



# AGENT ISTORE

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*Commercial Individual Broker Training*

JUNE 2019

Proprietary and Confidential

# AGENDA

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- I. What is the CareFirst Agent iStore?
- II. Products Available on the iStore
- III. Registration Process    New Approved Sub Agents
- IV. iStore Homepage
- V. Quotes
- VI. Application Process

# 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.

## **Sub-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

# Products Availability on the iStore

- **Products Available in iStore:**

- Medical - Under 65 and Over 65 – MD, DC and VA
- Dental
  - BlueDental Preferred and Individual Select Preferred Plus – MD, DC and VA
  - Individual Select DHMO - MD

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

Product	Available in iStore?
Medical, Under 65, 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

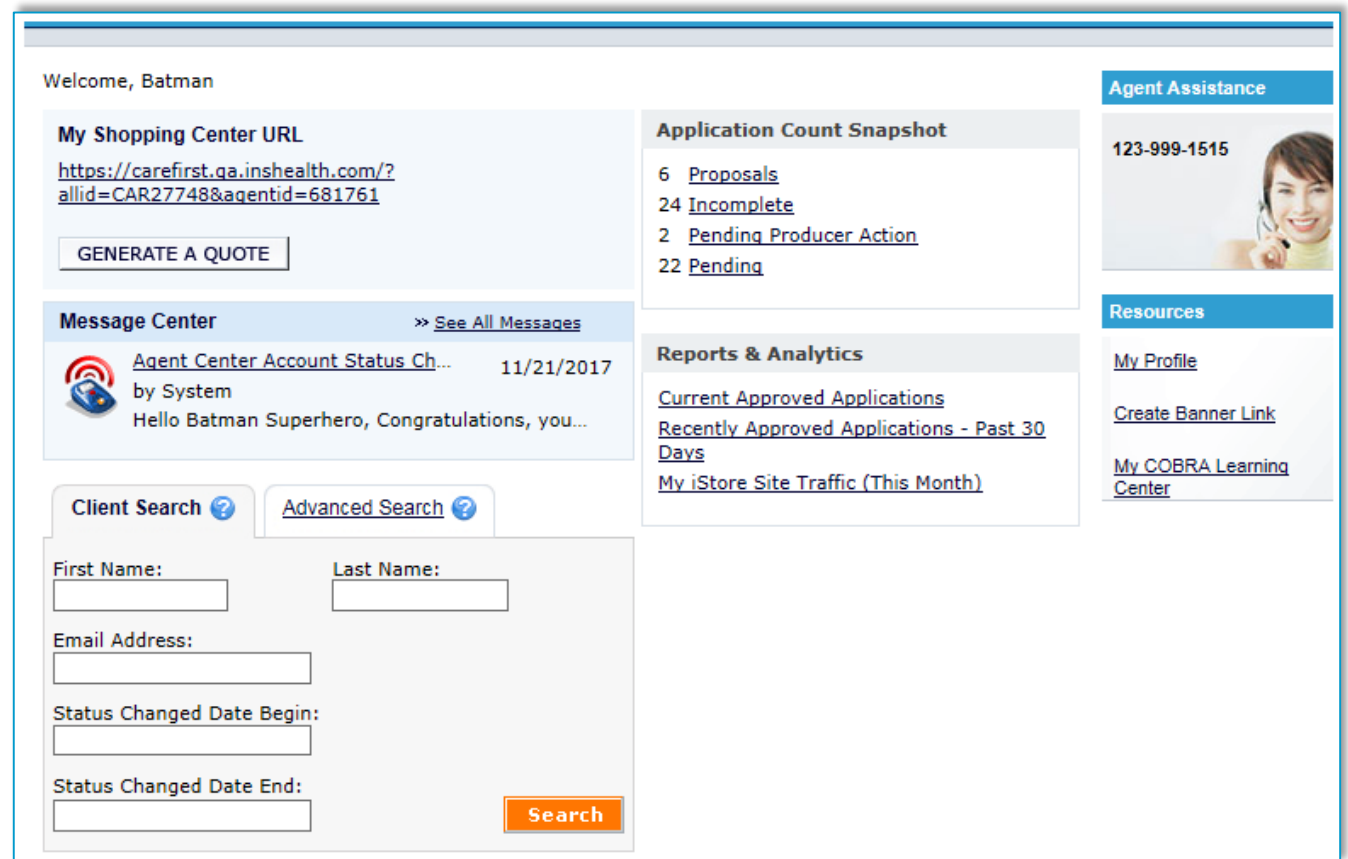
# Registration Process for New Approved Sub-Agents

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- Agents will send a special registration URL (web address) to their aligned Sub-Agents.
- The Agent sends an email to the approved Sub-Agent with the Agent iStore registration URL to complete a self registration process. The URL provided in the Agent's email associates the Sub-Agent to the Agent.
- It is critical that the Sub-Agent maintain current information in the iStore as using either process above will automatically place the Agent and Sub-Agent's information on the application.


# Agent iStore Personalized Welcome Homepage

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



Welcome, Batman


**My Shopping Center URL**  
<https://carefirst.ga.inshealth.com/?allid=CAR27748&agentid=681761>  
[GENERATE A QUOTE](#)

**Message Center** >> [See All Messages](#)  
 **Agent Center Account Status Ch...** 11/21/2017  
by System  
Hello Batman Superhero, Congratulations, you...

**Client Search** ? **Advanced Search** ?  
First Name:  Last Name:   
Email Address:   
Status Changed Date Begin:   
Status Changed Date End:   
[Search](#)

**Application Count Snapshot**  
6 [Proposals](#)  
24 [Incomplete](#)  
2 [Pending Producer Action](#)  
22 [Pending](#)

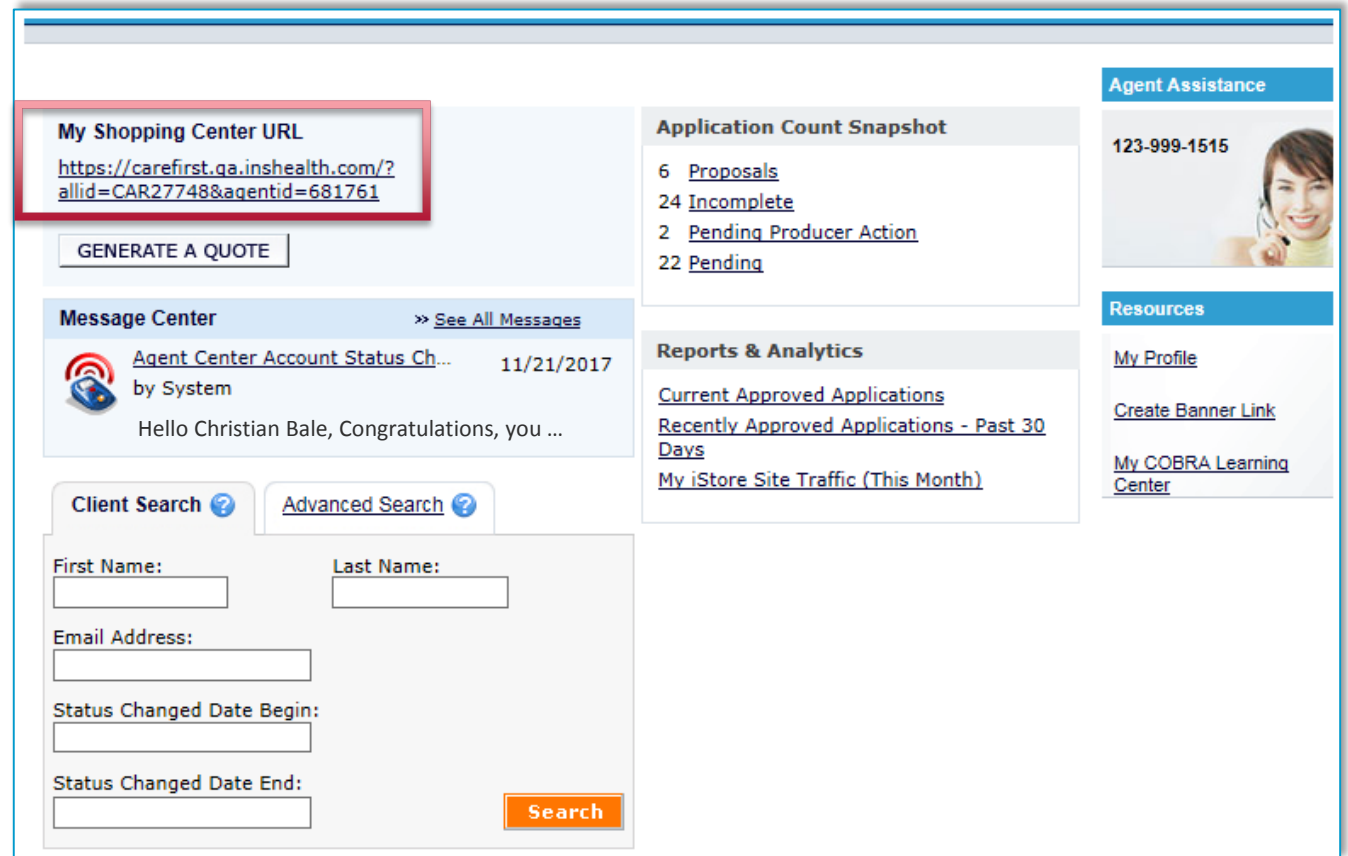
**Reports & Analytics**  
[Current Approved Applications](#)  
[Recently Approved Applications - Past 30 Days](#)  
[My iStore Site Traffic \(This Month\)](#)

**Agent Assistance**  
123-999-1515  


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

# Homepage – My Shopping Center URL

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



The screenshot displays the CareFirst Sub-Agent Homepage. At the top left, a red-bordered box highlights the 'My Shopping Center URL' section, which contains the URL <https://carefirst.ga.inshealth.com/?allid=CAR27748&agentid=681761> and a 'GENERATE A QUOTE' button. Below this is the 'Message Center' with a notification from the system dated 11/21/2017. The bottom left features a 'Client Search' form with fields for First Name, Last Name, Email Address, Status Changed Date Begin, and Status Changed Date End, along with a 'Search' button. On the right side, there are three main sections: 'Application Count Snapshot' showing counts for Proposals, Incomplete, Pending Producer Action, and Pending; 'Reports & Analytics' with links to Current Approved Applications, Recently Approved Applications - Past 30 Days, and My iStore Site Traffic (This Month); and 'Agent Assistance' with a contact number and a photo of a smiling agent. A 'Resources' sidebar on the far right includes links to My Profile, Create Banner Link, and My COBRA Learning Center.


**My Shopping Center URL**  
<https://carefirst.ga.inshealth.com/?allid=CAR27748&agentid=681761>  
GENERATE A QUOTE

**Message Center** >> [See All Messages](#)  
Agent Center Account Status Ch... 11/21/2017  
by System  
Hello Christian Bale, Congratulations, you ...

**Client Search** ? **Advanced Search** ?  
First Name:  Last Name:   
Email Address:   
Status Changed Date Begin:   
Status Changed Date End:   
**Search**

**Application Count Snapshot**  
6 [Proposals](#)  
24 [Incomplete](#)  
2 [Pending Producer Action](#)  
22 [Pending](#)

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

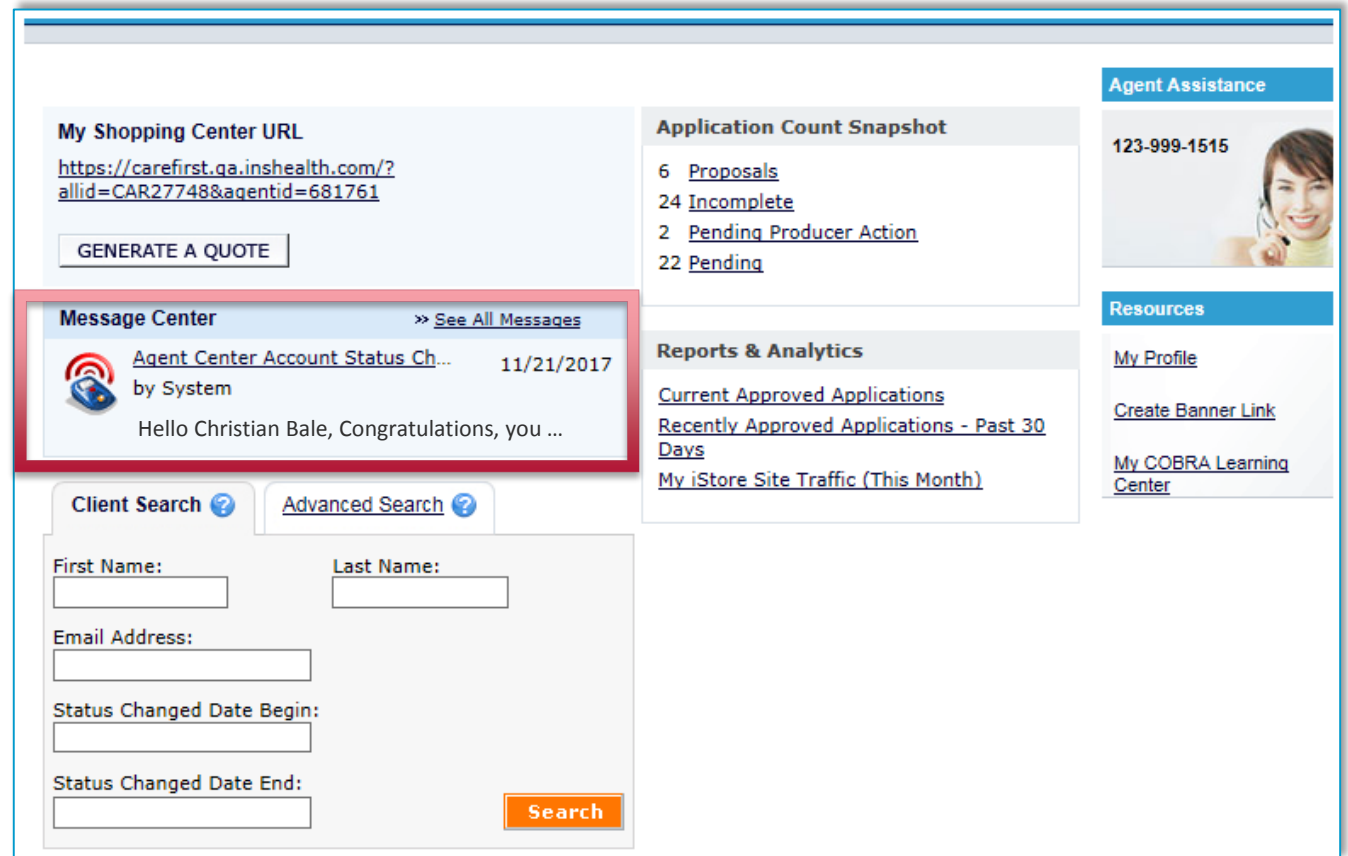
**Agent Assistance**  
123-999-1515 

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

# Homepage – Message Center

CareFirst can 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 Message Center interface. A red box highlights a message from the 'Agent Center Account Status Ch...' dated 11/21/2017, with the text 'Hello Christian Bale, Congratulations, you ...'. The interface includes several sections: 'My Shopping Center URL' with a link and a 'GENERATE A QUOTE' button; 'Application Count Snapshot' showing counts for Proposals, Incomplete, Pending Producer Action, and Pending; 'Reports & Analytics' with links for Current Approved Applications, Recently Approved Applications - Past 30 Days, and My iStore Site Traffic (This Month); 'Agent Assistance' with a phone number and a photo of a smiling woman; and 'Resources' with links for My Profile, Create Banner Link, and My COBRA Learning Center. At the bottom, there is a 'Client Search' section with fields for First Name, Last Name, Email Address, Status Changed Date Begin, and Status Changed Date End, along with a 'Search' button.

**My Shopping Center URL**  
<https://carefirst.ga.inshealth.com/?allid=CAR27748&agentid=681761>  
GENERATE A QUOTE

**Message Center** >> [See All Messages](#)


 **Agent Center Account Status Ch...** 11/21/2017  
by System  
Hello Christian Bale, Congratulations, you ...

**Application Count Snapshot**

- 6 [Proposals](#)
- 24 [Incomplete](#)
- 2 [Pending Producer Action](#)
- 22 [Pending](#)

**Reports & Analytics**

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

**Agent Assistance**  
123-999-1515 

**Resources**

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

**Client Search** ? **Advanced Search** ?

First Name:  Last Name:

Email Address:

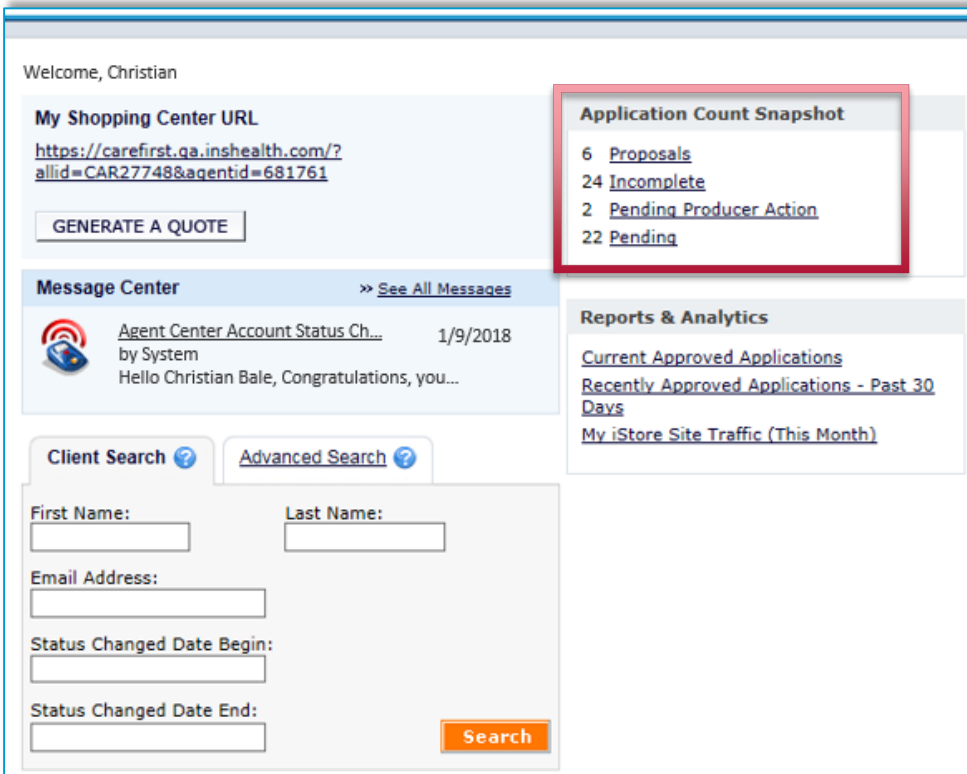
Status Changed Date Begin:

Status Changed Date End:

**Search**




# Homepage – Application Count Snapshot



Welcome, Christian

**My Shopping Center URL**  
<https://carefirst.qa.inshealth.com/?allid=CAR27748&agentid=681761>  
[GENERATE A QUOTE](#)

**Message Center** >> [See All Messages](#)  
 **Agent Center Account Status Ch...** 1/9/2018  
by System  
Hello Christian Bale, Congratulations, you...

**Client Search** ? **Advanced Search** ?  
First Name:  Last Name:   
Email Address:   
Status Changed Date Begin:   
Status Changed Date End:  [Search](#)

**Application Count Snapshot**  
6 [Proposals](#)  
24 [Incomplete](#)  
2 [Pending Producer Action](#)  
22 [Pending](#)

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

Application Count Snapshot displays:

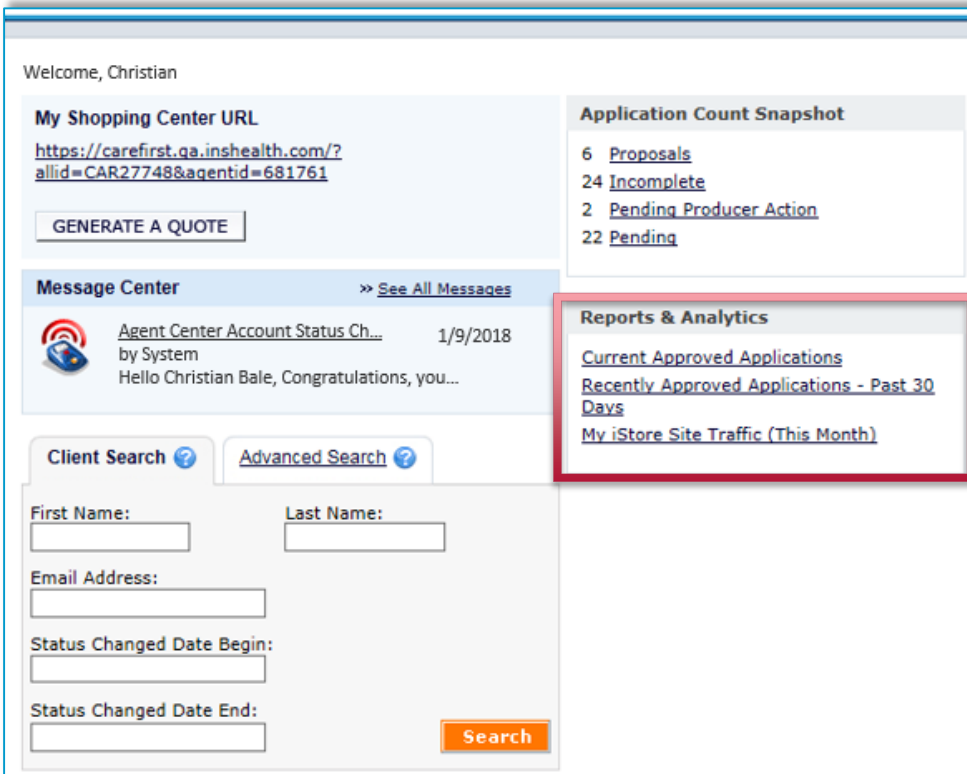
- Proposals – total # of
- Incomplete applications
- Pending Producer (Sub-Agent) Action\* and
- Pending applications

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

Agents do not receive email notifications when Virginia clients e-sign an application. The Agent will need to:


- check their iStores frequently if they quote in Virginia.
- e-sign “received” applications.
- return to the iStore homepage with a confirmation message which will show a pending status and sent to the carrier. A Virginia application is not considered “received” at CareFirst until the Agent has e-signed the Virginia application.



# Homepage – Reports & Analytics



Welcome, Christian

**My Shopping Center URL**  
<https://carefirst.qa.inshealth.com/?allid=CAR27748&agentid=681761>  
**GENERATE A QUOTE**

**Message Center** >> [See All Messages](#)  
 **Agent Center Account Status Ch...** 1/9/2018  
by System  
Hello Christian Bale, Congratulations, you...

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

**Application Count Snapshot**  
6 [Proposals](#)  
24 [Incomplete](#)  
2 [Pending Producer Action](#)  
22 [Pending](#)

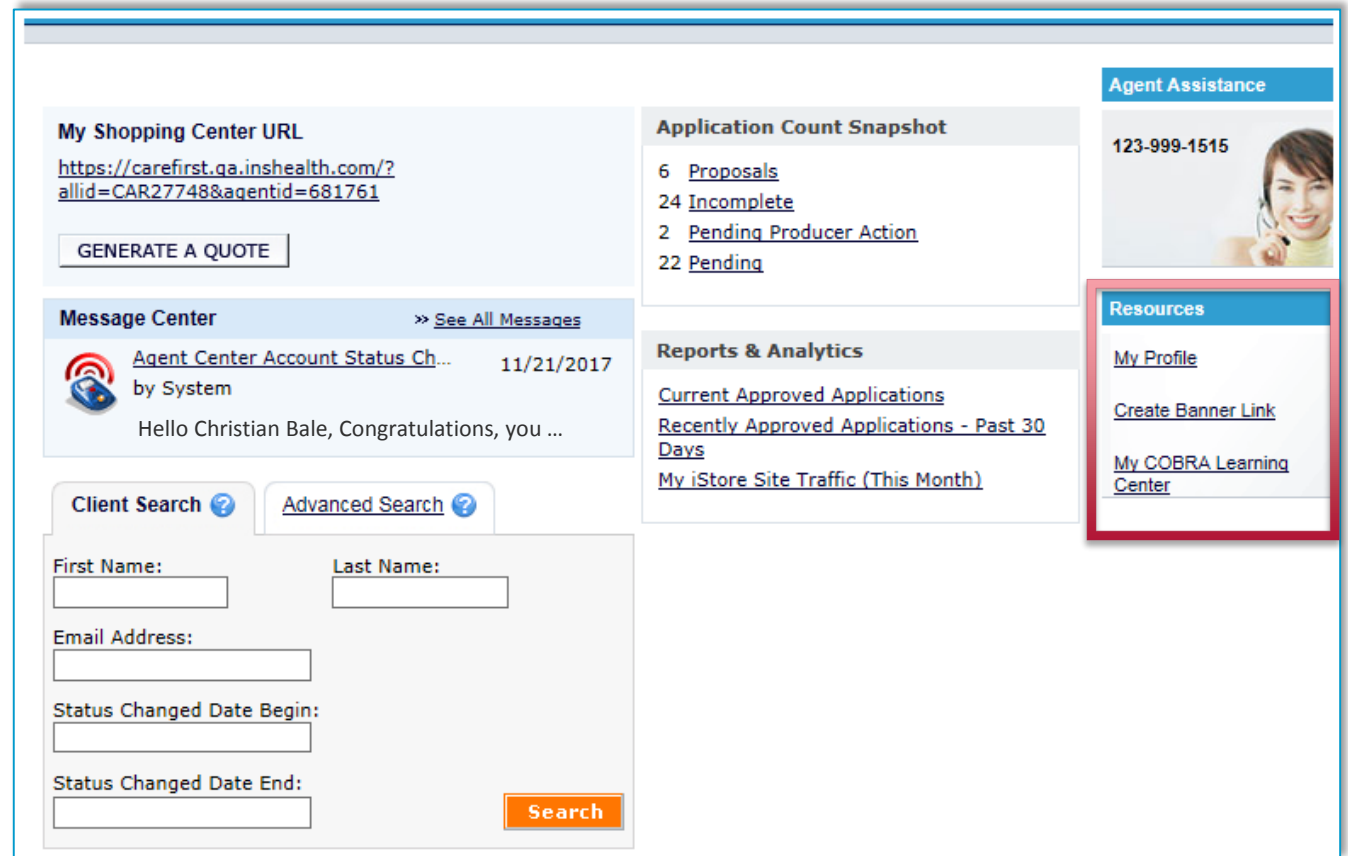
**Reports & Analytics**  
[Current Approved Applications](#)  
[Recently Approved Applications - Past 30 Days](#)  
[My iStore Site Traffic \(This Month\)](#)

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.

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




**My Shopping Center URL**  
<https://carefirst.ga.inshealth.com/?allid=CAR27748&agentid=681761>  
[GENERATE A QUOTE](#)

**Message Center** >> [See All Messages](#)  
 [Agent Center Account Status Ch...](#) 11/21/2017  
by System  
Hello Christian Bale, Congratulations, you ...

**Client Search** ? **Advanced Search** ?  
First Name:  Last Name:   
Email Address:   
Status Changed Date Begin:   
Status Changed Date End:   
[Search](#)

**Application Count Snapshot**  
6 [Proposals](#)  
24 [Incomplete](#)  
2 [Pending Producer Action](#)  
22 [Pending](#)

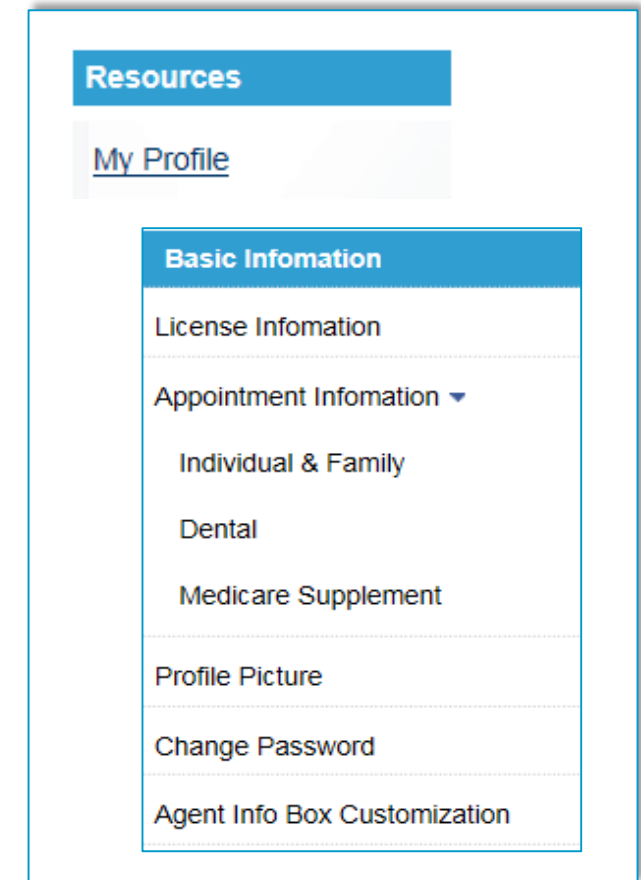
**Reports & Analytics**  
[Current Approved Applications](#)  
[Recently Approved Applications - Past 30 Days](#)  
[My iStore Site Traffic \(This Month\)](#)

**Agent Assistance**  
123-999-1515  


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

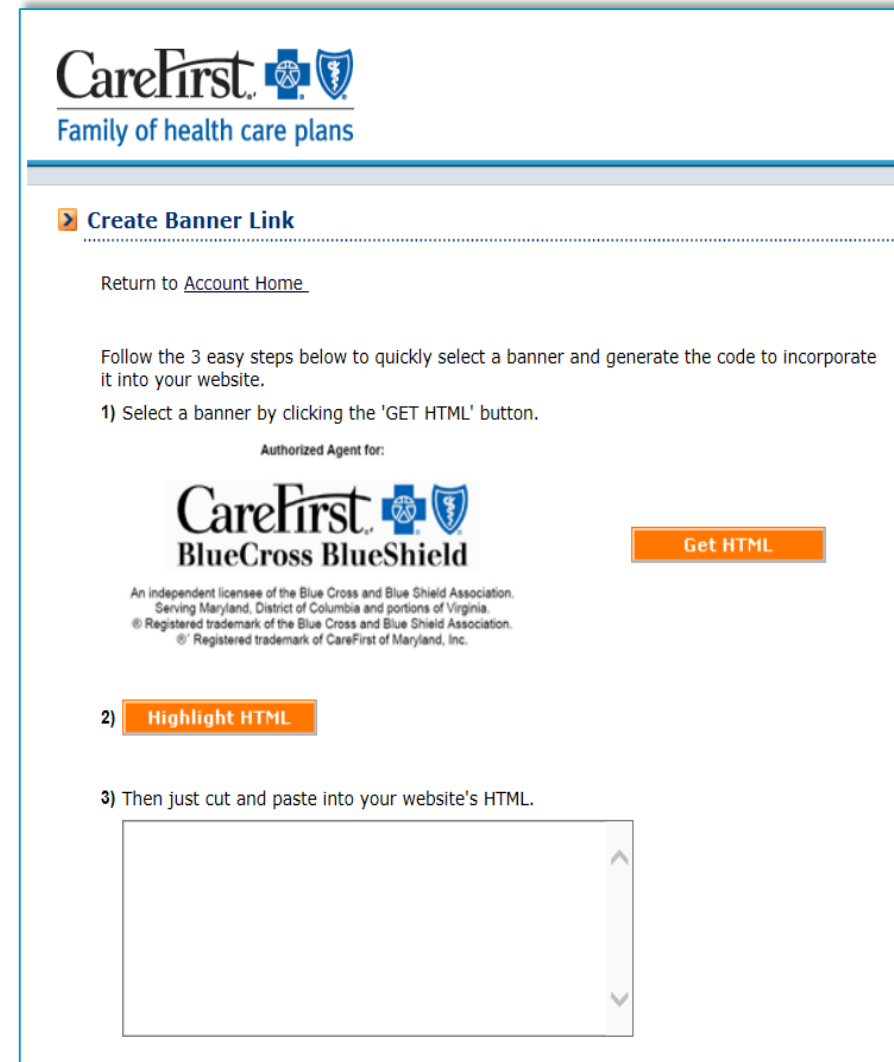
# Homepage – Resources – My Profile

- Basic Information - includes contact information used by clients and Agents. Click on the “Edit” button to update your contact information.
- License Information - Sub-Agents have the ability to 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 have the ability to 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 – 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.



The screenshot shows the 'Create Banner Link' page in the CareFirst system. At the top is the CareFirst logo and 'Family of health care plans' text. Below this is a section titled 'Create Banner Link' with a right-pointing arrow icon. Underneath, there is a link to 'Return to Account Home'. A paragraph instructs the user to follow 3 steps to select a banner and generate code. Step 1 is 'Select a banner by clicking the 'GET HTML' button.' This step is illustrated with a banner image for 'CareFirst BlueCross BlueShield'. The banner includes the CareFirst logo, the text 'BlueCross BlueShield', and a 'Get HTML' button. Below the banner image is a small disclaimer: '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.' Step 2 is 'Highlight HTML', indicated by an orange button. Step 3 is 'Then just cut and paste into your website's HTML.', followed by a large empty text area with a vertical scrollbar on the right side.

CareFirst.   
Family of health care plans


**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:

  
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**

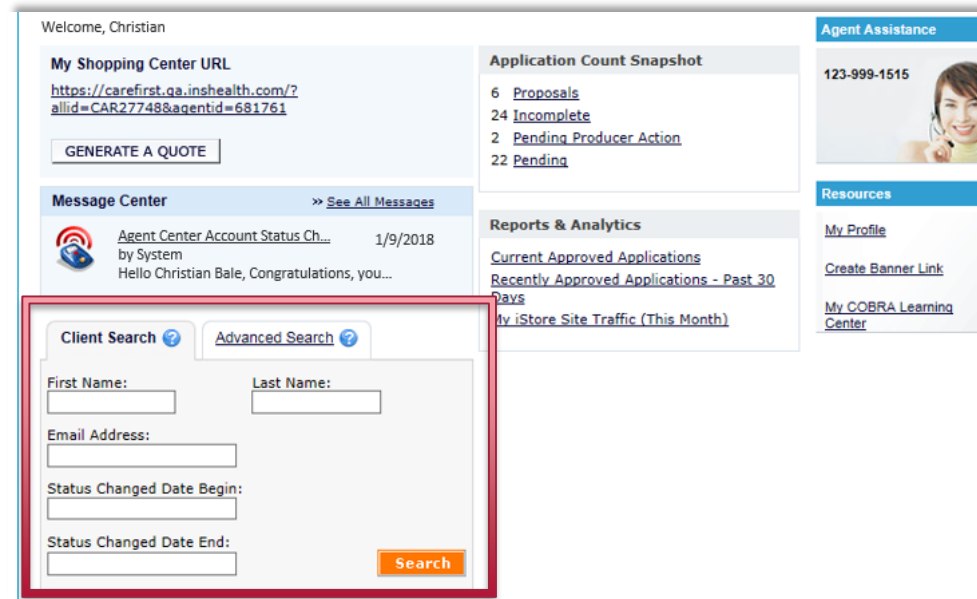
2) **Highlight HTML**

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

# Homepage – Client Search

## STANDARD CLIENT SEARCH –

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



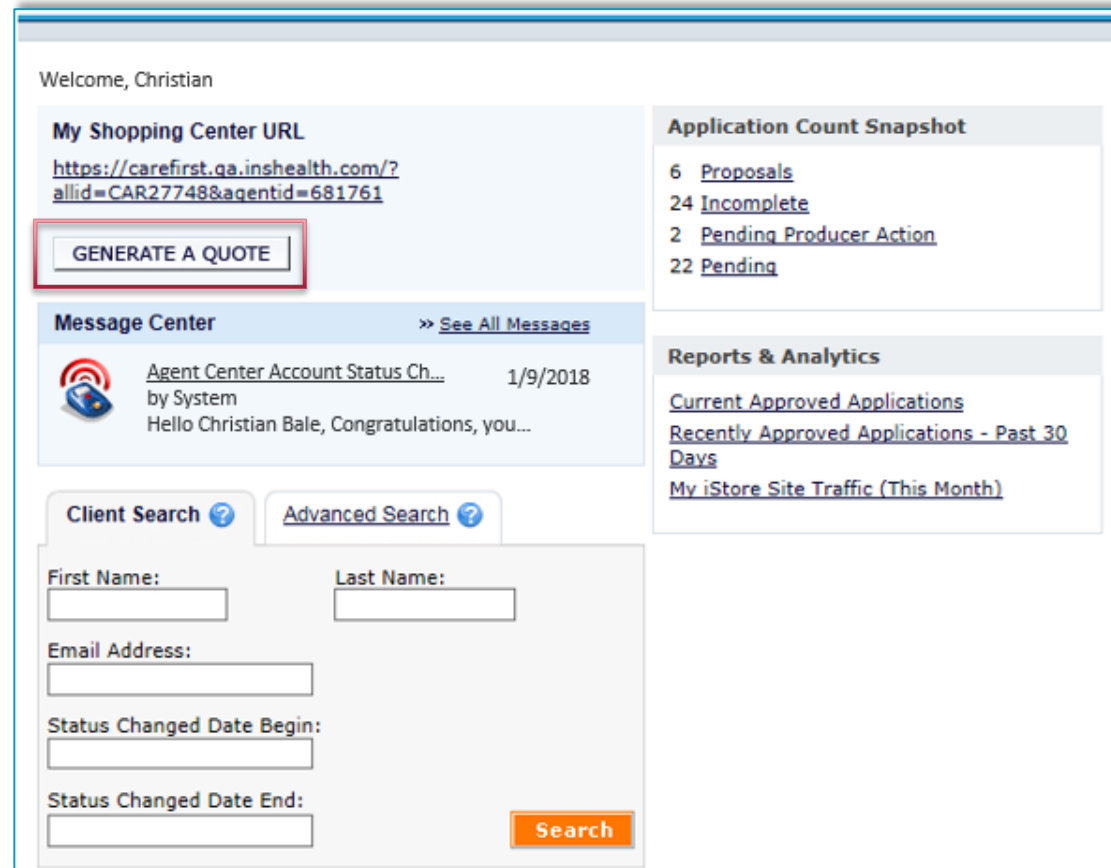
The screenshot shows the CareFirst homepage with a red border highlighting the 'Client Search' form. The form includes fields for 'First Name', 'Last Name', 'Email Address', 'Status Changed Date Begin', and 'Status Changed Date End', along with a 'Search' button. The background shows the homepage layout with sections like 'My Shopping Center URL', 'Application Count Snapshot', 'Message Center', 'Reports & Analytics', 'Agent Assistance', and 'Resources'.

## ADVANCED SEARCH -

Search by Status and export the data to Excel.

# Homepage – Generate a Quote

From the Agent iStore homepage, click on the “GENERATE A QUOTE” button.




Welcome, Christian

**My Shopping Center URL**  
<https://carefirst.qa.inshealth.com/?allid=CAR27748&agentid=681761>

**GENERATE A QUOTE**

**Message Center** >> [See All Messages](#)

 **Agent Center Account Status Ch...** 1/9/2018  
by System  
Hello Christian Bale, Congratulations, you...

**Client Search** ? **Advanced Search** ?

First Name:  Last Name:

Email Address:

Status Changed Date Begin:

Status Changed Date End:

**Search**

**Application Count Snapshot**

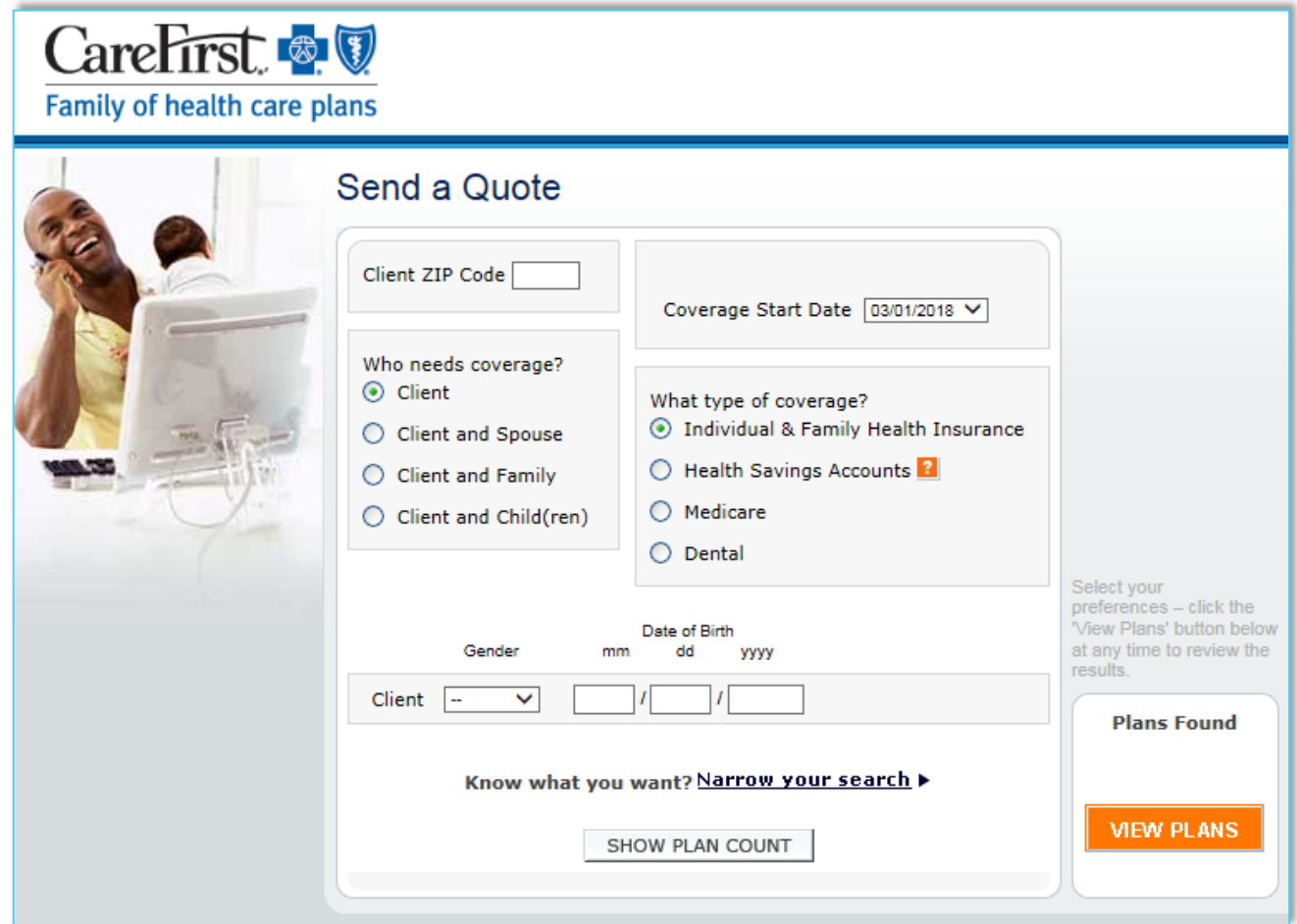
- 6 [Proposals](#)
- 24 [Incomplete](#)
- 2 [Pending Producer Action](#)
- 22 [Pending](#)


**Reports & Analytics**

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

# Generate a Quote

- Enter Client Zip Code
- Indicate who needs coverage
- Indicate type of coverage needed
- Enter gender and date of birth for each covered person
- Click “Add Child” for additional dependents



CareFirst.   
Family of health care plans

### Send a Quote


Client ZIP Code

Coverage Start Date

Who needs coverage?

- ☒ Client
- ☐ Client and Spouse
- ☐ Client and Family
- ☐ Client and Child(ren)

What type of coverage?

- ☒ Individual & Family Health Insurance
- ☐ Health Savings Accounts 
- ☐ Medicare
- ☐ Dental

Gender  Date of Birth

Client   /  /

Know what you want? [Narrow your search](#) ▶

[SHOW PLAN COUNT](#)

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

**Plans Found**

[VIEW PLANS](#)



# Generate a Quote – 2 Ways to View Plans

Click Show Plan Count to view the number of available plans. If a large number of available plans are returned, you may want to click the “[Narrow your search](#)” link above the “Show Plan Count.”

**Send a Quote**

Client ZIP Code

Coverage Start Date

Who needs coverage?

☐ Client

☐ Client and Spouse

☒ Client and Family

☐ Client and Child(ren)

What type of coverage?

☒ Individual & Family Health Insurance

☐ Health Savings Accounts ?

☐ Medicare

☐ Dental

Gender mm dd yyyy

Client   /  /

Spouse   /  /

Child   /  /

Child  /  /

[+ Add Child](#)

Know what you want? [Narrow your search](#)

**SHOW PLAN COUNT**

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

**Plans Found**

**VIEW PLANS**


**Plans Found**

**6**


**VIEW PLANS**

Click View Plans to view the details on all available plans in order of least to greatest premium cost.

# Generate a Quote - Plan Selection Screen Displays

  
Family of health care plans



Health Insurance



Results based on 3 applicants located in BALTIMORE County, effective 3/1/2018 ( [Edit](#) )

Sort by:






☒ Price ☐ Deductible

[Send Proposal](#)   [Print Plans](#)

BRONZE  
60%

BlueChoice HMO HSA Bronze \$6,550

Plan Type	Deductible	Coinsurance	Office Visit
HMO	\$6,550 per person   \$13,100 per group	0%	No charge after deductible

     [HSA Options](#) [Find Doctor](#) [Plan Details](#)

☐ Compare (up to 4 plans)






\$1,044.59  
Monthly Cost

Action ▼

SILVER  
70%

BlueChoice HMO Silver \$3,500

Plan Type	Deductible	Coinsurance	Office Visit
HMO	\$3,500 per person   \$7,000 per group	0%	PCP: \$30, SP: \$40

     [Find Doctor](#) [Plan Details](#)


☐ Compare (up to 4 plans)

\$1,254.61  
Monthly Cost

Action ▼

Agent Assistance

123-999-1515



Client Quote Summary

Coverage for:  
Applicant (F/43), Spouse  
(M/42), Child (M/12)  
State / Zip Code:  
MD / 21117  
County:  
BALTIMORE  
Coverage Start Date:  
3/1/2018  
[Change client info](#)

Resources

[My Profile](#)  
[Create Banner Link](#)

The Sub-Agent phone number and client information will appear here.

6/12/2019

Proprietary and Confidential

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# Generate a Quote – Compare Plans & Plan Features





















## COMPARE

Click the “Compare” box to select up to 4 plan options for the client to compare.

The icons appearing at the bottom of the plan information box indicate special features of the plan. If the icon is “grayed out”, the features are not available with the plan.

### LEGEND


-  Prescription Drug Coverage is included.
-  Dental Coverage is included.
-  Vision Coverage is included.
-  Maternity Coverage is included.
-  Health Savings Account (HSA) is available

<b>BRONZE 60%</b> <b>BlueChoice HMO HSA Bronze \$6,550</b>				
<u>Plan Type</u>	<u>Deductible</u>	<u>Coinsurance</u>	<u>Office Visit</u>	<b>\$1,044.59</b> <small>Monthly Cost</small>
HMO	\$6,550 per person   \$13,100 per group	0%	No charge after deductible	<b>Action ▼</b>
     <a href="#">HSA Options</a> <a href="#">Find Doctor</a> <a href="#">Plan Details</a>				
<input checked="" type="checkbox"/> <a href="#">Click to Compare</a>				
<b>SILVER 70%</b> <b>BlueChoice HMO Silver \$3,500</b>				
<u>Plan Type</u>	<u>Deductible</u>	<u>Coinsurance</u>	<u>Office Visit</u>	<b>\$1,254.61</b> <small>Monthly Cost</small>
HMO	\$3,500 per person   \$7,000 per group	0%	PCP: \$30, SP: \$40	<b>Action ▼</b>
     <a href="#">Find Doctor</a> <a href="#">Plan Details</a>				
<input checked="" type="checkbox"/> <a href="#">Click to Compare</a>				
<b>GOLD 80%</b> <b>HealthyBlue HMO Gold \$1,000</b>				
<u>Plan Type</u>	<u>Deductible</u>	<u>Coinsurance</u>	<u>Office Visit</u>	<b>\$1,392.31</b> <small>Monthly Cost</small>
HMO	\$1,000 per person   \$2,000 per group	0%	PCP: No Charge; SP: \$30	<b>Action ▼</b>
     <a href="#">Find Doctor</a> <a href="#">Plan Details</a>				
<input checked="" type="checkbox"/> <a href="#">Click to Compare</a>				
<b>BRONZE 60%</b> <b>BluePreferred PPO HSA Bronze \$6,550</b>				
<u>Plan Type</u>	<u>Deductible</u>	<u>Coinsurance</u>	<u>Office Visit</u>	<b>\$1,617.88</b> <small>Monthly Cost</small>
PPO	\$6,550 per person   \$13,100 per group	0%	No charge after deductible	<b>Action ▼</b>
     <a href="#">HSA Options</a> <a href="#">Find Doctor</a> <a href="#">Plan Details</a>				
<input checked="" type="checkbox"/> <a href="#">Click to Compare</a>				

# Generate a Quote – Find a Doctor & Plan Details

**SILVER 70%** **BlueChoice HMO Silver \$3,500**


Plan Type	Deductible	Coinsurance	Office Visit
HMO	\$3,500 per person   \$7,000 per group	0%	PCP: \$30, SP: \$40

 [Find Doctor](#) [Plan Details](#) [Action ▼](#)

☐ Compare (up to 4 plans)

**\$1,242.96**  
Monthly Cost

Click the Find Doctor link to open the tool.

← CareFirst 

Find a Doctor

Log in to My Account to get results based on your plan

[Log in](#)

Not registered?

[Continue as Guest](#)

Other Sites

- CareFirst - Network Leasing
- Medigap
- State of Maryland Employee
- TPA-CareFirst Administrators
- TPA-NCAS

Health Insurance

**Insurance Plan Benefit Details**

**BlueChoice HMO HSA Silver \$1,500**

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

**\$949.65**  
Monthly Cost  
[Start Application](#)

[Back to Results Page](#) [Print](#)

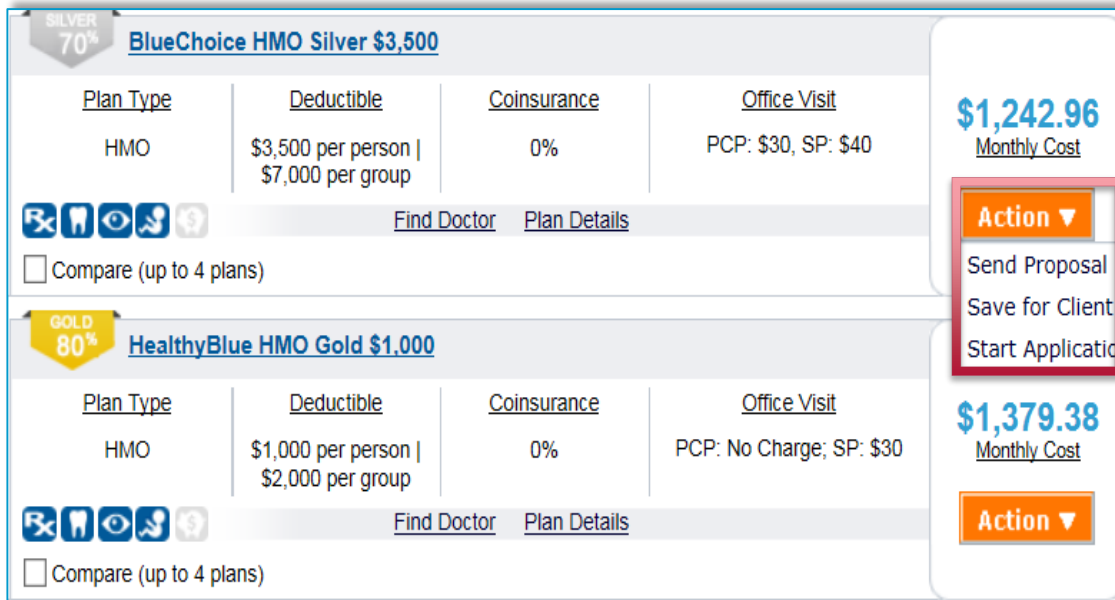
Information below describes the in-network coverage for this plan. The amounts shown are your share of the costs for covered benefits.

**Details at a Glance**

<b>Metal Level</b>	Silver
<b>Plan Type</b>	HMO
<b>Office Visit for Primary Doctor</b>	Office/Non-hospital: \$30 copay after deductible Hospital: (If service is rendered in a Hospital Facility, an additional facility charge may apply)
<b>Office Visit for Specialist</b>	Office/Non-hospital: \$40 copay after deductible Hospital: (If service is rendered in a Hospital Facility, an additional facility charge may apply)
<b>Office Visit for Other Practitioner (Nurse, etc.)</b>	Office/Non-hospital: \$40 copay after deductible Hospital: (If service is rendered in a Hospital Facility, an additional facility charge may apply)

Click Plan Details to open the Insurance Plan Benefit Details page.

# Generate a Quote – Send and Save Proposals or Start Application



The screenshot displays a web interface for comparing health insurance plans. It features two plan cards. The first card, 'BlueChoice HMO Silver \$3,500', is marked with a 'SILVER 70%' badge. It lists a deductible of \$3,500 per person or \$7,000 per group, 0% coinsurance, and office visit costs of \$30 for PCP and \$40 for SP. The monthly cost is \$1,242.96. The second card, 'HealthyBlue HMO Gold \$1,000', is marked with a 'GOLD 80%' badge. It lists a deductible of \$1,000 per person or \$2,000 per group, 0% coinsurance, and office visit costs of no charge for PCP and \$30 for SP. The monthly cost is \$1,379.38. Both cards include icons for a magnifying glass, a tooth, an eye, a hand, and a gear, along with links for 'Find Doctor' and 'Plan Details'. A checkbox for 'Compare (up to 4 plans)' is present below each card. On the right side of each card, there is an 'Action' dropdown menu. The menu for the first plan is highlighted with a red box and shows options: 'Send Proposal', 'Save for Client', and 'Start Application'.

Plan Type	Deductible	Coinsurance	Office Visit	Monthly Cost
HMO	\$3,500 per person   \$7,000 per group	0%	PCP: \$30, SP: \$40	\$1,242.96
HMO	\$1,000 per person   \$2,000 per group	0%	PCP: No Charge, SP: \$30	\$1,379.38

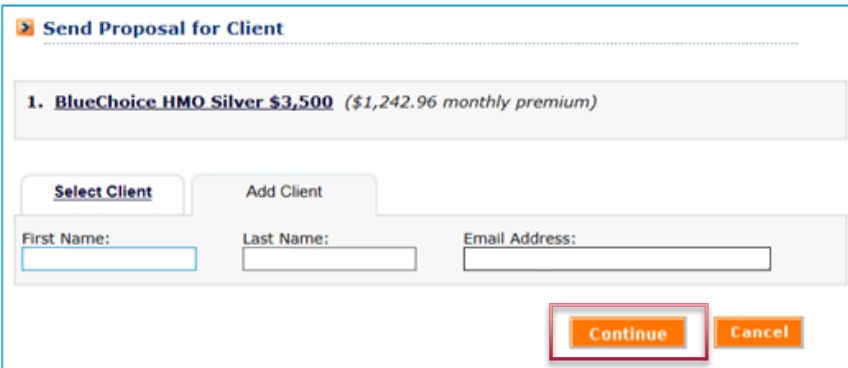
Sub-Agents have the ability to:

- Send the Proposal
- Save for Client
- Start Application – once the application is started, it can be sent to the Client at any point for them to review, complete and electronically sign.

# Generate a Quote – Send Proposal to Client

The Sub-Agent selects a Plan(s) to send in the proposal to a current or new Client.

Then, the Sub-Agent will be provided with a customizable e-mail to send their specific Agent URL link to their Client.



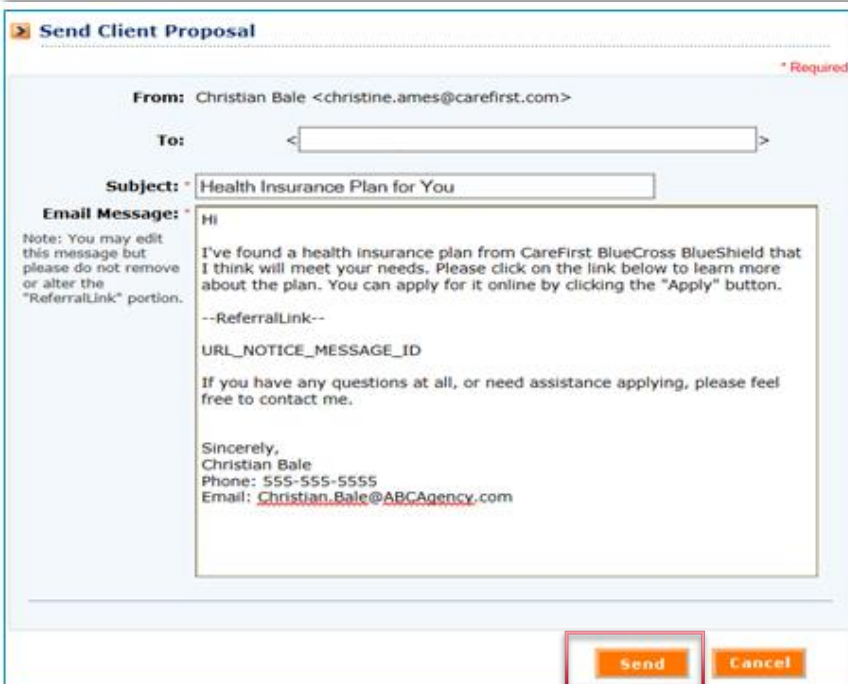
**Send Proposal for Client**

1. **BlueChoice HMO Silver \$3,500** (\$1,242.96 monthly premium)

**Select Client** | Add Client

First Name:  Last Name:  Email Address:

**Continue** **Cancel**



**Send Client Proposal**

\* Required

**From:** Christian Bale <christine.ames@carefirst.com>

**To:**

**Subject:**

**Email Message:**

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

Hi

I've found a health insurance plan from CareFirst BlueCross BlueShield 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: 555-555-5555  
Email: [Christian.Bale@ABCAgency.com](mailto:Christian.Bale@ABCAgency.com)


**Send** **Cancel**

# Generate a Quote – Send Proposal Confirmation

Welcome, Christian

**Your proposal has been sent.**

**My Shopping Center URL**  
<https://carefirst.qa.inshealth.com/?allid=CAR27748&agentid=681761>  
[GENERATE A QUOTE](#)

**Message Center** >> [See All Messages](#)  
 [Agent Center Account Status Ch...](#) 1/9/2018  
by System  
Hello Christian Bale, Congratulations, you...

**Client Search** ? **Advanced Search** ?

First Name:  Last Name:   
Email Address:   
Status Changed Date Begin:   
Status Changed Date End:  [Search](#)

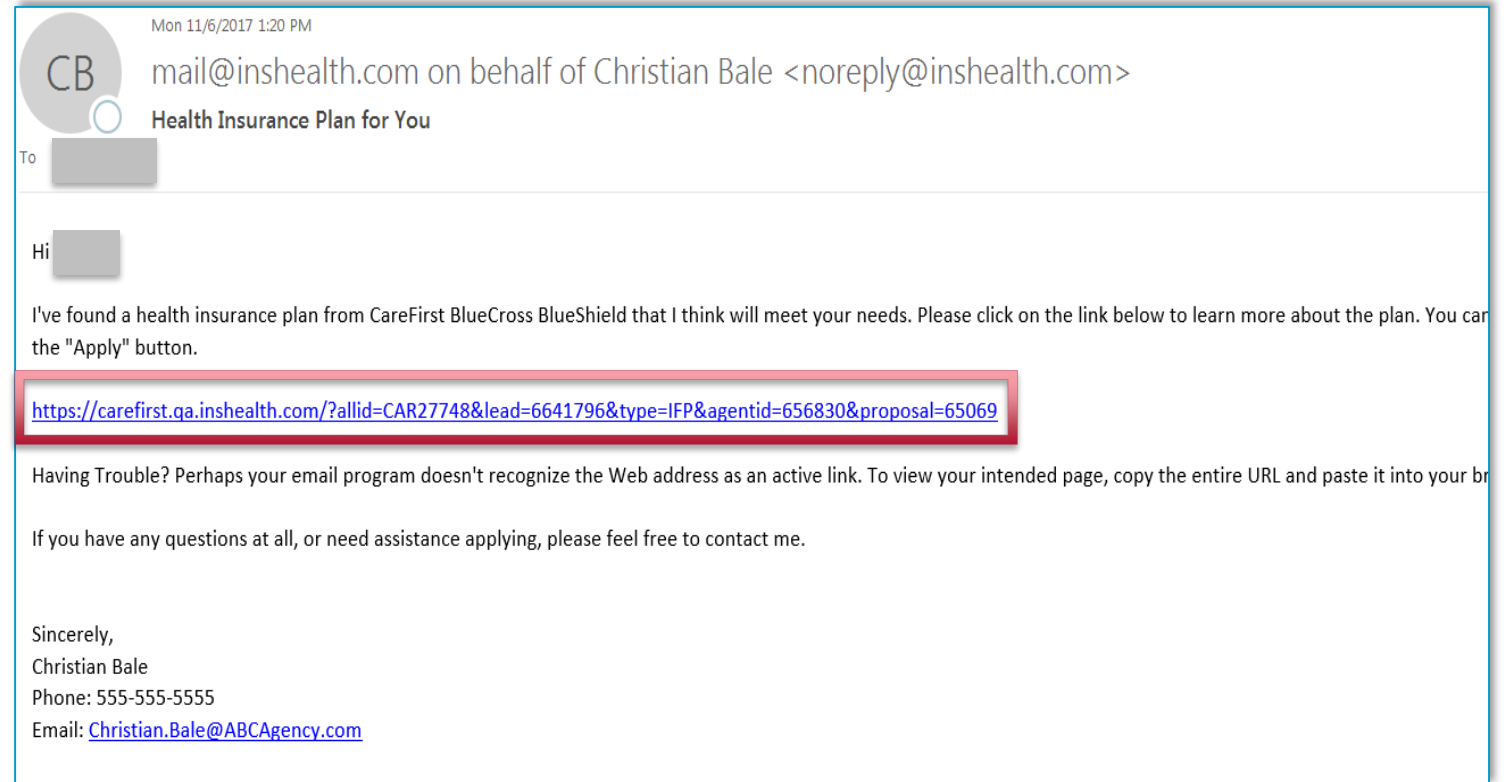
**Application Count Snapshot**  
6 [Proposals](#)  
24 [Incomplete](#)  
2 [Pending Producer Action](#)  
22 [Pending](#)

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

Once the Sub-Agent sends the proposal to the Client, a confirmation message will appear on the homepage.

# Generate a Quote – Client Receives E-Mail with Link to Proposal

The Sub-Agent's personal URL link will appear in the body of the email for the Client to click.



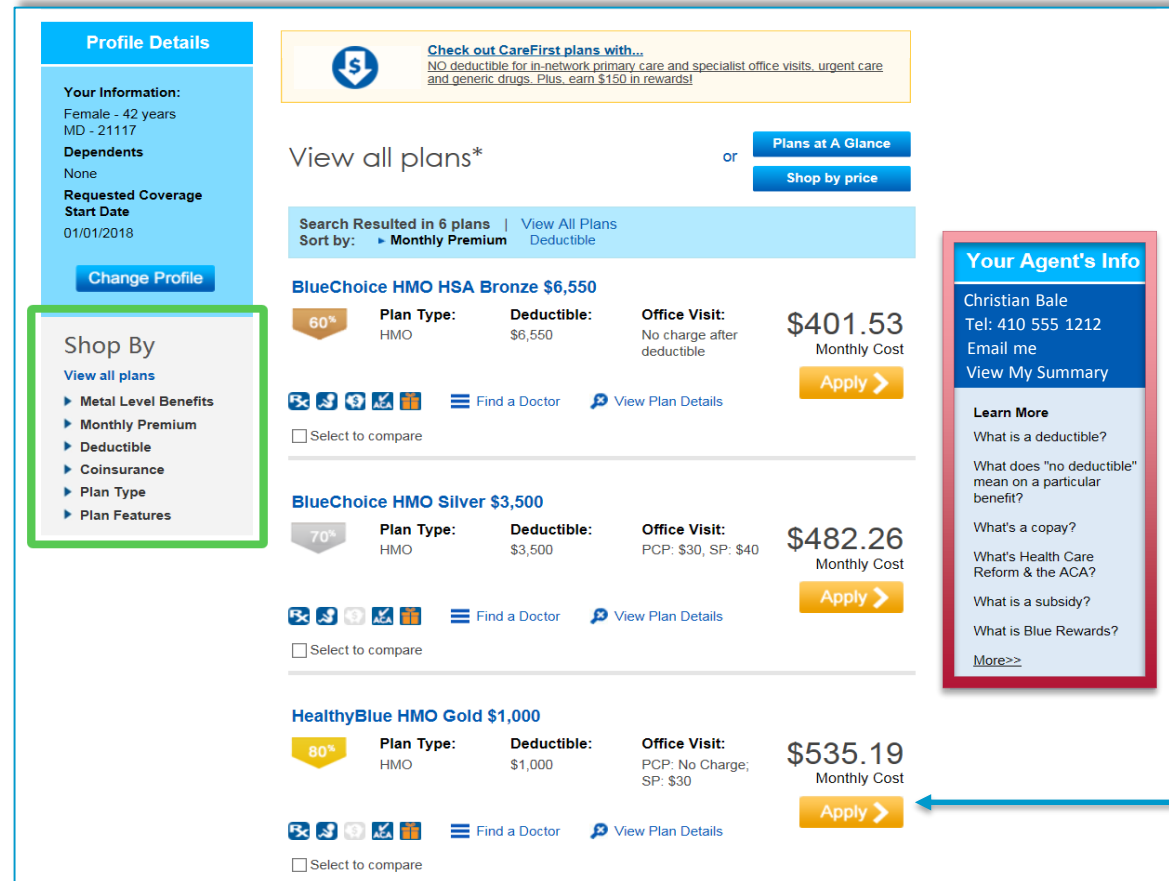


# Generate a Quote – Client Clicks Link in the Sub-Agent Email

The Client clicks on the URL Link sent from the Sub-Agent.

The Client sees the plans that the Agent quoted.

Client now has the option to apply or contact the Sub-Agent.



**Profile Details**

**Your Information:**  
Female - 42 years  
MD - 21117  
**Dependents**  
None  
**Requested Coverage Start Date**  
01/01/2018  
[Change Profile](#)

**Shop By**  
[View all plans](#)  
▶ Metal Level Benefits  
▶ Monthly Premium  
▶ Deductible  
▶ Coinsurance  
▶ Plan Type  
▶ Plan Features

**Check out CareFirst plans with...**  
NO deductible for in-network primary care and specialist office visits, urgent care and generic drugs. Plus, earn \$150 in rewards!

**View all plans\*** or [Plans at A Glance](#)  
[Shop by price](#)

**Search Resulted in 6 plans** | [View All Plans](#)  
Sort by: ▶ **Monthly Premium** Deductible

**BlueChoice HMO HSA Bronze \$6,550**  
60% Plan Type: HMO Deductible: \$6,550 Office Visit: No charge after deductible Monthly Cost: \$401.53  
[Apply](#)

**BlueChoice HMO Silver \$3,500**  
70% Plan Type: HMO Deductible: \$3,500 Office Visit: PCP: \$30, SP: \$40 Monthly Cost: \$482.26  
[Apply](#)

**HealthyBlue HMO Gold \$1,000**  
80% Plan Type: HMO Deductible: \$1,000 Office Visit: PCP: No Charge; SP: \$30 Monthly Cost: \$535.19  
[Apply](#)

**Your Agent's Info**  
Christian Bale  
Tel: 410 555 1212  
Email me  
[View My Summary](#)  
**Learn More**  
[What is a deductible?](#)  
[What does "no deductible" mean on a particular benefit?](#)  
[What's a copay?](#)  
[What's Health Care Reform & the ACA?](#)  
[What is a subsidy?](#)  
[What is Blue Rewards?](#)  
[More>>](#)

The Sub-Agent information will appear for the Client to see.

The Client can apply for coverage.

Agent and Sub-Agent information will populate on the application.

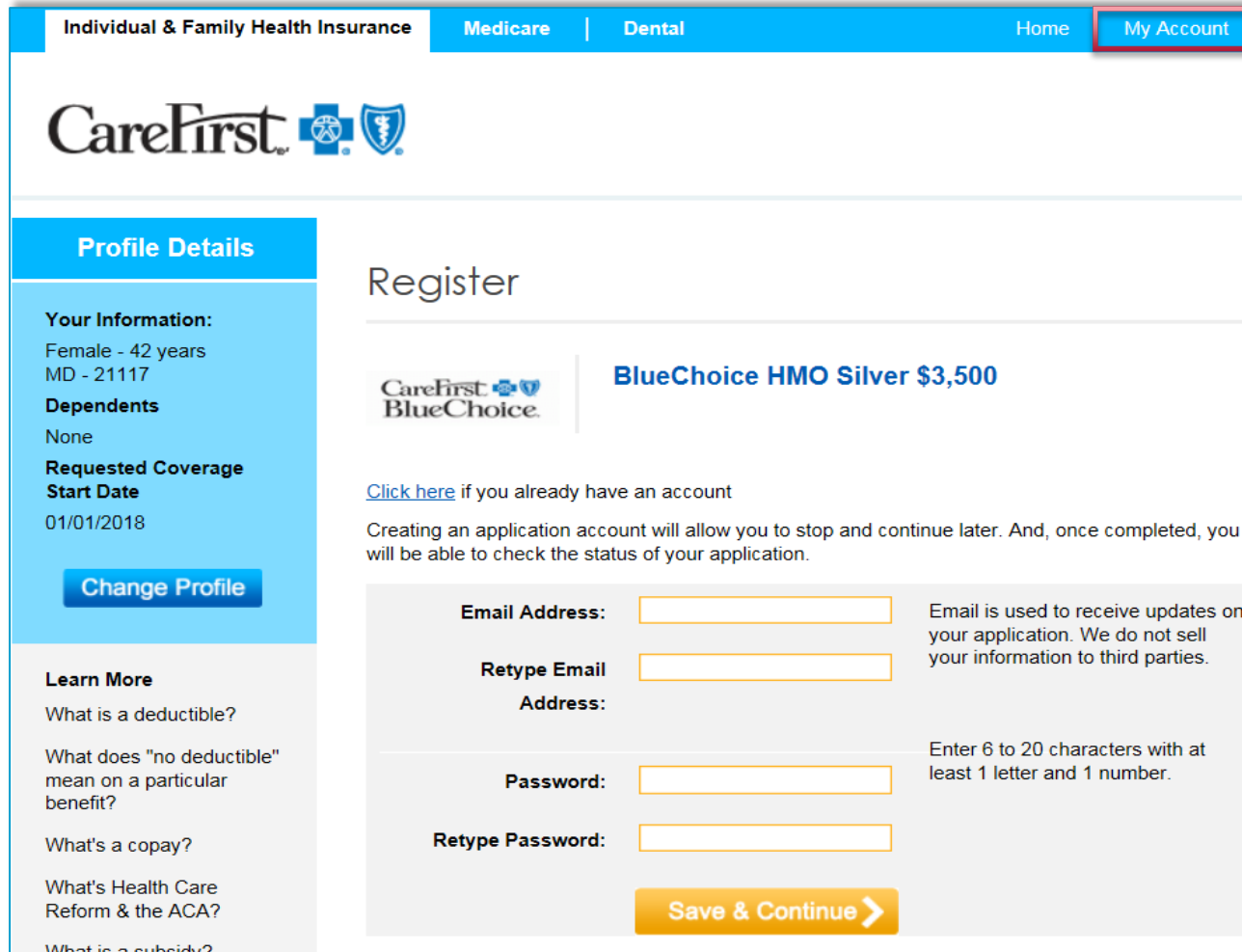
# Generate a Quote – Client Applies for Coverage

If applying for coverage, the Client will be asked to register.


## IMPORTANT:

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

If the Client goes directly to [www.carefirst.com](http://www.carefirst.com) to apply, the Agent information will not be linked to the application.



Individual & Family Health Insurance | Medicare | Dental | Home | **My Account**

CareFirst 

**Profile Details**

**Your Information:**  
Female - 42 years  
MD - 21117


**Dependents**  
None

**Requested Coverage Start Date**  
01/01/2018

[Change Profile](#)

**Learn More**  
What is a deductible?  
What does "no deductible" mean on a particular benefit?  
What's a copay?  
What's Health Care Reform & the ACA?  
What is a subsidy?

**Register**

CareFirst  BlueChoice

**BlueChoice HMO Silver \$3,500**

[Click here](#) if you already have an account

Creating an application account will allow you to stop and continue later. And, once completed, you will be able to check the status of your application.

**Email Address:**

**Retype Email Address:**

**Password:**

**Retype Password:**

[Save & Continue >](#)

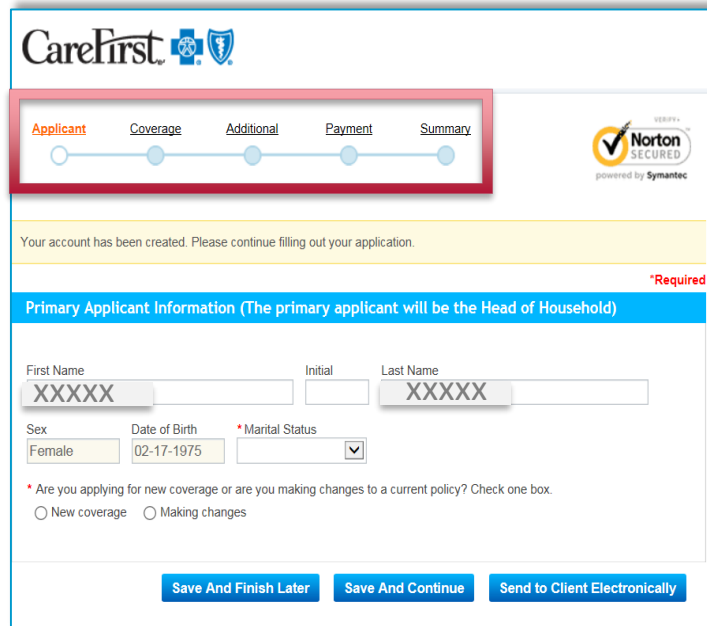
Email is used to receive updates on your application. We do not sell your information to third parties.

Enter 6 to 20 characters with at least 1 letter and 1 number.

This is the applicant's iStore "My Account" and not the member's "My Account" once they are enrolled.

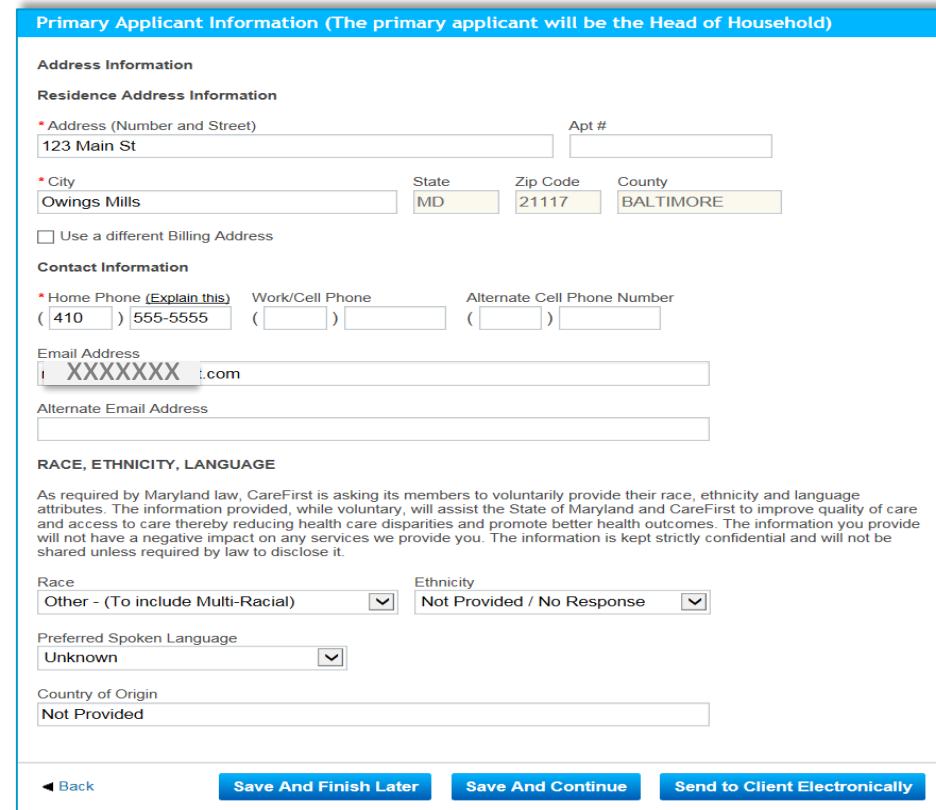
# Generate a Quote – Sub-Agent Begins the Application for the Client

A progress bar will appear on top throughout the application process.



The screenshot shows the top of the CareFirst application interface. A progress bar at the top indicates the current step is 'Applicant', with other steps being 'Coverage', 'Additional', 'Payment', and 'Summary'. Below the progress bar, a message states: 'Your account has been created. Please continue filling out your application.' The main section is titled 'Primary Applicant Information (The primary applicant will be the Head of Household)' and is marked as 'Required'. It contains fields for First Name (XXXXXX), Initial, Last Name (XXXXXX), Sex (Female), Date of Birth (02-17-1975), and Marital Status. A note asks if the user is applying for new coverage or making changes to a current policy, with radio buttons for 'New coverage' and 'Making changes'. At the bottom are three buttons: 'Save And Finish Later', 'Save And Continue', and 'Send to Client Electronically'.

The Sub-Agent will be able to save and finish the application later, save each page and continue or send to client electronically at any point during the application process. **The Client will need to complete and e-sign the application once received.**



This screenshot shows the 'Primary Applicant Information' section of the application. It includes fields for Address Information (Residence Address Information) with sub-fields for Address (Number and Street), Apt #, City, State, Zip Code, and County. There is a checkbox for 'Use a different Billing Address'. The Contact Information section includes fields for Home Phone, Work/Cell Phone, and Alternate Cell Phone Number, each with area code and number sub-fields. It also includes fields for Email Address and Alternate Email Address. The RACE, ETHNICITY, LANGUAGE section includes a disclaimer about the voluntary nature of the information and fields for Race, Ethnicity, Preferred Spoken Language, and Country of Origin. At the bottom are four buttons: 'Back', 'Save And Finish Later', 'Save And Continue', and 'Send to Client Electronically'.

# Application – Dependent Information and Coordination of Benefits

Family Information

Spouse

\* First Name

Mister

M.I.

\* Last Name

Spouse

Date of Birth

05-24-1975

Sex

Male

Relationship

Husband

RACE, ETHNICITY, LANGUAGE

As required by Maryland law, CareFirst 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 to improve quality of care and access to care thereby reducing health care disparities and 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

Preferred Spoken Language

Unknown

Country of Origin

Not Provided

Dependent

\* First Name

Junior

M.I.

\* Last Name

Child

Date of Birth

01-02-2006

Sex

Male

Relationship

Son

RACE, ETHNICITY, LANGUAGE

As required by Maryland law, CareFirst 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 to improve quality of care and access to care thereby reducing health care disparities and 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

Preferred Spoken Language

Unknown

Country of Origin

Not Provided

◀ Back

Save And Finish Later

Save And Continue

Send to Client Electronically

Applicant


Coverage

Additional

Payment

Summary

VERIFIED



powered by Symantec

\*Required

COORDINATION OF BENEFITS

THE PURPOSE OF THIS SECTION IS TO COORDINATE BENEFITS APPROPRIATELY WITH OTHER CARRIERS. IF YOU HAVE OTHER INSURANCE, FAILURE TO COMPLETE THIS SECTION MAY CAUSE DELAYS IN PROCESSING ANY CLAIMS SUBMITTED.

\* 1. Is anyone listed on this application enrolled in, covered by or eligible for Medicare?

Yes

No

\* 2. Is anyone listed on this application covered by other health insurance, including other Blue Cross and Blue Shield coverage?

Yes

No

\* 3. Will your new CareFirst policy be replacing your existing policy? Please note a "Yes" response to this question is not sufficient as notification of policy termination.

Yes

No

◀ Back

Save And Finish Later

Save And Continue

Send to Client Electronically

6/12/2019

Proprietary and Confidential

28

# Application – Electronic Consent, PCP and Social Security Number

## Electronic Communication Consent

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) want 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:

1. Explanation of Benefits Alerts
2. Reminders
3. Notice of HIPAA Privacy Practices
4. 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. Spouse/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.

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

☒ Email only

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

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

☐ Cell phone text messaging only

I understand that to receive notices through text messaging,

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

☐ Email and cell phone text messaging

Applicant Name **Mira Fader**

Email Address

Alternate Email Address

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

[Back](#)

[Save And Finish Later](#)

[Save And Continue](#)

[Send to Client Electronically](#)


Applicant

Coverage

Additional

Payment

Summary



\*Required

### Primary Care Physician Information

Applicant Name: **Mira Fader**

\* PCP ID Number [\(Explain this\)](#) [Find Doctor](#)

Applicant Name: **Mister Spouse**

\* PCP ID Number [\(Explain this\)](#) [Find Doctor](#)

Applicant Name: **Junior Child**

\* PCP ID Number [\(Explain this\)](#) [Find Doctor](#)

[Back](#)[Save And Finish Later](#)[Save And Continue](#)[Send to Client Electronically](#)


Applicant

Coverage

Additional

Payment

Summary



\*Required

### Social Security Number

Please enter the Social Security Number or TIN of the applicant(s)

SSN/TIN Number

Mira Fader

Mister Spouse

Junior Child

CareFirst is required to provide Form 1095-B to you and the Internal Revenue Service (IRS), which provides verification that you and any dependents on your policy had health insurance coverage. Providing us with your Social Security Number for your 1095-B form helps to ensure that you receive credit with the IRS for the months you maintain health care coverage. **If your 1095-B information cannot be verified by the IRS, you may receive an inquiry from the IRS and could be charged a tax penalty.**

If you don't have a social security number or TIN you may leave it blank and continue to the next page.

NOTE: Our website employs industry-standard encryption methods to keep your personal information secure.

[Back](#)[Save And Finish Later](#)[Save And Continue](#)[Send to Client Electronically](#)

# Application – Payment Options


Applicant

Coverage

Additional

Payment

Summary



Payment Options

Your coverage starts on your effective date only after your initial premium payment has been made. CareFirst wants to help you save time and get your health coverage as soon as possible.

Use your credit or debit card to make your initial premium payment. Your card will not be charged until your application is approved.

CareFirst will verify that your card payment is valid and will put a hold on your card for the amount of your initial premium payment. Once your application is approved and enrolled, the money placed on hold will be debited from your card account. For your healthcare coverage to begin, the initial premium payment must be processed by the first day of the requested month of coverage.

**Initial Payment**

\* Would you like to make your initial premium payment with your debit or credit card?

☐ Yes ☐ No

**\* Recurring Automated Premium Payment**

CareFirst wants to help you save time! Our recommended method of payment for members is recurring automated payment by bank withdrawal, credit card, or debit card. Monthly premium payments will be taken out on the 6th of every month, including holidays.

Please note: If you have not paid your initial premium payment above but do elect automated monthly premium payment, your initial premium payment will be taken out on the 1st or 2nd day of the requested month of coverage. Subsequent monthly premiums will be taken out on the 6th of every month, including holidays. Your ID cards will arrive following the debit of your initial premium payment. You can also access your ID cards on [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) after your initial premium payment is made.

If you paid your initial premium payment with your credit card and elect automated premium payment by credit card, we will apply this account information to your monthly recurring credit card payment.

☐ Card

☐ Bank Withdrawal

☐ I do not wish to set up an automated payment account. Please mail me an invoice.

Back

Save And Finish Later

Save And Continue

Send to Client Electronically

Payment Options

Your coverage starts on your effective date only after your initial premium payment has been made. CareFirst wants to help you save time and get your health coverage as soon as possible.

Use your credit or debit card to make your initial premium payment. Your card will not be charged until your application is approved.

CareFirst will verify that your card payment is valid and will put a hold on your card for the amount of your initial premium payment. Once your application is approved and enrolled, the money placed on hold will be debited from your card account. For your healthcare coverage to begin, the initial premium payment must be processed by the first day of the requested month of coverage.

**Initial Payment**

\* Would you like to make your initial premium payment with your debit or credit card?

☐ Yes ☐ No

**Recurring Automated Premium Payment**

CareFirst wants to help you save time! Our recommended method of payment for members is recurring automated payment by bank withdrawal, credit card, or debit card. Monthly premium payments will be taken out on the 6th of every month, including holidays.

Please note: If you have not paid your initial premium payment above but do elect automated monthly premium payment, your initial premium payment will be taken out on the 1st or 2nd day of the requested month of coverage. Subsequent monthly premiums will be taken out on the 6th of every month, including holidays. Your ID cards will arrive following the debit of your initial premium payment. You can also access your ID cards on [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) after your initial premium payment is made.

If you paid your initial premium payment with your credit card and elect automated premium payment by credit card, we will apply this account information to your monthly recurring credit card payment.

☒ Card

Card Information

Cardholder's Name

\* First Name

MI

\* Last Name

\* Card No.

\* Expiration Date (MM/YY)

Card Billing Zip Code

\* Card Type

☐ VISA Visa ☐ Mastercard Mastercard

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

☐ Bank Withdrawal

☐ I do not wish to set up an automated payment account. Please mail me an invoice.

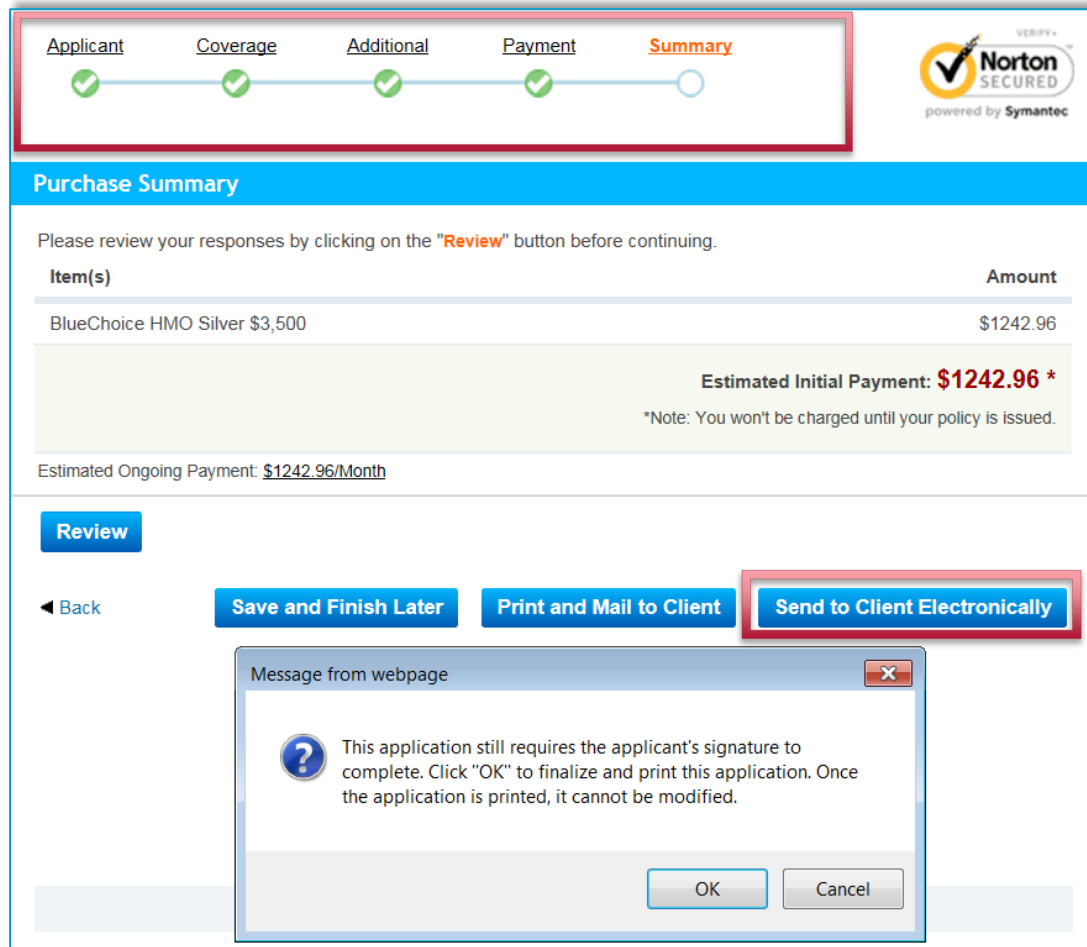
Back

Save And Finish Later

Save And Continue

Send to Client Electronically

# Application Print Warning



The screenshot shows the 'Purchase Summary' screen of the CareFirst application. At the top, a progress bar indicates the steps: Applicant, Coverage, Additional, Payment, and Summary. The 'Summary' step is currently active. Below the progress bar, there is a 'Purchase Summary' section with a table of items and their amounts. A warning dialog box is displayed in the foreground, stating that the application requires the applicant's signature to be completed before printing. The dialog box has 'OK' and 'Cancel' buttons.

Applicant Coverage Additional Payment Summary

**Purchase Summary**

Please review your responses by clicking on the "Review" button before continuing.

Item(s)	Amount
BlueChoice HMO Silver \$3,500	\$1242.96

Estimated Initial Payment: **\$1242.96 \***

\*Note: You won't be charged until your policy is issued.

Estimated Ongoing Payment: \$1242.96/Month

**Review**

◀ Back **Save and Finish Later** **Print and Mail to Client** **Send to Client Electronically**

Message from webpage

ⓘ This application still requires the applicant's signature to complete. Click "OK" to finalize and print this application. Once the application is printed, it cannot be modified.

OK Cancel

## IMPORTANT:

It is important that you follow these steps and in the order listed:

- Electronically send the application to the Client.
- Then, print a copy from the Agent iStore homepage.

If you print the application BEFORE you electronically send it to the Client, it can no longer be modified or e-signed by the Client.

# Action – Application Summary – Send to Client

Application Summary

Members Applying: 3

Requested Start Date: 01/01/2018

BlueChoice HMO Si.. \$1242.96/mo\*

Estimated Total: **\$1242.96/mo\***

You will not be charged until approved.

[Change Profile](#)

Your Agent's Info

Christian Bale

Tel: 555-555-5555

[Email me](#)

[View My Summary](#)


Applicant

Coverage

Additional

Payment

Summary



Purchase Summary

Please review your responses by clicking on the "Review" button before continuing.

Item(s)	Amount
BlueChoice HMO Silver \$3,500	\$1242.96

Estimated Initial Payment: **\$1242.96 \***

\*Note: You won't be charged until your policy is issued.

Estimated Ongoing Payment: \$1242.96/Month

Review

[Back](#)

Save and Finish Later

Print and Mail to Client

Send to Client Electronically

The Sub-Agent sends application to the Client.




# Action – Application Sent

Welcome, Christian

**Your application has been sent.**

**My Shopping Center URL**  
<https://carefirst.ga.inshealth.com/?allid=CAR27748&agentid=681761>  
**GENERATE A QUOTE**

**Message Center** >> [See All Messages](#)

 **Agent Center Account Status Ch...** 1/9/2018  
by System  
Hello Christian Bale, Congratulations, you...

**Client Search** ? **Advanced Search** ?

**First Name:**  **Last Name:**

**Email Address:**

**Status Changed Date Begin:**

**Status Changed Date End:**

**Search**

**Application Count Snapshot**

6	<a href="#">Proposals</a>
24	<a href="#">Incomplete</a>
2	<a href="#">Pending Producer Action</a>
22	<a href="#">Pending</a>

**Reports & Analytics**

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

The Sub-Agent receives confirmation that application was sent to the Client.

The Client receives e-mail with a link to application.

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

<https://carefirst.ga.inshealth.com/ehi/eod/user-create-password?allid=CAR27748&agentid=656830&ticket=U0sKREVGQVVMVF9DTRAAP1mWwVsn%2F17OF6o2ZHkSqjWc%2FuGs0SuOYy2Yt9r1x1ejA9K7z0CsmXcUWv2Z8BxVYgKggy2kvtKnmxbOoksnsz0%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,  
Christian Bale  
Phone: 555-555-5555  
Email: [christine.ames@carefirst.com](mailto:christine.ames@carefirst.com)

## Action – Applicant Opens the Link

The Applicant is asked to create a password and verify the account.

**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

## Action – Applicant's Electronic Signature

- The Applicant is prompted to review the application and any information they or the Sub-Agent completed.
- Modifications can be made to the completed information.
- The application is e-signed.

**Jane Doe Electronic Signature**

Acknowledgement

☐ \* I acknowledge the receipt of this [Summary of Benefits and Coverage](#)(PDF) form.

☐ \* I understand that by checking here I am agreeing to the items under [CONDITIONS OF ENROLLMENT](#) above.

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

\* First Name

MI

\* Last Name

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

\* First Name

MI

\* Last Name

Please type your city and state below:

\* City

\* State

On

# Application Approved

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: 10 / 9 / 2017

End Search: 11 / 7 / 2017

Search

Results (1-2 of 2)

Save this Search

Export to Excel

Page 1 of 1

Client Name	Current Status	Status Updated	Plan Details	Requested Effective Date	Action
Ella Matt sapmait@gmail.com	Approved	11/02/2017	BluePreferred PPO HSA Silver \$2,000	12/01/2017	
Williy Nicola abc1234@abc.com	Approved	10/31/2017	MedPlus MediGap Plan N - Level 1	12/01/2017	

Indicates an application was eSigned

Sub-Agents can search for approved applications.

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

Requested Effective Date

Action

12/01/2017

12/01/2017

Application


☒ Application Form

☒ Signed

1 of 1

# Uploading a Document to the Application

The applicant will need to log into their account to upload required documentation. The account screen will display a notification, “ACTION REQUIRED” next to the plan and status. The applicant should then click on that button and follow the instructions to upload the document.



BlueChoice HMO Silver \$3,500

Status: [Pending - Proof of Qualifying Event](#) (July 02, 2018)

Applicant: de Li | [view application](#) | [unsubmit application](#)

ACTION REQUIRED



# THANK YOU

*For more information, contact*  
YOUR CONSUMER DIRECT BROKER 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 Names and Symbols are registered service marks of the Blue Cross and Blue Shield Association.*