

ONLINE ENROLLMENT TRAINING

PRESCRIPTION DRUG PLAN AND MEDICARE ADVANTAGE





Prescription Drug Plan

Log into Blue Access for Producers at www.bcbsil.com





Click on the Medicare option on the left-hand side





Click on "Plan Select & Enroll"





Fill out the client's information in the designated boxes and choose "Next"

Find the right insurance plan for you. Just give us a few details and you can:	~					
> Explore insurance plan options						
> Get help shopping	Effective Date *		Zip Code *		County *	
> Save plans > Apply for insurance plans	08/28/2020	21	Zip Code		Select	-
SHORT TERM PLANS	I'd like to shop for: Sex*	Use T	obacco? * ct -			
INDIVIDUAL & FAMILY PLANS	Date of Birth:					
	Month*	102	Day *		Year *	
	Select	-	Select	-	Select	-
BCBS MEDICARE OPTIONS	 I am shopping for Appointment Do Enrollee Medica 	or MAPD/PD cument are Part A ef	P plans with an applic fective date is on or a	ant and have	captured a Scope ?	of Next



Select "MedicareRx (PDP)" on the left-hand side if it does not default to PDP





Plans available in the client's area and the premiums will be shown. Once the client has selected the plan that best fits them. click "Enroll"

3 PART	D INSURANCE PLA			
TAKT				
To compare the plans	s and find the one that best m	eets your needs, please use the	Plan Selector Tool.	
VANTAGE				
View Plan Details				Monthly Premium
Annual Prescription	Tier 1	Tier 3	Tier 5	\$46.20/month
ENT				Enroll
\$425	\$1 Coppy	16% of the cost	25% of the cost	
0433	arcopay	10 % of the cost	2376 01 118 0031	
Value				Monthly
View Plan Details	(Premium
Annual Prescription Deductible	Tier 1	Tier 3	Tier 5	\$75.60/1101111
				Enroll
\$435	\$0 Copay	\$42 Copay	25% of the cost	-
Plus				Martha
Plus View Plan Details				Monthly Premium



Choose the requested effective date and click "Resume Application"

View Your Insurance Plans:	Effective Date: 08/28/2020	Zip: 62656	Female(65)	
CONFIRM EFI	FECTIVE DAT	ГЕ		Start Over

The Requested Effective Date May No Longer Be Valid.

Your Plan type dictates you can only have effective date on the 1st of the following three months...

Effective Date *

Select

Need to request a different Effective Date?

Please call the Help Desk (888) 706-0583

Start Over

Resume Application



Complete application by inputting client's information

Evidence of Coverage		Preferred Pharmacy	Standard Pharmacy
Monthly Premium \$46.20	Prescription Deductible:	\$435 (All Tiers)	\$435 (All Tiers)
	Tier 1 - Preferred Generic Drugs:	\$1 Copay	\$6 Copay
	Tier 2 - Generic Drugs:	\$4 Copay	\$9 Copay
	Tier 3 - Preferred Brand Drugs:	16% of the cost	21% of the cost
	Tier 4 - Non-Preferred Brand Drugs (Non-Preferred Drug applies to the Basic Plan):	30% of the cost	35% of the cost
	Tier 5 - Specialty Drugs:	25% of the cost	25% of the cost
Gap Coverage	 You will pay 25% of the cost on the Generic Drugs and 25% of 	f the cost on the Bran	Name Drugs





Once you verify all the information you have entered is correct, click Submit

Date of Birth: Gender:					
Gender:	1955-02-12	Home Address:	555 5th st	Mailing Address:	Same as Home
	female		Lincoln, IL, 62656		Address
Email Address:	5555555555 513d51f@gmail.c	om			
Payment Metho	Uptions d: Get a Bill				
Image: Summary of B Image: Summary of	or Your Records coverage ge Interpreter Servic ing (If Applicable) remium Subsidy	es			
	ication				
ign Your App		I hereby acknowledge	e and accept the terms	and wish to submi	t my eld. *
ign Your App		enroliment for health	reare coverage nom z		
gn Your App Jane Doe uthorized Rei	resentative Sig	enrollment for health			
jane Doe Jane Doe uthorized Rej Would you like	resentative Sig	enrollment for health nature rized Representative sign	for you? "		
gn Your App Jane Doe		enrollment for health			



Medicare Advantage

Log into Blue Access for Producers at www.bcbsil.com





Click on the Medicare option on the left-hand side





Click on "Plan Select & Enroll"





Fill out the client's information in the designated boxes and choose "Next"

Find the right insurance plan for you. Just give us a few details and you can: > Explore insurance plan						
options Set help shopping	Effective Dete *		Zin Code t		County	
> Save plans		dimba -	Zip Code		County	
SHORT TERM PLANS	I'd like to shop for: Sex * Select - Date of Birth:	Use Ti Sele	obacco? * ct -			
	Month*		Day *		Year *	
BCBS MEDICARE OPTIONS	Select	r MAPD/PDI cument	Select P plans with an applic	ant and have c	Select	of
	Enrollee Medica	re Part A ef	fective date is on or a	ofter 1/1/2020?		Next



Left-hand side, select BlueCross Medicare Advantage





Plans available in the client's area and the premiums wind be shown. Once the client has selected the plan that

best fit:	s them,	click	"Enroll"
View Your Insurance Plans:	Effective Date: 08/28/2020	Zip: 60411	Male(65)

ARE ADVANTAGE To compare the plans	INSURANCE PLA	NS AVAILABLE	_	
To compare the plans			-	
and the second sec	and find the one that best	meets your needs, plea	se use the 🖾 Plan Selector Tool.	
Basic HMO				Month
PLAN View Plan Details Medical Deductible	Doctors Office Visits	Maximum Out-of- Pocket	Over-the-Counter Items Monthly	Premiu \$0.00/mo
	\$0 copay Primary Care		Purchase Allowance	Enro
\$0	\$30 copay Physician Specialist	\$3,400	Covered	
Basic Plus HMO	POS			Month
View Plan Details Medical Deductible	Doctors Office Visits	Maximum Out-of-	Over-the-Counter	Premiu \$0.00/mc
	\$10 copay Primary Care	Pocket	Items Monthly Purchase Allowance	Enro
\$0	\$40 copay Physician Specialist	\$4,500	Not Covered	
Choice Plus PPO	0.			Month
View Plan Details				Premiu
Medical Deductible	Doctors Office Visits	Maximum Out-of- Pocket	Over-the-Counter Items Monthly Purchase Allowance	\$79.00/m
	\$25 copay Primary Care			Enro
\$0	\$40 conav	\$6 700	NOTCOVERED	



Choose the requested effective date and click "Resume Application"

View Your Insurance Plans:	Effective Date: 08/28/2020	Zip: 62656	Female(65)	
CONFIRM EFI	FECTIVE DAT	ГЕ		Start Over

The Requested Effective Date May No Longer Be Valid.

Your Plan type dictates you can only have effective date on the 1st of the following three months...

Effective Date *

Select

Need to request a different Effective Date?

Please call the Help Desk (888) 706-0583

Start Over

Resume Application



Once you verify all the information you have entered is correct, click Submit

Date of Birth:	1955-01-01	Home Address:	1111 1st St	Mailing Address:	Same as Home
Gender:	male		Ford heights, IL.		Address
Phone Number:	555555555		60411		
Email Address.	jonndoe@gman.d	com			
our Payment (Options				
Payment Metho	d: Get a Bill				
ave & Print Fo	or Your Records				
Bummary of E	Jenefits				
Bevidence of C	overage				
& Multi-Languag	je Interpreter Servic	es			
Plan Star Rat	ing (If Applicable)				
ign Your Appl	ication				
John Doe		I hereby acknowledge	e and accept the term	s and wish to submi	it my
		enroliment for health	care coverage from i	Blue Cross Blue Shi	eid.
uthorized Rep	resentative Sig	nature			
	to have an Author	rized Representative sign	for you?*		
Would you like					
O Yes) No				
Vould you like) No				