



**BlueCross BlueShield
of Vermont**
Independent Licensees of the Blue Cross and Blue Shield Association.



**Applying for a Small Employer Exception (SEE) from
Medicare Coordination of Benefits Contractor (COBC)**

Step 1: Send the completed Census for Medicare Secondary Payer Determination to Blue Cross Blue Shield of Vermont (BCBSVT) on your letterhead.

NOTE: Your company must complete STEPS TWO AND THREE below to request and activate a SEE. Medicare will not consider incomplete applications.

Step 2: If you have fewer than 20 total full-time and part-time employees, you must notify any affected Medicare-eligible individual that you are applying for a SEE from Medicare. You must also complete a certified statement on your letterhead **for each individual** for whom you request a SEE **and mail that certification to your association. At a minimum, your certification must contain the following information:**

1. That your company elects Medicare as the primary insurance for the listed active employees or their spouses
2. That each named individual has coverage because he or she is your active employee or the spouse of one of your active employees
3. That you have not had 20 or more total employees for 20 or more calendar weeks in the current or the preceding calendar year. An employee includes both full-time and part-time employees, whether or not they work sufficient hours to qualify for health insurance benefits.
4. The full name, date of birth, and Health Insurance Claim number (HICN) (or Social Security number if the HICN is unavailable) for each employee or spouse to whom the request applies
5. Your company's name, address, and Tax Identification Number (TIN) or Employer Identification Number (EIN)
6. A listing of BCBSVT as your insurer and the effective date and type of coverage of your employer-sponsored insurance. Type of Coverage must be designated as one of the following: A = medical and hospital; J = medical only; and K = hospital only.

NOTE: A granted exception applies only to your company and the individuals listed specifically within the exception granted by the COBC. You cannot apply for a SEE directly, but must mail the application to your health plan association.

Step 3: Although your association should receive the SEE from the Medicare COBC and will provide it to us, please notify BCBSVT immediately if you receive a SEE directly from the Medicare COBC. BCBSVT reports the eligibility status of all affected members to Medicare on a periodic basis.

REMINDER: Effective November 1, 2010, if your company fails to obtain or communicate that it has obtained a SEE, then BCBSVT will become your primary insurer and your premiums will be adjusted accordingly. Your company must notify the association through which you obtain coverage and BCBSVT of any changes in your SEE status, such as an increase in the number of your employees. More information on the SEE application process is available at http://www.cms.gov/employerservices/05_smallemployerexception.asp.

NOTICE: Discrimination is Against the Law

Blue Cross and Blue Shield of Vermont (BCBSVT) and its affiliate The Vermont Health Plan (TVHP) comply with applicable federal and state civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, gender identity or sex.

BCBSVT provides free aids and services to people with disabilities to communicate effectively with us. We provide, for example, qualified sign language interpreters and written information in other formats (e.g., large print, audio or accessible electronic format).

BCBSVT provides free language services to people whose primary language is not English. We provide, for example, qualified interpreters and information written in other languages.

If you need these services, please call (800) 247-2583. If you would like to file a grievance because you believe that BCBSVT has failed to provide services or discriminated on the basis of race, color, national origin, age, disability, gender identity or sex, contact:

Civil Rights Coordinator
Blue Cross and Blue Shield of Vermont
PO Box 186
Montpelier, VT 05601
(802) 371-3394
TDD/TTY: (800) 535-2227
civilrightscoordinator@bcbsvt.com

You can file a grievance by mail, or email at the contacts above. If you need assistance, our civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of
Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019
(800) 537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



For free language-assistance services, call (800) 247-2583.

ARABIC

للحصول على خدمات المساعدة اللغوية المجانية، اتصل على الرقم (800) 247-2583

CHINESE

如需免費語言協助服務，請致電 (800) 247-2583。

CUSHITE (OROMO)

Tajaajila gargaarsa afaan hiikuu kaffaltii malee argachuuf (800) 247-2583 bilbilaa.

FRENCH

Pour obtenir des services d'assistance linguistique gratuits, appelez le (800) 247-2583.

GERMAN

Kostenlose fremdsprachliche Unterstützung erhalten Sie unter (800) 247-2583.

ITALIAN

Per i servizi gratuiti di assistenza linguistica, chiamare il numero (800) 247-2583.

JAPANESE

無料の通訳サービスのご利用は、(800) 247-2583までお電話ください。

NEPALI

नःशुल्क भाषा सहायता सेवाहरूका लागि, (800) 247-2583 मा कल गर्नुहोस्।

PORTUGUESE

Para serviços gratuitos de assistência linguística, ligue para o (800) 247-2583.

RUSSIAN

Чтобы получить бесплатные услуги переводчика, позвоните по телефону (800) 247-2583.

SERBO-CROATIAN (SERBIAN)

Za besplatnu uslugu prevodjenja, pozovite na broj (800) 247-2583.

SPANISH

Para servicios gratuitos de asistencia con el idioma, llame al (800) 247-2583.

TAGALOG

Para sa libreng mga serbisyo ng tulong pangwika, tumawag sa (800) 247-2583.

THAI

สำหรับการให้บริการความช่วยเหลือด้านภาษาฟรี โทร (800) 247-2583

VIETNAMESE

Để biết các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi số (800) 247-2583.

We'll see you through.

(800) 255-4550 | www.bcbsvt.com



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An independent licensee of the Blue Cross and Blue Shield Association.