) Authorization /	greement 🛔			
			numbers. Paymer	formation and attach a copy nt withdrawals from your bar e due to holidays and weeken	k account will be com			
E	ligibility and renewals		2021 Medical Los	s Ratio (MLR) Form 🛔				
			Submit the MLR fo	orm, as required by the Affor	dable Care Act (ACA).			
			Employee Change	e Form 🛔				
			Submit this form i may also be able i	to cancel an employee's cove to complete this change onli	rage, change an empl ne faster and easier w	oyee's address ithin the Emplo	s or update an em over Portal 🛤.	iployee's name. You
				and OOA Walver 🛔				
			 If you offer a heal Choose a netv 	Ith plan that requires the sele work	ction of a specific net	work, use this !	form to:	
				ork at renewal, or one other t on a covered family member		le the network	service area	
						_		
	c Funds on for Dire					Ŵ		ND
				d return this for RE INDICATED.	m. PLEASE N	IAKE SU	RE THAT	YOU
Enclose a vo	ided check wi	h your a	ddress on	it.				
	of this form f mpleted form	to: Blue 4510			Dakota			
	molete this			ill not process y	our navme	nt		

- If you are set up with EFT, the premium funds will be withdrawn on the first business day after the first day of the coverage month.
- To terminate your EFT, you must e-mail billing.inquiries@bcbsnd.com at least five (5) business days prior to the first of the month.

Mail

Another way to pay your premium is by mailing payment to BCBSND's lock box location. To ensure accurate and timely processing, the payment coupon must be included. See example below.

Jaar Soon dan Brasil of Antholis (an Algementen Samuer - a' Antholis (and Salah Salah Samualater	Blue Cross Blue Shield of North Dakota
NVOICE NUMBER:	PO Box 857668 Minneapolis, MN 55485-7668
BILL ACCOUNT NUMBER:	
100	INVOICE MONTH(S): December 2020 PAYMENT DUE DATE: 12/01/2020 TOTAL AMOUNT DUE: \$111,11.87

Payment Types Accepted: Checking Account or Money Order

Mail payments to: BCBSND PO Box 857668 Minneapolis, MN 55485-7668

Note: Any enrollment changes or other requests written on the premium invoice will not be accepted and/or processed.

Employer Portal

The Employer Portal allows you to set up EFT with the option of recurring or one-time payments. An additional feature the Employer Portal provides is the option to select the date of payment — allowing you to set a date of your choice that works best for your business.

To access the billing, users must be provisioned for billing access in the portal.

Payment Types Accepted: Checking and Savings Account

Telephone Payments

To pay by phone, call the BCBSND Billing Team at 1-800-385-5293. This line is available Monday - Friday from 8 a.m. to 4:30 p.m. (CT).

Payment Types Accepted: Checking and Savings Account

District Office Payments

Finally, another convenient way to make a payment is by visiting a local District Office.

Payment Types Accepted: Checking and Savings Account or Money Order

Refer to District Office Locations listed on page 2.

BILL PACKAGE OVERVIEW

This section is an overview of the premium bill package.

Invoice Summary

The Invoice Summary represents the total premium charges due for the current billing period, as well as any outstanding balances from the previous billing periods for all products billed.

Contact Contact		REGULAR INVOICE SU	MMARY
Bill Account Number:	Invoice Number:	201113480561	
Bill Account Name:	Invoice Month(s):	December 2020	
Client Number:	Prepared Date:	11/13/2020	
Client Name:	Payment Due Date:	12/01/2020	
Payments Received Through 11/12/2020 Balance Forward Current Charges Prensum Summary Member Activity Processed Through 11/12/2020		(\$17,137.20) \$15,254.10 (\$4,142.23)	\$0.00
Total Current Charges Total Due			\$11,111.87 \$11,111.87

Premium Summary

The Premium Summary shows a list of the current enrollment (by contract type and product/group number) that are active at the start of the coverage period.

		PRE	MIUM SUMMARY				
Bill Account	Number:		Invoice Number:				
Bill Account	Name:		Invoice Month(s):		December 2020		
Client Numb	at Number: Prepared Date:				11/13/2020		
Client Name						ND Desk 14	
				_			
	Product	Contract	Contract Count	Rate	Coverage Period	Current	
		Contract Type	Contract Count	Rate	Coverage Period		
Group:	Product Alpha Pay: 01		Contract Count	Rate	Coverage Period		
Group: Comprehensive	Alpha Pay: 01		Contract Count	Rate \$307.30	Coverage Period	Premium	
	Alpha Pay: 01	Туре	Contract Count			Premium \$307	
Comprehensive	Alpha Pay: 01	Type	Contract Count			Premium \$307	
Comprehensive Alpha Pay: 01	Alpha Pay: 01	Type	Contract Count			Current Premium \$307 \$307 4,302	

Member Activity Report

The Member Activity report shows all additions, terminations and changes for the current, prior and future periods. This report assists in showing which members have been updated.

Note: Additions and terminations will show up on the client's premium bill depending on which bill cycle the client is on and when the change was completed. These changes can be identified in the Activity Type column.

				MEMBI	ER ACTIV	ITY			
Bill Account Number:					Invoice N	umber:			
Bill Account Name:				t	Invoice M	onth(s):	Decen	aber 2020	
Client Number:		Term	or A	Add	Prepared I	Date:	11/13/	2020	
Client Name:			017		Billing Sp	ecialist/Unit:	ND D	esk 14	
Member Name	Member	Product	Activity	Contract Type	Effective	Retroactive	Current	Amount Due	Member Total
	ID		Type		Date	Premium	Premium		
Group: 1 Alpha F	ay: 02 Acm	ity Type: Ter Comprehens		Individual	01/16/2020	(\$3,220,33)	(\$307.30)	(\$3,527,63)	(\$3,527.63)
		TP	161	LEAST VIOLEN	01/10/2020	(\$3,220.33)	(3307.30)	(45,521,05)	(35.527.05)
(Comprehens	Term	Individual	11/01/2020	(307.30)	(307.30)	(614,60)	(614.60
		ve							
Activity Type: Term						(\$3,527.63)	(\$614.60)		(\$4,142.23)
Alpha Pay: 02						(\$3,527.63)	(\$614.60)		(\$4,142.23)
Group:						(\$3,527.63)	(\$614.60)		(\$4,142.23)
Group: Upha P	ay: 01 Activ	ity Type: Ad Comprehens		Individual	01/16/2020	4,424,58	422.10	4,846.68	4,846.68
		TP	Auu	and the second se	01/10/2020	7,727.70	422.10	4,840.08	4,640.06
Activity Type: Add						\$4,424,58	\$422.10		\$4,846,68
Group Alpha F	ay: 01 Activ	ity Type: Ter							
		Comprehens	Term	Individual	01/16/2020	(4,424.58)	(422.10)	(4,846.68)	(4,846.68)
		ve							
Activity Type: Term						(\$4,424.58)	(\$422.10)		(\$4,846.68
Alpha Pay: 01 Group: 10345676						\$0.00 \$0.00	\$0.00		\$0.00
Member Activity Total:									(\$4,142,23)
Memoer Activity Total:						(\$3,527.63)	(\$614.60)		(\$4,142.23)

Ending Member Listing

The Ending Member Listing shows the members who are active at the end of the billing period. Members who were added during the period will be reflected on the report.

If a client offers multiple products, these employees will be separated by product type. If an employee is enrolled in more than one type of product (ex. medical, dental and/or vision), they will be listed in each group number separately.

It is important to check this listing monthly to ensure your enrollment is accurate for that billing period.

		ENDIN	G MEMBER LISTING			
Bill Account Number:			Invoice Number:	20		
Bill Account Name:		and the second second	Invoice Month(s):	De	cember 2020	
Client Number:			Prepared Date:	11	13/2020	
Client Name:		and the second	Billing Specialist/Unit	: NI	Desk 14	
		Health, Dental , or V	ision			
Member Name	Member ID	Product	Contract Type	Period Ending	Current Premium	Member Total
Group: 1 Alpha Pay: 01						
		Comprehensive	Individual	12/31/2020	\$307.30	\$307.
Alpha Pays 01		Contract: 1			\$307.30	
Group: 1 Alpha Pav: 03	1.042222040		e/Payroll Location Parent & Child	12/31/2020	540.80	540.
		Comprehensive	Parent & Child Individual	12/31/2020	540.80 307.30	540. 307.
		Comprehensive	Individual	12/31/2020	307.30	307.
		Comprehensive	Individual	12/31/2020	307.30	307.
		Comprehensive	Individual	12/31/2020	307.30	307.
		Comprehensive	Individual	12/31/2020	307.30	307
		Comprehensive	Individual	12/31/2020	307.30	307.
		Comprehensive	Individual	12/31/2020	307.30	307.
		Comprehensive	Individual	12/31/2020	307.30	307.
			Individual	12/31/2020	307.30	307
		Comprehensive	1000000000	12/01/2020		
		Comprehensive	Individual	12/31/2020	307.30	
						307.3 307.3 307.3

SIMPLIFYING YOUR PREMIUM BILL

There are ways you can simplify your premium bill to make them easier to reconcile and understand.

Reconciling the Invoice

To assist with reconciling the invoice, BCBSND recommends accessing your bill using your Employer Portal and downloading the excel file as this allows for easier filtering.

The below diagram displays an example of how an invoice can be reconciled.

	How to calculate the total on the Invoice Summary I	Example
A-1	Premium Summary Amount	\$9,330.60
A-2	+/- Amount Due column from the Member Activity	\$1,470.60
A-3	Total Current Charges	\$10,801.20
A-4	add any prior amount (Balance Forward)	\$18,661.20
A-5	equals Total Due	\$29,462.40
	OR	
B-1	Ending Member Listing Amount	\$9,820.80
B-2	+/- Retroactive Premium column from the Member Activity	\$980.40
B-3	Total Current Charges	\$10,801.20
B-4	add any prior amount (Balance Forward)	\$18,661.20
B-5	equals Total Due	\$29,462.40

BCBSND offers features for you to update your premium bill by adding Report Codes or Bill Accounts.

Report Codes

Report codes are values used to help distinguish membership when employees are under the same group number. These codes are used to assist in separating your membership by location, job type, department, cost centers and more.

Bill Accounts

Bill accounts are used for clients that may need separate group numbers to distinguish membership. This is useful for those who have separate entities that are under the same rating pool code. This means that all groups within a client are rated together but are invoiced separately.

Characteristics of Report Codes and Bill Accounts

Report codes	Bill accounts
One premium bill with the ability to sort by report code.	Separate premium bills by group number(s).
Separate group numbers are not created for members who are on the same product.	Separate group numbers created for members who are on the same product.
Invoice will be mailed to one single address.	Invoices may be mailed to different addresses.
If premiums will be paid by the same bank account, then report codes would be more appropriate.	If premiums need to be paid by different bank accounts, then bill accounts would be more appropriate.

Employee Grouping

There are times when employees may be enrolled in multiple products (ex. Health, Dental and/or Vision). The standard setup separates the bill by the type of product. This will lead an employee to be listed in separate sections within the invoice. There is a feature that BCBSND can set up to group all the employees' coverage into one section, so you are able to view and quickly total all products an employee may have.

Requesting Report Codes, Bill Accounts and Employee Grouping

If you are interested in setting up report codes, bill accounts and/or reorganizing your premium bill using employee grouping, you can do so by reaching out to the BCBSND Billing Team.

Visit the Contact Information section of this guide on page 1 to contact us.

COBRA

This section outlines information regarding Consolidated Omnibus Budget Reconciliation Act (COBRA) and how BCBSND is involved.

Overview

Employers are required to provide information to eligible employees about COBRA or North Dakota Continuation of Health Insurance coverage. These options allow employees to continue receiving health insurance coverage after they experience a qualifying event, such as termination of employment or a reduction in hours that results in a loss of insurance coverage.

Employers with more than 20 employees are subject to COBRA regulations. You can refer to the US Department of Labor to access an employer guide and COBRA templates in both English and Spanish. Employers with fewer than 20 employees can refer to their Summary Plan Description (SPD) for more details about North Dakota Continuation of Health Insurance.

Additional Information

- BCBSND does not send out paperwork to eligible employees; it is the employer's responsibility.
- Premium exchange is between the client and the employee.
- The enrollee will be on the client's bill under the COBRA group number.
- Need assistance with COBRA administration? Please contact your BCBSND representative. They will
 provide options through trusted partners.

North Dakota Continuation of Health Insurance requirements do not apply to employers with 20 or more employees, but employers can voluntarily provide continuation coverage for longer than the 39 weeks required by state law.

Third-Party Portal Access

There are times when a client may have a third party assisting with their COBRA enrollments, billing, etc. For a COBRA administrator to gain access, new group number(s) may need to be created to ensure there is only access to the information as of the effective date determined by the client as above. If you have questions on how to grant access for a third-party portal payor, please reach out to your local BCBSND office.



BCBSND.com