

Annual Group Information Form for Medicare Eligible Products



A nonprofit independent licensee of the Blue Cross Blue Shield Association

GROUP NAME:		GROUP NUMBER(S):		EIN/TIN #:	
GROUP PHYSICAL ADDRESS:					
GROUP HEADQUARTERS ADDRESS:					
EFFECTIVE OR RENEWAL DATE:		MARKET/REGION (e.g., Rochester, Syracuse, Southern Tier, Utica, National Acct.):			
BROKER NAME:					
EMPLOYER CONTRIBUTION :					
Please note: If your contribution amount/type changes you are required to notify the Health Plan of these changes.					
Medicare Eligible Classification	Plan Offering	Amount Contributed	Premium Contribution Type		
			Fixed \$ amount	% of Premium	
			Other – Please explain:		
			Fixed \$ amount	% of Premium	
			Other – Please explain:		

Total Employees for Medicare Secondary Payer (MSP) Rules	
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A. TOTAL MEDICARE ELIGIBLE INDIVIDUALS AND/OR DEPENDENTS (count each member individually):

A1	Total retirees/dependents who are 65 or older	
A2	Total Medicare eligible individuals < 65, eligible for Medicare primary due to disability (group ≥ 100)	
A3	Total Medicare eligible individuals < 65, eligible for Medicare primary due to ESRD (End Stage Renal Disease)	
A4	Total Medicare eligible individuals ≥ 65, actively working and eligible for Medicare primary (groups < 20)	
A5	Other Medicare eligible individuals, not classified above (e.g. ≥65 spouse of a retired employee <65)	
A6	Subtotal A: TOTAL (Sum of A1 through A5)	

B. ELIGIBILITY CREDITS (Employees or Dependents not Eligible for Medicare Eligible Products):

B1	Individual's former employee class is not eligible for employer benefits (incl. dependents of these employees)	
B2	Individual does not have both Parts A and B of Medicare	
B3	Individual lives outside of the service area 6 months or more per year (only applies if group offers a Medicare Advantage or MA-PD product, otherwise leave blank)	
B4	Individual is not currently enrolled in a commercial product and is eligible for Medicare due to ESRD (only applies if group offers a Medicare Advantage or MA-PD product, otherwise leave blank)	
B5	Actively working employees ≥ 65 who are eligible for and opted out active coverage and elected Medicare as primary payer (group ≥ 20)	
B6	Employee or Dependent not eligible for Medicare primary benefits	
B7	Subtotal B: TOTAL ELIGIBILITY CREDITS (Sum of B1 through B6)	

C. Net Medicare Eligible Individuals and/or Dependents

C1	Total Individuals and Dependents Eligible for Medicare Eligible Products (A6 minus B7)	
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D. EXCELLUS COVERAGE and PARTICIPATION PERCENTAGE BY PRODUCT (Fill in Product type):

Do not include enrollment in carve out or other retiree health plan group products specifically designed for Medicare eligible employees/retirees

D1	Offering # 1:	
D2	Offering # 2:	
D3	Subtotal D: Medicare enrolled individuals (D1+D2)	
D4	Total Participation %: (D3 divided by C1)	

E. OTHER COVERAGE:

E1	Medicare Eligible individuals covered by another employer sponsored carrier	
E2	Medicare Eligible individuals declining coverage through a spouse	
E3	Medicare Eligible individuals declining coverage for any other reason	

PREPARED BY:

GROUP ADMINISTRATOR	DATE	SALES	DATE