

Welcome!

Thank you for joining Highmark for our Summer Edition of the Producer Training Series
We will begin in a few minutes.

- All attendees will be muted upon entry
- Please use the Q&A feature to submit questions
- Today's session is being recorded
- Both the slide deck and a copy of recording will be shared

If you do not hear the speaker, please dial in:
Phone Number: 1-646-558-8656 or 1-669-900-6833
Webinar ID: 983 0098 4500
Password: 303610



Renewal Timeline & Expectations



Agenda



- Required Renewal Paperwork
- Ideal Renewal Timeline
- Renewal Plan Options & the Benefits of Bundling
- Producer Resources



Required Renewal Paperwork

Required Renewal Paperwork

Fully Insured Clients

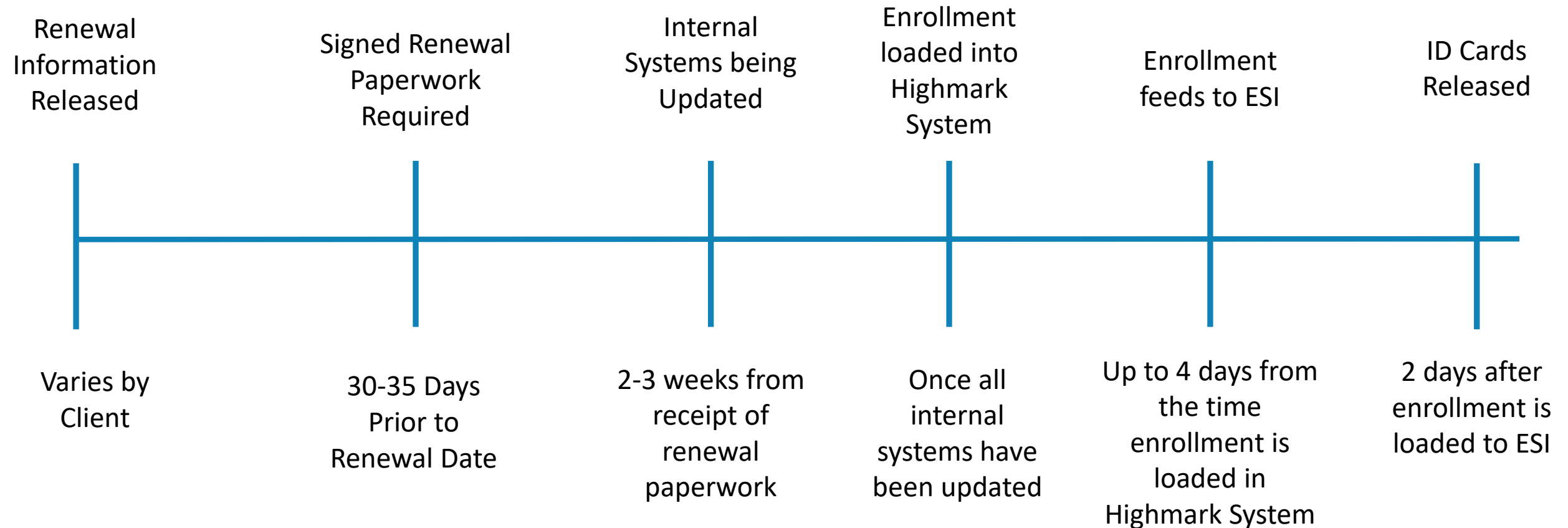
- Signed Renewal Acceptance Agreement / Proposal
- Signed Benefit Grid(s)
- Signed Supplemental Documents (if applicable)

ASO Clients

- Signed Renewal Acceptance Agreement / Proposal
- Signed Benefit Grid(s)
- Signed Supplemental Agreements
- Renewal Notification (if applicable)

Ideal Renewal Timeline

Ideal Renewal Timeline



Spending Account Implementation ~30 days

SBCs – issued 5-7 business days after signed renewal paperwork is received

Books & Contracts are processed within 60 days from the renewal date

Renewal Plan Options & the Benefits of Bundling

Requesting Alternative Options

Be strategic...

- Most 51-99 renewal proposals include a standard set of alternative options, use these as a reference point prior to requesting alternative options
- Once the alternative options provided in the renewal proposal have been reviewed, contact the client manager to discuss options that make sense based on the client's goals and objectives
- As a cost saving option consider a High-Performance Network rather than transferring cost share to employees by increasing copays and/or deductibles

Dental Bundling Discounts

- Large Group, fully insured clients offering both medical and non-voluntary dental coverage may receive a discount for bundling these products:
 - up to a 2% discount off the medical premium
 - up to a 5% discount off the dental premium*
- Large Group, self-funded clients offering both medical and dental coverage are eligible for cross-sell credits subject to competitive position and leadership approval
- When considering dental, share benefit grids, current rates and enrollment details with your client manager. With this information the Highmark and United Concordia teams can quote benefits more closely matching the client's current offerings, when possible.
- Benefits can either be non-voluntary or voluntary based on the level of enrollment.

Bundling Incentives

Bundled Incentives	
High-Performance Networks**	\$3.00 per contract
Dental (UCD & BED)	\$1.50 per contract
Spending Accounts	\$2.00 per contract
Stop Loss with HM Life	\$2.00 per contract

***Blue HPN, Choice Blue, Lehigh Valley Flex Blue, Performance (Flex) Blue and Together Blue*

Well360 Enhancement Incentives*	
Well360 Clarity	\$5.00 per contract
Well360 Connect	\$4.00 per contract
Well360 Focus	\$2.50 per contract
Well360 Lifestyle	\$2.00 per contract
Well360 Concierge	\$1.00 per contract
SmartShopper	\$0.50 per contract

**These enhancements have group size requirements, work with your Client Manager for a quote!*

Producer Resources

Channel Comp Mailbox

Contact Channel Compensation at HighmarkChannelCompensation@highmark.com
for questions regarding any of the following:



Appointments



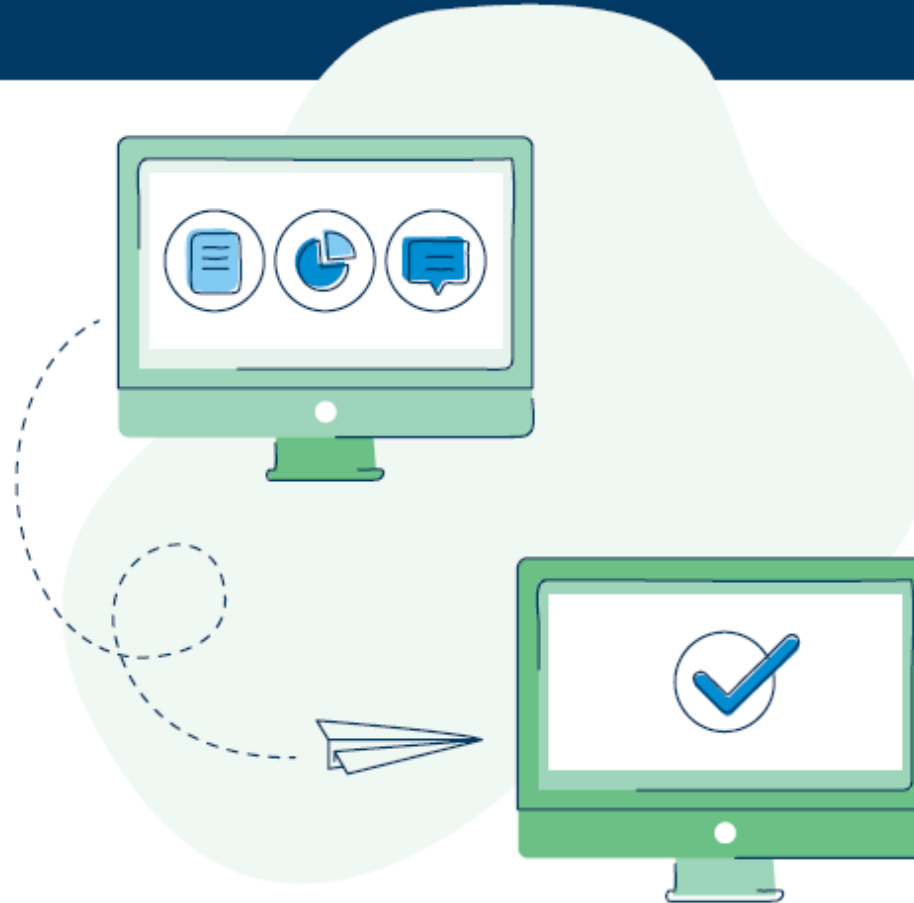
Commissions



New or Altered
Portal Set-Up



Producer of Record
Changes



Before sending your email be sure to include **region, agency name, and producer name** in the subject line.

Appointment & Access Requirements

Appointments

- Agents must be appointed in the Highmark region where their clients are located.
- If you need to be appointed – reach out to the ChannelComp team
- Keep in mind, for an agency to be appointed directly with Highmark – the agency must have a minimum of 1,000 medical contracts.
 - If your agency does not meet the minimum requirement your agency will need to select a preferred general agency

Producer Portal Access (www.producer.highmark.com)

- Portal Set-Up – managed through ChannelComp team
- Client access – managed through Client Service Manager

Producer of Record Changes

- Templates can be found on the producer portal and are regionally based
- The POR Letter should be on the client's company letterhead, include the producer information (agent's name, agency name and preferred general agency) as well as commission information for all product lines. Typically, clients with 2-99 contracts have a standard PCPM commission, however for clients <100 commission is negotiated. Also, note for clients <100, if there is a preferred general agency, ensure the commission breakout includes their override.

Producer Hotline

Reasons to contact the Producer Hotline:

- Medical policy questions
- Pre-authorization questions
- The eligibility of a specific procedure
- Pharmacy related claim or benefit inquiry
- Questions on specific claim rejection reasons
- Conformation of Benefits, including copays, deductibles, coinsurance, out-of-pocket maximums, etc.
- Producer portal questions

For less complicated, NON-URGENT questions, that cannot be answered by visiting the producer portal, send an email to the Producer hotline at prodem@highmark.com

Producers should not carbon copy (CC) their Highmark dedicated sales team contacts on these emails. This will prevent confusion and duplication of work.

Please call the Producer Hotline to follow-up to an open inquiry rather than sending another email. This ensures producers speak with only one representative. Emails are worked in the order received, so it is likely two different representatives may become involved if more than one email is sent.

You will receive a confirmation email that your inquiry has been received and a formal response once reviewed.

Producer Hotline 1-800-652-9459

The Producer Hotline is for **PRODUCERS ONLY!**



Other Services Lines

Enrollment & Billing

- enrollmentandbilling@highmark.com

Spending Accounts

- SATriage@highmark.com

Portal Helpdesk

- 1-866-306-1059 (password resets)
- 1-877-299-3918 (all other inquiries)

Appendix



Client Management Roles

When reaching out to your Highmark CM team, be sure to copy both your CM and CSM on communication.

Client Manager (CM)

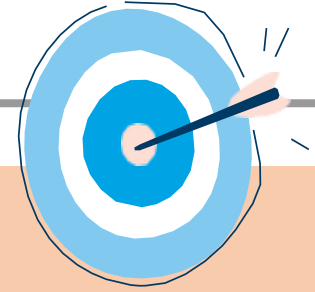
- Strategy & business planning
- Rate renewal & benefit changes
- Financial Reports, settlements and premiums
- Population management resources
- Introduction of new products

Client Service Manager (CSM)

- Open enrollment coordination
- Implement new producers & services
- Benefit clarification and problem solving*
- Day-to-day escalated plan administration issues*
- Benefit booklet, forms and supplies

* It is recommended the employee reach out to customer service first for benefit clarification and day-to-day plan claim issues / producers should reach out to the producer hotline

Fully Insured Medical Plans



- **Premium Plans** – Plans with 100% co-insurance and no annual deductible
- **Sharing Plans** – Plans with 100% co-insurance with an annual deductibles ranging from \$250 - \$5,000
- **Smart Plans** – Plans with co-insurance and an annual deductible
- **Choice Savings Plans** – Non-QHDHPs that work like qualified plans, but not eligible to be paired with an HSA
- **Healthy Savings Plans** – Qualified HDHPs that can be paired with an HSA
- **EPO Easy Plans** – Plans with 100% co-insurance and no annual deductible & no out-of-network coverage

High Performance Networks

	LEHIGH VALLEY FLEX BLUE	CHOICE BLUE	PERFORMANCE FLEX BLUE	PERFORMANCE BLUE
DESCRIPTION	A regional collaborative product with 2 In-Network levels of coverage (Enhanced & Standard) developed in conjunction with Lehigh Valley Health Network (LVHN) and aligned providers.	A regional product with 2 In-Network levels of coverage (Enhanced & Standard) offered in collaboration with the following providers: Penn State Health, WellSpan Health, Lancaster General Hospital, Penn State Holy Spirit Hospital and other high value providers.	A statewide PA product with 2 In-Network levels of coverage (Enhanced & Standard) that focuses on cost and quality via a tiered benefit design	A statewide PA narrow network product offered statewide focused on the inclusion of low cost, high quality providers in the network
NETWORK	Micro Market Tiered (Lehigh Valley)	Micro Market Tiered (Central PA)	PA Statewide Tiered	PA Statewide Narrow
PRODUCT	PPO/EPO (QHDHP)	PPO/EPO (QHDHP)	PPO/EPO (QHDHP)	PPO/EPO (QHDHP)
MARKET SEGMENT	All market segments (ASO/FI)	All market segments (ASO/FI)	51+ (ASO/FI)	51+ (ASO/FI)
BLUECARD	Enhanced Tier	Enhanced Tier	Enhanced Tier	INN