

Capital **BLUC**

2016 INDIVIDUAL SALES TRAINING SEPTEMBER 2015

- What's New
- AEP vs. SEP
- 2016 Individual Medical Products
- Network Offerings
- 2016 Individual Dental and Vision Products
- Pharmacy
- RenewalsCommunications

- Sales Strategy
- More Than...
- Broker Portal
- Commissions
- Miscellaneous Items
- Contact Us
- Resources







WHAT'S NEW?

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2016 AT A GLANCE

Benefits/Pricing

- Additional product offerings
- More competitive pricing
- Embedded pediatric dental
- Healthy Rewards member incentives
- Advanced Choice pharmacy network
- Telehealth benefit for PPO members

Processes

- Online agent-assisted enrollment tool
- Rate sheets
- Extended deadlines for Off Marketplace enrollment

Renewals

 All current enrollment will be automatically renewed or mapped to a similar plan



AEP VS SEP

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ANNUAL ENROLLMENT PERIOD TIMELINE: NOVEMBER 1, 2015 - JANUARY 31, 2016

On Marketplace:

Enroll during the Annual Enrollment Period	Coverage is effective
Between November 1 st and December 15 th	January 1, 2016
Between December 16 th and January 15 th	February 1, 2016
Between January 16 th and January 31 st	March 1, 2016



ANNUAL ENROLLMENT PERIOD TIMELINE: NOVEMBER 1, 2015 - JANUARY 31, 2016

Off Marketplace Extended Deadlines:

Enroll during the Annual Enrollment Period	Coverage is effective
Between November 1 st and December 28 th	January 1, 2016
Between December 29 th and January 25 th	February 1, 2016
Between January 26 th and January 31 st	March 1, 2016 More flexibility!
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SPECIAL ENROLLMENT PERIOD (SEP) REASONS

During a Special Enrollment Period, a person may enroll or change Qualified Health Plans
• SEP lasts 60 days from triggering event

SEP Triggering Events

- Loss of minimum essential coverage
- Gaining or becoming a dependent (marriage, birth, adoption, placement for adoption)
- Gaining lawful presence (citizenship)
- Enrollment errors (address, eligibility)

- Gaining or losing eligibility for tax credits or cost sharing reductions
- Native American/Indian monthly change allowed
- Relocation (moving)
- Exceptional circumstances (child of incarcerated parent)
- Contract violations

*This is not an exhaustive list



2016 INDIVIDUAL MEDICAL PRODUCTS

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MEDICAL WHAT'S NEW FOR 2016

- Addition of HSA high deductible offering (Healthy Benefits PPO HSA 3000.10)
- All plans in 2016 will have embedded pediatric dental and pediatric vision
- Reward program for individuals who complete a personal health risk assessment or complete an online health coaching program for our Healthy Benefits products
- Addition of Telehealth services for our PPO products
- More competitive pricing- Rates not yet approved but will be released upon approval



CBC 2016 INDIVIDUAL PRODUCTS: ON & OFF MARKETPLACE

CATASTROPHIC <60% AV	BRONZE AV 60%	AV 70%	AV 80%	PLATINUM AV 90%
Healthy Benefits HMO 6850.0	Healthy Benefits 6300.50	Healthy Benefits 0.0	Healthy Benefits 1000.0	Healthy Benefits 0.0.10
*Only available in HMO		Healthy Benefits 1500.30	Healthy Benefits 500.0	
		Healthy Benefits 2500.0		
		CareConnect 3000.0 *Only available Off Market		
		Healthy Benefits PPO HSA 3000.10 *Only available in PPO		
		Healthy Benefits 3500.0		
		Healthy Benefits 4500.0		



Platinum Option:

Plan Name	Status for 2016		New Product if Being Mapped
Healthy Benefits 0.0.10	Renewing/ Changes	MOOP from \$6,350 to \$6,850 (single)	



Gold Options:

Plan Name	Status for 2016	Benefit Changes	New Product if Being Mapped
Healthy Benefits 500.0	Renewing/ Changes	MOOP from \$6,350 to \$6,850 (single) Retail Generic Copay from \$20 to \$16 Retail Non-Preferred from \$100 to \$115	
Healthy Benefits 1000.0	Renewing/ Changes	MOOP from \$6,350 to \$6,850 (single) Retail Generic Copay from \$20 to \$16	
Healthy Benefits 3000.0	Discontinued		Healthy Benefits 1000.0



Silver Options:

Plan Name	Status for 2016	Benefit Changes	New Product if Being Mapped
Healthy Benefits 0.0	Renewing/ Changes	MOOP from \$6,350 to \$6,850 (single) PCP Copay from \$50 to \$55 Specialist Copay from \$70 to \$85 Retail Generic Copay from \$20 to \$25 Retail Preferred Copay from \$65 to \$70 Mail Order Generic from \$50 to \$63 Skilled Nursing Facility from \$250/day to \$350/day	
Healthy Benefits 0.50	Discontinued		Healthy Benefits 0.0
Healthy Benefits 1500.30		NEW!	
Healthy Benefits 2000.0	Discontinued		Healthy Benefits 2500.0



Additional Silver Options:

Plan Name	Status for 2016	Benefit Changes	New Product if Being Mapped
Healthy Benefits 2500.0	Renewing/ Changes	MOOP from \$6,350 to \$6,850 PCP Copay from \$20 to \$45 Specialist Copy from \$40 to \$60 Retail Generic from \$20 to \$25 Mail Order Generic from \$50 to \$63	
CareConnect 3000.0	Renewing/ No Changes	No Changes	
Healthy Benefits PPO HSA 3000.10		NEW!	
Healthy Benefits 3500.0	Renewing/ Changes	MOOP from \$6,350 to \$6,850 (single) PCP Copay from \$50 to \$60 MH/SA Outpatient from \$70 to \$85	
Healthy Benefits 4500.0	Renewing/ Changes	MOOP from \$6,350 to \$6,850 (single)	



Bronze Options:

Plan Name	Status for 2016	Benefit Changes	New Product if Being Mapped
Healthy Benefits 6300.50 (previously 5500.50)	Renewing/ Changes	MOOP from \$6,350 to \$6,850 (single) PCP Copay from \$40 to \$60 Specialist Copy from \$75 to \$85 Deductible from \$5,500 to \$6,300 (single) Changed Name from 5500.50 to 6300.50	



Catastrophic Options:

Plan Name	Status for 2016	Benefit Changes	New Product if Being Mapped
Healthy Benefits 6850.0 (previously 6350.0)	Renewing/ Changes	MOOP from \$6,350 to \$6,850 (single) Deductible from \$6,350 to \$6,850 (single)	

This product is **only** available as a HMO option. This insurance is for individuals under 30 years of age.



CARECONNECT PPO

PPO ONLY OFF MARKETPLACE ONLY

- Must live in Cumberland, Dauphin or Perry county
- Accountable Care Arrangement
 - Partnership with PinnacleHealth
- Highest Standard of Collaborative Care
 - Increased data sharing
- Coordinated Care for Lower Out-of-Pocket Costs
 - Care coordinated with your PinnacleHealth provider results in lower costs
 - Maintain flexibility for self-referred care
- Rates approximately 4% less than similar PPO



NETWORK OVERVIEW

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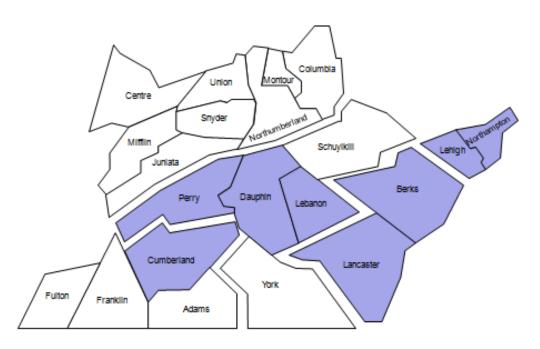
NETWORK OVERVIEW

- Individual HMO and PPO products will be available to purchase both ON and OFF the Marketplace.
- HMO versus Value HMO
 - The subscriber's county of primary residence will determine the network
 - 8 County Value HMO service area (Applicable to ON Marketplace only)
 - 21 County HMO service area (Applicable to all OFF Marketplace and ON Marketplace in 13 counties)



VALUE HMO NETWORK

- The subscriber must reside in one of the 8 shaded counties in order to select any of the Value HMO plans
- Members can only access Value HMO participating providers located within the 8 counties
 - Outside the 8 counties only Emergency and Urgent care is covered
 - Away from Home Care & BlueCard are available outside the CBC 21 county area





PROVIDERS PARTICIPATING IN THE 8 COUNTY VALUE HMO

As of 2015, these hospitals and associated facilities are participating:

- Carlisle Regional Medical Center/Rehabilitation
- Coordinated Health Orthopedic Hospital/Surgical Specialty Center
- Good Samaritan Hospital/Hospice/Transitional Care Unit/Rehabilitation/Visiting Nurse Association
- Heart of Lancaster Regional Medical Center
- Lancaster Regional Medical Center/Psychiatric Unit/Rehabilitation
- Pinnacle Health Hospitals/Rehabilitation/Adult Ambulatory Care/CRNA
- Sacred Heart Hospital/Hospice/Transitional Care Facility/Visiting Nurses/Psychiatric Unit/Adult Hospital Psychiatric Unit
- St. Joseph Medical Center
- St. Luke's Hospital (Allentown and Anderson Campuses)/Innovations Psychiatric Partial Hospital/Hospital Psychiatric Unit/Hospital Rehabilitation Unit/Renal
- Surgical Institute of Reading



PROVIDERS NOT PARTICIPATING IN THE 8 COUNTY VALUE HMO

- Reading Hospital and Employed Physicians
- Lehigh Valley Hospital and Employed Physicians
- Lehigh Valley Health Network Surgery Center Tilghman (formerly Westfield Hospital)
- Hershey Medical Center and Employed Physicians
- Lancaster General Hospital and Employed Physicians
- Easton Hospital
- Holy Spirit Hospital and Employed Physicians
- Ephrata Hospital and Employed Physicians



2016 INDIVIDUAL DENTAL AND VISION PRODUCTS

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DENTAL AND VISION WHAT'S NEW FOR 2016

Dental

- Individual medical plans will include embedded pediatric dental ON and OFF marketplace for 2016
- HMO plan name change to Select

Vision

No changes for 2016



DENTAL AND VISION PRODUCT OFFERINGS

On Marketplace	Off Marketplace
Healthy Dental PPO Pediatric	Healthy Dental PPO Pediatric
Healthy Dental PPO Plan 1	Healthy Dental PPO Plan 1
Healthy Dental Select Pediatric 702xs	Healthy Dental PPO Plan 2
Healthy Dental Select Basic	Healthy Dental PPO Plan 3
	Healthy Dental Select Pediatric 702xs
	Healthy Dental Select Basic
	Healthy Vision Plan 1



DENTAL PRODUCT FEATURES

	BlueCross Healthy Dental PPO	BlueCross Healthy Dental Select
	Most freedom	Best coverage and value
Network	Use any licensed dentist	Coordinated care through an in-network Primary Care Dentist
Access Points	Over 314,000	Over 4,900
Member Cost-Sharing	Member coinsurance	Member copayments
Waiting Periods	None , except medically necessary ped. orthodontia	None , except medically necessary ped. orthodontia
Deductible and annual limit	Yes (annual limit – adults only)	No
Med. Necessary Ortho Coverage	For pediatrics (under age 19)	For pediatrics (under age 19)
Non-Med. Necessary Ortho Coverage	No	Yes - Value added discounts available for pediatrics
Adult Ortho	No	Yes
Exchange Certified Pediatric Coverage	Yes	Yes



VISION PLAN SUMMARY



BENEFIT	INN/OON
Benefit frequencies are based on the last date of service	
Vision Exam - Once every 12 months	Covered In full after \$10 copay/\$32 allowance
Eyeglass Lenses - Once every 12 months, includes single, bifocal, trifocal & aphakic/lenticular	Single - \$10 copay/ \$24 allowance Bi-focal - \$10 copay/\$36 allowance Tri-focal - \$10 copay/\$46 allowance Aphakic/Lenticular - \$10 copay/\$75 allowance
Frames - Once every 12 months	30% off retail balance after \$120 allowance*/\$60 allowance
Contact Lenses – Once every 12 months In lieu of lenses; payment will not be made for both	25% off retail balance after \$100 allowance **/\$75 allowance
Contact Lens Evaluation and Fitting – Once every 12 months	Covered in Full/Daily Wear \$20 allowance; Extended Wear \$30 allowance



*Frame allowance at Walmart Vision Centers is 50% of the frame allowance with no additional retail discount.

^{**}Contact lens allowance at Walmart Vision Centers is 75% of the contact lens allowance with no additional retail discount.

VISION PRODUCT FEATURES



- Freedom to choose any licensed vision provider
- Save with a network vision provider
- Nationwide network of over 50,000 participating providers
 - Includes Wal-Mart, Pearle Vision, Sears Optical, J.C.
 Penney, For eyes Optical, Hour Eyes and Target Optical
- Member copayments and allowances
- Fixed discounted amounts on lens options
- Mail order contact lens discount program with innetwork benefits
- Discounts on LASIK surgery



PHARMACY

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WHAT'S NEW FOR 2016

ADVANCED CHOICE NETWORK

- The new Advanced Choice Network offers the highest level of coverage for retail purchases
- Members can check if pharmacy is in the network by visiting capbluecross.com/healthybenefitsrx
 - Or by asking the pharmacy
- Rite-Aid and Walgreens are currently not participating pharmacies
 - Letters will be sent to current members who have used these pharmacies in the past, advising them of this network change



MANDATORY MAIL AND MAINTENANCE CHOICE

- Continuation of these programs from 2015
- Maintenance medication can be purchased in 90-day fills through mail order, or by picking up at CVS pharmacy
 - Prices are the same as mail order
- Limited number of 30-day fills at any pharmacy in the Advanced Choice Network
 - Plan will not pay for 30-day fills after this limit has been met



MANDATORY GENERIC SUBSTITUTIONS

- Continuation of this program from 2015
- Generic substitution programs help reduce out-of-pocket costs and contain the rising costs of prescription drug benefits
- If a generic drug is available and a brandname drug is obtained, there will be charge of the brand-name cost share plus the difference in cost between the generic and brand-name medication
 - Even if doctor indicates the brand is necessary



2016 RX PRODUCTS BENEFIT GUIDELINES

Selectively Closed Formulary

- Coverage of brand non-preferred drugs (BNP) is limited to select brand non-preferred drugs
 - Multi-source brand drugs excluded
 - Most BNP are excluded from coverage
 - Non-formulary consideration process to request coverage of BNP based on medical necessity



RENEWAL COMMUNICATIONS

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RENEWAL COMMUNICATIONS

September 16th, **2015**

PersonalBlue Renewals Notices

 Renewing with only an age band increase October 1st, 2015

Discontinuation Notices

- Medical and Dental Products
- 3 Medical
- Pediatric Dental policies with only adults enrolled

November 1st, 2015

Renewal Notices

- Medical, Dental and Vision Products
- 10 Medical
- 6 Dental
- 1 Vision



DENTAL AND VISION RENEWALS



Capital BlueCross' medical plans will include the required pediatric dental benefits – how does this impact individual dental plan renewals?

Standalone pediatric dental plans

- Contracts that include enrolled members under the age of 19 will be renewed
 - Members with a Capital BlueCross medical plan will have embedded pediatric dental benefits AND standalone pediatric dental benefits for their dependents under age 19
- Contracts that do NOT have enrolled members under the age of 19 will not be renewed

Standalone family dental plans

- All contracts are being renewed
- Members with a Capital BlueCross medical plan will have embedded pediatric dental benefits and standalone dental benefits for their dependents under age 19



SALES STRATEGY

WHY CAPITAL BLUECROSS?

Medical

- Plan choice and flexibility
- Responsible price strategy allows for more stable rates from year to year
- Budgetable plans- less cost sharing than competitors

Dental and Vision

- Only Blue branded dental and vision in the region
- Competitive PPO rates
- No waiting periods for services*
- No additional hidden fees

^{*}except for a 24 month wait on medically necessary pediatric orthodontics

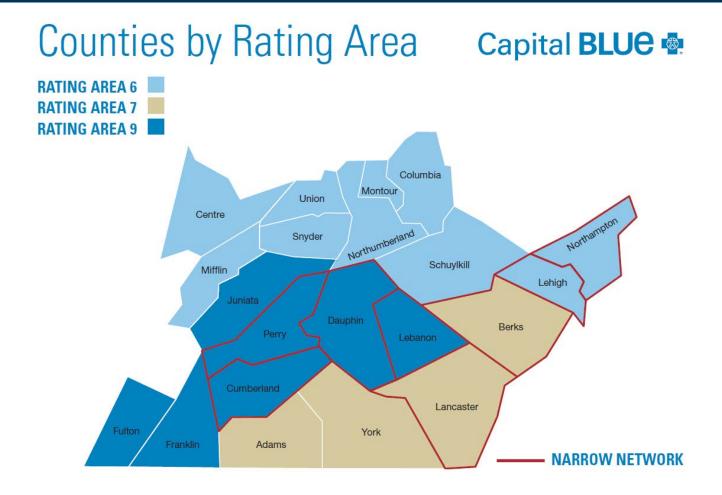


AGENT BENEFITS

- Attractive commission schedule
- Timely commission payments
- Dedicated broker resources
- Dependable and responsive service to members and agents



CBC INDIVIDUAL UNDER 65 REGIONS





PRICING

Filed rates pending approval (will be released upon approval)

Metal Level	Filed Premium Change
Catastrophic	5%
Bronze	-4%
Silver	-6%
Gold	-2%
Platinum	10%



WHERE TO FOCUS IN 2016

(BASED ON FILING ASSUMPTIONS)

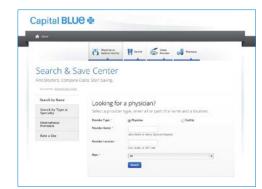
- Catastrophic plan- lowest price in the region
 - Anywhere from 3% to 45% lower than competitors
- Platinum plan- competitive in all regions
 - Within 8% of most competition
- Gold, Silver, and Bronze plans- narrow network HMO is competitive
 - Off Marketplace is competitive in regions 7 & 9
- CareConnect PPO in Cumberland, Dauphin and Perry counties
 - Off Marketplace
- Most Competitive counties:
 - Berks, Lehigh, Northampton, Lancaster, Cumberland, York, Lebanon



MORE THAN...

MORE THAN JUST HEALTH INSURANCE

- Personal Member Page at capbluecross.com Access health resources and manage your plan
- Search & Save Center Find doctors, compare costs, and start saving
- Live Healthy Online tools and wellness programs to help you live healthy
- Mobile App Manage health and benefits on the go







dinate their benefits and other information in one secure location



REWARDS FOR LIVING HEALTHY

FOR OUR HEALTHY BENEFITS PRODUCTS

The plan becomes even better with

HealthyRewards

New incentive programs that reward your clients for living healthy!

Earn up to \$50 for completion of these activities!

- \$25 for online health coaching
- \$25 for the health risk assessment

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Personal Profile

Complete a health risk assessment



Online Health Coaching

Participate in one of the fourteen available online coaching programs

CAPITAL BLUE STORE

Now two locations to serve you





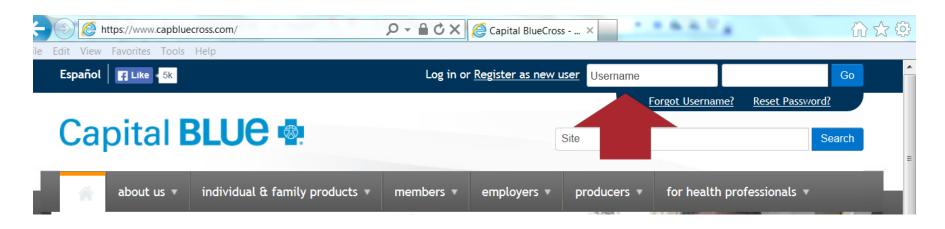


BROKER PORTAL

WHY USE THE BROKER PORTAL

- Access product information
- Complete a quick quote
- Submit an Individual application directly to CBC
- Producer information will be tied to the application
- Obtain access to SBC's for all Individual products

ACCESS THE BROKER PORTAL AT WWW.CAPBLUECROSS.COM

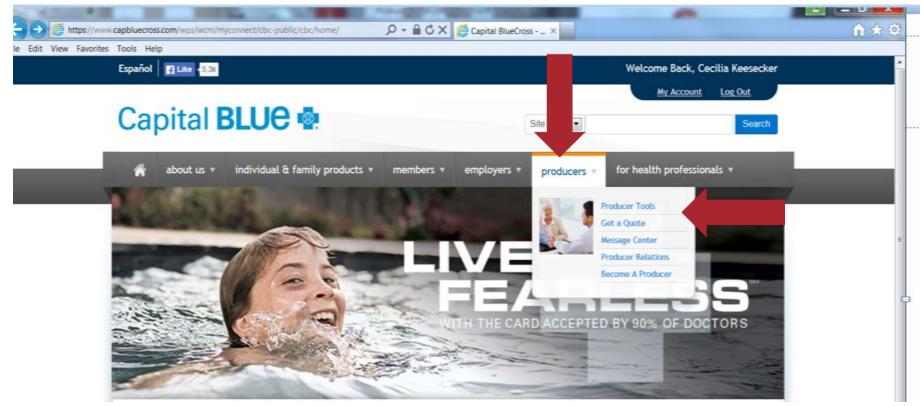


- Enter your BRK or IND number in the username field, in the next field enter your password and click "Go"
- Note: If you never logged in to the portal call Cecilia Keesecker at 717-541-6115 to obtain a temporary password



PRODUCER TOOLS

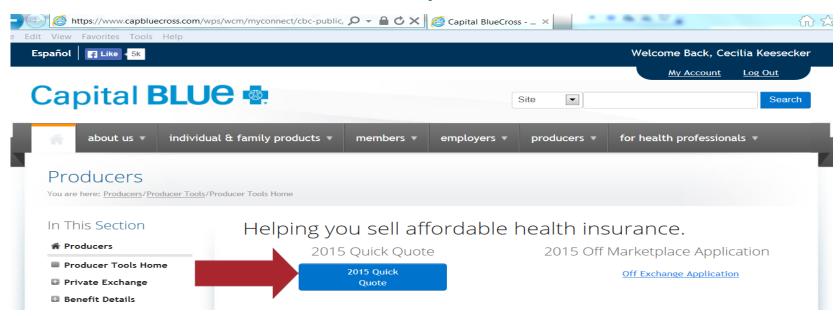
Once you are logged into the system, hover the curser over producers and click "Producer Tools" on the drop down menu





QUICK QUOTE

 The Quick Quote offers a simple solution to producing a quote for a medical, dental or vision plan





WEB ENHANCEMENTS AND TOOLS

Quick quote

https://www.choosecapitalblue.com/smart+start/toolkit/get+a+quote+frame?contentIDR=040acd 95-5a86-4335-9515-dd979223a2db&useDefaultText=0&useDefaultDesc=0

Subsidy calculator

www.choosecapitalblue.com/smart+start/toolkit/subsidycalculator

Online agent assisted shopping

John Wayne					Details
John Wayne	10/10/1986	08/26/2015	08/26/2015	In Progress	Continue
John Wayne	10/10/1986	08/26/2015	08/26/2015	In Progress	Continue
Jack Geller					Details
Jack Geller	01/20/1981	08/26/2015	08/26/2015	Completed Submission	View (PDF)
Jack Geller	01/20/1981	08/26/2015	08/26/2015	Completed Submission	View (PDF)
Dorothy Agentflow					Details
O Dorothy Agentflow	01/01/1970	08/26/2015	08/26/2015		<u>View</u>



COMMISSIONS

SALES COMMISSION

2016 Medical Commission

PPACA Compliant Medical Plans

	Per Member Per Month*
Healthy Benefits PPO and HMO Plans (non-catastrophic)	\$21
Healthy Benefits HMO Catastrophic Plan	\$6

^{*}Commissions are capped at five members per family. They are level for the life of the policy.

2016 Dental and Vision Commissions

Dental and Vision Plans

	Percent of Premium
BlueCross Dental SM PPO	6%
BlueCross Dental SM HMO	8%
BlueCross Vision SM	6%
Dominion Vision ^{†§}	6%
Dominion Discount Dental ^{‡§}	18%



MISCELLANEOUS ITEMS

Capital BLUE

MISCELLANEOUS UPDATES

- Marketing materials and rate tables are forthcoming
- Online enrollment tool training will be available closer to AEP
- Complete your 2016 FFM certification
- Additional sales training webinars available:
 - October 6, 9 am
 - October 8, 2 pm
 - Registration links will be emailed



CONTACT US

CBC RESOURCES

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THANK YOU!

RESOURCES

BILLING INFORMATION

	Normal Enrollment	End of Month Enrollment	Retro Effective Date Enrollment
Enrollment Date/Effective Date	1st-15th/First Day of the Following Month. 16th-Last Day of the Month/First Day of Second Following Month.	16 th - Last Day of the Month/ First Day of the Following Month.	1st- Last Day of Effective Month/First Day of Current Month.
Initial Bill Due Date	1 st of Effective Date Month	30 Days after Enrollment Date.	30 Days after Enrollment Date
Void Date	7 th of Effective Month (On Marketplace) End of Effective Month (Off Marketplace)	31+ Days after Enrollment Date	31+ Days after Enrollment Date
Second Bill Sent	10 th of Effective Month	10 th of Effective Month	Any member enrolled prior to the 10 th of the effective month will have their invoice generated on the 10 th of the Effective Month. Any member enrolled after the 10 th will have their second invoice generated on the same day as their first invoice.
Second Bill Due	1st of Second Month of Coverage	1 st of Second Month of Coverage.	30 Days after Enrollment Date
Delinquency Runs	No Delinquency. If no payment is received member will be voided before delinquency runs.	Member delinquency will be pended upon enrollment. Once the member has made payment they will have delinquency un-pended and will follow the normal delinquency cycle.	Member delinquency will be pended upon enrollment. Once the member has made payment they will have delinquency upended and will follow the normal delinquency cycle.



SAMPLE IDENTIFICATION CARDS

