



Enrollment and Billing Guide

Managing insurance should be simple and hassle-free.

Section 1 — Enrollment

Options for updating enrollment

Electronic enrollment — Groups can send secure, electronic enrollment transmissions. Contact your account manager for more information.

Web enrollment — Use the enrollment application within the Group Administration Portal to:

- View and print member ID cards.
- View and update member enrollments, changes, and cancellations.
- Request welcome letters and member ID cards.
- Run enrollment rosters.

For more information on registering for the Group Administration Portal, visit the **Employers** section of **UnitedConcordia.com**.

Enrollment forms — Available in the **Employers** and **Brokers** sections on **UnitedConcordia.com**.

When submitting a form to United Concordia Dental, please:

- Provide the 9-digit identification number (for example: social security number).
- Provide the 9-digit group number.
- Review for completeness and legibility.

To submit changes, email forms to UCCIenroll@ucci.com, fax forms to 1-800-329-9093, or mail them to:

United Concordia Companies, Inc.
1800 Center Street, Suite 2B 220
Camp Hill, PA 17011

Please note: Incomplete or illegible forms may delay processing.

What if there's no enrollment effective date on the enrollment form?

If we receive the form between the 1st and the 15th of the month, the 1st of the current month will be entered into our system as the effective date.

If we receive the form between the 16th and the last day of the month, the 1st of the following month will be entered as the effective date.

Retroactive enrollment policy

We have a three-month policy for retroactive enrollment additions, cancellations, and changes. To ensure prompt billing adjustments, please submit enrollment changes with effective dates within this period, which includes the current month (in which the request was received), plus the two previous months.

Retroactive enrollment activity outside the three-month window is monitored by United Concordia. It may result in follow-up communication with your group and/or denial of enrollment request(s), if claims were paid with a date of service after a requested cancellation date.



Note: Due to COBRA regulations and requirements, United Concordia will process retroactive COBRA enrollment changes with effective dates within the six-month period prior to the receipt date of the request.

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

USERRA provides two types of protection relative to health care coverage for members who serve temporarily in the uniformed services:

- **Continuation of coverage during deployment** — Members have the right to elect continuation of coverage for up to 24 months during deployment, upon payment of premiums as required by the mandate.
- **Reinstatement of coverage after deployment** — Members have the right to request reinstatement of coverage upon reemployment with no preexisting condition exclusion or waiting period, unless the exclusion or waiting period would have applied if the member had not been deployed.

If a member's coverage was previously cancelled and they elect to reinstate coverage during deployment, complete a member enrollment form and the USERRA enrollment form. Fax both forms to 1-800-329-9093. Or mail them to:

United Concordia Companies, Inc.
1800 Center Street, Suite 2B 220
Camp Hill, PA 17011

Find the USERRA enrollment form in the **Employers** and **Brokers** sections on **UnitedConcordia.com**.

Section 2 — Enrollment and Billing Reconciliation

Enrollment and billing representatives reconcile enrollment and billing activity each month. For accurate and timely reconciliations of your group information, let us know about enrollment updates before the next billing cycle.

For an explanation of the invoice, see the Invoice Guide in the **Admin Resources** tab in the **Employers** section on **UnitedConcordia.com**.

Section 3 — eBill

Manage your account using eBill, our convenient, online tool.

eBill allows you to:

- View account billing information.
- Pay your premium online.
- View invoice and online payment history.
- Download your invoice summary and detailed roster.
- Participate with our medical or vision plans and use eBill to make one payment.
- Choose paperless invoices and save paper, energy, and trees.

For more information on registering for the Group Administration Portal, visit the **Employers** section of **UnitedConcordia.com**.

Section 4 — Payment

Premium payments can be made using eBill, check, electronic transfer of funds, pay by phone, or pay as guest.

Sending payments via **eBill**:

- If paying an amount other than what was billed, please include the reason for adjusted payment in the comment box.
- Refer to Section 3 above.

Sending premium payments via **check**:

- Include the invoice remittance slip along with your check. Record your recipient number on the check to ensure timely and accurate processing of your payment.
- Send your payment to the address listed on the remittance slip.

Sending premium payments via **electronic transfer**:

- Include the recipient number and invoice month of premium for proper cash posting.
- Contact Enrollment and Billing for your specific bank information to remit funds electronically.

Sending premium payments via **phone**:

- Contact Enrollment and Billing at 1-888-320-3316 to process your payment by check or credit card.

(Please note, credit card payments are limited to \$2,500.)

Section 5 — Cancellation Due to Delinquency

Make payments by the due date specified on the invoice to prevent disruption of service. (Refer to the General Policy/Contract Rules, Section A in your Group Insurance Policy/Group Contract regarding Payment of Premiums.)

Failure to pay an outstanding balance promptly could result in the cancellation of your coverage and you will be responsible for delinquent payment(s) according to the terms outlined in your Group Insurance Policy/Group Contract. (Refer to the General Policy/Contract Rules, Section B-3 regarding the terms outlined for delinquency.)

If you elected to structure your group into two or more subgroups for purposes of independently receiving and paying invoices, United Concordia will treat those subgroups as if they were separate groups to which a separate Group Insurance Policy/Group Contract has been issued for purposes of addressing delinquency in making monthly premium payments. Specifically, United Concordia will issue default notices that will advise the subgroup of a grace period within which overdue payment must be made, as specified in the General Policy/Contract Rules, Section B-3.

Non-payment of the premium due within the specified grace period will result in the cancellation of the members' coverage under the Group Insurance Policy/Group Contract. You may be asked to confirm and verify this cancellation. In the event that delinquency results in cancellation, the subgroup will be notified in writing that coverage of its members will be cancelled as of a specified date.

COBRA Benefits

All states except California:

COBRA is an acronym for the Consolidated Omnibus Budget and Reconciliation Act. The COBRA law was passed to provide current or former employees, their spouses, and dependents with a temporary extension of group health insurance when coverage is lost due to certain events.

The administration of COBRA is the responsibility of the employer. United Concordia Companies, Inc., does not administer COBRA benefits for its plans nor do we directly invoice the COBRA-insured members. We can, however, assist in the administration of this benefit by separately identifying COBRA-insured members on the group invoice as a separate, unique subgroup.

By separating the active members from the COBRA-insured members, the group administrator can readily determine the premium amount to be collected from COBRA-insured members. The group administrator also is allowed to add a two percent (2%) increase to the initial premium to cover the administrative costs for the COBRA insurance.

If you have any questions regarding COBRA administration or if the law applies to your company, we encourage you to seek legal counsel.

California policy:

On January 1, 1998, a new California State Law became effective for employees not covered under federal COBRA. Cal-COBRA (SB719) gives employees of businesses with two to 19 eligible employees the ability to continue any employer-sponsored health care coverage upon occurrence of a qualifying event.

A qualifying event is any of the following events, which would result in loss of health coverage under the group benefit plan:

1. The death of the covered employee or subscriber.
2. The termination or reduction in hours of the employee's employment, except termination for gross misconduct.
3. The divorce or legal separation of the covered employee from the covered employee's spouse.
4. The loss of dependent status by a dependent enrolled in the group benefit plan.
5. With respect to dependents only, the employee's eligibility for coverage under Medicare.

Employees and their dependent spouses and children who are enrolled in their employer's employee benefit plans at the time of a qualifying event are known as "qualified beneficiaries" and are eligible for Cal-COBRA, unless the individual:

- Becomes covered under another group benefit plan, which does not impose any preexisting condition limitations affecting the individual;
- Becomes eligible for federal COBRA;
- Becomes entitled to Medicare;
- Becomes eligible for coverage under the Public Health Service Act;
- Fails to notify the health plan of a qualifying event in the time specified by the law (within 60 days); or
- Fails to pay their premium in a timely manner.

The cost of Cal-COBRA coverage is 110% of the qualified beneficiary's group rate. If a qualified beneficiary is determined to be disabled under Title II or XVI of the United States Social Security Act, the cost changes to 150% of the group rate after the first 18 months of Cal-COBRA coverage.

The qualified beneficiary must notify the Plan (United Concordia) within 60 days of the qualifying events numbered 1, 3, 4 and 5 above. The employer must notify the Plan within 30 days of the event for qualified beneficiaries who qualify due to termination or reduction in hours of employment. If the qualified beneficiary fails to notify the Plan of a qualifying event in time, we are under no obligation to offer the qualified beneficiary Cal-COBRA coverage.

As an employer, your responsibilities under Cal-COBRA are to inform United Concordia of qualifying events and explain to your eligible employees their Cal-COBRA rights.

You must notify qualified beneficiaries of changes or termination of their group benefit plan 30 days prior to making such changes.

If an employee is covered under Cal-COBRA, and his/her former employer becomes eligible for federal COBRA, the qualified beneficiary stays with Cal-COBRA until this coverage is exhausted. However, if any employer's COBRA status changes annually, the following will apply:

1. If the employer's status is Cal-COBRA one year, and changes to federal COBRA the next year, so will the qualified beneficiary's.
2. If the employer's status is federal COBRA and changes to Cal-COBRA, the qualified beneficiary remains under federal COBRA.

Cal-COBRA coverage will terminate on the earliest of the following:

1. 36 months from the date continuation coverage began if continuation was extended because of a termination or reduction in hours of employment;
2. 29 months from the date continuation began if coverage was extended due to qualified beneficiary being incapacitated for Social Security purposes either at the time of the qualifying event or within the first 60 days of continuation coverage;
3. 36 months from the date continuation coverage began if coverage ended for a dependent due to other qualifying events;
4. The end of the period for which the last premium was paid if the qualified beneficiary stops paying premium or does not pay timely or in the correct amount;
5. The date the qualified beneficiary becomes entitled to Medicare or federal COBRA;
6. The date the qualified beneficiary becomes covered under another group benefit plan that does not have any exclusion or limitation with respect to preexisting conditions that would limit coverage for the qualified beneficiary;
7. The date the qualified beneficiary moves outside the state of California;
8. The date the employer ceases to provide any group benefits to employees;
9. The occurrence of any other event that justifies termination under the terms of the Group Agreement;
10. After January 1, 1999, employees who are 60 years or older when they become eligible for Cal-COBRA and have worked for the employer for at least five years may continue their coverage even after Cal-COBRA until they turn 65.

The administration of Cal-COBRA is primarily the responsibility of United Concordia. However, you may elect to administer your Cal-COBRA program.

This advertisement is not an offer of coverage or proposal of insurance. Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company, United Concordia Insurance Company of New York, United Concordia Dental Plans, Inc., United Concordia Dental Plans of California, Inc., United Concordia Dental Plans of the Midwest, Inc., United Concordia Dental Plans of Pennsylvania, Inc., and United Concordia Dental Plans of Texas, Inc. United Concordia policies are limited benefit policies covering dental benefits only. For a complete listing of the products and services available in your area; the specific UCCI company licensed to provide those products; and exclusions, limitations, renewal, cancellation and cost information, contact a United Concordia account representative or visit UnitedConcordia.com. Administrative and claims offices are located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011 (888-884-8224).

United **Concordia**
dentalSM

MX3347171