



# AGENT ISTORE

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*Commercial Individual Broker Training*

**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?

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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                   |

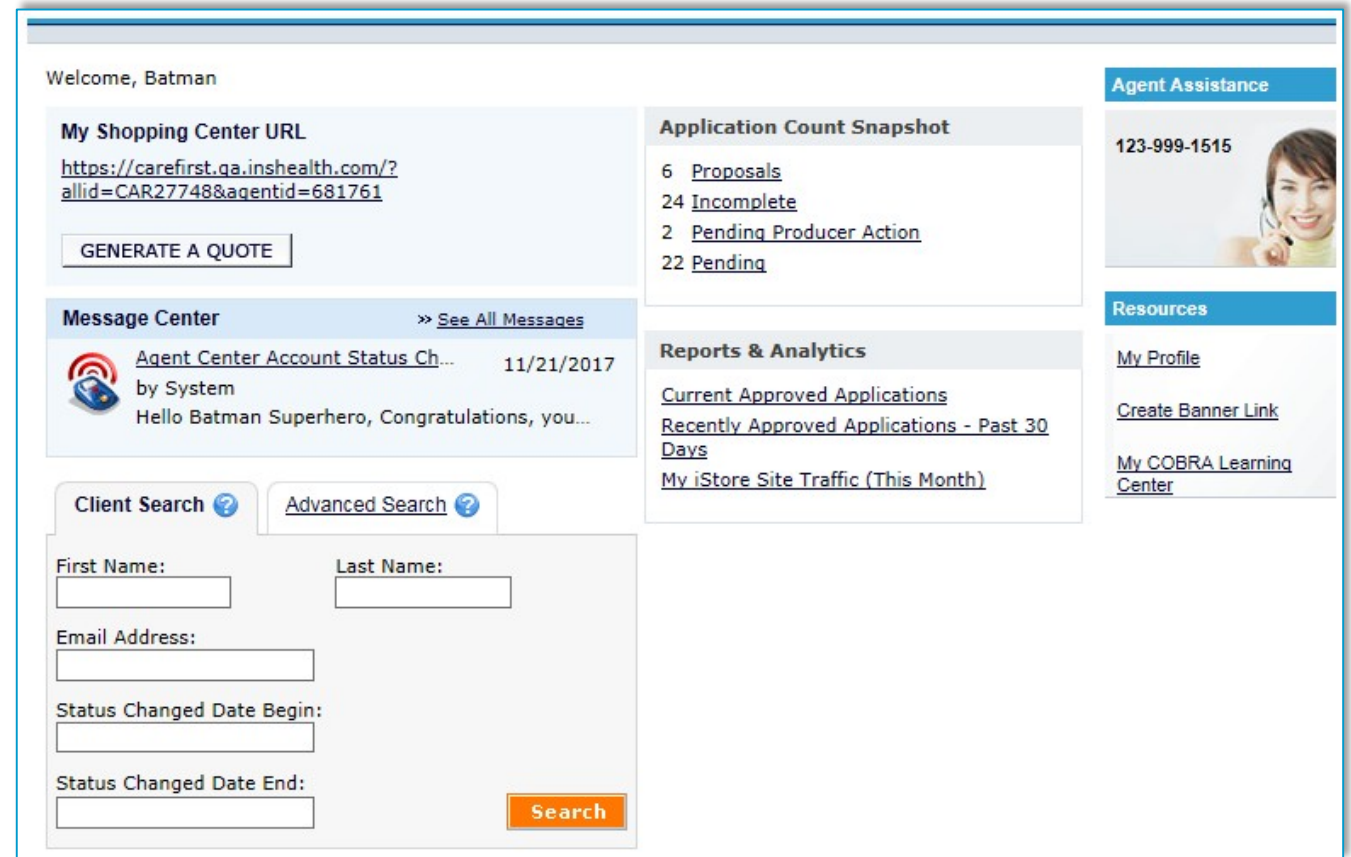
# Registration Process for New Approved Sub-Agents

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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**

**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>                 |

**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**

**Agent Assistance**  
123-999-1515 

**Resources**

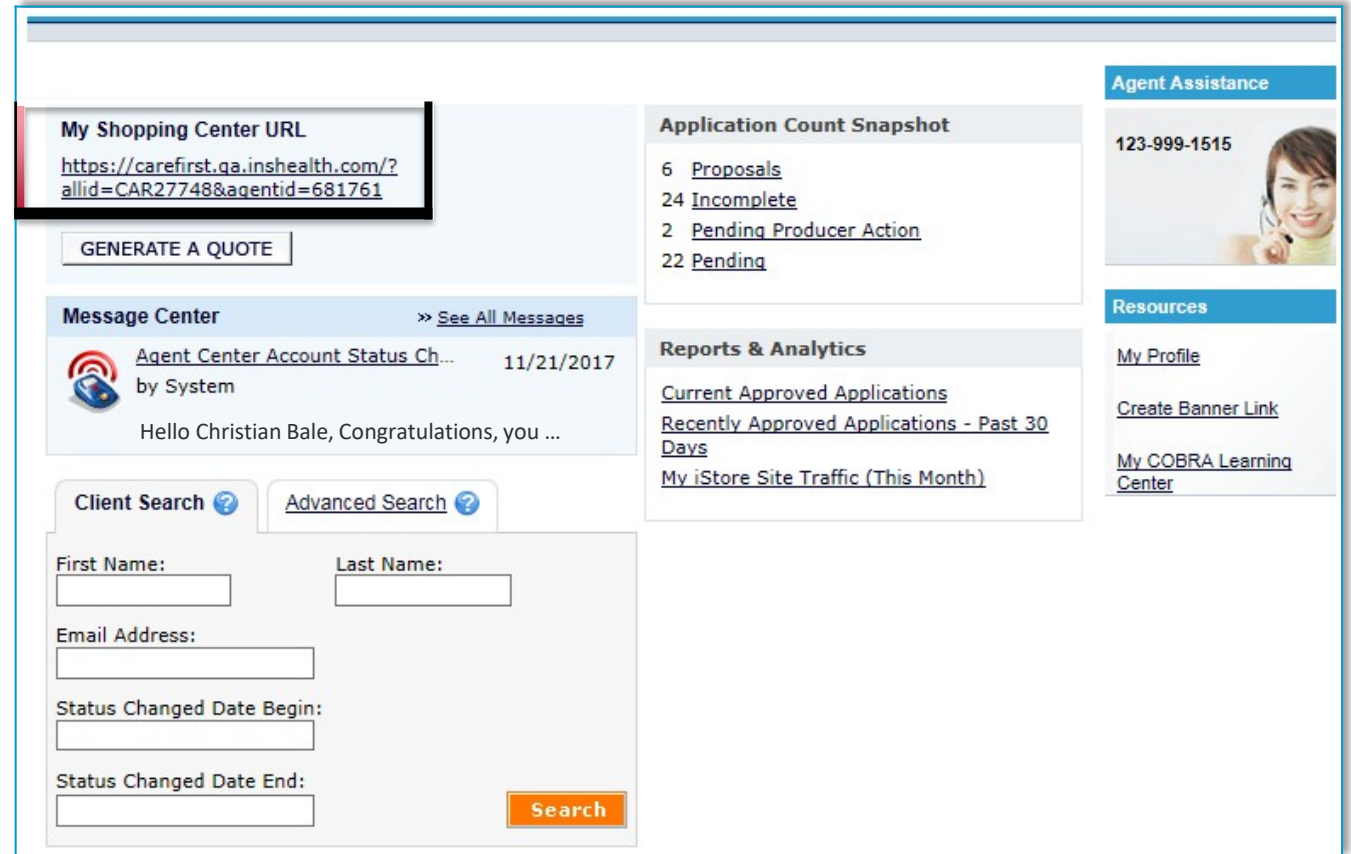
- [My Profile](#)
- [Create Banner Link](#)
- [My COBRA Learning Center](#)

**Reports & Analytics**

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

# Homepage – My Shopping Center URL

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

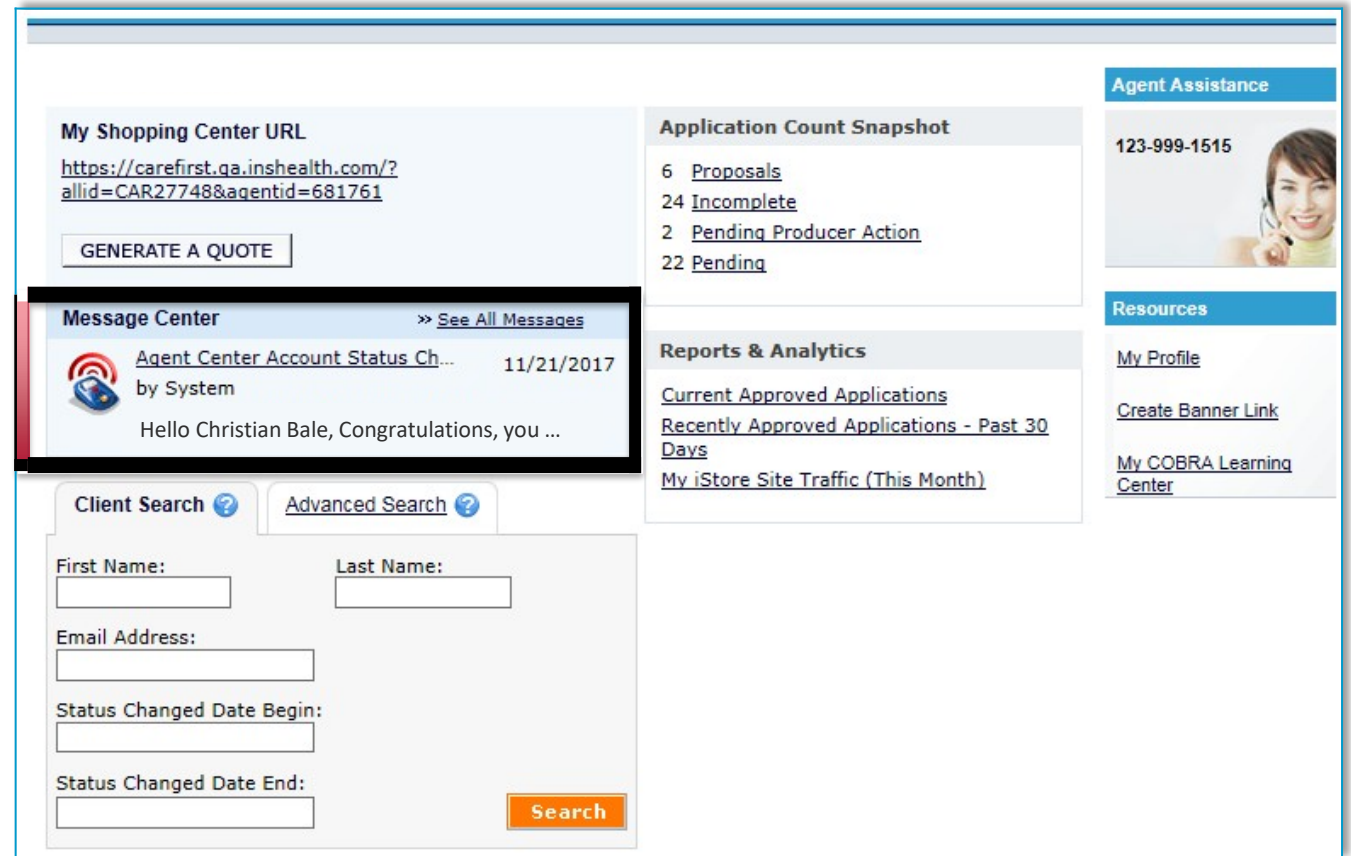


The screenshot displays the CareFirst agent dashboard. At the top left, a box titled "My Shopping Center URL" contains the URL <https://carefirst.ga.inshealth.com/?allid=CAR27748&agentid=681761> and a "GENERATE A QUOTE" button. To the right is an "Application Count Snapshot" showing 6 Proposals, 24 Incomplete, 2 Pending Producer Action, and 22 Pending. Below this is a "Message Center" with a message from the system dated 11/21/2017: "Hello Christian Bale, Congratulations, you ...". A "Client Search" section includes fields for First Name, Last Name, Email Address, Status Changed Date Begin, and Status Changed Date End, with a "Search" button. On the right side, there is an "Agent Assistance" section with the phone number 123-999-1515 and a photo of a smiling woman, and a "Resources" section with links to "My Profile", "Create Banner Link", and "My COBRA Learning Center".

# Homepage – Message Center

CareFirst can send messages about system updates.

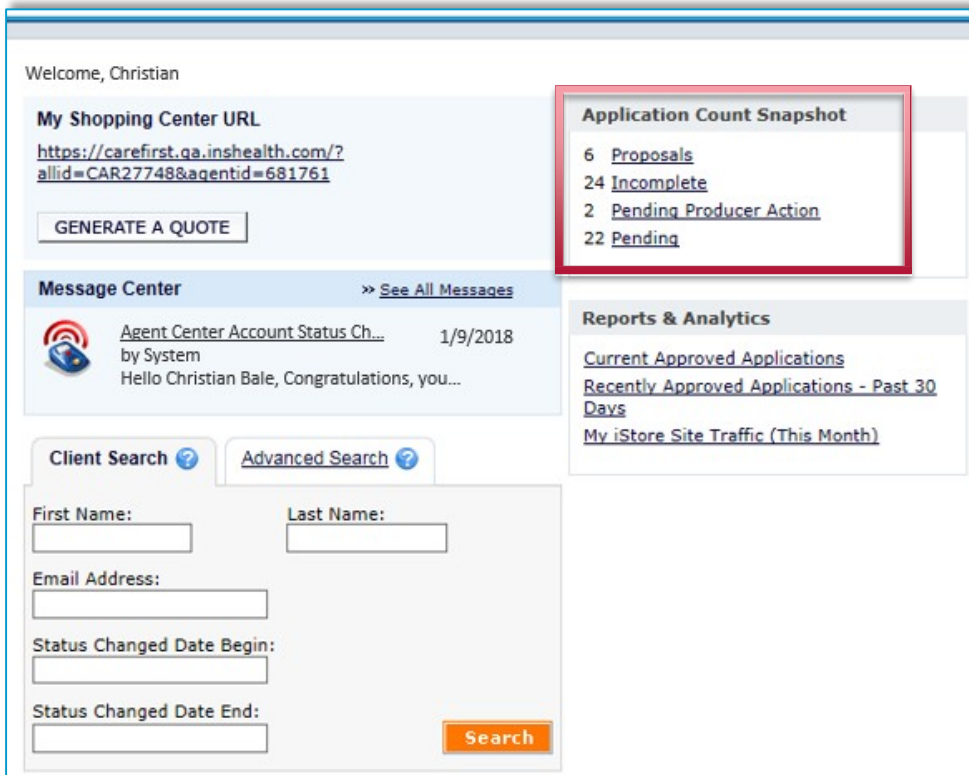
Client messages will be shown here if the Sub-Agent specified to be copied on their client's messages.



The screenshot displays the CareFirst Message Center interface. At the top left, there is a section for the 'My Shopping Center URL' with a link to <https://carefirst.ga.inshealth.com/?allid=CAR27748&agentid=681761> and a 'GENERATE A QUOTE' button. To the right is an 'Application Count Snapshot' showing: 6 Proposals, 24 Incomplete, 2 Pending Producer Action, and 22 Pending. Further right is an 'Agent Assistance' section with the phone number 123-999-1515 and a photo of a smiling woman. Below the URL section is the 'Message Center' area, which is highlighted with a red border. It shows a message from 'Agent Center Account Status Ch... by System' dated 11/21/2017 with the text 'Hello Christian Bale, Congratulations, you ...'. Below the message 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. To the right of the search section are 'Reports & Analytics' links: 'Current Approved Applications', 'Recently Approved Applications - Past 30 Days', and 'My iStore Site Traffic (This Month)'. On the far right is a 'Resources' section with links for 'My Profile', 'Create Banner Link', and 'My COBRA Learning Center'.



# Homepage – Application Count Snapshot




Welcome, Christian

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

**Application Count Snapshot**

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

**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](#)

**Reports & Analytics**

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

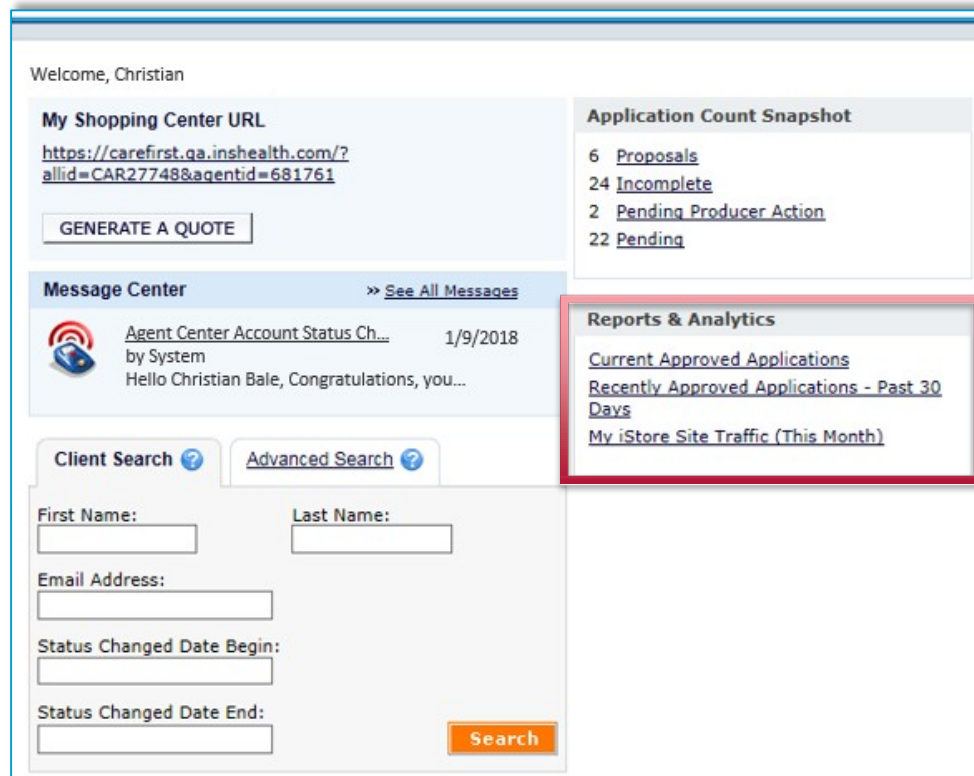
Application Count Snapshot displays:

- 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.




Welcome, Christian

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

**Application Count Snapshot**

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

**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**

**Reports & Analytics**

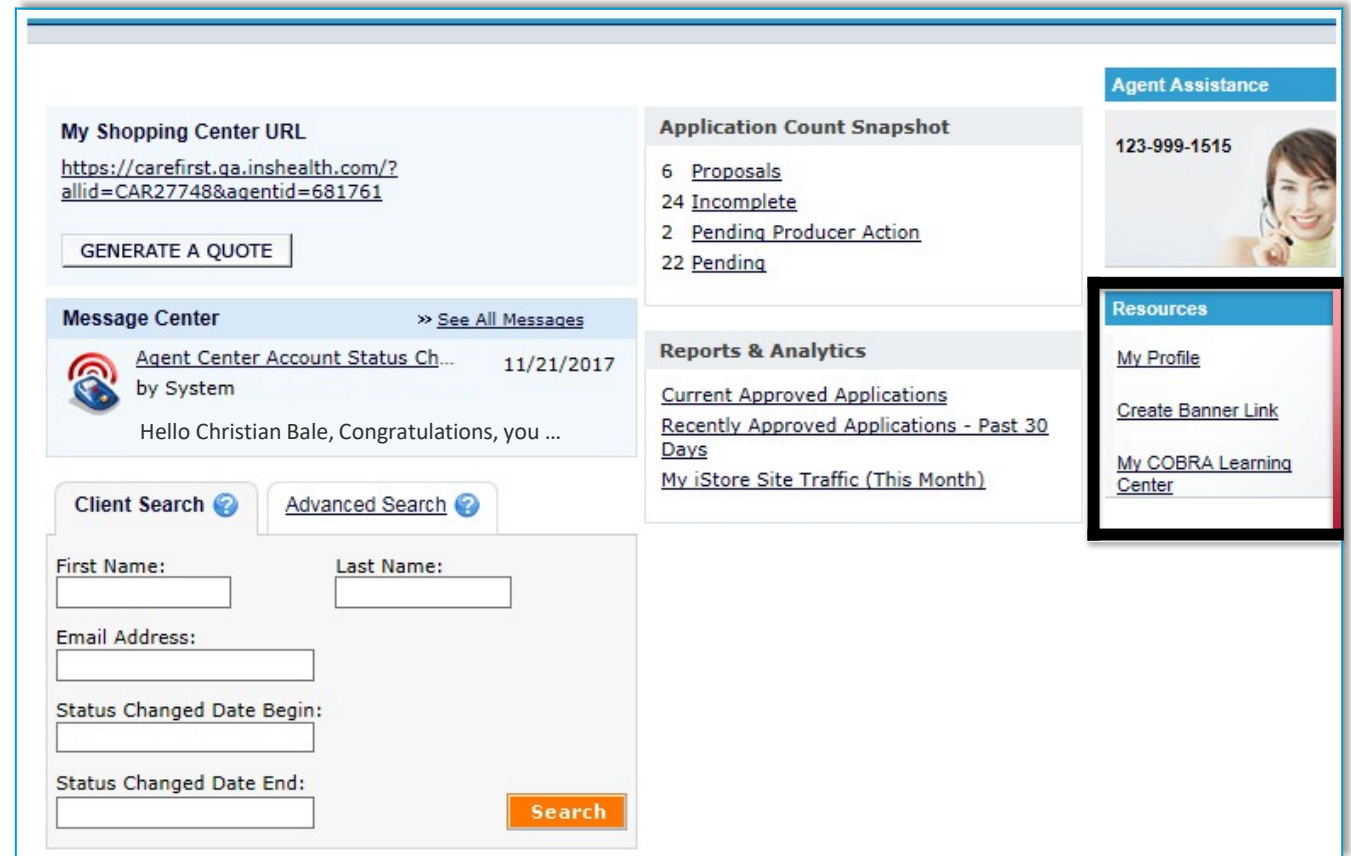
- [Current Approved Applications](#)
- [Recently Approved Applications - Past 30 Days](#)
- [My iStore Site Traffic \(This Month\)](#)

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.

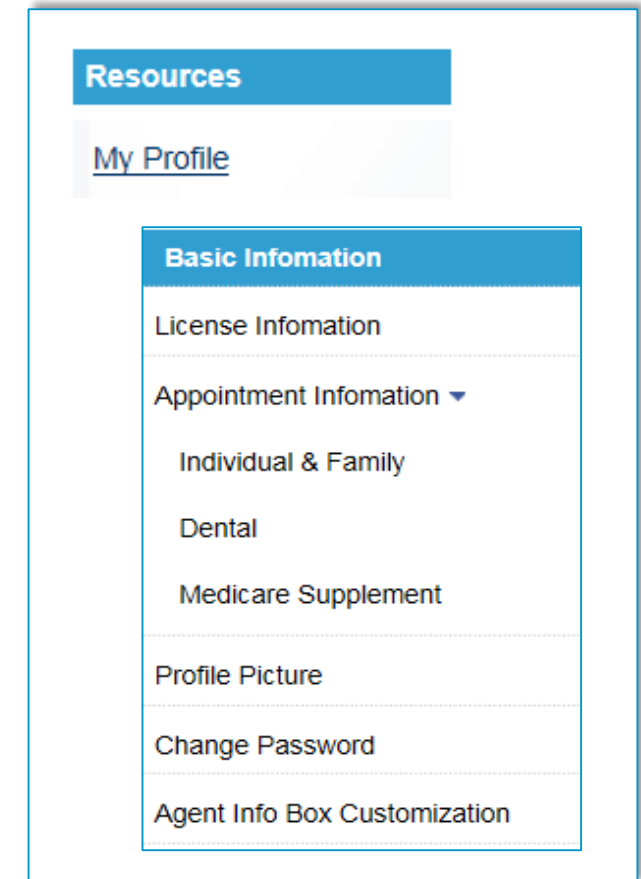


The screenshot displays the CareFirst Sub-Agent profile homepage. The layout includes several key sections:

- My Shopping Center URL:** A text box containing the URL <https://carefirst.ga.inshealth.com/?allid=CAR27748&agentid=681761> and a **GENERATE A QUOTE** button.
- Message Center:** A section with a **Message Center** header and a **>> See All Messages** link. It features a message icon, the text "Agent Center Account Status Ch... by System" dated 11/21/2017, and a greeting: "Hello Christian Bale, Congratulations, you ...".
- Client Search:** A 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.
- Application Count Snapshot:** A summary of application counts: 6 Proposals, 24 Incomplete, 2 Pending Producer Action, and 22 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 sidebar box with the phone number 123-999-1515 and a photo of a smiling agent.
- Resources:** A sidebar box with a blue header and a black border, containing links for [My Profile](#), [Create Banner Link](#), and [My COBRA Learning Center](#).

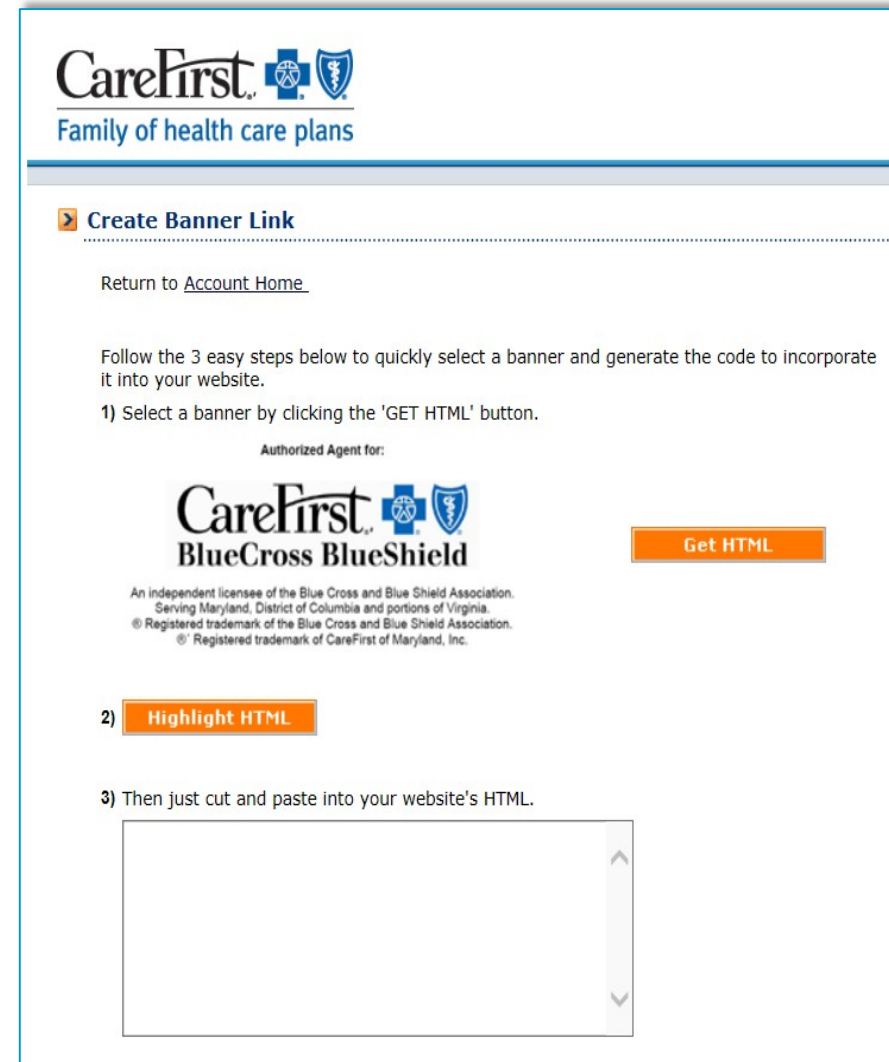
# Homepage – Resources – My Profile

- 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

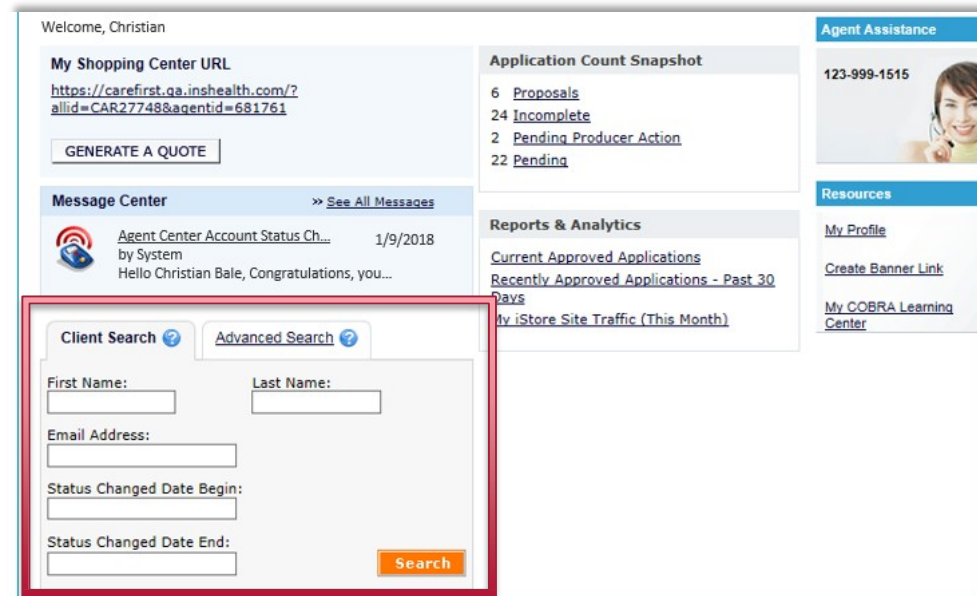
- Sub-Agents have access to the Banner and Link creation tools to send out links to their Agent iStore through email, websites and web ads.
- The Banner Creation Tool generates HTML code that can be inserted into a web page or email signature to show a banner image that links to the Agent iStore.



The screenshot shows the 'Create Banner Link' interface. At the top, the CareFirst logo and 'Family of health care plans' are displayed. Below this, a section titled 'Create Banner Link' contains a link to 'Return to Account Home'. The main instruction reads: 'Follow the 3 easy steps below to quickly select a banner and generate the code to incorporate it into your website.' Step 1 is 'Select a banner by clicking the 'GET HTML' button.' This step is illustrated with a banner image for 'CareFirst BlueCross BlueShield' and an orange 'Get HTML' button. Below the banner, there is fine print: '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', shown as 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.

## STANDARD CLIENT SEARCH –

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



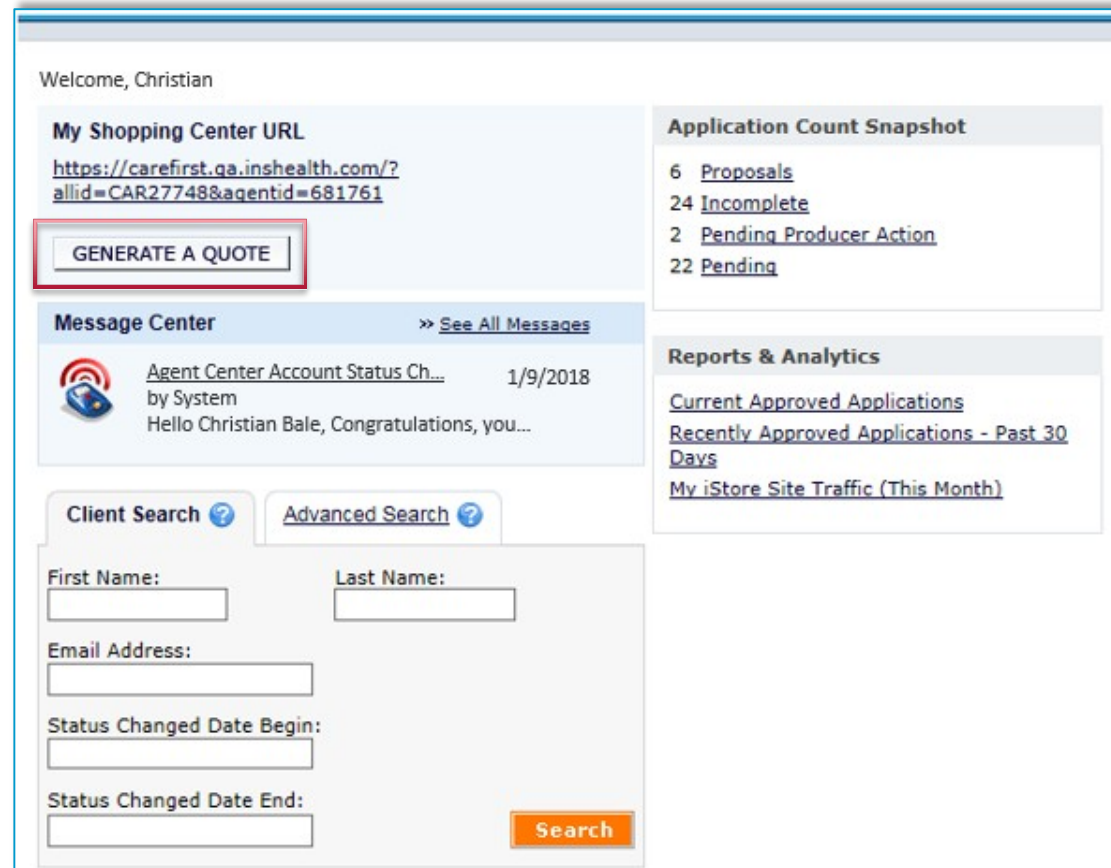
The screenshot shows the CareFirst homepage dashboard. The main content area is divided into several sections: 'My Shopping Center URL' with a link and a 'GENERATE A QUOTE' button; 'Message Center' with a message from the system dated 1/9/2018; 'Application Count Snapshot' showing counts for Proposals (6), Incomplete (24), Pending Producer Action (2), and Pending (22); '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 agent; and 'Resources' with links for My Profile, Create Banner Link, and My COBRA Learning Center. A red box highlights the 'Client Search' and 'Advanced Search' tabs, along with the search form fields: First Name, Last Name, Email Address, Status Changed Date Begin, and Status Changed Date End, and a 'Search' button.

## 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**

**Application Count Snapshot**

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

**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**

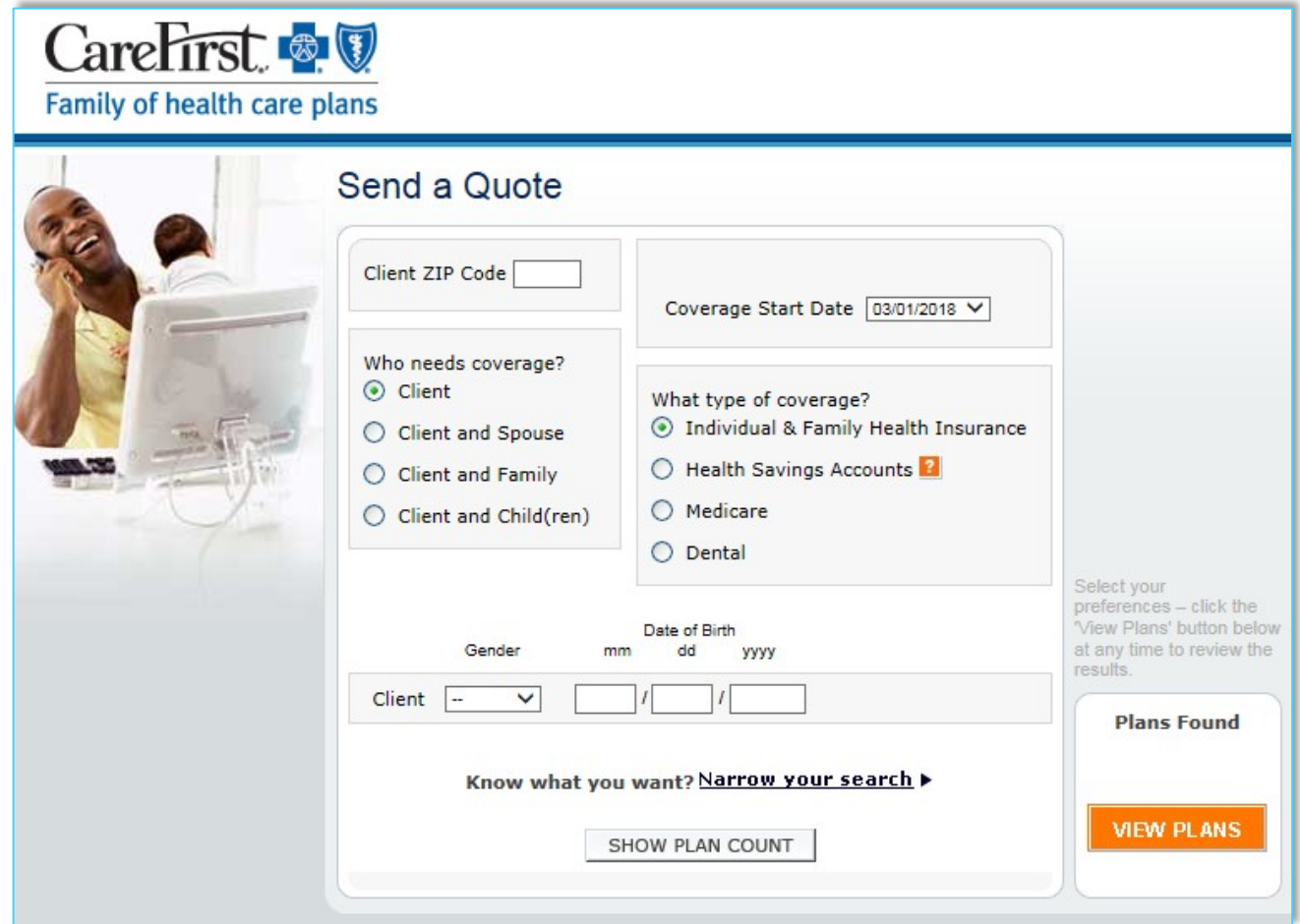
**Reports & Analytics**


- [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 mm / dd / yyyy

/  /

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

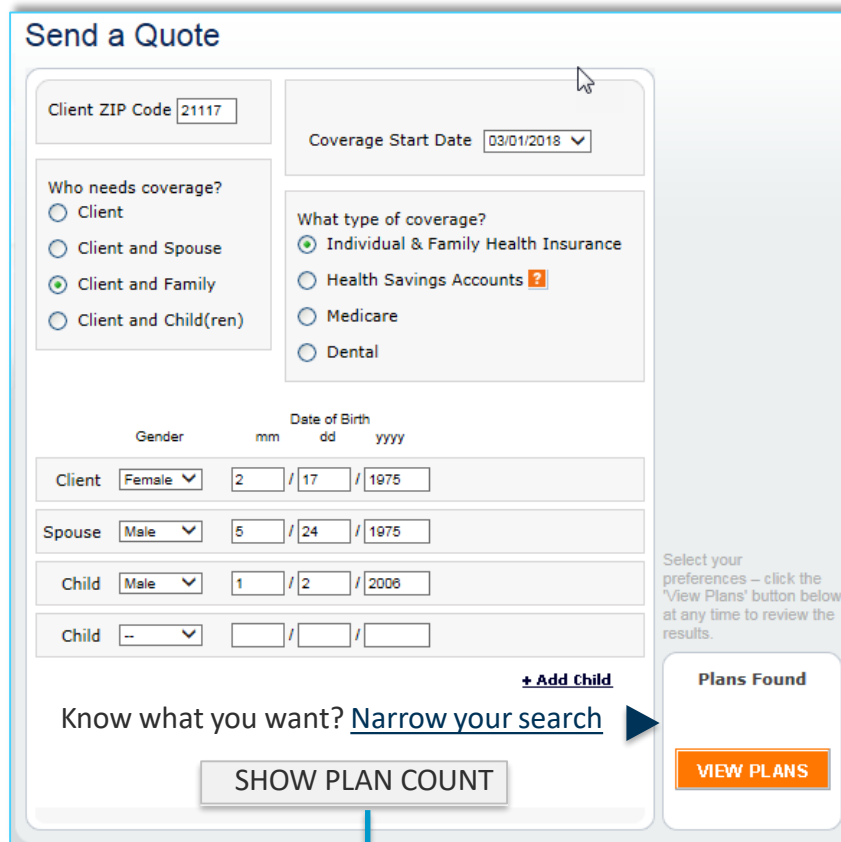
Select your preferences – click the 'View Plans' button below at any time to review the results.

**Plans Found**



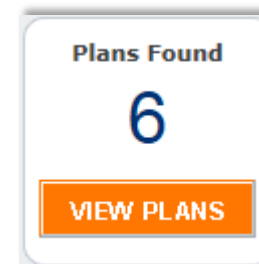
# Generate a Quote – 2 Ways to View Plans

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.”



The screenshot shows the 'Send a Quote' form with the following fields and options:

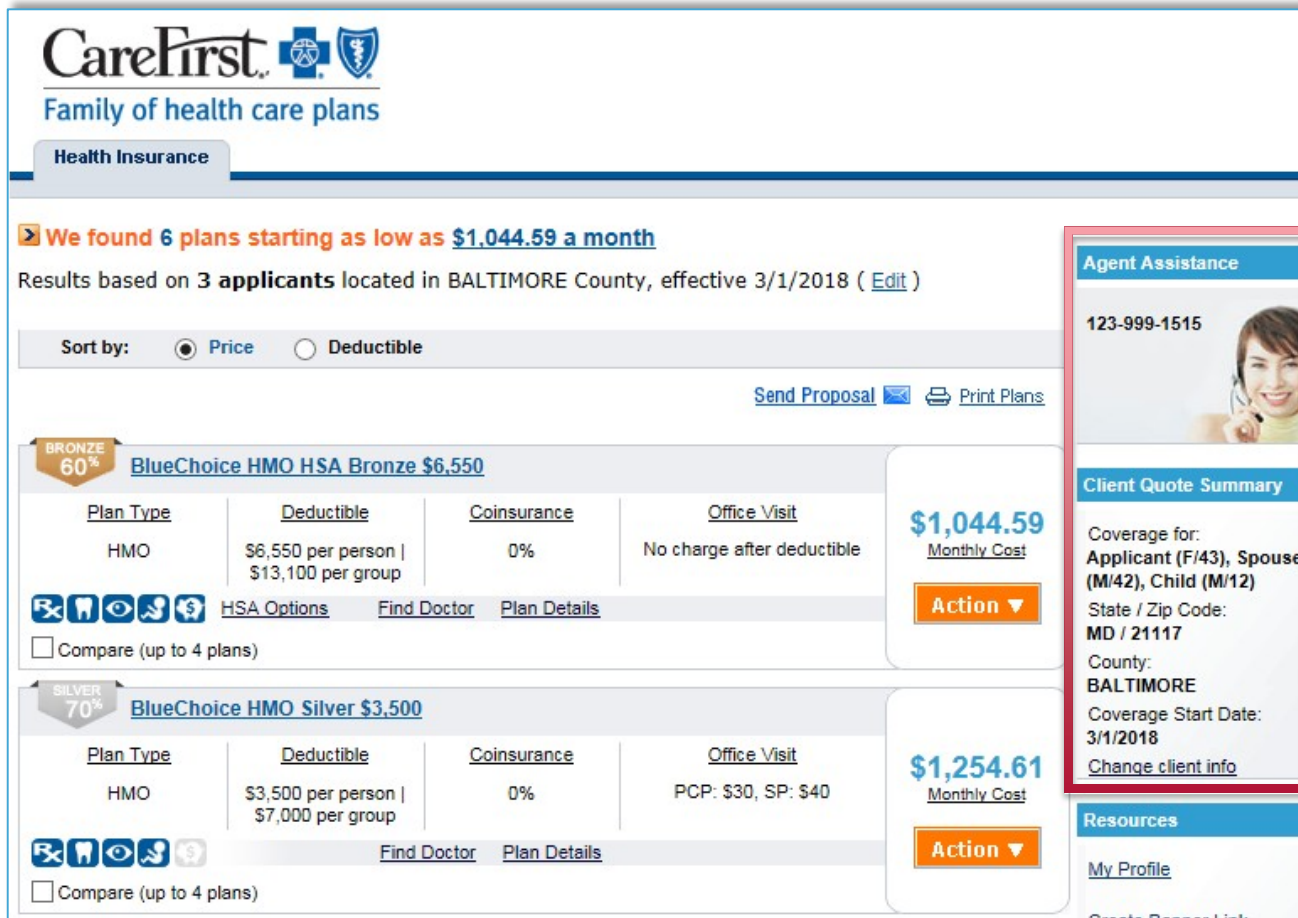
- Client ZIP Code: 21117
- Coverage Start Date: 03/01/2018
- Who needs coverage?
  - Client
  - Client and Spouse
  - Client and Family
  - Client and Child(ren)
- What type of coverage?
  - Individual & Family Health Insurance
  - Health Savings Accounts ?
  - Medicare
  - Dental
- Client: Gender (Female), Date of Birth (2/17/1975)
- Spouse: Gender (Male), Date of Birth (5/24/1975)
- Child: Gender (Male), Date of Birth (1/2/2006)
- Child: Gender (--), Date of Birth ( / / )
- + Add Child
- Know what you want? [Narrow your search](#)
- SHOW PLAN COUNT (highlighted)




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





CareFirst.   
Family of health care plans

Health Insurance

▶ We found 6 plans starting as low as **\$1,044.59** a month

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  <br>\$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  <br>\$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.






# Generate a Quote – Compare Plans & Plan Features

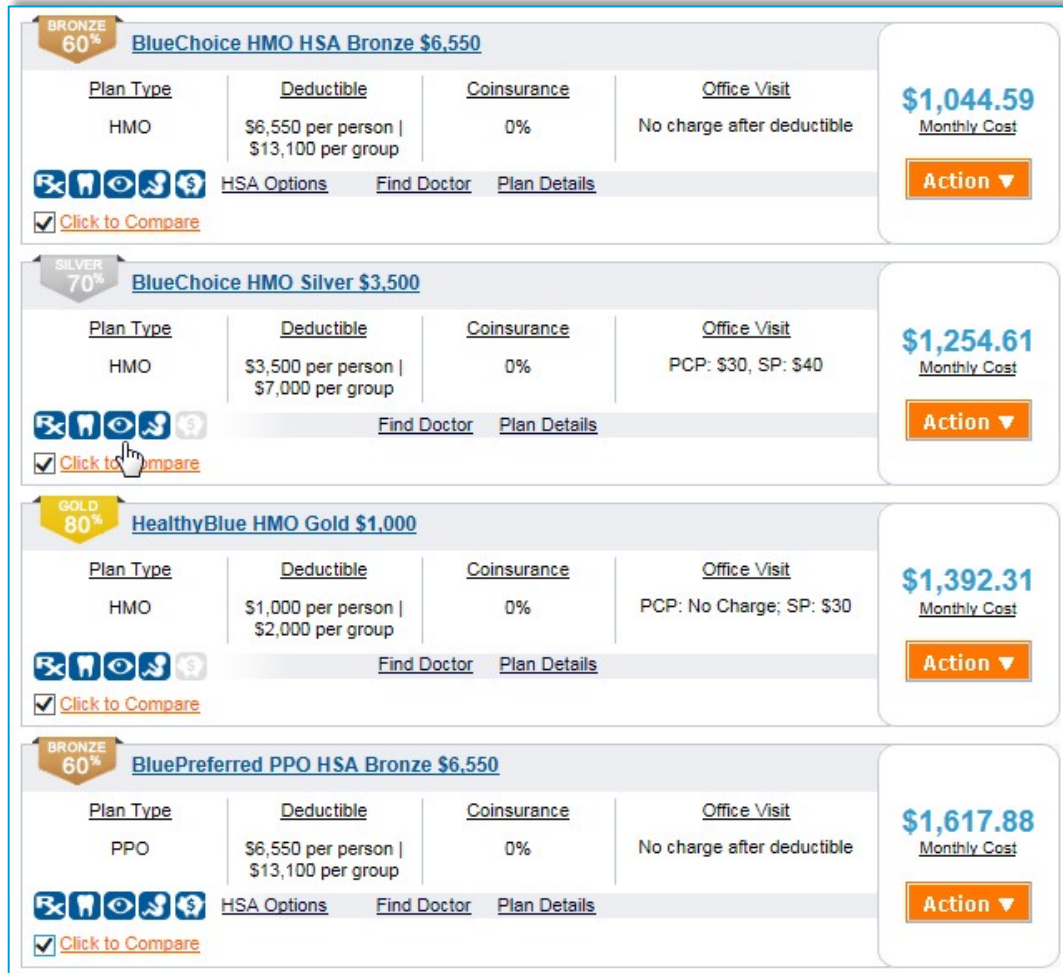
## COMPARE

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

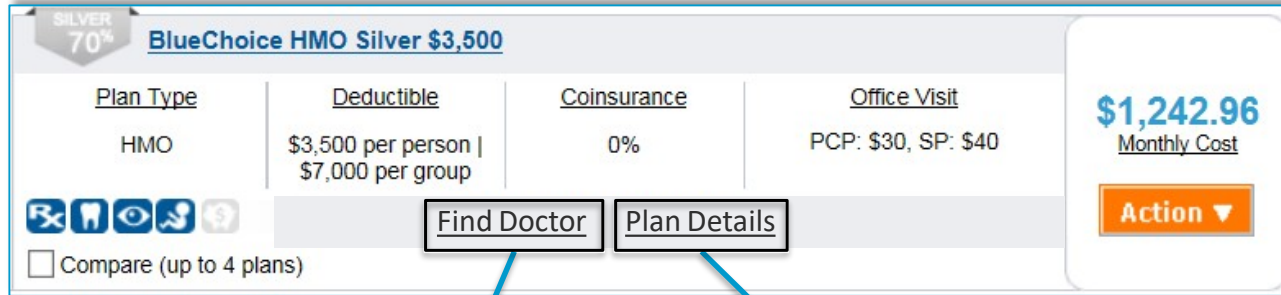
-  Prescription Drug Coverage is included.
-  Dental Coverage is included.
-  Vision Coverage is included.
-  Maternity Coverage is included.
-  Health Savings Account (HSA) is available



The screenshot displays a comparison of four health plans. Each plan card includes a tier label (Bronze, Silver, Gold), a plan name, a table of key features (Plan Type, Deductible, Coinsurance, Office Visit), a monthly cost, and a set of feature icons. A 'Click to Compare' checkbox is present at the bottom of each card.

| Plan Name                    | Tier       | Plan Type | Deductible                              | Coinsurance | Office Visit               | Monthly Cost |
|------------------------------|------------|-----------|---|-------------|----------------------------|--------------|
| BlueChoice HMO HSA Bronze    | BRONZE 60% | HMO       | \$6,550 per person   \$13,100 per group | 0%          | No charge after deductible | \$1,044.59   |
| BlueChoice HMO Silver        | SILVER 70% | HMO       | \$3,500 per person   \$7,000 per group  | 0%          | PCP: \$30, SP: \$40        | \$1,254.61   |
| HealthyBlue HMO Gold         | GOLD 80%   | HMO       | \$1,000 per person   \$2,000 per group  | 0%          | PCP: No Charge; SP: \$30   | \$1,392.31   |
| BluePreferred PPO HSA Bronze | BRONZE 60% | PPO       | \$6,550 per person   \$13,100 per group | 0%          | No charge after deductible | \$1,617.88   |

# Generate a Quote – Find a Doctor & Plan Details

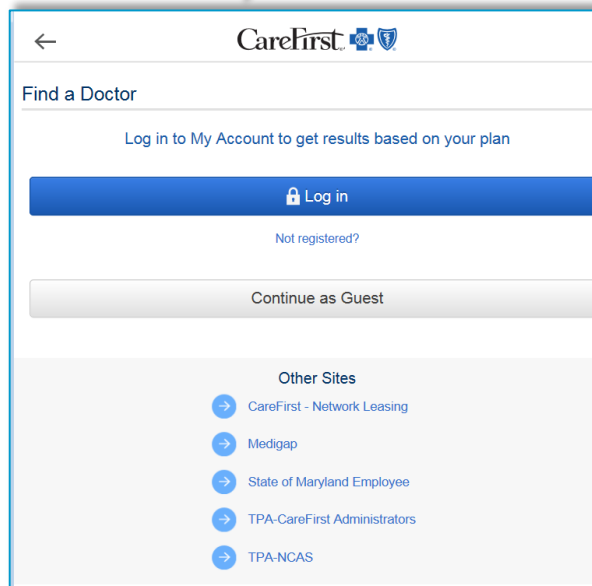


| Plan Type | Deductible                             | Coinsurance | Office Visit        | Monthly Cost |
|-----------|--|-------------|---------------------|--------------|
| HMO       | \$3,500 per person   \$7,000 per group | 0%          | PCP: \$30, SP: \$40 | \$1,242.96   |

Compare (up to 4 plans)

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

Click the Find Doctor link to open the tool.



Find a Doctor

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

[Log in](#)

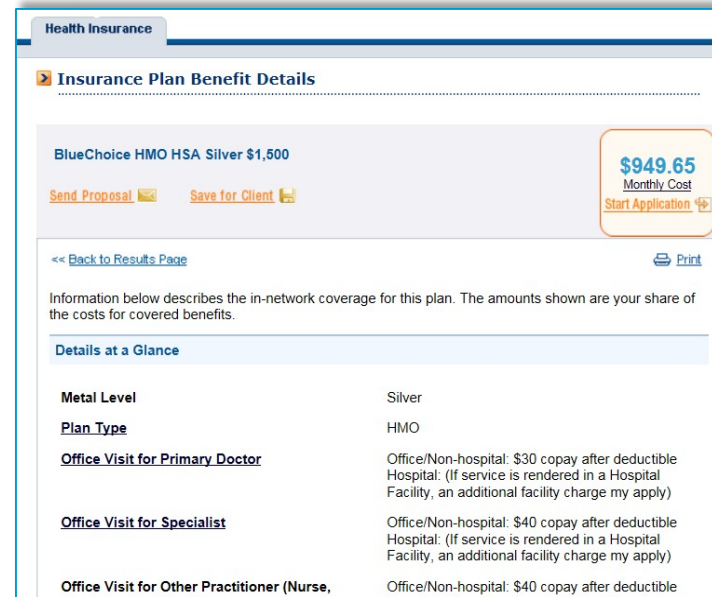
[Not registered?](#)

[Continue as Guest](#)

**Other Sites**

- [CareFirst - Network Leasing](#)
- [Medigap](#)
- [State of Maryland Employee](#)
- [TPA-CareFirst Administrators](#)
- [TPA-NCAS](#)

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



Health Insurance

**Insurance Plan Benefit Details**

BlueChoice HMO HSA Silver \$1,500

Monthly Cost: \$949.65

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

[Start Application](#)

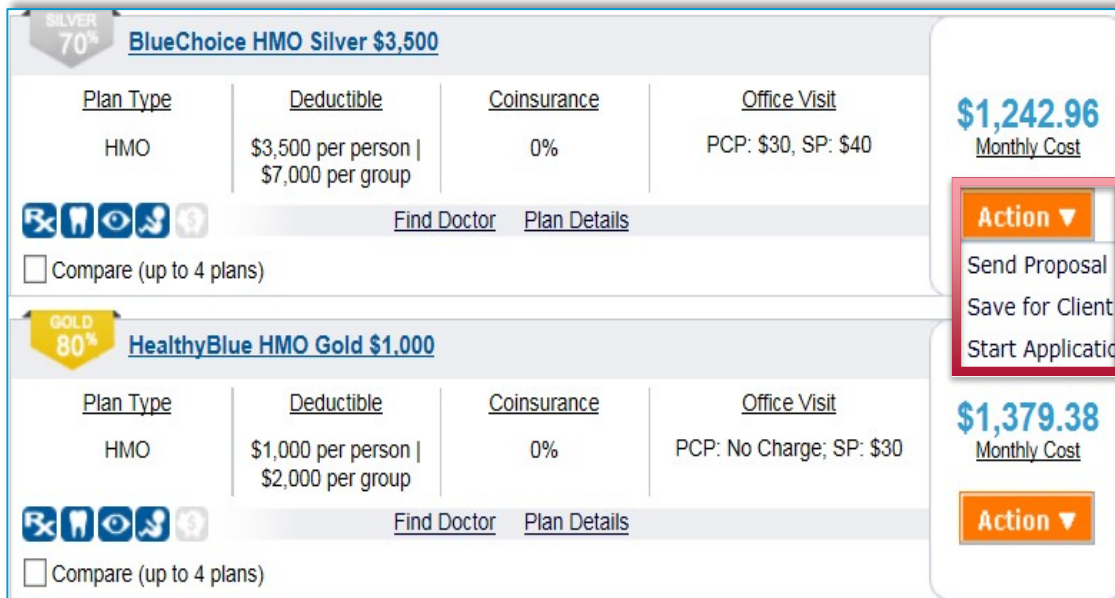
[Back to Results Page](#) [Print](#)

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<br>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<br>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<br>Hospital: (If service is rendered in a Hospital Facility, an additional facility charge may apply) |

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



The screenshot displays a comparison of two health plans. The top plan is 'BlueChoice HMO Silver \$3,500' with a 'SILVER 70%' badge. It lists a deductible of \$3,500 per person / \$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 bottom plan is 'HealthyBlue HMO Gold \$1,000' with a 'GOLD 80%' badge. It lists a deductible of \$1,000 per person / \$2,000 per group, 0% coinsurance, and office visit costs of \$30 for PCP and SP. The monthly cost is \$1,379.38. Both plans include 'Find Doctor' and 'Plan Details' links. A red box highlights the 'Action' dropdown menu for the top plan, which contains the 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   |

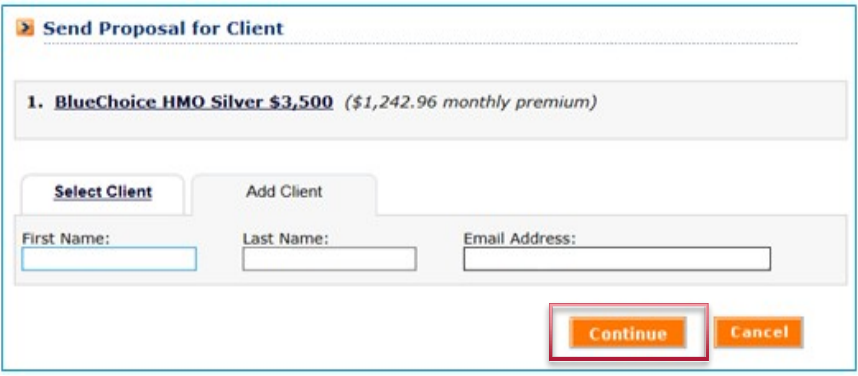
Sub-Agents have the ability to:

- 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.



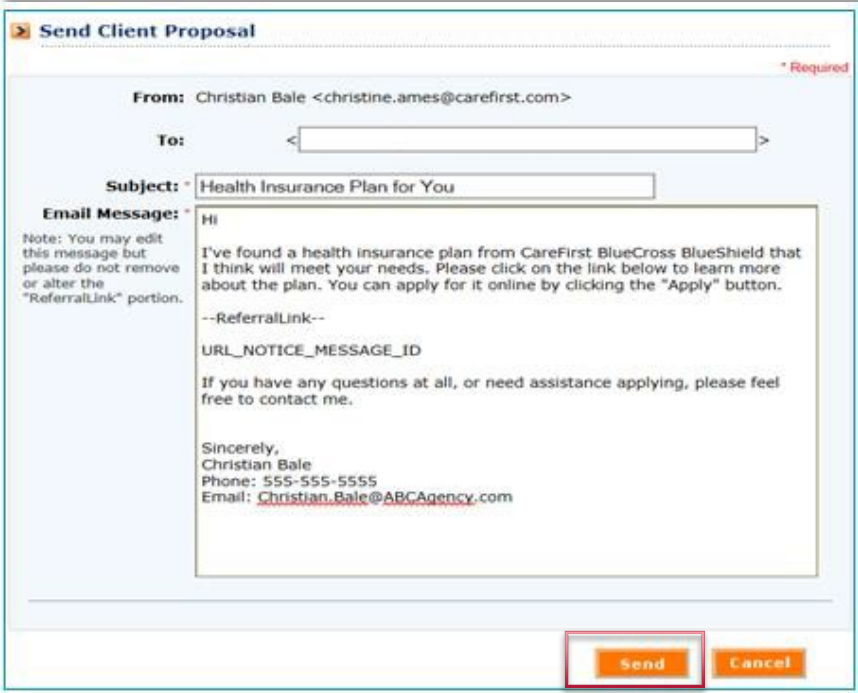
**Send Proposal for Client**

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**

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

**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

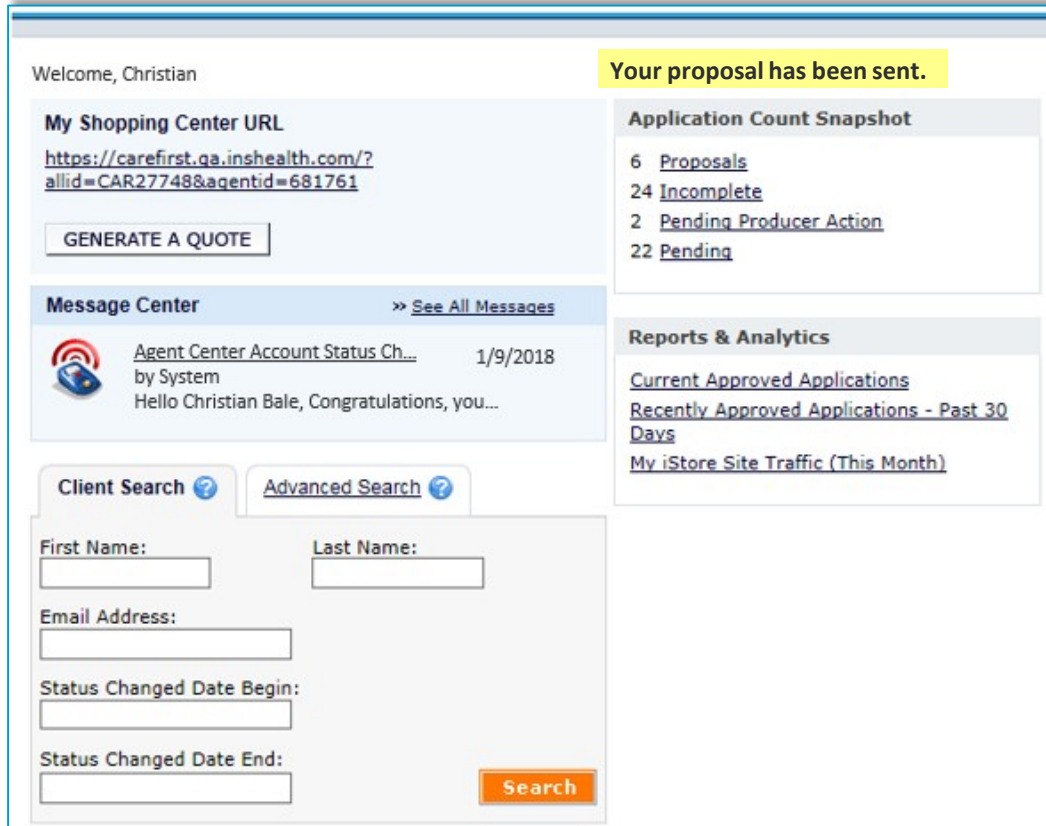
If you have any questions at all, or need assistance applying, please feel free to contact me.

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](#)

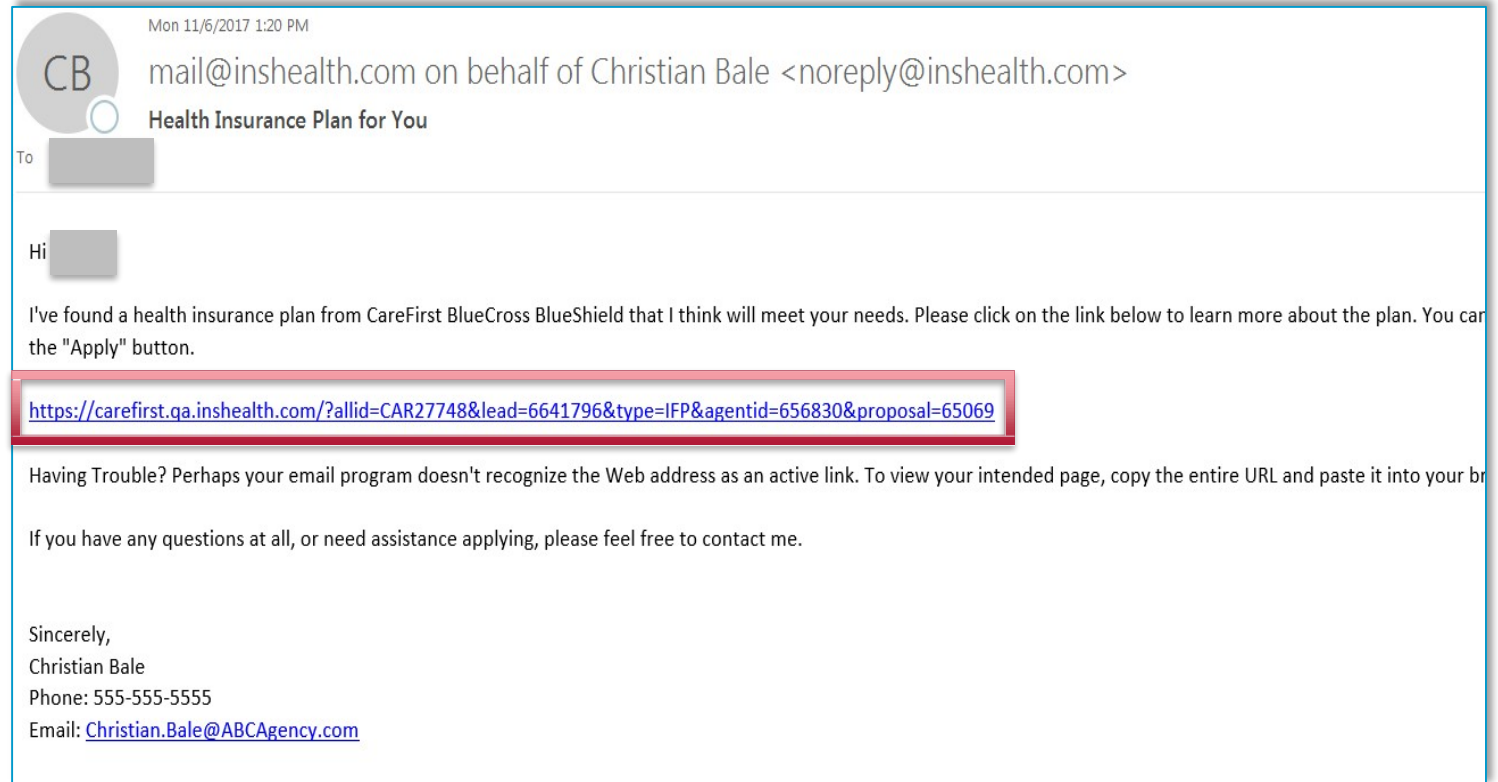
**Reports & Analytics**

- [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.



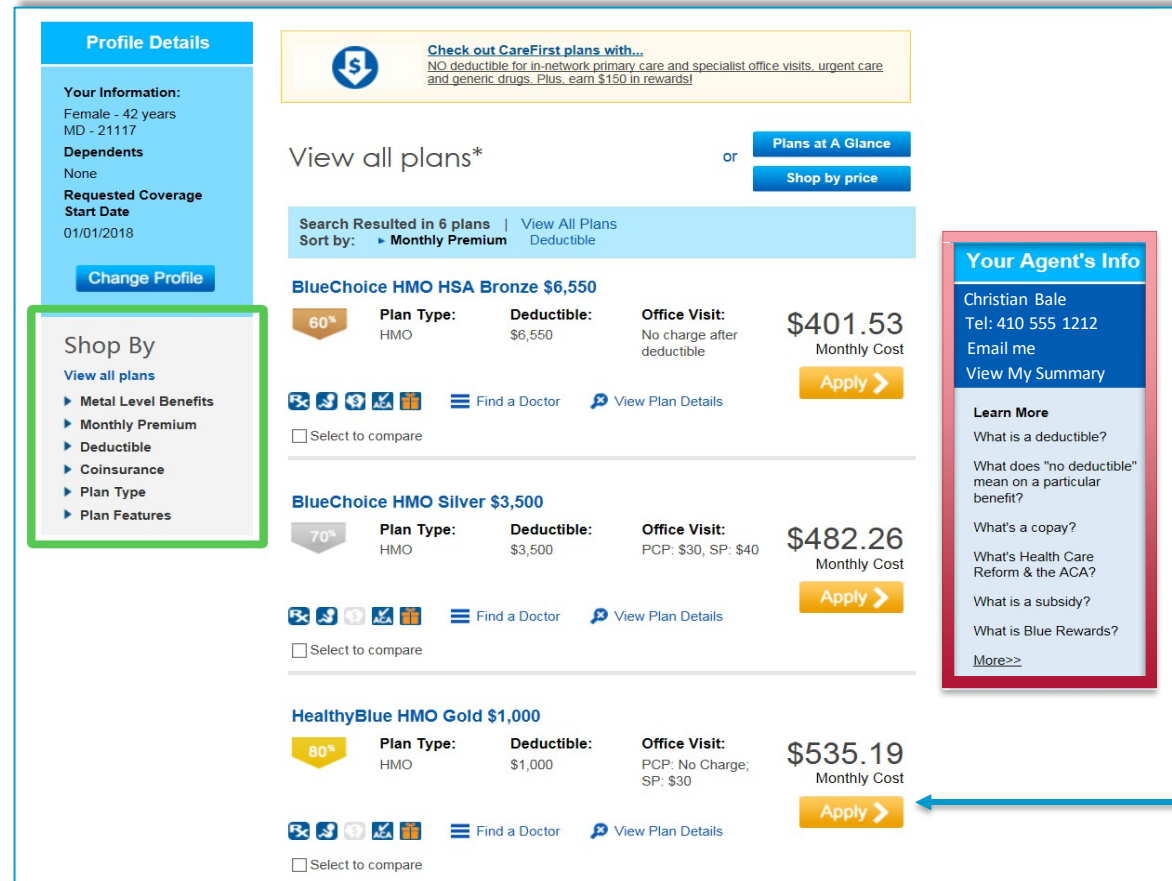


# Generate a Quote – Client Clicks Link in the Sub-Agent Email

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

| Plan                              | Plan Type | Deductible | Office Visit               | Monthly Cost | Action                     |
|-----------------------------------|-----------|------------|----------------------------|--------------|----------------------------|
| BlueChoice HMO HSA Bronze \$6,550 | HMO       | \$6,550    | No charge after deductible | \$401.53     | <a href="#">Apply &gt;</a> |
| BlueChoice HMO Silver \$3,500     | HMO       | \$3,500    | PCP: \$30, SP: \$40        | \$482.26     | <a href="#">Apply &gt;</a> |
| HealthyBlue HMO Gold \$1,000      | HMO       | \$1,000    | PCP: No Charge; SP: \$30   | \$535.19     | <a href="#">Apply &gt;</a> |

**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.

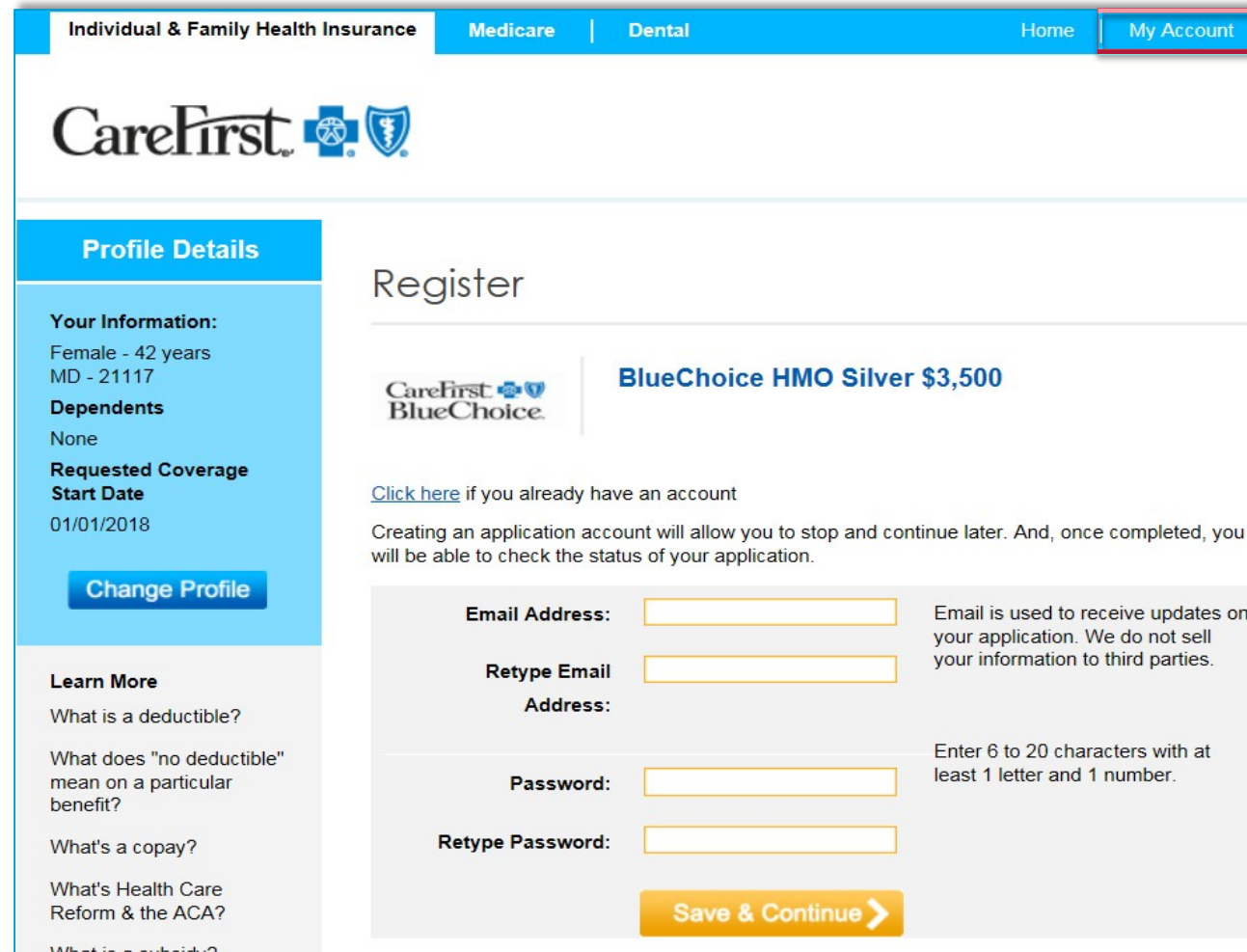
# Generate a Quote – Client Applies for Coverage

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:**

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

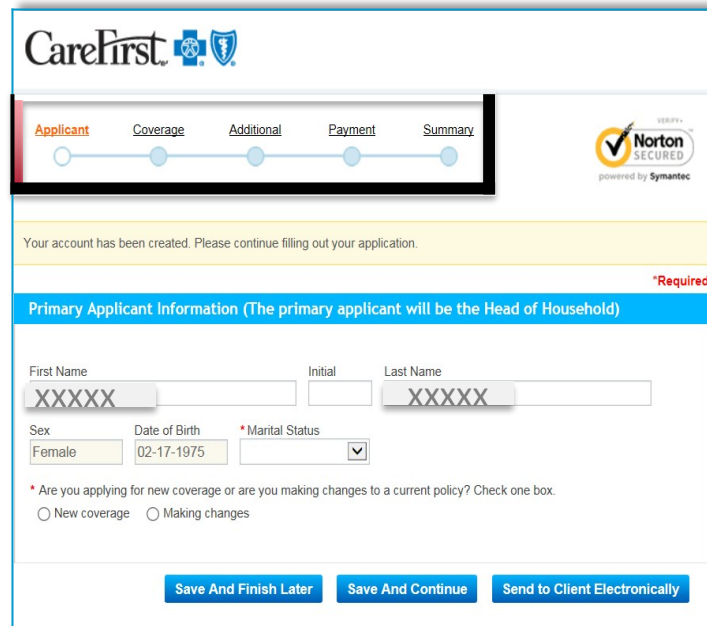
Enter 6 to 20 characters with at least 1 letter and 1 number.

[Save & Continue](#) >

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

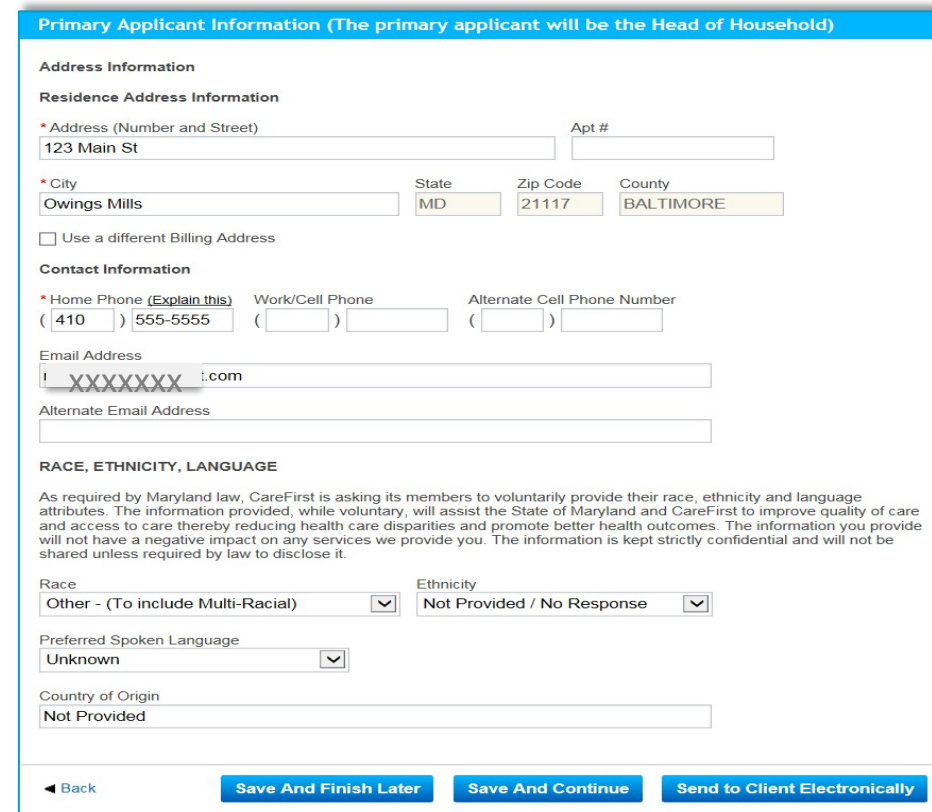
# Generate a Quote – Sub-Agent Begins the Application for the Client

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, Initial, Last Name, Sex, Date of Birth, and Marital Status. A checkbox asks if the user is applying for new coverage or making changes to a current policy. At the bottom, there 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) such as Address (Number and Street), Apt #, City, State, Zip Code, and County. There is also 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, along with Email Address and Alternate Email Address. The RACE, ETHNICITY, LANGUAGE section includes dropdown menus for Race, Ethnicity, Preferred Spoken Language, and Country of Origin. At the bottom, there 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  M.I.  \* Last Name

Date of Birth  Sex  Relationship

**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  Ethnicity

Preferred Spoken Language

Country of Origin

**Dependent**

\* First Name  M.I.  \* Last Name

Date of Birth  Sex  Relationship

**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  Ethnicity

Preferred Spoken Language

Country of Origin

◀ Back

Applicant 
Coverage 
Additional 
Payment 
Summary



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



# 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

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.

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](#)

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.

# Application – Payment Options

Applicant Coverage Additional Payment Summary



**\*Required**

### 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

 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

### Recurring Automated Premium Payment

Setting up automatic payments by bank withdrawal, credit card or debit card ensures that your premiums are paid timely and reduces the risk of forgetting to make a payment, which could lead to a loss of coverage. Please be advised that setting up auto-pay will submit a payment request for the entire amount owed for all of your active policies with CareFirst.

Please note: If you did not elect the PAY NOW OPTION above but do elect to make recurring automated monthly payments, 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 elected the PAY NOW OPTION above with your credit or debit card and elect recurring automated premium payment by card, we will apply this account information to your recurring monthly card payment.

Card


Bank Withdrawal

Name that appears on the Account

\* First Name  MI  \* Last Name

\* Bank Name  \* Routing Number

\* Account Number  \* Type of Account  
 Checking Account  Savings Account

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

**Example Check**

Financial Institute DOLLARS \$  
City, State, Zip

MEMO: Sample Check

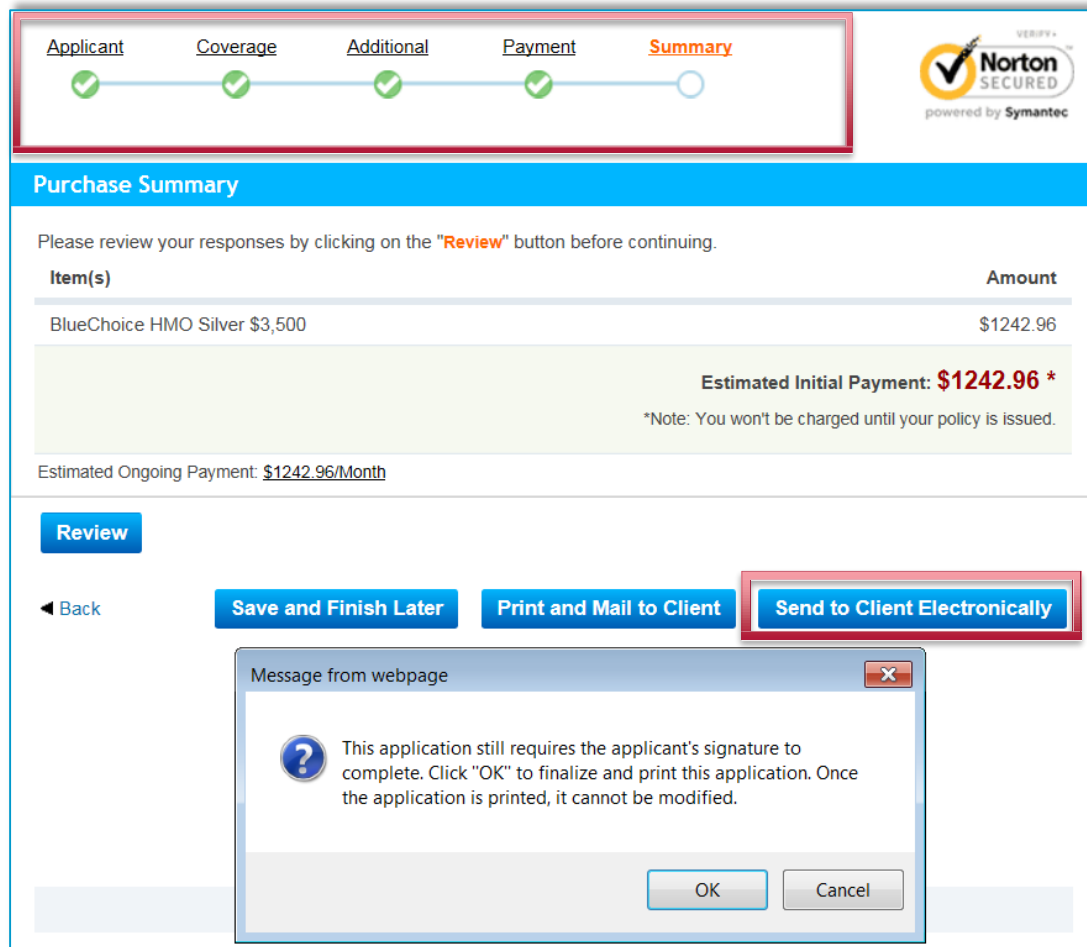
⑆ 12144102 ⑆ ⑆ 411 2210004 ⑆ 0124

Routing #      Account #      Check #

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

◀ Back Save And Finish Later Save And Continue

# Application Print Warning



The screenshot shows a web application interface for reviewing a purchase summary. At the top, a progress bar indicates the steps: Applicant, Coverage, Additional, Payment, and Summary. The 'Summary' step is currently active. A Norton Secured logo is visible in the top right corner. Below the progress bar, a blue header reads 'Purchase Summary'. The main content area contains a message: 'Please review your responses by clicking on the "Review" button before continuing.' Below this is a table with two columns: 'Item(s)' and 'Amount'. The table lists 'BlueChoice HMO Silver \$3,500' with an amount of '\$1242.96'. A green box highlights the 'Estimated Initial Payment: \$1242.96 \*' and a note below it: '\*Note: You won't be charged until your policy is issued.' Below the table, it states 'Estimated Ongoing Payment: \$1242.96/Month'. At the bottom, there are three buttons: 'Review', 'Save and Finish Later', and 'Print and Mail to Client'. A red box highlights the 'Send to Client Electronically' button. A modal dialog box is open in the foreground with the title 'Message from webpage'. The message reads: '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.' The dialog has 'OK' and 'Cancel' buttons.

## 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**

 powered by Symantec

### 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

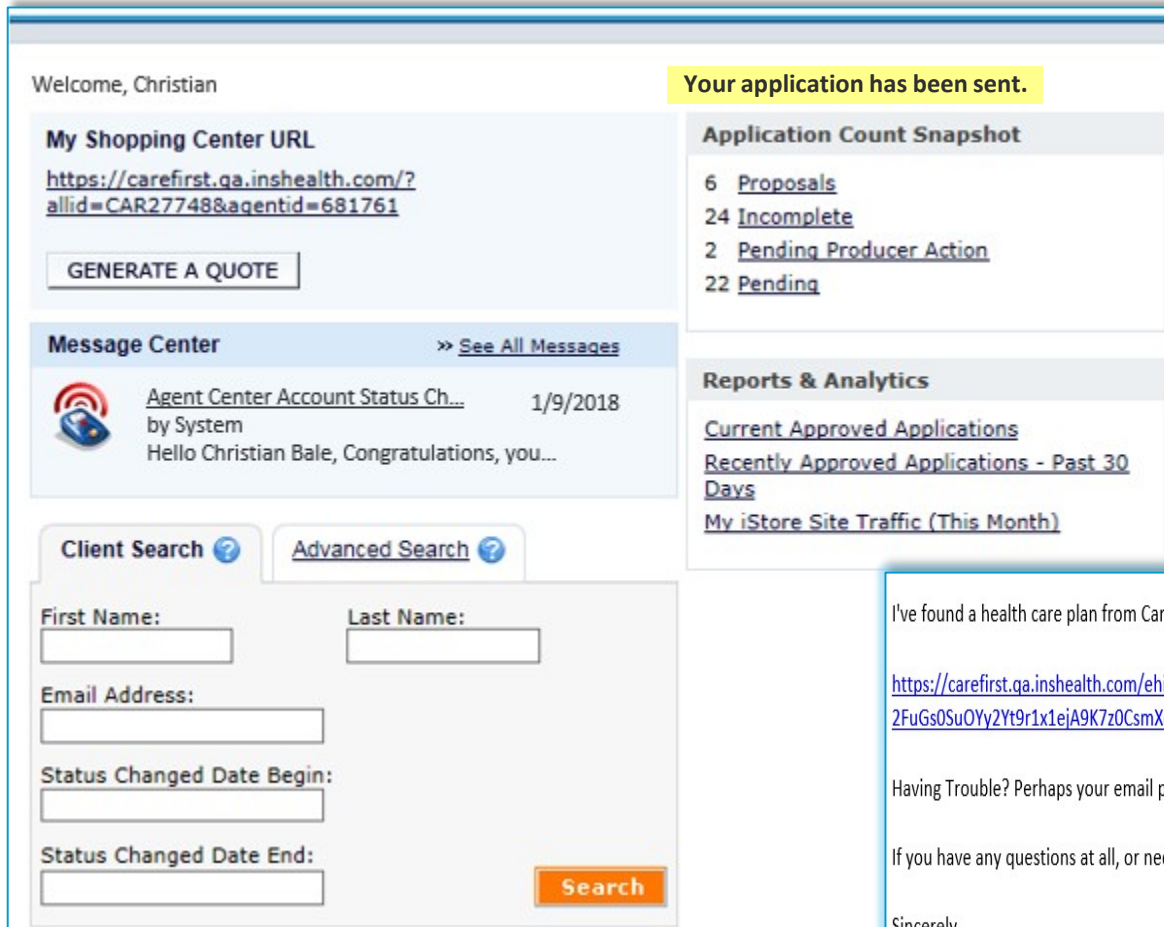
[Review](#)

[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**

**Application Count Snapshot**

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

**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**

**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=U0sKREVGQVVMVF9DTRAAwP1mWwVsn%2F170F6o2ZHkSqjWc%2FuGs0SuOYy2Yt9r1x1ejA9K7z0CsmXcUWv2Z8BxVYgKgy2kvtKnmxbooksno0%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<br>sapmatt@gmail.com   | Approved  | 11/02/2017     | BluePreferred PPO HSA Silver<br>\$2,000 | 12/01/2017               |    |
| Williy Nicola<br>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  

**Application**

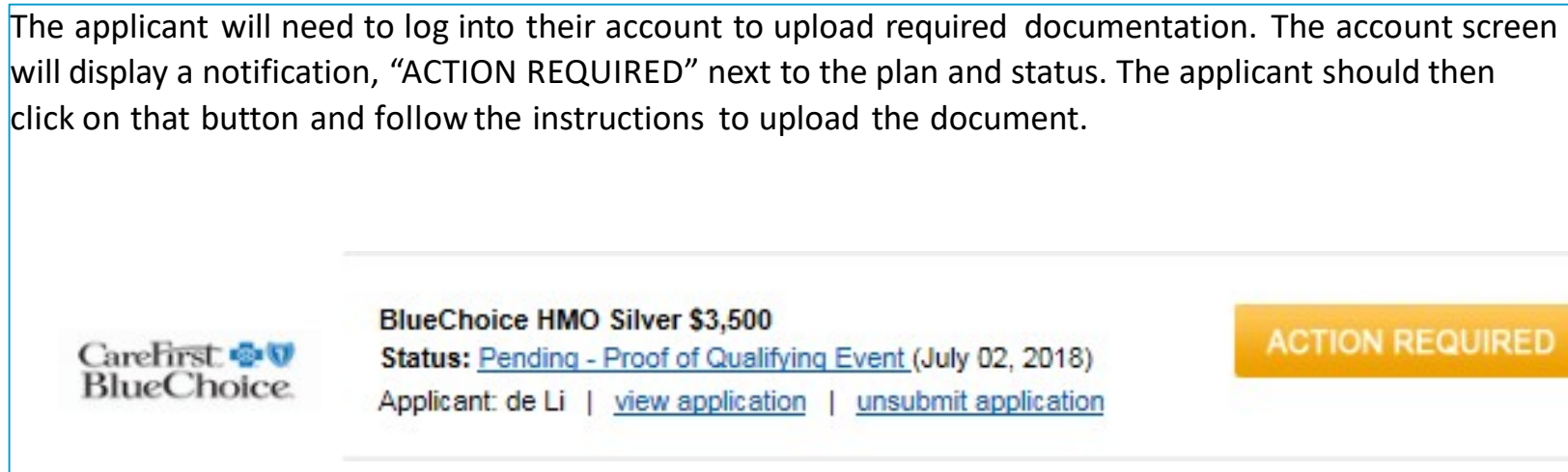
- Application Form
- Signed


12/01/2017  

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.



CareFirst   
BlueChoice.

**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.*

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