





## RENEWAL GUIDE – RENEWING COVERAGE WITH A CHANGE OF PLANS

*Please follow these guidelines when renewing your current coverage or making a change to your existing coverage.*

<b>Renewing Coverage</b>	<b>Because your current plan is not compliant with Health Care Reform, please review the enclosed benefit summary information and rates so that you can select the plan(s) that best meets your company’s health care needs.</b>																																							
<b>Making a Change to your Coverage</b>	<p>Your new rates are effective on your renewal date. We have enclosed Benefit Summaries for your review; thus, enabling you to choose the option(s) for the Highmark DE health benefit plan(s) that bests meet your needs.</p> <p>Please <b>complete the entire Small Group Business Application</b> (enclosed):</p> <ul style="list-style-type: none"> <li>Small Group Business Application (select up to two plans)</li> <li>Member Enrollment/Change Application(s) (if necessary)</li> </ul> <p>For your convenience, we have enclosed a self-addressed, postage-paid envelope to return all renewal materials. You may also fax completed forms to <b>877-731-4150</b>.</p>																																							
<b>Calculations of Rates using 2014 Health Care Reform Methodology</b>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p><b>2014 HCR Methodology</b></p>  <p>EE Rate EE + Spouse EE + Spouse + Child EE + Spouse + Child 1 + Child 2 EE + Spouse + (C1 + C2 + C3) <b>Cap if &lt; age 21</b> EE + Spouse + (C1 + C2 + C3) + <b>C4 if age 21+</b></p> </div> <div style="text-align: center;"> <p><b>Note:</b> There are <b>46 Age Bands</b> (x2 for Tobacco) = <b>92</b></p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #0070C0; color: white;"> <th>Age</th> <th>Non-Tobacco</th> <th>Tobacco User</th> </tr> </thead> <tbody> <tr><td>0 - 20</td><td></td><td></td></tr> <tr><td>21</td><td></td><td></td></tr> <tr><td>22</td><td></td><td></td></tr> <tr><td>23</td><td></td><td></td></tr> <tr><td>24</td><td></td><td></td></tr> <tr><td>25</td><td></td><td></td></tr> <tr><td>26</td><td></td><td></td></tr> <tr><td>27</td><td></td><td></td></tr> <tr><td style="text-align: center;"></td><td></td><td></td></tr> <tr><td>63</td><td></td><td></td></tr> <tr><td>64</td><td></td><td></td></tr> <tr><td>65+</td><td></td><td></td></tr> </tbody> </table> </div> </div>	Age	Non-Tobacco	Tobacco User	0 - 20			21			22			23			24			25			26			27						63			64			65+		
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<b>Effective Date of your Changes</b>	<p>To ensure timely set-up, we ask that you return all paperwork to Highmark DE at <b>least thirty (30) days prior</b> to your renewal date.</p> <p>There are a number of resources available on <a href="http://www.highmarkbcbsde.com">www.highmarkbcbsde.com</a>. This portal provides access to information needed to answer your employees’ health benefits questions.</p> <p>However, if you have further questions regarding your Highmark DE small group renewal, please contact your broker or a Highmark DE Marketing Representative at <b>800-572-4400</b>.</p>																																							