



MyBlue Individual Plans



MyBlueSM Agent reference guide

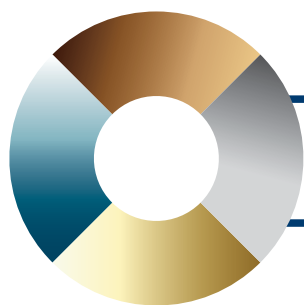
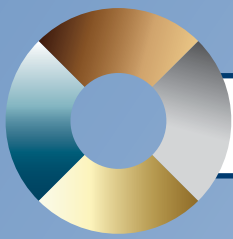


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The **Patient Protection and Affordable Care Act** is having a significant impact on millions of individuals and group employees beginning in 2013. Federally-facilitated Health Insurance Marketplaces will be up and running on Oct. 1, 2013.

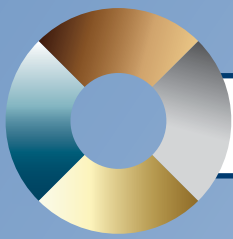
As a result of this legislation, many previously uninsured individuals will now be able to buy health insurance with the help of the federal government. Many small groups, especially groups with fewer than 50 full-time employees, will be looking at the pros and cons of the ACA and trying to make decisions that are favorable to both their employees and their financial statement.

Our current individual products will be discontinued on Dec. 31, 2013, with the exception of Keep FitSM. The majority of your individual customers will have to select a new product before Jan. 1, 2014.

Blue Cross Blue Shield of Michigan and Blue Care Network are committed to giving our agents the best tools and the most accurate information possible. We want to partner with you to help you identify the segments of the market that will be most affected by the ACA, and assist you in your efforts to grow your business over the next several years. We are also implementing processes to ensure that you retain your book of business.

Toward that goal, we have developed this guide to help you understand the intricacies of the ACA and its impact on you and your customers.

The information in this document is based on preliminary review of the national health care reform legislation and is not intended to impart legal advice. The federal government continues to issue guidance on how the provisions of national health reform should be interpreted and applied. The impact of these reforms on individual situations may vary. This overview is intended as an educational tool only and does not replace a more rigorous review of the law's applicability to individual circumstances and attendant legal counsel and should not be relied upon as legal or compliance advice. As required by U.S. Treasury regulations, we also inform you that any tax information contained in this communication is not intended to be used and cannot be used by any taxpayer to avoid penalties under the Internal Revenue Code.



MyBlueSM 2014 MyBlueSM individual product information

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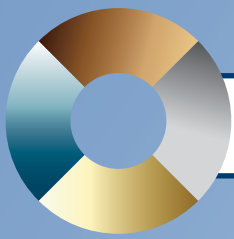
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As you know, many of your customers will have to choose a new health care plan for 2014. Blue Cross Blue Shield of Michigan and Blue Care Network are offering a variety of new individual MyBlueSM health-care-reform-compliant plans for every budget. Before we go through an overview of the new qualified health plans, or QHPs, you need to be aware of some fundamental elements of ACA.

- Essential health benefits
- Vision and dental
- Tax credits
- Health Insurance Marketplace
- Select level of coverage
- Choose the network
- Choose the plan
- Health savings accounts
- Enrollment facts



Essential health benefits

All our new plans must include essential health benefits in order to be considered QHPs.

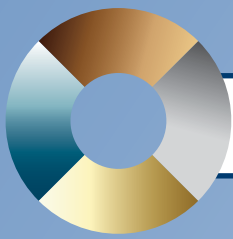
The essential health benefits required by the Affordable Care Act are:

- Ambulatory patient (outpatient) services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including dental and vision care

The mandatory inclusion of the essential health benefits make QHPs much richer in benefits than previous individual plans offered by Blue Cross, or by our competitors.

Vision and dental

All BCBSM and BCN plans include pediatric vision. The only plan that automatically includes dental for both adults and children is the multi-state plan. New enrollments require pediatric dental. Consumers must certify they have purchased pediatric dental essential health benefits, either from BCBSM or a competitor. Stand-alone dental plans for dependent children and adults are available when completing a customer's enrollment. Adults who have no dependent children and do not desire dental coverage will select the pediatric dental option, but will not be charged for dental. If your customer has dental coverage through a group, or with a competitor, he or she will not be required to select a dental option.



Tax credits

Your customers may qualify for a tax credit. The Affordable Care Act intends to help make health care more accessible for everyone. It will do this by offering government-sponsored subsidies such as tax credits and reduced cost sharing, as well as an expanded Medicaid program.

Your customers may qualify for the Advanced Premium Tax Credit if their family income falls within certain federal poverty level guidelines. If they qualify for the tax credit, they may also qualify for reduced cost sharing. This means your customers would get lower deductibles and copayments. Use the chart below to determine if they may be eligible for tax credits or reduced cost sharing.

Number of people in your customer's family/household	Customers who make less than this may qualify for tax credits	Customers who make less than this may qualify for reduced cost sharing
1	\$45,960	\$28,725
2	\$62,040	\$38,775
3	\$78,120	\$48,825
4	\$94,200	\$58,875
5	\$110,280	\$68,925
6	\$126,360	\$78,975
7	\$142,440	\$89,025
8	\$158,520	\$99,075

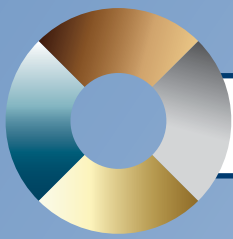
The Blues have an online subsidy calculator that can also help you determine if your customers qualify for tax credits and reduced cost sharing and how much they may receive. Find the calculator under the *Quote & Enroll* tab on Agent Secured Services.

The Health Insurance Marketplace

The Health Insurance Marketplace, which you may have heard called the Marketplace or Health Exchange, is available for agents to enroll their customers into a QHP. For specifics, refer to the *Quoting and enrolling* section in this guide.

If your customer qualifies for an Advanced Premium Tax Credit or reduced cost sharing, you'll need to enroll your customer into a QHP on the Marketplace in order for them to receive these subsidies. In addition, the customer must enroll in a silver metal-level plan in order to receive reduced cost sharing. The majority of the 2014 Blues plans are available on the Marketplace.

If your customer doesn't qualify for any federal assistance, you can enroll your customer in a new health care plan directly from Blue Cross.



Select the level of coverage to fit the customer's needs

All the 2014 MyBlue health care plans are broken down by “metal levels” of gold, silver and bronze, as well as a catastrophic level plan for young adults and their families under age 30, and multi-state plans that offer additional benefits. In general, customers pay a higher monthly premium but have lower cost sharing if they choose a gold plan; monthly premiums go down and cost sharing goes up as they go to lower metal levels. All metal levels include the same essential health benefits. The difference is in the amount your customers pay for monthly premiums and copayments and deductibles. The charts below show our plan levels.

Marketplace metal levels



CATASTROPHIC



BRONZE



SILVER



GOLD

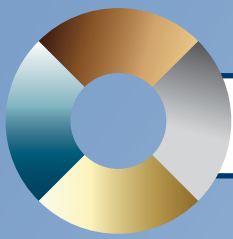
← Lower premium and higher cost-sharing

Higher premium and lower cost-sharing →

Metal level		Catastrophic	Bronze	Silver	Gold	Multi-state
Description		Low cost, includes office visits with no deductible; only available to individuals age 30 or younger*	Most affordable policy available to individuals and families of all ages; HSA-qualified	May qualify for reduced cost sharing based on household income; HSA-qualified**	Lowest deductible and cost sharing	Comprehensive medical, dental and vision coverage; may qualify for reduced silver plan cost-sharing based on household income
Plans	PPO	Blue Cross [®] Premier Value	Blue Cross [®] Premier Bronze	Blue Cross [®] Premier Silver	Blue Cross [®] Premier Gold	Blue Cross [®] Silver, a Multi-state plan Blue Cross [®] Gold, a Multi-state plan
	HMO	Blue Cross [®] Preferred Value Blue Cross [®] Select Value Blue Cross [®] Partnered Value	Blue Cross [®] Preferred Bronze Blue Cross [®] Select Bronze Blue Cross [®] Partnered Bronze	Blue Cross [®] Preferred Silver Blue Cross [®] Select Silver Blue Cross [®] Partnered Silver	Blue Cross [®] Preferred Gold Blue Cross [®] Select Gold Blue Cross [®] Partnered Gold	HMO not available on multi-state plans

*Catastrophic-level plan also available to those certified for financial hardship on the Health Insurance Marketplace.

**Only Blue Cross[®] Premier Silver 70 and Blue Cross[®] Silver, a Multi-State Plan 70.



Choose the network

Once you've determined the level of coverage your customer needs, you'll need to help your customer choose a network. Our networks are broken up by geography, and not all networks are available in all counties. Refer to the map on the next page to see which networks are available in your customer's county.

There are two types of networks a customer can choose: PPO or HMO. What's the difference?

A PPO, or preferred provider organization, has a limited network of doctors and hospitals. Customers can choose any doctor, both in- and out-of-network, and won't need referrals from a primary care physician to see a specialist. With a PPO, they will pay less out-of-pocket when they use an in-network provider.

An HMO, or health maintenance organization, also has a more limited network of doctors and hospitals. Customers choose a primary care physician in the HMO network who will coordinate care and provide referrals to specialists. HMO networks generally reduce the customer's expense and are designed to lower higher health care costs. Care from out-of-network doctors and hospitals is not covered.

There are four networks to choose from:

Blue Cross[®] Premier

Type of network: PPO

With the Premier network, customers have a broad choice of doctors and hospitals within the unsurpassed Blue Cross statewide PPO network, plus nationwide coverage. They can receive services from hospitals or doctors outside the network, but they'll pay less if they use in-network providers.

Blue Cross[®] Preferred

Type of network: HMO

With the Preferred network, customers can choose from a broad range of doctors and hospitals from Blue Care Network's entire HMO network. A primary care doctor will coordinate their care and refer them to specialists when necessary. Care outside the network isn't covered.

Blue Cross[®] Select

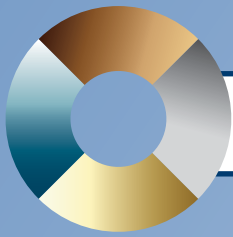
Type of network: HMO

The Select network allows customers to choose from a smaller network of primary care doctors, with complete access to specialists and hospitals within BCN's entire HMO network. A primary care doctor will coordinate their care and refer them to specialists when necessary. Care outside the network isn't covered.

Blue Cross[®] Partnered

Type of network: HMO

Available in Kent, Muskegon and Oceana Counties only, the Partnered network allows customers to receive care within the Mercy Health System of doctors and hospitals. A primary care doctor will coordinate their care. Care within BCN's entire HMO network, but outside the Mercy Health System, will require primary care doctor and plan authorization. Unless life threatening, care outside BCN's network isn't covered.



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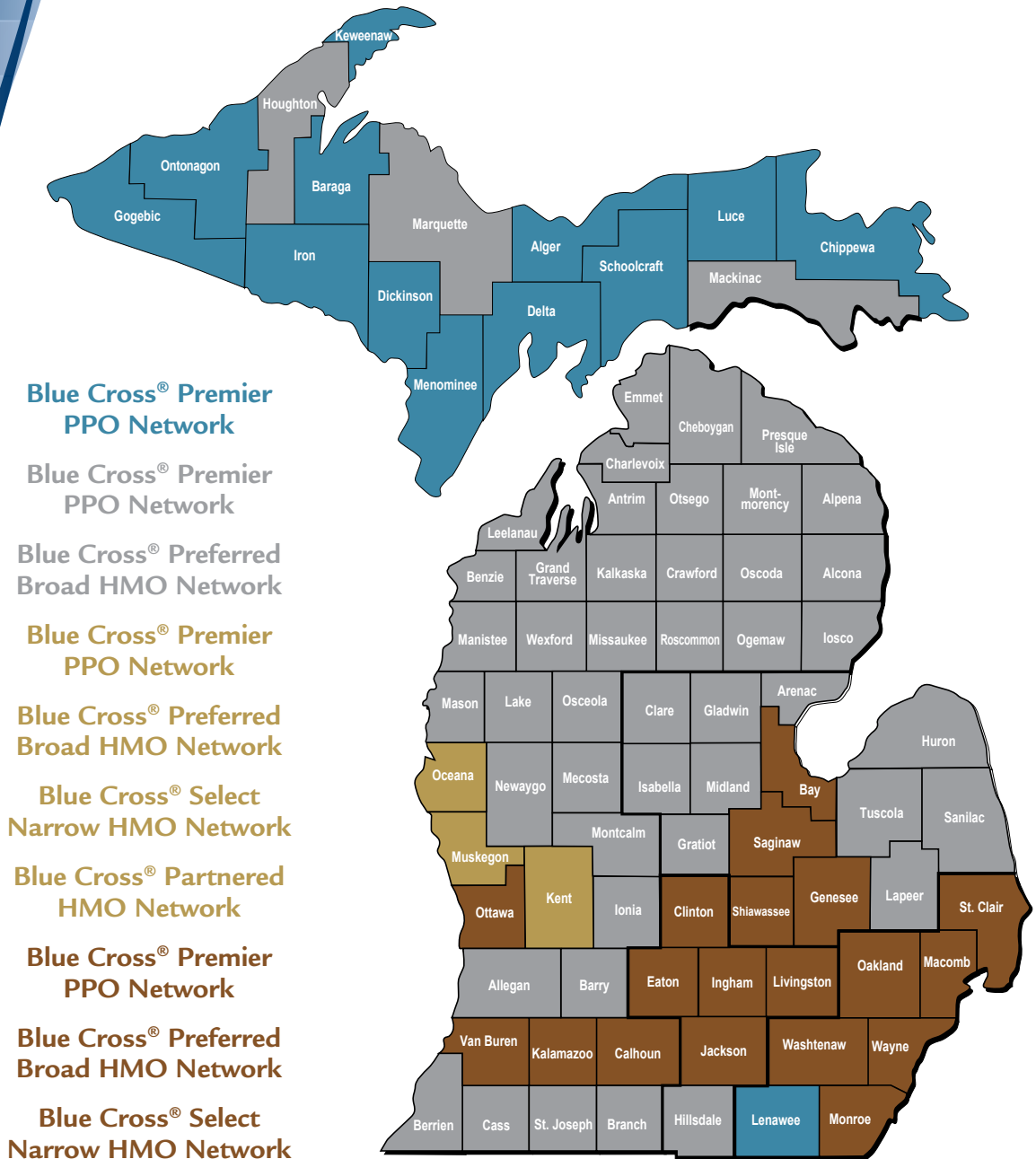
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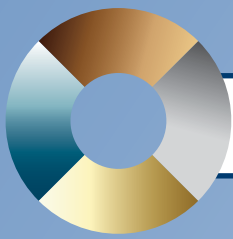
ADVERTISING GUIDELINES

BECOME A BLUES AGENT

2014 MyBlue Individual Market Product Portfolio

Product offerings differ by geography



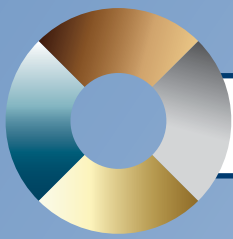


Choose the plan

Once your customers have chosen the level of coverage and network type, you can help them choose the plan that best fits their needs. Plan names include the network type and coverage level so they can easily find the product they want. Please note that the multi-state plans use the Premier network.

Qualified health plans			
Product	Deductible Single/family	Maximum out-of-pocket Single/family	Coinsurance for most services
Blue Cross [®] Premier Bronze	\$4,400/\$6,350	\$6,350/\$12,700	40% payable after deductible
Blue Cross [®] Preferred Bronze	\$5,950/\$11,900	\$6,350/\$12,700	40% payable after deductible
Blue Cross [®] Select Bronze	\$5,950/\$11,900	\$6,350/\$12,700	40% payable after deductible
Blue Cross [®] Partnered Bronze	\$5,950/\$11,900	\$6,350/\$12,700	40% payable after deductible
Blue Cross [®] Premier Silver	\$1,400/\$2,800	\$6,000/\$12,000	20% payable after deductible
Blue Cross [®] Preferred Silver	\$1,650/\$3,300	\$6,350/\$12,700	30% payable after deductible
Blue Cross [®] Select Silver	\$1,650/\$3,300	\$6,350/\$12,700	30% payable after deductible
Blue Cross [®] MSP Silver	\$1,400/\$2,800	\$4,600/\$9,200	20% payable after deductible
Blue Cross [®] Partnered Silver	\$1,650/\$3,300	\$6,350/\$12,700	30% payable after deductible
Blue Cross [®] Premier Gold	\$150/300	\$4,950/\$9,200	20% payable after deductible
Blue Cross [®] Preferred Gold	\$250/\$500	\$4,850/\$9,700	20% payable after deductible
Blue Cross [®] Select Gold	\$250/\$500	\$4,850/\$9,700	20% payable after deductible
Blue Cross [®] MSP Gold	\$150/\$300	\$4,950/\$9,200	20% payable after deductible
Blue Cross [®] Partnered Gold	\$250/\$500	\$4,850/\$9,700	20% payable after deductible
Blue Cross [®] Premier Value	\$6,350/\$12,700	\$6,350/\$12,700	Not Applicable
Blue Cross [®] Preferred Value	\$6,350/\$12,700	\$6,350/\$12,700	Not Applicable
Blue Cross [®] Select Value	\$6,350/\$12,700	\$6,350/\$12,700	Not Applicable
Blue Cross [®] Partnered Value	\$6,350/\$12,700	\$6,350/\$12,700	Not Applicable

For more detailed plan information refer to the 2014 Health Plan Comparison on the agent portal.



Health savings accounts

Health savings accounts will continue to be available after the implementation of ACA. The products that are IRS-qualified to partner with **HSAs are limited to:**

PPO	HMO
Premier Silver	Preferred Bronze
Premier Bronze	Select Bronze
Multi-state Silver	Partnered Bronze

Silver plans with cost sharing and Native American plans are not HSA-eligible.

If your customer qualifies for cost-sharing subsidies (family income of less than 250 percent of the federal poverty level), they will not be eligible to establish a health savings account, or make future contributions to an existing account.

Blue Cross Blue Shield of Michigan has partnered with Health Equity to offer the Healthy Blue HSASM in conjunction with the sale of HSA-qualified plans.

The benefits to your customers are:

- An integrated solution for viewing claims and payment information online, resulting in stronger account management and decision-making
- Funds-management transparency
- 24/7 best-in-class customer service
- Options for scheduling direct pay to providers for qualified health expenses
- No-fee investment opportunities with Charles Schwab for those who maintain balances of more than \$2,000 (balance in excess of \$2,000 can be invested)
- Debit card that allows members to pay bills at point of care

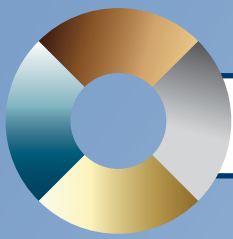
Initial enrollments will be on paper. You can view and print forms for BCBSM and BCN members on bcbsm.com/healthybluehsa. Existing customer enrollments into Healthy Blue HSA will be processed immediately, but it will take two to three weeks for those customers to receive their welcome kits and debit cards. Enrollments for new customers should not be submitted until their contracts have been approved.

Customers who currently have an HSA with another financial institution may transfer their account balances to Healthy Blue HSA by contacting their current institution and requesting a transfer. There will be a nominal charge of \$2.95 per month to maintain an account with Healthy Blue HSA, but the advantages far outweigh the cost.

To learn more about Healthy Blue HSA, visit the [demo site](#).

The user ID is: demoHSA

The password is: Demo1234



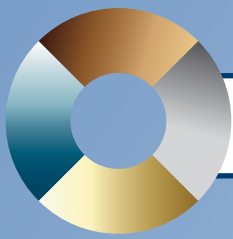
Enrollment facts

Agents will continue to be paid for enrollments both on and off the Marketplace by Blue Cross Blue Shield of Michigan, and the commission will be the same for plans sold through the Marketplace and plans sold directly with Blue Cross.

The open enrollment period for QHPs begins on Oct. 1, 2013, and ends on March 31, 2014. For Jan. 1, 2014, effective dates you must enroll your customer no later than Dec. 15, 2013. Enrollments after Dec. 15 will be effective on the first available effective date after the enrollment. Refer to Page 14 of this guide for more details.

After open enrollment ends, your customers will not be able to enroll in a QHP until open enrollment begins again at the end of 2014, unless they have a qualifying event or special enrollment event. For a list of special enrollment events refer to Page 17.

Customers who do not elect to take any medical coverage may be subject to penalties (managed and collected by the IRS). In 2014, the penalty will be the greater of \$95 per person, or 1 percent of a person's household income. By 2016, the penalty will rise to the greater of \$695 per person or 2.5 percent of a person's household income.



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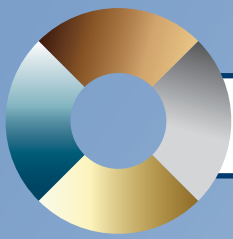
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Agents will be able to register online with Centers for Medicare and Medicaid Services so that they may assist qualified individuals with Marketplace coverage. Agents will be required to complete an online training course and will receive an active federally-facilitated Marketplace user ID which, along with the agent's national producer number, will be essential for the broker to receive compensation from the carrier.

-  *Enrolling your customers*
-  *Enrollment guidelines*
-  *Enrolling after open enrollment closes*



Steps to registration:

Obtain your national producer number by going to pdb.nipr.com/html/PacNpnSearch.html and entering your Social Security number or state license number and your last name.

Next, go to regtap.info and register.

After your user account is confirmed, you may then register for events by logging into your account and clicking on the *Training Events* icon. Select the event for which you wish to register. You will receive a separate email notice indicating your confirmation or waitlist status for each event. Registration for each event will close 24 hours prior to the start of the event.

Once you have completed your training, you will be required to complete a test. After testing, you will be able to enroll individual customers on their behalf, directly on the Marketplace.

Enrolling your customers using Agent Secured Services

Agents can access the Blue Cross enrollment tool for direct enrollments, both on and off the Marketplace, through Agent Secured Services. If you are not registered for Agent Secured Services go to: bcbsm.com. Click on *LOGIN*, then click on *Agent* and then click on *Register Now*. The steps to access the portal are described on Page 29 of this guide.

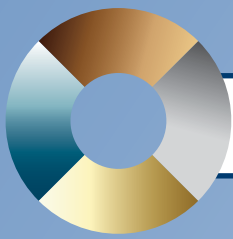
Alternatives to enrolling your customers through Agent Secured Services include **Coverage for One**, and **MI Health Connect**. To use Coverage for One, contact your Managing Agent. To gain access to Michigan Health Connect, contact your General Agent, or the Detroit Regional Chamber of Commerce. If necessary, you may also enroll directly on the Marketplace, but be sure to include your Marketplace agent ID number.

Member enrollment guidelines

- Member may be eligible for group coverage.
- Member may have multiple policies.
- Employer may not pay the premium.
- Member is a resident of Michigan.
- Member may not be eligible for Medicare.

Enrolling after open enrollment closes

Customers may enroll throughout the year only if they have a qualifying event, also referred to as a special enrollment event. If they are currently enrolled in a plan, they may complete a new enrollment for a different QHP. For those not currently enrolled in a QHP, a special enrollment event gives them the opportunity to enroll in a QHP as long as they complete the enrollment within 60 days of the event.



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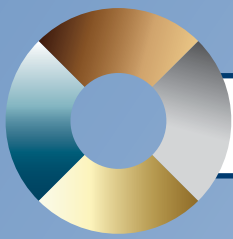
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Many events trigger the opportunity for your customer to enroll in a new qualified health plan. If they decide, based on your recommendation to change plans, they must complete a new enrollment either directly with BCBSM, or on the Marketplace.

For example: a young man currently has a bronze QHP obtained directly through BCBSM and is not subsidy-eligible. He then gets married. If they want to keep his current plan, you may add his new wife as a dependent using the agent *Change of Status* form. However, you discover his new wife is not employed, so their household income now qualifies them for premium subsidies. In order to receive premium subsidies, they must now enroll on the Marketplace. If their enrollment was initially through the Marketplace, all changes in circumstances must be reported directly through the Marketplace.

To summarize, for plans obtained through BCBSM, status changes that do not involve a plan change can be completed by you using the agent COS form. Changes that require the customer to move to a different plan can only be made by completing a new enrollment. All terminations of coverage must be made by the customer.





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Special enrollment events

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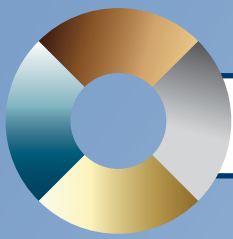
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-  *Loss of coverage*
-  *Gains a dependent*
-  *Change in subsidy*
-  *Other events*



Loss of minimum essential coverage due to:

- Termination of employment
- Termination of employer contributions
- Employer no longer offers coverage
- Reduction in number of hours to maintain coverage
- Exhaustion of COBRA
- Legal separation or divorce
- Cessation of dependent status
- Death of the individual enrolled in coverage
- Moving outside of the QHP service area
- Relocation to the U.S. after residing outside of the U.S.
- Release from incarceration
- Moving from the jurisdiction of one Exchange to another
- Decertification of the current QHP

Gains a dependent due to:

- Marriage
- Adoption or placement for adoption
- Placement in foster care
- Birth

Note: When you add the dependent who created the special enrollment event, you may also add other dependents

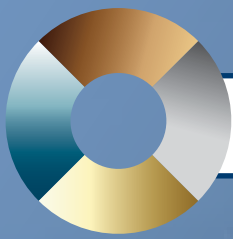
Change in subsidy

- Member is newly eligible for the Advanced Premium Tax Credit.
- Member no longer qualifies for the premium tax subsidy.
- Member eligibility for cost-sharing subsidies changes.
- The change in subsidy will only be determined by the Marketplace.
- BCBSM will no longer have 'hardship' changes; financial hardship exemptions must be granted by the Marketplace before the member can make changes to their plan.

Note: If the member no longer qualifies for a subsidy, or no longer wishes to receive a subsidy, enrollment could occur off the Marketplace.

Other events on the Marketplace

- Moving to an area in which a new QHP is available that was not available in the previous area
- Gains status as a citizen, national or lawfully present individual
- Enrollment or non-enrollment is unintentional, inadvertent or erroneous and is the result of an error, misrepresentation or inaction of an officer, employee or agent of the Marketplace
- The QHP substantially violated a material provision of its contract in relation to the enrollee
- Native American enrollment
- Exceptional circumstances



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Underwriting guidelines

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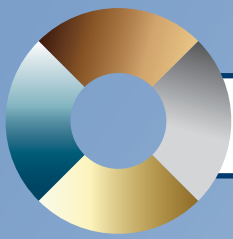
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- *Effective dates*
- *Billing modes*
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- *Nonpayment of premium*
- *Group conversion*
- *Child-only policies*



Effective dates

- Date of birth, adoption, placement for adoption or placement in foster care.
- First of the month after the event for marriage or loss of minimum essential coverage.
- Either the date of the event or in accordance with the regular effective dates for errors by the Exchange, contract violations or exceptional circumstances.
- For all other events, if the customer applies by the 15th of the month, coverage will be effective on the first of the next month. If they apply after the 15th of the month, their effective date is first of the second month following the date of application.

Billing modes

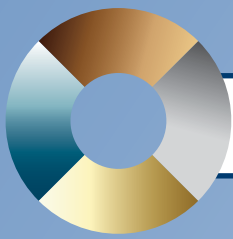
- Qualified health plans are only billed monthly either by mailing a paper bill, or via electronic funds transfer.
- If your customer would like to pay in advance, for example, six months at once, we will advance the paid-to date, and not bill them until additional premiums become due.

Termination of coverage

- BCBSM and BCN will process requests for termination within 14 days of the request.
- Coverage termination is for the entire policy. Termination of family members from the policy may only be allowed if there is a special enrollment event.
- Termination must be requested by the customer.
- After Jan. 1, 2014, customers who are still covered by Keep FitSM must move to a QHP if they terminate coverage.

Nonpayment of premium for plans purchased off the Marketplace or on the Marketplace without APTC

- 31-day premium grace
- Policy is terminated at the end of the 31-day grace period



Nonpayment of premium for plans purchased on the Marketplace (Member qualifies for and uses APTC)

- The member has up to three months to pay all due premiums.
- The first month includes both premium and claims grace periods.
- The second and third months are only premium grace periods; claims will be pended and will not be paid.
- All delinquent premiums must be paid in order to ensure the policy remains active. (Example: Member is effective on Jan. 1, 2014. Member does not pay February premium within 31 days of the due date. Member remits February premium on March 20. If March premium is not received with the February premium, then the coverage is still considered delinquent.)
- If all premium due is not paid by the end of the third month, coverage will be terminated back to the last day of the first month of delinquency (the end of February in the example above) and partial premium, if any, will be returned to the member.
- Loss of coverage due to nonpayment of premium does not create a special enrollment event.

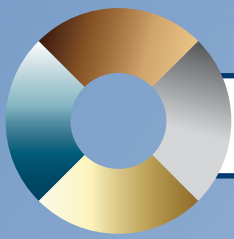
Group conversion

- All marketed individual plans (off the Marketplace) are available for selection for continuous coverage.
- Effective date will be the day after the loss of coverage.
- Prior coverage must have been an underwritten group plan with BCBSM or BCN.

Child-only policies

- Child-only policies must be issued at parent or legal guardian's request.
- Each child must enroll in his or her own policy.

Pre-existing conditions are covered as soon as the policy goes into effect. Services will be covered for the first month after the effective date even if the first premium has not been received.



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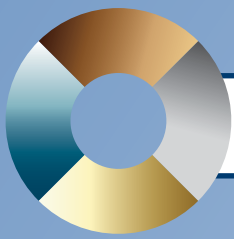
SERVICING YOUR CUSTOMERS

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BECOME A BLUES AGENT

Blue Cross has established two new processes to protect you from losing your business and the commissions that are generated by your business. These processes are very similar and are different only because group business and individual business are different.

-  Retaining individual business
-  Transitioning group to individual
-  Prospect Management tool



Retaining individual business

As stated earlier, all BCBSM and BCN individual products will be discontinued on Dec. 31, 2013, with the exception of Blue Cross's Keep Fit product. All of your customers who have products that will be discontinued will be notified of the product discontinuation, and will receive a recommendation to move into a specific QHP.

If you enroll your customer into a QHP, you will be retained as agent of record. If your customer comes directly to Blue Cross and enrolls into a QHP, you will be retained as agent of record. If your customer takes no action, Blue Cross will automatically enroll the customer into the recommended product, and you will still be retained as agent of record. The only way you may lose current customers is if they are enrolled by a different agent or they enroll in a competitor plan.

You will be notified and be able to view the product recommendation letters that go out to your customers in the near future with our Prospect Management Tool. We are committed to protecting your block of business. Our commission strategy is also designed to reward you for retaining your business. Refer to Page 25 of this guide for more information about commissions.

Transitioning group business to individual

For many reasons, we anticipate a large number of small groups will drop group coverage and the employees will move to individual coverage. Some of these factors are:

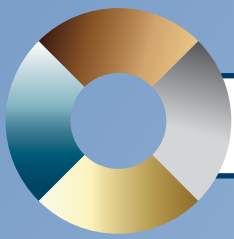
- The ACA will not penalize groups that drop coverage.
- The employer cost may rise significantly, especially if they currently only contribute a small portion of the group's premium and have high contribution levels for the employees.
- Many employees will be eligible for federal subsidies, so their cost for coverage will go down.
- Dropping group coverage may be financially attractive to the employer and the employee.

If you have a group that is dropping coverage, please complete the *Drop Notification Form*, which can be found on the agent portal, 45 days in advance of the group's termination.

Using this notification form has several advantages:

- Allows time to market individual products to the employees losing coverage
- Preserves your status as agent of record for the employees moving to individual coverage
- Pays commissions as newly acquired business

For detailed information, refer to the *Group to Individual Agent Reference Guide*.



Prospect Management Tool

We have a brand new tool for our agents. The Prospect Management Tool will be an invaluable resource for you in the future. By using this new tool you will be able to view and track:

- Your current members who are in products other than Keep Fit, but might be well suited to transfer to Keep Fit before Dec.1, 2013
- Your current Keep Fit members who would be better served by moving to a qualified health plan during open enrollment
- Product recommendations for cross-walking your current members into new qualified health plans
- The status of those members who crosswalk to new plans
- The status of your former group members as they transition to individual plans

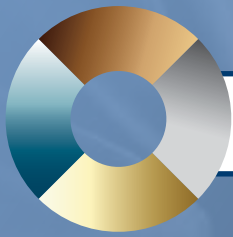
To fully understand the value of this new resource download and review the *Agent Training Manual*, which can be found on the agent portal.

To access the Prospect Management Tool provided by Blue Cross Blue Shield of Michigan and Blue Care Network, go to blueprospects.com and save it to your favorites.

If this is the first time you are logging in, or if you don't know your password, enter your User Name on the Login screen, and click *Forgot your Password?*. The system will email you a temporary password to the address on file for your account. When using a temporary password, the system will ask you to change the password to something only you will know.

Important: Never share your password.

If you have any questions about this tool, please contact your Managing Agent, General Agent or your Blues Individual Business sales consultant. If you require a password reset or need to report a technical issue, please call the BCBSM Web support help desk at 1-877-258-3932.



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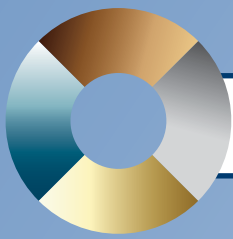
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BECOME A BLUES AGENT

Beginning Oct. 1, 2013, for 2014 business, Blue Cross Blue Shield of Michigan will reward agents for individual business in three ways.

-  *New business*
-  *Base commissions*
-  *Renewal incentives*
-  *Agent of record*
-  *Multiple enrollments*



New business

You can earn up to \$300 for each new member you bring to the Blues.

New business	
Enrolled members	Incentive per member
10 to 19	\$50
20 to 49	\$100
50 to 69	\$150
70 to 99	\$200
100 to 199	\$250
200 +	\$300

- New business incentives will be paid in the month following members' enrollment into a qualified health care plan.
- Enrolled member levels are cumulative, and are paid retroactively to the 10th enrolled member as higher levels are reached. So, for example, if you enroll 50 members, you'll earn \$150 for the 10th through the 50th member.
- New member incentives are payable on any members who enroll in an individual plan, unless they were already a Blue Cross Blue Shield of Michigan or Blue Care Network individual member. Prior group customers are considered new.
- No incentive will be paid on the first nine members enrolled.
- The new business bonus applies to new QHPs enrolled on or after Oct. 1, 2013, with effective dates between Jan. 1, 2014, and Dec. 1, 2014.
- Agents must register through Agent Secured Services to be eligible for the new business bonus.

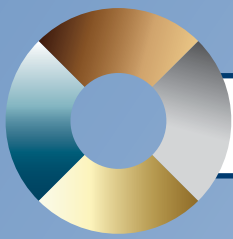
Base commission

All business, both new and renewal will be paid a flat base commission for the lifetime of the contract.

Base commission schedule for Blue Cross Blue Shield of Michigan and Blue Care Network individual health plans:

Years 1 and beyond = **3% commission and renewal commission**

- Base commissions are calculated based on the premium, minus federal and state fees and taxes.
- Subsidies provided by the Affordable Care Act are included in the commissionable premium.
- You will receive commission once the member pays the first month's premium.



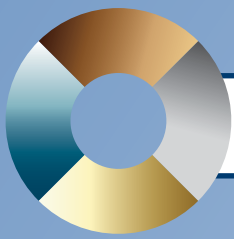
Renewal incentive

In addition to the commission and the \$500 incentive that you earn for each 25 members retained, you can earn up to an additional \$6,000 for retaining your current block of individual business during the Affordable Care Act's open enrollment period of Oct. 1, 2013, to March 31, 2014.

Renewal incentive schedule	
Members retained	Bonus amount
For each 25 members retained	\$500
Additional incentive	
200 members retained	\$1,000
300 members retained	\$4,000
400 or more members retained	\$6,000

- Incentives are earned on the condition that you retain a minimum of 60 percent of your individual block of business.
- The size of your individual block of business will be based on your active individual members on Dec. 31, 2013.
- We will calculate the total number of members retained and pay renewal incentives after the open enrollment period ends on March 31, 2014.
- Keep Fit members who retain coverage will continue to be paid under the risk-based commission formulas, and will count toward the retention bonus.
- Members you enroll who were previously BCBSM or BCN individual members with or without an agent of record, will be considered retained members and will count toward the retention bonus.

*This is intended to be a simple explanation of our 2014 commission program. For full details, refer to the **2014 Agent Commission Schedule**, which is located on the agent portal. Commissions are subject to change at any time at the sole discretion of Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan.*



Agent of record

As stated previously, we will retain you as the agent of record on new QHP enrollments for both group and individual customers. During the open enrollment period, enrollments of your customers that come to us directly from our public website, or from our internal sales team, will be matched weekly by Social Security numbers to your current book of business, and your agent information will be added. After open enrollment closes on March 31, 2014, we will continue to retain your status as the agent of record for groups that drop coverage when you complete the group drop notification form.

Marketplace enrollments will be examined for your National Producer Number and matched to your Blues agent ID number.

Enrollments that are received with a different agent's information will belong to that agent.

Agent of record letters are not generally accepted, but will be reviewed for possible exception.

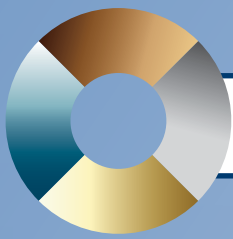
Multiple enrollments

Marketplace enrollments

Customers may enroll in two Marketplace plans if they choose to do so.

Direct enrollments (non-Marketplace)

The Affordable Care Act allows for multiple enrollments from your customers. In the event we receive more than one enrollment, the Underwriting department will contact the customer to determine which enrollment they wish to retain. However, the customer may actually keep and pay for multiple policies, so in some rare instances we will have customers with more than one policy and possibly more than one agent.



MyBlueSM

Servicing your customers

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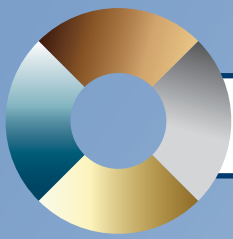
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-  *Using Agent Secured Services*
-  *Agent alerts*
-  *Using your book of business*
-  *eBilling*
-  *Other customer service resources*



Using Agent Secured Services

Every Blues agent should register at **bcbsm.com** to access Agent Secured Services.

Once registered, the online tool helps you by:

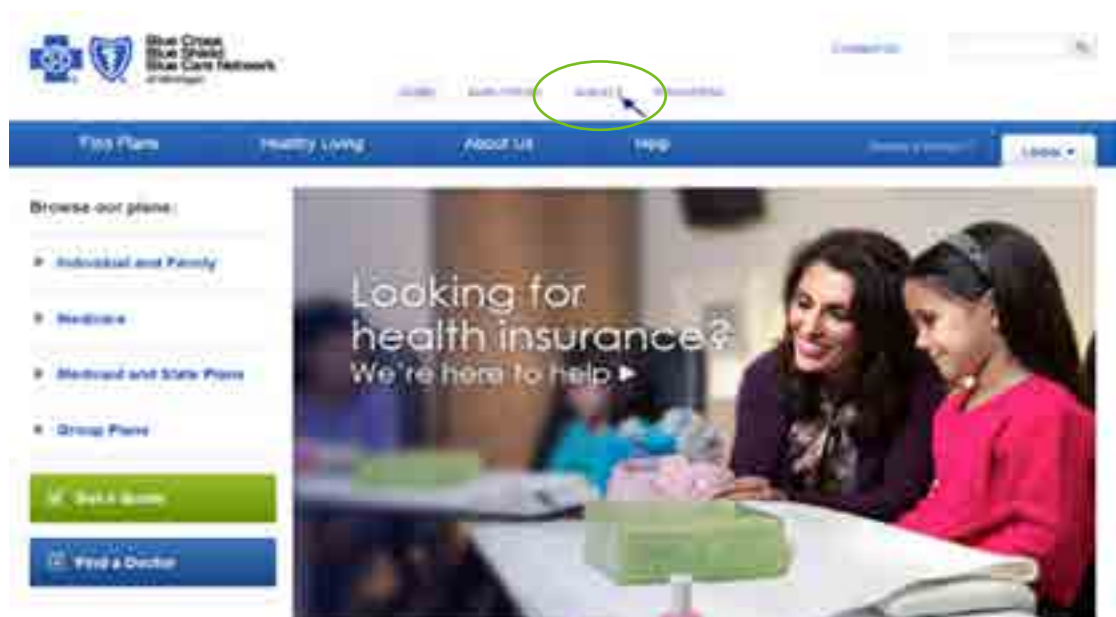
- Populating your first and last name on enrollments (if you're not registered, this information will be missing)
- Allowing you to register for incentive programs
- Viewing the Agent Book of Business
- Providing access to all BCBSM and BCN product information and marketing materials created specifically to help yourself

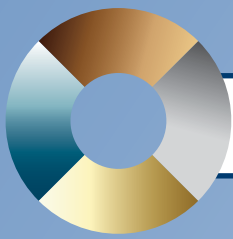
You can also create instant quotes, submit enrollments, view and print all forms needed to sell and service our products, search our provider directory of doctors and hospitals, view and print member bills using eBilling, and review BluesMarketplace alerts.

***Note:** If you don't register, your clients won't be able to use the "Search for My Agent" feature to find your contact information and assign you as the agent for their direct enrollment*

How to register:

1. Go to **bcbsm.com**.
2. Click the *Agent* tab located in the top right of the screen.





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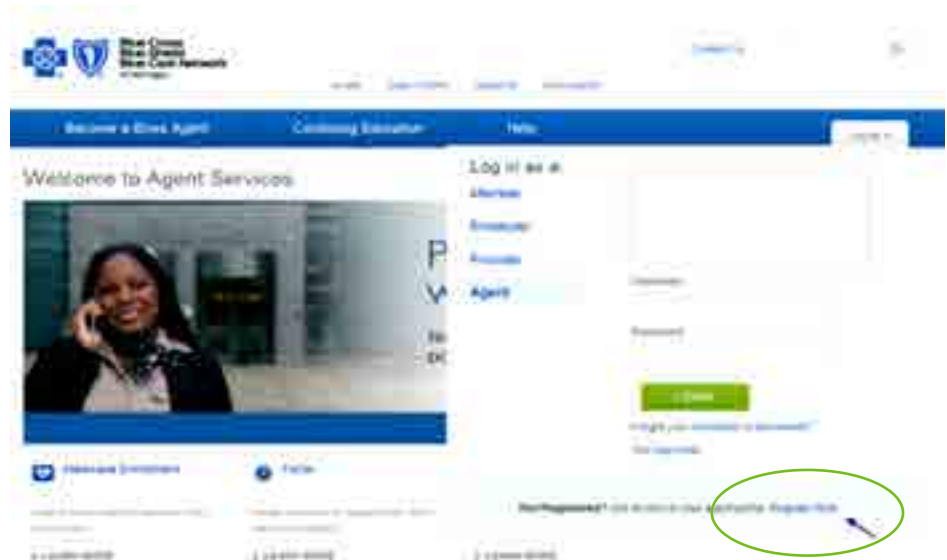
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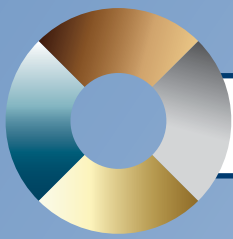
BECOME A BLUES AGENT

3. Click the *Register Now* button on the LOGIN tab.

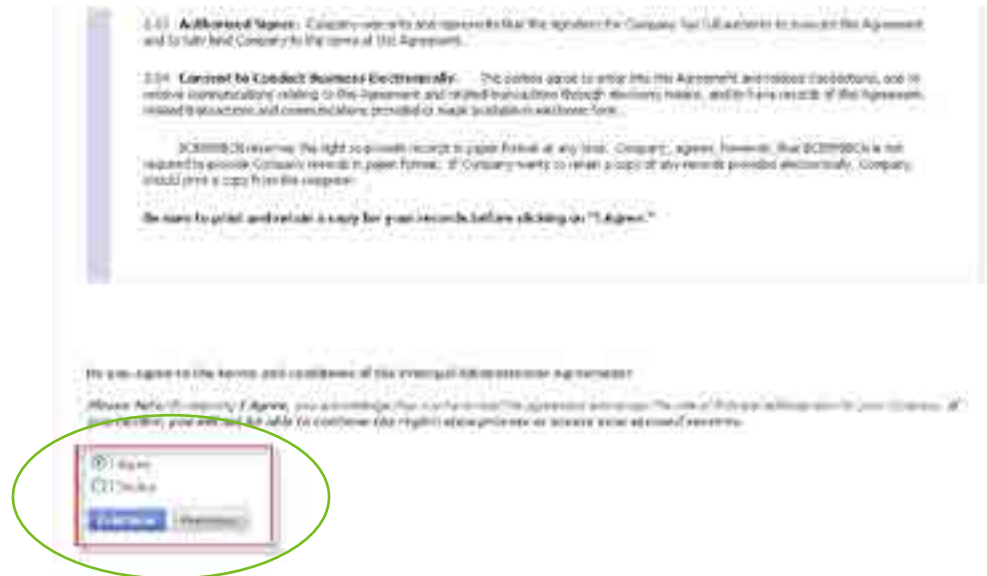


4. Click *Begin* on the *Agent Company Registration* page.



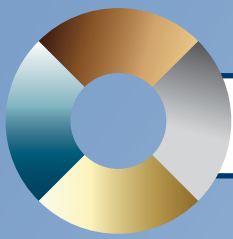


5. Review and accept the *Administrator Agreement* by clicking the *I Agree* button and click *Continue*.



6. Select the *Type of Agent Company* page, then choose either *Agent* (producing agents) or *Managing Agent* and click *Continue*.





7. On the *Administrator Registration* page, enter your:

- Blues five-digit agent code
- First name
- Last name
- PIN (last four digits of the your SSN)
- Click *Continue*.

Agent Company Registration

Administrator Registration

After you read the information about the Blues system, you will be asked to register. To complete your registration, you will need to provide the following information: your Blues five-digit agent code, your first name, your last name, and your PIN (last four digits of your SSN).

Agent Number	<input type="text"/>
Agent First Name	<input type="text"/>
Agent Last Name	<input type="text"/>
PIN	<input type="text"/>

(All fields required)

[Continue](#)

8. Enter your company profile information and click *Continue*.

Agent Company Registration

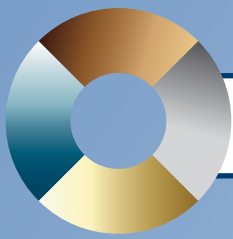
Online Agent Company Profile

After you read the information about the Blues system, you will be asked to register. To complete your registration, you will need to provide the following information: your Blues five-digit agent code, your first name, your last name, and your PIN (last four digits of your SSN).

Company Name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip code	<input type="text"/>

After you read the information about the Blues system, you will be asked to register. To complete your registration, you will need to provide the following information: your Blues five-digit agent code, your first name, your last name, and your PIN (last four digits of your SSN).

[Continue](#)



9. Make sure your company profile information is correct and click *Continue*.

Agent Company Registration
Confirmation of Online Agent Company Profile

Additional services may be requested after login:

Agent Name	Agent Name
Title	Agent
Address	400 E LAFAYETTE BLVD., DETROIT, MI 48201-1110

Selected Agent Services
The following services will automatically enroll your company:

- Membership & Eligibility (eMCS) - View**
The Membership & Eligibility System (eMCS) allows you to view membership, filing and product information.
- eQuoting Agent and Agent Admin**
eQuoting empowers the Blues agent team, managing agents and agents to perform quoting activities online for Small Groups.
- eQuoting for Individuals - Agent and Agent Admin**
eQuoting for Individuals enables the quoting and online enrollment in Individual and Family Plans.

Continue

10. If applicable, select the optional services you need and click *Continue*

Agent Company Registration
Services Available Upon Request

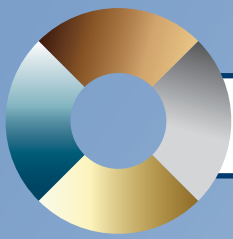
In addition to the services that eQuoting will automatically enroll your company, the following additional services are available upon request. These are optional and are not required to complete your registration. You may add/delete these services using the checkboxes below. All are free other than eQuoting.

Optional Services
Right-click the box and press 'Continue' to request these optional services. If you do not want to request these services, click the 'Continue' button without checking any boxes.

Services Available Upon Request

Service	Selected
eBookshelf Accounting Agent Agents reviewing monthly filing data and Membership renewal.	<input type="checkbox"/>
eBookshelf Billing/Invoice Agent Agents reviewing weekly or monthly invoices with payment due.	<input type="checkbox"/>
eBookshelf Agent Agents reviewing and managing the sales process for agents and individuals.	<input type="checkbox"/>

Continue



11. Create your user profile and click *Continue*.

Create a User Profile

Congratulations! You have completed your company registration. Now we need additional information to register you as a user. As we already have some of your information from previous screens, you will not need to re-input it unless your user profile information should be different. Please enter your phone number and e-mail address to confirm with your registration.

First Name: John
Last Name: Doe
Phone Number: 313-555-1212
PIN: 9535 (We do not recommend that Agents change their PINs.)
E-Mail Address: jdoe123@company.com

* All Fields Required

Continue **Cancel**

12. Create your user name and a case-sensitive password and click *Continue*.

User Registration

Create User Name and Password

Please enter the User Name and Password you wish to use to access your account.

User Name: jdoe123
Password:
Confirm Password:
* All Fields Required

Continue **Cancel**

User Name
You can use letters, numbers and a combination of upper & lower case that is easy for you to remember. However, it must be a minimum of 5 characters and a mix of upper and lower case letters and numbers including hyphens and periods. TIP: If you have more than one Agent Role Name, you can put the numbers 1 and 2 at the end of each. For example: Tournament1 and Tournament2

13. Select security questions from the drop-down menus, enter your case-sensitive answers and click *Continue*.

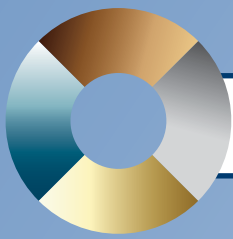
User Registration

Security Questions and Answers

Use the drop-down to select and answer two of the following questions:

Security Question: What is your mother's maiden name? Answer: Mom
Security Question: What is your father's middle name? Answer: Dad

Continue **Cancel**



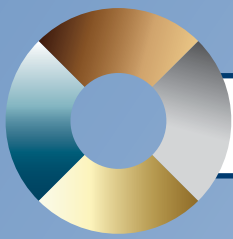
14. Click *Accept* for the Terms and Conditions of Use and click *Continue*.



15. Verify that your information is correct then click *Submit*. If your information isn't correct, click *Back* to edit the proper screen.



16. You'll immediately receive an email confirming your approval to access Agent Secured Services. Your clients will now be able to access your contact information for their enrollment process.



Blues MarketPlace alerts

Once you are registered, the direct link to the site is bcbsm.com/agent.

BluesMarketplace is the primary information source for Managing Agents and General Agents as well as Blues-contracted independent agents. *BluesMarketplace* is a weekly electronic newsletter that provides the agent community with Blues information while serving as a vehicle for you to provide valuable feedback to us. An archive of alerts, as well the most current edition, can be found on the *Agent Resources* tab on Agent Secured Services.

To subscribe, log in to bcbsm.com/agent. Once logged in, click on the link *Subscribe to BluesMarketplace* and fill out the requested information to start receiving the publication through your email.

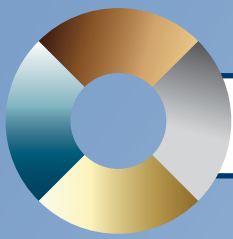


Using your Agent Book of Business

The Agent Book of Business application was designed to help you manage and service your Blues business in a secure online environment with accurate, up-to-date information. It serves as your single information source for your book of business. The ABOB application is updated every 24 hours.

With the Agent Book of Business, you can:

- Track your BCBSM and BCN individual business by renewal or effective date, paid-to-date (or current coverage month), business segment and more
- Drill down to details in your BCBSM and BCN individual book of business
- Export your individual book of business to an Excel spreadsheet



Use this information to:

- Serve your clients
- Retain your business
- Develop sales strategies

The *Agent Book of Business User Guide* can be reviewed by clicking on the *User Guide* link in the upper right hand corner of the ABOB page in Agent Secured Services.

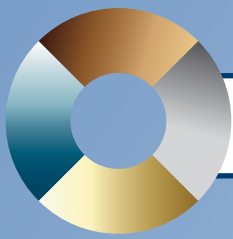


eBilling

eBilling is also accessible through Agent Secured Services. Among many uses, this tool can be used, to view and print a duplicate bill in the event a customer never receives a bill, and to view explanations of rate changes.

Other customer service resources

- Your Managing Agent or General Agent has resources to address a variety of issues including a customer's current status, any recent changes and commission questions.
- Change of status: the COS form for agents can be accessed on Agent Secured Services and can be used for off-Marketplace plan changes, adding or deleting dependents, or for name or address changes.
- If you wish to contact us directly, call the agent hotline at 1-800-788-7334.
- Members can access their Blues accounts by logging in on **bcbsm.com**. This site has been recently updated and provides clear and easy access to a wealth of information.



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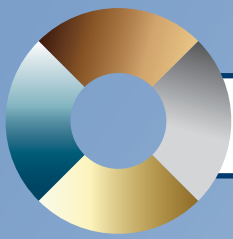
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BECOME A BLUES AGENT

As an authorized independent agent, you have chosen to provide a quality product that you can offer with confidence. You have decided to represent one of the nation's leaders in the health care insurance industry, and you can benefit from the stellar reputation of the Blue Cross and Blue Shield brands. To maximize these benefits, use the Blue Cross and Blue Shield names and service marks appropriately in all of your marketing communications.



Please refer to our advertising guidelines and approved ad templates on the Product Information tab within the Marketing Materials section in Agent Secured Services.



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BECOME A BLUES AGENT

1. Visit **bcbsm.com**.
2. Click the *Agent* tab.

Click *Become a Blues Agent* and complete the process





**Blue Cross
Blue Shield
Blue Care Network**
of Michigan