



Prior Carrier Deductible Instructions for Covered California for Small Business

The following are instructions for how to submit the Prior Carrier Deductible (PCD) credit for a new CCSB group enrolling with Blue Shield or a CCSB group moving to a Blue Shield Exchange plan.

- Blue Shield will give PCD credit for initial enrollees of a new group moving to a Blue Shield plan if the member was enrolled in a PPO, POS, HMO plan with deductible or a HSA-compatible plan from the applying group's prior group plan. Member must be moving from/to the same plan type, i.e., PPO to PPO or HMO to HMO.
- The PCD must have been accumulated within the same calendar year as the new plan with Blue Shield.
- Blue Shield does NOT give credit for prescription drug coverage (unless coming from an HSA plan).
- Blue Shield does NOT give credit for out-of-pocket expenses.
- PCD submission must include the Blue Shield member ID number, and group number.
- The following information will be accepted to post a PCD:
 - The prior carrier Explanation of Benefits (EOB) for each family member showing the total individual deductible accumulated for the same calendar year as the new plan with Blue Shield
 - If EOB is not available a written letter from the prior carrier showing the total individual deductible amount for each family member accumulated for the same calendar year as the new plan with Blue Shield
- Note: We cannot process the request if the information provided indicates a family deductible amount, we must have the amounts broken out by what each family member has individually accumulated to the deductible.
- Complete the attached PCD request form and FAX it to the number on the top of the form.
- PPO members can either contact the customer service number on the back of their ID card or log onto the member portal to verify their deductible accumulation was updated – please note this could take up to 30 calendar days for the PCD to post.
- HMO members can contact the member service number on the back of their ID card to verify their deductible accumulation was updated – please note this could take up to 30 calendar days for the PCD to post.



Prior Carrier Deductible (PCD) Request Form

Fax: (209) 371-3049

1. Subscriber Full Name: _____ Today's Date: _____
2. Blue Shield Subscriber Identification Number: _____
3. Blue Shield Group # _____ Group Name: _____
4. Blue Shield Group Effective Date: _____

To credit the Prior Carrier Deductible, we need to know the amount to be credited for each member of the plan. If the total deductible was met by only one member, then we only need information for that member. We cannot accept just the family deductible, as we need to know the individual amount each member accumulated to the family deductible.

5. Acceptable proof of Prior Carrier Deductible:

- The most recent Explanation of Benefits (EOB) for each member indicating the amount of deductible accumulated (please do not include more than one EOB per member) or,
- A written letter from the prior carrier indicating the amount of deductible each member has accumulated

6. Please enter the deductible amount met by each member:

Name:				
Deductible:	\$	\$	\$	\$
Internal Use Only				

7. If this is a request for an additional amount to be credited, please complete the section below:

Name:				
Original Deductible:	\$	\$	\$	\$
Additional Deductible:	\$	\$	\$	\$
Internal Use Only				

Internal use only

Benefit	B/N	Plan Type	EFFT DT	Count	Adj Med	Adj Pre	Pre SS