Blue Shield Medicare Enrollment Site
Reference Guide
Overview

Our Online Enrollment system serves two basic purposes:

• Enrolling beneficiaries in Medicare and Medicare Supplement plans.

• Helping beneficiaries estimate their out-of-pocket expenses for each plan including their health, prescriptions, pharmacy, and the amount of coverage the plan offers.

Using this system, you will be able to enter all the beneficiary’s information, compare plans, and enroll.
What’s New for 2024

- Broker Site: Multi-year site
- Broker: Single link to access the Compare & Enroll site
- Consumer Profile: Addition of mobile phone number field & CA license number
- Consumer Profile: Separate section for MBI, Part A Effective Date, and Part B Effective Date fields
- Consumer Profile: Dedicated Consumer Enrolment history page.
- Quoted history display
- Broker Profile: Addition of extension number (if applicable)
- Plan cards display: Addition of on card benefits, addition of contract ID’s
- Personal URL: Single URL for all future sites (Not applicable this year)
- Medicare enrollment form: Change in flow.
- NEW! Online HRA form
Broker Login

1. Enter your username and password.
2. Click Log In button.

For captive agents, there is an additional link dropdown. Agents must choose the correct link to receive credit for the sale.
For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.
When you login to the site, you will be on the Dashboard page. The Dashboard is your home page that provides a snapshot of your activity.

There are three main areas within the site:
1. Plans
2. Search Profiles & Enrollment
3. New Profile

The diagram shows the associated screens for each area.

**NOTE:**
- Dotted lines indicate access to supporting site pages for the main screens.
- Solid arrow lines indicate typical process flow a person would follow during an enrollment.

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When you login to the site, you will be on the Dashboard Screen

The dashboard provides an overview of your sales activities including:

- In process enrollments
- Completed applications
- Quotes to follow up on
Account Overview

The Account Overview screen provides your personalized link. Share this link with your clients to get them started shopping for plans. You will get credit for the sale if your client enrolls in any of the plans you are authorized to sell.
Account Overview

**Personal Sales Link**

It's important to confirm your information including the NPN to ensure that you get credit for the sale.

You can make changes to the some of the fields and click the **Save** button to update the information.

Fields you can edit include:

- Name
- Email
- Phone number
- Address
- Agency ID
- Agency name
- CA License number

**Note:**

In 2024 the Personal Shopping links are going to be one link only.
Site Navigation

Find your Medicare plan
Whether you're newly eligible or exploring options we have a plan for you.

Explore potential costs
Enter your prescription and medications to estimate out-of-pocket costs and help find ways to save.

Plans designed to fit your budget and your needs

When the prospect clicks your personal link, they will see your name, email, and image at the top of the page.
Add Client

Create a Profile

Select New Profile to create a new beneficiary profile. Creating a profile will allow you to search and return to view all information related to this beneficiary record in the future.
Add Client

New Fields

- Medicare Number
- Hospital (Part A) effective Date
- Medical (Part B) effective date

1. Begin by entering the beneficiary information sections:
   - Personal Information
   - Home Address
   - Sales Information
   - Eligibility

2. Add Notes or Tasks to the profile.

3. Click Save.

4. Click SOA to move to the Scope of Appointment screen.

NOTE:

Fields with an asterisk are required.

The new fields will only validate the correct format, NOT the accuracy of the MBI or the effective dates.
Scope of Appointment

A Scope of Appointment (SOA) is needed for all sales appointments and required 48-hours in advance with limited exceptions. Submit the SOA once you have received it from the beneficiary.

SOAs

You have no SOAs for this profile

1. Complete SOA form in-person
2. Print consumer form
3. Upload

Email address
Email SOA

Phone number
(888) 321-5555
Text SOA

5. Complete the Email or Text option to send the SOA to yourself or the beneficiary.

6. Click Continue to plans.

NOTE:
- The agent receives confirmation that beneficiary has signed their SOA.
- The beneficiary receives confirmation SOA has been submitted.
- You can upload a copy of the SOA using the upload button.
Prospect SOA Email

The beneficiary will receive an email or text with a link. When they click the link, they are taken to the Scope of Appointment form. When they complete form, you will receive an email notification.

**NOTE:**

Brokers will receive a notification when the SOA is received, and can click on the notification to be taken directly to Blue Shield of California Medicare Enrollment Site, if they are already logged in.
Overview

Send Quick Quote

Login

Resources

Enroll a New Beneficiary

Search Profiles & Enrollments

Drug and Pharmacy Finder

Page Navigation

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Start Consultation

Guided Help gives agents and beneficiaries the option of adding preferences for a more personalized shopping experience, along with the ability to see the most accurate cost estimates for every plan option.

From the Get Started page, the following can be added:

- Prescriptions
- Pharmacy

7. Select the Enter Info option to start the consultation.

NOTE: This section is optional.
8. Add what type of coverage the beneficiary is interested in.
9. Click **Continue**.

**NOTE:** This section is optional.
Start Consultation

Add your prescriptions to see how each plan provides coverage.

12. Add prescriptions to see how each plan provides coverage.
13. Click Continue.

NOTE: This section is optional.
Start Consultation

Prescriptions

Add your prescriptions to see how each plan provides coverage.

Search for a prescription:

Lipitor
Select your dosage and enter the amount you use below. The most common dosage and quantity is prefilled.

Select dose and form

- Lipitor TAB 10MG
- Lipitor TAB 20MG
- Lipitor TAB 40MG
- Lipitor TAB 80MG

Enter quantity and frequency

- 30 per month

Would you like to use a Generic (atorvastatin calcium) for Lipitor

- Yes
- No

Would you like to continue?

- Yes
- No

NOTE: This section is optional.

14. Select the dose, form, and quantity. Indicate the generic preference, if available.

15. Click Add to continue.
**Start Consultation**

16. Add the beneficiary pharmacy preference.

You may add both retail and digital pharmacies to your list.

17. Click **Continue**.

**NOTE**: This section is optional.
Overview

Select the plan year you want coverage for:

18. Select the plan year you want coverage for.

19. Select the tab to view available plans by type:
   - Medicare Advantage Prescription Drug Plans
   - Prescription Drug Plans
   - Medicare Supplement Plans

20. Sort the plans by:
   - Plan Premium (low to high)
   - Total Estimated Cost
   - Estimated Drug Costs (Low to High)
   - Medicare Star Ratings
   - Plan Name (A–Z)
   - Max Out of Pocket (Low to High)
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Select up to three plans to compare side-by-side.

21. Check the box for each plan that you want to compare and click Compare Now to view the results.
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Quick Quote

1. Select Plans from the menu bar.
2. Select the Edit Zip Code button.
3. Enter the zip code and click Shop for Plans to continue.

NOTE: This section is optional.
Quick Quote

15 plans available in 90026 or for 2024 for Los Angeles county, CA.

1. Select a plan.
2. Click the Add to quote button for each plan.
3. Click Add to cart for each plan.
4. Select the year you want coverage for.
5. You can hide or show Special Needs Plans (SNP) by clicking the show/hide button.
6. Send a quote with up to three plans (of the same type) at a time.

• Click Add to quote button for each plan.

NOTE: This section is optional.
Quick Quote

14 plans available in **90026** or for **2024**
for Los Angeles county, CA

Licensed to sell 1 Medicare organization with 8 plans for 2024

Medicare Advantage Prescription Drug Plans
5 plans

Medicare Supplement Plans
7 plans

Prescription Drug Plans
2 plans

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.

Blue Shield Inspire (HMO) $0.00 × Blue Shield 65 Plus (HMO) $0.00 × Blue Shield 65 Plus Plan 3 (HMO) $0.00 × Send quote

Effective **January 2024**

Preferences

Answer a few questions to estimate your annual cost.

Get Started

Prescriptions

Pharmacy

Enter info

NOTE: This section is optional.

7. Click **Send quote** button.
Quick Quote

14 plans available in **90026** for 2024 for Los Angeles county, CA

**Send quote**

- **First name**
- **Last name**

How would the beneficiary like to receive the quote information?
- **Email address**
- **Primary phone number**

Additional message
This will show when the user logs back into the site.

Please review this quote at your earliest convenience. Let me know if you have any questions.

**Send quote**

**NOTE**: This section is optional.
The **Quote history** allows you to see all quotes that have been sent to the beneficiary. The Quote history will display:

- The plan quoted
- The date and time the quote was sent
- The email/phone number the quote was sent to
- The authorization code

### Instructions:

9. Click the **Search** button to find the beneficiary profile.

10. At the bottom of the Profile screen is the Quote and Enrollment history.

**NOTE:** This section is optional.
Medicare Supplement Plans
Quick Quote

1. Select Plans from the menu bar.
2. Select the Edit Zip Code button.
3. Enter the zip code and click Shop for Plans to continue.

NOTE: This section is optional.
Quick Quote

Available plans are shown for the beneficiary’s zip code.

4. Select the year you want coverage for.

5. Click the Medicare Supplement Plans tab to view plans.

6. Click get a personalized quote to see premiums for plans available.

NOTE: This section is optional.
Quick Quote

Medicare Supplement Information

The information you provide below will be used to calculate your Medicare Supplement plan premium. Rates are determined based on your age at the time of your plan effective date.

To qualify for the $25 monthly savings for the first 12 months of enrollment, you must be 65 years or older and Blue Shield must receive your application no later than six months from your original Medicare Part B effective date.

7. Complete the form and click **Continue to plans**.

**NOTE**: This section is optional.
Quick Quote

Available plans are shown for the beneficiary's zip code with their monthly plan premium.

8. Click the Add to quote button.

The quotes are shown at the top of the screen.

9. Click Send a Quote button.

NOTE: This section is optional.
Quick Quote

Medicare Supplement Plans cover gaps in Medicare Part A and B. You also have the option to enroll your client in a Prescription Drug Plan.

Send Quote

1. Edit your answers

Medicare Supplement Plan F Extra
$288.00

Preferences

Answer a few questions to estimate your annual cost.

Get Started
Prescriptions
Pharmacy

Enter info

Filters

Add-on coverage

Clear all

Additional benefits

Plan types

Plan subtypes

How would the beneficiary like to receive the quote information?

* Email address
Email

* Primary phone number

Additional message
This will show when the user logs back into the site.

Please review this quote at your earliest convenience. Let me know if you have any questions.

Cancel

Add to quote

Monthly plan premium
$133.00

Add to cart

Add to quote

NOTE: This section is optional.

Send Quote

Complete the form and select how you want to send the quote via email or text by checking the box.

10. Click Send quote button.

You will receive a confirmation that the quote was sent.

You can also create a task to follow up with beneficiary.

To dismiss the confirmation window, click the close button to return to the plans list.
Quote History

The Quote history allows you to see all quotes that have been sent to the beneficiary. The Quote history will display:

- The plan quoted
- The date and time the quote was sent
- The email/phone number the quote was sent to
- The authorization code

11. Click the Search button to find the beneficiary profile.

12. At the bottom of the Profile screen is the Quote and Enrollment history.

NOTE: This section is optional.
Start New Enrollment
Annual Enrollment Period (AEP)

View Section
Blue Shield of California Medicare Enrollment Site
Quick Reference Guide

Overview

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Drug and Pharmacy Finder
Resources

Page Navigation

For Agent Use Only. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.

Available plans are shown for the beneficiary's zip code.

1. Select the year you want coverage for.
2. Select the tab to view available plans by type
   - Medicare Advantage Prescription Drug Plans
   - Prescription Drug Plans
   - Medicare Supplement Plans
3. Sort the plans by:
   - Plan Premium (low to high)
   - Total Estimated Annual Cost
   - Medicare Star Ratings
   - Plan Name (A–Z)
4. Add plan to cart
Shopping Cart

5. Add any optional add-on coverage.
   You can only add optional coverage in the Cart screen.

6. Select how you will complete this form:
   - Send to beneficiary to sign and submit
   - Complete and submit form yourself

7. Click the Continue to apply button.

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There is a 4-step process to completing the enrollment.

**Step 1 - Contact Info**

8. Complete the Contact Information sections:
   - Personal Information
   - Permanent Residence

9. Continue down the page to complete the Contact Information sections:
   - Mailing Address
   - Email Consent

Option Fields:
- Ethnicity & Race
- Language options
- Accessible format materials

10. Click Continue to go to Step 2.
There is a 4-step process to completing the enrollment.

Step 2 - Benefit Info

11. Complete the Benefits Information sections:
   - Medicare Number
   - Prescription Drug Coverage
   - Medicaid Enrollment

12. Click Continue to go to Step 3.
13. Complete the Other Information sections:

- Employment Information
- Physician Selection
- Producer Information
- Special Supplemental benefits for the Chronically Ill (SSBCI) – Blue Shield Inspire (HMO) and Blue Shield Inspire (HMO D-SNP)

14. Click Continue to go to Step 4.

NOTE: Physician information can be added manually.
Complete the application.

**Step 4 - Review & Submit**

15. Complete the Review and Submit sections:

- Expand each section to view and verify the information.
- Correct or complete any fields that require revision.
- Scroll down the page to complete the Review and Submit sections.

**Review and Submit**

Review your application.

You may review your answers to the application by expanding each section below and make updates if needed. After you review, in the Important Information section below, check the Acknowledgement that you have reviewed the information. Then indicate who is submitting this form and click the Submit button at the bottom of the page.

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:
- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan’s service area.

Important:
- To join a Medicare Advantage Plan, you must also have:
  - Medicare Part A (Hospital Insurance)
  - Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:
- Between October 15-December 7 each year (for coverage starting January 1).
- Within 3 months of first getting Medicare.
- In certain situations where you’re allowed to join or switch plans.
- Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card).
- Your permanent address and phone number.

Note: You must complete all fields that are marked with an asterisk (*). Some fields are optional. You cannot be denied coverage because you don’t fill them out.

Reminders:
- If you want to join a plan during Fall Open Enrollment (October 15-December 7), file plans must get your completed form by December 7. Your plan will send you a bill for your plan’s premium. You can choose to sign up to have your premiums deducted from your bank account or your monthly Social Security or Railroad Retirement Board benefit. For more information, see Paying Your Plan Premium section on the Review & Submit page of this application.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security check) may be considered your permanent residence address.

**Contact Information**

* Individual Request Field:

**Personal Information**

- **First Name**
- **Last Name**
- **Date of Birth**
- **Gender**
- **Phone Number**

**Plan Information**

- **Phone Number Type**
- **Alternate Phone Number**

I agree that Blue Shield and its affiliated entities and agents may communicate with me about my account and various health and wellness programs available to me, and other promotional information that may benefit me and my dependents, including by phone or text to the numbers I have listed on this form, using an auto-dialer or artificial or precoded voice, standard data rates apply.
Important: Read and sign below:

I (Bob, Bill, understand(s) that):

1. Must keep both the (A) and (B) to stay in Blue Shield Insure (BHI).

2. By joining this Medicare Advantage Plan, I acknowledge that Blue Shield Insure (BHI) will share my information with Medicare who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below).

3. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

4. I understand that I can be enrolled in only one MA or MA Plan at a time, and that enrollment in this plan will automatically end my enrollment in another MA or MA Plan (exceptions apply for MA DSHS, MA MSA plans).

5. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

6. I understand that when my Blue Shield Insure (BHI) coverage begins, I must get all of my medication and prescription drug benefits from Blue Shield Insure (BHI). Benefits and services provided by Blue Shield Insure (BHI) “Evidence of Coverage” document (10a) known as a membership contract ( itself) will be covered.

You can continue to Medicare or Blue Shield Insure (BHI) will pay for benefits or services that are not covered.

What is your relationship to the person enrolling in this plan?

- I am (or am helping) the person enrolling
- I am an agent or authorized person

16. For the question: “What is your relationship to the person enrolling in this plan?”

- Select “I am (or am helping) the person enrolling” if you have the Power of Attorney (POA).

- Select “I am an agent or authorized person” if you are the Broker/Agent.

17. Click Send to Beneficiary to sign.

18. Complete the form and select the method of sending the application to the beneficiary by selecting a check box (you can select multiple boxes). Click Send Application.
Shopping Cart

Hi Bob,

To view the plan information we discussed, please enter your authorization code for the code.

* Authorization code

The authorization code was sent to you.

Continue

Meet with Sales Trainer

(888) 321-5555
L_traine@email.com

19. The beneficiary will receive an email or text with a link.

When they click the link, they are taken to the application to sign and submit.

20. The beneficiary will also receive a second email with the authorization code to access the application.
21. For the question: “What is your relationship to the person enrolling in this plan?”

- Select “I am (or am helping) the person enrolling” if you have the Power of Attorney (POA) or the beneficiary.
- Select “I am an agent or authorized person” if you are the Broker/Agent.

22. Click Submit.
23. Ask the beneficiary to copy the confirmation number for your records. The beneficiary can also view and download a copy of the application.
Overview

1. Select the year you want coverage for.

2. Click the Medicare Supplement Plans tab to view plans.

3. Click get a personalized quote to see premiums for plans available.

4. Add plan to cart
Quick Quote

Medicare Supplement Information

The information you provide below will be used to calculate your Medicare Supplement plan premium. Rates are determined based on your age at the time of your plan effective date.

To qualify for the $25 monthly savings for the first 12 months of enrollment, you must be 65 years or older and Blue Shield must receive your application no later than six months from your original Medicare Part B effective date.

5. Complete the form and click Continue to plans.
Quick Quote

Available plans are shown for the beneficiary’s zip code with their monthly plan premium.

6. Click the Add to cart button.
7. Add any optional add-on coverage.

You can only add optional coverage in the Cart screen.

8. Select how you will complete this form:
   - Send to beneficiary to sign and submit
   - Complete and submit form yourself

9. Click the Continue to apply button.
Checking the checkbox to acknowledge that you have read the above documents and fully understand their contents.

Click the Continue button.
There is a 6-step process to completing the enrollment.

Step 1 - Applicant Info

12. Complete the Personal Information sections:
   - Home Address
   - Mailing Address
   - Billing Address
   - Communication Preferences

13. Continue down the page to complete the Contact Information sections:
   - Medicare Information
   - Medicare Prescription Drug Plan Information

14. Click Next to continue.
Shopping Cart

15. Check the box to acknowledge if any other members of the beneficiary's household is enrolled in or applying for the same Blue Shield Medicare Supplement plan.

16. Click the Continue button.

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Step 3 - Guaranteed Acceptance

17. Indicate if the beneficiary qualifies for Guaranteed Acceptance.

Depending on how you answer the question, additional fields will appear, and you must complete the form to move the next part of the application.

18. Click the Continue button.
Current Insurance Coverage Information (Required For All Submissions)

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance contract, or that you had certain rights to buy such a contract, you may be eligible for guaranteed acceptance in one or more of our Medicare Supplements plans. The Blue Shield Guaranteed Acceptance Procedure describes the different situations in which you may be eligible for guaranteed issue of a Medicare Supplement plan. It is important to note that the time period of eligibility for guaranteed issue may vary by state, and you must apply within this time period to be eligible for guaranteed acceptance.

Please fax or mail a copy of the front and back of your current policy ID card. Please also include a copy of the notice from your prior insurer. Please fax the documents to (844) 266-8850 or mail to: Blue Shield of California, P.O. Box 2008, Lodi, CA 95241-970.

Please answer all questions to the best of your knowledge. (Please check Yes or No below.)

1. Did you turn 65 years of age in the last 6 months?*
   - Yes
   - No

2. Are you covered for medical assistance through California's Medi-Cal program?*
   - Yes
   - No

3. Have you had coverage from any health care plan other than Original Medicare during the past 63 days? (For example, a Medicare Advantage plan or a Medicare Fee-For-Service plan.) If yes, fill in your start and end dates below. If you are still covered under this plan, leave the "End Date."*
   - Yes
   - No

4. Do you have any other Medicare Supplement plan policy or certificate or contract in force?*
   - Yes
   - No

5. Have you had coverage under any other health insurance within the past 63 days? (For example, an employee, union, or individual plan)?*
   - Yes
   - No

6. Are you under age 60?*
   - Yes
   - No

* Optional

You may contact the California Health Insurance Counseling and Advocacy Program (HCAP) for guidance. HCAP provides health insurance counseling for California senior citizens. Call HCAP toll-free at (800) 436-2022 or ask your local HCAP office. HCAP is a service provided free of charge by the state of California. A rate guide is available that compares the prices sold by different insurers. You can obtain a copy of this rate guide by calling the Department of Managed Care’s consumer toll-free telephone number (1-888-486-2279), by calling the Health Insurance Counseling and Advocacy Program (HCAP) toll-free telephone number (800-436-2022), or by accessing the Department of Managed Care's Internet website (www.coverblue.org).
21. Complete the Agent information section.

22. Click the Continue button.
4. After purchasing this contract you become eligible for Med-Cal (the benefits and premiums under your Medicare Supplement plan contract can be suspended, if requested, during your enrollment to benefit under Medi-Cal). You must re-enroll for Medicare Supplement plan contract (or if that is no longer available, a substantially equivalent contract) within 90 days of losing Med-Cal eligibility. If the Medicare Supplement plan contract provided coverage for outpatient prescription drugs, and you enrolled in Medi-Cal Part D while your contract was suspended, the re-enrolled contract will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

5. If you are eligible for, and have enrolled in, a Medicare Supplement plan contract by reason of disability, and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement plan contract can be suspended, if requested, while you are covered by the employer or union-based group health plan. If you suspend your Medicare Supplement plan contract under these circumstances and later lose your employer or union-based group health plan, your suspended Medicare Supplement plan contract (or if that is no longer available, a substantially equivalent contract) will be reinstated (subject to within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement plan contract provided coverage for outpatient prescription drugs, and you enrolled in Medi-Cal Part D while your contract was suspended, the reinstated contract will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

6. Counseling services are available in California to provide advice concerning your purchase of Medicare Supplement plan coverage and concerning medical assistance through the Medi-Cal program, including your benefits as a qualified Medicare beneficiary (QMB) and a qualified low-income Medicare beneficiary (QLMB). You may obtain information regarding counseling services from the State Department of Aging.

7. Receiving messages and communications electronically versus print. You may receive required benefit plan and coverage-related materials and communications via email and the BridgePort Connectable Blue Shield of California site, as applicable. Obtaining a document electronically will confirm your consent to electronic delivery. You also have the right to obtain printed, mailed materials at any time and at no expense to you. To receive printed materials in the mail, to opt-out of email communications, please call 800-484-2344 TTY: 711 8 a.m. – 6 p.m., seven days a week, year-round.
4. If after purchasing this contract you become eligible for Medi-Cal, the benefits and premiums under your Medicare Supplement plan contract can be suspended, if requested, during your entitlement to benefits under Medi-Cal for 90 days. You must request this suspension within 90 days of becoming eligible for Medi-Cal or Medi-Cal Medicaid. If you are no longer entitled to Medi-Cal or Medi-Cal Medicaid, your suspended Medicare Supplement plan contract (or if that is no longer available, a substantially equivalent contract) will be reinstated if requested within 90 days of losing Medi-Cal or Medi-Cal eligibility. If the Medicare Supplement plan contract provided coverage for outpatient prescription drugs, and you enrolled in Medi-Cal Part D while your contract was suspended, the reinstated contract will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

5. If you are eligible for, and have enrolled in, a Medicare Supplement plan contract by reason of disability, and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement plan contract can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement plan contract (or if that is no longer available, a substantially equivalent contract) will be reinstated if requested within 90 days of losing your employer or union-based group health plan, your suspension Medicare Supplement plan contract (or if that is no longer available, a substantially equivalent contract) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement plan contract provided coverage for outpatient prescription drugs, and you enrolled in Medi-Cal Part D while your contract was suspended, the reinstated contract will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

Conditions of Membership
1. Underwrite and the statement of health, if applicable. Together with the Evidence of Coverage and Health Service agreement and any endorsements, attachments, and adjustments finally adopted shall constitute the entire agreement between the Company and the Insured. Upon delivery, the Underwriting Department approves this application. Blue Shield will not be liable for claims or benefits related to dates of coverage.
2. Only Blue Shield will approve this application. I understand that any information, statements or representations, which are true or complete, and any representations or responses, which are false or incorrect, are to be made in writing.

26. Complete the Payment & Conditions of Membership Section.
27. Beneficiary signs the application.
28. Beneficiary submits the application.
29. The beneficiary will receive an email or text with a link.

When they click the link, they are taken to an application to sign and submit.

30. The beneficiary will also receive a second email with the authorization code to access the application.
For the question: “What is your relationship to the person enrolling in this plan?”

- Select “I am (or am helping) the person enrolling” if you have the Power of Attorney (POA) or the beneficiary.
- Select “I am an agent or authorized person” if you are the Broker/Agent.

The beneficiary signs the form.

33. Click Submit.
Shopping Cart

Application submitted

Whats Next:
This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.

If any of the required information on your enrollment form was missing or does not match your Medicare record, the plan may contact you to get the missing or correct information. This could delay the plan's ability to process your enrollment.

Here are some important things to expect when your coverage is first effective. If the plan determines that your enrolment meets all of the Medicare requirements and is complete, this information is especially important if you enrolled late in the month and you have not received a letter, or your membership card, by the day your coverage starts.

- After the plan has processed your application, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check on the status of your enrollment.
- Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.
- If you need to fill a prescription before you get your membership card, let your pharmacist know your plan name and any of the following materials as proof of membership:
  - Your acknowledgement, welcome, or confirmation letter that you received from the plan with you to the pharmacy.
  - Note: The confirmation number listed on this website cannot be used at your local pharmacy as proof of plan membership.
  - If you haven't gotten a letter yet, you might have a copy of an enrollment application signed by a plan representative.
  - If you have both Medicare and Medicaid, you should bring proof of enrollment in both programs such as your Medicare and Medicaid cards, a copy of a Medicare Summary Notice or recent Medicaid card, or a copy of your current Medicaid award letter. If you qualify for extra help (the low-income subsidy), you can also bring proof that you qualify such as a copy of your yellow or green automatic enrollment letter from Medicare (if you automatically qualify) or your approval letter from Social Security (if you applied and qualify).
  - As a last resort, if you pay out of pocket for your prescriptions, save your receipts and work with your plan to be reimbursed.
  - If you have questions, call the plan toll-free number.

Beneficiary Confirmation

34. Ask the beneficiary to copy the confirmation number for your records.

The beneficiary can also view and download a copy of the application.
Health Risk Assessment
Health Risk Assessment Process Overview

The Health Risk Assessment is available for our Exclusively Aligned Enrollment (EAE) Blue Shield TotalDual Plan (HMO D-SNP) for Los Angeles and San Diego Counties and Non-Exclusively Aligned Enrollment (EAE) Blue Shield Inspire (HMO D-SNP) for San Joaquin/Stanislaus/Merced Counties.

- Enrollment application form must have an app submission date prior to the effective date of the member in the DSNP plan.
- HRA form must have an HRA submission date that is equal to the enrollment app submission date.
- For February through December enrollments, the app submission date must be before the member effective date for the Plan.

  **Scenario:** May 2024 enrollments must have an app submission date before May 1, 2024.

  **Definition:**"Enrollments" mean the member effective date/month with the DSNP Plan.

Other Criteria

- Enrollment must be submitted through DRX and/or DocuSign only (paper apps are excluded).
- Eligible for DSNP plans only. Other MAPD and MAPPO plans are excluded.
- Eligible for Individual brokers only. FMOs, Private Exchange and BSC Internal Reps are excluded.

Timing

- Incentives will be paid on the month following the member effective date.
- **Ex.** Incentive payout for January 2024 member effectives will occur in February 2024.
### Business Rules Scenarios for the HRA Incentive Eligibility

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Submission Date</th>
<th>Effective Date</th>
<th>Plan Type</th>
<th>Broker</th>
<th>Pay HRA Incentive?</th>
<th>Comments</th>
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<tbody>
<tr>
<td>11/4/23</td>
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<td>MAPD</td>
<td>Broker A</td>
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<th>Broker</th>
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<th>Comments</th>
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<tbody>
<tr>
<td>11/4/23</td>
<td>1/1/24</td>
<td>DSNP</td>
<td>Broker A</td>
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<td></td>
<td></td>
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<td>1/1/24</td>
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<th>Submission Date</th>
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<tbody>
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<td>DSNP</td>
<td>Broker A</td>
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<td></td>
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<td>12/6/23</td>
<td>1/1/24</td>
<td>DSNP</td>
<td>Broker A</td>
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<td>No duplicate payment due to the same plan type</td>
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<table>
<thead>
<tr>
<th>Scenario 4</th>
<th>Submission Date</th>
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<th>Plan Type</th>
<th>Broker</th>
<th>Pay HRA Incentive?</th>
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<tbody>
<tr>
<td>11/4/23</td>
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<td>DSNP</td>
<td>Broker A</td>
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<td>12/6/23</td>
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<td>DSNP</td>
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<td>No duplicate payment due to the same plan type</td>
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<tr>
<th>Scenario 5</th>
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<td>DSNP</td>
<td>Broker B</td>
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</table>

Here are scenarios that you may come across.

1. **Scenario 1** - The beneficiary moved from a MAPD to the DSNP plan.
2. **Scenario 2** – The beneficiary moves from a DSNP to a MAPD plan.
3. **Scenario 3** – The beneficiary is currently enrolled in a DSNP plan and re-enrolls in the DSNP plan for a 1/1/2024 effective date.
4. **Scenario 4** – The beneficiary is enrolled in the DSNP plan effective 1/1/2024 and submits an enrollment with another broker for the same plan and effective date (aka duplicate enrollment).
5. **Scenario 5** - the beneficiary is enrolled in the DSNP plan effective 1/1/2024 and dis-enrolls. Submits an enrollment with another broker for the same plan and an effective date with 6 months of the prior date.
Next Steps – Completing the Health Risk Assessment

When the application is submitted, the broker/agent has the option to complete the Health Risk Assessment.

1. Click the button to open the form.
HRA Form

The broker must complete the form in its entirety (all required fields) before submitting.

- Incomplete forms will not qualify for incentive payouts.
- HRA must be completed at the time of enrollment to qualify for incentive payouts.

2. Complete the form.

The beneficiary will receive an email acknowledging the completion of the form.
Search Profiles & Enrollments
Searching for a beneficiary

View Section
Search

Search beneficiaries

1. Enter the beneficiary's information using any of the search criteria available.
2. Click the Search Profiles button.

NOTE: The “Personal Code” field has been removed.

Select Search to find and access an existing beneficiary profile. Upon logging in, you will be automatically directed to the “Search Beneficiary” page to avoid creating a duplicate profile.

1. Enter the beneficiary’s information using any of the search criteria available.
2. Click the Search Profiles button.

NOTE: The “Personal Code” field has been removed.
Search Results

Search beneficiaries

A registrant is a new beneficiary who has not started the process for an enrollment application. An applicant has started their enrollment application. Completing a Scope of Appointment does not impact a beneficiary’s status.

Search results

A registrant is a new beneficiary who has not started the process for an enrollment application. An applicant has started their enrollment application. Completing a Scope of Appointment does not impact a beneficiary’s status.

The results show all available beneficiaries that match the search results.

Each result shows the beneficiaries’ sales stage and the date the record was updated.

3. Click the hyperlinked name to view the profile.

or search again
View Profile

Licensed to sell 1 Medicare organizations with 5 plans for 2024

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Date of birth</th>
<th>Date of birth</th>
<th>Date of birth</th>
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<tbody>
<tr>
<td>Gavin</td>
<td>D</td>
<td>01/01/1954</td>
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</tr>
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Email address: Gavin.D@email.com
Primary phone number: (510) 963-0000
Mobile phone number: (510) 963-0000
Same as primary

Save

Eligibility

Medicare Number: [Redacted]
Hospital (Part A) effective date: January 2023
Medical (Part B) effective date: January 2023

Quote history

Quote sent 09/19/2023 4:18 pm PST to Gavin.D

Blue Shield TotalDual Plan (HMO D-SNP)
Blue Shield 65 Plus (HMO)
Blue Shield Advantage Optimum Plan (HMO)

Plan type: MAPO
Authorization code: 7U7H3W7A

Please review this quote at your earliest convenience. Let me know if you have any questions.
Sales Trainer
BSC_Test_Sales_trainer_2024

SOA
You have no SOAs for this profile

Notes
You have no notes for this profile

4. Click on the quote or application to view.
5. When you are working with a beneficiary profile, you can easily see the beneficiary’s name and use the dropdown navigation bar to access different steps in the workflow.
Drug and Pharmacy Finder

At the bottom of each page's footer, there is a link to the drug and pharmacy finder.

1. Click the link to view the drug and pharmacy finder.
Drug and Pharmacy Finder

0 plans available

1. Enter a zip code.
2. Enter a zip code.
Drug and Pharmacy Finder

10 plans available in 90026 for Los Angeles county, CA

Medicare Advantage Prescription Drug Plans
8 plans

Prescription Drug Plans
2 plans

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.

Blue Shield TotalDual Plan (HMO-D-SNP)

Find providers  Find prescriptions  Find pharmacy

Blue Shield AdvantageOptimum Plan (HMO)

Find providers  Find prescriptions  Find pharmacy

3. Click on:
   • Find Prescriptions
   • Find Pharmacy

To see if the drug or pharmacy is covered by the plan.
Drug and Pharmacy Finder

4. For Prescriptions:
   • Enter the information.
   • Click the button to see if drug is covered by the plan.

For Pharmacy:
   • Enter the Pharmacy name.
   • Check to see if it is a Preferred in-network pharmacy.
Drug and Pharmacy Finder

Add your prescription to see how this plan provides coverage. Formularies may change on January 1.

Search prescriptions

Covered prescriptions

Preferred Generic

atorvastatin calcium TAB 10MG

Retail cost

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<thead>
<tr>
<th></th>
<th>Before Gap</th>
<th>During Gap</th>
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Restrictions

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<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

5. Review the results
Resources

- Broker Connection Site: https://www.blueshieldca.com/producer
- Consumer Application Status Site: https://www.blueshieldca.com/brokerwebapp/medicareProspectAppStatus

Blue Shield Producer Services
Phone Number: 1-800-559-5905