

AGENT iSTORE – OVER 65

Federal & State Consumer Government Programs (FSCGP) Agent Training

JUNE 2020

Proprietary and Confidential

AGENDA

- I. Agent iStore Overview
- II. Quote Generation – Save or Send Proposal
- III. Sub-Agent Completes the Application Process
- IV. Client Completes the Application Process

AGENT ISTORE OVERVIEW

What is the CareFirst Agent iStore?

The Agent iStore brings the power of the internet to health plan consumers, Agents and their aligned Sub-Agents. This tool allows CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst MedPlus and The Dental Network (hereafter referred to as CareFirst) appointed Agents the ability to quote individual health plans using the CareFirst Agent Portal or iStore account.

Agents can use the tool to:

- find the best plans for clients
- obtain instant quotes
- compare plans
- save or send quotes to clients
- easily submit and manage applications

Clients can use the tool to:

- obtain instant quotes
- compare plans
- apply online for coverage

Over 65 Products Available on the iStore

- **Products Available:**

- MedPlus – MD, DC and VA
- Dental
 - BlueDental Preferred and Individual Select Preferred Plus – MD, DC and VA
 - Individual Select DHMO – MD

- **Stand alone Vision products are NOT Available in the iStore.**

Product	Available in iStore?
Medical, Over 65, MD/DC/VA	Yes
Dental – BlueDental Preferred, MD/DC/VA	Yes
Dental – Individual Select Preferred Plus, MD/DC,VA	Yes
Dental – Individual Select DHMO, MD	Yes
Vision – Stand alone	No

Registration Process for New Approved Sub-Agents

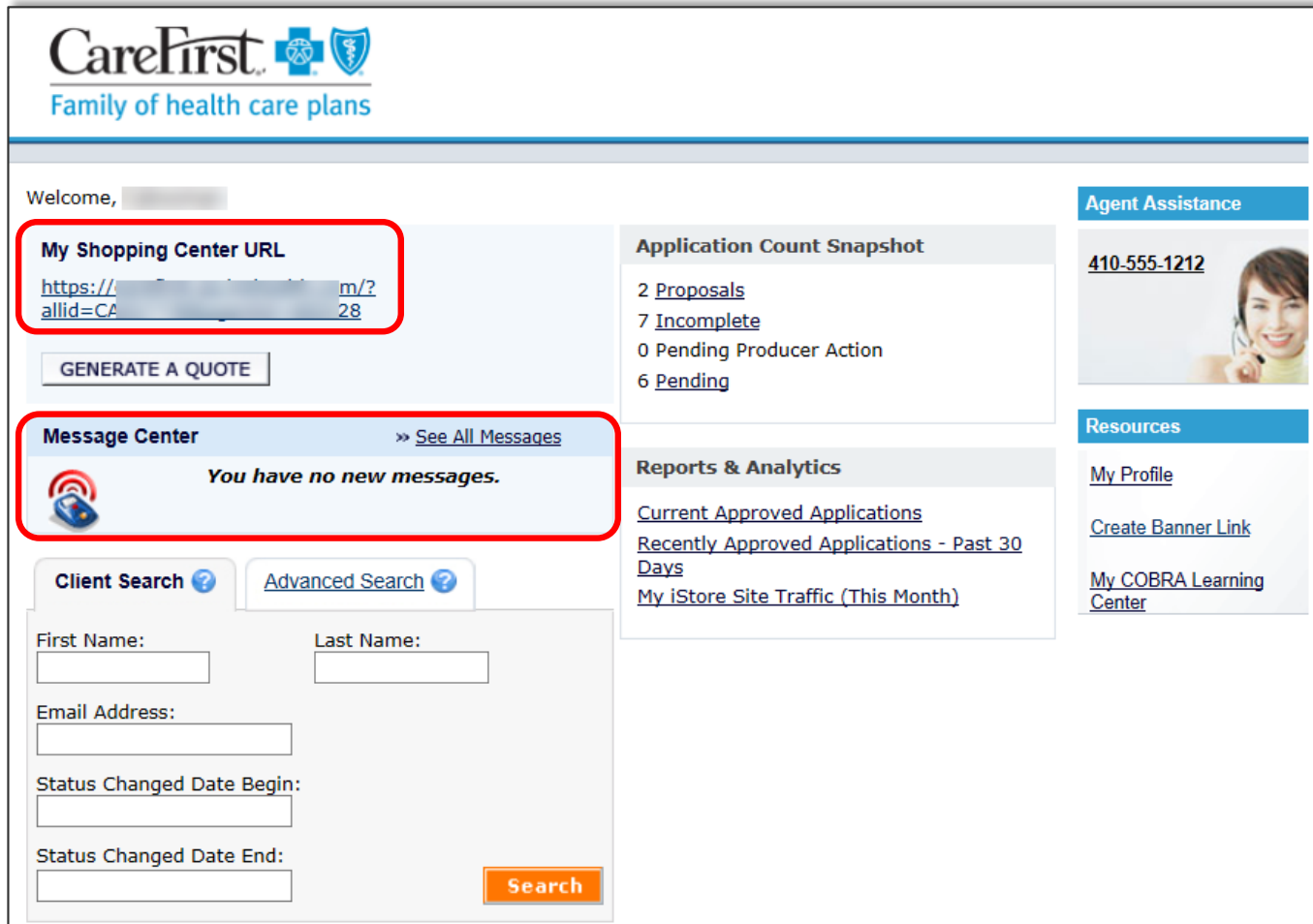
- The Agent will register approved Sub-Agents in the iStore.
- The Agent will send an email to the approved Sub-Agent with a link to login to the Sub-Agent's iStore account.

Agent iStore Personalized Homepage

Appointed Sub-Agents must have a CareFirst Agent iStore homepage to quote and apply for CareFirst's individual health plans.

Sub-Agents have a customized webpage URL that links the Agent and their clients to their iStore.

CareFirst may send messages about system updates. Client messages will be shown here if the Sub-Agent specified to be copied on their client's messages.



The screenshot displays the CareFirst Agent iStore Personalized Homepage. The header features the CareFirst logo and the tagline "Family of health care plans". Below the header, a "Welcome, [Agent Name]" message is shown. The main content area is divided into several sections:

- My Shopping Center URL:** A red box highlights the URL [https://\[Agent ID\].m/?allid=CA\[Agent ID\]28](https://[Agent ID].m/?allid=CA[Agent ID]28). A red arrow points from the text "Sub-Agents have a customized webpage URL that links the Agent and their clients to their iStore." to this URL.
- GENERATE A QUOTE:** A button located below the URL.
- Message Center:** A red box highlights the "Message Center" section, which displays "You have no new messages." and a link to "See All Messages". A red arrow points from the text "CareFirst may send messages about system updates. Client messages will be shown here if the Sub-Agent specified to be copied on their client's messages." to this section.
- Application Count Snapshot:** A section showing counts for various application statuses: 2 Proposals, 7 Incomplete, 0 Pending Producer Action, and 6 Pending.
- Reports & Analytics:** A section with links for "Current Approved Applications", "Recently Approved Applications - Past 30 Days", and "My iStore Site Traffic (This Month)".
- Agent Assistance:** A section with the phone number 410-555-1212 and a photo of a smiling woman.
- Resources:** A section with links for "My Profile", "Create Banner Link", and "My COBRA Learning Center".

At the bottom, there is a "Client Search" section with input fields for "First Name:", "Last Name:", "Email Address:", "Status Changed Date Begin:", and "Status Changed Date End:", and a "Search" button.

Homepage – Application Count Snapshot

Application Count Snapshot displays:

- Proposals – total # of
- Incomplete applications
- Pending Producer (Sub-Agent) Action* and
- Pending applications

Application Count Snapshot
2 Proposals
7 Incomplete
0 Pending Producer Action
6 Pending

For Virginia clients, Sub-Agents will need to:

- check their iStore frequently if they quote in Virginia.
- e-sign “received” applications (see pending producer action).
- After e-signing the application, return to the iStore homepage and refresh the page.

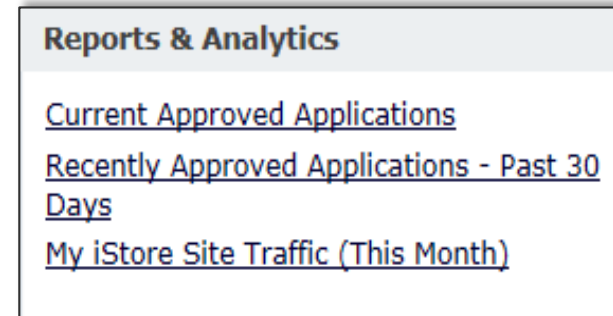
NOTE: A Virginia application is not considered “received” at CareFirst until the Sub-Agent has e-signed the Virginia application.

*Pending Producer Action displays all Virginia applications that have been e-signed by the client and now require a Sub-Agent’s e-signature before they are sent to CareFirst. The status shows “received.”

Homepage – Reports & Analytics

Sub-Agents have 3 available reports that are searchable and can be downloaded to an Excel format:

1. Current Approved Applications
2. Recently Approved Applications – Past 30 Days
3. My iStore Site Traffic (This Month)



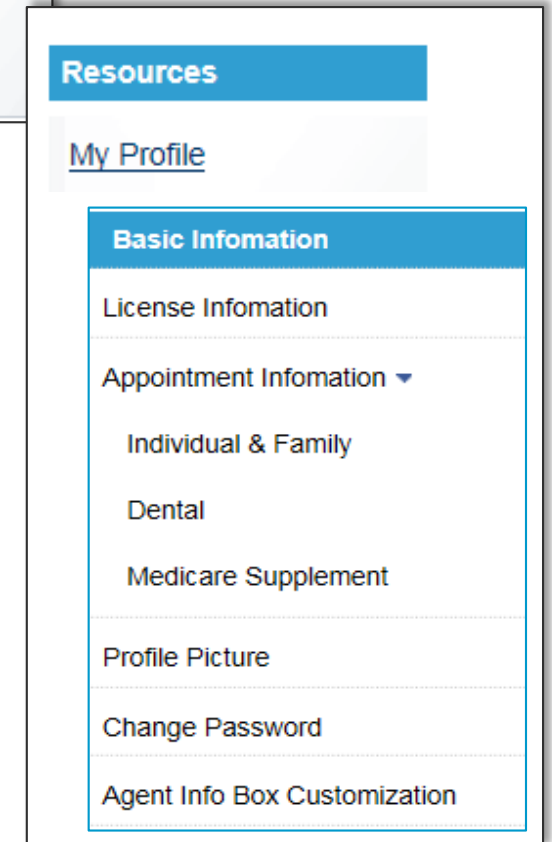
These reports are created views from the Application Count Snapshot.

Homepage – Resources – My Profile - Basic Information

Information in the 'My Profile' section will appear to the Client on each page of the application.

The Sub-Agent profile can be viewed by clicking on "My Profile" link in the Resources box.

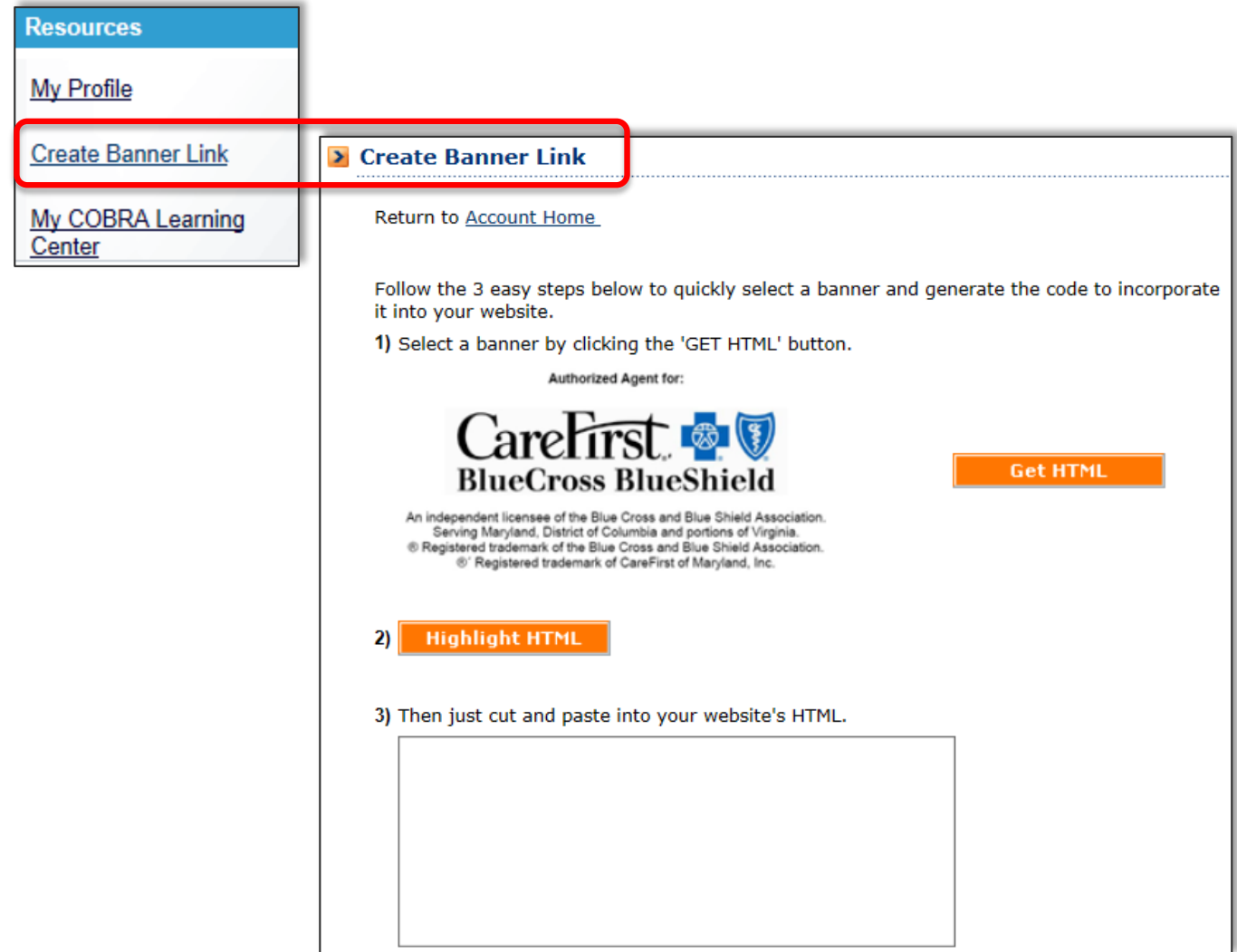
- Basic Information - includes contact information used by clients and Agents. Click on the "Edit" button to update your contact information.
- License Information - Sub-Agents can update their license information. Sub-Agents must continue to send renewed expired licenses to the Agent so that CareFirst can process.
- Appointment Information - Sub-Agents can update their Producer ID. Sub-Agents must continue to send appointment information to the Agent so that CareFirst can process.
- Profile Picture – Sub-Agents can upload their picture.
- Change Password – Sub-Agents can set a new password.
- Agent Info Box Customization – Allows Sub-Agents to show information they want their clients to see.



Homepage – Resources – Create Banner Link

Sub-Agents have access to the Banner and Link creation tools to send out links to their Agent iStore through email, websites and web ads.

The Banner Creation Tool generates HTML code that can be inserted into a web page or email signature to show a banner image that links to the Agent iStore.



Resources

- [My Profile](#)
- [Create Banner Link](#)
- [My COBRA Learning Center](#)

Create Banner Link

Return to [Account Home](#)

Follow the 3 easy steps below to quickly select a banner and generate the code to incorporate it into your website.

- 1) Select a banner by clicking the 'GET HTML' button.

Authorized Agent for:

CareFirst BlueCross BlueShield

An independent licensee of the Blue Cross and Blue Shield Association.
Serving Maryland, District of Columbia and portions of Virginia.
© Registered trademark of the Blue Cross and Blue Shield Association.
® Registered trademark of CareFirst of Maryland, Inc.

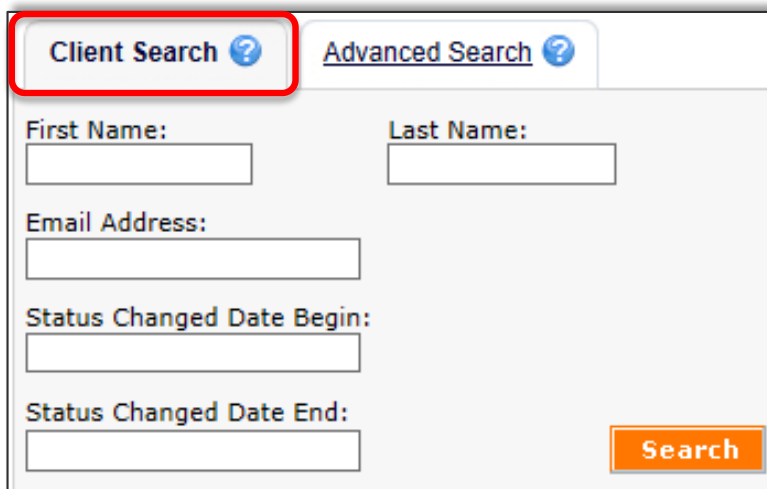
Get HTML

- 2) **Highlight HTML**

- 3) Then just cut and paste into your website's HTML.

STANDARD CLIENT SEARCH –

Search for a single client by name or perform an Advanced Client Search by status.

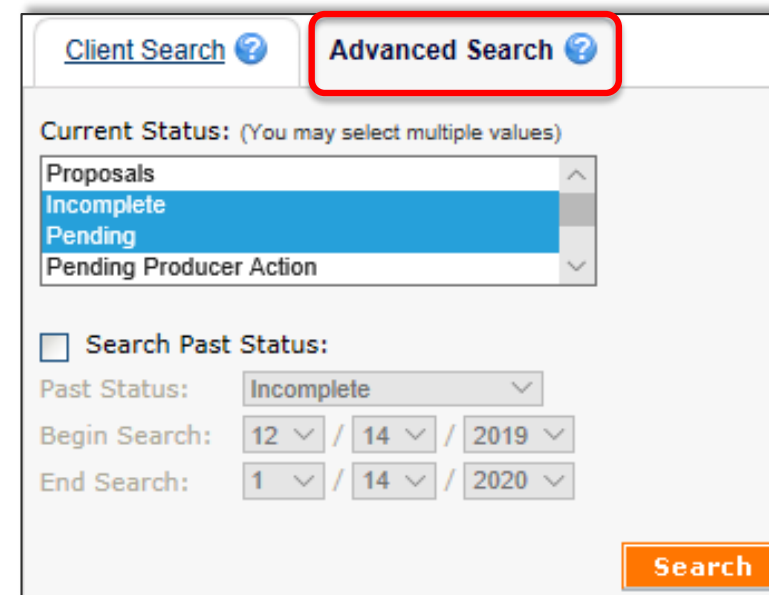


The Standard Client Search form has two tabs: 'Client Search' (highlighted with a red box) and 'Advanced Search'. The 'Client Search' tab contains the following fields: 'First Name:' with a text input, 'Last Name:' with a text input, 'Email Address:' with a text input, 'Status Changed Date Begin:' with a date input, and 'Status Changed Date End:' with a date input. An orange 'Search' button is located at the bottom right of the form.

ADVANCED SEARCH -

Search by current Status (i.e., Proposals, Incomplete, Pending and Pending Producer Action).

Click the checkbox to 'Search Past Status,' then select the Past Status option and the begin and end search dates. The data can be exported to Excel.



The Advanced Search form has two tabs: 'Client Search' and 'Advanced Search' (highlighted with a red box). The 'Advanced Search' tab contains the following fields: 'Current Status: (You may select multiple values)' with a dropdown menu showing 'Proposals', 'Incomplete' (highlighted in blue), 'Pending', and 'Pending Producer Action'; a checkbox labeled 'Search Past Status:' which is currently unchecked; 'Past Status:' with a dropdown menu showing 'Incomplete'; 'Begin Search:' with three date inputs (12 / 14 / 2019); and 'End Search:' with three date inputs (1 / 14 / 2020). An orange 'Search' button is located at the bottom right of the form.

GENERATE A QUOTE

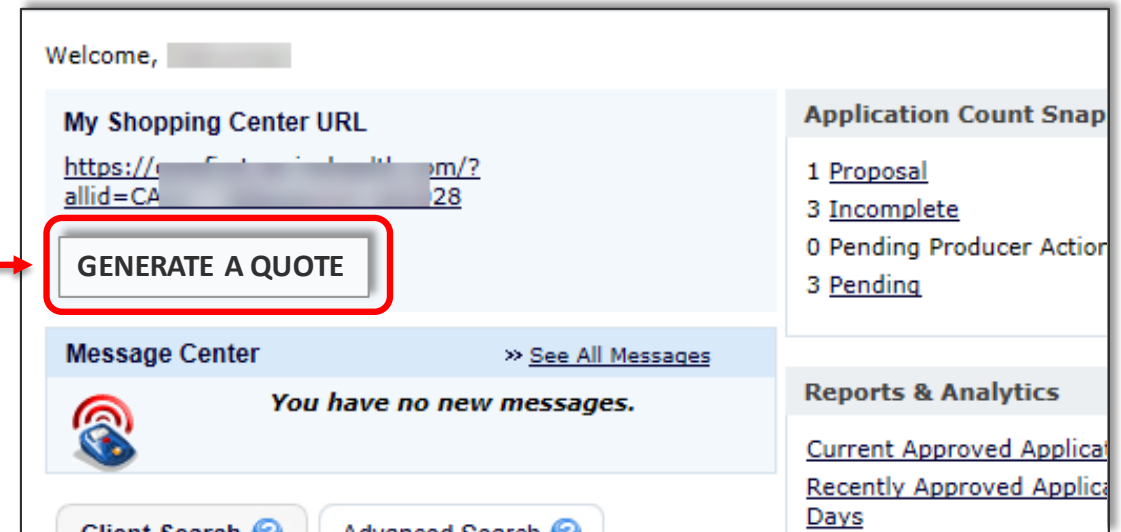
Save or Send a Proposal

Homepage – Generate a Quote

The quote generation process allows Sub-Agents to:

- Send a proposal to the Client for up to 4 plans
- Save a proposal for the Client for up to 4 plans
- Start the application for the Client for a single plan

The Sub-Agent starts the quote process by clicking the “GENERATE A QUOTE” button.



Generate a Quote: 1.Initial Information Page

1. Enter Client Zip Code.
2. Select the County.
3. Select the Coverage Start Date (must be the latest date for Medicare Part A or B).
4. Select 'Medicare' in the 'What type of coverage?' area. The 'Who Needs Coverage' area will default to Client.*
5. Enter the Client's Medicare Part A and B effective dates.
6. Select the Client's gender.
7. Enter the Client's date of birth.
8. Answer the 'Do you use Tobacco' question.
9. Click the View Plans button to view the details on all available plans in order of least to greatest premium cost. If client is under age 65, only Plan A will show. The 'Show Plan Count' buttons provides the number of available plans.

Send a Quote

Client ZIP Code

Coverage Start Date

Who needs coverage?

☒ Client

What type of coverage?

☐ Individual & Family Health Insurance

☐ Health Savings Accounts ?

☒ Medicare

Medicare Part A effective date?

Medicare Part B effective date?

☐ Dental

Gender mm dd yyyy Do you use Tobacco

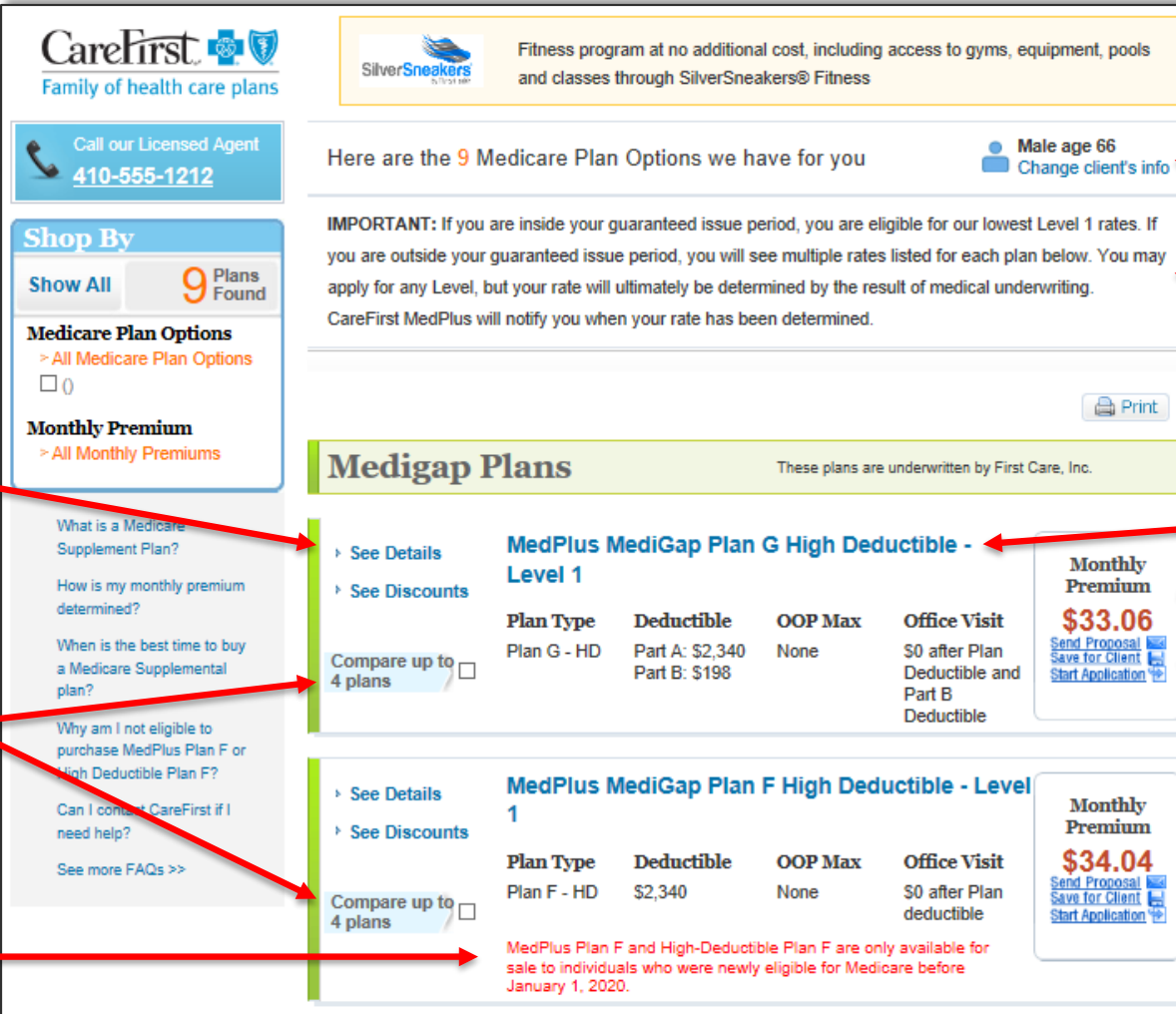
Client Female 11 / 29 / 1953 No

Select your preferences – click the 'View Plans' button below at any time to review the results.

Plans Found

Generate a Quote: 2. Plan Selection Page

Sub-Agent's phone number



The screenshot shows the CareFirst website interface for selecting Medicare plans. It includes a header with the CareFirst logo and a SilverSneakers banner. A sidebar on the left contains a 'Shop By' section with '9 Plans Found' and links to 'Medicare Plan Options' and 'Monthly Premium'. The main content area displays '9 Medicare Plan Options' and a list of 'Medigap Plans'. Two plans are visible: 'MedPlus MediGap Plan G High Deductible - Level 1' and 'MedPlus MediGap Plan F High Deductible - Level 1'. Each plan has a table of details including Plan Type, Deductible, OOP Max, and Office Visit. A 'Monthly Premium' box is shown for each plan. A 'Compare up to 4 plans' button is present for each plan. A 'Print' button is also visible. A 'Client information' box in the top right shows 'Male age 66' and a 'Change client's info' link. A 'Sub-Agent's phone number' box in the top left shows '410-555-1212' and a 'Call our Licensed Agent' link. A 'Important information about guaranteed issue period and medical underwriting' box is located below the 'Client information' box. A 'High level plan and monthly premium information' box is located below the 'Important information' box. A 'Sub-Agents can:' box is located below the 'High level plan and monthly premium information' box. A 'Up to 4 plans can be selected to be compared and sent in a proposal.' box is located below the 'Sub-Agents can:' box. A 'Important eligibility information may appear as appropriate' box is located below the 'Up to 4 plans can be selected to be compared and sent in a proposal.' box.

Call our Licensed Agent
410-555-1212

Shop By
Show All 9 Plans Found

Medicare Plan Options
> All Medicare Plan Options

Monthly Premium
> All Monthly Premiums

What is a Medicare Supplement Plan?
How is my monthly premium determined?
When is the best time to buy a Medicare Supplemental plan?
Why am I not eligible to purchase MedPlus Plan F or High Deductible Plan F?
Can I contact CareFirst if I need help?
See more FAQs >>

Here are the 9 Medicare Plan Options we have for you

Male age 66
Change client's info

IMPORTANT: If you are inside your guaranteed issue period, you are eligible for our lowest Level 1 rates. If you are outside your guaranteed issue period, you will see multiple rates listed for each plan below. You may apply for any Level, but your rate will ultimately be determined by the result of medical underwriting. CareFirst MedPlus will notify you when your rate has been determined.

Print

Medigap Plans
These plans are underwritten by First Care, Inc.

See Details
See Discounts
Compare up to 4 plans

MedPlus MediGap Plan G High Deductible - Level 1

Plan Type	Deductible	OOP Max	Office Visit
Plan G - HD	Part A: \$2,340 Part B: \$198	None	\$0 after Plan Deductible and Part B Deductible

Monthly Premium
\$33.06
Send Proposal
Save for Client
Start Application

See Details
See Discounts
Compare up to 4 plans

MedPlus MediGap Plan F High Deductible - Level 1

Plan Type	Deductible	OOP Max	Office Visit
Plan F - HD	\$2,340	None	\$0 after Plan deductible

Monthly Premium
\$34.04
Send Proposal
Save for Client
Start Application

MedPlus Plan F and High-Deductible Plan F are only available for sale to individuals who were newly eligible for Medicare before January 1, 2020.

Plan Details & Discounts

Up to 4 plans can be selected to be compared and sent in a proposal.

Important eligibility information may appear as appropriate

Client information

Important information about guaranteed issue period and medical underwriting

High level plan and monthly premium information

Sub-Agents can:

- Send up to 4 Plans to the Client in a proposal
- Save up to 4 Plans for Client
- Start an Application and send to the Client at any point for them to review, complete and electronically sign

Generate a Quote: 4.Select Client or Add Client

If Client is...	Then...
Existing	<ul style="list-style-type: none">• On the 'Select Client' tab, begin typing the first and last name or email and matching records will open.• Select the record.• Click Continue.• If sending a proposal, see the next page.• If saving a proposal for the client, no other actions are required. On the iStore homepage, you will see an alert 'Your plan has been saved.'
New	<ul style="list-style-type: none">• Click the 'Add Client' tab, enter the first and last name and email address.• Click Continue.• If sending a proposal, see the next page.• If saving a proposal for the client, no other actions are required. On the iStore homepage, you will see an alert 'Your plan has been saved.'

Medicare

Send Proposal for Client

1. **MedPlus MediGap Plan G High Deductible - Level 1** (\$31.49 monthly premium)

Select Client [Add Client](#)

Jane Doe

Continue **Cancel**

[Select Client](#) **Add Client**

First Name: Last Name: Email Address:

Continue **Cancel**

Generate a Quote: 5.Send Client Proposal

- Review the information in the Client proposal message.
- Click Send.
On the iStore homepage, you will see an alert 'Your plan has been sent.' (see next slide)

(Optional)

You may edit the email message in the content area above '- ReferralLink-' and below the 'URL_NOTICE_Message_ID' lines.)

Medicare

Send Client Proposal

* Required

From: Christian Bale <Christian.bale@email.com>

To: Joe Brown <joebrown@email.com>

Subject: *

Email Message: *

Note: You may edit this message but please do not remove or alter the "ReferralLink" portion.

Hi Joe,

I've found a health insurance plan from CareFirst MedPlus that I think will meet your needs. Please click on the link below to learn more about the plan. You can apply for it online by clicking the "Apply" button.

--ReferralLink--

URL_NOTICE_MESSAGE_ID

If you have any questions at all, or need assistance applying, please feel free to contact me.

Sincerely,

Christian Bale

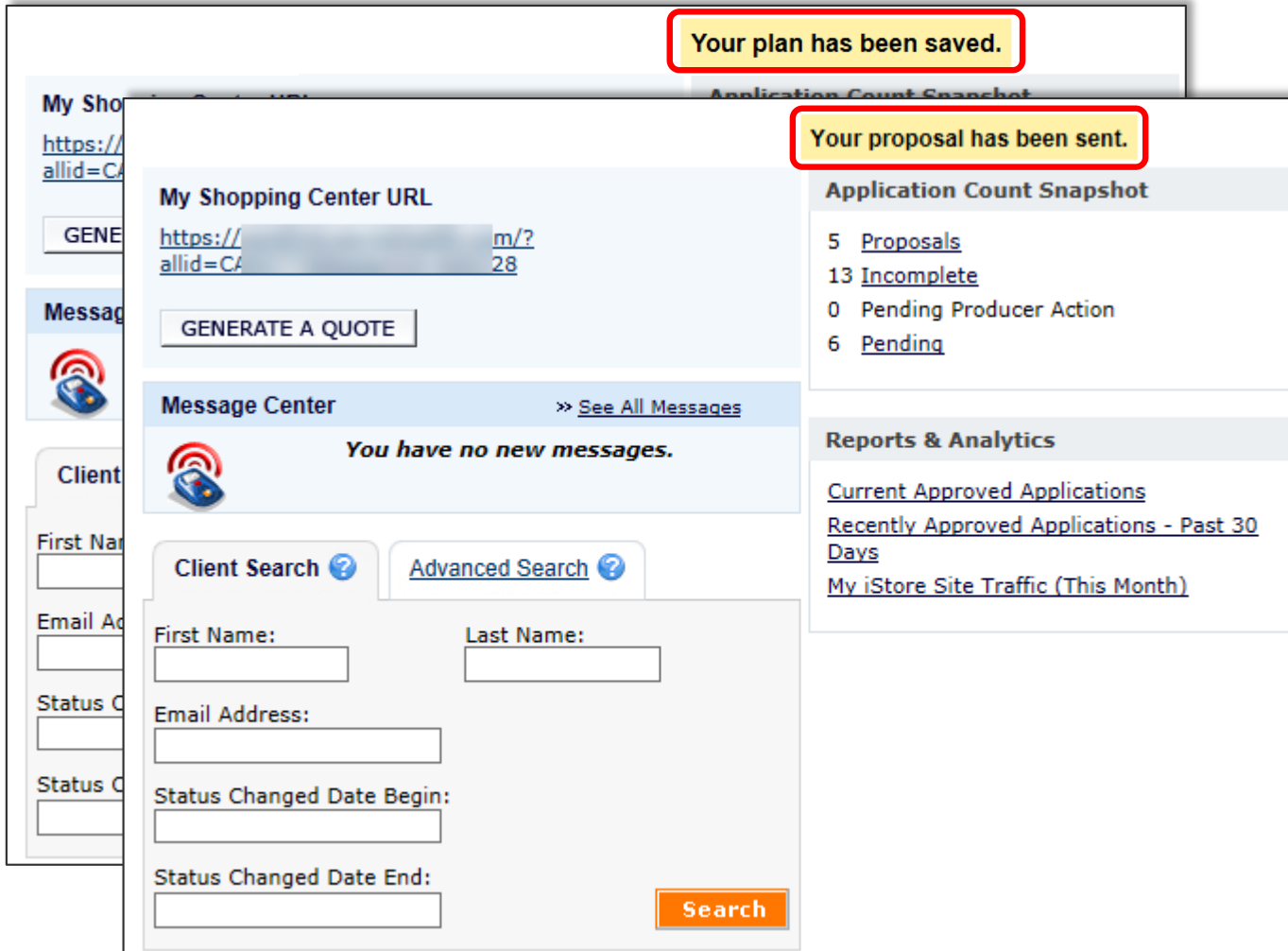
Phone: 410-555-1212

Email: christian.bale@email.com

Send

Cancel

Generate a Quote: 6.Proposal Confirmation – Sent and Saved




The screenshot displays the CareFirst Agent iStore interface. At the top, a yellow notification box states "Your plan has been saved." Below this, the "My Shopping Center URL" section shows a URL with a "GENERATE A QUOTE" button. The "Message Center" section indicates "You have no new messages." The "Client Search" section includes fields for First Name, Last Name, Email Address, Status Changed Date Begin, and Status Changed Date End, along with a "Search" button. The "Application Count Snapshot" section shows counts for Proposals (5), Incomplete (13), Pending Producer Action (0), and Pending (6). The "Reports & Analytics" section lists links for Current Approved Applications, Recently Approved Applications - Past 30 Days, and My iStore Site Traffic (This Month).

Your plan has been saved.

Your proposal has been sent.

My Shopping Center URL
<https://m/?allid=CA28>
GENERATE A QUOTE

Message Center >> [See All Messages](#)
 **You have no new messages.**

Client Search [Advanced Search](#)

First Name: Last Name:
Email Address:
Status Changed Date Begin:
Status Changed Date End:
Search

Application Count Snapshot

- 5 [Proposals](#)
- 13 [Incomplete](#)
- 0 [Pending Producer Action](#)
- 6 [Pending](#)

Reports & Analytics

- [Current Approved Applications](#)
- [Recently Approved Applications - Past 30 Days](#)
- [My iStore Site Traffic \(This Month\)](#)

Once the Sub-Agent sends or saves the proposal, a confirmation message will appear on the homepage of the Agent iStore.

SUB-AGENT COMPLETES THE APPLICATION

Sub-Agent Completes the Application for the Client

1.The Sub-Agent completes information on the client and clicks ‘View Plans.’

Send a Quote

Client ZIP Code

Coverage Start Date

Who needs coverage?
☒ Client

What type of coverage?
☐ Individual & Family Health Insurance
☐ Health Savings Accounts ?
☒ Medicare
Medicare Part A effective date?
Medicare Part B effective date?
☐ Dental

Gender mm Date of Birth dd yyyy Do you use Tobacco

Client /

SHOW PLAN COUNT

Plans Found

VIEW PLANS

Select your preferences – click the 'View Plans' button below at any time to review the results.

2.The Sub-Agent clicks the ‘Start Application’ link.

[See Details](#)
[See Discounts](#)

Compare up to 4 plans ☐

MedPlus MediGap Plan G High Deductible - Level 1

Plan Type	Deductible	OOP Max	Office Visit
Plan G - HD	Part A: \$2,340 Part B: \$198	None	\$0 after Plan Deductible and Part B Deductible

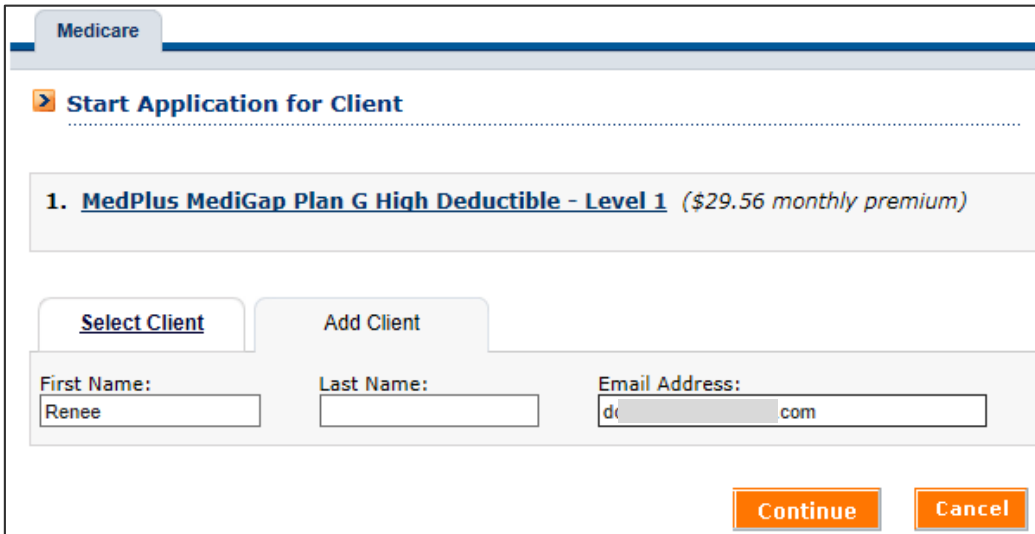
Monthly Premium

\$29.56

[Send Proposal](#)
[Save for Client](#)
[Start Application](#)

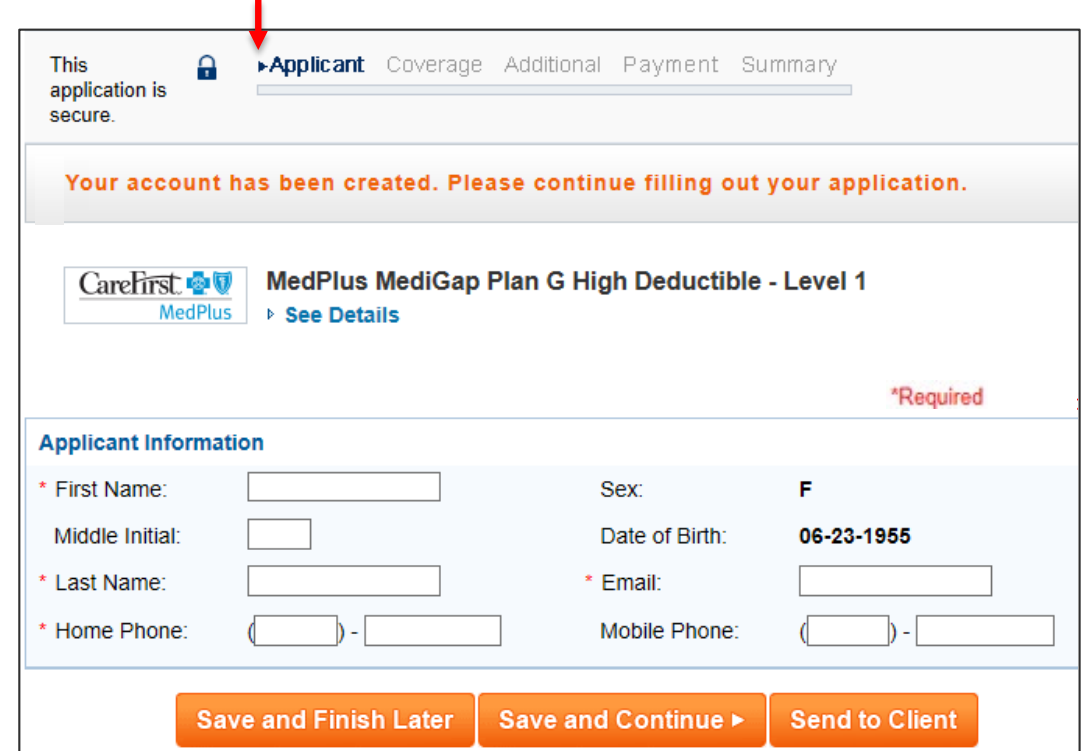
Sub-Agent Completes the Application for the Client, *continued*

3.The Sub-Agent clicks 'Select Client' if the client exists in the iStore or clicks 'Add Client' for new Clients.




4.The Sub-Agent can continue filling out the application or can click 'Send to Client' at any time.


A progress bar will appear throughout the application process.



When the Sub-Agent is completing the application, a 'Send to Client' button will be included on each page.

Application Print Warning

This application is secure.  Applicant Coverage Additional Payment **Summary**

 **MedPlus MediGap Plan G High Deductible - Level 1**
[See Details](#)

Please review your responses by clicking on the **"Review"** button before continuing. [Preview Application](#)

Applicant Information
1 Member(s) Applying
[View](#)

Requested Coverage
Start Date
05/01/2020

Estimated Ongoing Payment
\$32.59 per Month [View](#)

Ongoing Payment Type
Monthly

Apply With No Obligation
You may cancel your application at any time. [Learn more](#)

Protecting Your Privacy
We are committed to protecting the privacy and security of your personal information.
If you indicated on your application that you reside with someone who is also enrolled in a CareFirst MedPlus plan, your premium below may be reduced by 10%.
If you selected annual payments or recurring monthly payments, your premium below will be reduced by \$24 per year or \$2 per month.

Payment Information

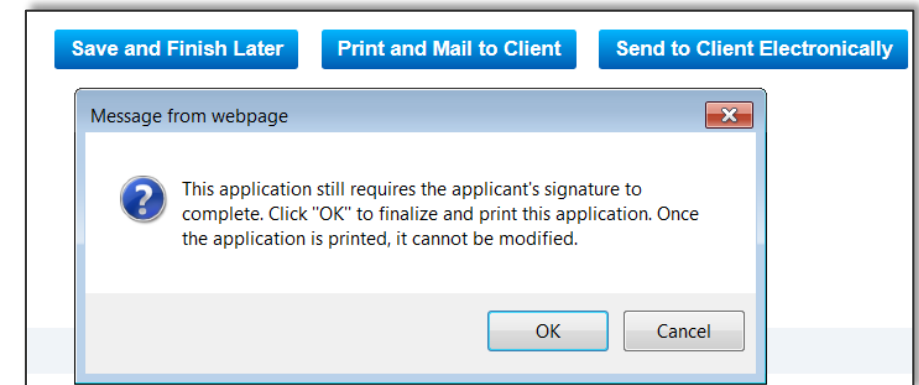
Estimated Initial Payment	
MedPlus MediGap Plan G High Deductible - Level 1	\$32.59
Total	\$32.59

[Review Application](#)

[Back](#) [Save and Finish Later](#) [Print and Mail to Client](#) [Send to Client](#)

5. The Sub-Agent can complete the application up to the Payment Information screen. The Sub-Agent can then either:

- a) Click the 'Send to Client' button to send the application electronically or
- b) Click the 'Print and Mail to Client' button to print a paper copy and send via postal mail to the Client.
IMPORTANT: If you print the application instead of electronically sending it to the Client, it can no longer be modified or e-signed by the Client.
- c) Click the 'Save and Finish Later' button.



Sub-Agent Completes the Application for the Client, *continued*

Send to Client

From: Christian Bale christian.bale@email.com

To: Renee Rowe <be[REDACTED].com>

Subject: * Your application is nearly complete

Message: *
Hi Renee,

I've found a health care plan from CareFirst MedPlus that I think will meet your needs. Please click the link below to review, finalize and submit your application.

--ReferralLink--

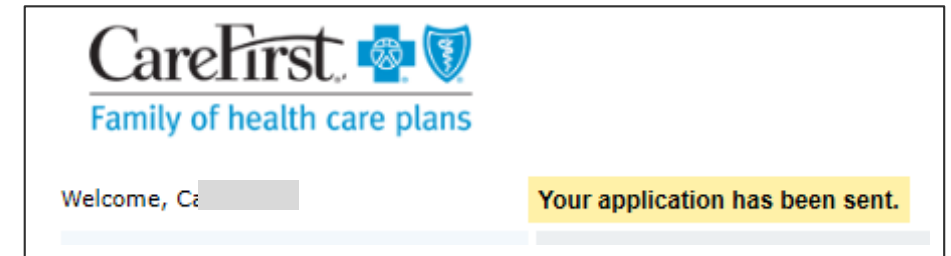
URL_NOTICE_MESSAGE_ID

If you have any questions at all, or need assistance applying, please feel free to contact me.

Send **Cancel**

6.The Sub-Agent reviews the email draft and clicks Send.

The Sub-Agent will see the notification on the iStore homepage 'Your application has been sent.'



iStore Homepage - Application Status

Search

Client Search ?

Advanced Search ?

Current Status: (You may select multiple values)

Pending

Pending Producer Action

Approved

Declined

Results Per Page: 25

☒ Search Past Status:

Past Status: Approved

Begin Search: 3 / 15 / 2020

End Search: 4 / 14 / 2020

Search

Results

Save this Search

Export to Excel

Page 1 of 1

Client Name	Current Status	Status Updated	Plan Details	Requested Effective Date	Action
Willab...	Approved	3/31/2020	MedPlus MediGap Plan G – Level 1	5/01/2020	<div><div></div><div></div><div></div></div>

Indicates an application was eSigned

Sub-Agents can perform an ‘advanced search’ to determine if the application is pending, declined or approved.

Sub-Agents can click on the magnifying glass icon to view the Application.

Requested Effective Date

Action

5/01

5/01

Application

☒ Application Form

☒ Signed

of 1

CLIENT COMPLETES THE APPLICATION

Client Receives Sub-Agent's Email with Link to Application

1. The Client receives the Sub-Agent's email and clicks the link to the application.

The Sub-Agent can send the proposal without completing any of the application for the Client.

The Sub-Agent can also send the proposal after completing some of the application for the Client.

Sub-Agent did NOT complete any of the application.

Hi Jenee,

I've found a health insurance plan from CareFirst MedPlus that I think will meet your needs. Please click on the link below to learn more about the plan. You can apply for it online by clicking the "Apply" button.

[https://c\[REDACTED\]e=Y](https://c[REDACTED]e=Y)

Having Trouble? Perhaps your email program doesn't recognize the Web address as an active link. To view your intended page, copy the entire URL and paste it into your browser.

If you have any questions at all, or need assistance applying, please feel free to contact me.

Sincerely,
C: [REDACTED]
Phone: 410-555-1212
Email: [al\[REDACTED\]](mailto:al[REDACTED])

Sub-Agent completed some of the application.

Hi John,

I've found a health care plan from CareFirst MedPlus that I think will meet your needs. Please click the link below to review, finalize and submit your application.

[https://c\[REDACTED\]allid=CAF\[REDACTED\]qfw4ciJN3D](https://c[REDACTED]allid=CAF[REDACTED]qfw4ciJN3D)

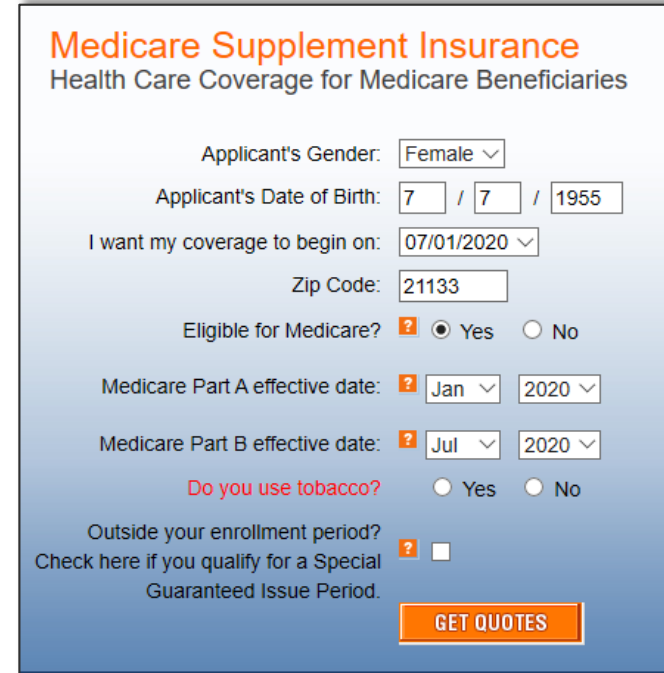
Having Trouble? Perhaps your email program doesn't recognize the Web address as an active link. To view your intended page, copy the entire URL and paste it into your browser.

If you have any questions at all, or need assistance applying, please feel free to contact me.

Sincerely,
C: [REDACTED]
Phone: 410-555-1212
Email: [al\[REDACTED\]](mailto:al[REDACTED])

Client - Creates Password – Completes Application

2.If the Sub-Agent sent the proposal and did not start the application, the Client can review the information, answer the 'Do you use tobacco?' question and click 'GET QUOTES.'



Medicare Supplement Insurance
Health Care Coverage for Medicare Beneficiaries

Applicant's Gender:

Applicant's Date of Birth: / /

I want my coverage to begin on:

Zip Code:

Eligible for Medicare? ☒ Yes ☐ No

Medicare Part A effective date:

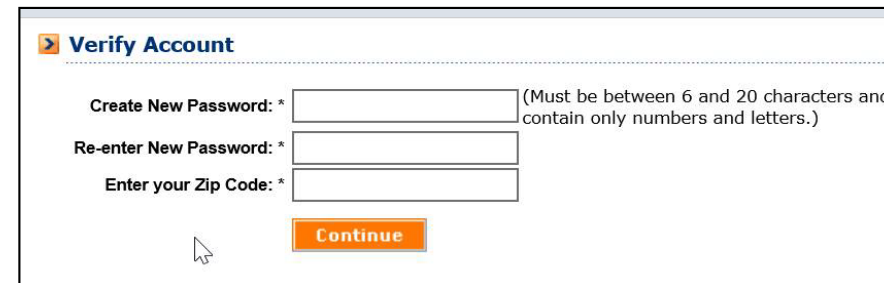
Medicare Part B effective date:

Do you use tobacco? ☐ Yes ☐ No

Outside your enrollment period?
Check here if you qualify for a Special Guaranteed Issue Period. ☐

GET QUOTES

If the Sub-Agent started the application, the Client would need to create an Account password and enter their zip code, then click 'Continue.'



Verify Account

Create New Password: * (Must be between 6 and 20 characters and contain only numbers and letters.)

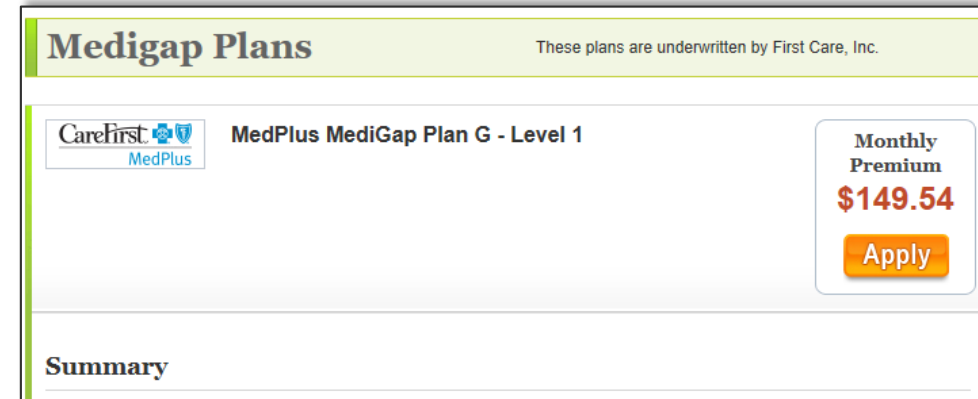
Re-enter New Password: *

Enter your Zip Code: *

Continue

Client - Creates Password – Completes Application

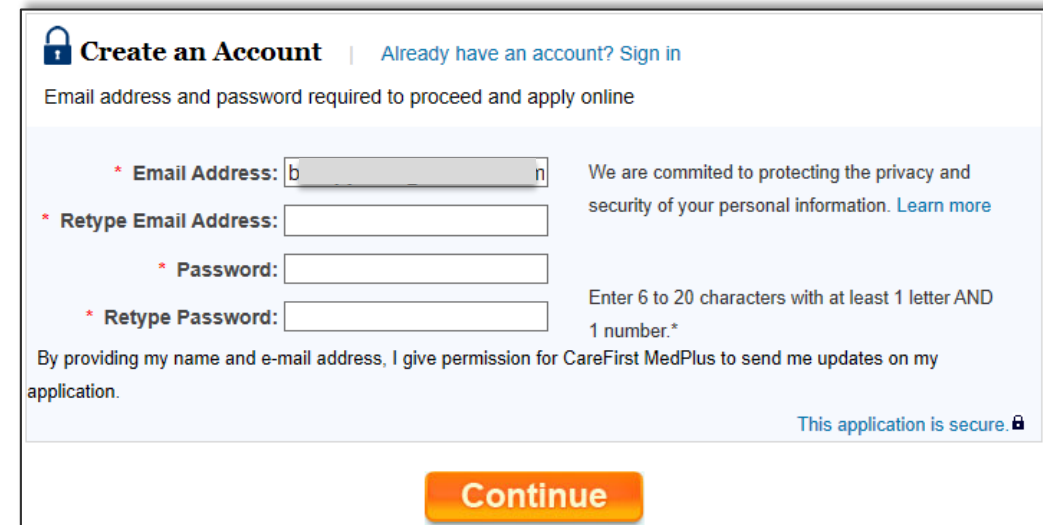
3.The Client can review the Plan Summary and then click 'Apply.'



The screenshot shows a web interface for "Medigap Plans". At the top, it states "These plans are underwritten by First Care, Inc." Below this, there is a section for "MedPlus MediGap Plan G - Level 1" with the CareFirst MedPlus logo. To the right of the plan name, it displays the "Monthly Premium" as "\$149.54" in red text, with an orange "Apply" button below it. At the bottom of the screen, there is a "Summary" section.

4.The Client should retype their email address and create a password for their account.

5.Click 'Continue.'



The screenshot shows a "Create an Account" form. At the top, there is a lock icon and the text "Create an Account" followed by a link "Already have an account? Sign in". Below this, it states "Email address and password required to proceed and apply online". The form contains four input fields: "Email Address" (with a preview "b...n"), "Retype Email Address", "Password", and "Retype Password". To the right of the "Email Address" field, there is a privacy notice: "We are committed to protecting the privacy and security of your personal information. [Learn more](#)". Below the "Password" field, there is a requirement: "Enter 6 to 20 characters with at least 1 letter AND 1 number.*". At the bottom of the form, there is a consent statement: "By providing my name and e-mail address, I give permission for CareFirst MedPlus to send me updates on my application." and a link "This application is secure." with a lock icon. An orange "Continue" button is at the bottom center.

Important Information for Saving an Application

IMPORTANT:

If the Client saves their application before completion, they must go back to the e-mail with the iStore link provided for the application to capture the Sub-Agent information.

If the Client goes directly to www.carefirst.com to apply, the Sub-Agent information will not be linked to the application.

Creating this account is for the **applicant's iStore** 'My Account.' Once the completed application has been accepted and the Client is enrolled, a **member's 'My Account'** page would be used.

Client Completes the Application

6.The Client completes the application.

If the Sub-Agent completed any information, the Client should review all completed fields and complete blank fields, if needed.

Require fields are denoted by a red asterisk.



MedPlus MediGap Plan G High Deductible - Level 1
[See Details](#)

*Required

Applicant Information

First Name:

Sex:**F**

Middle Initial:

Date of Birth:06-23-1955

Last Name:

Email:

Home Phone:(410) -

Mobile Phone:() -

Save and Finish Later

Save and Continue ▶

Client Completes the Application – Address, Race/Ethnicity/Language and Medicare Coverage Information

7.The Client continues completing the application.

Required fields are denoted by a red asterisk.

This application is secure.


Applicant

Coverage

Additional

Payment

Summary

 MedPlus MediGap Plan G High Deductible - Level 1

[See Details](#)

Address Information

Residence Address (Number and Street, Apt #)

* Number and Street:

State:

MD

* City:

Zip Code:

21117

Apt #:

County:

BALTIMORE

Billing Address, if different from Residence Address (Number and Street, Apt #)

Number and Street:

State:

City:

Zip Code:

Apt #:

Household Information (If applicable)

The following information will be used to collect data to determine eligibility for the Household Discount. If you reside in the same household as another CareFirst MedPlus member, please provide their information below.

First Name:

Last Name:

Date of Birth:

/

/

Subscriber ID#:

☐ Check to confirm that your address is the same as the CareFirst MedPlus member you listed.

Race, Ethnicity, Language

As required by Maryland law, CareFirst MedPlus is asking its members to voluntarily provide their race, ethnicity and language attributes. The information provided, while voluntary, will assist the state of Maryland and CareFirst MedPlus in improving quality of care and access to care thereby reducing health care disparities to promote better health outcomes. The information you provide will not have a negative impact on any services we provide you. The information is kept strictly confidential and will not be shared unless required by law to disclose it.

Race:

Other - (To include Multi-Racial)

Ethnicity:

Not Provided / No Response

Country of Origin:

Not Provided

Preferred Spoken Language:

Unknown

Back

Save and Finish Later

Save and Continue

The Medicare coverage information is required from the client's Medicare ID card. The Medicare Hospital (Part A) and Medicare Medical/Surgical (Part B) effective dates are carried over from the proposal screen.

This application is secure.


Applicant

Coverage

Additional

Payment

Summary

 MedPlus MediGap Plan G High Deductible - Level 1

[See Details](#)

Medicare Coverage Information

Please provide the following Medicare Information as printed on your red, white and blue Medicare identification card.

You must have both Medicare Part A (hospital) and Medicare Part B (medical/surgical) coverage or will obtain Medicare coverage before the effective date of this CareFirst MedPlus Policy.

* Medicare Number:

Medicare Hospital (Part A) Effective Date(mm/yyyy): 1/2020

Medicare Medical/Surgical (Part B) Effective Date(mm/yyyy): 3/2020

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Save and Finish Later

Save and Continue

Client Completes the Application – Eligibility Information

7a. The Client continues completing the application.

Required fields are denoted by a red asterisk.

This application is secure.


Applicant

Coverage

Additional

Payment

Summary



MedPlus MediGap Plan G High Deductible - Level 1

See Details

*Required

Eligibility Information

Please answer the following question regarding your eligibility:

1. * Did you turn age 65 in the last 6 months?

Yes No

2. * Are you age 65 or older and, at the time of this application, are you within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B?

Yes No

3. * Are you under age 65, eligible for Medicare due to a disability, AND are you within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B?

Yes No

4. * Are you under the age of 65, eligible for Medicare due to a disability, AND did your Medicare Part B enrollment take effect more than 6 months ago, but you were notified by Medicare of your retroactive enrollment within the past 6 months?

Yes No

Back

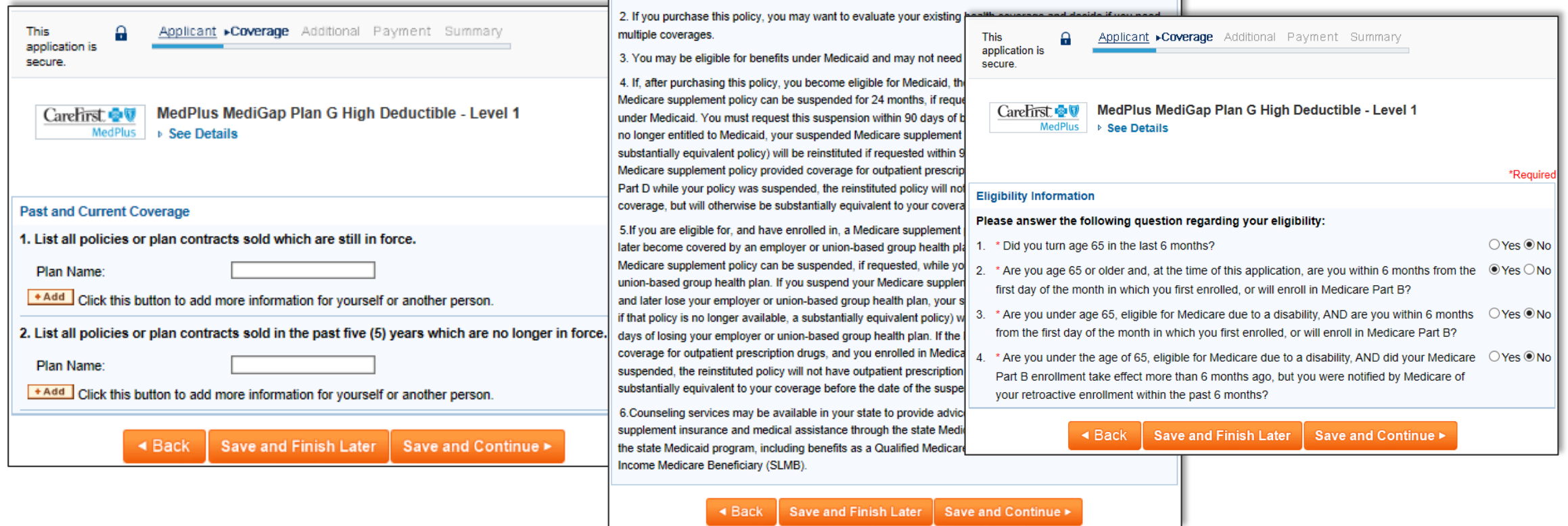
Save and Finish Later

Save and Continue


Client Completes the Application – Past and Current Coverage

7b. The Client continues completing the application.

Required fields are denoted by a red asterisk.



This application is secure. [Applicant](#) **Coverage** Additional Payment Summary

 **MedPlus MediGap Plan G High Deductible - Level 1**
[See Details](#)

Past and Current Coverage

Please review the statements below, then answer all questions to the best of your knowledge.

1. You do not need more than one Medicare supplement insurance policy.
2. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
3. You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
4. If, after purchasing this policy, you become eligible for Medicaid, the Medicare supplement policy can be suspended for 24 months, if requested under Medicaid. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement (substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the coverage for outpatient prescription drugs, and you enrolled in Medicaid while your policy was suspended, the reinstated policy will not have coverage, but will otherwise be substantially equivalent to your coverage.
5. If you are eligible for, and have enrolled in, a Medicare supplement policy, you may later become covered by an employer or union-based group health plan. If you suspend your Medicare supplement policy and later lose your employer or union-based group health plan, your Medicare supplement policy (or a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the coverage for outpatient prescription drugs, and you enrolled in Medicaid while your policy was suspended, the reinstated policy will not have coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
6. Counseling services may be available in your state to provide advice about Medicare supplement insurance and medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB), the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (SLMB).

Eligibility Information

Please answer the following question regarding your eligibility:

1. * Did you turn age 65 in the last 6 months? ☐ Yes ☒ No
2. * Are you age 65 or older and, at the time of this application, are you within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B? ☒ Yes ☐ No
3. * Are you under age 65, eligible for Medicare due to a disability, AND are you within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B? ☐ Yes ☒ No
4. * Are you under the age of 65, eligible for Medicare due to a disability, AND did your Medicare Part B enrollment take effect more than 6 months ago, but you were notified by Medicare of your retroactive enrollment within the past 6 months? ☐ Yes ☒ No

[Back](#) [Save and Finish Later](#) [Save and Continue](#)

Client Completes the Application – Electronic Communication Consent

7c. The Client continues completing the application. Required fields are denoted by a red asterisk.

I understand that to receive notices by text messaging:

1. A text messaging plan with my mobile phone provider is required
2. Standard text messaging rates will apply

By checking below, I hereby agree to electronic delivery of notices (instead of paper delivery) by:

☒ Email only

☐ Mobile phone text messaging only

☐ Email and mobile phone text messaging


Applicant Name: Email Address: Mobile Phone Number:


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

[< Back](#) [Save and Finish Later](#) [Save and Continue >](#)


Client Completes the Application – Social Security (or Railroad Retirement) Number (Optional) and Additional Information

7d. The Client continues completing the application. Required fields are denoted by a red asterisk.


This application is secure.  [Applicant](#) [Coverage](#) **Additional** [Payment](#) [Summary](#)


 **MedPlus MediGap Plan G High Deductible - Level 1**
[See Details](#)

Social Security (or Railroad Retirement) Number (Optional)

John A Jones 

[Back](#) [Save and Finish Later](#) [Save and Continue](#)

This application is secure.  [Applicant](#) [Coverage](#) **Additional** [Payment](#) [Summary](#)

 **MedPlus MediGap Plan G High Deductible - Level 1**
[See Details](#)

Additional Information

Please enter any additional information for any family members listed on this application in the space below.


[Back](#) [Save and Finish Later](#) [Save and Continue](#)

Client Completes the Application – Premium Payment

7e. The Client continues completing the application.

Required fields are denoted by a red asterisk.

This application is secure. [Applicant](#) [Coverage](#) [Additional](#) [Payment](#) [Summary](#)

 **MedPlus MediGap Plan G High Deductible - Level 1**
[See Details](#)

Premium Payment

CareFirst MedPlus wants to help you save time and money! We offer discounted rates to members who elect our standard payment method of automated payment via bank withdrawal or credit card. Once you are a member, you can sign up for automated payment via credit card by visiting www.carefirst.com/myaccount. To take advantage of this time and money saving option via bank withdrawal, please fill out the information below.

* Please indicate your billing frequency preference: ☒ Monthly ☐ Annually

Name that appears on the Account:


First Name: Bank Name:

Middle Initial: * Routing Number:

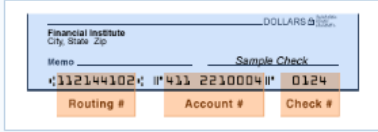
Last Name: Account Number:

Type of Account: ☒ Checking Account ☐ Savings Account

☐ Please check this box if you DO NOT wish to set up an automated payment.

 Your bank account information is protected using industry standard (SSL) encryption technology.

Example Check




Financial Institute
City, State, Zip
Memo
Sample Check
112144102 411 2210004 0124
Routing # Account # Check #

I hereby authorize CareFirst MedPlus to charge my account for the payment of premiums due for an unpaid invoice. If any check draft is dishonored for any reason, or drawn after the depositor's authorization has been withdrawn, CareFirst MedPlus agrees that the financial institution will not be held liable. I understand that no payment of premiums due to dishonored auto-draft payment attempts may result in termination of coverage. I also understand that if the Policyholder elects to pay premium through an electronic payment, CareFirst MedPlus may not debit or charge the amount of the premium due prior to the premium due date, except as authorized by the Policyholder. My recurring payments will be processed on the 6th of each month (including holidays), with the payment due date the first of the month. Members registered for recurring payment will not receive a paper bill in the mail. However, you may view and print your invoice during the recurring payment period from the invoice history online at www.carefirst.com/myaccount.

[Back](#) [Save and Finish Later](#) [Save and Continue](#)

This application is secure. [Applicant](#) [Coverage](#) [Additional](#) [Payment](#) [Summary](#)

 **MedPlus MediGap Plan G High Deductible - Level 1**
[See Details](#)

By clicking on the "Continue" button your responses to the questions cannot be changed. [Print Summary](#)
Please review your responses by clicking on the "Review" button before continuing.

Applicant Information
1 Member(s) Applying
[View](#)

Requested Coverage
Start Date
03/01/2020

Estimated Ongoing Payment
\$36.45 per Month [View](#)

Ongoing Payment Type
Monthly Bank Draft

Apply With No Obligation
You may cancel your application at any time. [Learn more](#)

Protecting Your Privacy
We are committed to protecting the privacy and security of your personal information.
If you indicated on your application that you reside with someone who is also enrolled in a CareFirst MedPlus plan, your premium below may be reduced by 10%.
If you selected annual payments or recurring monthly payments, your premium below will be reduced by \$24 per year or \$2 per month.

Payment Information	
Estimated Initial Payment	
MedPlus MediGap Plan G High Deductible - Level 1	\$36.45
Total	\$36.45


[Review Application](#) [Back](#) [Continue](#)

Client Completes the Application – Electronic Signature

7f. The Client should:

- review the application and any information they or the Sub-Agent completed.
Modifications can be made to the completed information.
- Complete the e-signature section.
- Click the 'I AGREE' button.

Electronically Sign

 **MedPlus MediGap Plan G High Deductible - Level 1**
[See Details](#)

1. Review the information below and complete the required fields in the Agreement and Signature section below.
2. Review your application by clicking the "Review Application" button below. Please print a copy for your records.
3. Click the "I Agree" button.

Agreement and Signature * Required [Print Agreement](#)

CONDITIONS OF ENROLLMENT (Please read this section carefully)

IT IS UNDERSTOOD AND AGREED THAT:

A copy of this application is available to the Policyholder (or to a person authorized to act on his/her behalf) upon request, from CareFirst MedPlus.

This information is subject to verification. To do so I authorize CareFirst MedPlus, any physician, hospital, pharmacy, pharmacy benefit manager, or pharmacy-related service organizations or any other person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false, incomplete or deceptive statement may be guilty of insurance fraud.

BY CHECKING THE BOXES AND ENTERING MY NAME BELOW I AM INDICATING MY INTENT TO ELECTRONICALLY SIGN THIS APPLICATION AND WARRANT THAT ALL OF THE INFORMATION I HAVE PROVIDED IS TRUE, COMPLETE, AND ACCURATE.

John A Jones Electronic Signature

Acknowledgement

☒ * I understand that by checking here I am agreeing to the items under **CONDITIONS OF ENROLLMENT** above.

☒ * I agree to provide an original (non-electronic) signature if necessary to authorize the release of medical information should it be required.

Please type your name in the spaces below to electronically sign your application:

* First Name: * Last Name: * MI:

Please re-type your name in the spaces below to confirm your electronic signature:

* First Name: * Last Name: * MI:

Please type your city and state below:

* City: * State: On: **02-19-2020**

John A Jones Electronic Funds Transfer Signature

Acknowledgement

☒ * I understand that by checking here I am agreeing to the items under Premium Payment.

Please type your name in the spaces below to electronically sign your application:

* First Name: * Last Name: * MI:

Please re-type your name in the spaces below to confirm your electronic signature:

* First Name: * Last Name: * MI:

Please type your city and state below:

* City: * State: On: **02-19-2020**


Clicking the "I Agree" button below indicates that you have reviewed your application as well as any additional forms, and agree with the statements in the Agreement and Signature section shown above.

If you do not agree with the statements in the Agreement and Signature section shown above, click the "I Disagree".

Client Completes the Application – Sent & Review


The client will receive a message as to the status of their application (i.e., application is under review, has been approved or has been denied).


If the Client needs to go back to the application, they should always access the link in the Sub-Agent's email.


Family of health care plans

Call our Licensed Agents
410-555-1212
TTY User: 711
8 am - 6 pm Monday to Friday,
8 am - 12 pm Saturday

Further Review


MedPlus MediGap Plan G High Deductible - Level 1


Your Application Is Under Review 


Based on the information provided on your application an immediate underwriting decision is not available at this time. Further review is necessary in order to make a final coverage decision. You will receive notification as your application progresses through the underwriting process. Thank you for your patience.

IMPORTANT: Do not cancel any health insurance coverage you currently have or decline COBRA benefits until you receive an approval letter and insurance policy (also known as an insurance contract or certificate) from your chosen insurance company. Make sure you understand and agree with the terms of the insurance policy.


Please view and print a copy of your application. Click here to download a FREE copy of Adobe Acrobat Reader to view your application. Learn about other ways of obtaining a copy of your application from us.

Congratulations


MedPlus MediGap Plan G - Level 1

You have been approved! 

Congratulations! Based on the information provided, your application has been approved for coverage under the plan you selected. If you need to have your coverage verified before you receive your ID cards, please call us at [877-746-7515](tel:877-746-7515) or [888-892-9901](tel:888-892-9901).

Your Policy Information

Plan: MedPlus MediGap Plan G - Level 1
Policy Number: 999728501
Requested Effective Date: 06/01/2020

IMPORTANT: Do not cancel any health insurance coverage you currently have or decline COBRA benefits until you receive an approval letter and insurance policy (also known as an insurance contract or certificate) from your chosen insurance company. Make sure you understand and agree with the terms of the insurance policy.

Please view and print a copy of your application. Click here to download a FREE copy of Adobe Acrobat Reader to view your application. Learn about other ways of obtaining a copy of your application from us.



THANK YOU

For more information, contact

YOUR FSCGP AGENT REPRESENTATIVE

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 and Producers 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.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.