

Plan transfer options

If your client wants to transfer to a different plan, Blue Shield offers a variety of plans and rate options to accommodate any budget. You can walk your clients through their plan transfer options using the matrix on the back of this page.

How to transfer:

1. Complete the appropriate form:

- If your client is enrolled in a guaranteed-issue, group, or individual conversion plan, have him or her complete the *Application for Blue Shield Individual and Family Health Plans* (Form C12900-AE), available for download at blueshieldca.com/producer. Then submit it to underwriting for review.
- All other subscribers complete a transfer application: *Subscriber IFP Plan Change Request Form* (Form C12278).

Remember, requests for non-underwritten plan transfers can be submitted over the phone. Over-the-phone transfer rules are identical to the transfer rules contained in the IFP Plan Transfer Matrix guidelines.

Blue Shield members can request a transfer by calling **(800) 431-2809**. If you would like to request a non-underwritten transfer on your client's behalf, call Producer Services at **(800) 559-5905**.

2. Submit the completed form to the appropriate location:

Transfer applications

Attn: IFP Plan Transfer Team
Blue Shield of California
P.O. Box 629013
El Dorado Hills, CA 95762-9013
Fax: (916) 350-7500

New applications

Attn: I&M – Applications
Blue Shield of California
P.O. Box 3008
Lodi, CA 95241-9969
Fax: (888) 386-3420
e-mail: IFPapplications@blueshieldca.com

Non-underwritten transfer guidelines

- Non-underwritten transfers are always to the same rating tier. Tier reconsideration requests are subject to underwriting.
- Non-underwritten transfers are subject to an initial enrollment waiting period. A member must be enrolled continuously for 12 consecutive months in an underwritten Individual and Family Plan to be eligible for a non-underwritten transfer to another plan.¹
- Members are allowed one non-underwritten transfer each calendar year.
- Non-underwritten transfers apply to all members covered under the existing plan contract or policy. For example, under a family plan, the entire family will be transferred to the new plan.
- Families covered under a family plan must request a transfer to another eligible family plan to be eligible for a non-underwritten plan transfer. If a family covered under a family plan requests a plan transfer to an individual-only plan, the family must be unbundled to separate contracts, which requires medical underwriting.
- Subscribers in non-marketed (closed) plans are allowed the same non-underwritten transfer options available to subscribers in marketed (open) plans.²
- Members in closed plans will not be allowed to transfer back to their original plan once they have transferred out of the closed plan to the new plan.
- The most current version of the IFP Plan Transfer Matrix in use by Blue Shield will apply to a request for a non-underwritten transfer. The matrix is subject to change by Blue Shield at any time.
- There is no age restriction for non-underwritten transfers. Members ages 65 and older are eligible.

¹ Members in the following plans are not eligible for a non-underwritten transfer, and must be underwritten: guaranteed-issue, individual conversion, MRMIP Graduate, Medicare Supplement, and Healthy Families plans. In addition to the Blue Shield IFP non-underwritten transfer guidelines, Blue Shield maintains a free transfer policy in accordance with California law. Under the statutory free transfer policy, members who have been enrolled in an underwritten IFP plan for at least 18 months of continuous coverage may request a transfer to another Blue Shield plan under those guidelines. Information on the California statutory IFP free transfer options can be obtained online at blueshieldca.com/producer/ifp/helpclients, or by calling Producer Services at **(800) 559-5905**.

² Members in closed plans with a tier 1 or tier 2 rate will be transferred to the equivalent rate for marketed plans, which is tier 2 and tier 3 respectively. Note, the current tier 1 (.80) was not available prior to April 2002, and therefore a non-underwritten transfer into a plan at this tier is not available. Members may request a transfer to this rate tier through medical underwriting.

