

**Independence Blue Cross**  
Consumer Market – Individual Products

**Retail Platform User Guide**  
**PRODUCER GUIDE**

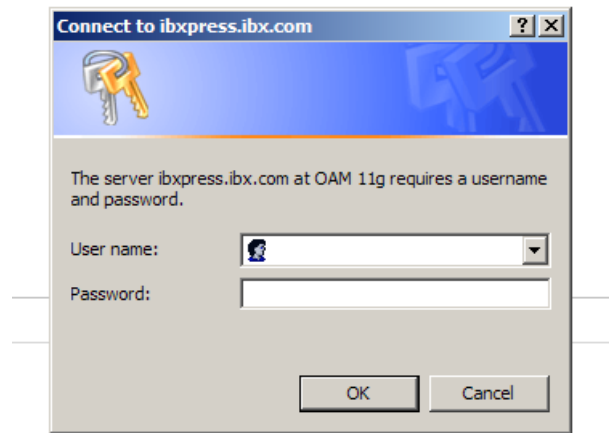
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# 1: Logging on to the Retail Platform

To access the platform, login to ROAM by visiting:

<https://ecom.ibx.com/roam04/Login>



**IMPORTANT NOTE:**

For the most efficient use of the IBC Consumer Market Retail Platform, we suggest you use Google Chrome as your Internet browser. Please install the proper browser, if needed.

## Accessing ROAM: User ID and Password

**For Primary and Producing Agents:** Enter your existing ROAM Login ID and password.

If you do not have a ROAM Login ID, or do not remember your ROAM Login ID, please contact your Primary Agency.

**NOTE:** The system times out after 30 minutes of inactivity.

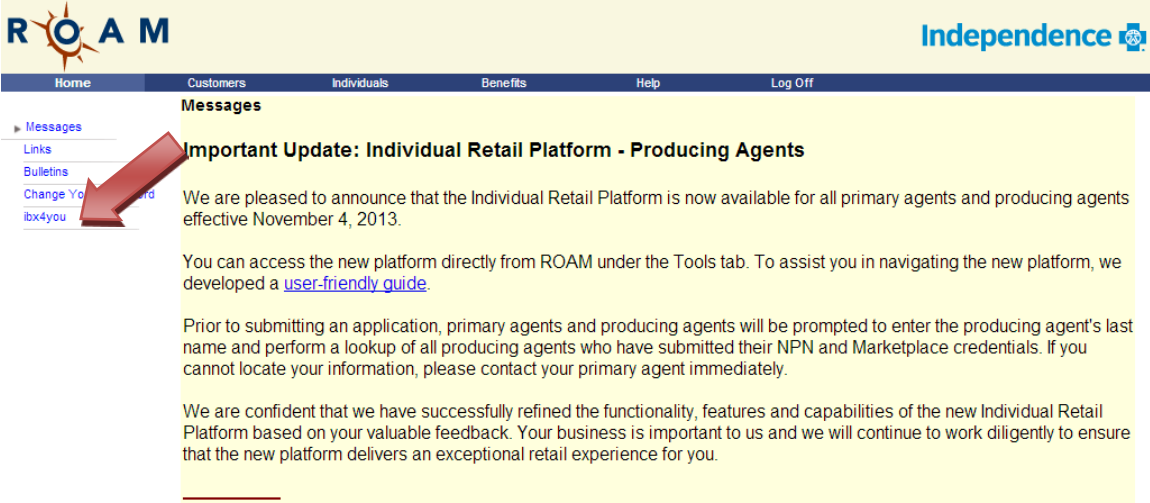
1

From your ROAM access screen, please select **Independence Blue Cross** and click **Continue**.



2

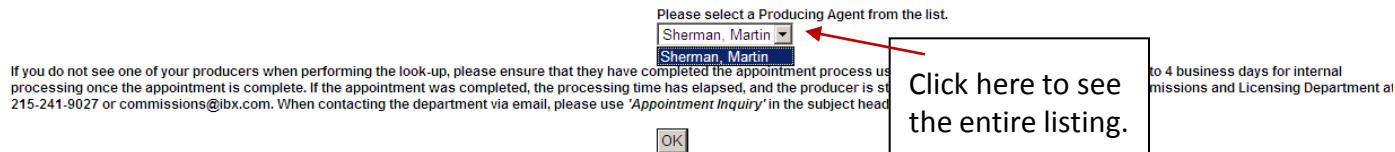
From your ROAM home screen, please select **ibx4you.com** link to launch the Retail Platform.



The next screen will ask you to select a Producing Agent from the dropdown list. Only agents that are tied to your agency will show up in this listing, which is sorted alphabetically.

3

Select the **Producing Agent** from the list for whom you are completing a transaction.



*If a producers name does not display here:* please ensure that they have completed the appointment processing using the Sales Sentinel link. It will take up to 4 business days to process once the Sentinel system shows the process is complete.

**If it has been more than 4 business days since the Sentinel transaction was completed, please contact your Primary Agent for assistance.**

## 2: Welcome to the Retail Platform Dashboard

After you log in, the welcome page displays a Dashboard, which gives you access to information to assist you in managing your individual accounts. The home screen displays four main functions: Dashboard, Activities, Work Queue, and Tools. These four headers will assist you with a variety of functions from quoting, applying, and even gaining access to prospect information.

The screenshot displays the Independence Retail Platform Dashboard. At the top, there is a navigation bar with the Independence logo and four main function tabs: DASHBOARD, ACTIVITIES, WORK QUEUE, and TOOLS. Below this is a welcome banner that says "Welcome, Broker Name!" and includes the phone number "1-888-475-6206" along with a chat icon and a help icon. The main content area features a secondary navigation bar with the same four function tabs, a search bar labeled "Case Name", and a "Dashboard Settings" button. Below the navigation bar are four data panels, each displaying "No data was found. Please check again later.":

- New Business Scorecard:** Individual - Last 14 Days
- Message Center:** Search: [input field]
- Quote Activity:** Search: [input field]
- Application Activity:** Search: [input field]

Each panel includes a table header with columns for various attributes (e.g., Case Type, Received, Case Name, ID, Subject, Type, Method, Name) and a footer indicating "Showing 0 to 0 of 0 entries" with navigation buttons (First, Previous, Next, Last).

Note: At this time, the dashboard will only display activity for the selected Producing Agent only. Additional dashboard functionality coming soon!

# 3: The Dashboard Tab

**DASHBOARD**

## The Dashboard Tab

This is your home screen key. At any time, clicking this button will take you back to the Dashboard home screen.

Case Name

Expand All Collapse All [Dashboard Settings](#)

New Business Score

No data

Search:

ID	Subject	Sender
113	<a href="#">Medical Application Status</a>	Admin, System <span style="color: red;">✘</span>
113	<a href="#">Medical Application Status</a>	Admin, System <span style="color: red;">✘</span>
108	<a href="#">Medical Application Status</a>	Admin, System <span style="color: red;">✘</span>
109	<a href="#">Medical Application Status</a>	Admin, System <span style="color: red;">✘</span>
113	<a href="#">Medical Application Status</a>	Admin, System <span style="color: red;">✘</span>
104	<a href="#">Medical Application Status</a>	Admin, System <span style="color: red;">✘</span>

Showing 1 to 10 of 126 entries

First Previous 1 2 3 4 5 Next Last

### Quote Activity

Search:

Type	ID	Name	Date Created	Effective Date
No data was found. Please				



### Application Activity

Search:

Type	Method	ID	Name	Submit Date
------	--------	----	------	-------------

# 3a: Message Center - Viewing and Deleting Your Messages

## Message Center

In this section, you will be able to see any messages that were sent to you in regard to current cases.



The screenshot displays a web application interface with a 'Message Center' section. At the top right, there is an 'Advanced Search' link and a search box labeled 'Case Name'. Below this, there are 'Expand All', 'Collapse All', and 'Dashboard Settings' links. The 'Message Center' section features a table with the following columns: Case Type, Received, Case Name, ID, Subject, and Sender. The table contains six entries, all with 'Medical Application Status' as the subject and 'Admin, System' as the sender. A search box is located to the right of the table. Below the table, it says 'Showing 1 to 10 of 126 entries' and includes pagination controls: 'First', 'Previous', '1', '2', '3', '4', '5', 'Next', 'Last'. Below the Message Center, there are three other sections: 'Quote Activity' (with a search box and a message 'No data was found. Please'), 'New Business Pipeline' (with a 'Save chart' button, 'Export As', and 'Print' options, and a bar chart titled 'Individual - Month to Date' showing stages: Quoting, Applying, Submitted (MA/SIS), Review, and Approved), and 'Application Activity' (with a search box and columns for Type, Method, ID, Name, and Submit Date).

Case Type	Received	Case Name	ID	Subject	Sender	
	04/19/2013	<a href="#">jack.smithers</a>	113	<a href="#">Medical Application Status</a>	Admin, System	
	04/16/2013	<a href="#">jack.smithers</a>	113	<a href="#">Medical Application Status</a>	Admin, System	
	04/14/2013	<a href="#">Errol E. Flynn</a>	108	<a href="#">Medical Application Status</a>	Admin, System	
	04/14/2013	<a href="#">Errol E. Flynn</a>	109	<a href="#">Medical Application Status</a>	Admin, System	
	04/14/2013	<a href="#">jack.smithers</a>	113	<a href="#">Medical Application Status</a>	Admin, System	
	04/13/2013	<a href="#">Ben Smith</a>	104	<a href="#">Medical Application Status</a>	Admin, System	



# 4: The Activities Tab

Case Name

## The Activities Tab

Use this tab to quickly access your 10 most **Recent** cases or start a **New Quote**.

DASHBOARD

ACTIVITIES

Recent

New Quote

New Business Score

Individual

No data was found. Please check again later.

Dashboard Settings

Search:

	Case Type	Received	Case Name	ID	Subject
		04/16/2013	<a href="#">jack smithers</a>	113	Medical Application S
		04/14/2013	<a href="#">Errol E. Flynn</a>	108	Medical Application S
		04/14/2013	<a href="#">Errol E. Flynn</a>	109	Medical Application S
		04/14/2013	<a href="#">jack smithers</a>	113	Medical Application S
		04/13/2013	<a href="#">Ben Smith</a>	104	Medical Application S

Showing 1 to 10 of 126 entries

First Previous 1 2 3 4 5 Next Last

Quote Activity

Search:

Application Activity

Search:

# 4a: Recent

By hovering your mouse over the word Recent, a list of cases will display to the right hand side. The cases shown are the last ten cases that you have worked on, in any capacity.

The screenshot displays a web application interface for 'Independence'. At the top, there is a navigation bar with 'Welcome, Bob Broker!' and a help icon. Below this is a dashboard with a sidebar containing 'DASHBOARD', 'ACTIVITIES', 'WORK QUEUE', and 'TOOLS'. The 'ACTIVITIES' menu is open, showing a 'Recent' dropdown. This dropdown displays a table of the last ten cases worked on:

Type	ID	Case Name	Last Viewed
APP	11	Amy Jones	09/05/2013
APP	113	jack smithers	09/05/2013
APP	292	Jim Jonesee	09/05/2013
APP	143	Mart IFP	05/30/2013
APP	105	Jimmy Jones III	04/08/2013
APP	108	Errol E Flynn	04/04/2013
APP	78	Jim J Johnson	04/03/2013
QT	39	Bailey Snow	04/03/2013
APP	4	Bailey Brown	04/03/2013
QT	101	Jimmy Jones III	04/03/2013

The background dashboard includes a search bar for 'Case Name', a 'Dashboard Settings' button, and several data tables. One table, 'Medical Application Status', shows columns for Case Name, ID, Subject, and Sender, with entries for 'jack smithers', 'Enrol E Flynn', and 'Ben Smith'. Other sections like 'Quote Activity' and 'Medical Application Status' show 'No data was found' messages.

## 4b: New Quote

1

### Start Here (can be completed by a member or broker)

- Enter the applicant's zip code
- Respond Yes or No if you are shopping for a child only plan
- Respond accordingly if the applicant is Native American or Alaskan Native
- Enter the applicant's first name
- Enter the applicant's date of birth
- Enter the relationship to the applicant (i.e., self, spouse, etc)
- Select the applicant's Gender
- Indicate if the applicant is a smoker.

**Note:** IBC does charge more for members who smoke *OR* who are in a smoking cessation program. A **non-smoker** is qualified as one who has not smoked in 6 or more months.



STEP 1: BUILD YOUR PROFILE

STEP 2: SEE & COMPARE PLANS

STEP 3: DECIDE & ENROLL

### 152 Days Left for Open Enrollment

You have until 03/31/2014 to apply for coverage

ZIP Code:  ← a

**My household:**

Are you shopping for a Child Only plan?  ← b

Are you or any of your dependents Native American or Native Alaskan?  ← c

First Name	Date of Birth	Relationship	Gender	Tobacco? <small>i</small>
<input type="text" value="Knight"/> ← d	<input type="text" value="08/08/1988"/> ← e	<input type="text" value="Self"/> ← f	<input type="text" value="Male"/> ← g	<input type="text" value="No"/> ← h

When you have entered this requested information, you simply click Save & Continue to move on to the shopping experience.

## 2

## Choose How to Shop

After the applicant or submitter moves on to the shopping experience, they will have the option to be guided through the plan options or browse on their own.

The image shows a screenshot of a web interface titled "How do you want to shop for plans?". It features two main options: "Guide Me" and "Browse". The "Guide Me" option includes a "GUIDE ME" button. A large blue arrow points from a callout box on the right towards the "GUIDE ME" button. The callout box contains the text "Be Prepared to Discuss:" followed by a list of topics: Costs, Deductible, Network, Providers, and Plan Features. Below this, it says "Or, use Browse:" followed by "Skip to Plans".

**How do you want to shop for plans?**

**Guide Me**

We take you through a simple set of questions based on your life stage, healthcare needs, and what you think you're looking for. The more questions you answer, the better the results. You may skip to plans at any time.

**Why? Will refine to 1-3 targeted plan results.**  
Best for: New Enrollees, Tight Timelines, Changes.

**GUIDE ME**

**Browse**

**Be Prepared to Discuss:**

- Costs
- Deductible
- Network
- Providers
- Plan Features

**Or, use Browse:**

- Skip to Plans

In the Guide Me experience, members will answer simple questions about their health and care preferences to help the system determine a “best match”

Once you enter the shopping screen, you can view detailed plan information by clicking on each plan. You will have the option to either add to quote or add to cart. For instructions on Adding to the Cart, see Step 9.

As a broker, you can email a selection of plans to the applicant to review and complete enrollment.

3

**Add to Quote:** You can select and compare plans in order to send in an email to the applicant.

- a. Click on the **Add to Quote** box for the plans you wish to compare and send.
- b. Click the **Quotation** button, a Quote Summary will appear

Welcome, Internal User! 1-888-475-6206

Independence

STEP 1: BUILD YOUR PROFILE STEP 2: SEE & COMPARE PLANS STEP 3: DECIDE & ENROLL

**Your recommendations** START NOW

We are providing you with three recommendations - a plan that best matches your needs, your lowest cost plan, and a plan that is popular with people like you.

Your Best Match: - Lowest Cost: [Keystone HMO Platinum](#) A popular plan you may want to consider: [Keystone HMO Silver Proactive](#)

See & Compare Plans Compare Print

Medical View: [Grid] [List] [Table]

Compare Plans Back to Plan List

Lowest Cost		
<b>Keystone HMO Platinum</b> \$1.00 / month <a href="#">View Cost Breakdown</a> ADD TO CART Add to Quote	<b>Personal Choice PPO Silver Reserve</b> \$324.70 / month <a href="#">View Cost Breakdown</a> ADD TO CART In Current Quote	<b>Keystone HMO Gold</b> \$380.45 / month <a href="#">View Cost Breakdown</a> ADD TO CART Add to Quote

4

## Click Save and Create Case.

The screenshot shows the Independence website interface. At the top, there is a blue navigation bar with the text "Welcome, Internal User!" on the left, the phone number "1-888-475-6206" in the center, and icons for chat, help, and a shopping cart labeled "Cart (0)" on the right. Below the navigation bar, the Independence logo is on the left, and "STEP 1: BUILD YOUR PRO" is visible. A large blue banner contains the text "Your recommendations". Below this, there is a section for "Your Best Match: -" and "Lowest Cost: [Keysto](#)". A modal window titled "Quote Summary" is open, showing "2 plans added to quote". The modal contains a table with the following data:


Plan	Monthly Rate	
Personal Choice PPO Silver Reserve	\$324.70	✕
Keystone HMO Gold	\$380.45	✕

At the bottom of the modal, a blue button labeled "SAVE & CREATE CASE" is highlighted with a red box and a red arrow. To the right of the modal, there are buttons for "DECIDE & ENROLL" and "START NOW". At the bottom of the page, there are "Compare" and "Print" buttons.

5

Set up your case by entering the required information, then clicking **Continue**

Welcome, Internal User! 1-888-475-62

**Independence** 

[DASHBOARD](#) [ACTIVITIES](#) [WORK QUEUE](#) [TOOLS](#) Case Name

### Save Quote & Create Case

The case information provides the high level information related to multiple quotes and applications.

**Case Information** \* Required

**Demographics**

\* Case Name:

Address Line 1:

Address Line 2:

City:

\* State:  \* ZIP Code:  -

County:

**Contact Information**

First Name:  Last Name:

Relationship:

Same Address as Above?

Address Line 1:  Phone Number(s):   Ext.:

6

Select the plans you wish to email to the client (a), then click Generate Proposal (b).

**Independence**

DASHBOARD ACTIVITIES WORK QUEUE TOOLS

---

**Proposal Tes** Status: Prospect

Case Information New Business Case Notes & Messages Case History

---

**Quote Summary -- 2074**  
Copy Quote  
Attachments (0)

**Quote Summary** Quote Status: Quoting

The following is a summary of the quote information.

---

**Quote Summary -- 2074**

**Quote Detail**

Quote Status: Quoting Created By: Internal User  
Coverage Type: Individual and Family Plans  
Requested Effective Date: 01/01/2014 Number of Applicants: 1

**Applicant(s) Information**

Person(s) Covered	Date of Birth	Age	Gender
Primary Applicant	07/18/1970	43	Male
Medical			

---

Select Plan	Deductible	Prescription	Office Visit	Monthly Rate
<input checked="" type="checkbox"/> <a href="#">Keystone HMO Gold GOLD</a>	\$0 Individual/\$0 Family	Generic: \$10 /Brand: 30% with \$200 max/Non-Formulary: 40% with \$200 max	N/A	\$380.45 <a href="#">Delete</a>
Proposed Insured Rate \$380.45		Spouse Rate \$0.00	Child Rate \$0.00	Total Rate \$380.45
<input checked="" type="checkbox"/> <a href="#">Personal Choice PPO Silver Reserve SILVER</a>	\$3,000 Individual/\$6,000 Family	Generic: \$10, after deductible/Brand: \$30, after deductible/Non-Formulary: \$50, after deductible	N/A	\$324.70 <a href="#">Delete</a>
Proposed Insured Rate \$324.70		Spouse Rate \$0.00	Child Rate \$0.00	Total Rate \$324.70



7

Select the names of the plans to display in the proposal (a), add the recipients (b), enter a message to the client (c), then click Send Proposal (d)

The screenshot shows a web interface for generating a proposal. At the top, there's a header with 'Proposal Test' and 'Status: Prospect'. Below that are tabs for 'Case Information', 'New Business', 'Case Notes & Messages', and 'Case History'. The main content area is titled 'Quote Summary -- Generate Proposal' and includes a 'Case Name: Proposal Test' and 'Quote Status: Quoting'. There are three buttons: 'Cancel', 'Preview', and 'Send Proposal'. A green arrow labeled 'd' points to the 'Send Proposal' button. Below this is the 'Proposal Generation' section, which includes 'Proposal Template Options' with a radio button for 'HTML Plan Comparison'. A note states: 'If you have selected more than three (3) plans on this quote, you must indicate which plans you wish to be included on the email. Indicate the plans you wish to include in the HTML Plan Comparison.' Underneath is a 'Plan Selection' table with three columns: 'Select Plan Name', 'Description', and 'Monthly Rate'. Two rows are visible, both with checked checkboxes. A red box highlights these two rows, with a green arrow labeled 'a' pointing to it. Below the table is a 'Recipients' section with instructions: 'Check the recipients you wish to receive the proposal. You may include multiple emails within the Email Other entry box. A semi colon must be entered to separate email addresses.' There are three checkboxes: 'Email Case's Primary Contact' (unchecked), 'Email Self' (checked), and 'Email Other' (unchecked). A text input field is next to the 'Email Other' checkbox, highlighted with a red box and a green arrow labeled 'b'. Below this is a text area for 'Enter an additional message (optional)', highlighted with a red box and a green arrow labeled 'c'. At the bottom, there are three buttons: 'Cancel', 'Preview', and 'Send Proposal'.

Select Plan Name	Description	Monthly Rate
<input checked="" type="checkbox"/> Keystone HMO Gold GOLD	Keystone HMO Gold	\$335.87
<input checked="" type="checkbox"/> Personal Choice PPO Silver Reserve SILVER	Personal Choice PPO Silver Reserve	\$285.56

Be sure to enter a message. Although it is listed as optional, this will ensure that your information is listed in the header of the email to the client.

## 8

## Add to Cart

Adding a plan to your cart means you are ready to enroll. If you click Add to Cart, you will see a quick summary where you are given the opportunity to view cart or enroll or to continue shopping.

The screenshot displays a web interface for selecting a health plan. Three plans are visible in a grid:

- Keystone HMO Platinum**: \$1.00 / month
- Personal Choice PPO Silver Reserve**: \$240.24 / month
- Keystone HMO Gold**: \$281.48 / month

An 'Add to Cart' modal is open, showing a confirmation message: '1 Plan Added to Cart' for 'Personal Choice PPO Silver Reserve' at \$240.24 / month. The modal also includes a 'Cart Summary (1 Item)' with a subtotal of \$240.24 / month and two buttons: 'VIEW CART & ENROLL' and 'Continue Shopping'.

*Please Note:* If you continue shopping, the options will now read “Replace Plan in Cart”  
Only one plan can be added to your cart at any time. Selecting a new plan will replace the plan that is currently in your cart.

# 5: The Work Queue Tab

**Independence**

DASHBOARD ACTIVITIES **WORK QUEUE**

Advanced Search

Case Name

Expand All Collapse All Dashboard Settings

**New Business Scorecard**

Individual - Last 14 Days

No data was found. Please check again later.

**The Work Queue Tab**

Use the Work Queue to find and sort existing cases, both applicants and prospects.

Case ID	Date	Name	Count	Status	Sender	Action
108	04/14/2013	Errol E. Flynn	108	Medical Application Status	Admin, System	X
109	04/14/2013	Errol E. Flynn	109	Medical Application Status	Admin, System	X
113	04/14/2013	jack smithers	113	Medical Application Status	Admin, System	X
104	04/13/2013	Ben Smith	104	Medical Application Status	Admin, System	X

Showing 1 to 10 of 126 entries

First Previous 1 2 3 4 5 Next Last

**Quote Activity**

Search:

Type ID Name Date Created Effective Date

No data was found. Please

**New Business Pipeline**

Save Chart Export As Print

Individual - Month to Date

Stage	Count
Quoting	
Applying	
Submitted (MA/SIS)	
Review	
Approved	

**Application Activity**

Search:

Type Method ID Name Submit Date

# 5a: Filter and Sort your Work Queue

**Sort Your Work Queue**

You can run a specific search or “filter” using the drop down arrow.

**Work Queue**

View: **Quoting** Filter No filter applied

Export

Work queue results and filter criteria

1 to 2 of 2

Case Type	Case Name	Contact Name	Contact Phone	Case Status	Created Date
	<a href="#">Bill Snow</a>	Snow, Bill	--	Prospect	03/04/2013
	<a href="#">Jimmy Jones III</a>	Jones, Jimmy	--	Prospect	04/03/2013

1 to 2 of 2

All information is kept safe and secure. View our [privacy statement](#) for details.

# 5b: Case Summary

The screenshot displays the Independence software interface. At the top left is the 'Independence' logo with a cross icon. To the right is an 'Advanced Search' link and a search box labeled 'Case Name'. Below the logo are navigation tabs: 'DASHBOARD', 'ACTIVITIES', 'WORK QUEUE', and 'TOOLS'. The main content area shows a user profile for 'jack smithers' with a status of 'Prospect'. Below this are several tabs: 'Case Information' (highlighted), 'New Business', 'FFM Status', 'Case Notes & Messages', and 'Case History'. The 'Case Summary - Individual' section displays the following information: Case ID: 77, Case Contact: jack smithers, 20934, CA 90210, (555) 555-5555 (Home), and email [dhastings@connecture.com](mailto:dhastings@connecture.com). The producer is listed as 'Bob B. Broker'. A blue circular callout with a white arrow points to the 'Case Information' tab. A grey text box on the right explains that clicking the tabs provides additional information, such as viewing case history or making notes. At the bottom, there is a security notice: 'All information is kept safe and secure. View our [Disclosures](#)' and 'Carrier Specific Text'.

**Case Summary**

When you click to open a case, additional information is available by clicking the tabs. You have new functions for things like viewing the case history or making notes.

# 6: Tools

Under the tools section, click “Resource Library”. In the Resource Category, there will be various categories that will assist you in finding information or managing your benefits. To view a category’s details, click the category name.

The screenshot shows the Independence website interface. At the top, a grey header bar contains the text "Welcome, Bob Broker!" on the left and a blue help icon on the right. Below the header is the Independence logo and a navigation menu with items: DASHBOARD, ACTIVITIES, WORK QUEUE, and TOOLS. A red arrow points to the TOOLS dropdown menu, which is open to show "Resource Library". To the right of the navigation is a search bar labeled "Case Name" and an "Advanced Search" link. Below the navigation, the "Resource Library" section is displayed, featuring a sub-header and a table with columns for "Resource Category" and "Description". At the bottom of the page, there is a security notice: "All information is kept safe and secure. View our [privacy statement](#) for details." followed by a "Disclosures" link and the text "Carrier Specific Text".

# 7. Applying and Enrolling

Once you have decided to enroll in a plan, you will have to complete a Brief Prior to Applying section, as well as choose your method of application



**Prior to Applying** \*Required

Please provide the following information.

Name  \*First Name  MI  \*Last Name  Suffix

Address  \*Address Line 1  
 Address Line 2

\*City

\*ZIP Code

Phone Number(s)  Phone Type  Phone Num

Phone Type  Phone Num

\*Email

\*Preferred Method of Contact

\*Best Time to Contact

**7a.** Prior to Applying  
Enter the required information before moving on to the next screen.

Completion Method  
You will need to indicate if you are completing the application **on behalf of** your client or if you are **starting an application** for them to complete on their own.

**7b.** Select Completion Method

I will start the application for my client online  
You will be able to start the application for your client. When you are ready for your client to complete the application, forward the application at any point in the process but prior to e-Signature. ←

I will enter the completed paper application for my client  
You will be able to complete the signed paper application received from your client. ←

All information is kept safe and secure. View our [privacy statement](#) for details.

[Disclosures](#)  
Carrier Specific Text

## 7c. Filling Out The Application – Section 1

The Basics

Contact Information

Personal Information

American Indian or  
Alaska Native

### The Basics

Here you will enter who you need coverage for, the effective date and who the Primary Applicant is.

The screenshot shows the 'Independence' application interface. At the top, there are four tabs: 'Personal Info' (selected), 'Other Coverage', 'Payment', and 'Submission'. Below the tabs, there is a section for 'Primary Applicant' with a person icon and the instruction: 'Enter the following information for the individual who will be the primary applicant on the application.' Underneath, there is a sub-section titled 'The Basics' containing the following fields:

- 'I Need Coverage For': A dropdown menu with 'My Family' selected.
- 'Effective Date': A text input field containing '05/01/2014'.
- 'Who is the Primary Applicant?': A section with the following fields:
  - 'Primary Applicant Name': A section with four sub-fields: '\*First' (containing 'Kelly'), '\*MI' (empty), '\*Last' (containing 'Smith'), and '\*Suffix' (a dropdown menu).
  - 'Address': A section with three sub-fields: '\*Address Line 1' (containing '2020 Main Street'), 'Address Line 2' (empty), and '\*City' (empty).
  - '\*State' (empty) and '\*ZIP Code' (empty) fields are also present.



The Basics

Contact Information

Personal Information

American Indian or  
Alaska Native

## Contact Information

Here you will enter answer if your mailing address is the same as Primary. Then enter your phone number and email address.

\*Is the Mailing Address Same as Primary?

Yes

No

Contact Information

\*Primary Phone

555-444-2324

Secondary Phone

###-###-####

\*Email

areimer@connecture.com

The Basics

Contact Information

Personal Information

American Indian or  
Alaska Native

## Personal Information

Here you will enter personal information such as, your Social Security Number, your Date of Birth, Child's Date of Birth, your Gender and last, if you have used a tobacco product weekly.

\*Social Security Number

\*Date of Birth

\*Child's Date of Birth

\*Gender

\*Have you used a tobacco product on average four or more times per week within the past 6 months, other than for religious or ceremonial use?

The Basics

Contact Information

Personal Information

American Indian or  
Alaska Native

## American Indian or Alaska Native

If this section pertains to you, please answer if you are a member of a federally recognized tribe or not.

### American Indian or Alaska Native (AIAN)

American Indians and Alaska natives who enroll in Medicaid, the Children's Health Insurance Program (CHIP), and the Marketplace can also get services from the Indian Health Services, tribal health programs, or urban Indian health programs.

If you or your family members are American Indian or Alaska native, you may not have to pay cost sharing and may get special monthly enrollment periods. We are asking you to answer the following questions to make sure you and your family get the most help possible.

Are you a member of a federally recognized tribe?

No

[Return to Checklist](#)

[Save & Exit](#)

[Next](#)

## 7c. Filling Out The Application – Section 2

Member

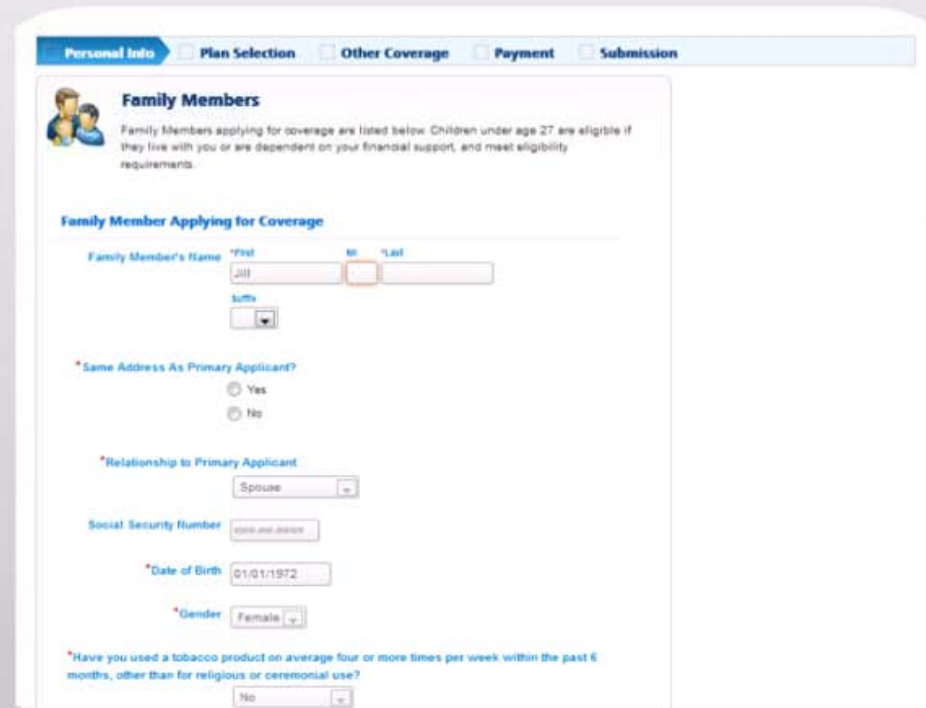
Personal Information

American Indian or  
Alaska Native

Continue

### Family Members

The Family Members page will collect or display family information.



The screenshot shows a web application interface with a navigation bar at the top containing tabs: Personal Info (selected), Plan Selection, Other Coverage, Payment, and Submission. Below the navigation bar is a section titled "Family Members" with a small icon of a family. A descriptive paragraph states: "Family Members applying for coverage are listed below. Children under age 27 are eligible if they live with you or are dependent on your financial support, and meet eligibility requirements." Below this is a form titled "Family Member Applying for Coverage". The form includes the following fields: "Family Member's Name" with sub-fields for "First" (containing "Jill"), "MI" (containing "J"), and "Last" (containing "Smith"); a "Suffix" dropdown menu; a radio button question "\* Same Address As Primary Applicant?" with "Yes" selected; a "\* Relationship to Primary Applicant" dropdown menu set to "Spouse"; a "Social Security Number" field with a masked value "999-99-9999"; a "\* Date of Birth" field with "01/01/1972"; a "\* Gender" dropdown menu set to "Female"; and a question "\* Have you used a tobacco product on average four or more times per week within the past 6 months, other than for religious or ceremonial use?" with a "No" dropdown menu.

Information

Children

American Indian or  
Alaska Native

Continue

## Family Members

Children under the age of 27 are eligible if they live with you or are dependent on your financial support and meet eligibility requirements.





Information

Children

American Indian or  
Alaska Native

Continue

## Family Members

When applying for family member coverage, please make sure to fill in all the required materials.

### American Indian or Alaska Native (AI/AN)

American Indians and Alaska natives who enroll in Medicaid, the Children's Health Insurance Program (CHIP), and the Marketplace can also get services from the Indian Health Services, tribal health programs, or urban Indian health programs.

If you or your family members are American Indian or Alaska native, you may not have to pay cost sharing and may get special monthly enrollment periods. We are asking you to answer the following questions to make sure you and your family get the most help possible.

Are you a member of a federally recognized tribe?



Information

Children

American Indian or  
Alaska Native

Continue

## Family Members

You will receive a pop up error if all information is not filled out. Please correct the error(s) and then continue.

The screenshot shows a web form titled "Family Members" with a sidebar on the left containing a "Progress" section with links for "Personal Info", "Plan Selection", "Other Coverage", "Payment", and "Submission". The main content area includes a "Family Members" section with a warning message: "You have errors on this page". A yellow pop-up error box is overlaid on the form, containing a warning icon and the text: "Oops! There are errors on the page, would you like to continue? You can always come back and correct them later." Below the pop-up are two buttons: "Correct Errors" and "Continue Anyway". A blue arrow points from the pop-up to the "Last" field in the "Family Member Applying for Coverage" section, which has a red error message: "The Last field is required. Please enter a value". Other error messages include "The Last field is required. Please enter a value" and "The Same Address As Primary Applicant? field is required. Please enter a value".

# 7c. Filling Out The Application – Section 3

Current Insurance

Policy ID

Carrier Information

Section Complete

## Other Coverage

Here you will enter if you or the other applicants are currently insurance with Independence Blue Cross or an affiliate. You will also answer if you have any other health insurance in force.

The screenshot shows the 'Other Coverage' section of an application form. The page header includes the Independence Blue Cross logo and navigation links for Dashboard, Activities, Work Queue, and Tools. A progress sidebar on the left shows steps: Personal Info, Plan Selection, Other Coverage (current), Payment, and Submission. The main content area has a title 'Other Coverage' and a confidentiality notice. It contains two questions with radio button options: 'Are you or any applicants currently insured with Independence Blue Cross or an affiliate of Independence Blue Cross, or another Blue Cross and Blue Shield Plan?' and 'Do you have any other health insurance in force?'. Navigation buttons for 'Previous', 'Save & Exit', and 'Next' are at the bottom. A footer contains a security notice, a 'Disclosures' link, and 'Carrier Specific Text'.



Current Insurance

Policy ID

Carrier Information

Section Complete

## Other Coverage

Here you will enter your Policy ID and Termination Date.

The screenshot shows the 'Other Coverage' section of a web application. The header includes the 'Independence' logo and navigation tabs for 'DASHBOARD', 'ACTIVITIES', 'WORK QUEUE', and 'TOOLS'. A left sidebar contains a 'Progress' menu with items: 'Personal Info', 'Plan Selection', 'Other Coverage' (highlighted), 'Payment', and 'Submission'. Below the menu, there are sections for 'Your Monthly Rate' and 'Selected Coverage' (noting an invalid plan was selected) and 'Members Covered' (listing Jim Renter, Age 28 and Kelly Renter, Age 14). The main content area is titled 'Other Coverage' and includes a disclaimer: 'All of the information you provide is for quoting and application purposes only and will be kept confidential.' It contains two questions with radio button options: 1. 'Are you or any applicants currently insured with Independence Blue Cross or an affiliate of Independence Blue Cross, or another Blue Cross and Blue Shield Plan?' with 'Yes' selected. 2. 'Do you have any other health insurance in force?' with 'No' selected. There are two 'Jim Renter' entries, each with a 'Policy ID' text box and a 'Termination Date' dropdown menu.

Current Insurance

Policy ID

Carrier Information

Section Complete

## Other Coverage

For this part, check who will be covered, the carrier name and policy. You also have to enter the start and end date of coverage.

**Progress**

- ✓ Personal Info
- ✓ Plan Selection
- Other Coverage**
- Payment
- Submission

Your monthly rate: \$--

**Selected Coverage**

An insured plan has been selected.

**Members Covered**

- Jim Ranner, Age 20
- Katy Ranner, Age 14

**Other Coverage**

All of the information you provide is for quoting and application purposes only and will be kept confidential.

\*Are you or any applicants currently insured with Independence Blue Cross or an affiliate of Independence Blue Cross, or another Blue Cross and Blue Shield Plan?

Yes

No

\*Do you have any other health insurance in force?

Yes

No

\*Coverage applies to

Jim Ranner

Katy Ranner

\*Carrier Name

\*Policy ID

\*Start date of coverage

End date of coverage

[Add Section](#)

Current Insurance

Policy ID

Carrier Information

Section Complete

## Other Coverage

When you have completed this section, please click Next to continue..

**Progress**

- ✓ Personal Info
- ✓ Plan Selection
- Other Coverage**
- Payment
- Submission

Your Monthly Rate: \$--

**Selected Coverage**

An invalid plan has been selected.

**Members Covered**

Jim Reimer, Age 38  
Kelly Reimer, Age 14

### Other Coverage

All of the information you provide is for quoting and application purposes only and will be kept confidential.

\*Are you or any applicants currently insured with Independence Blue Cross or an affiliate of Independence Blue Cross, or another Blue Cross and Blue Shield Plan?

Yes  
 No

\*Do you have any other health insurance in force?

Yes  
 No

[← Previous](#) [Save & Exit](#) [Next →](#)

## 7c. Filling Out The Application – Section 4

Option

Selection

Verify

Submit

### Complete the Following

Complete the following information regarding your first month premium payment and ongoing payment options. Security and privacy settings are highly valued.

**Payment - Credit Card**

\*Cardholder Name

\*Credit Card Type  
 Visa  
 Mastercard

\*Credit Card Number

\*Verification Number

\*Expiration Date

\*Cardholder's Billing Address Same as Primary Address?  
 Yes  
 No

Cardholder's Billing Address

\*Address Line 1

Address Line 2

\*City  \*State  \*ZIP Code

← Previous  Next →

Option

Selection

Verify

Submit

## Method of Payment

Choose a Method of Payment.



Option

Selection

Verify

Submit

## Method of Payment

Verify your information and select Next to continue.

Since you have selected the Bill Me Later option you will receive an invoice with your balance due amount if payment is not received before then. This balance must be received by Independence Blue Cross and the funds must clear by the date listed above. You can pay using the following methods:

1. Send in a check with your invoice coupon to the address provided
2. Bring in a check, money order, or cash to our Walk In Services group located at 1900 Market Street Philadelphia, PA 19103

If payment is not received by the date listed above your coverage will not be activated and you will need to reapply for health insurance.

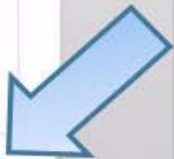
If payment is received by the date listed above your health insurance coverage will be activated and you will be issued an ID card. Also, if you need to see a physician prior to receiving your ID card and you have paid your premium you can print a temporary ID card by logging into IBXPRESS.com. Once you have registered you will be able to print the ID card, view your benefits, view your profile and setup electronic payments if you choose.

Please note - you will be able to register and login to IBXPRESS.com on or after your effective date once the first payment has been received.

← Previous

Save & Exit

Next ▶





Option

Selection

Verify

Submit

## Method of Payment

Lastly, submit your application.

Independence 

Welcome, Jim Jonesff! [Messages](#) | [My Account](#) | [Log Out](#) 

✓ Personal Info ✓ Plan Selection ✓ Other Coverage ✓ Payment **Submission**



### Submit Application

Review the following Terms and Conditions. If you agree to these terms and conditions, provide an electronic signature for each applicant over the age of 18 and click the 'Submit Application' button.

#### Terms and Conditions

The Applicant acknowledges that he or she has selected this plan based upon written information provided by FlexCare and that no broker, agent, or consultant is authorized to modify the terms of the offer or to agree to changes. All material terms of plan coverage are set forth in the plan documents. The provision shall survive the termination of the Agreement or Policy.

The plan documents will determine the contractual provisions, including procedures and limitations relating to the plan and will govern in event of conflict with any benefit comparison, summary or other description of the plan.

Applicant agrees to deliver, or otherwise make available to enrollees, all FlexCare paper or online member documents and other plan-related materials upon request by FlexCare.

#### Summary of Benefits and Coverage Acknowledgement

By checking the box, I indicate that Summary of Benefits and Coverage PDF is provided for the medical coverage selected on this application. If you need another copy, click the link below.

[View SSC](#)  (PDF)



# 7c. Filling Out The Application – Section 5

## Add a Representative

**Progress**

- ✓ Personal Info
- ✓ Plan Selection
- ✓ Other Coverage
- ✓ Payment
- Submission**

Your Monthly Rate \$--

**Selected Coverage**  
An invalid plan has been selected.

**Members Covered**  
Jim Reimer, Age 38  
Kelly Reimer, Age 14

### Authorized Representative

You can give a trusted person permission to talk about this application with us, see your information, and act for you on matters related to your application, including getting information about your application and signing your application on your behalf. This person is called an "authorized representative." If you ever need to change your authorized representative, contact the Marketplace. If you're a legally appointed representative for someone on this application, submit proof with the application.

[+ Add Representative](#)

[Previous](#) [Save & Exit](#) [Next](#)

All information is kept safe and secure. View our [privacy statement](#) for details.

Similar to a HIPAA Authorization, this will allow a member to provide access/approval for access to their personal information. This is not required to be linked to the sale.

1

2

3



# Insert Representative Details

## Progress

- ✓ Personal Info
- ✓ Plan Selection
- ✓ Other Coverage
- ✓ Payment
- Submission**

Your Monthly Rate: \$--

## Selected Coverage

An invalid plan has been selected.

## Members Covered

Jim Reimer, Age 38  
Kelly Reimer, Age 14

## Authorized Representative

### Authorized Representative

Name \*First  MI  \*Last  Suffix

Address \*Address Line 1

Address Line 2

\*City  \*State  \*ZIP Code

Phone Number

Organization Name

ID number (if applicable)

By signing, you allow this person to sign your application, get official information about this application, and act for you on all future matters with Independence Blue Cross.

You will then add the information for the authorized representative.

1

2

3

# Next

An invalid plan has been selected.

## Members Covered

Jim Reimer, Age 38  
Kelly Reimer, Age 14

\*City  \*State  \*ZIP Code

Phone Number

Organization Name

ID number (if applicable)

By signing, you allow this person to sign your application, get official information about this application, and act for you on all future matters with Independence Blue Cross:

Name \*First  MI  \*Last  Suffix

Signature Date

[Remove Representative](#)

[Previous](#)

[Save & Exit](#)

[Next](#)

There must be a representative added prior to clicking on the Next button.

1

2

3

# 7c. Filling Out The Application – Section 6

Verify

Edit

Electronic Signature

Forward Application

## Verify Account

The application must be verified. This page will give you the opportunity to have one final review of your application. If all the information is accurate, click “Continue”.

**Progress**

- ✓ Personal Info
- ✓ Plan Selection
- ✓ Other Coverage
- ✓ Payment
- Submitter

**Verify Application**

Please verify the information you entered on the application after reviewing. If you need to make changes, click the "Edit" button in the appropriate section.

**Primary Applicant**

**My Family**

Effective Date: 05/01/2014

**Who is the Primary Applicant?**

Primary Applicant Name: First: Jim Last: Reimer

Address: Address Line 1: 2323 Main Street Address Line 2: Philadelphia PA 19130

Is the Mailing Address Same as Primary? Yes

**Contact Information**

Primary Phone: 555-444-2324 Secondary Phone: Email: areimer@comcast.net

**Social Security Number:** 221-26-1011

Verify

Edit

Electronic Signature

Forward Application

## Verify Account

This is the last chance you will have to make any changes to your account.

The screenshot shows a web interface for verifying an application. On the left is a navigation sidebar with a 'Progress' section containing: Personal Info, Plan Selection, Other Coverage, Payment, and Substitution. Below this are sections for 'Your Monthly Rate', 'Selected Coverage' (with a note 'An insured plan has been selected'), and 'Members Covered' (listing Jim Reimer, Age 35 and Kelly Reimer, Age 14). The main content area is titled 'Verify Application' and includes a 'Print' button. It contains the following information:  
**Primary Applicant**  
I have Coverage For: **My Family**  
Effective Date: **05/01/2014**  
Who is the Primary Applicant?  
Primary Applicant Name: First: **Jim**, Last: **Reimer**  
Address: Address Line 1: **2323 Main Street**, Address Line 2: **Philadelphia**, State: **PA**, ZIP Code: **19130**  
Is the Mailing Address Same as Primary? **Yes**  
Contact Information: Primary Phone: **555-444-2324**, Email: **areimer@connecture.com**  
Social Security Number: **221-20-1011**  
Date of Birth: **05/01/1979**

Verify

Edit

Electronic Signature

Forward Application

## Verify Account

---

At this point, the end user has to send the application to the consumer for review and electronic signature.



Verify

Edit

Electronic Signature

Forward Application

## Verify Account

The end user does have the option to Save & Exit the application and can forward it to the consumer at a later date. To forward the application, please click the "Forward application to consumer".

### Save and Forward Confirmation



#### Consumer Must Review Application

You have requested to forward the application.

If you wish to complete this page, click on the 'Cancel' button.

If you are ready to forward the application, click the 'Forward' button.

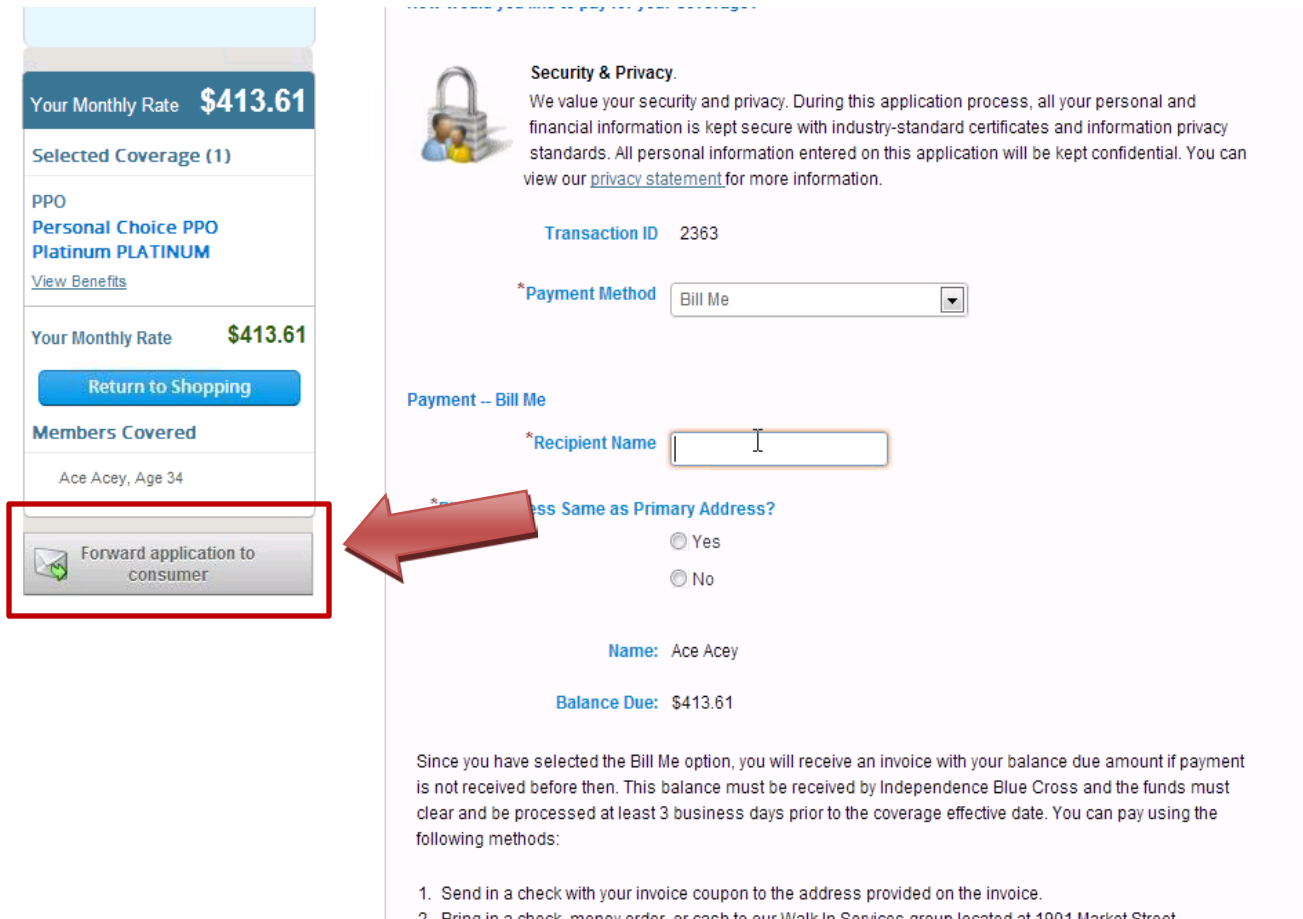
[← Return to Application](#)

[Save & Exit](#)

# 7c. Filling Out The Application – Section 7

## When starting an application for a member

At any point in the application process, you can forward the application to the client for completion.



**Your Monthly Rate \$413.61**

**Selected Coverage (1)**

PPO  
Personal Choice PPO  
Platinum PLATINUM  
[View Benefits](#)

**Your Monthly Rate \$413.61**

[Return to Shopping](#)

**Members Covered**

Ace Acey, Age 34

[Forward application to consumer](#)

**Security & Privacy.**  
We value your security and privacy. During this application process, all your personal and financial information is kept secure with industry-standard certificates and information privacy standards. All personal information entered on this application will be kept confidential. You can view our [privacy statement](#) for more information.

**Transaction ID** 2363

**\*Payment Method** Bill Me

**Payment -- Bill Me**

**\*Recipient Name**

**\*Address Same as Primary Address?**

Yes  
 No

**Name:** Ace Acey



**Balance Due:** \$413.61


Since you have selected the Bill Me option, you will receive an invoice with your balance due amount if payment is not received before then. This balance must be received by Independence Blue Cross and the funds must clear and be processed at least 3 business days prior to the coverage effective date. You can pay using the following methods:

1. Send in a check with your invoice coupon to the address provided on the invoice.
2. Bring in a check, money order, or cash to our Walk In Services group located at 1001 Market Street





Enter the applicant's email information and click **Email to Client**

You have the option to add a message to the consumer

Welcome, Bob Broker! 1-888-475-6206  


**Independence** 

[Advanced Search](#)

 DASHBOARD  ACTIVITIES  WORK QUEUE  TOOLS

Case Name

---

 **Ace Acey** Status: Prospect

Case Information	New Business	Case Notes & Messages	Case History
------------------	--------------	-----------------------	--------------

### Forward Application to Consumer

Please provide the email address, date of birth and an optional message to the consumer. The system will send an e-mail with the application link to your client.

**Email to Client**

\* Required

#### Forward Application Details

For User Authentication, Please Provide Below Information

Last Name: Acey

\* Date of Birth:

\* Email:

#### Message to Consumer

You may provide any message below before the application can be forwarded to consumer.

Once you send the application to your consumer, you will have read-only access to the application from application summary.



After logging in, the member would click to complete the app you have already started



### Account Overview


#### Application Summary

Below is a list of applications that have been either started or completed for you. Click on the appropriate button to complete an application. You can click the 'View' button to review the completed application(s).

ID	Primary Applicant	Status	Submitted Date	
2363	Acey, Ace	Applying	--	<a href="#">Complete</a>

#### Get Additional Coverage

[Find Coverage](#)


 **151 days left**  
until open enrollment ends.

You have until 03/31/2014 to apply for coverage

#### Contact Us

1901 Market Street  
Philadelphia, PA 19103-1480  
**1-888-475-6206**

#### Broker Information

 All information is kept safe and secure.

Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association. These portal pages are licensed to Independence Blue Cross for its exclusive use.

Their electronic signature will be entered and they can complete the application process by selecting Submit Application.

[View SBC](#) (PDF)

Electronic Signature -- Ace Acey

I acknowledge that I have read, understand all statements in this application, and have supplied the requested information. The information supplied on the application and any signed addendum is accurate and complete to the best of my knowledge. No material information has been withheld or omitted on any person applying. I understand that if my signature and date do not appear and/or my answers are incomplete, the application will either be rejected or returned for completion.

You must accept the Declarations and Conditions of Enrollment to submit your application to the companies. If you choose not to accept the Declarations and Conditions of Enrollment, you may Save & Exit the application. Your application will remain active until the end of the open enrollment period after it was started. During this time, you can log back into your account and update any of your selections and/or submit your application. After the end of the open enrollment period, your application will be deactivated and you will be required to start a new application if you choose to apply.

\*  I understand that my information will be retained for application tracking purposes.

Applicant's Signature

*First Name	MI	*Last Name	Suffix
<input type="text" value="A"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Previous](#)

[Save & Exit](#)

[Submit Application](#)

assistance



# 7c. Filling Out The Application – Section 8

## When submitting On Behalf Of a member

### Confirm SBC provision

**Submission**

Your Monthly Rate \$--

**Selected Coverage**  
An invalid plan has been selected.

**Members Covered**  
Jim Reimer, Age 35  
Kelly Reimer, Age 14

**Terms and Conditions**

The Applicant acknowledges that he or she has selected this plan based upon written information provided by Independence Blue Cross and that no broker, agent, or consultant is authorized to modify the terms of the offer or to agree to changes. All material terms of plan coverage are set forth in the plan documents. The provision shall survive the termination of the Agreement or Policy.

The plan documents will determine the contractual provisions, including procedures and limitations relating to the plan and will govern in event of conflict with any benefit comparison, summary or other description of the plan.

Applicant agrees to deliver, or otherwise make available to enrollees, all Independence Blue Cross or other member documents and other related materials.

**Summary of Benefits and Coverage Acknowledgement**

By checking the box, I indicate that Summary of Benefits and Coverage PDF is provided for the medical coverage selected on this application.

If you need another copy, click the link below.  
**Note:** The signee will make sure to provide the generated SBC PDF to the consumer for this coverage.  
[View SBC \(PDF\)](#)

You are required to provide the Summary of Benefits and Coverage PDF for the medical coverage selected on the application. You can access and additional copy by clicking on the View SBC link below.

1

2

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# Submit Application

## Verification and Electronic Signature

By checking the box and entering my name below, I indicate that a wet-signature has been received for each applicant. The information entered in the application represents what is entered on the paper application

Electronic Signature \*First Name  MI  \*Last Name  Suffix

National Producer Number (NPN)

Primary Broker Code

Producer Broker Code

Primary Broker Name

Phone Number

[Previous](#)

[Save & Exit](#)

[Submit Application](#)

You will then check the box indicating that you have received a signature from the applicant and provide your electronic signature. The rest of the data will pre-populate based on how you logged in to ROAM. When you are finished, click the Submit application button.

1

2

3

# Successful Submission

independence

Case Name

[DASHBOARD](#) [ACTIVITIES](#) [WORK QUEUE](#) [TOOLS](#)

Your Monthly Rate \$--

### Selected Coverage

An invalid plan has been selected.

### Members Covered

Jim Reimer, Age 38  
Kelly Reimer, Age 14

## Application Successfully Submitted!

Thank you for submitting your application for healthcare coverage. Your application is currently under review. We will notify you within xx days of acceptance or declination of your application. In the meantime, you can log into the system for up to 30 days to view your submitted application.

If you have any questions and wish to contact us directly, please call 1-800-555-8793 or email [customersupport@flexcare.com](mailto:customersupport@flexcare.com)

[Exit Application](#)



All information is kept safe and secure. View our [privacy statement](#) for details.

[Disclosures](#)

You will then receive notification that the Application was successfully submitted. You can click on the Exit Application.

1

2

3

# 8: Searching for Cases

Existing members, as well as prospects, are stored as “cases”. To search for a case you’ve already created:

## Action

1. On the Welcome Screen, click **Advanced Search (a)** link.  
**NOTE: to return to the Welcome Screen, click the DASHBOARD (b) link.**  
*To quickly search for a case, use the **search text box (c)** beneath the “Advanced Search” link, then click Search icon.*

2. On the “Case Search” page, enter the search information in desired **text box (a)**, and click the **Search (b)** button.  
*Note: Case ID is NOT the same as CID*

