

# ISP/ISPP/DHMO Dental Training

## Consumer Direct Broker Sales Training

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April 2017

This document was created for informational purposes only and is not intended to provide legal and/or accounting advice and should not be relied upon as such. Individuals should consult with their own accountants and/or legal counsel if they have any questions regarding the financial and legal impacts of the Affordable Care Act.

# Plan Overview

- ISP (Individual Select Preferred) - there are no changes to current dental products or provider networks
- ISPP (Individual Select Preferred Plus) - is no longer actively marketed as of 7/31/2016.

Plan Overview					
	Individual Select Preferred Dental (ISP)	Individual Select DHMO (In-Network Only)	BlueDental Preferred		Individual Select Preferred Dental Plus (ISPP)
			High Option	Low Option	
<b>Benefit Waiting Periods</b>	None	None	None		12 months Applies to Classes III, IV & V
<b>Network</b>	Over 5,000 providers in MD, DC, and Northern VA.	Over 600 providers in MD, DC and Northern VA.	Over 5,000 providers in MD, DC, and Northern VA.  123,000 providers nationally.		Over 5,000 providers in MD, DC, and Northern VA.  123,000 providers nationally.
<b>Deductible</b>	None	None	<b>Individual:</b> \$60 In/\$120 OON <b>Family:</b> \$180 In/\$360 OON  Applies to Classes II, III, & IV	<b>Individual:</b> MD/VA: \$75 In/\$150 OON DC: \$65 In/\$130 OON <b>Family:</b> MD/VA: \$225 In/\$450 OON DC: \$195 In/\$585 OON  Applies to Classes I-IV	<b>Individual:</b> \$25 In/\$50 OON <b>Family:</b> \$75 In/\$150 OON  Applies to Classes II, III, & IV
<b>Out-of-Pocket Maximum</b>	No maximum	No maximum	\$350 for 1 member, \$700 for 2+ members		No maximum
<b>Annual Maximum (Classes I-IV)</b>	No maximum	No maximum	Members up to age 19: No maximum Members over 19: \$1,000 combined IN/OON		\$1,000 combined In/OON
<b>Plan Highlights</b>	Coverage for Class I (Preventive & Diagnostic Services) only	Copays per service	Coverage for all classes of service (100/80/80/50)		Coverage for all classes of service (100/80/80/50)

Red text = change for 2017

In = In network OON = Out of network

# Migration Overview

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Individual Select Preferred (ISP) – migration of members from the previous system to Facets is occurring upon renewal – beginning 7/22/2016 for 8/1/2016 effective dates.

- There were no new sales for 8/1/2016 effective dates (Sales Flash distributed on 6/24/2016).
- The first available effective date for new ISP sales was 9/1/2016.

Individual Select DHMO (IND20) – migration of members from the previous system to Facets:

- MD/DC:
  - The first available effective date for new DHMO sales was 12/1/2016.
  - Migration began on 10/21/2016 to the Facets system.
- VA:
  - The first available effective dates for new DHMO sales is 3/1/2017.
  - Migration to Facets for March, 2017 renewals will begin on 1/16/2017.

Dental riders for Grandfathered plans – migration began on October 1, 2016 with an effective date of 12/1/2016.

# ISPP Sales

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Effective 7/31/2016, a business decision was made **NOT to proactively sell the ISPP** dental product.

- Sales on the iStore were ceased on 7/31/2016.
- On 7/29/2016, the plan was removed from [www.carefirst.com](http://www.carefirst.com), the broker and member portals.
- Any mention of ISPP in our campaign materials and business reply cards (BCR) was removed:
  - Removed from current 2016 ACA booklets (BCR)
  - Removed from Over 65 booklets (BCR)
- Paper applications will continue to be available.

# Rate Overview (ISP & ISPP)

- Due to the move to Facets, ISP rates needed to be updated – an Individual and Child(ren) tier was added.
- Rate increases for ISP and ISPP were filed with an 8/1/2016 effective date.
- Members will now have options to receive their bills annually or quarterly (no more semi-annual billing).
- Administrative fees have been removed for members who elect the quarterly billing option.

MONTHLY RATES	GHMSI						CFMI - MD	
	MD		DC		VA		Effective 8/1/16	Current Rate
	Effective 8/1/16	Current Rate	Effective 8/1/16	Current Rate	Effective 8/1/16	Current Rate		
<b>ISP</b>								
Individual	\$19.76	<b>\$15.81</b>	\$19.73	<b>\$15.78</b>	\$19.73	<b>\$15.78</b>	N/A	N/A
Ind & Child(ren)	\$36.56	<b>\$29.25</b>	\$36.49	<b>\$29.19</b>	\$36.49	<b>\$29.19</b>	N/A	N/A
Ind & Adult	\$45.48	<b>\$36.38</b>	\$39.44	<b>\$31.55</b>	\$39.44	<b>\$31.55</b>	N/A	N/A
Family	\$55.35	<b>\$44.28</b>	\$55.23	<b>\$44.18</b>	\$55.23	<b>\$44.18</b>	N/A	N/A
<b>ISPP</b>								
Individual	\$41.26	<b>\$38.67</b>	\$38.67	<b>\$38.67</b>	\$42.61	<b>\$38.67</b>	\$41.26	<b>\$38.67</b>
Ind & Child(ren)	\$76.34	<b>\$71.55</b>	\$71.55	<b>\$71.55</b>	\$78.85	<b>\$71.55</b>	\$76.34	<b>\$71.55</b>
Ind & Adult	\$94.91	<b>\$88.95</b>	\$88.95	<b>\$88.95</b>	\$85.23	<b>\$77.34</b>	\$94.91	<b>\$88.95</b>
Family	\$115.55	<b>\$108.29</b>	\$108.29	<b>\$108.29</b>	\$119.32	<b>\$108.28</b>	\$115.55	<b>\$108.29</b>

# Rate Overview (DHMO)

- IND20 - DHMO rates have also been adjusted due to the migration, including the addition of an Individual and Child(ren) tier.
- **Maryland and DC - rate increases for IND20 - DHMO were filed with a 12/1/2016 effective date.**
- **VA - rate increases for IND20 - DHMO were filed for a 3/1/2017 effective date.**
- Similar to ISP, IND20 - DHMO members now have the options to receive their bills annually or quarterly (no more semi-annual billing).
- Administrative fees have also been removed.

MONTHLY RATES	MD		DC		VA	
	Effective 12/1/16	Current Rate	Effective 12/1/16	Current Rate	Effective 03/1/17	Current Rate
<b>IND20 - DHMO</b>						
Individual	<b>\$11.89</b>	\$10.00	<b>\$11.89</b>	\$10.00	<b>\$12.34</b>	\$10.00
Ind & Child(ren)	<b>\$22.00</b>	\$17.00	<b>\$22.00</b>	\$17.00	<b>\$22.83</b>	\$17.00
Ind & Adult	<b>\$27.35</b>	\$20.00	<b>\$27.35</b>	\$20.00	<b>\$24.68</b>	\$20.00
Family	<b>\$33.29</b>	\$30.00	<b>\$33.29</b>	\$30.00	<b>\$34.55</b>	\$30.00

Red text = change for 2017

# Overview

# Dental Product Availability

	EXCHANGE	OFF EXCHANGE	
	Paper + Online	Online	Paper
<b>ACA Compliant</b>	<ul style="list-style-type: none"> <li>• BlueDental Preferred - High Option On Exchange</li> <li>• BlueDental Preferred - Low Option On Exchange</li> </ul>	<ul style="list-style-type: none"> <li>• BlueDental Preferred - High Option Off Exchange</li> <li>• BlueDental Preferred – Low Option Off Exchange</li> </ul>	<ul style="list-style-type: none"> <li>• Blue Dental Preferred – High Option Off Exchange</li> <li>• BlueDental Preferred – Low Option Off Exchange</li> </ul>
<b>Non-ACA Compliant</b>		<ul style="list-style-type: none"> <li>• Individual Select Preferred Dental</li> <li>• Individual Select DHMO</li> </ul>	<ul style="list-style-type: none"> <li>• Individual Select Preferred Dental Plus</li> <li>• Individual Select Preferred Dental</li> <li>• Individual Select DHMO</li> </ul>



# Enrollment and Eligibility

## New Sales

# Effective Date Logic & Payments

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## **VA DHMO Prior Billing System (new sales began on Facets on 3/1/2017):**

- Applications were processed up to the last day of the month in order to receive an effective date for the first of the following month.
- The check or money order had to be submitted with a copy of the application in order to process the application.

## **ISP and DHMO on Facets:**

- **IMPORTANT:** The Initial Premium Payment (IPP) is required to effectuate coverage. As a result, normal dental protocols used for all other dental products administered on Facets will be followed.
- Applications will be processed up to the 20<sup>th</sup> of the month in order to receive an effective date for the first of the following month.
- Online Applications - the applicant can submit online payment information.
  - We will accept the standard forms of payment for all Off Exchange dental products.
- Paper Applications – payment will not be accepted at the time of application.
  - The applicant must first be enrolled. Then, the required payment will be submitted post enrollment.

## **Individual Select Preferred Plus (ISPP)**

- There will be no changes for paper application flow.

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# Initial Premium Payments (IPP)

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- The IPP is required for a new sale in order to effectuate coverage.
- If a subscriber requests a product change (e.g., ISP to DHMO or ISP to ISPP), then an IPP will be required in order to effectuate coverage.
  - The only exception is when moving between plans in the same product family (moving between low and high BlueDental Preferred options).
  - If the change is to an active policy and recurring payments were setup from their checking or credit card account, the information will automatically carry over to the new policy.
- All of the usual payment methods will be available; however, if the applicant pays by check, money order or cash, the correct billing slip with the correct group number must be included. Otherwise, the payment could be applied to the incorrect group number.

# Payment Methods

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- Visit [www.carefirst.com/paymentoptions](http://www.carefirst.com/paymentoptions) to get all the details.
- **CareFirst Private Exchange**
  - Make the IPP by credit card **online ONLY**.
  - Set up recurring monthly payments using a credit card, checking or saving account which will be taken on the 6<sup>th</sup> of the month.
- **eBilling**
  - An individual can enroll on My Account at [www.carefirst.com](http://www.carefirst.com).
  - The IPP will be withdrawn on the first of the month of the effective month.
  - Recurring monthly payments can be set up with a checking account or debit/credit card. All subsequent payments will be taken on the 6<sup>th</sup> of the month for Off Exchange and the 8<sup>th</sup> of the month for On Exchange.
  - Make one-time payments with a checking account or debit/credit card.

NOTE: These payment methods apply to the IPP as well as ongoing payments unless stated otherwise.

## Payment Methods *continued*

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- **Cash Option**

- Pay cash through CheckFreePay
- Available at Walmart
- Go to [www.checkfreepay.com/info/payinperson](http://www.checkfreepay.com/info/payinperson) to find a location

- **Mail Option**

- Mail check or money order to:  
CareFirst BlueCross BlueShield  
PO Box 79749  
Baltimore, MD 21279-0749

*(must include member name, ID and group number on the check/money order)*

NOTE: These payment methods apply to the IPP as well as ongoing payments unless stated otherwise.

# Enrollment & Eligibility Guidelines

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- **ISP and DHMO**

- Dental will still be guaranteed issue.
- If the subscriber terminates his/her plan, he/she does NOT have to wait a full year before re-enrolling.
- The IPP will be required in order to effectuate coverage.
- These applicants will be enrolled under 99D\* group number series.
- For DHMO only, if the subscriber moves out of the CareFirst service area, they are no longer eligible for the plan.

- **ISPP**

- No changes to enrollment and eligibility guidelines.

## Subsequent Changes

## Subsequent Changes

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- Subscribers will now be able to leverage the existing change forms in order to submit change requests.
- The subscriber must include the group number when submitting the change form in order to ensure the changes impact the correct plan.
- Change forms can be requested via sales business as usual, through customer service. All change forms will be housed at [www.carefirst.com](http://www.carefirst.com) on the member portal/medical forms.



# Migration

# Migration For ISP

- All existing ISP members will be migrated upon renewal starting with August 2016 renewals.
  - Migration will end July of 2017.
- There will be member impacts due to the migrations, such as:
  - Slightly new look and feel for bill, ID cards and Explanation of Benefits (EOB)
  - Access to My Account
  - New payment options
  - No IPP will be required
  - Set up in the 99D\* group number series based upon their renewal date
- CareFirst will send a modified renewal communication:
  - 8/1/2016 effective dates were mailed in May 2016 which included this information:
    - Originally, ISP members were billed along with their renewal notices. Going forward, invoicing will be separate from renewal letters.
    - Members who were paying premiums semi-annually were advised that they will be moved to quarterly billing.
    - ISP members who currently pay their premiums annually can continue to do so.
    - They will have the option to choose their preferred billing cycle
    - Members whose policy has one adult and multiple children will see lower rates as they moved from family to individual and child(ren) plans.
    - Members will no longer be charged administrative fees.

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## Migration For ISP *continued*

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- A migration notification was mailed on 7/29/2016 for 8/1/2016 effective dates. This mailing was coordinated with the mailing of the new ID cards. The primary focus of this mailing was to ensure that the member had access to My Account.
- This communication included information about:
  - The fact that the major features of the member's plan will remain the same with the advantage of more flexible options to manage their accounts .
  - Highlight the CareFirst member portal called My Account where members can “go paperless” and receive electronic communications from CareFirst.
  - Raise awareness that CareFirst communications (e.g., invoices, EOBs, ID cards) will now have a new look and feel.
  - The variety of payment options that will become available to the member, including autopay and cash payment.
- General ISP communications:
  - All existing communications are being reviewed to ensure they are modified and triggered from Facets.

# Migration For DHMO

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- All existing DC and MD DHMO members will be migrated upon renewal starting with December 2016 renewals.
- Migration will end with November 2017 renewals.

There will be member impacts due to the migrations, such as:

- Slightly new look and feel for bill, ID cards and Explanation of Benefits (EOB)
- Access to My Account
- New payment options
- No IPP will be required
- Set up in the 99D\* group number series based upon their renewal date

CareFirst will send a modified renewal communication which includes information such as:

- Originally, DHMO members were billed along with their renewal notices. Going forward invoicing will be separate from renewal letters
- Those who were paying premiums semi-annually were advised that they will be moved to quarterly billing
- DHMO Members who currently pay their premiums annually can continue to do so
- They will have the option to choose their preferred billing cycle
- If a subscriber had a policy with one adult and multiple children, we advised they will see lower rates as they move from family to individual and child(ren) plans
- Members will no longer be charged administrative fees

## Migration For DHMO *continued*

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Migration notification will go out to all subscribers once they have moved to Facets to let them know about new features available to them.

This communication will include:

- Notification that major features of their plan will remain the same with the advantage of more flexible options to manage their accounts.
- Highlight the CareFirst member portal called My Account where members can “go paperless” and receive electronic communications from CareFirst.
- Raise awareness that CareFirst communications ii. Invoices, EOB's, ID cards will now have a new look and feel.
- Explain that a variety of payment options will become available to these members , including autopay and cash payment.

General DHMO communications

- In addition we are reviewing all existing communications to ensure they are modified and triggered from Facets.

NOTE: VA DHMO subscribers began migrating to Facets with March 1, 2017 renewals.

# Migration for ISP and DHMO – Broker Commissions

- Currently, Writing Agents (WA) are appointed and paid directly for existing business; however, once the ISP and DHMO plans are migrated, the WA will be required to write through one of our Consumer Direct (CD) Contracted Brokers.
  - The bulk of brokers are writing business through a CD Contracted Broker.
  - Communications was sent to those who were not actively writing through a CD Contracted broker so they can submit the necessary paper work.
- Compensation
  - The Compensation structure will be modified from an annual payout of 10% of total premiums to the standard dental PCPM rate.

## Application Changes

# Application Changes ISP and ISPP

## Individual Select Preferred Dental Application

Maryland



CareFirst of Maryland, Inc.  
10455 Mill Run Circle, Owings Mills, MD 21117  
Group Hospitalization and Medical Services, Inc.  
840 First Street, NE, Washington, DC 20065  
*A private, not-for-profit health service plan*

### INSTRUCTIONS

1. Please fill out all applicable spaces on this application. Print all information.
  2. Sign and return this application, in the postage-paid return envelope if provided, or mail to:  
**Mailroom Administrator**  
**P.O. Box 14651, Lexington, KY 40512**
- Give careful attention to all questions in this application. Accurate, complete information is necessary before your application can be processed.

### 1. APPLICANT INFORMATION

Last Name	First Name	Initial	Social Security #
Residence Address: (Number and Street, Apt #)	City	State	Zip Code (9-digit, if known)
Billing Address, if different: (Number and Street, Apt #)	City	State	Zip Code (9-digit, if known)

- The new application combines ISP and ISPP
- Applicants use a checkbox to indicate which product they want to enroll
- No payment is due at the time of application
- Applications are sent to Lexington, KY address
- Members will receive a bill after enrollment is completed
- Every member listed on this application will be enrolled in the same plan.



- An Electronic Communication Consent section has also been added
- Kits will be off backlog Monday, July 25<sup>th</sup>, orders should start mailing Tuesday

#### 4. PLAN SELECTION— Check one

- Individual Select Preferred Dental** is a **Preferred Provider Organization (PPO)** plan underwritten by Group Hospitalization and Medical Services, Inc. *This is a preventive services only plan.*
- Individual Select Preferred Dental Plus** is a **Preferred Provider Organization (PPO)** plan underwritten by: (Check the box on the left to choose this plan **and** check the box below based on where you live)
- For residents of Montgomery or Prince George's counties only, check here:**   
Group Hospitalization and Medical Services, Inc.
- For residents of Baltimore City or any other county in the state of Maryland excluding Montgomery and Prince George's counties, check here:**   
CareFirst of Maryland, Inc.

**All individuals listed on this application will be enrolled in the plan selected. Any individual who wants to enroll in a different plan must fill out a separate application.**

#### 5. ELECTRONIC COMMUNICATION CONSENT

CareFirst BlueCross BlueShield (CareFirst) wants to help you manage your health care information and protect the environment by offering you the option of electronic communication.

Instead of paper delivery, you can receive electronic notices about your CareFirst health care coverage through email and/or text messaging by providing your email address and/or cell phone number and consent below.

Electronic notices regarding your CareFirst health care coverage include, but are not limited to:

- Explanation of Benefits Alerts
- Reminders
- Notice of HIPAA Privacy Practices
- Certification of Creditable Coverage

You may also receive information on programs related to your existing products and services along with new products and services that may be of interest to you.

# Application Changes DHMO

- There are new enrollment applications and CUT numbers. The old applications cannot be used.
- Payment cannot be accepted with the enrollment application.
- Enrollment applications are now sent to the Lexington, Kentucky address.
- As stated on previous slides, payment options are now annually and quarterly only.
- The Sales booklet will contain all three applications (DC, MD and VA) and corresponding rates. There will be a separate presale booklet for the DHMO.
- The Virginia application and rates was added January 20, 2017 for a March 1, 2017 effective. Any pre-sale materials ordered before that time will not contain any Virginia information.
- A fulfillment update detailing the addition of Virginia information to the DHMO book will be provided closer to the launch date.
- The electronic consent section has also been added to paper applications.

Red text = change for 2017

# Application Changes DHMO *continued*

**Individual Dental HMO Application**  
Virginia

CareFirst BlueChoice.  
CareFirst BlueChoice, Inc.  
840 First Street, NE  
Washington, DC 20065

**INSTRUCTIONS**

- Please fill out all applicable spaces on this application. Print all information.
- Sign and return this application in the postage-paid return envelope or, mail to **Mailroom Administrator, P.O. Box 14651, Lexington, KY 40512**

Give careful attention to all questions in this application. Accurate, complete information is necessary before your application can be processed.

All applications are now sent to Lexington, KY address

**1. APPLICANT INFORMATION**

Last Name		First Name	Initial	Social Security #
Residence Address (Number and Street, Apt #)		City	State	Zip Code (9-digit, if known)
Billing Address, if different: (Number and Street, Apt #)		City	State	Zip Code (9-digit, if known)
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner		
Home Phone	Work/Cell Phone	Dental Office Code	Payment Option <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly	

Payments annually and quarterly only

**2. COVERAGE SELECTION: (Check one)**

**Individual**—Provides coverage for one person  
 **Individual & Child(ren)**—Provides coverage for an individual and eligible dependent(s)  
 **Individual & Adult**—Provides coverage for two eligible adults  
 **Family**—Provides coverage for up to two eligible adults and eligible dependent(s)

A "Child" means your eligible child up to age 26. Eligibility requirements are defined in your contract.  
 An "Adult" means the Spouse or Domestic Partner who satisfies the eligibility requirements defined in your contract.

**3. ENROLLING FAMILY MEMBER(S)—Complete only if you select Individual & Child(ren), Individual & Adult or Family Coverage (Dental HMO Plan must have a dental office code. Each person may select their own dentist.)**

Last Name	First Name	M. I.	Relationship	Social Security #	Date of Birth (Mo/Day/Yr)	Sex	Dental Office Code
Spouse						<input type="checkbox"/> M <input type="checkbox"/> F	
Domestic Partner						<input type="checkbox"/> M <input type="checkbox"/> F	
Dependent 1						<input type="checkbox"/> M <input type="checkbox"/> F	
Dependent 2						<input type="checkbox"/> M <input type="checkbox"/> F	
Dependent 3						<input type="checkbox"/> M <input type="checkbox"/> F	
Dependent 4						<input type="checkbox"/> M <input type="checkbox"/> F	

New CUT #

CareFirst BlueChoice, Inc. is an Independent licensee of the Blue Cross and Blue Shield Association.  
 \* Registered trademark of the Blue Cross and Blue Shield Association.

JHVVAAAP (12/16) CD81178-1P (1/1/16)

**4. ELECTRONIC COMMUNICATION CONSENT**

CareFirst BlueChoice, Inc. (CareFirst) wants to help you manage your health care information and protect the environment by offering you the option of electronic communication.

Instead of paper delivery, you can receive electronic notices about your CareFirst health care coverage through email and/or text messaging by providing your email address and/or cell phone number and consent below.

Electronic notices regarding your CareFirst health care coverage include, but are not limited to:

- Explanation of Benefits Alerts
- Reminders
- Notice of HIPAA Privacy Practices
- Certification of Creditable Coverage

You may also receive information on programs related to your existing products and services along with new products and services that may be of interest to you.

Please note: This consent for electronic communications applies to the Primary Applicant only. Spouses, domestic partners and dependents 18 years of age and older can consent to electronic communications through [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount). Members can also change email and consent information anytime by logging into [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) or by calling the customer service phone number on your ID card. You can also request a paper copy of electronic notices at any time by calling the customer service phone number on your ID card.

I understand that to access the information provided electronically through email, I must have the following:

- Internet access;
- An email account that allows me to send and receive emails; and
- Microsoft Explorer 7.0 (or higher) or Firefox 3.0 (or higher), and Adobe Acrobat Reader 4 (or higher).

I understand that to receive notices through text messaging,

- A text messaging plan with my cell phone provider is required; and
- Standard text messaging rates will apply.

Primary Applicant Name	Email Address	Cell Phone Number
	Alternate Email Address	Alternate Cell Phone Number

By checking below, I hereby agree to electronic delivery of notices, instead of paper delivery by:  
 Email only  Cell phone text messaging only  Email and cell phone text messaging

Signature: X

CareFirst will not sell your email or phone number to any third party and we do not share it with third parties except for CareFirst business associates that perform functions on our behalf or to comply with the law.

JHVVAAAP (12/16) 2 CD81178-1P (1/1/16)

New Cut #

**Note:** The Virginia DHMO application was used for pictorial purposes; changes mentioned are to the applications for all three jurisdictions: DC, Maryland, and Virginia.

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