



**BlueCross BlueShield  
of South Carolina**

An Independent Licensee of the Blue Cross and Blue Shield Association,  
an association of independent Blue Cross and Blue Shield Plans.

# **Understanding Your Benefits and Controlling Healthcare Costs**



[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

Your healthcare benefits are important to you. At BlueCross BlueShield of South Carolina, we strive to offer you affordable coverage with excellent benefits and customer service. Together we can work to control the increasing cost of healthcare and coverage by keeping accurate records for you and your family.

You may receive forms from us in the mail asking for information. When you return the form, you help us pay your claims correctly and timely. Delayed or missing information may impact the payment of your claims.

*We may request these types of information:*

- If you have additional group health insurance (Coordination of Benefits).
- If you have Medicare.
- If you were injured at work (Workers' Compensation).
- If another party may be liable for your injuries (Subrogation).
- If you have a dependent who is over the age of 18.

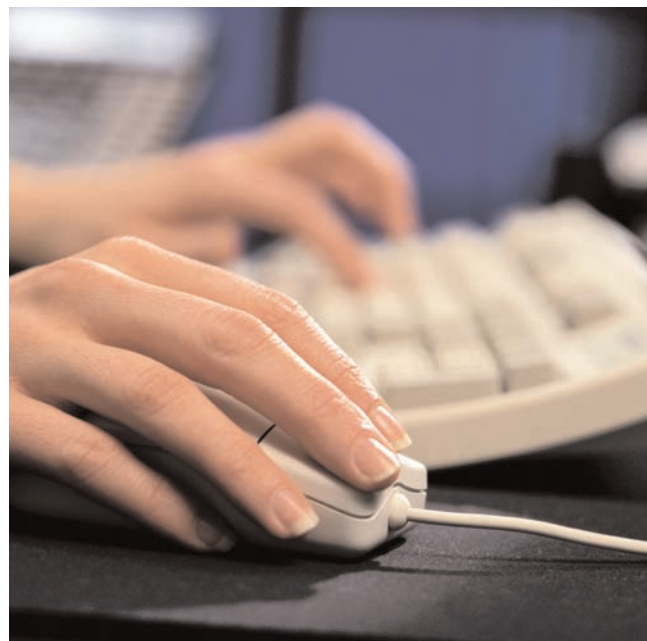
BlueCross values the privacy of your personal health information. The methods mentioned in this brochure for returning information to BlueCross are designed to protect your privacy. These methods comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you choose to submit information through our Web site, rest assured that the site is secure and safe.

## Coordination of Benefits

Your employer's contract with BlueCross contains a coordination of benefits provision. This provision applies when you or a family member is covered by another group plan or any kind

of insurance with healthcare benefits. For example, you may have healthcare benefits through your employer, plus coverage under your spouse's health plan. Or, a dependent child may have coverage under each parent's health plan. BlueCross uses Coordination of Benefits (COB) to determine who pays your claim first. COB helps:

- Ensure the right carrier processes your claims.
- Prevent duplications and overpayments.
- Maximize your benefit coverage and reimbursements.
- Keep medical costs lower for you and your employer.



You may receive an "Other Health Insurance Questionnaire" in the mail asking if you have healthcare benefits with another insurance company in addition to your BlueCross coverage. **It is important that you complete this form even if you or your dependents do *not* have coverage with another health plan.** BlueCross needs this information each

year to ensure that we have the most up-to-date information regarding your policy. Prompt action will help speed up the processing of your claims.

*You may submit information by:*

- The Web — Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) to complete the form online.
- Phone — Call the Customer Service number on your BlueCross member ID card.
- Mail — Complete and return the form.

*If you do not have other healthcare benefits, you also may:*

- Call the Customer Service number on your member ID card and follow the prompts to update information.

## Medicare Coordination

BlueCross uses Medicare Coordination when a person has private health coverage as well as Medicare. The federal government has established rules to determine when Medicare pays a claim instead of the group health plan.

In certain cases, Medicare is considered the "primary" plan, and the group health plan is considered "secondary" coverage. These federal rules are complex. The primary and secondary status of group health coverage depends on many factors. If you have Medicare and group health coverage, ask your employer which coverage is primary for you.

You may receive an "Other Health Insurance Questionnaire" in the mail asking if you have coverage with another insurance company in addition to BlueCross. **You must complete this form and return it to us even if Medicare**

**does *not* cover you or your dependents.** We need this information each year to ensure that we have the most up-to-date information regarding your policy. Prompt return of the form will help speed up the processing of your claims.

You may update your Other Health Insurance information by following the steps outlined in the "Coordination of Benefits" section.

## Workers' Compensation and Subrogation

If you get hurt at work or become ill because of work-related circumstances, your employer's workers' compensation coverage should pay your medical bills.



If you get hurt or sick due to another person's intentional act or negligence, the person responsible for your injury or illness should pay for your medical care. For example, if you are injured in a car accident and it is the other person's fault, that person should pay your medical expenses.

BlueCross uses workers' compensation and subrogation to ensure your healthcare bills for an injury or illness caused by someone else are paid correctly. Our efforts help contain healthcare costs by reducing premium dollars paid by you and/or your employer. It also lowers costs by reducing the

amount of benefits applied to the lifetime maximum allowed by your health plan.

You may receive an “Accident Questionnaire” in the mail asking about the nature of your injury or illness. To properly process claims, BlueCross needs this information to see if your claims are work related or related to an accident caused by another person. We cannot pay your claims until we receive this information.

*You may submit workers’ compensation and subrogation information by:*

- Mail — Complete and return the form.
- Phone — Call BlueCross at 1-800-288-2227, ext. 43060.
- Fax — Complete and fax it to (803) 865-0654.
- The Web — Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) to download the form.

## Pre-Existing Condition Exclusion

A pre-existing condition is a physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within six months prior to your BlueCross enrollment date. If you have a pre-existing condition, your insurance will not cover it. However, we may reduce or eliminate a pre-existing condition waiting period if you had health insurance that was considered “creditable coverage.”

You will receive a certificate of creditable coverage from your previous health plan after the cancellation of your policy or upon request. The certificate shows the period of time you were covered under the group health plan. Credit for prior coverage will be determined when you provide BlueCross with a certificate or other acceptable evidence that you had prior health insurance coverage.

BlueCross will send a letter to notify you of any pre-existing condition waiting period for your policy. This letter will explain the basis for the determination. **If you have had prior health insurance coverage, you need to submit evidence of that prior coverage.** This evidence will help us determine if we can give credit to reduce or eliminate your waiting period. Without this documentation, we may delay or deny your claim payments.

*You may submit creditable coverage information by:*

- Mail — Send information to the address in the letter.

## Student Verification



Each year, BlueCross mails a letter to members who have a covered dependent over the age of 18 to verify the dependent is a full-time student. We send student verification letters 30-60 days prior to the student’s 19th birthday or from the last date we verified full-time student status.

*When you receive our request for verification that your dependent is a full-time student, you must:*

- Respond within 30 days.
- Submit one of the following:
  - A statement on school stationary and signed by the registrar to verify your dependent’s active enrollment as a full-time student.
  - A receipt showing that tuition is paid in full for at least 12 credit hours.

- A certificate from the National Student Clearinghouse stating full-time status.

When you submit your information, please include the policyholder’s name and identification number.

*You may submit student verification information by:*

- Mail — Send information to the address in the letter.
- Fax — Fax to (803) 264-6168.

If you do not return the requested information, BlueCross may not pay your dependent’s claims until we receive the information.

If your dependent is not a current full-time student, you must notify the benefits manager in your company’s Human Resources department.



*This information is not intended to replace the complete plan description contained in your benefit booklet. Language contained in the booklet governs the plan.*



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