

Email to Group Administrators



Dear Group Administrator,

We are writing to make you aware of recent updates resulting from The American Rescue Plan Act (ARP) that could affect your group.

ARP was signed into law on March 11, 2021 and was enacted to provide COVID-19 relief to Americans. This is the same the law that provided stimulus checks to many Americans and expanded financial subsidies to consumers with Marketplace health insurance.

The law also requires insurers to provide financial subsidies to cover 100 percent of the State Continuation premium to employees and their dependents that qualify.

What You Need to Know:

Under ARP, subsidies are only available for a maximum of six months, beginning April 1 through Sept. 30, 2021. The subsidy is provided by the insurer (BlueCross BlueShield of South Carolina) who will apply a monthly credit to the group's bill for eligible employees.

To be eligible, employees must meet the following requirements:

- Have a qualifying event that is a reduction in hours or an involuntary termination of their employment.
- Would still be in their Continuation coverage period but did not enroll.
- Dropped Continuation coverage but would still be within their eligible period had they not dropped it.

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What You Need to Do:

Groups are required to notify former employees of this premium assistance. Here is how:

1. Notify former employees who are eligible for the premium assistance under ARP and include the membership application for those who want to elect their coverage now using a model notice. [Click here](#) for a copy of the notice that should be used.
2. Complete the Employer Attestation form to attest that you've notified eligible former employees of the updates pertaining to ARP. [Click here](#) to access the form.
3. Complete the Employee Qualification Attestation form for specific employees you know are eligible for the premium subsidies under ARP. [Click here](#) to access the form.
4. Send completed forms **by July 16, 2021** via secure email to Group.Membership@bcbssc.com.

Groups can assist employees with electing or re-electing coverage to receive the premium assistance.

Groups are required to notify BlueCross of any former employees eligible to receive premium assistance via the above steps.

How to Contact Us:

If you have any questions, you can:

- Contact your agent.
- Email Group.Membership@bcbssc.com.
- Call 800-868-2500, ext. 41010

We look forward to continuing to serve you!

Email to Group Administrators

Sincerely,
Small Group Administration

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[update your preferences](#) or [unsubscribe from this list](#).

State Continuation Premium Assistance
Employer Attestation Form

Employer Information

Group Name _____ Group Number _____

Employer hereby attests that all applicable Employees who were involuntarily terminated have been notified of the provisions made available by the American Rescue Plan Act (ARP). ARP was signed into law on March 11, 2021 to provide COVID-19 relief to Americans. One of the provisions provides subsidies to cover 100% of State Continuation premium cost to qualifying former employees and their dependents. These subsidies are available for a maximum of six months, beginning April 1, 2021 through Sept. 30, 2021.

To be eligible for the premium assistance, employees must meet the following requirements:

- Have a qualifying event that is a reduction in hours or an involuntary termination of their employment.
- Would still be in their Continuation coverage period but did not enroll.
- Dropped Continuation coverage but would still be within their eligible period had they not dropped it.

If Employer becomes aware that an Employee is eligible for other group health insurance or Medicare, Employer will immediately notify BlueCross BlueShield of South Carolina at 800-868-2500, ext. 41010. Eligibility for the subsidy ends if the member becomes eligible for Medicare or other group health plan coverage.

Authorized Representative of Employer

Date

**Please return this form by July 16, 2021 via secure email to
Group.Membership@bcbssc.com.**

If you need any additional information, please contact a customer service representative at 800-868-2500, ext. 41010.

Sincerely,
Small Group Administration

State Continuation Premium Assistance
Employee Qualification Attestation Form

Employer Information

Group Name _____ Group Number _____

Employee Information
(Please Submit One Form per Employee)

Employee Name _____ Employee SSN _____

Effective Date of Coverage _____ Date of Involuntary Termination _____

Employer hereby attests that the above Employee was involuntarily terminated. If Employer becomes aware that Employee is eligible for other group health insurance or Medicare, Employer will immediately notify BlueCross BlueShield of South Carolina at 800-868-2500, ext. 41010.

Authorized Representative of Employer

Date

It is imperative that this form be returned by July 16, 2021 or we will not be able to process the state continuation subsidy on behalf of this employee.

Please return this form via secure email to Group.Membership@bcbssc.com.

Please fill out one attestation for each terminated employee. As you may be aware, under the American Rescue Plan Act of 2021, former employees and their dependents may be eligible for premium assistance for State Continuation coverage if certain requirements are met. BlueCross is providing the following attestation to help you in complying with the Act.

The subsidy began April 1, 2021 and last for a period of six months, ending on Sept. 30, 2021. All prior eligibility and coverage requirements for State Continuation still apply.

Please remember that this employee is still part of your employer group health plan and is subject to all provisions of your employer group contract.

If you need any additional information, please contact a customer service representative at 800-868-2500, ext. 41010.

Sincerely,
Small Group Administration