



**BlueCross BlueShield
of Illinois**

APRIL 16, 2019

Medicare Supplement Resource Guide for Producers Plan Year 2019

Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Before we get started...

This reference guide focuses on changes to the Medicare Supplement product line, as well as updates to various processes for Blue Cross and Blue Shield of Illinois (BCBSIL).

Our new product rollout and system upgrades impacts several areas of our Medicare Supplement line of business, including product, application, enrollment, billing and service, which are documented here. This guide covers details about new plans as well as the future of our existing line of Medicare Supplement plans (“legacy” plans*).

The information in this guide is current as of April 15, 2019. It is subject to change based on subsequent federal and state laws, regulations and guidance.

The content in this guide is for informational purposes only. It does not constitute legal, compliance or tax advice.

The content in this guide is proprietary information and is intended for contracted and appointed producers of BCBSIL. It should not be shared with members or prospects. This guide is for training purposes only.

* Throughout the guide, we reference “legacy” plans. These are Medicare Supplement plans with effective dates prior to May 1, 2019.

The screenshot shows a webpage titled "Medicare Supplement Insurance Plans" from Blue Cross Medicare Options. The page features a navigation menu on the left with options like "Medicare Basics", "Part A", "Part B", "Part C", "Part D", "Medicare Supplement Insurance Plans", "Part vs Plan", "Turning 65", "How is Medicare Different?", "How Do You Qualify?", "When to Enroll", and "Why Choose Blue?". The main content area explains how Medicare Supplement Insurance Plans work, listing covered costs like coinsurance, copayments, and deductibles. It also provides information on plan identification, coverage exclusions, and enrollment requirements. A "Help Me Choose a Plan" button is prominently displayed, along with a "Get a Quote & Apply" button. At the bottom, there are four "Useful Tools" icons: "Find Doctors & Hospitals", "Prescription Drug Estimator & Pharmacy Finder", "Find an Agent", and "Get Your Free Medicare Booklet".

Table of Contents

1 Sales & Marketing	4	4 Service	19
2019 Medicare Supplement Overview	4	New Membership System	19
New Product Line Benefit Highlights	5	Producer Call Center	19
Advantages of Blue Medicare Supplement	8	Producer Access to Member Communications	19
New Rates.....	8	Request for Missing Information Process	20
New Rate Determiners.....	9	Member Materials	21
Application Updates.....	10	Members of Legacy Plans Choosing New Plans	21
Service Upgrades	10	5 Retail Producer Portal	22
Legacy Products.....	10	Retail Producer Portal Reminders.....	22
2 Applying/Enrolling	11	Minor Changes to Quoting	23
Application Changes Overview	11	Changes to Application Pathways.....	24
Changes When Applying Online Via Retail Shopping Cart	14	Changes to the Retail Producer Portal	25
Changes When Applying Online Via Blue Access for Producers ...	16	6 Commissions	26
3 Billing & Payments	17	7 Contacts	28
Billing Changes	17	8 Resources	29
Helping Members with Automatic Bank Draft Payments.....	18		
Billing Delinquencies.....	18		

1 Sales & Marketing

2019 Medicare Supplement Overview

We're relaunching our Medicare Supplement line of business with new rates that work for today's Medicare population. Here are the strategies behind the changes to our Medicare Supplement product line and processes:

- **New Product Line:** Relaunching Medicare Supplement offering and promoting:
 - NEW Household Discounts of 3%
 - Medicare Select Availability
 - Blue365®
 - Prescription Drug Plan
 - TruHearing®
- **New Rate Determiners:** Adding gender and tobacco use ratings to new product offering
- **Application Updates:** Revising online and paper enrollment applications
- **Service Upgrades:** Utilizing new membership system to streamline administration processes
- **Legacy Products:** Keeping legacy Medicare Supplement plans for existing members
- **Marketing Outreach:** Focusing on educating, engaging and acquiring newly eligible prospects

1

Check Insurance Plan Details

[Print](#)

Blue Medicare SupplementSM Plan C Medicare Select ^{}**

Outline of Coverage Monthly Premium: \$210.00
[Download PDF](#)

Basic Benefits	Skilled Nursing Copay	Part A Deductible	Part B Deductible	Part B Excess Deductible	Foreign Travel Emergency Care ^{AA}	Annual Out-of-Pocket Limit
100%	Up to \$167.50 per day	100%	100%	Not covered	80% To \$50,000 lifetime max	N/A

People Covered

Insured	Sex	Date of Birth
Sarah	Female	09/21/1942

2

Please take out your Medicare card to complete this section

To enroll in a Medicare Supplement Insurance Plan or Medicare Advantage plan you must have Medicare Part A and Part B. To enroll in a Prescription Drug plan you must have either Medicare Part A or Part B. Enter your effective dates below. Do not include dashes or spaces.

Part A Effective Date:^{*}

Part B Effective Date:^{*}

Required*

3

Search the Network 🔍

Medicare Supplement Insurance plans allow you to select your doctors and hospitals. [learn more](#)

4

Apply

Please make sure all of the information above is listed correctly and confirm that the right option has been selected. Before continuing, you will need the following information for each person to be covered:

- Detailed health history
- Medicare card
- Social Security number
- Banking information
- Previous insurer information (if applicable)

When you click Continue, you will be directed into our online application system. During the application process, you will be asked to provide medical history information. Your application will be reviewed. Any changes will be detailed for your review.

Start Over
Continue

New Product Line Benefit Highlights

Household Discount

- The Household Discount is only available for members applying for one of the new Medicare Supplement plans. It is not available to those with legacy plans.
- This discount is 3% of the monthly premium. The discounted premium will be displayed in the bill/invoice.
- To qualify, the applicant must live with a member who is also enrolled (or if applying at the same time, will be enrolled) in one of the new Medicare Supplement plans.
- The Household Discount is not a rating determiner. If the applicant qualifies, the discount is applied post rating after validation.
- If an applicant receives the discount and leaves the household, the discount still applies.
- Producer compensation is based on the premium after the discount is applied. See page 27 for details.

Household Discount		
You may be eligible for a household discount if at least two members reside in the same household and are enrolled in a BCBSIL Medicare Supplement Insurance Plan effective on or after May 1, 2019.		
Are you eligible for the household discount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , provide a qualifying household member's information (optional):		
Name (First)	(Last)	Policy Number

Medicare Select Availability

- A reduced premium Medicare Select option may be available, depending on the location.
- Eligibility is based on zip code. Applying online allows you or your client to know immediately if the client is eligible.
- The client must live within the range of participating Medicare Select providers to be eligible.

Blue365

- Blue365 helps members live healthier lives by providing educational information and discounts on health and wellness products and/or services with discounts including:
 - Diet and Weight Control Programs
 - Elder Care Support Resources
 - Laser Vision Correction Services
 - Other Weekly Special Deals
- No claims to file, no referrals and no additional fees to participate.
- Members are responsible for discounted costs associated with Blue365. Visit Blue365deals.com for more.

Prescription Drug Plan (PDP) Updates

- Blue Cross MedicareRx goes beyond original Medicare to offer coverage for prescription drugs.
- The Basic Plan has its own formulary. The Value Plan and Plus Plan share the same formulary.
- Walgreens® is a preferred pharmacy.
- CVS Pharmacy® and Walmart® remain standard pharmacies.
- Access to 60,000+ pharmacies nationwide.
- Producers must be certified to sell PDP.

BlueCross BlueShield | Blue365

Browse All Deals How It Works Register/Login

Because Health is a big deal® Blue365 offers access to health and wellness deals exclusive to Blue members.

This Week's Deal

HEALTHY EATING

Holly Clegg

HOLLY CLEGG TRIM & TERRIFIC® COOKBOOKS

Save 25% on Holly Clegg's Cookbooks

VIEW DETAILS

Check Out Some Other Great Deals: Browse All Deals ▶

PERSONAL CARE

FITBOOMBAH - DENTISSE

Up to 32% Off Teeth Whitening Toothpaste and Rinse

VIEW DETAILS

FITNESS

SKECHERS DIRECT

30% Off select Men's and Women's SKECHERS styles year-round

VIEW DETAILS

FITNESS

FITNESS MAGAZINES

Get Men's Health, Women's Health, Bicycling or Runner's World Magazine for only \$10/year

VIEW DETAILS

Interested in discounts for your company?

Learn about our employer offerings.

VIEW DETAILS

TruHearing Benefit

- Some plans provide a hearing allowance to use towards a hearing aid purchase.
- Exclusive hearing aid program that sells quality instruments at a guaranteed price.
- Choice of over 90 different models of hearing aids from five leading manufacturers, with each hearing aid purchase including:
 - 3 provider visits for fitting and training
 - 48 FREE batteries per hearing aid
 - 3-year manufacturer's warranty on repairs as well as loss and damage
 - 45-day money back guarantee



Advantages of Blue Medicare Supplement

- High member approval rating
- Freedom to choose your own doctors: doctors who accept Medicare also accept our Medicare Supplement plans
- Select Plans available
- Travels throughout the United States (no notification required)
- TruHearing discounts available
- Blue365 member education and discount program included
- Basic, comprehensive and cost-sharing plans available



BlueCross BlueShield of Illinois

Monthly Premium Rates effective May 1, 2019
These rates apply to all members who live in Illinois.

PREMIUM INFORMATION
Blue Cross and Blue Shield of Illinois can only raise premiums if we raise the premium for all similar policies in the state. We will not change premiums or cancel policies because of poor health. Premiums change at age 65 and every year thereafter up to age 100. If premiums change, members will be notified at least 30 days in advance.

	Age 65							
	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$103.06	\$93.69	N/A	N/A	\$117.46	\$106.78	N/A	N/A
B	\$136.53	\$123.21	\$120.62	\$109.66	\$154.46	\$140.42	\$137.47	\$124.98
C	\$165.74	\$150.67	\$147.51	\$134.10	\$188.90	\$171.72	\$168.12	\$152.83
F	\$166.24	\$151.13	\$147.95	\$134.60	\$189.46	\$172.24	\$168.62	\$153.29
High F¹	\$48.37	\$43.97	N/A	N/A	\$55.13	\$50.12	N/A	N/A
G	\$140.63	\$127.85	\$125.16	\$113.78	\$162.70	\$147.90	\$144.80	\$131.64
K³	\$51.34	\$73.95	\$76.87	\$69.88	\$92.70	\$84.28	\$87.61	\$79.64
L³	\$114.27	\$103.88	\$104.84	\$95.31	\$130.23	\$118.39	\$119.49	\$108.63
N	\$114.67	\$104.25	\$102.06	\$92.78	\$132.66	\$120.80	\$118.07	\$107.34

For Agent training only, not intended for marketing/sales activities. Product information subject to change.

New Rates

[BCBSIL Medicare Supplement monthly premium rate booklet](#) is for policies effective May 1, 2019 and after. Rates are based on age, gender and tobacco use. Rates do not include household discounts.

New Rate Determiners

For many applicants, the new Medicare Supplement products will provide lower premiums compared to legacy products with the same coverage. That’s due primarily to the new rating rules we’ve implemented.

Gender

- Gender was always included in our Medicare Supplement applications but was not a rate determiner.
- When applicants apply for new Medicare Supplement plans, gender will now be used to determine rates.

Tobacco Use

- Tobacco use is a rate determiner for the new Medicare Supplement plans. The tobacco use question will appear on every online and paper application.
- Applications won’t be processed unless applicants answer the tobacco use question.
- One way to determine if you are using the correct application for legacy or new plans is if there is a tobacco use question. If the enrollment application includes a tobacco use section, you are applying for a new Medicare Supplement plan.

Applicant Information			
Name (First)	(Middle)	(Last)	
Home Address (No P.O. Boxes)	City	State	ZIP
Correspondence/Billing Address	City	State	ZIP
Primary Phone	Secondary Phone	Age	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Email Address	
Preferred Method of Contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email			
Tobacco Use			
Blue Cross and Blue Shield of Illinois (BCBSIL) defines a tobacco user as a person who is using or has used any tobacco products in the last 6 months prior to the date of enrollment for a plan. This includes but is not limited to cigarettes, cigars, smokeless tobacco products, electronic cigarettes, dissolvable tobacco products, and vaping.			
Within the past 6 months, have you used tobacco 4 or more times per week on average, excluding religious or ceremonial uses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Application Updates

- You can quote and apply for a **legacy** Medicare Supplement plan before April 29, with an effective date prior to May 1. Legacy plans are not available for new enrollment beginning May 1.
- You can quote and apply for a **new** Medicare Supplement plan beginning April 29 with an effective date of May 1 or later.
- See the Applying/Enrolling section on pages 11-16 for details.

Service Upgrades

- Members enrolling in new plans will be managed on a new membership system, which allows us to streamline administration processes.
- Existing members keeping their legacy plans will remain on our legacy membership system for the near future, but there are plans to transition them to the new membership system at a later date.
- See the Service section on pages 19-21 for more details.

Legacy Products


- Members can keep their current legacy Medicare Supplement plans.
- There is no outreach planned at this time to market the new plans to legacy plan members.
- Producers of record can determine if their clients would benefit by moving from a legacy plan to a new plan.



2 Applying/Enrolling

Application Changes Overview

- From now up to April 29, a consumer can *submit* an application for a LEGACY Medicare Supplement plan. If the effective date is prior to May 1, you must *apply* for a LEGACY plan.
- Beginning April 29, a consumer can *submit* [an application for a NEW Medicare Supplement plan](#). If the effective date is May 1 or later, you must *apply* for a NEW plan.
- *After May 1, please destroy printed legacy applications or delete these applications from digital devices.*



**BlueCross BlueShield
of Illinois**

Home Office Use Only

Application for Medicare Supplement Insurance Plan

Instructions

- To be considered for coverage, you must have Medicare Parts A and B, reside in Illinois, and be:
 - age 65 or over or
 - applying within 6 months of your Medicare Part B effective date.
- If submitting a paper application, please complete in ink. Be sure to sign and date on the appropriate line(s) on pages 4 and 5. Send no money now! No payment is due until you have a chance to review your policy and make sure the coverage is right for you.

Plan Selection Check one box to apply for a Medicare Supplement Insurance Plan.

<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Standard <input type="checkbox"/> Medicare Select <input type="checkbox"/> Plan C <input type="checkbox"/> Standard <input type="checkbox"/> Medicare Select	<input type="checkbox"/> Plan F <input type="checkbox"/> Standard <input type="checkbox"/> Medicare Select <input type="checkbox"/> High Deductible Plan F	<input type="checkbox"/> Plan G <input type="checkbox"/> Standard <input type="checkbox"/> Medicare Select <input type="checkbox"/> Plan K <input type="checkbox"/> Standard <input type="checkbox"/> Medicare Select	<input type="checkbox"/> Plan L <input type="checkbox"/> Standard <input type="checkbox"/> Medicare Select <input type="checkbox"/> Plan N <input type="checkbox"/> Standard <input type="checkbox"/> Medicare Select
--	---	--	--

Requested Policy Effective Date: / /

Applicant Information

Name (First)	(Middle)	(Last)	
Home Address (No P.O. Boxes)	City	State IL	ZIP
Correspondence/Billing Address	City	State	ZIP
Primary Phone	Secondary Phone	Age	Date of Birth / /
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Email Address	
Preferred Method of Contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email			

Tobacco Use

Blue Cross and Blue Shield of Illinois (BCBSIL) defines a tobacco user as a person who is using or has used any tobacco products in the last 6 months prior to the date of enrollment for a plan. This includes but is not limited to cigarettes, cigars, smokeless tobacco products, electronic cigarettes, dissolvable tobacco products, and vaping.

Within the past 6 months, have you used tobacco 4 or more times per week on average, excluding religious or ceremonial uses? Yes No

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

ILMSGIAPP
Blue Medicare Supplement | c/o Member Services | PO Box 3388 | Scranton, PA 18505
852257.0319

Application Updates (continued)

Access and Submit Correct Paper Application

- If you or your client must use a paper application, it’s critical that the effective date corresponds to the correct form. Submitting a legacy application for effective dates of May 1 and after may result in your client not receiving coverage.
- One way to tell the difference between a legacy plan application and a new plan application is if there is a tobacco use question. The tobacco use question only appears on applications for new plans.
- Every paper application has a form number on the bottom right of every page. Make sure the code on the application matches the effective date.

Links to Paper Applications and Form Code Numbers

EFFECTIVE DATES	APPLICATIONS FOR LEGACY PLANS
Now to 4/29/2019	Guaranteed Issue – Form Number 32126-1017

EFFECTIVE DATES	APPLICATIONS FOR NEW PLANS
5/1/2019 and after	Guaranteed Issue – Form Number 852257.0319

Semi-Annually Annually

of the Blue Cross and Blue Shield Association
 nois 60566-7003

32126.1017

user as a person who is using or has used any
 ment for a plan. This includes but is not limited to
 ttes, dissolvable tobacco products, and vaping.

es per Yes No

a Mutual Legal Reserve Company,
 s and Blue Shield Association
 s | PO Box 3388 | Scranton, PA 18505

852257.0319

Application Updates (continued)

Not Accepting BCBSIL Plan Change Form

- The BCBSIL Plan Change Form will not be accepted at this time. If your BCBSIL client decides to move from a legacy plan to a new plan, the client must complete a new application and answer rate determiner questions. We may reinstate the BCBSIL Plan Change Form in the future.

Application Submission by Deadline Discount

- In the past, if we received applications by a deadline date, we could honor the previous year's rate or discount the first month's premium. We can't implement this discount at this time, but we may reinstate it later.

Applying Online Versus Paper

- If you help your client apply online via the **Retail Shopping Cart** or the **Plan Select & Enroll tool** on [Blue Access for ProducersSM](#), the effective date entered determines the plans available (legacy or new) and populates the required fields. For example, if the desired effective date is June 1, you will only have the option of applying for new plans. With online enrollment, you don't have to worry that you are completing the wrong application.
- If you develop a digital quote using the **Retail Producer Portal**, the client goes to the Retail Shopping Cart after they click on the links in the quote. The correct plans and application display based on the quote's effective date.
- Trying to determine the correct application to use is only necessary for paper applications; legacy paper applications cannot be used for new plans.
- If the desired effective date and application form do not match, we begin an outreach process. If it's not resolved, the application may be withdrawn.

Changes When Applying Online Via Retail Shopping Cart

We strongly recommend applying online versus submitting “paper” or PDF applications. There are fewer errors and shorter turnaround times with online applications.

There are several ways to get to the Retail Shopping Cart. One way is to visit the BCBSIL’s [Medicare Supplement Options webpage](#) and click on the blue “Get a Quote & Apply” button.

Shopping/Quoting Changes

In May, you’ll see the following changes to the Retail Shopping Cart:

- On the “census” screen, “Use Tobacco?” will be included and must be answered to move to the next step.
- Users can click on the question mark next to “Use Tobacco?” to get more information about what qualifies as tobacco use.
- Your client may be eligible for Medicare Supplement Select Plans. Entering the entire physical address (see the following page) determines if the user is eligible.

Shopping/Quoting Changes (continued)

- The user must live within a certain distance from Select Plan providers to qualify. If the address provided is Select Plan-eligible, the user will see a confirmation at the top of the next screen.
- Throughout the shopping, quoting and enrolling process, there are multiple opportunities for the user to open and download either an English or a Spanish PDF file of the Outline of Coverage.

You may also be eligible for Medicare Supplement Select Plans if there are participating hospitals in your area.

Enter your address to check your eligibility. ? *Required

Home Address (No P.O. Boxes) * Apt/Suite#

333 s wabash Apt/Suite

City * **State** **County** **Zip**

Chicago IL Cook 60606

[Skip](#) [Continue](#)

Enrollment Changes

- After selecting a plan, the enrollment process begins. Note that the Medicare Beneficiary Identifier number is required.
- Applicants have the options of applying for the Household Discount. The user should submit the qualifying household member’s name and policy number. If household members are applying at the same time, the policy number is not required. See page 5 for more details about the discount.
- In the Payment section, bi-monthly payments are no longer available. See pages 17-18 for details on all billing changes.

Please take out your Medicare card to complete this section.

Please copy the Medicare Beneficiary Identifier from your red, white and blue Medicare Card. This number must be provided to us to complete your application process.

Medicare Beneficiary Identifier: * **Part A Effective Date: *** **Part B Effective Date: ***

1234567676 12/27/2018 12/28/2018

Household Discount

You may be eligible for a household discount if at least two members reside in the same household and are enrolled in a BCBSIL Medicare Supplement Insurance Plan effective on or after April 1, 2019.

Are you eligible for the household discount?

Yes No

If yes, provide a qualifying household member’s information (optional):

First Name Last Name Policy Number

Changes When Applying Online Via Blue Access for Producers

- You can complete a Medicare Supplement enrollment application online via [Blue Access for Producers](#).
- We strongly recommend applying online versus submitting “paper” or PDF applications. There are fewer errors and shorter turnaround times with online applications.
- After logging in, select the Medicare icon and choose the Plan Select & Enroll tool.
- The online application process via Blue Access for Producers is similar to the Retail Shopping Cart application process.
- If you choose an effective date of May 1 or later, you’ll see these changes to the online application process:
 - Required tobacco use question
 - Request for specific address data to view Select Plans where available
 - Apply for household discount
 - View English and Spanish versions of outlines of coverage in PDF format
 - Bi-monthly billing/payment option removed

The screenshot displays the Blue Access for Producers interface. At the top, the logo and navigation links (Producer Services, Password Manager, User Profile, Logout) are visible. A sidebar on the left contains a welcome message and navigation icons for Commissions, Group, Individual, and Medicare. The main content area is titled 'BCBS MEDICARE OPTIONS' and features a 'Medicare Tools' section with several interactive cards: 'Scope of Appointment', 'Product Information', 'Applications & Membership', 'Express Link', and 'Plan Select & Enroll'. The 'Plan Select & Enroll' card is highlighted with an orange border. Below this section is a 'MEDICARE DOCUMENTS' area with a 'PRODUCTS & FORMS' link. A help desk contact number and hours are listed in the bottom left corner.

3 Billing & Payments

Billing Changes

- Reminder: Applicants may select a billing date from the 1st through the 28th of the month.
- Applicants of new plans can choose their billing frequency:
 - Monthly
 - Quarterly
 - Semi-annual
 - Annual
 - Note that bi-monthly billing will not be available to members of new Medicare Supplement plans with effective dates of May 1 or later.
- Members of new plans can choose from the following payment channels to submit their premiums:
 - Automated electronic withdrawal (see link to authorization form on the next page)
 - Check by phone (see contact numbers and hours of operation on page 28)
 - Payment through the member's bank
 - Mail-in check (members should use the mailing address on their invoices)

Plan B Medicare Select
[Show Details](#)

Terms and Agreements
Medicare Information
Personal Information
Consumer Protection
Payment

PAYMENT

Payment Option

How would you like your premium payments to be billed in the future?

NOTE: Do not cancel any current coverage you may have until your application is approved and your new plan is effective.

Select your payment Option *

Premium deducted from bank account

Premium to be billed by mail

Billing Frequency *

Monthly

Quarterly

Semi-Annually

Annually

Bank Information

Enter your bank account information below for payment

Account holder name *

Other

First Name *

M.L.

Last Name *

I authorize BCBSIL to deduct the premium payments from my checking or savings account on behalf of the applicant *

Account Type

Checking Savings

Bank Name *

Bank routing number *

Bank account number *

Confirm bank routing number *

Confirm bank account number *


Bank Authorization Agreement * [Hide](#)

Helping Members with Automatic Bank Draft Payments

- Help members pay their bill on time, every time with automatic bank draft payments.
- We're encouraging members to set up automatic bank draft payments for their ongoing premium payments.
- It's convenient, safe and hassle free and helps members stay covered.
- Download the [BCBSIL EZ Blue Payment Option Authorizations form](#) and send to your client.

Billing Delinquencies

- If a legacy plan is canceled due to billing delinquency, the member can reinstate the same plan as long as the full premium payment needed is received within 60 days of the termination date, which also means no gap in coverage.
- If the legacy plan is canceled due to non-payment of premium, and the member is within the 60 day reinstatement period, but does not want to pay the premium needed to reinstate the legacy policy, the member will need to re-enroll in a new Medicare Supplement plan. In this case, there will be a gap in coverage, and the legacy plan may not be available, depending on the effective date.
- Payments received 61 or more days from the policy cancelation date will be refunded.



Authorization Agreement

Take these simple steps for hassle-free monthly premium payments:

- Verify with your financial institution that it can accept automated electronic withdrawals.
- Complete, sign and return this authorization form.
- If submitting by fax, please fax this form to 888-235-2949.
- If submitting this form by mail, please use this address:
 Medicare Supplement Membership
 P.O. Box 3004
 Naperville, IL 60566

If you have any questions about this program, please call our Customer Service Department toll-free at 1-800-624-1723.

AGREEMENT

I request and authorize Blue Cross and Blue Shield of Illinois (BCBSIL) and/or its designee to obtain payment of amounts becoming due by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. This authorization will remain in effect until I notify BCBSIL or the Financial Institution in writing to terminate and BCBSIL or the Financial Institution has a reasonable time to act on the termination.

Please complete the following - Print or Type information

Deduct ongoing monthly premium payments from my designated checking or savings account. If the withdrawal date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day. (Please note that coverage cannot be issued until the first month of premium has been received in our office, unless you have authorized BCBSIL to deduct the initial payment upon receipt of your application).

BCBSIL Member ID: _____

Name of Member: _____

Name of Depositor(s) if other than the member: _____

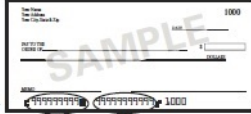
Phone number of Member/Depositor: _____

Name of Bank, City and State where account is authorized: _____

Please check one: Checking Account Savings Account

Bank Transit Number: _____

Depositor's Account Number: _____



Bank check - bottom left corner

Bank Transit Number Depositor's Account

I have read and accept the above agreement.

Please continue to pay your premiums by check or money order until you receive a confirmation letter from us stating the date automatic payments will begin.

Depositor's Signature: _____ Date: _____

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

31752.0915

4 Service

New Membership System

- In a continuous effort to streamline processes and better serve our customers, members enrolling in new Medicare Supplement plans will be placed in a new membership platform.
- Members with legacy Medicare Supplement plans will remain on the current membership system. In the future, we will move these legacy members to the new membership system.
- Depending on your client's plan (legacy or new), they will have slightly different enrollment and service experiences. Communications, payment options and application processing will be different.

Producer Call Center

- Our producer call center supports Medicare Supplement sales and service questions and concerns.
- Producer Advocates can provide details about member communications and help support you on an array of other service issues. See page 28 for contact information.

Producer Access to Member Communications

- We will no longer mail physical copies of member letters to the producer of record.
- As we focus on moving new Medicare Supplement members to a new membership platform, digital copies of member correspondence are not yet available via the Retail Producer Portal. We are working to provide producers with digital copies of member correspondence via the portal. Producers with clients enrolled in legacy plans will continue to see those members' correspondence in the portal as they do today.

Request for Missing Information Process

- Applications go into pend status when:
 - The application is not completed properly. (Note that applying online helps avoid mistakes and reminds users to complete all fields.)
 - The wrong application is submitted: If you submit a legacy application for new business, the application may not be processed. See the pages 11-12 on selecting the correct application.
- Below are the outreach steps taken when an application is missing information.

Missing Information Outreach Steps by Enrollment Team

1. Gives Producer of Record (POR) or applicant a courtesy call regarding missing information
2. Pends application for 3 days

If information is still missing:

1. Calls POR or applicant about missing information
2. Mails applicant request letter
3. Pends application for another 10 days

If information is still missing:

Mails applicant withdrawal letter, resulting in no coverage for applicant.

* Note that while the timeframe to respond to missing information requests is roughly 15 days, if the POR or the applicant provides information during this time, the application will pend for additional time to allow for processing.



Member Materials

- Once the enrollment application is processed, we mail plan fulfillment kits and ID cards to the new member within 10 business days of enrollment approval.
- Fulfillment kits and ID cards are sent separately, via priority mail.

Members of Legacy Plans Choosing New Plans

Members enrolled in legacy plans may decide to choose one of our new plans. Here are some important items to remember:

- Members enrolling in a new plan will receive a NEW MEMBER ID CARD and NUMBER. The ID card and number from the legacy Medicare Supplement plan will be deactivated.
- Members who transition from a legacy plan to a new plan will receive a new member fulfillment package.
- If you use the Retail Producer Portal or Blue Access for Producers to track your clients, you will have two different client files for the same member, one with the legacy plan ID and one with the new plan ID for a period of time. In addition, your commission statement will reflect both member accounts for the same client.
- Our enrollment specialists will try to keep the same premium billing due date for members who transition from a legacy plan to a new plan.



5 Retail Producer Portal

Retail Producer Portal Reminders

- The [Retail Producer Portal](#) is a comprehensive business management and client service tool. The portal enables you to design and deliver quotes, direct clients to the enrollment process on the Retail Shopping Cart, manage prospects and serve and support active clients with a host of features.
- If you don't use the portal for Medicare Supplement business, learn about the tool, including how to register, in our [Retail Producer Portal Guide](#). Though the guide focuses on how to use the portal for our retail under-65 market, many of the same features can be used for your Medicare Supplement business, including quoting.
- If you use the portal for Medicare Supplement business, there are some changes that you need to know about, which are detailed beginning on the next page.

BlueCross BlueShield of Illinois
BlueCross BlueShield of Montana
BlueCross BlueShield of New Mexico
BlueCross BlueShield of Oklahoma
BlueCross BlueShield of Texas

Retail Producer Portal

Menu Account

Please Sign-In

User Name
User Name

Password
Password

[Register](#) [Login](#)

[Forgot User Name?](#)
[Reset Password?](#)

Welcome

Welcome to the Retail Producer Portal.
This site provides 24-hour access to information and tools to help you better manage your business and service your clients.

You can:

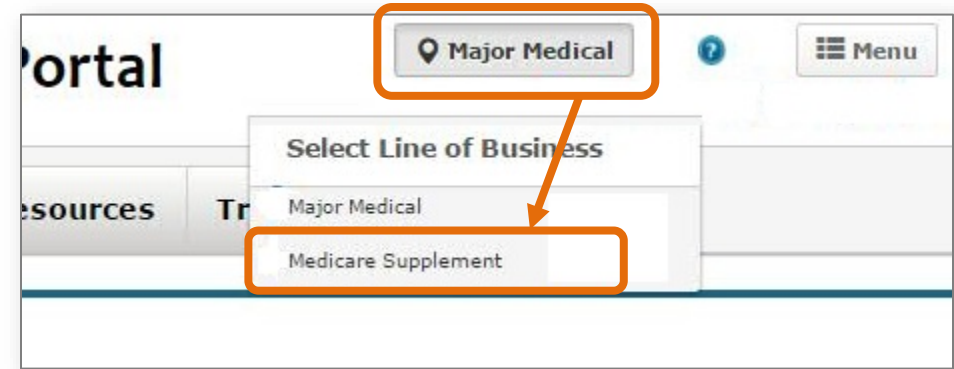
- Check the status of your applications and current business
- Search for clients using preset quick or advanced searches
- Verify payment status
- Download forms
- Access training materials

Jeffery Welch
Divisional Vice President, Consumer Markets Sales

Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
© Copyright 2015 Health Care Service Corporation. All Rights Reserved.

Minor Changes to Quoting

After logging in to the portal, make sure you're quoting Medicare Supplement business. Check the line of business indicator located on the top right of the display window. If the display shows "Major Medical," click on it and select "Medicare Supplement."



There are a few changes to the Retail Producer Portal Medicare Supplement quoting process:

- If your client is interested in Medicare Select Plans (indicated by selecting "Yes") a full address is required so that eligibility can be determined and Select plans are displayed.
- The Applicant's Name is now required. Note that the name entered here will be used in quotes and saved proposals.
- We've added a Tobacco Use question.
- Note the green "Continue" button *will not appear* until all required fields are complete.

Home Client Info Online Sales E-Communication Quotes Resources Training

Applicants

Is your client interested in a Medicare Select Plans? Yes No

Applicant's Name

Zip code, County

Sex Male Female

Date of Birth

Tobacco Use Yes No

Requested Effective Date

Continue

Changes to Application Pathways

After submitting the applicant information, plans will display. You can:

- **Send Quote.** The Send Quote process is the same as before. When your clients receive your digital quote and click on links in the quote, they are directed to the Retail Shopping Cart where they can continue to shop and enroll. Your information is captured with the use of the quote link.
- **Apply for This Plan.** As the producer, if you select “Apply for This Plan,” you can choose to complete online enrollment via the Retail Shopping Cart or download and complete a paper application.

Note that saved proposals will expire 18 months after no activity and quotes will expire after 90 days.

The screenshot displays the 'Medicare Supplement Plans' section of the Retail Producer Portal. At the top, there is a navigation menu with 'Home', 'Client Info', 'Online Sales', 'E-Communication', 'Quotes', 'Resources', and 'Training'. Below this, the 'Matching Plans' section includes three steps: '1. Review the plans below', '2. Compare plans', and '3. Apply online or by mail'. The 'Your Options' section shows client details: 'Age: 68, Zip Code 60110, Kane County' and 'Requested Effective Date 02/13/2019', with a 'Return to Applicants Page' button. The main area is a table of Medicare Supplement Plans with columns for Plan Name, Plan Type, Part A Deductible, Part B Deductible, Part B Excess, Skilled Nursing, Foreign Travel Emergency, Annual Out of Pocket, Monthly Premium, and an 'Apply' button. A modal window titled 'How would you like to proceed?' is overlaid on the table, offering two options: 'Continue to RSC Enrollment' and 'Print Application Sign and Mail'. A 'Send Quote' button is located at the bottom right of the page.

Plan Name	Plan Type	Part A Deductible	Part B Deductible	Part B Excess	Skilled Nursing	Foreign Travel Emergency	Annual Out of Pocket	Monthly Premium	Apply
Plan A	Standard	Not covered	Not covered	Not covered	Not covered	Not covered	N/A	\$92.00	Apply For This Plan
Plan B	Standard	100%	Not covered	Not covered	Not covered	Not covered	N/A	\$149.00	Apply For This Plan
Plan F	Standard	100%	100%	100%	Up to \$170.50 per day	80% to \$50,000 lifetime max	N/A	\$188.00	Apply For This Plan
				100%	Up to \$170.50 per day	80% to \$50,000 lifetime max	N/A	\$56.00	Apply For This Plan
				100%	Up to \$170.50 per day	80% to \$50,000 lifetime max	N/A	\$174.00	Apply For This Plan
	Not covered				Up to \$85.25 per day	Not covered	\$5560	\$94.00	Apply For This Plan
	Not covered				Up to \$127.88 per day	Not covered	\$2780	\$132.00	Apply For This Plan
	Not covered				Up to \$170.50 per day	80% to \$50,000 lifetime max	N/A	\$128.00	Apply For This Plan

Changes to the Retail Producer Portal

Applicants/Members of New Plans

For applicants/members of new plans, some correspondence, payment and application data will be unavailable.

- As we focus on moving new Medicare Supplement members to a new membership platform, digital copies of member correspondence are not yet available.
- Some applicant information will be unavailable:
 1. PDF of the completed app
 2. The “Decision” display
 3. The app withdrawal date
 4. Email address and cell phone number (once the applicant becomes a member, all contact information will be available)
 5. If there’s a rate change, the reason won’t display but the rate amount will display

Members of Legacy Plans

- Producers with clients enrolled in legacy plans will continue to see those members’ correspondence in the portal as they do today.

Members Moving from Legacy to New Plans

- Members who move from a legacy plan to a new plan will appear in the portal twice as we transition Medicare Supplement members to a new membership system. You will have two different client files for the same member, one with the legacy plan ID and one with the new plan ID.



6 Commissions

Compensation Schedules & Commission Statements

- There are no changes to Medicare Supplement commission rates.
- Medicare Supplement compensation schedules will state that commission rates will be applied to premiums after a household discount is applied to those that qualify.
- For members who transition from legacy plans to new plans, you may see a client listed twice on your commission statement: once with the legacy group plan ID and again with the new group plan ID. This is temporary until the legacy group plan ID numbers transition off of commission statements.
- You can find the Medicare Supplement Commission Schedule by logging in to [Blue Access for Producers](#) and selecting the schedule in the **PDFs & Related Information** section.

The screenshot displays the 'blueaccess for Producers' website interface. At the top, there is a navigation bar with a menu icon, the logo, and a 'Logout' link. Below this is a secondary navigation bar with icons for 'COMMISSIONS', 'GROUP', 'INDIVIDUAL', and 'MEDICARE'. The main content area is titled 'COMMISSIONS' and features a blue header for 'COMMISSION STATEMENTS'. Underneath, there is a link for 'INTERACTIVE COMMISSION REPORTING TOOL'. A second blue header is labeled 'PDFs & RELATED INFORMATION', which contains a list of links: 'Enterprise Standard Producer Agreement Addendum', 'Consumer Markets Producer Agreement Commission Schedule - Individual', 'Group Markets Producer Agreement Commission Schedule - Group', 'Med Supp Commission Schedule' (highlighted with an orange box), and 'Quick Reference Guide'.

Reinstatements, Re-enrollments & Reinstatements

- The producer is paid according to the original effective date as detailed in the Medicare Supplement commission schedule.
- Reinstatements, re-enrollments, plan changes and replacements (with or without a gap in coverage) are not considered new or first year sales.
- Reminder: A replacement policy is considered a renewal for commission purposes. Replacements include moving from a legacy plan to a new plan or moving from a plan with another insurer to a BCBSIL plan.

Household Discounts

- Consumers can apply for a household discount (a 3% discount off the premium) when enrolling in new Medicare Supplement plans.
- The household discount is not available with legacy plans.
- Compensation for Medicare Supplement policies is based on the premium.
- If members qualify for the household discount, compensation will be paid on the new discounted premium. Commission adjustments will occur the month subsequent to the change.

7 Contacts

Producer Support

Product information • Sales Assistance •
Application Status • Policy Changes •
Retail Producer Portal

Phone: 877-587-6638

Fax: 855-867-6714

8:00 a.m. to 5:00 p.m. CT, Monday through Friday

Producer Service Center

Commissions • Producer of Record Changes •
Book of Business Inquiries • Licensing

Phone: 855-782-4272

Email: Producer_Service_Center@hcsc.net

8:00 a.m. to 5:00 p.m. CT, Monday through Friday

Member/Customer Service

Enrollment • Benefits • Claims • Appeals •
Preauthorizations

Phone: 877-384-9297

Fax: 855-867-6717

7:00 a.m. to 6:00 p.m. CT, Monday through Friday

Member Check-by-Phone*

Make a One-off Bank Account Premium
Payment

Phone: 800-611-1767

IVR System available 24 hours a day, 7 days a week*

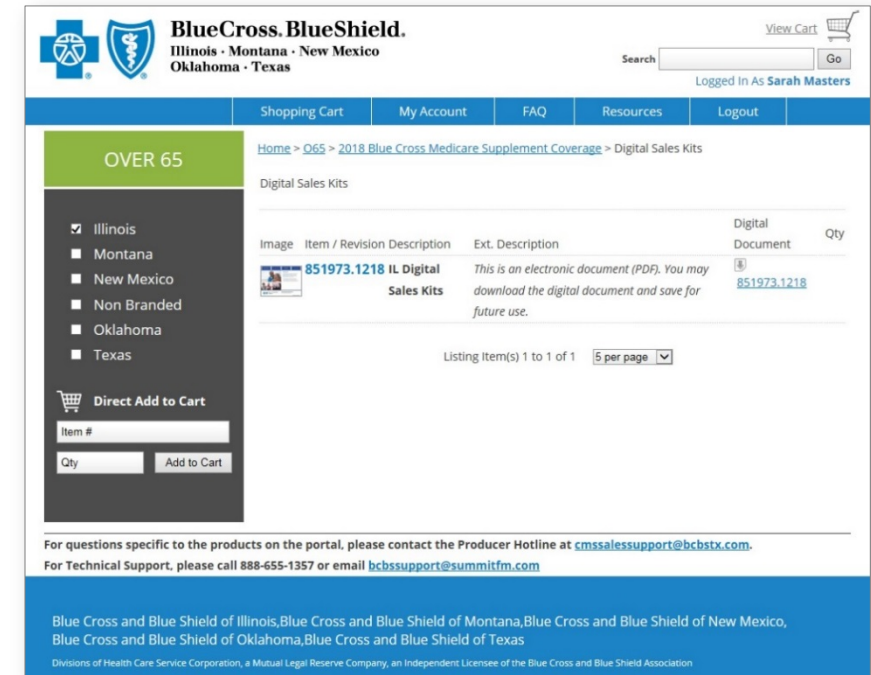
* The Check-by-Phone call center operates via an Interactive Voice Response (IVR) system. If members have issues with the IVR system, there is live support 7:30 a.m. to 8:00 p.m. CT, Monday through Friday.

8 Resources

Producer Supply Portal

The Producer Supply Portal allows authorized users to access marketing materials, application forms and more. You then can download and save the materials to your computer or print and ship them. Shipping options include entering or uploading customer lists for client mailings, or shipping items to one address. Log in to see product and marketing materials or follow instructions on the home/log in page to register.

[Visit the Producer Supply Portal today!](#)



BlueCross BlueShield of Illinois Effective 5/1/2019

Medicare Supplement Products

	Basic Benefit Options		Comprehensive Plan Options			Budget-Conscious Plan Options			
	Plan A	Plan B	Plan C	Plan F	Plan G	High Deductible Plan F	Plan K	Plan L	Plan N
Reduced Premium Medicare Select Option Available (eligibility based on ZIP code)		✓	✓	✓	✓		✓	✓	✓
Basic Benefits	✓	✓	✓	✓	✓	✓	100% / 50%	100% / 75%	✓ copay applies
Skilled Nursing Coinsurance			✓	✓	✓	✓	50%	75%	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	✓
Part B Deductible			✓	✓		✓			
Part B Excess				✓	✓	✓			
Foreign Travel Emergency Care			✓	✓	✓	✓			✓
Annual Out-of-Pocket Limit							\$5,560	\$2,780	

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association 852399.0319

Selling 2019 Medicare Supplement Plans

This [sales flier for producers](#) provides at-a-glance features and benefits of enrolling in a BCBSIL Medicare Supplement plan and buying Blue. It gives some main talking points you can use with your clients as they make decisions about their 2019 health care.

2019 Digital Marketing and Sales Kit

The 2019 BCBSIL Medicare Supplement Digital Marketing and Sales Kit contains links to all the materials you need to market, sell and enroll your clients in a Blue Medicare Supplement plan. The kit can be found on our [Producer Supply Portal](#). As soon as the kit is available, we'll notify our producers. The kit includes:

- [Decision Guide](#)
- [Applications](#)
- [Outlines of Coverage](#)
- [Rate Card and Rate History Flier](#)
- [Med-Select Hospital Listing](#)
- [Medigap Book](#)
- [Advertising Templates](#)
- [Forms & Disclosures](#)
- [EZ Blue Options Payment Authorization Form](#)

Sales Presentation

Our [Medicare Supplement sales presentation](#) is designed as a sales tool for use with potential clients. It allows you to add your name and contact information and includes additional notes for the sales agent. The presentation covers:

- [Medicare Supplement options](#)
- [What Medicare does and does not cover](#)
- [Benefits of having a Medicare Supplement plan](#)
- [Service and Support information](#)

The screenshot shows a website header with four navigation tabs: "Blue Medicare Supplement Marketing Materials", "Advertising Templates", "Important Forms and Disclosures", and "Contact Information". Below the tabs is a large image of an elderly couple embracing. To the right of the image, under the heading "INSTRUCTIONS:", there is a paragraph of text and two bullet points. Below the main image is a smaller image showing a group of people, including a young man, a man, and a woman. At the bottom right, there is a heading "Digital Marketing Materials for Blue Medicare Supplement™".

Blue Medicare Supplement Marketing Materials | **Advertising Templates** | **Important Forms and Disclosures** | **Contact Information**

INSTRUCTIONS:

This digital sales kit is intended to help you sell Medicare Supplement products. It is for your use only and not to be emailed to prospects. We encourage you to view these items on an electronic device with your clients.

- Medicare Supplement sales kits are printed and must be ordered from the Producer Supply Portal.
- Medicare Supplement ad templates and self-mailers can also be downloaded from the Producer Supply Portal.

Digital Marketing Materials for Blue Medicare Supplement™

The screenshot shows a slide for "Medicare Supplement Insurance Plans". The slide features the Blue Medicare Supplement logo at the top left. The main title is "Medicare Supplement Insurance Plans". Below the title, there is a section for "Your presenter today:" followed by a placeholder for the presenter's name and their role as a Licensed Agent of Blue Cross and Blue Shield of Illinois (BCBSIL). There is also a disclaimer stating "Not connected with or endorsed by the U.S. Government or Federal Medicare Program." and the code "ILMSSP17". At the bottom right, there is a phone number "852007.1218" and a small disclaimer: "A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association". The background of the slide shows an elderly couple smiling.

Blue Medicare Supplement™

Medicare Supplement Insurance Plans

Your presenter today:
[Presenter Name]
 Licensed Agent of Blue Cross and Blue Shield of Illinois (BCBSIL)

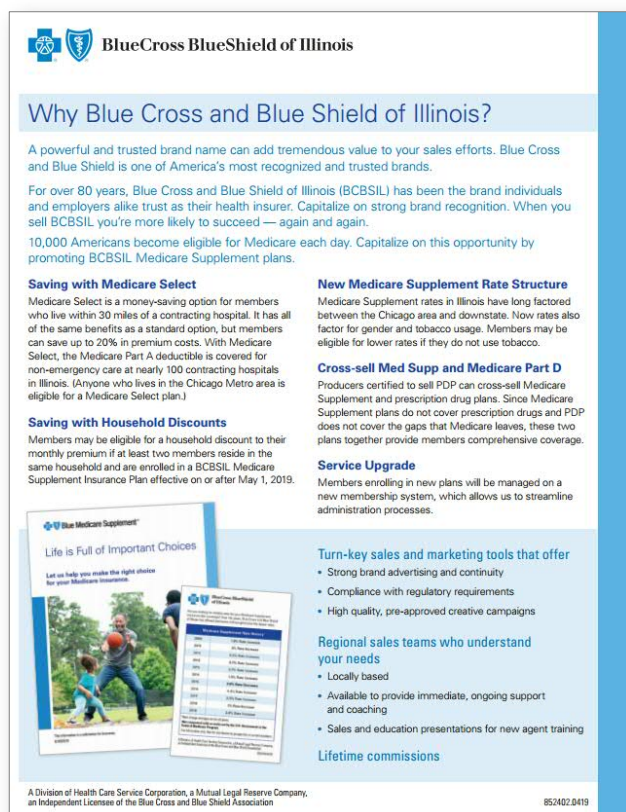
Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

ILMSSP17 | 852007.1218

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

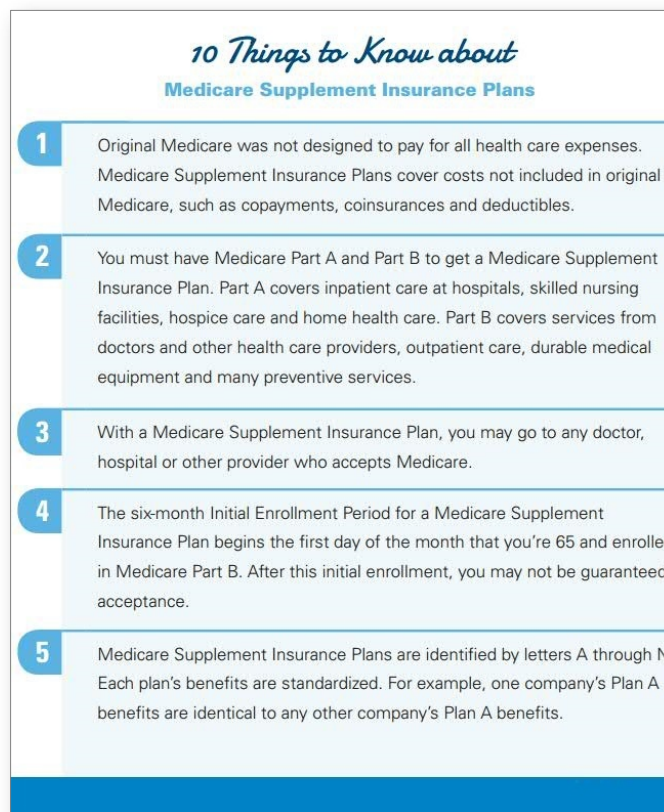
Why Choose BCBSIL?

This flier covers the advantages of selling BCBSIL Med Supp, saving with Medicare Select and Household Discounts and cross-selling Med Supp and Medicare Part D.



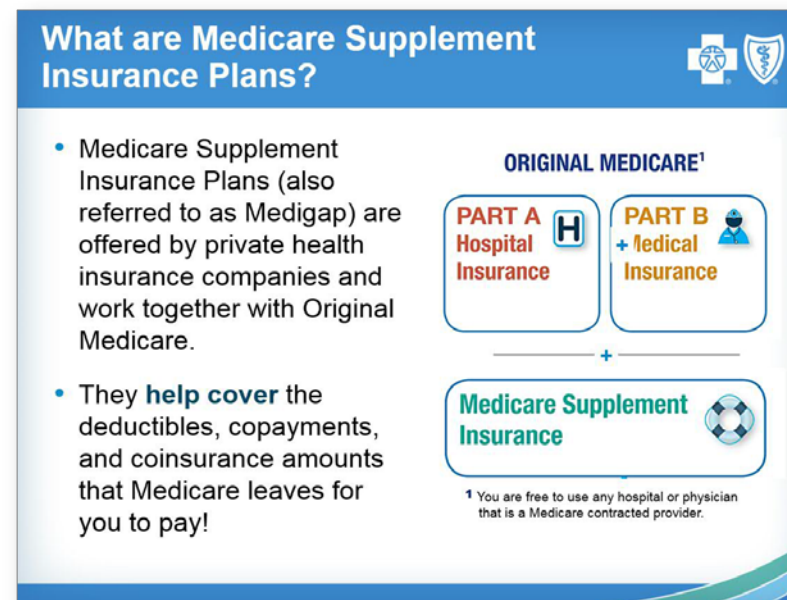
10 Things to Know About Medicare Supplement

This flier for potential clients gives consumers the most important things they need to know about Medicare Supplement insurance.



Education Training

Our education presentation for prospects and members provides an overview on Medicare Supplement insurance, benefits covered under each plan and service and Support information



Medicare Supplement insurance plans are offered by Blue Cross and Blue Shield of Illinois, Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Medicare Select Plans require that you use Blue Cross and Blue Shield of Illinois contracting Medicare Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible. In an emergency, the deductible is covered at any hospital from which the member receives care. Members must live within 30 miles of a participating Medicare Select hospital to be eligible.

BCBSIL Medicare Supplement Plans are not connected with or endorsed by the U.S. Government or Federal Medicare Program.

Blue365 is a discount program for members. This is NOT insurance. We do not guarantee or make any claims or recommendations about the program's services or products. We reserve the right to stop or change this program at any time without notice. The relationship with Blue365 vendors is that of independent contractors.

TruHearing is an independent company that is part of the Blue365 discount program. They are solely responsible for the products and services they provide.

Rates displayed in this guide are illustrative only. Actual rates are based on age, location, gender, tobacco use and choice of coverage.

Blue365 is a registered trademark of the Blue Cross and Blue Shield Association.

CVS Pharmacy is a registered trademark of CVS Pharmacy, Inc.

TruHearing is a registered trademark of TruHearing, Inc.

Walgreens is a registered trademark of Walgreen Co.

Walmart is a registered trademark of Walmart.