



South Carolina

Payroll Express Program

SIMPLE, CONVENIENT, AFFORDABLE ... WE'VE GOT YOU COVERED!



Here is a great way to offer your employees the flexibility of an individual insurance plan design, coupled with the convenience of payroll deduction.

- Coverage for full-time and part-time employees
- Convenient bank draft billing
- Affordable plans to fit your budget
- Individual benefit design for each covered member
- Advanced Premium Tax Credit/subsidy eligibility assistance
- Exclusive BlueCross BlueShield of South Carolina provider network
- Compatible with Affordable Care Act (ACA) plans, Medicare supplement products and Medicare Part D products

It's Easy! Here's All You Need to Do:

Step 1: Create a BlueCross Payroll Express Account

- The Company must have a minimum of three members to be eligible for a Payroll Express Account.
- Complete a Payroll Express Master Agreement; bank draft authorization on back (included in this packet).
- Complete a Payroll Express Enrollment Form (included in this packet).
- Email Payroll Express Master Agreement and Enrollment Form to Marketplace.Bill@bcssc.com.
- These forms are available on Storefront at <http://storefront.worksmartsuite.com>.

Step 2: Payroll Express Employee Enrollment

- Log in to www.SouthCarolinaBlues.com.
- Select My Business Manager link and log in with agent credentials.
- Select "Get a Quote for Individual Affordable Care Act (ACA) Plans."
- Choose to shop on the private marketplace or Federally Facilitated Marketplace (FFM).
- Select a Qualified Health Plan (QHP).
- Complete and submit the electronic application.

Step 3: Payroll Express Billing

- If a member's policy is canceled, he or she will be required to pay any outstanding account balance before activating new coverage or using benefits.
- Payroll Express billing statements will be generated on the 18th of each month (sample included in this packet).
- Premiums for each enrolled member will be drafted on the 1st of each month.
- Cancellation of an individual policy MUST be requested by the member.
- Retroactive policy cancellation is prohibited.
- All refunds of premiums will be disbursed to the policyholder.



South Carolina

P.O. Box 100228
Columbia, SC 29202-3209

PAYROLL EXPRESS MASTER AGREEMENT BlueCross BlueShield of South Carolina

Required Fields (*)

Today's Date: _____

*Employer's Name: _____

*Street Address: _____

City, County: _____

State, ZIP: _____

Billing Address: _____

City, County: _____

State, ZIP: _____

*Telephone Number: _____

*Decision-Maker: _____
(Title)

*List Bill Administrator: _____

*Email Address: _____

Premium payment for List Bill accounts MUST be made by bank draft. See Authorization Agreement for Prearranged Payments on page 2 of this document.

The company must have a minimum of three members to be eligible for a Payroll Express Account.

Coverage for each new List Bill member is not effective until the first month's premium for the new member is received. This payment MUST be received before the new member's effective date. Example: Members added for effective date of Jan. 1, 2017, MUST have payment received by Blue Cross before Jan. 1, 2017. Payments received after effective date will result in member's enrollment being canceled and payment refunded. Note: Any refund from a member policy will be sent to the member and not the employer.

Beginning July 2017, if a member's policy is canceled, the member will be required to pay any outstanding account balance before he or she can activate new coverage or begin using benefits. In other words, if members allow their policy to cancel, and they return for new coverage, BlueCross policy will require the payment of all past-due premiums before activating their new coverage. In addition, unless they qualify for special enrollment, they may not be able to re-enroll until the next Open Enrollment period, which begins Nov. 1, 2017, for coverage effective Jan. 1, 2018.

Any existing coverage should not be terminated before being notified that new coverage is effective.

Agent Must Complete This Area

Agency Name: _____

Agent Name: _____

Agency/Agent No.: _____

For internal office use only by BlueCross

Account Number: _____

Please return completed form to:

BlueCross BlueShield of South Carolina
Marketplace Operations Billing

Email: Marketplace.Bill@bcssc.com

Employer Agreement

"Employer" means an employer, governmental entity or association that has an arrangement with its employees or members to remit, on behalf of the employees or members, the premiums for policies written under this program to BlueCross with or without payroll deduction.

The Employer further agrees to remit the monthly premiums on the approved policies of its employees or members to BlueCross within 15 days of receipt of the monthly list billing. All contracts and agreements related to this program are between BlueCross and the Member, not the Employer. The Employer is prohibited by law from paying any part of the premium directly or through reimbursement. Any refunds from member policies will be sent to the Member and not the Employer.

The Employer is solely responsible for administering the Payroll Express program. The Employer shall promptly notify BlueCross if an insured's employment ends. BlueCross will not retroactively remove a Member from Payroll Express due to administrative errors. The monthly invoice is to be verified in full before payment authorization is given. This Agreement may be terminated by either party upon 30 days' prior written notice. This program does not relieve the Employer of the requirements of the Workers' Compensation laws of this State.

Authorization Agreement for Prearranged Payments

INSTRUCTIONS:

1. Please complete authorization card.
2. Please enclose a **VOIDED CHECK** for bank [account] number verification.
3. **TO STOP YOUR DRAFT OR CANCEL YOUR PAYROLL EXPRESS ACCOUNT, YOU MUST NOTIFY US 15 DAYS PRIOR TO YOUR DRAFT COMING OUT OF YOUR ACCOUNT.**

COMPANY NAME: BlueCross BlueShield of South Carolina

COMPANY ID NUMBER: 320396492

I hereby authorize BlueCross BlueShield of South Carolina to initiate debit entries to my checking account below and the Bank named to debit my account.

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

BK TRANSIT/ABA NO.: _____ ACCOUNT NUMBER: _____

This authority is to remain in force until the bank has received written notification from me of its termination in such time and in such manner as to afford the bank a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to the bank prior to charging account. If an erroneous debit entry is initiated by the COMPANY to a customer's account, customer shall have the right to have the amount of such entry credited to such account by the bank, if, within 15 calendar days following the date on which the bank sent to customer a statement of account or a written notice pertaining to such entry or 46 days after posting, whichever occurs first, the customer shall have sent to the bank a written notice identifying such entry, stating that such entry was in error and requesting the bank to credit the amount to such account.

Authorized Signatory on account to be drafted: _____

Date: _____

Employer's Signature: _____ Date: _____ Title: _____

Agent's Signature: _____ Date: _____ Agent #: _____

SAMPLE PAYROLL EXPRESS BILLING STATEMENT

GABES BRAKES OIL WORKS
 GABRIEL HORTON
 4101 PERCIVAL ROAD
 COLUMBIA, SC 29229-8320

DATE BILLED 08-17-2017
 LIST BILL # GAHLISTBILL
 ACCOUNT NUMBER 00000001326746
 BILL PERIOD 09-01-17 - 09-30-17

Billing information

Previous Balance	\$1,252.88
Amount Received	-\$1,252.88
Balance Due	\$0.00
Current Premium Due	\$1,252.88
Total Amount due by 09-01-17	\$1,252.88

Please refer to coverage detail on the back of this notice.

Payments received after 08-17-17 are not reflected on this notice.

PLEASE DO NOT SEND PAYMENT. This amount is scheduled for automatic debit from account ending in 6987.

PLEASE DO NOT SEND PAYMENT. This amount is scheduled for automatic debit from account ending in 6987.

AMOUNT DUE
\$1,252.88

GABES BRAKES OIL WORKS
 Account Number 00000001326476

DUE DATE 09-01-2017

List Bill Invoice

PRING DATE: 08-17-2017
ID CARD NUMBER: 123456789
ACCOUNT NYUMBER: 000000011111111
Bill period: 09-01-17 - 09-30-17

Member ID	Last name	First	Current Premium Due	Previous Balance	Total Amount Due
212521210215	SMITH	S	\$221.57	\$0.00	\$221.57
122512402154	JONES	E	\$254.22	\$0.00	\$254.22
895421210214	GREENE	D	\$212.22	\$0.00	\$212.22
122587458453	WELLS	L	\$455.44	\$0.00	\$455.44
122354743325	PARKER	F	\$83.77	\$0.00	\$83.77
255875698632	GRIFFIN	D	\$25.66	\$0.00	\$25.66
Total Premiums			\$1,252.88		

FOR CUSTOMER SERVICE, CALL 855-404-6752
 BETWEEN 8:30 A.M. AND 5:30 P.M. OR LOG ONTO
 MYHEALTHTOOLKIT.COM TO PAY ELECTRONICALLY.



South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

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