

Opt In Form Submission: One form must be submitted for each group number.

Important information for completing the form:

Third Party Administrator Information: Sentara Health Plans, Inc., 4417 Corporation Lane, Virginia Beach 23462

Designated Third Party Administrator Contact: Noel Wharton 757-552-8910, balancebilling@sentara.com

ADD ELECTIVE GROUP HEALTH PLAN

ELECTIVE GROUP HEALTH PLAN OPT IN

BACK

SUBMIT

Each self-funded group health plan specified in § 38.2-3445.06 A of the Code of Virginia and self-funded coverage specified in § 38.2-3445.06 C of the Code of Virginia may opt-in to the balance billing and arbitration requirements set forth in §§ 38.2-3445 through 38.2-3445.07 of the Code of Virginia. Such a plan is known as an "elective group health plan."

This form must be submitted at least 30 days in advance of the effective date of the election to participate. The effective date for participation can be January 1 of any year or the first day of the group health plan's plan year.

*** denotes required field**

Health Plan Name:

Enter a NameEmployer Name as on SPD*

Number of Covered Lives in Virginia enrolled in your plan:

0*

Group Identification Number:

Group IDOptima Group ID(s)*

Employer/Sponsor Name:

Employer/Sponser NameEmployer Name*

Address:

Address*

City:

City*

State:

Select ...*

Zip:

0*

DESIGNATED CONTACT FOR HEALTH PLAN INQUIRIES

Name:

NameEmployer's point of contact*

Phone (###-###-####):

Phone*

Email:

Email*

Confirm Email:

Confirm Email*

OPT-IN DURATION

Select ...*

One Year
Auto Renewal

Automatic renewal (continuous until terminated by providing notice at least 30 days prior to the end of a calendar year or plan year)

Opt-In Effective Date (mm/dd/yyyy)

01/01/2021

Employer can opt-in effective 1/1/2021 or wait until their plan start date. 30 days prior to plan start date required.

*

YOUR CONTACT INFORMATION (PERSON COMPLETING THE FORM)

Name:

NameGroup employee name completing Form*

Phone (###-###-####):

Phone*

Email:

Email*

Confirm Email:

Confirm Email*

THIRD PARTY ADMINISTRATOR INFORMATION (IF YOU SELF-ADMINISTER, PLEASE INCLUDE YOUR OWN INFORMATION)

Name: *

Address:

City:

State:

Zip:

Phone (###-###-####): *

Email: *

Confirm Email: *

DESIGNATED THIRD PARTY ADMINISTRATOR CONTACT FOR INQUIRIES

Name: *

Phone (###-###-####): *

Email: *

Confirm Email: *

ATTESTATION

Elective Group Health Plan Opt-in Attestation CERTIFICATION: By submission of this form, hereby elects to participate in and be bound by §§ 38.2-3445 through 38.2-3445.07 of the Code of Virginia and applicable rules. consents to have the information included in this submission appear in the directory of elective group health plans posted on the website of the State Corporation Commission Bureau of Insurance. I, , attest that I have been designated by to elect to participate in and be bound by §§ 38.2-3445 through 38.2-3445.07 of the Code of Virginia and applicable rules. Title * Date

Search/Validation

ELECTIVE GROUP HEALTH PLAN SEARCH

ADD ELECTIVE GROUP HEALTH PLAN

Filter by:

Health Plan Name:

Employer Name as on SPD

Employer/Sponsor Name:

Employer Name

Third party Administrator:

Sentara Health Plans, Inc.

Group ID:

Optima Group ID(s)

Status:

Select Status

APPLY FILTERS

CLEAR FILTERS / REFRESH

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(1 to 1 of 1 records found)

Health Plan Name	Employer/Sponsor Name	Email	Group ID	Third-Party Administrator	Status
Hooker Furniture Employee Welfare Benefit Plan	Hooker Furniture Corporation	lkeys@hookerfurniture.com	VA2080	Anthem Blue Cross Blue Shield	Submitted

- “Apply Filters” will begin search
- Results will list at bottom of screen

Elective Group Health Plan Status Flow

- When a form is received, it is placed in a ‘Submitted’ status.
- Once a form is approved by BOI it is placed in a ‘Pending’ status.
- If you receive a follow-up email from the Bureau of Insurance regarding your form submission, please respond directly to them to expedite the approval process.
- Initially, all plans will remain in ‘Pending’ status until January 1, 2021.
- Before or on January 1, 2021, plans with an Effective Date on or before January 1, 2021 will be placed in an ‘Active’ status.
- Plans with an Effective Date after January 1, 2021 will remain in ‘Pending’ status until the plan year’s Effective Date.
- For plans that provide a Termination Date, the plan is placed in ‘Expired’ status when that date is reached.