

Retail Producer Portal Guide: Enrolling Clients in ACA QHPs

The Retail Producer Portal is a comprehensive sales and service tool for the Under 65 individual market and the Medicare markets. The portal enables you to design and deliver quotes, enroll members in Blue plans, manage prospects and serve and support active clients with a host of features. [This section covers enrolling clients in retail ACA plans.](#)

Enrolling Clients in Retail ACA Qualified Health Plans

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Enrolling Clients in Retail ACA Plans

Quoting and enrolling should begin while working within the Retail Producer Portal. After selecting an on-exchange plan for enrollment, you’ll be transferred to our agent assisted on-exchange enrollment solution, powered by HealthSherpa, to complete the application and submission process. For off-exchange plans, you control the entire end-to-end application and submission process via the Retail Producer Portal. For either on- or off-exchange, you should start the online enrollment process from within your Retail Producer Portal account.

If your clients wish to enroll themselves, they can use our on-exchange enrollment solution for ALL application types.

Types of Applications, includes both open and special enrollment	Begin with Retail Producer Portal with on-exchange enrollment solution	Retail Producer Portal End-to-End
1. OFF exchange medical		✓
2. ON exchange medical	✓	
3. OFF exchange medical with dental		✓
4. ON exchange medical with dental	✓	
5. OFF exchange dental only		✓
6. ON exchange dental only	✓	
7. OFF exchange child only (parents enrolling for a minor child)		✓
8. ON exchange child only (parents enrolling for a minor child)	✓	
9. OFF exchange authorized by personal representatives of applicants		✓
10. ON exchange authorized by personal representatives of applicants	✓	

Enroll Existing Member in New Plan

Each year, members can opt to passively renew their existing plan, which requires no action by the member or producer.

When existing members want to choose a new plan, called an active renewal, you can help them complete the application process via the portal’s [Enroll Member](#) feature. This feature saves significant time by prepopulating the online application with existing information from the active member’s record.

Start by finding your client. Then follow these steps:

- 1. With the Client record open, click “Enroll Member.”
- 2. In the Producer Information panel, check the Writing Producer Number field. It will automatically populate with the producer ID number associated with the log in. Be sure to enter nine digits. If the producer ID number is less than nine digits (such as 123456), use leading zeros (such as 000123456).
- 3. Select the “Start Application” button to begin the application process.

HomeClient InfoE-CommunicationQuotesResourcesTrainingEnrollmentShow less ^

Client Search

Client Leads

Reporting

Back to Search Results

Select Transaction

GO

Submit E-Question

1Enroll Member

Client Information

Account Number: 01010101010Home Phone: 123-456-7890Spouse Cell Phone:

Name: Jane DoeCell Phone: 123-345-7891Fax:

Address: 123 Williams RdNaperville, IL 60090Work Phone:

E-mail Address: janedoe@yahoo.com

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Agent Assisted Enrollment

Producer Information

Producer First NameJohnProducer Last NameRobinsonCompany NameABC Insurance Agency

2Writing Producer Number*999999999

3Start Application

Enroll via Producer Portal & Agent Assisted On-Exchange Enrollment Solution

Complete Applicant Info

- 1. Select the Quotes tab.
- 2. Complete the required name fields for the quote.
- 3. Note that a "County" field appears under the zip code after the zip code has been entered. If more than one county is available, select from the drop down list.
- 4. Enter all of the primary's information. Additional fields may appear, such as those for a spouse and children. Complete as needed.
- 5. Select the "Continue" button.

1

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▶ Click Here to learn about important changes for On-Exchange consumer enrollments, quote links and Express Links.

▶ Click Here to register with HealthSherpa to enroll clients in on-exchange qualified health plans (QHPs)

▶ Attention: 2023 Dental Only forms are now available for submission on the Enrollment tab!

Applicants

Enroll in On Exchange QHPsSign In to our Agent Assisted On-Exchange Enrollment solution.

Supplemental ProductsVisit the Coverage Plus Central site, hosted by Trionfo, an independent licensed insurance agent.

Primary Applicant's Name:2

FirstMILast

Please note: Primary applicant first and last name are required for Save Proposal and Send Quote functions.

What is the Applicant's Zip Code?

Zipcode?

What is the Applicant's County?3

Applicant's Requested Effective Date:

11/01/2023?

Please note: Requested Effective Dates cannot be today's date and must be the first of the month.

Who will this health insurance plan be covering?

Sex:Birthday:4

✓ PrimarySelect oneMM/DD/YYYY

5

Continue

1/24/2024

RETAIL PRODUCER PORTAL GUIDE

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Select the Plan

- 6. If you don’t need a quote or proposal, and you’re helping your client enroll, select “Apply for This Plan” next to the desired plan.
- 7. If the selected plan is an on-exchange plan, you will be redirected to the agent assisted on-exchange enrollment solution sign-on page. (Refer to Agent Assisted On-Exchange Enrollment Solution powered by HealthSherpa Training Materials for further instructions).
- 8. If the selected plan is an off-exchange plan a pop-up box will display, you'll see a "Continue to RPP Enrollment" button to enroll in the plan via the Retail Producer Portal.

Matching Plans

1. Review the plans below

These plans best match the customer's criteria.

2. Compare up to 3 plans

Check the boxes below up to 3 plans, then choose "View Additional Benefits".

3. Apply online or by mail

Select the plan that interests the customer and apply today.

Your Options

1 Applicant(s), ZIP 60502, Dupage County, Requested effective date 12/01/2023

Tax Credit Estimator

Supplemental Products

Visit the Coverage Plus Central site, hosted by Trionfo, an independent licensed insurance agent.

Return to Applicants Page

Enroll in On Exchange QHPs

Sign In to our Agent Assisted On-Exchange Enrollment solution.

Sort By

Select One

Off-Exchange

On-Exchange

Save Proposal

Send Quote

View Additional Benefits

Viewing 30 of 30 matching plans.

Blue Choice Preferred Bronze PPO 201

Summary of Benefits

Network	Deductible	Out-of-Pocket	Coinsurance	Office Visit	Premium
Blue Choice Preferred PPO	\$7,000	\$9,100	50%	\$45 Copay	\$565.11

Dental Coverage

Yes

No

6

Apply for this Plan

Blue Choice Preferred Bronze PPO 202

Summary of Benefits

Network	Deductible	Out-of-Pocket	Coinsurance	Office Visit	Premium
Blue Choice Preferred PPO	\$4,500	\$7,000	60%	40% Coinsurance after Deductible	\$629.65

Dental Coverage

Yes

No

Apply for this Plan

BlueCross BlueShield

Illinois Michigan New Mexico Oklahoma Texas

7

Sign into your account

EMAIL ADDRESS

PASSWORD

Sign In

Forgot your password?

Privacy Notice and Terms & Conditions

BlueShield

Retail Producer Portal

11 Major Medical

Menu

Welcome, Ginnette

How would you like to proceed ?

8

Continue to RPP Enrollment

Print Application Sign and Mail

It's the fast, convenient, secure way to Apply!

You or your client can complete offline.

Go Back

plans below

st match the customer's cri

IP 60502, Dupage County, ve date 12/01/2023

Tax Credit Estimator

Supplemental Products

By click you will Coverag a websi Trionfo, indepen insuran

ants Page

Enroll in On Exchange QHPs

By clicking this link you will be redirected to the HealthSherpa Sign In page

Enroll via Producer Portal Only

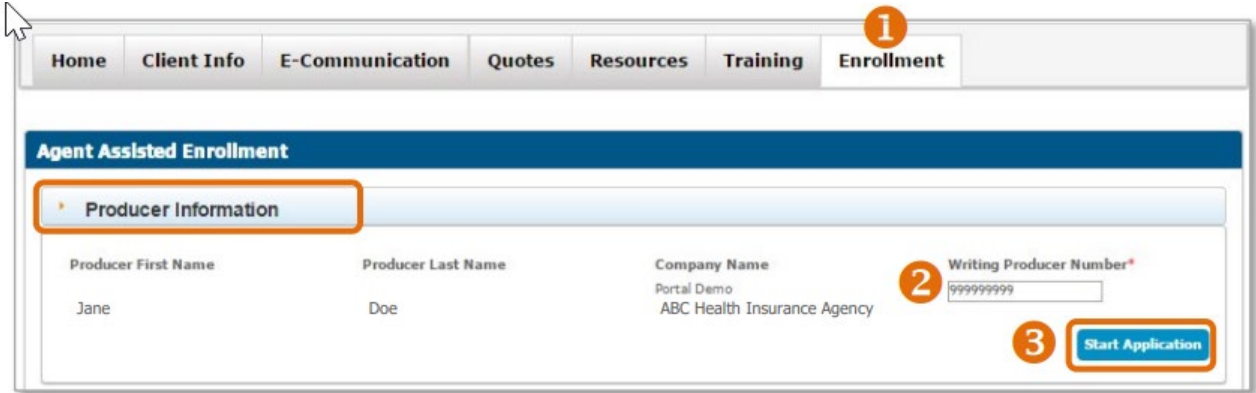
Use the Retail Producer Portal to manage the entire online enrollment process for all off-exchange policies:

- ✓ Stay attached to the application/policy throughout.
- ✓ Enroll faster – the portal was designed for you so the process is streamlined with all steps on one page.
- ✓ See all stages of the application’s progress; application is received and viewable in the portal within 24 hours.
- ✓ Start and save applications, complete and submit later (up to 90 days!) if needed.
- ✓ Receive all enrollment notifications.
- ✓ Give agency office personnel ability to submit subproducers’ apps.
- ✓ Reduce overall applicant-to-member timeframes.

Producer Information

When you select the Enrollment tab, check the information displayed in the Producer Information section.

1. Select the Enrollment tab.
2. In the Producer Information panel, check the Writing Producer Number* field. It will automatically populate with the producer ID number associated with the log in. However, some users may have the ability to change this number. For example, if you log in as the agency principal, you can enter the producer ID numbers of any of your subproducers. This feature allows office personnel to submit applications for their sales agents. Be sure to enter nine digits. If the producer ID number is less than nine digits (such as 123456), use leading zeros (such as 000123456).
3. Select the “Start Application” button to begin the application process.



*** ENSURE THE WRITING PRODUCER NUMBER IS ACCURATE! This is the nine-digit producer identification number included in your “Welcome” email when you completed contracting (producers and agencies) or onboarding (subproducers). If you contracted or onboarded to sell in multiple states, you have a unique ID number for each state.**

Application Information

- 1. Once you select the “Start Application” button, verify the Writing Producer Number. Once you begin with the producer ID number displayed here, **it can’t be changed**. If it’s incorrect here, click the Enrollment tab to start over.
- 2. When you first begin applying, the applicant name won’t be populated. As you move through the application, the field will update.
- 3. Choose your application, either a Medical/Dental combined application or a Dental only application. The time of year and the plan year selected determine if a special enrollment is required. If so, special enrollment fields will populate. Note that if you apply for special enrollment, you’ll need to select a qualifying life event and supply supporting documentation.
- 4. This will reflect the next available effective date, but the field could change as you enter more information.
- 5. The estimated monthly premium will not populate until you select a plan and enter specific information such as zip code, date of birth and tobacco use. It will update as you add dependents.

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Agent Assisted Enrollment

Application Information

Writing Producer Number1

Applicant Name2Jane M Doe

3

Choose Application Form *

Select One2023 Medical/Dental Application2024 Medical/Dental Application2024 Dental Application2023 Medical/Dental Application2023 Dental Application

Effective Date412/01/2023

Estimated Monthly Premium5\$565.11

Authorization

☐ I confirm/attest that my client has completed and signed a paper application, and as the producer of record, I will be completing and submitting the application on their behalf. I will keep a record of the paper application for minimum of two years from the submit date.

☐ I confirm/attest that I am assisting my client in person. That all the terms, agreements, acknowledgements and authorizations displayed on the paper application have been presented and communicated to my client.

Feedback

Authorization

When completing an online application in the Retail Producer Portal, there are two types of client authorizations.

The FIRST type of client authorization is when you have a signed paper app in-hand and you enter the data from the paper app into the online app. You keep the paper app with your client’s signature for your records. You have a paper application signed by the client in every area that requires a signature. If your office submits applications on the sales agent’s behalf, you should select this option. Note that you’ll need to maintain signed copies of paper applications for a minimum of two years

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Authorization

I confirm/attest that my client has completed and signed a paper application and supporting documents, and as the producer of record, I will be completing and submitting the application on their behalf. I will keep a record of the paper application for minimum of two years from the submit date.

I confirm/attest that I am assisting my client in person. That all the terms, agreements, acknowledgements and authorizations displayed on the paper application and supporting documents have been presented and communicated to my client.

The SECOND type of client authorization says you’re assisting your client “in person.” Until further notice, we consider the phrase “in person” to mean a telephone or online conference (such as Skype, FaceTime or Zoom) or any other real-time communication. Your client understands all terms, acknowledgments and authorizations and agrees to them. To meet the requirements for this second type of authorization, you have three options.

- 1. You can obtain it by either emailing or printing and mailing required documents and requesting a signature and return. A fax or a copy of an original written signature page is acceptable for this purpose.

If an authorization can’t be obtained in the manner described in (1.) above, you could obtain it one of these ways:

- 2. By the client/applicant indicating approval of the document in another manner such as an email.
- 3. By the producer obtaining a signature authorization verbally.

We recommend creating an attestation statement *each time* a signature is obtained by method (2.) or (3.). You could use the following example attestation. Be sure to save attestations for your records.

I fully discussed the contents of the attached [DOCUMENT NAME] and hereby attest that [CLIENT/APPLICANT NAME] represented to me that they understood the contents of the [DOCUMENT NAME] and conveyed their approval of the contents of the [DOCUMENT NAME] to me. I explained that the [DOCUMENT NAME] would be submitted by me on their behalf.

Plan Selection

- 1. Input the zip code of your client.
- 2. If the zip code covers more than one county, select the correct county.
- 3. If the Medical/Dental Application form is selected; choose the medical coverage plan in which your client would like to enroll. Be sure to remember the medical coverage plan name; you'll need that information when using the Provider Finder to search for, find, and enter a primary care physician (PCP) or medical group number for plans that require it.
- 4. Then choose the dental coverage plan in which your client would like to enroll.

Application Information

Writing Producer Number

999999999

Applicant Name

Jane M Doe

Choose Application Form *

2024 Dental Application

Effective Date

01/01/2024

Estimated Monthly Premium

More Information Needed

Authorization

Special Enrollment Information

Plan Selection

Zip*

60171

County

Cook

Select Dental Coverage

Select One

Select One

BlueCare Dental 1A

BlueCare Dental 1B

BlueCare Dental 1C

BlueCare Dental 4 Kids 1A

BlueCare Dental 4 Kids 1B

Save and Exit

Submit Application

Home

Client Info

E-Communication

Quotes

Resources

Training

Agent Assisted Enrollment

Application Information

Writing Producer Number

999999999

Applicant Name

Jane M Doe

Choose Application Form *

2024 Medical/Dental Application

Effective Date

01/01/2024

Estimated Monthly Premium

More Information Needed

Authorization

Special Enrollment Information

Plan Selection

Zip*

60171

County

Cook

Select Medical Coverage *

Select One

Select Dental Coverage

BlueCare Dental 1A

Blue Choice Preferred Bronze PPO 201

Blue Choice Preferred Bronze PPO 202

Blue Choice Preferred Bronze PPO 302

Blue Choice Preferred Bronze PPO 502

Blue Choice Preferred Bronze PPO 601

Blue Choice Preferred Bronze PPO 701

Blue Choice Preferred Bronze PPO 705

Blue Choice Preferred Bronze PPO 708

Blue Choice Preferred Gold PPO 204

- 5. If the Dental Application form is selected; then you only need to choose the dental coverage plan in which your client would like to enroll.

Applicant Information

In the Applicant Information panel, complete required fields (see red asterisks). Some fields populate based on information already provided. For example, a tobacco question populates if the applicant is 18 or over.

- 1. Enter primary applicant data.
- 2. Provide residential and mailing addresses. Confirm the address with an address verification tool such as [Google Maps](#)™.
- 3. When census fields are completed, the “Estimated Monthly Premium” updates. As you add dependents, this number changes.
- 4. Enter phone number and an email address.
- 5. Primary Care Physician (PCP) or Medical Group number fields will populate if the applicant is choosing a medical plan that requires it. You can input a PCP or Medical Group number here. If needed, use the Provider Finder to search for a PCP/Medical Group. Know the plan name before you search – you must search within the correct network to see PCP or Medical Group numbers.

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Agent Assisted Enrollment

Application Information

Writing Producer Number

Applicant Name

Choose Application Form *

Effective Date

Estimated Monthly Premium

Jane M Doe

2024 Medical/Dental Application

01/01/2024

3

\$553.38

Authorization

Special Enrollment Information

Plan Selection

Applicant Information

Primary

First Name*

MI

Last Name*

SSN

Sex*

Date of Birth*

Jane

M

Doe

###-##-####

Male

Female

09/25/1975

Within the past six months, have you used tobacco? 4 or more times per week on average, excluding religious or ceremonial uses.*

No

Yes

Home Address

Address Line 1*

Address Line 2

City*

State

Zip

County

300 E. Randolph

Chicago

IL

60171

Cook

Is Mailing Address different than Home Address?*

No

Yes

4

Primary Phone*

Email Address

(312) 555-5555

@_--

Mobile

Landline

5

Medical Group Number

Provider Finder

- 6. A new “Optional HRA” panel is displayed under the Primary Applicant panel only. The Type of HRA, Start Date, Employer Name and Monthly Contribution amount can be entered for all enrollments including open enrollments and special enrollments. If a special enrollment is being completed the Type of HRA and the Start Date will be pre-populated from the Special Enrollment information section.

Optional HRA6

Type of HRA

☐ ICHRA ☐ QSEHRA

Start Date

Employer Name

Monthly Contribution

Applicant Information: Dependents

Complete all of the required census information (fields marked with a red asterisk) for each dependent.

- 7. You can complete the optional applicant information or bypass this section, which is included for each person added to the application. Click on the “Optional Language, Ethnicity & Race” header to expand or collapse the panel.
- 8. When you click on the “Add Dependent” button, all of the dependent applicant fields appear. You can add up to 19 dependents on a single application.
- 9. The dependents will be numbered in the order in which they are added. Once you enter all of the dependent’s information, you can delete any of the exiting dependent records if needed.

Dependent 1

Delete Applicant

9

First Name*

Robert

MI

M

Last Name*

Doe

SSN

###-##-####

Sex*

☐ Male ☒ Female

Date of Birth*

09/25/1964

Relationship to Primary*

Spouse/Partner

Within the past six months, have you used tobacco? 4 or more times per week on average, excluding religious or ceremonial uses.*

☐ Yes ☒ No

Is Mailing Address different than Home Address?

☐ Yes ☒ No

Primary Phone

☐ Mobile ☐ Landline

Email Address

Optional Language, Ethnicity & Identity7

Add Dependent8

Payment

- 1. Choose a payment type for the initial premium. Choices include paying right away via one-time bank draft, credit card or debit card or paying later. We eliminated the requirement to pay the initial premium to submit an online app.

Proxy & Other Coverage Information

- 2. In the Proxy & Other Coverage Information panel, you can click on the proxy statement link to review it. Select to agree to the statement if your client consents.
- 3. If your client or any dependents on the application had previous coverage in the last 60 days, select “Yes” for Other Coverage. Enter the required information; it must be completed before submission. Note that applicant names will populate based on data previously entered.
- 4. If your client is replacing coverage, select “Yes” and enter the required information.

Payment1

Initial Payment

☐ One time bank draft ☐ Credit or Debit Card ☐ Bill my client later

Proxy & Other Coverage Information

☐ I agree to the Proxy Statement (optional)2

Coverage You are Replacing

Will this plan replace health coverage for 2024 you already have? ☐ Yes ☒ No

Other Medical, Dental or Vision Coverage You or Your Dependent(s) May Have

Does any person applying for coverage currently have, or did they previously have within the last 60 days:

☐ Yes ☒ No

☐ BCBSIL coverage?

☐ Health coverage with any other insurance company?

☐ Coverage under a tax-supported or government program, including Medicare?

Proxy & Other Coverage Information

☒ I agree to the Proxy Statement (optional)

Coverage You are Replacing

Will this plan replace health coverage for 2024 you already have? ☒ Yes ☐ No4

Covered Person(s)

Name of Insurance Company

Policy Number

Termination Date

Select One ▼

MM/DD/YYYY

Add Previous Coverage

Other Medical, Dental or Vision Coverage You or Your Dependent(s) May Have

Does any person applying for coverage currently have, or did they previously have within the last 60 days:

☒ Yes ☐ No3

☐ BCBSIL coverage?

☐ Health coverage with any other insurance company?

☐ Coverage under a tax-supported or government program, including Medicare?

Applicant Name

Name on Other Policy (if different)

Member Number

Group ID

Select One ▼

Add Other Coverage

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Signatures Information

Be sure to include if the application is signed by someone other than the applicant or parent for a minor child, and if other adults are allowed to answer questions arising from the application.

Cancel, Save and Exit, or Submit

- 1. **Cancel:** The application data entry window will close without saving any changes.
- 2. **Save and Exit:** At minimum, these fields must be populated to save an incomplete application to the portal:
 - ✓ Writing Producer Number
 - ✓ Zip Code/County
 - ✓ Medical Plan or Dental Plan
 - ✓ Primary Applicant First and Last Name
 - ✓ Primary Date of Birth
 - ✓ Tobacco Use (if 18+)

If you don’t complete the fields above, you can’t click on Save and Exit; the button will be gray and disabled.

After clicking “Save and Exit,” reopen the app from the Incomplete Applications table on the Enrollment tab.

- 3. **Submit Application:** If you don’t complete all necessary fields required for submission, the “Submit Application” button will be gray and disabled. It will become blue and enabled when you’ve completed all fields. Upon submission, you will be directed to our vendor payment site to make the initial premium payment, but only if you selected one-time bank draft or credit or debit card for an initial payment. Once enrolled, you can locate the policy by using the Client Search function in the Client Info tab.

Proxy & Other Coverage Information

☐ I agree to the Proxy Statement (optional)

Coverage You are Replacing

Will this plan replace health coverage for 2024 you already have? ☐ Yes ☒ No

Other Medical, Dental or Vision Coverage You or Your Dependent(s) May Have

Does any person applying for coverage currently have, or did they previously have within the last 60 days:

- ☐ BCBSIL coverage?
- ☐ Health coverage with any other insurance company?
- ☐ Coverage under a tax-supported or government program, including Medicare?

Applicant Name

Name on Other Policy (if different)

Member Number

Group ID

Jane M Doe

Delete

Robert M Doe

Delete

Signatures Information

Authorized Representative

If this authorization is signed by a personal representative on behalf of an individual (other than a parent for a minor child), complete the following:

☐ I am an authorized representative filling out this application on behalf of the primary applicant

Do you permit any other adult spouse or dependent listed on this application to answer questions about your application? ☐ Yes ☐ No

Cancel

1

Save and Exit

2

Submit Application

3

Make Initial Payment

Users must select a payment method: credit card or bank account. Once a payment method is selected other fields will be displayed.

Make a Payment

Current Balance

\$932.15

Enter payment information

To begin your coverage, payment of your first monthly premium is required. Please enter your payment details below. Your payment will not process until your application has completed processing.

Payment Amount

☒ Current Balance : \$932.15

Amount displayed may be less than required for policy issuance if retroactive effective date.

Payment Date

10 / 05 / 2023

Payment Method

Select payment method

▼

For Bank or Debit Card payment

- 1. You'll be directed to our checkout page and select either 'New Bank Account' or 'New Card' in the drop down menu
- 2. If you select 'New Bank Account', other fields will be displayed (right image)
- 3. Once the fields are filled out, you can save this payment method for future use
- 4. Enter a Payment Method Nickname
- 5. Slide Autopay 'On' or 'Off' (If you slide it 'On' go to page 18 for next steps)
- 6. Agree and select 'Terms of Use and Privacy Statement' ('Review Payment Details' button will turn blue once checked off)
- 7. Click 'Review Payment Details'

Make a Payment

Current Balance
\$1,080.70

Enter payment information

To begin your coverage, payment of your first monthly premium is required. Please enter your payment details below. Your payment will not process until your application has completed processing.

Payment Amount

Current Balance : \$1,080.70

Amount displayed may be less than required for policy issuance if retroactive effective date.

Payment Date

08 / 31 / 2023

Payment Method

Select payment method

Select payment method

New Bank Account

New Card

I understand and accept the [Terms of Use and Privacy Statement](#).

Review Payment Details

Cancel

1

6

Make a Payment

Current Balance
\$1,080.70

2 Enter payment information

To begin your coverage, payment of your first monthly premium is required. Please enter your payment details below. Your payment will not process until your application has completed processing.

Payment Amount

Current Balance : \$1,080.70

Amount displayed may be less than required for policy issuance if retroactive effective date.

Payment Date

08 / 31 / 2023

Payment Method

New Bank Account

First name

Jessica

Last name

Test

Routing number

122199983

Account number

10610008944

Checking or saving account

Checking

Personal or business account

Personal

3

Save this payment method for future use

4

Payment Method Nickname

Primary Checking

5 Autopay

Auto Bill Pay payments will be applied to all future bills once enrollment is complete. The balance will be paid automatically on the last business day of each month.

- 8. If you leave Autopay 'Off', a window will pop up to 'Dismiss' or 'Set Up Now'
- 9. If you click 'Dismiss', a payment summary window will pop up. This is NOT a confirmation window. You can click 'Edit Payment' to edit the information.
- 10. Agree and select that payments may be taken
- 11. Click 'Submit Payment and Proceed'

Set Up Auto Bill Pay 8

You haven't set up Auto Bill Pay yet. Would you like to set it up now to make automatic monthly payments?

Dismiss

Set Up Now

Review Payment Details

9

Print

Your payment is not complete.

Please make sure the below information is correct before clicking "Submit Payment and Proceed" to complete your payment. Please note that your payment can't be changed or cancelled after it's been submitted.

Payment Amount

\$1,080.70

Edit Payment

Payment Date

08 / 31 / 2023

Payment Method

Cardx0160

Payment Confirmation Number

10283336

Autopay

Autopay: Off

10

☒

I agree payments may be taken from the payment method listed above. I also agree to receive emails about my payments.

11

Submit Payment and Proceed

Cancel

For Credit Card payment (left photo)

- 1. Enter in the credit card and Zip code details
- 2. Once the fields are filled out, you can save this
- 3. Enter a payment method nickname
- 4. Slide Autopay 'On' or 'Off' (If you slide it 'On' go to page 18 for next steps)
- 5. Agree and select 'Terms of Use and Privacy Statement'
- 6. Click 'Review Payment Details'
- 7. If you leave Autopay 'Off', a window will pop up to 'Dismiss' or 'Set Up Now'
- 8. If you click 'Dismiss', a payment summary window will pop up. This is NOT a confirmation window. You can click 'Edit Payment' to edit the information.
- 9. Agree and select that payments may be taken from payment method listed above
- 10. Click 'Submit Payment and Proceed'

7

Set Up Auto Bill Pay

You haven't set up Auto Bill Pay yet. Would you like to set it up now to make automatic monthly payments?

Dismiss

Set Up Now

Make a Payment

Current Balance
\$1,080.70

Enter payment information

To begin your coverage, payment of your first monthly premium is required. Please enter your payment details below. Your payment will not process until your application has completed processing.

Payment Amount

Current Balance : \$1,080.70

Amount displayed may be less than required for policy issuance if retroactive effective date.

Payment Date

08 / 31 / 2023

Payment Method

New Card

Card number

6011110000000001

Expiration date

032025

Security Code

...

Zip code

75001

VISA

acces

discover

MasterCard

NYCE

pulse

STAR

☒ Save this payment method for future use

Payment Method Nickname

Primary Checking

Review Payment Details

8

Print

Your payment is not complete.

Please make sure the below information is correct before clicking "Submit Payment and Proceed" to complete your payment. Please note that your payment can't be changed or cancelled after it's been submitted.

Payment Amount

\$1,080.70

Edit Payment

Payment Date

08 / 31 / 2023

Payment Method

Cardx0160

Payment Confirmation Number

10283336

Autopay

☒ Autopay: Off

☒ I agree payments may be taken from the payment method listed above. I also agree to receive emails about my payments.

Submit Payment and Proceed

Cancel

Autopay Signup (right photo)

Autopay requires a bank account (no credit/debit cards). If the user enters credit card information for the initial payment, the user will have to enter bank account information for Autopay.

- 1. Slide Autopay: On
- 2. Select same payment information as above or select new bank account in the drop down menu
- 3. Autopay will be applied to all future bills once enrollment is complete
- 4. If the applicant is the bank account holder (owner), they must check this box.
- 5. If the bank account holder is not the applicant, they must enter the email address for the bank account holder here.
- 6. The owner must read and agree to the 'Terms of Use and Privacy Statement'
- 7. Click 'Review Payment Details'
- 8. A payment summary window will pop up. This is NOT a confirmation window. You can click 'Edit Payment' to edit the information.
- 9. Agree and select that payments may be taken from payment method listed above
- 10. Click 'Submit Payment and Proceed'

Auto Bill Pay Email Communication Settings

Applicant's email address
testtx@me.com
This email will be used for Autopay communication.

☒ Bank account holder is the policy holder.

4

Auto Bill Pay Email Communication Settings

Applicant's email address
testtx@me.com
This email will be used for Autopay communication.

☐ Bank account holder is the policy holder.

Bank account holder's email address
John Doe

Auto Bill Pay communications will be sent to the bank account holder's email address only.

5

Autopay

Auto Bill Pay payments will be applied to all future bills once enrollment is complete. The balance will be paid automatically on the last business day of each month.

☒ Autopay: On

☐ Use same payment information as above

Payment Method
Select payment method
Select payment method
New Bank Account

\$1,080.70

If the payment amount listed above changes, you will be notified by email.

Next Payment Date
01 / 31 / 2024
*Balance will be paid automatically on the last business day of each month.

Applicant's email address
testtx@me.com
This email will be used for Autopay communication.

☐ I understand and accept the [Terms of Use and Privacy Statement](#).

Review Payment Details

Cancel

1

2

6

7

Submit Payment

- 1. Once all payment information is entered, the owner agrees to the terms and clicks the "Submit Payment and Proceed" button, the payment will then be authorized.
- 2. When the payment is authorized, the user will receive a confirmation that the payment has been submitted with a client application ID number. In case you need to refer to the transaction, we recommend keeping this number until the application has been processed and you have access to the E-Application number.
- 3. You can View Application PDF and "Print" the confirmation

2

Application Submitted

Application PP154399 has been submitted successfully.
Note: If you are searching for this application ID, please allow up to 24 hours to see this application in Client Search or Create Report

Would you like to view a copy of your completed Application?

3

View Application PDF

Not at this Time

Review Payment Details

Print

Your payment is not complete.

Please make sure the below information is correct before clicking "Submit Payment and Proceed" to complete your payment. Please note that your payment can't be changed or cancelled after it's been submitted.

Payment Amount

\$1,080.70

Edit Payment

Payment Date

08 / 31 / 2023

Payment Method

Cardx0160

Payment Confirmation Number

10283336

Autopay

Autopay: Off

1

☒ I agree payments may be taken from the payment method listed above. I also agree to receive emails about my payments.

Submit Payment and Proceed

Cancel

Accessing Incomplete Applications

In the Incomplete Applications table, view and open saved apps that haven't been submitted. Only 1000 applications will appear.

- 1. Sort the table by clicking on any column header.
- 2. This field displays the date you started the application.
- 3. This field displays the last time the application was saved. A saved application that has not been altered in the last 90 days will be deleted on the 90th day from the last saved date.
- 4. The "App Expiry Date" displays when the app is automatically deleted from the portal. When you first view the Incomplete Applications panel, the order defaults to the "App Expiry Date" with the oldest saved app first and the most recently saved app last.
- 5. To open a previously saved application, click on the last name. If you have clients with similar names, hover over the last name to see the applicant's zip code and date of birth to help identify the correct client without opening the application.
- 6. You can use the selection box to select one, multiple or all apps for export, deletion or print.
- 7. Click on the "Delete Selected Rows" button to remove the selected apps from the portal.
- 8. Click on the "Export Selected Rows" button to export the selected apps from the portal.
- 9. Click on the "Print Selected Rows" button to print the selected apps from the portal.

Incomplete Applications

Export Selected Rows

Delete Selected Rows

Print Selected Rows

12 of 12 Search Results

Show 25 entries

First Previous Next Last

	Last Name	First Name	Product Name	Coverage Effective Date	Writing Producer Name	Writing Producer Number	Date Created	Last Saved Date	App Expiry Date
<input type="checkbox"/>	Kao	Razi	Blue Choice Preferred Bronze PPO 202 BlueCare Dental 1A	09/01/2023			08/28/2023	08/28/2023	10/08/2023
<input type="checkbox"/>	N	Vidhya	Blue Choice Preferred Bronze PPO 201 BlueCare Dental 1A	09/01/2023			08/30/2023	08/30/2023	10/10/2023
<input type="checkbox"/>	Khan	Yamuna	Blue Choice Preferred Bronze PPO 201 BlueCare Dental 1A	10/01/2023			09/01/2023	09/01/2023	10/12/2023
<input type="checkbox"/>	Lewis	Amanda	Blue Choice Preferred Gold PPO 204 Select One	01/01/2024			09/05/2023	09/05/2023	10/16/2023
<input type="checkbox"/>	PQFVWL	AFZHLF	Blue Precision Bronze HMO 205 BlueCare Dental 1A	10/01/2023	EHEALTHINSURANCE SERVICES,	037083000	09/11/2023	09/11/2023	10/22/2023
<input type="checkbox"/>	Reynosa	Amaya	BlueCare Dental 1B	12/01/2023	EHEALTHINSURANCE SERVICES,	037083000	09/20/2023	09/20/2023	10/31/2023
<input type="checkbox"/>	VishalL	vishalF	Blue Choice Preferred Gold PPO 707 Select One	01/01/2024	EHEALTHINSURANCE SERVICES,	037083000	09/20/2023	09/20/2023	10/31/2023
<input type="checkbox"/>	vickyL	vickyF	Blue Choice Preferred Bronze PPO 201 Select One	01/01/2024	EHEALTHINSURANCE SERVICES,	037083000	09/20/2023	09/20/2023	10/31/2023
<input type="checkbox"/>	sdgvkjsjdjhbhsjd	vvkjshvhsjd	Blue Choice Preferred Bronze PPO 701 - Rx Copays Select One	01/01/2024	EHEALTHINSURANCE SERVICES,	037083000	09/21/2023	09/21/2023	11/01/2023
<input type="checkbox"/>	Nolan	Richard	Blue Choice Preferred Gold PPO 707 Select One	02/01/2024	EHEALTHINSURANCE SERVICES,	037083000	09/26/2023	09/26/2023	11/06/2023
<input type="checkbox"/>	Wrecker	Ralph	Blue Choice Preferred Gold PPO 707 Select One	02/01/2024	EHEALTHINSURANCE SERVICES,	037083000	09/26/2023	09/26/2023	11/06/2023
<input type="checkbox"/>	Taylor	Christian	Blue Choice Preferred Gold PPO 204 - Rx Copays Select One	02/01/2024	EHEALTHINSURANCE SERVICES, INC	037083000	09/27/2023	09/27/2023	11/07/2023

Show 25 entries

First Previous Next Last

Export Selected Rows

Delete Selected Rows

Print Selected Rows

Export All

Print All

Special Enrollment

If you’re helping your client enroll in an off-exchange plan due to a qualifying life event, the steps are similar to those when enrolling during open enrollment. One difference is you must choose a life event in order to proceed and then submit supporting documentation.

- 1. Choose the application. The time of year and the plan year you select determine if the Special Enrollment Information panel populates.
- 2. Confirm how the client has provided or will provide consent in the Authorization panel.
- 3. In the Special Enrollment Information panel, select “Yes.”
- 4. Select the qualifying life event. Select all that apply.*
- 5. Enter the date of the event.
- 6. The “Effective Date” will adjust depending on the event and event date entered.

After completing and submitting the online application, you should upload your qualifying event documentation. Submitting documents via the portal is simple. They should be in ONE digital file no more than 10 MB in size. Documents must be readable and complete. Under Document Type, be sure to select “SEP Documentation.”

Application Information

Writing Producer Number
999999999

Applicant Name
Jane M Doe

1Choose Application Form *
2024 Medical/Dental Application

Effective Date
01/01/2024

6Estimated Monthly Premium
More Information Needed

2Authorization

☒ I confirm/attest that my client has completed and signed a paper application, and as the producer of record, I will be completing and submitting the application on their behalf. I will keep a record of the paper application for minimum of two years from the submit date.

☐ I confirm/attest that I am assisting my client in person. That all the terms, agreements, acknowledgements and authorizations displayed on the paper application have been presented and communicated to my client.

Special Enrollment Information

Is this a Special Enrollment Period or "SEP" application ☒ Yes ☐ No

3

4

1. My dependent(s) and/or I lost Minimum Essential Coverage:

Date of Event
11/15/2023

5

☒ a. For reasons beyond my control (not including reasons like failure to pay my full premium or and disregard on my part for the plan's rules) as of this date.

☐ b. Because I turned age 26, or 30 if an unmarried military veteran, or the policyholder became eligible for Medicare.

☐ c. Because the policyholder died as of this date.

☐ d. Because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended as of this date.

☐ e. Because someone on my plan was legally separated or divorced as of this date.

☐ f. Because my plan stopped covering people in my situation as of this date.

☐ 2. Because I got married on this date.

☐ 3. Because I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was ordered to cover a dependent through a court order as of this date.

☐ 4. Because there was a mistake when I signed up for my last health plan, or I have shown proof that my previous health plan or issuer broke its contract with me as of this date.

☐ 5. Because someone on my plan had a change in income and lost advance payment of premium tax credit, cost-sharing reductions, or Medicaid, or my last non-Exchange plan broke government rules as of this date.

☐ 6. Because I got new health plan options when I moved on this date.

☐ 7. Because my current policy ends on a date other than December 31, which is this date.

☐ 8. Because my employer offered to help with the cost of coverage either through an Individual Coverage Health Reimbursement Arrangement (ICHRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA).

☐ ICHRA☐ QSEHRA

☐ a. My employer is newly offering participation in an ICHRA or QSEHRA as of this date.

☐ b. I am a new employee and my employer is offering participation in an ICHRA or QSEHRA as of this date.

Plan Selection

Zip*

Cancel

Save and Exit

Submit Application

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