of Tennessee

Agent Guide for 2018 Individual Products

Revised October 2017

This document contains confidential information

Thank you for all your help in selling BlueCross BlueShield of Tennessee individual health care plans to your customers. We've created this Agent Guide to help you understand and market these plans. It includes administrative guidelines for writing new business, billing and general policy information. This manual is a reference, not a legal document. Updates to this guide are available at bcbst.com, in the secure broker section.

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2018 On/Off-Marketplace Plan Availability

Regions In Blue:
Individual Coverage Available

Regions in Orange:
Individual Coverage Not Available

West - Region 5		
Benton	Gibson	Lake
Carroll	Hardeman	Madison
Chester	Hardin	McNairy
Crockett	Henderson	Obion
Decatur	Henry	Weakley
Dyer		

West Central - Region 8		
Bedford	Humphreys	Maury
Coffee	Lawrence	Moore
Dickson	Lewis	Perry
Giles	Lincoln	Stewart
Hickman	Marshall	Wayne
Houston		

East Central - Region 7		
Cannon	Jackson	Smith
Clay	Macon	Van Buren
Cumberland	Overton	Warren
DeKalb	Pickett	White
Fentress	Putnam	

Chattanooga - Region 3		
Bledsoe	Hamilton	Polk
Bradley	Marion	Rhea
Franklin	McMinn	Sequatchie
Grundy	Meigs	

Knoxville - Region 2		
Anderson	Hamblen	Morgan
Blount	Jefferson	Roane
Campbell	Knox	Scott
Claiborne	Loudon	Sevier
Cocke	Monroe	Union
Grainger		

East - Region 1		
Carter	Hawkins	Unicoi
Greene	Johnson	Washington
Hancock	Sullivan	

Memphis - Region 6		
Fayette	Lauderdale	Tipton
Haywood	Shelby	

Nashville - Region 4		
Cheatham	Robertson	Trousdale
Davidson	Rutherford	Williamson
Montgomery	Sumner	Wilson

Important Contacts List

Our Individual Sales Broker Support Team is available to answer your questions. Please refer to the numbers below for more information.

For general information or questions about our products:

Individual Sales Broker Support
1-800-351-9325

For questions about your commission account:

If your last name or your Agency name (as appointed with BlueCross) begins with the letters A-J

Rhonda Ireland
(423) 535-8279
Fax (423) 535-3178

If your last name or your Agency name (as appointed with BlueCross) begins with the letters K-Z

Jana Thomas
(423) 535-7026
Fax (423) 535-3178

For questions about licensing, E&O or address changes:

Send to agents&brokers@bcbst.com

To submit broker appointment documents only:

Send to BrokerAppointments@bcbst.com

For questions about errors and omissions:

MGA Insurance Services
1-800-593-7657
bcs-eo.com/tn

For agent advertising approvals or the Marketing Assistance Program:

Broker_Advertising_Requests_GM@bcbst.com

For membership and billing questions:

Off-Marketplace, BlueCross65℠ and BlueElite℠ Products

Phone: 1-800-725-6849
Membership Fax (423) 591-9244
Billing Fax (423) 591-9252

Marketplace Products
Phone: 1-855-484-0280
Membership Fax (423) 591-9244)
Billing Fax (423) 591-9252

For Sales Management: Individual Sales

Steven Johns, Individual Sales Director
(423) 535-8248

Elena Pierce, Direct Sales and Retention Manager
1-800-515-2121, ext. 3413 or (423) 535-3413

Appointment Requirements

To be appointed to represent BlueCross BlueShield of Tennessee, we must have the following documents:

- Producer Request for Appointment Form
- Copy of Current Tennessee Resident or Non-Resident license
- Proof of Errors & Omissions (E&O) coverage
- W-9 form associated with the payee of commission payments
- Electronic Funds Transfer Form associated with payee of commission payments with a voided check copy
- Individual Agency Agreement
- Medicare Supplement Products Agency Agreement
- Addendum to Agency Agreement with Business Associate and Agent/Broker Conflict of Interest Certification and Disclosure Form

All forms with the exception of license and E&O can be found on the broker section of **bcbst.com**.

On- and Off-Marketplace Requirements

You will be assigned a unique Broker Identification Number at the time of appointment. This number MUST be included when submitting applications for Non-Marketplace business.

For applications submitted through the Federally Facilitated Market (FFM), your National Producer Number (NPN) is required. To sell products on the Federally Facilitated Market (FFM), agents must meet certain training and certification requirements as established by the Centers for Medicare and Medicaid Services.

Agent Commission Information

For Medicare Supplement business, all broker commissions are paid on an annual basis.

Commissions, if applicable on Under 65 renewals, are paid on an as-collected basis. Once the premium payment is collected, you will receive the appropriate commission on a Per Member Per Month (PMPM) basis on your next commission statement.

Agent or agency of record letters are not accepted on individual policies.

BlueCross does reserve the right to modify commission payment schedules. Payment of your commissions is set out as part of your agreement with us.

When Are Commissions Paid?

Commission statements will be available no later than the 10th of the month following the month in which the premium is posted. A schedule of commission cut-off dates is available on the broker section of bcbst.com. Please note that cut-off dates vary each month.

The effective dates and the timing of payments can affect when you will receive commissions for a particular policy.

Commissions For Partial Premium Payments

Commissions are calculated and paid based on premiums received up to the amount of premium billed. If only a portion of the premium for a particular due date has been paid prior to commission processing, you will receive a pro-rated commission amount for that commission run. **However, once the premium is paid in full, you will receive the balance of your commissions for that due date.** This, of course, could mean that it may take more than one month to receive your full commissions for a policy that was not paid in full at the time of your commission payments.

Possible Commission Payment Delays

To ensure accuracy of every Individual policy issued, each policy is subject to a series of quality checks before the first billing is released. Commissions are calculated and paid based on premium processed up to the first month's billing. If the policy has not billed, commissions cannot be determined. Consequently, if a policy is issued toward the end of the month when commission payments are calculated, the policy may still be in the quality assurance process and the billing not yet released. In this case, you should receive your commission with the next commission run.

For policies paid by bank draft, commissions will be paid on the next monthly commission statement after the first bank draft processes.

Verify the Status of New Policies Sold

You can verify the status of new policies through BlueAccess on bcbst.com. Please see the Agent Online Tools section of the guide for more details.

Where Are Commission Statements Located?

Commission Statements are available through BlueAccess on bcbst.com. Please see the Agent Online Tools section of the guide for more details.

Overview of Individual Products

Essential Health Benefit (EHB) Plans

Our EHB plans offer a variety of traditional PPO and high-deductible plan offerings – and comprehensive benefits – so you can be confident in knowing that EHB plans will provide your clients with a plan that fits their needs and budget. Your clients can:

- Choose a traditional PPO plan or select a high-deductible health plan compatible with a health savings account with deductible levels ranging from $250-$5,650.
- Find providers and specialists across the state participating in Blue Network S℠.
- Take advantage of wellness benefits, including immunizations, well care exams, cervical and prostate cancer screenings and mammography screenings.
- Have access to prescription drug and behavioral health coverage with all plans.
- Rest easy knowing that benefits are available for office surgeries, routine diagnostic lab tests, X-rays and even advanced radiological imaging – like CT scans, MRIs, PET scans, nuclear medicine and other similar technologies.
- Easily get pediatric services including oral and vision care for dependents under age 19.
- Speak to a board-certified doctor 24/7 over the phone or secure online video using PhysicianNow powered by MDLIVE.

Personal Dental Coverage

Personal Dental Coverage is available for adults and children (over the age of 2) and features an annual deductible of $50 per person or $150 per family. Preventive and diagnostic services are not subject to this deductible. Benefits are paid based on a Maximum Allowable Charge (MAC), as specified in the Schedule of Benefits up to an annual of maximum of $1,000 per person once the deductible has been met. The member can choose any dentist, but they will likely save money by going to an in-network dentist. No coverage is offered for cosmetic orthodontia services.

If an individual purchases dental coverage with an Off-Marketplace medical policy, everyone covered under the medical policy will be enrolled. A monthly premium per each eligible person will be added to their medical premium.

Individuals may apply for stand-alone Personal Dental Coverage online. Applicants may not be covered under any other individual or group dental policy or plan of benefits.

MDLIVE is an independent company and does not provide BlueCross BlueShield of Tennessee products or services.

Personal VisionBlue℠ Coverage

Personal VisionBlue is available with the purchase of Off-Marketplace BlueCross medical or dental coverage or may be added to an existing policy. It is only available in Tennessee. Premiums will be included on the monthly billing statement for each member covered under an existing BlueCross plan. All members on the policy will be covered. If terminated, coverage is cancelled for all members on the policy. If VisionBlue coverage is terminated, it may not be re-added to the same policy. Vision upgrades are not allowed outside the free look period.

Personal VisionBlue Coverage offers a choice of two plans:

Personal VisionBlue Plan Exam Only

This plan includes a routine vision exam for each member covered under the plan every 12 months for a $10 copay from in-network providers. Other services, such as the purchase of glasses and contacts, receive discounted pricing when an in-network provider is used.

Personal VisionBlue Plan Exam Plus Materials

This plan provides both an eye exam and materials for each member covered under the plan. A $10 copay for an eye exam and a $25 copay for eyeglass lenses are available from in-network providers. An allowance of $100 for frames or contact lenses is also available under the plan when an in-network provider is used. Out-of-network allowances are available, but are not as large as when the network is used. Additional discounts on lens options and non-covered items are also available from the in-network providers.

Individual Under 65 Product Guidelines

Eligibility Requirements

To be eligible to enroll in any Individual Under 65 Off-Marketplace products, applicants:

- Must be a resident in one of the six regions where we offer service (must have a street address in Tennessee; post office boxes do not qualify).
- Must not reside outside the U.S. for more than six months out of the year.
- Must be a citizen of the United States of America or maintain a student visa, work visa and/or a valid green card.
- Must not be covered under any other individual, group or government-sponsored health policy, plan or benefits program, including Medicare.

Eligible Dependents: Applicants can apply to cover their dependent children to the age of 26.

Eligible dependents include the applicant's current spouse, as recognized under any state law. Dependents also include the applicant's or the spouse's (1) natural children; (2) legally adopted children (including children placed with them for the purpose of adoption); (3) stepchild(ren); or (4) children for whom the applicant or his or her spouse is the legal guardian or for whom you have a Qualified Medical Child Support Order; or (5) incapacitated child.

When Coverage Begins

A. If the applicant has applied, is deemed eligible and has paid the required premium, the applicant will be notified of his or her plan's effective date.

B. Open Enrollment Period
For a Coverage selection made during the annual Open Enrollment period as established by the Federal Government, your coverage effective date will be determined in accordance with Federal Regulations.

C. Special Enrollment Periods, except as noted in Section D, for a change in coverage associated with a qualifying event:
1. Between the first and 15th day of any month, you will receive a Coverage Effective Date of the first day of the following month; and
2. Between the 16th and the last day of any month, you will receive a Coverage Effective Date of the first day of the second following month.

D. Adding Dependents
1. For newborns, adoption or placement of a child, coverage will be effective the date of the Qualifying Event. Applicant has the option to select a different effective date, either: The first day of the month following the triggering event or the standard effective date noted in Section C. Member will be billed for the additional premium.
2. Court Order/Child Support, coverage will be effective the date of the Qualifying Event. Applicant has the option to select the standard effective date, noted in Section C.
3. In the event of marriage or loss of minimum essential coverage, if the application is received within 60 days of the qualifying event and the application is approved, coverage will be effective the first day of the month following receipt of the application or the first day of the month following loss of MEC when the application is submitted prior to the event date.
4. Any other dependent may be added as a covered dependent if the subscriber completes and submits a signed change application to BlueCross within 60 days of a Qualifying Event. If the change application is received between the first and 15th day of any month the dependents can become effective the first day of the following month. Applications received between the 16th and last day of any month, coverage will be effective the first day of the second following month.
5. When adding a member, the age will be based on the member's age as of the prior renewal date. The rate table is based on the annual renewal date of the policy.

The APP-IHBC change application should be used to add or remove dependents from an Off-Marketplace policy.

Initial Premium

Applicants must pay the initial premiums due for their policy in full within 30 calendar days from the effective date. Premiums must be received by BlueCross. The policy will not become effective until the initial premium has been paid in full.

Free Look Period

The Subscriber or Responsibility party of an On- or Off-Marketplace policy may return the policy within ten days after its delivery and receive a premium refund if, after examination, they are not satisfied with it. Any benefits paid will be deducted from the premium refund. Free-look is not an opportunity to change plans, add/remove dependents, etc. It's a period when they may return the entire policy for refund.

Returning a policy during free-look would not allow an individual a new SEP window, but they would be able to reapply for coverage in the event they were still within a valid enrollment eligibility window through either Open Enrollment or an SEP. Normal effective date guidelines would apply for a new policy.

To allow time for mail delivery the 10-day window will start 10 days after the mail date on the approval letter.

Non-Tobacco Rates

To qualify for a non-tobacco rate, each eligible person must not have used any tobacco products on average four or more times per week within the past six months.*

Personal Dental Coverage Guidelines

Personal Dental Coverage may be added at initial enrollment or any time during the life of the policy. It can be deleted without terminating the medical policy. The APP-IHBC change application must be used to add or remove dental when a subscriber also has a medical policy. Those only applying for stand-alone Personal Dental Coverage may do so online. Applications for children under the age of 2 will not be accepted.

When added, Personal Dental Coverage will apply to all individuals covered under the medical policy. Adult rates apply to anyone age 18 and over. Child rates apply to anyone age 2 through 17. The appropriate monthly dental premium for each individual will be added to the monthly medical premium.

Supplemental Dental Plans

Individual Medical plans under health care reform automatically include dental benefits for members 18 and younger at no additional cost. Our Supplemental Dental Plan allows members to buy dental coverage for individuals over age 18. Dental supplements may be purchased at any time but must be purchased with the medical plan. It is easy to add and allows the family to use the same network for all their dental care needs. When this happens, dental premiums will be calculated for each covered member over the age 18 and will be added to the monthly premium. Dental supplements may be terminated without terminating the medical policy.

Personal VisionBlue Guidelines

With Off-Marketplace Medical Coverage: Personal VisionBlue Coverage may be added to a medical policy at initial enrollment or any time during the life of the policy. It can be deleted without terminating the medical policy. Once dropped, the vision coverage cannot be added back to the medical policy at a later date. The APP-IHBC change application must be used to add or remove vision when a subscriber also has a medical policy. When added to a medical policy, VisionBlue will apply to all individuals covered under the medical policy. The appropriate monthly vision premium for each individual will be added to the monthly medical premium.

With Personal Dental Coverage: Personal VisionBlue Coverage may be added to a stand-alone dental policy at initial enrollment or any time during the life of the policy. It can be deleted without terminating the personal dental policy. Once dropped, the vision coverage cannot be added back to the dental policy at a later date. The APP-IHBC Change Application must be used to add or remove vision when a subscriber also has a stand-alone dental policy. When added to the dental policy, VisionBlue will apply to all individuals covered under the dental policy. The appropriate monthly vision premium for each individual will be added to the monthly dental premium.

Supplemental Vision Plans

Individual Medical plans under health care reform automatically include vision benefits for

*Includes all tobacco products, except tobacco used for religious or ceremonial purposes

members 18 and younger at no additional cost. Our Supplemental Vision Plans allow members to buy vision coverage for individuals over age 18. Vision supplements may be purchased at any time but must be purchased with the medical and/or dental plan. It is easy to add and allows the family to use the same network for all their vision care needs. When this happens, vision premiums will be calculated for each covered member over the age 18 and will be added to the monthly premium. Vision supplements may be terminated without terminating the medical policy.

BlueCard PPO Program

With BlueCross, subscribers carry an ID card that's recognized and accepted by doctors and hospitals throughout the United States. BlueCard PPO is a special hospital network designed for our subscribers who need health care services when traveling outside of the BlueCross BlueShield of Tennessee service area. We will help locate the nearest PPO doctor or hospital and the subscriber's medical bill will be handled through the BlueCard system.

REMEMBER: Subscribers are responsible for receiving prior authorization from BlueCross. If prior authorization is not received, benefits may be reduced or denied. Subscribers can call the BlueCard PPO Doctor and Hospital Information Line at 1-800-810-BLUE (2583) for prior authorization. In case of an emergency, subscribers should seek immediate care from the closest health care provider.

Premiums, Billing and Payment Options (Off-Marketplace Plans)

Initial Premium Payment: For all Individual products, applicants may choose to get billed the first month's premium or they may pay the first month's premium by eCheck or debit card.

The initial payment must be paid in full within 30 calendar days from the effective date. The policy will not become effective until the initial premium has been paid in full.

Subsequent Premium Payments: The subscriber will be billed monthly. Payments can be made by eCheck or debit card by calling the telephone number listed on the subscriber billing statement or online behind BlueAccess.

Subscribers will be billed approximately the first day of the month for the following months coverage. For example, October's billing statement will be mailed on or around September 1st. The due date is always the first day of the month for the period billed.

The entire premium amount due must be paid in full. Partial payments are not acceptable and will be returned to the subscriber. Any overpayments will be credited to the subscriber's account and reflected on their next billing statement.

If premium payment is not received within 31 days from the due date, the policy will be cancelled for non-payment and a termination letter will be sent to the subscriber.

Terminations due to non-payment: Claims processing will be suspended 15 days after the due date if premiums have not been applied to the subscriber's account. Policies will be terminated 31 days after the premium due date if premiums are not received.

Automatic Payment Options: Once a subscriber is approved and a policy is issued, he/she may make automatic electronic premium payments. The subscriber may pay online with eCheck or debit card by going to bcbst.com and registering for BlueAccess. Subscribers can set up bank draft/recurring premium payments by going to **bcbst.com** and clicking **Log In/Register to BlueAccess**. In addition, an automatic payment authorization form will be included with the policy mailed to the subscriber.

Bank Drafts: Bank drafts are processed on the the 30th of each month prior to the due date. The exact date may vary slightly based on the member's bank. If the bank draft is rejected by the subscriber's bank, the subscriber will be charged a $25 non-sufficient funds fee, the policy will be changed to a paper billing and the subscriber will be billed for premiums due. The subscriber must complete a new bank draft authorization form to return to the bank draft method of payment.

Note: Accounts set up for a bank draft arrangement will not receive a paper billing or receipt of the transaction unless these are requested through BlueAccess. A record of these transactions should be available through the subscriber's bank.

Premiums, Billing and Payment Options (On-Marketplace Plans)

Initial Premium Payment: All applicants may choose to get billed the first month's premium or they may pay the first month's premium at the time of application through the FFM. The first month's premium must be paid in full within 30 calendar days from the effective date. If the premium is not paid in full within the 30-day grace period, the policy will terminate without option to reinstate coverage. If the initial payment has been rejected by the member's financial institution, the policy could be subject to termination without option to reinstate coverage.

Subsequent Premium Payments: The subscriber will be billed monthly. Payments can be made with eCheck or debit card by calling the telephone number listed on the subscriber billing statement. Members may also log in to BlueAccess to pay by debit card or eCheck. Subscribers will be billed approximately the first day of the month prior to the due date. The due date is always the first day of the month for the period billed. Any overpayments will be credited to the subscriber's account and reflected on their next billing statement.

If premium payment is not received within the applicable grace period, the policy will be cancelled for non-payment and a termination letter will be sent to the subscriber.

Terminations due to non-payment for members who are receiving Advanced Payment of Premium Tax Credit (APTC):

If the premium has not been paid in full by the due date, the policy will go into a three-month delinquency cycle. Claims processing will be suspended one month after the due date, and will remain suspended until the policy is paid in full for the entire three-month cycle. If the policy is not paid in full for the entire three-month cycle, the policy will terminate back to the end of the first month of the three-month grace period, and members will be liable for providers' charges for services rendered during the second and third months.

Terminations due to non-payment for members who are not receiving APTC:

Claims processing and pre-certification will be suspended 15 days after the due date if premiums have not been applied to the subscriber's account. Policies will be terminated 31 days after the premium due date if premiums are not received.

Automatic Payment Options: Once a subscriber is approved and a policy is issued, he/she may make automatic electronic premium payments. The subscriber may pay online with eCheck or debit card by going to bcbst.com and registering for BlueAccess. Subscribers can set up bank draft/recurring premium payments by going to **bcbst.com** and clicking **Log In/Register to BlueAccess**. In addition, an automatic payment authorization form will be included with the policy mailed to the subscriber.

Bank Drafts: Bank drafts are processed on the 30th of each month prior to the due date. The exact date may vary slightly based on the member's bank. If the bank draft is rejected by the subscriber's bank, the policy will be changed to a paper billing and the subscriber will be billed for premiums due. The subscriber must complete a new bank draft authorization form to return to the bank draft method of payment.

Note: Accounts set up for a bank draft arrangement will not receive a receipt of the transaction unless they register and sign up through BlueAccess. A record of these transactions should be available through the subscriber's bank.

Premium Payments from Third Parties

BlueCross accepts and will continue to accept premium payments on behalf of a member made by organizations from which BlueCross is legally obligated to accept, such as the Ryan White HIV/AIDS Program. Other non-profit, charitable organizations that would like to make premium payments on behalf of a member must apply for and receive approval from BlueCross in order for BlueCross to accept premium payments on behalf of a member from such organizations. BlueCross will not accept third party premium payments from hospitals, physicians, medical suppliers, insurance brokers, or other persons or entities with direct or indirect financial interests. Additional information regarding BlueCross' policy regarding payments of member premiums by third parties can be found on the BlueCross Website.

Residency Certification Processes

BlueCross individual policies require that subscribers maintain Tennessee residency in a region we service to continue eligibility for coverage. In order to monitor this requirement, two processes have been established.

Annual Process Performed by Membership:

- Annually, the membership area will perform a residency certification process.
- Any subscriber who has a mailing or billing address out-of-state or in a region we do not service in the BlueCross system (Facets) will receive a letter requesting the subscriber attest that he or she is a resident of Tennessee. The attestation form is attached to the letter.
- If the subscriber completes and returns the form within 15 days from the date of the letter and the subscriber attests that he or she is a resident of Tennessee and they reside in a region we service, coverage will continue.
- A completed and signed attestation form along with two prescribed forms of verification is required. Acceptable forms of verification must display the member's physical address.

Acceptable Verification Forms

- Telephone bill
- Electric bill
- Water bill
- Gas bill
- Cable bill
- Rental agreement
- Mortgage statement
- Current employer verification (paycheck stub/statement)
- Vehicle registration
- IRS tax reporting W-2 form
- Receipt for personal property or real estate taxes paid within the last year
- Current college tuition bill
- Driver's license (issued within two months)

- If the subscriber does not complete and return the form within 15 days from the date of the verification letter or if the subscriber conveys that he or she is no longer a resident of Tennessee, the subscriber's policy will be terminated one month from the end of the month in which the initial notification letter was sent.
- **Acceptable forms can be returned to:**
  BlueCross BlueShield of Tennessee
  Individual Membership – CH 2.5
  1 Cameron Hill Circle
  Chattanooga, TN 37402

  Email:
  Individual_Residency_SEP@bcbst.com

  Fax: (423) 591-9244

Completing Applications

Applicants may complete applications online at bcbst.com. The universal change application (APP-IHBC) should be used when changing plan benefits.

Incomplete applications may delay effective dates.

If an application is returned due to missing signatures, inaccurate signature date and/or incomplete tobacco use information, it will be considered a new application when resubmitted.

Once the applicant submits the application, BlueCross will determine eligibility of coverage.

- All applications should be completed online at **bcbst.com**.

Broker Online Tools

The broker section of **bcbst.com** features useful information to help you sell BlueCross BlueShield of Tennessee Individual products (registration required). By clicking on the broker link from the home page you can access:

- Commission reports (need authorization to view)
- Book of Business Details
- Book of Business Dashboard

Individual Products Marketing Materials

This link from the main (non-secure) broker section of **bcbst.com** takes you to our online catalog of marketing materials that should be included in each specific products sales package.

How to Register for BlueAccess

A. Visit **bcbst.com**.
B. Click on the **Log In/Register to BlueAccess** link then **Register Now**.
C. Scroll down and select **Broker.**
D. Enter your Tax ID (either the agency's Tax ID or your Social Security Number) and your email address.
E. After selecting **Continue,** verify your information on the next screen and enter the additional information requested. Select **Continue**.
F. You will see a confirmation page verifying your BlueAccess account was created.
G. If you registered with your SSN, an email will be sent to the email address you provided. Click on the link provided in the confirmation email and enter your insurance license number to verify your account information. (If you do not receive this email, please contact Broker Sales Support at 1-800-351-9325.)
H. If you registered with a Tax ID, further verification will be done by BlueCross. You will be notified when your user ID has been enabled.

Once you have a BlueAccess user ID and password, you can begin using even more secure online tools to help manage your business.

BlueConnections – (Off-Marketplace Plans) Online Application and Quoting Tool

BlueConnections is an online sales and application tool that makes it easier for you to:

- Find plan options that best suit your client's needs
- Compare plans side by side
- Share quotes with your client
- Share your client's online application
- Keep track of your online cases and more

BlueConnections is available after you log in to the secure BlueAccess section of **bcbst.com**. It enables you to provide your clients with the convenience of applying online for BlueCross coverage. You can even begin the application process on behalf of your client or you can complete the application and sign on behalf of your client. Online applications apply toward your commission and applicable broker bonus programs.

To create your BlueConnections account:

A. Log in to BlueAccess using your user ID and password.
B. Select **BlueConnections**.
C. A system-generated popup message will say **Your logon has not been configured for the application**. Please follow the instructions in the message. Be sure to have your user ID, broker name and broker number.
D. You will be notified by email once your access has been granted. This process takes one to three days.

For technical support, please call **1-800-351-9325.**

Individual Application Status

If you need information during the application process click on the **Individual Application Status.** To access to this tool:

A. Log in to BlueAccess using your user ID and password.
B. Select **Individual Application Status**.

The most recent transactions will automatically be displayed. Other information and tools include:

- Application status – Approved or Pending.
- View and print approval letters.
- Access any applicant record that has been updated by BlueCross BlueShield of Tennessee in the last 90 days.
- Data can be sorted by selecting column headings such as name, application date, product, status, Social Security number, and effective date. When searching for a particular applicant, the easiest way is to enter the first letter of the last name in the last name field of the search engine. Your search will return all of your applicants with a last name beginning with that letter.
- You are required to go to the BlueCross Website to retrieve this information. BlueCross is not able to fax it to you.

Claims & Coverage Lookup

For information after a customer's policy becomes effective, select **Claims & Coverage Lookup.** You have access to the following information to provide the customer assistance with his or her new policy:

- Benefit, eligibility and coverage details.
- Medical and behavioral health claims (except prescription drug claims).
- Prior authorization status.
- Provider referrals.
- Order replacement ID cards

Federal Restrictions on Marketing Pieces

HIPAA Restrictions When Using PHI

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) prevent the use of protected health information (PHI), collected in the process of selling and submitting applications for individual health products, for the purposes of marketing other insurance or financial products. PHI includes such data as name, address, age, gender, insurance status, and other contact information.

Simply put, HIPAA does not allow insurance companies or insurance agencies to use mailing lists, comprised of individuals who have purchased health insurance from the company or agency, for direct mail or telemarketing solicitation for non-health related products (e.g. property and casualty, life insurance and disability).

In order to market non-health related products and services to an existing health insurance customer, you must have a signed authorization form from that customer.

Situations That Require Authorization to Use PHI:

- Materials using the BlueCross BlueShield of Tennessee logo or name.
- Direct mail or telemarketing for non-health related (e.g. property and casualty, life insurance and disability) using a database of PHI collected during the sale of individual health insurance products.
- Newsletters that include articles about non-health related products.

Situations That Do Not Require Authorization to Use PHI:

- During face-to-face meetings with the customer.
- Promotional gifts of nominal value (e.g., pens, magnets, coffee mugs).
- Communications that describe health-related products or services provided by the recipient's health insurer can be sent to the customer using PHI. Examples include:
  - Network Directories
  - Replacements or enhancements to a health plan (e.g. Medicare supplement plans)
  - Newsletters that are limited to non-marketing topics, such as wellness, value-added products or services, health-related products, legislative information and advocacy.

FCC Telemarketing Regulations

The Federal Communications Commission issued telemarketing regulations in July of 2003. These regulations incorporate the Federal Trade Commission's national do-not-call registry, clarify the scope of that registry and place additional restrictions on telephone and fax solicitations.

Updates have clarified the application of the joint Federal Communications Commission and Federal Trade Commission's Do Not Call telemarketing regulations to insurance agents and brokers. Specifically, all do not call regulations apply to insurance agents and brokers (see below for details).

However, unlike an insurance company, an existing business relationship between customer and broker does not extend for the term of the insurance policy. Agents are not allowed to make telephone solicitations beyond the customary 18-month period allowed for existing business relationships without express written consent from the customer.

Here are other key telemarketing rules to keep in mind:

- It is against the law to make calls to any residential telephone phone number on the "Do Not Call" registry for the purpose of encouraging the purchase or rental of, or investment in property, goods or services.
- The same rules apply to pre-recorded telephone solicitations or facsimile messages.
- Agents engaged in telemarketing practices are required to check the national registry at least every 31 days and may not contact any telephone number listed without express written permission from the consumer or unless there is an established business relationship.
- An established business relationship is defined as a purchase from or transaction with the seller within the previous 18 months of the date of the call or an inquiry or application regarding products or services offered by the seller within the previous three months of the date of the call.
- Consumers have the right to opt out of telephone solicitations from any business, even if an established relationship exists. Entities must maintain these requests on a company specific do not call list for a minimum of five years.
- Calls before 8 a.m. and after 9 p.m. are prohibited regardless of the existence of a business relationship.
- Pre-recorded or automated unsolicited advertisements and solicitations are prohibited unless an established business relationship exists.
- Caller identification information must be transmitted. (Businesses cannot block caller ID on outgoing telemarketing calls.)
- Telemarketers must make sure that the abandonment rate of calls placed using a predictive dialer remains at no more than three percent. (A call is considered abandoned if it is not transferred to a live sales agent within two seconds of the recipient's greeting.)
- Unsolicited faxes are prohibited, unless the sender has written permission from the receiver, regardless of the existence of a business relationship.
- An established business relationship is defined as a purchase or transaction within the last 18 months or an inquiry or application received within the last 3 months.

The above restrictions do not encompass all of the rules regarding telemarketing. Please see the full text version of the FCC regulation, 47 C.F.R. § 64.1200 for complete information or visit www.business.ftc.gov/advertising-and-marketing/telemarketing.

This section includes general information HIPAA Administrative Simplification and FCC Regulations regarding telemarketing practices. It is not intended to replace or service as legal counsel. Seek advice from your legal counsel on compliance with these regulations.

Agent Guidelines for Advertising and Marketing

The BlueCross BlueShield logo is one of the most widely recognized symbols in the world. BlueCross BlueShield strives to maintain a high level of brand awareness through the proper use, placement and position of the company's name and logo.

To maintain brand positioning, BlueCross requires responsible use of the company logo and name by its own employees and carefully evaluates each request for the use of the brand by people or organizations outside the company.

Agents, who have a signed agent agreement with BlueCross, may use the company's name and logo to indicate that they offer BlueCross BlueShield of Tennessee coverage. Please remember that we can only quote business in Tennessee. Logos for use in advertising and marketing materials are available upon request from the Brand Strategy Department.

Any materials that include the BlueCross name or logo must follow the specified guidelines below and must be approved prior to use by the Advertising Manager. **BlueCross will use all legal remedies to enforce compliance. Unapproved use of the name or logo by an agent can result in the immediate termination of the agent's agreement.**

How to Contact the Advertising and Brand Strategy Department

You may submit advertising and marketing materials for approval, requests for logos, requests for advertising information and requests about linking to bcbst.com by email to the following in the Brand Strategy Department:

Broker_Advertising_Requests_GM@bcbst.com

Please allow five business days for your request to be processed. Every effort is made to process requests as quickly as possible. However, requests that are product specific may require approval from the BlueCross BlueShield of Tennessee Legal Department.

General Restrictions for Advertising and Marketing Materials

A. You may not represent yourself or your agency as an employee or office of BlueCross in any advertising and marketing materials. All materials produced by agents must clearly show that the agent is an independent company offering Blue products of BlueCross BlueShield of Tennessee.

B. You must use the phrase "an authorized agent (or agency) for" before the name or the logo on the most prominent reference.

C. You must use the full name or full logo in your materials. The logo may be used only as provided. The logo cannot be distorted or used in a way not explicitly approved by BlueCross or described in the brand regulations from the BlueCross BlueShield Association. See examples below for the correct name and logo:

Correct Name:

BlueCross BlueShield of Tennessee

Correct Logos:

Authorized Agent for
of Tennessee
An Independent Licensee of the BlueCross BlueShield Association

Authorized Agent for
of Tennessee
An Independent Licensee of the BlueCross BlueShield Association

D. If a marketing piece does not use the BlueCross BlueShield logo, and uses the name only, you must include a register mark after BlueCross and a register mark after BlueShield on the first or most prominent use of the name. Example: BlueCross® offers medical, vision and dental coverage.

E. All materials using BlueCross Brands or full name/full logo must contain the following legal disclaimer somewhere. It can be in very small print (6 or 8 point type). BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association. Other Blue entities, such as BlueRe, must be similarly disclosed.

F. You may not print your own business cards with the BlueCross name or logo.

G. Approval to use the BlueCross name or logo on one particular type of material does not imply approval for any other use. Additional uses of the name or logo must also be submitted for approval.

H. BlueCross will not allow its name or logo to be used on endorsements of any kind.

I. You may not use the logo in connection with any local sponsorships in which you choose to participate.

J. When used in conjunction with other insurance carriers, the BlueCross logo must be displayed in a size no greater or smaller than that of any other carrier.

K. By using the BlueCross logo, you are committed to channeling any prospective customer that BlueCross BlueShield of Tennessee cannot service to the BlueCross BlueShield Association.

L. All materials are subject to the approval of the BlueCross Legal Division and must comply with BlueCross BlueShield Association brand regulations contained in these guidelines.

M. Use caution when listing other lines of non-BlueCross products, such as life or auto insurance. Information about these products must be segregated from information about BlueCross products.

N. Agents are not allowed to include Guaranteed Issue products in any advertising or sales solicitation materials.

O. Approved materials may be used for one year only.

P. You are responsible for all production, mailing and placement costs, as well as maintenance of all outdoor advertising.

Agency Office Signage

Requirements for approval:

A. Submit your design to the Brand Strategy Department via mail or email for approval.

B. Signage that includes the BlueCross logo must be maintained in good condition.

C. The BlueCross logo should be less prominent than your agency name on all signage.

D. All General Restrictions apply.

Internet Advertising

A. You may not use the BlueCross logo or name or any variation or abbreviation of the name as a link or a web address in an Internet ad. Ads should represent your agency and only target Tennessee residents or businesses.

B. Any Internet advertising must be geotargeted to reach only Tennessee residents.

C. All General Restrictions apply.

Email Marketing

You must submit a link to your proposed site so that it may be viewed and approved by the Brand Strategy Department and the Legal Department prior to the site going live.

You are not allowed to generate and send SPAM email using the BlueCross name or logo nor can you include a link from any SPAM email that directs recipients to your website ("Agency Website") featuring the BlueCross name or logo.

Restrictions for Use of BlueCross BlueShield of Tennessee Logo on Agency Websites and Linking to bcbst.com

A. Your Agency Website must represent your agency, not BlueCross or the BlueCross BlueShield Association.

B. If you want to link to BlueConnections for Individual Policy quoting and applying, we will provide you with a unique link to ensure you receive credit for the sale.

C. You must use the phrase "an authorized agent (or agency) for" or "offering" with any use of the logo on your Agency Website.

D. The BlueCross pages cannot be framed within your Agency Website or otherwise implied to be a part of your Agency Website. A new browser window should open when the user goes to the BlueCross Website to help make a distinction between the two websites. This approach will also keep your Agency Website accessible to the user in the previous browser window.

E. All General Restrictions apply.

F. You must submit a link to your proposed site so that it may be viewed and approved by the Brand Strategy Department and the Legal Department prior to the site going live.

G. Your Agency Website must have a privacy policy posted that includes the requirements listed later in this guide.

Your Agency Website will be monitored by BlueCross to ensure compliance with the general guidelines and linking agreement. If your Agency Website is not in compliance, your linking relationship will be terminated.

Required Agency Website Privacy Policy Content

A. Must contain a brief description of your organization and the activities that can be performed on your Agency Website. Describe public sections of your Agency Website and the information that your Agency Website may retain from each visitor (i.e. domain, date & time stamp, IP address, etc).

B. Identify secure sections that require login and password, if applicable. If you have a secure section, describe the activities that will be conducted on the secure section. Identify the information that is required to access the secure section of your Agency Website for registration purposes. Explain how access will be granted (i.e. immediately, mailed pin, etc.).

C. Address child users under the age of 13 and what activities they may perform on your Agency Website without parental consent. Also cover your secure sections, if applicable.

D. Address how emails forwarded to you from your Agency Website will be addressed, including how the email address may be used in the future. Also include directions on how someone can remove their email address from your database.

E. Address questionnaires or surveys if used by your Agency Website. Disclosure of non-public personal information (GLB requirement).

F. Address how your Agency Website protects non-public personal information. Include an opt-out statement if the information may be used for purposes outside of your Agency Website.

G. A section that identifies how long the information collected on your Agency Website will be retained before it is destroyed. Also include a way to correct personal information that is available on your Agency Website.
H. If your Agency Website uses cookies, you must describe how cookies will be used.
I. Add a section about linking to other websites. Include a statement about reviewing those privacy policies since they may be different from your Agency Website.
J. Include a section describing the security of your Agency Website and how the information that is collected from your Agency Website will be protected from intrusion.
K. Include a reservation of rights in your policy that will allow you to change your policy without notice and advise visitors to review the policy frequently for any changes.
L. Include the following statement: The contents of this website, such as text, graphics, images, and other material are for informational purposes only. The content is not intended to be a substitute for professional advice.

Other Uses of the Logo or Name

Please contact BlueCross' Brand Strategy Department for approval and guidance on any other uses of the name or logo not covered in the guide.

Marketing Assistance

Only pre-approved marketing materials we provide for Medicare Advantage and Marketplace can be used to advertise our products, using our name and logo. We will still approve general ads (not product/benefit specific) that use or logo.

To use the pre-approved materials:

A. Log in to BlueAccess from the BlueCross Website
B. Review the Pre-Approved Advertising request forms for either Medicare Advantage or Marketplace
C. Indicate on the form which ad you would like to use
D. Fill in all fields required on the form
E. Email the completed form to **Broker_Advertising_Requests_GM@bcbst.com**

We will customize your ad within three to five business days and email you a PDF.

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-565-9140 (رقم هاتف الصم والبكم: 1-800-848-0298)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-565-9140 (TTY:1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę́', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-565-9140 (TTY: 1-800-848-0298).

1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbst.com