AGENT ɪSTORE – OVER 65

Federal & State Consumer Government Programs (FSCGP) Agent Training

JUNE 2020

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
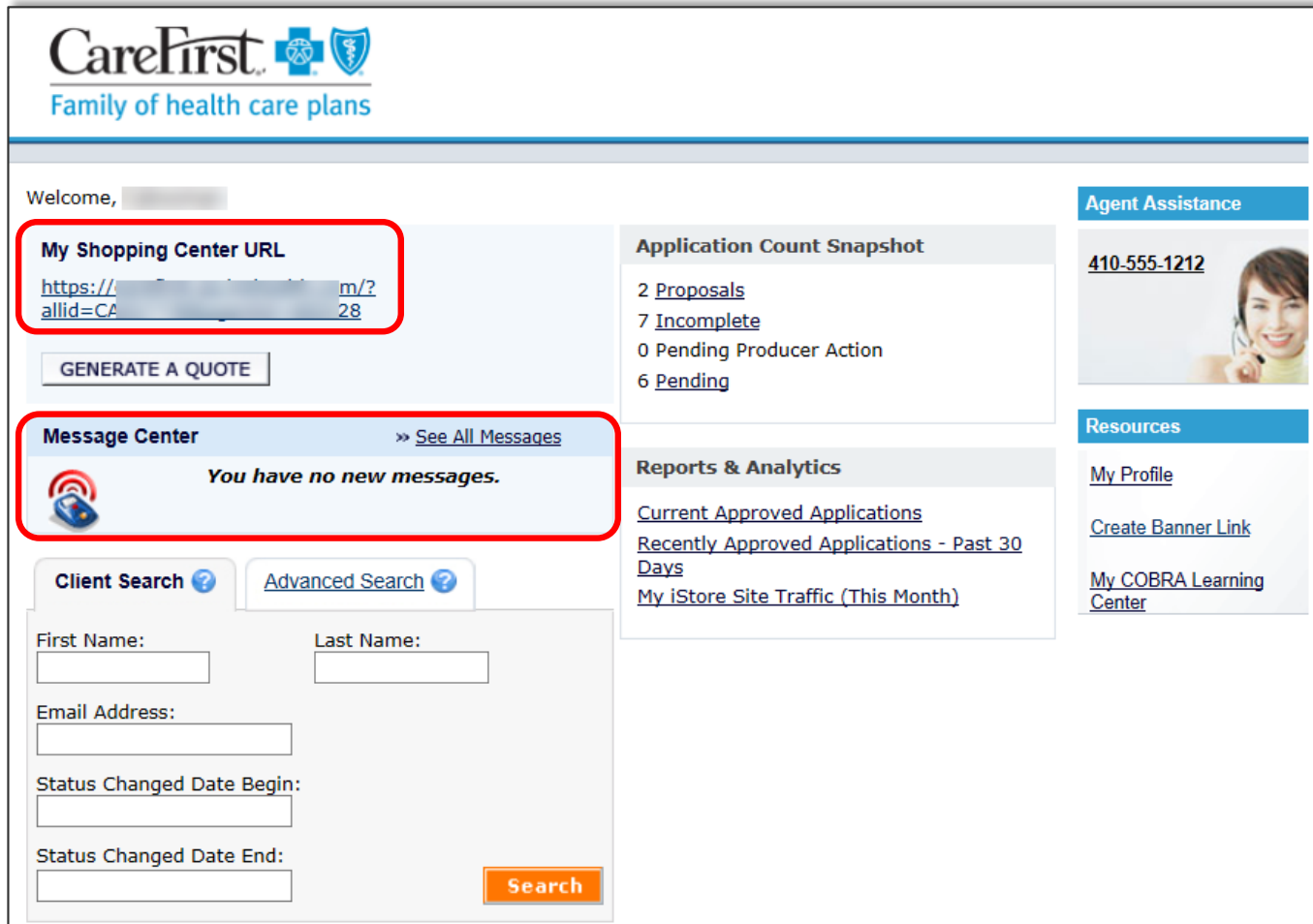
- The Agent will register approved Sub-Agents in the iStore.

- 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.

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)
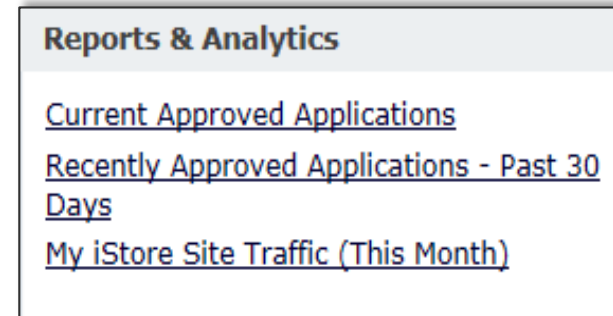
These reports are created views from the Application Count Snapshot.

Reports & Analytics

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

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.
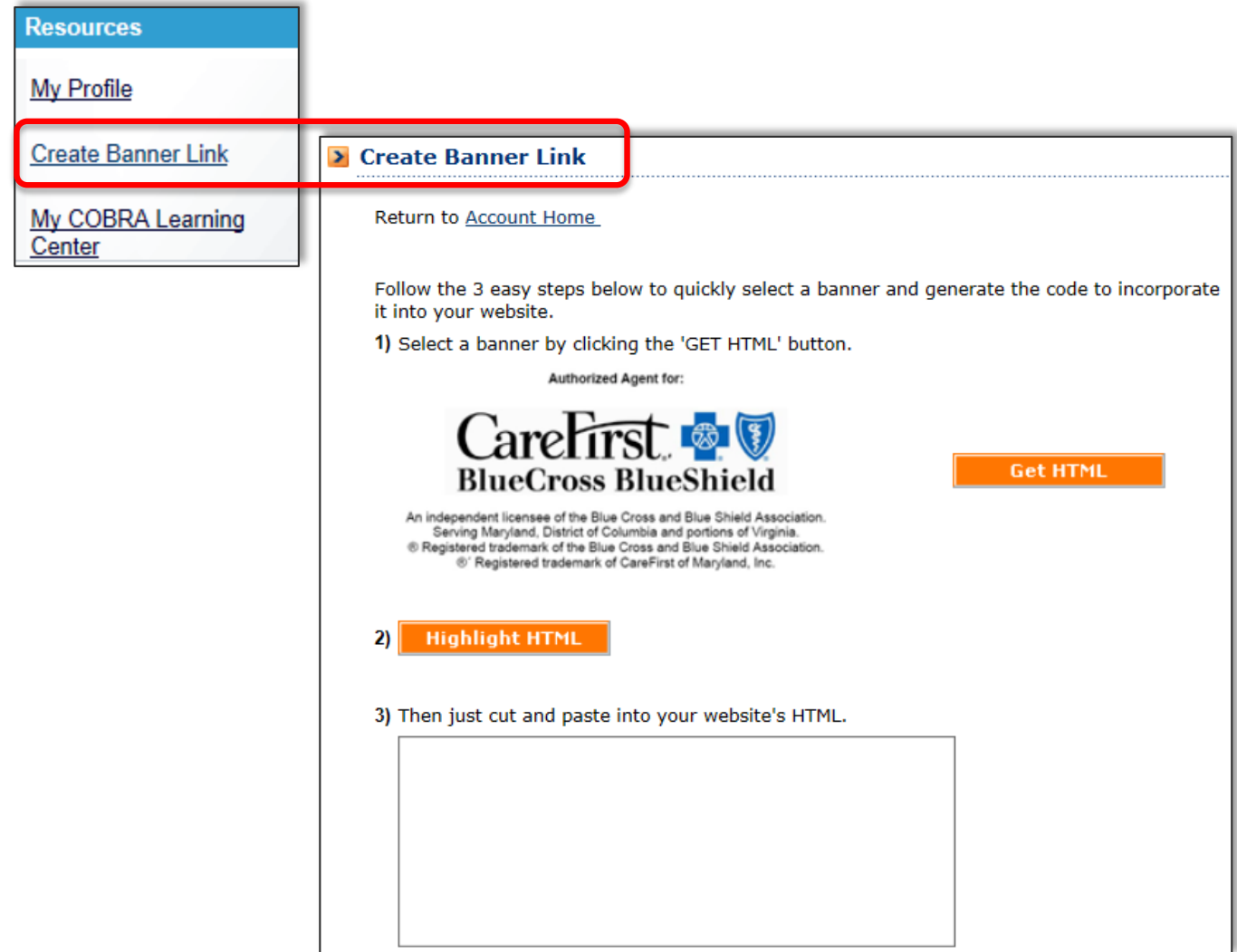
- Basic Information - includes contact information used by clients and Agents. Click on the "Edit" button to update your contact information.

- 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.
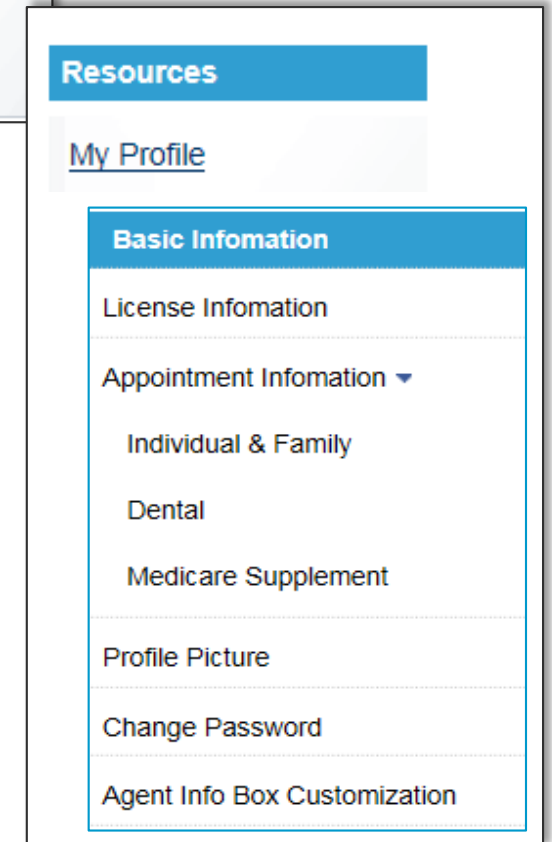
Homepage – Resources – Create Banner Link

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.

Homepage – Client Search

STANDARD CLIENT SEARCH –
Search for a single client by name or perform an Advanced Client Search by status.
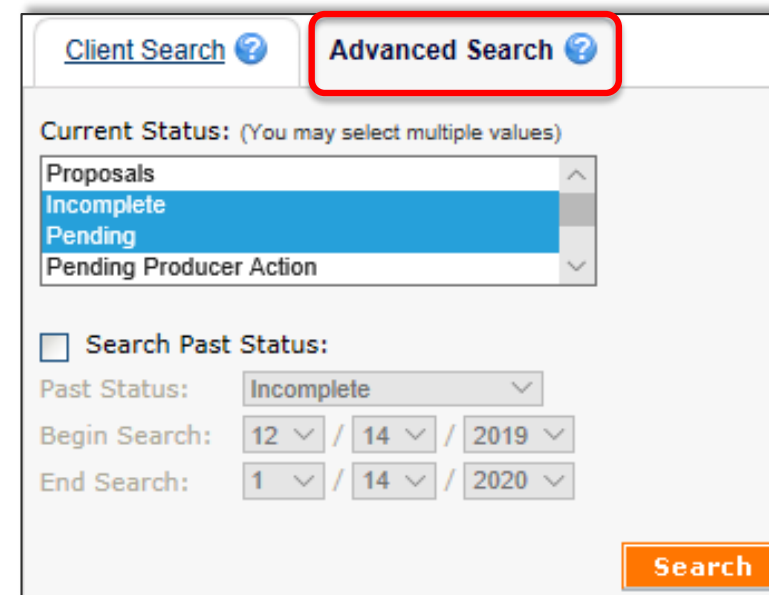
ADVANCED SEARCH -
Search by current Status (i.e., Proposals, Incomplete, Pending and Pending Producer Action).

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.

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.
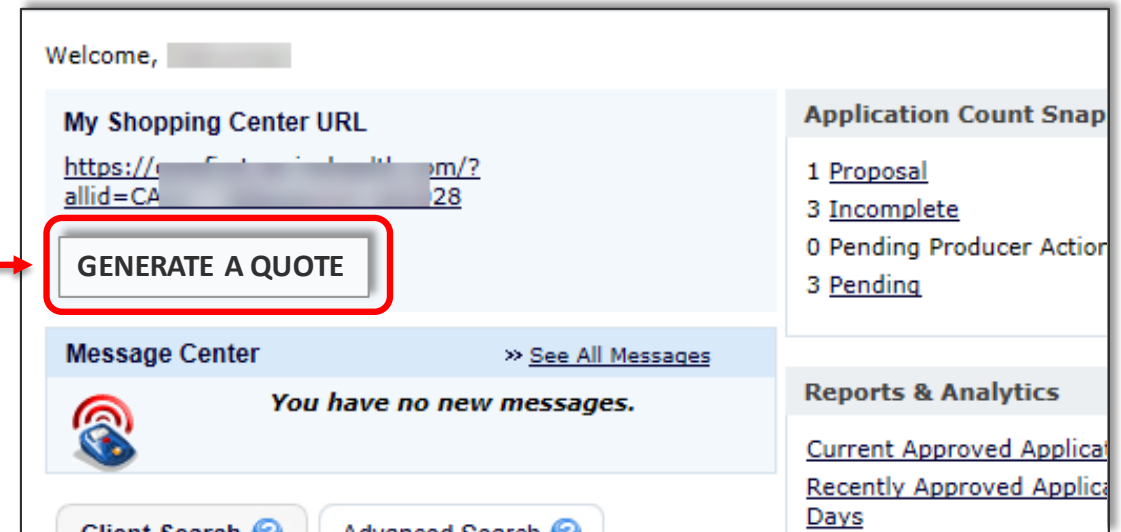
Generate a Quote: 1.Initial Information Page

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 21228
Select County

Coverage Start Date 04/01/2020

What type of coverage?

Who needs coverage?
- Client

○ Individual & Family Health Insurance
○ Health Savings Accounts [?]
◉ Medicare

Medicare Part A effective date? Apr 2020
Medicare Part B effective date? Apr 2020

○ Dental

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

	Gender	Date of Birth mm / dd / yyyy	Do you use Tobacco
Client	Female	11 / 29 / 1953	No
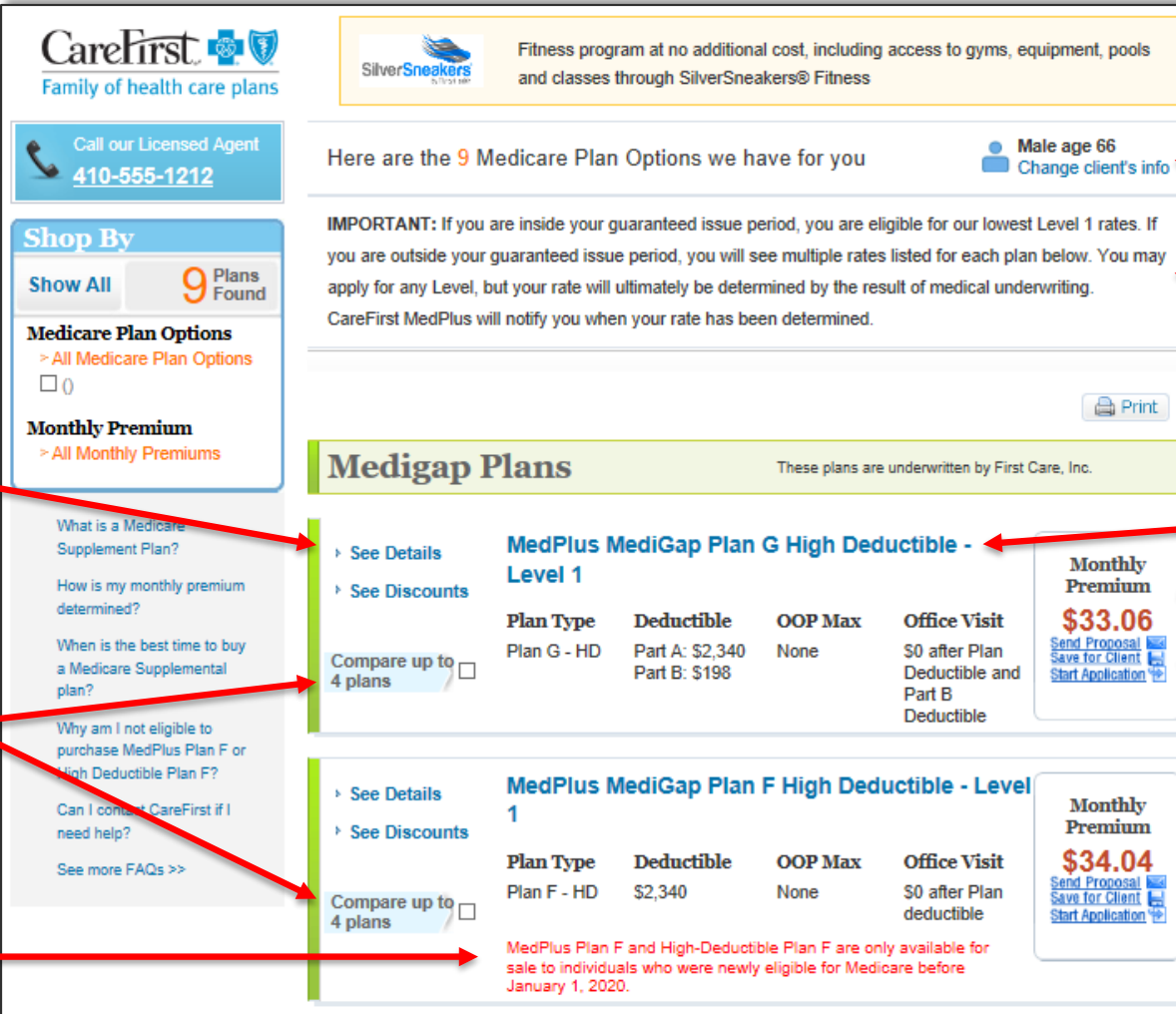
SHOW PLAN COUNT

Plans Found

VIEW PLANS

Generate a Quote: 2.Plan Selection Page

Sub-Agent's phone number

Client information

Important information about guaranteed issue period and medical underwriting

Plan Details & Discounts

High level plan and monthly premium information

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

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

Important eligibility information may appear as appropriate

Screenshot content

CareFirst
Family of health care plans

SilverSneakers — Fitness program at no additional cost, including access to gyms, equipment, pools and classes through SilverSneakers® Fitness

Call our Licensed Agent
410-555-1212

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.

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 >>

🖨 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.

Generate a Quote: 3.Send Proposal, Save for Client or Start Application

Sub-Agents should follow the steps below on the Medigap Plans selection page and may select from 1– 4 plans.

If...	Then...
Send, Save or Start Application **1 Plan**	• Navigate to the selected plan and click Send Proposal or Save for Client.
Send or Save **2 – 4 Plans**	• Click the check box to the right of each select plan. • Click the Compare button for 1 of the selected plans. **NOTE: When sending or saving 2-4 plans, the 'Compare' button on the Plan Selection page must be clicked. From the compare page, 2-4 plans can be sent or saved. If the Compare button isn't clicked first, only 1 plan will be sent or saved.** • On the 'compare' page, near the top, right, click on Send Proposal or Save for the Client.

Monthly Premium

$31.49

Send Proposal
Save for Client
Start Application

▸ See Details
▸ See Discounts

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

Compare ☑

Monthly Premium

$31.49

Send Proposal
Save for Client
Start Application

▸ See Details
▸ See Discounts

MedPlus MediGap Plan L - Level 1

Plan Type	Deductible	OOP Max	Office Visit
Plan L	Part A: $352 Part B: $198	$2940	Generally 5% after Part B Deductible

Compare ☑

Monthly Premium

$127.79

Send Proposal
Save for Client
Start Application

Generate a Quote: 4.Select Client or Add Client

If Client is...	Then...
Existing	• 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	• 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: * Health Insurance Plan for You

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
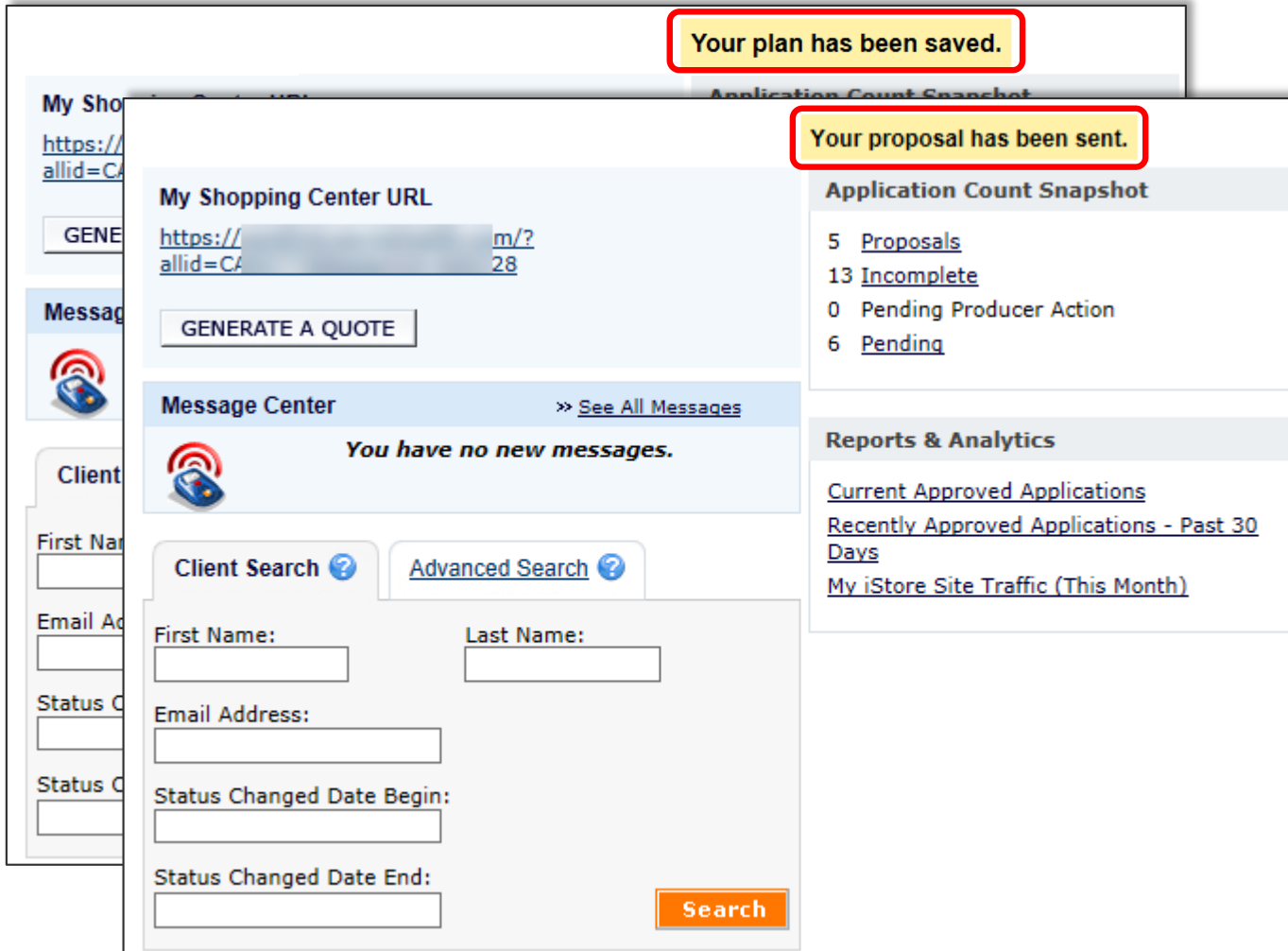
Send   Cancel

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

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.'

2. The Sub-Agent clicks the 'Start Application' link.

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

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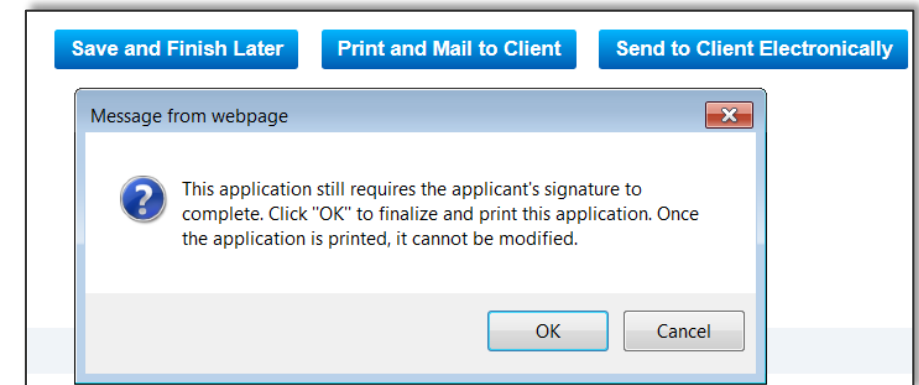
Sub-Agent Completes the Application for the Client, *continued*

Send to Client

From: Christian Bale christian.bale@email.com

To: Renee Rowe < ba_____.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.'

Welcome, Ca_____   Your application has been sent.
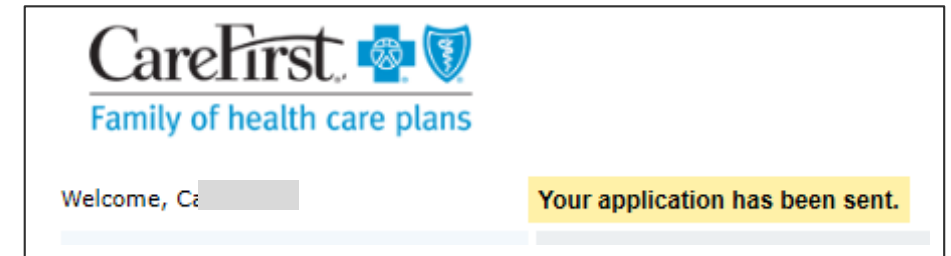
iStore Homepage - Application Status

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.

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   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
Phone: 410-555-1212
Email: al

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
allid=CAF   qfw4ciJN
3D
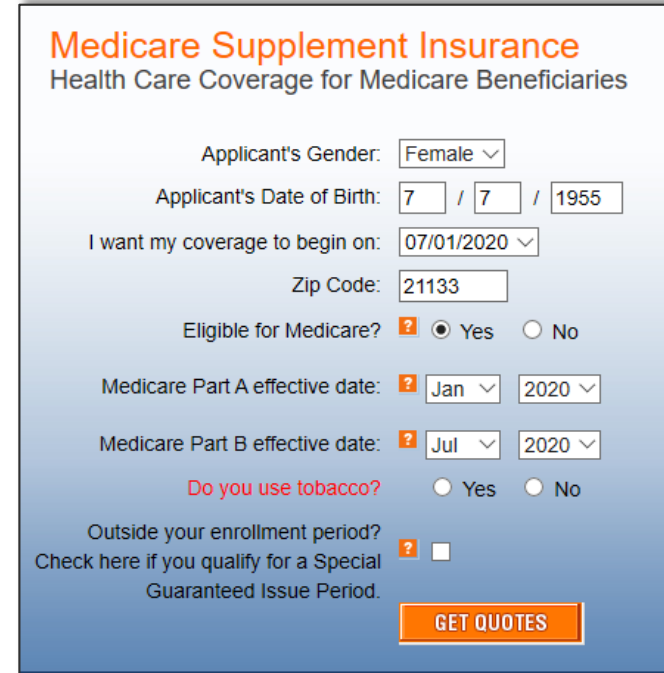
Having Trouble? Perhaps your email program doesn't recognize the Web address as an active link. To view your intended page, copy the entire URL and paste it into your browser.

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

Sincerely,
C
Phone: 410-555-1212
Email: al

Client - Creates Password – Completes Application

2.If the Sub-Agent sent the proposal and <u>did not start</u> 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:	Female
Applicant's Date of Birth:	7 / 7 / 1955
I want my coverage to begin on:	07/01/2020
Zip Code:	21133
Eligible for Medicare?	● Yes ○ No
Medicare Part A effective date:	Jan 2020
Medicare Part B effective date:	Jul 2020
Do you use tobacco?	○ Yes ○ No
Outside your enrollment period? Check here if you qualify for a Special Guaranteed Issue Period.	☐
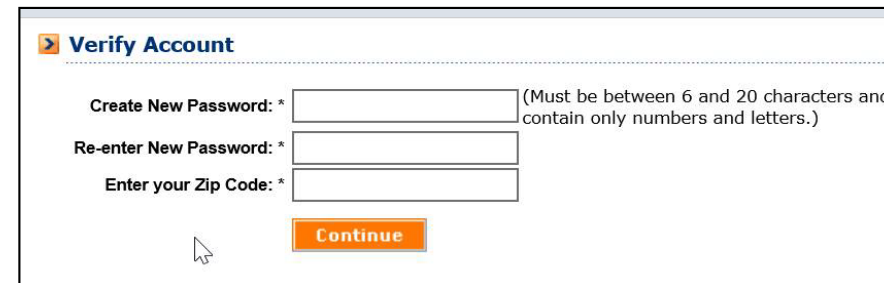
GET QUOTES

If the Sub-Agent <u>started</u> 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: *		
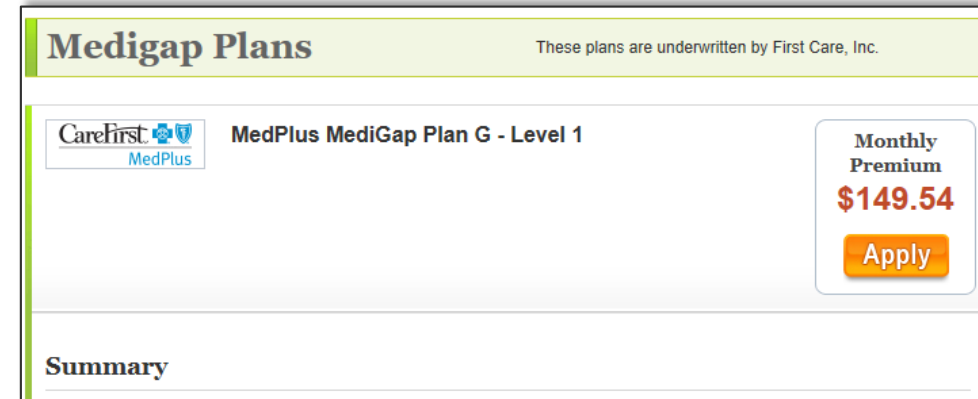
Continue

Client - Creates Password – Completes Application
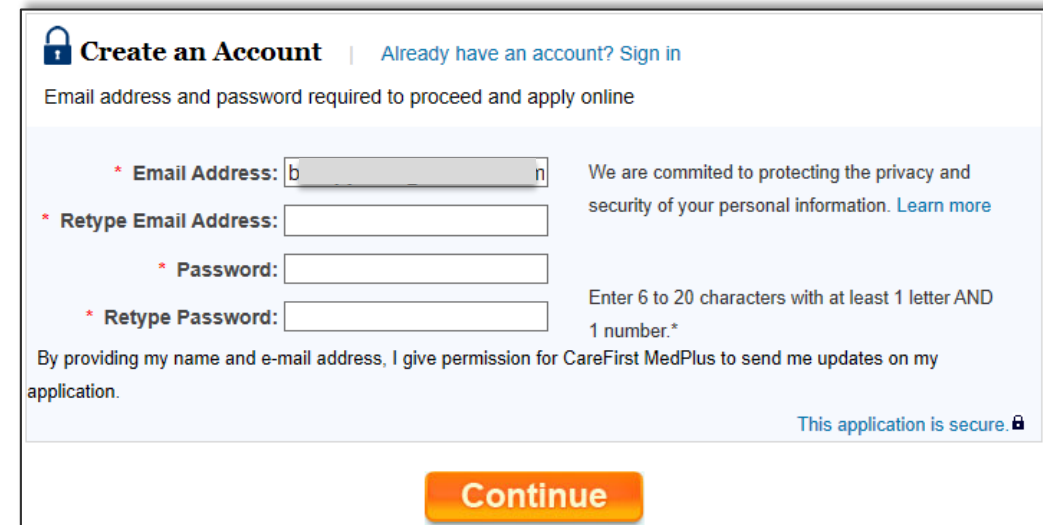
3.The Client can review the Plan Summary and then click 'Apply.'

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

5.Click 'Continue.'

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.

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.

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.

Client Completes the Application – Eligibility Information

7a. The Client continues completing the application.

Required fields are denoted by a red asterisk.

Client Completes the Application – Past and Current Coverage

7b. The Client continues completing the application.

Required fields are denoted by a red asterisk.

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:
John Jones	rb	(443) - 5555555

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.

Client Completes the Application – Premium Payment

CareFirst
Family of health care plans

7e. The Client continues completing the application.

Required fields are denoted by a red asterisk.

This application is secure.

Applicant Coverage Additional ▶Payment Summary

CareFirst MedPlus   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 ele 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: John   Bank Name: Best Bank
Middle Initial: A   * Routing Number: 052000113
Last Name: Jones   Account Number: 4112210004
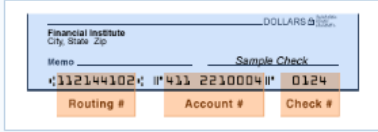
Type of Account: ● Checking Account
                   ○ Savings Account

☐ 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

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 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 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

CareFirst MedPlus   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

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.

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.

THANK YOU

For more information, contact
YOUR FSCGP AGENT REPRESENTATIVE