

# Retail Platform – Creating Proposals

Health and Ancillary. For Brokers and Agents.

# Job Aid Topics

- **Creating a Proposal**
- **Review Proposal – Medical Plans**
  - Plan details, compare and favorites (with print capability) – Health only
  - Proposal types: Print and Email
  - Shopping flow of Creating a Proposal and reviewing a proposal
- **Review Proposal - Dental and Vision**

# Creating a Proposal

There are two ways that an agent can access to create a proposal, from the global navigation and the landing page.

- Click on **Create Proposal** from the top navigation and then select **New Proposal**

OR

- Click on **Create Proposal button** on the Create Proposal block on the landing page.

The screenshot displays the agent's dashboard interface. At the top, a navigation bar includes links for Home, **Create Proposal** (highlighted with an orange box), My Prospects, Dashboard, and Helpful Resources. Below this, a section titled **Individual & Family** contains a **New Proposal** button (also highlighted with an orange box). The main content area features a large **Welcome agentIBC One!** header. Two primary action cards are visible: **Create Proposal** and **Policy Maintenance**. The **Create Proposal** card is titled **Individual & Family Plans** and lists plan types: Off Marketplace Health, Non-Qualified Dental, and Vision. A **Create Proposal** button at the bottom of this card is highlighted with an orange box. The **Policy Maintenance** card includes a list of actions: Off Marketplace Plans, Qualified Dental Plans, and Change existing off Marketplace Health plan, with a **Look up Member** button below.

# Creating a Proposal cont'd

The applicant contact information displays. Fill out all demographic information of the prospect (and family members) to generate a proposal (quote).

Fill out all required fields and optional fields as needed for the primary subscriber for the prospect record to be created.

## Create New Proposal

### Applicant Contact Information

\* All fields are required unless otherwise stated.

First Name:	<input type="text"/>	
Last Name:	<input type="text"/>	
Primary Phone Number:	<input type="text"/>	<i>Optional</i>
Secondary Phone Number:	<input type="text"/>	<i>Optional</i>
Applicant Email:	<input type="text"/>	<i>Optional</i>

# Creating a Proposal cont'd

Complete the applicant(s) information at the bottom of the page. All fields are required.

- Coverage Type
- Gender
- Date of Birth and Zip Code
- Select the applicable option for tobacco usage in the Used Tobacco in the Past field

Click **Save and Continue** to proceed to the Review Proposal page.

## Applicant(s) Details

### Used Tobacco in the Past?

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?

Coverage Type  Individual  Family

Select	Relationship	First Name	Gender	Date of Birth	Zip Code	County	Used Tobacco in the Past?
<input checked="" type="checkbox"/>	Applicant	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="xxxxx"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>

Cancel

Save and Continue

# Review Proposal - Medical Plans

1. The Review Proposal page will display the available product icons for the product lines supported.

2. At the top, if **View Details** is selected, the quote information can be viewed and modified if needed.

3. If the agent has selected their favorite plans, they will display under Health Plans section. If not, no plans will be pre-selected for display.

4. Select the **Add Health Plans** button to go to the View/Add plans page and select favorites to be populated next time the agent logs in.

\*View/Add plans page will be discussed in detail in subsequent slides.

## Review Proposal for Jane Doe

Created On: 07/16/2020 | Last Modified On: 07/16/2020

Individuals Included: Jane [View details](#) **2**

[My Prospects](#)

### Select Plans Actions

**1**

Health Non-Qualified Dental Vision

### Health Plans **3**

Our health plans do not require medical underwriting and are available to any individual regardless of age. When you're ready to Apply, select the button below.

2020 Plans

**Add Health Plans** **4**

#### Total Premium

**\$0.00**  
(Proposed Amount)

[Apply Now](#)

[Cancel](#)

Want To Finish Later?

[Save Changes](#)

#### Individuals on this Proposal X

Name	Relationship	Gender	Date of Birth	Zip Code	County
Test	Applicant	Female	09/01/1999	18039	BUCKS

**Note:** Editing Demographic Information requires that you create a new proposal with the updated information. [Edit Demographic Information](#)

# View/Add Plans Page

All available plans will display on the **View/Add Plans** page in the **Select Plans** section. If Favorite plans have been selected previously, they will display at the top under My Favorite Plans.

This is where you will “shop” for plans. You can compare plans and see plan details from this page.

1. Click the plan name to view additional details such as plan benefits, and in-network benefits, along with links to the Summary of Benefits and Coverage documents. (see slide 9 for details.)

2. Click the Select box to select a plan.

3. At the bottom of the page, you can **Compare Plans** or **Update Proposal** to add the selected plans to the proposal.

\*You can compare up to 3 plans side by side.

## View / Add 2020 Health Plans

**My Favorite 2020 Plans** [Favorite plans help](#)

Haven't designated any favorites yet? Just decide which plans are your favorites and select the star next to each one. We'll save this information and present your favorites for easy selection the next time you visit.

### Select 2020 Plans

[Filters](#)

Favorite Plans	Select	Plan Name	CSR	Annual Deductible	Annual Maximum Out of Pocket	Metal Levels	Monthly Premium
<b>2</b>	<input type="checkbox"/>	Keystone HMO Bronze	01	\$7,400	\$7,400	Bronze	\$305.19
★	<input type="checkbox"/>	Keystone HMO Silver Proactive Value	01	Tier 1: \$1,500 Tier 2: \$6,000 Tier 3: \$6,000	Tier 1: \$1,500 Tier 2: \$6,000 Tier 3: \$6,000	Silver	\$364.31
★	<input type="checkbox"/>	Personal Choice EPO Bronze Basic	01	\$8,150	\$8,150	Bronze	\$366.64
★	<input type="checkbox"/>	Personal Choice EPO Bronze Basic	01	\$6,000	\$6,000	Bronze	\$309.70
★	<input type="checkbox"/>	Personal Choice PPO Gold	01	\$0	\$0	Gold	\$728.20
★	<input type="checkbox"/>	Keystone HMO Platinum	01	\$0	\$0	Platinum	\$877.59
★	<input type="checkbox"/>	Personal Choice EPO Platinum	01	\$0	\$0	Platinum	\$974.04

**1**

**3**

**Compare Plans**

Cancel **Update Proposal**

# View/Add Plans Page

**My Favorite Plans** – Click the star next to a plan name to add it to your favorites. This will allow these plans to display on the Review Proposal page the next time you sign in. SalesConnect will not default favorites for agents. You will have to select and save a list of favorite plans to display in this section. Deselecting the star will remove the plan from your Favorites.

The **Filters** link expands the search parameters if needed to include:

- Monthly Premium
- Deductible
- Metal Level
- Network
- Health Benefit Options

Use the **Monthly Premium or Deductible** sort arrows to search based on premium amount or deductible amount.

## View / Add 2020 Health Plans

### My Favorite 2020 Plans

[Favorite plans help](#)

<b>Favorite Plans</b>	Select	Plan Name	CSR	Annual Deductible	Annual Maximum Out of Pocket	Metal Levels	Monthly Premium
★	<input type="checkbox"/>	Keystone HMO Silver Proactive Select	01	Tier 1: \$0 Tier 2: \$6,000	Tier 1: \$0 Tier 2: \$6,000	Silver	\$310.00
★	<input type="checkbox"/>	Keystone HMO Silver	01	Tier 1: \$2,750	Tier 1: \$2,750	Silver	\$370.43
★	<input type="checkbox"/>	Personal Choice PPO Gold	01	Tier 1: \$0	Tier 1: \$0	Gold	\$542.51

### Select 2020 Plans

[Filters](#)

**Monthly Premium**  
\$ 227 - \$ 726

**Deductible**  
\$ 0 - \$ 0

**Metal Level**

- Catastrophic (1)
- Bronze (4)
- Silver (6)
- Gold (3)
- Platinum (2)

**Choose Your Network of Physicians & Hospitals**

- EPO(5)
- PPO(3)
- HMO(8)

**Health Benefit Options**

- Health Savings Account (2)
- Pediatric Dental (0)

Plan Name

<b>Favorite Plans</b>	Select	Plan Name	CSR	Annual Deductible	Annual Maximum Out of Pocket	Metal Levels	Monthly Premium
★	<input type="checkbox"/>	Keystone HMO Bronze	01	Tier 1: \$7,400	Tier 1: \$7,400	Bronze	\$227.37
★	<input type="checkbox"/>	Personal Choice EPO Catastrophic	01	Tier 1: \$8,150	Tier 1: \$8,150	Catastrophic	\$266.79
★	<input type="checkbox"/>	Keystone HMO Silver Proactive Value	01	Tier 1: \$1,500 Tier 2: \$6,000	Tier 1: \$1,500 Tier 2: \$6,000	Silver	\$271.42

# Plan Details Page

All of the plan's benefit details are listed on this page and can be viewed for In-Network benefit values.

From the **Plans Details** page, you can access:

- Summary of Benefits and Coverage
- Plan Overview
- Drug Formulary

**Back to Plans** – Routes the agent back to the View/Add plans page

[Back To Plans](#)  
[Print Plan Details](#)

## Keystone HMO Bronze

Bronze| HMO

**\$227.37** / mo.

### Additional Links

- [Summary of Benefits and Coverage](#)
- [Plan Overview](#)

**Benefits**

**In-Network**

Plan Benefits	
Annual Deductible	Tier 1: Medical Deductible: N/A Drug Deductible: N/A Combined Medical and Drug Deductible: Individual: \$7,400 / Family: \$7400 per person   \$14800 per group
Annual Out-of-Pocket Maximum	Tier 1: Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$8,150 / Family: \$8150 per person   \$16300 per group
Prescription Drugs	
Generic Drugs	Copay: Tier 1: \$15 Copay after deductible This plan has low cost generics, mandatory generics and a Preferred Pharmacy Network. See plan brochure.

List of Covered Drugs [View Details](#)

# Review Proposal

Once plans have been selected, you can return to the Review Proposal page. The selected plans will display under Health Plans.

- Up to three plans per product line can be added to a proposal.
1. Select a plan using the radio buttons on the left side of the chart.
  2. Plans can be removed by the Remove action on the right side of the chart.
  3. Plans can be replaced by the Add a Plan under the Actions Menu.

## Review Proposal for Test primary

Created On: 06/08/2020 | Last Modified On: 06/08/2020

Individuals Included: Test  
[View details](#)

[My Prospects](#)

### Select Plans Actions

Health

Non-Qualified Dental

Vision

### Health Plans 3 Actions

Our health plans do not require medical underwriting and are available to any individual regardless of age. When you're ready to Apply, select the button below.

2020 Plans

Plan Name	Metal Levels	Monthly Premium	Actions
<input checked="" type="radio"/> Keystone HMO Silver	Silver	\$370.4	<a href="#">Remove</a>
<input type="radio"/> Personal Choice PPO Gold	Gold	\$542.5	<a href="#">Remove</a>
<input checked="" type="radio"/> Keystone HMO Silver Proactive Select	Silver	\$310.0	<a href="#">Remove</a>
<input type="radio"/> None			

### Total Premium

**\$0.00**  
(Proposed Amount)

[Apply Now](#)

[Cancel](#)

Want To Finish Later?

[Save Changes](#)

# Review Proposal

The Actions menu for the **Select Plans** section provides the agent with the available proposal types.

\*We will go into detail on these in subsequent slides/job aids

## Review Proposal for Test primary

Created On: 06/08/2020 | Last Modified On: 06/08/2020

Individuals Included: Test  
[View details](#)

My Prospects

### Select Plans

Actions

- Health
- Non-Qualified Dental
- Vision

### Health Plans

Actions

Our health plans do not require medical underwriting and are available to any individual regardless of age. When you're ready to Apply, select the button below.

2020 Plans

Plan Name	Metal Levels	Monthly Premium	Actions
<input checked="" type="radio"/> Keystone HMO Silver	Silver	\$370.43	<a href="#">Remove</a>
<input type="radio"/> Personal Choice PPO Gold	Gold	\$542.51	<a href="#">Remove</a>
<input type="radio"/> Keystone HMO Silver Proactive Select	Silver	\$310.00	<a href="#">Remove</a>
<input type="radio"/> None			

Actions

- Email Live Proposal
- Email Proposal
- Print Proposal

Save Changes

# Review Proposal

The **Actions** menu for the Health Plans section allows the agent to view all plans available, add a plan, compare plans and see a premium breakdown for all plans selected for that product line on the proposal.

## Review Proposal for Test primary

Created On: 06/08/2020 | Last Modified On: 06/08/2020

Individuals Included: Test  
[View details](#)

[My Prospects](#)

### Select Plans ⚙️ Actions



Health



Non-Qualified Dental



Vision

### Total Premium

**\$0.00**  
(Proposed Amount)

[Apply Now](#)

[Cancel](#)

Want To Finish Later?

### Health Plans ⚙️ Actions

Our health plans do not require medical underwriting and are available to any individual regardless of whether you're ready to Apply, select the button below.

2020 Plans

Plan Name	Metal Levels	Monthly Premium	
<input type="radio"/> Keystone HMO Silver	Silver	\$370.43	<a href="#">Remove</a>
<input type="radio"/> Personal Choice PPO Gold	Gold		
<input type="radio"/> Keystone HMO Silver Proactive Select	Silver		
<input type="radio"/> None			

#### Premium Breakdown for Health Plans 2020

	Keystone HMO Silver	Personal Choice PPO Gold	Keystone HMO Silver Proactive Select
Premium/Plan per Applicant			
Test Applicant	\$370.43	\$542.51	\$310.00
<b>Total</b>	<b>\$370.43</b>	<b>\$542.51</b>	<b>\$310.00</b>

# Plan Compare Page

This page displays a side by side comparison of up to 3 plans.

Other capabilities from this page include:

- View Summary of Benefits
- View Plan Overview
- View Drug Formulary
- View Total Monthly Premium for each plan
- View Plan Details

**Update Proposal** – Routes the agent back to the Review Proposal page.

**View All Plans & Change Plan** – Routes the agent back to View/ Add Plans Page.

**Back to Proposal** – Routes the agent back to the main Review Proposal page.

## Compare 2020 Health plans

[Print Plan Compare](#)

[Back to Proposal](#) | [View All Plans](#)

	<b>Keystone HMO Silver Proactive Select</b>	<b>Keystone HMO Silver</b>	<b>Personal Choice PPO Gold</b>
Premium	<b>\$310.00</b> / mo.	<b>\$370.43</b> / mo.	<b>\$542.51</b> / mo.
<a href="#">Update Proposal</a>	<a href="#">Change Plan   Plan Details</a>	<a href="#">Change Plan   Plan Details</a>	<a href="#">Change Plan   Plan Details</a>

### Plan Benefits In-Network

	Keystone HMO Silver Proactive Select	Keystone HMO Silver	Personal Choice PPO Gold
Metal Level	Silver	Silver	Gold
Plan Overview	<a href="#">View Plan Overview</a>	<a href="#">View Plan Overview</a>	<a href="#">View Plan Overview</a>
Summary of Benefits and Coverage	<a href="#">View Summary of Benefits and Coverage</a>	<a href="#">View Summary of Benefits and Coverage</a>	<a href="#">View Summary of Benefits and Coverage</a>

### Plan Benefits

	Keystone HMO Silver Proactive Select	Keystone HMO Silver	Personal Choice PPO Gold
Annual Deductible	Tier 1: Medical Deductible: Individual: \$0 / Family: \$0 per person   \$0 per group	Tier 1: Medical Deductible: N/A Drug Deductible: N/A	Tier 1: Medical Deductible: Individual: \$0 / Family: \$0 per person   \$0 per group

# Print Plan Details

If the agent would like to send the plan details or plan comparison for one product line, they can utilize the **Print Plan** feature.

This will generate a print-friendly layout that the agent can send with the Consumer if they are not yet ready to apply for a plan.

Your Quote: 1 person(s) - 18039 - BUCKS COUNTY

### Compare 2020 Health Plans

	<b>Personal Choice PPO Bronze</b> \$332.34 / mo.	<b>Keystone HMO Silver</b> \$381.89 / mo.	<b>Keystone HMO Silver Proactive</b> \$382.35 / mo.
<b>Plan Benefits In-Network</b>			
Metal Level	Bronze	Silver	Silver
<b>Plan Benefits</b>			
Annual Deductible	Tier 1: Medical Deductible: N/A Drug Deductible: N/A Combined Medical and Drug Deductible: Individual: \$5,750 / Family: \$5750 per person   \$11500 per group	Tier 1: Medical Deductible: N/A Drug Deductible: N/A Combined Medical and Drug Deductible: Individual: \$2,750 / Family: \$2750 per person   \$5500 per group	Tier 1: Medical Deductible: Individual: \$0 / Family: \$0 per person   \$0 per group Drug Deductible: Individual: \$250 / Family: \$250 per person   \$500 per group Combined Medical and Drug Deductible: N/A  Tier 2: Medical Deductible: Individual: \$6,000 / Family: \$6000 per person   \$12000 per group Drug Deductible: Individual: \$250 / Family: \$250 per person   \$500 per group Combined Medical and Drug Deductible: N/A
Annual Out-of-Pocket Maximum	Tier 1: Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$8,150 / Family: \$8150 per person   \$16300 per group	Tier 1: Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$7,500 / Family: \$7500 per person   \$15000 per group	Tier 1: Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$8,150 / Family: \$8150 per person   \$16300 per group  Tier 2: Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$8,150 / Family: \$8150 per person   \$16300 per group

Benefits

**Personal Choice EPO Bronze Reserve**  
Bronze| EPO

**\$306.28** / mo.

In-Network	
<b>Plan Benefits</b>	
Annual Deductible	Tier 1: Medical Deductible: N/A Drug Deductible: N/A Combined Medical and Drug Deductible: Individual: \$6,900 / Family: \$6900 per person   \$13800 per group
Annual Out-of-Pocket Maximum	Tier 1: Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$6,900 / Family: \$6900 per person   \$13800 per group

Your Quote: 1 person(s) - 18039 - BUCKS COUNTY

### Health Plan Details

**Personal Choice EPO Bronze Reserve** Total Premium  
**\$306.28** / mo.

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**Benefits**

Plan Benefits	
Annual Deductible	Tier 1: Medical Deductible: N/A Drug Deductible: N/A Combined Medical and Drug Deductible: Individual: \$6,900 / Family: \$6900 per person   \$13800 per group
Annual Out-of-Pocket Maximum	Tier 1: Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$6,900 / Family: \$6900 per person   \$13800 per group

**Prescription Drugs**

Generic Drugs	This plan has mandatory generics and a Preferred Pharmacy Network. See plan brochure.  Coinsurance: Tier 1: No Charge after deductible
Preferred Brand Drugs	Coinsurance: Tier 1: No Charge after deductible
Non-Preferred Brand Drugs	Coinsurance: Tier 1: No Charge after deductible
Specialty Drugs	Coinsurance: Tier 1: No Charge after deductible
List of Covered Drugs	<a href="http://www.ibx.com/ffm/formulary4v">http://www.ibx.com/ffm/formulary4v</a>

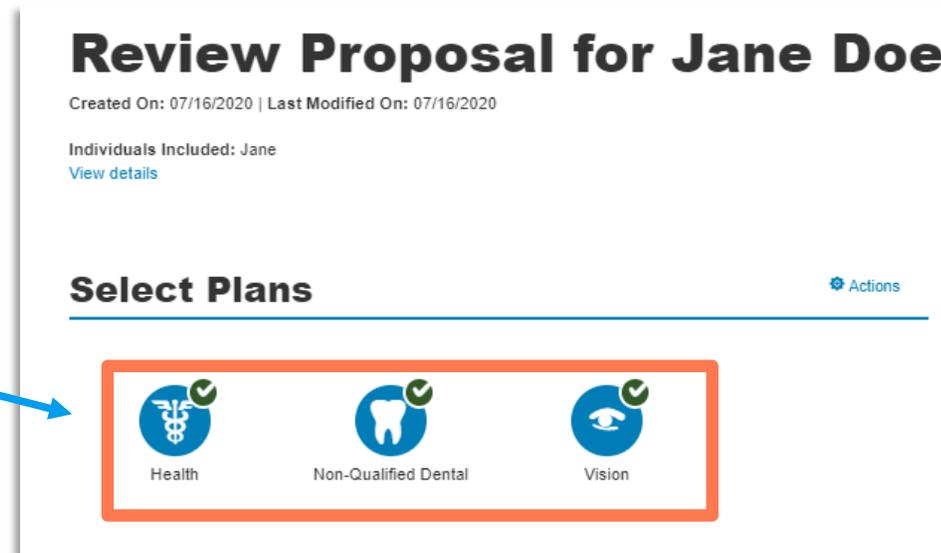
# Review Proposal – Dental and Vision

The Review Proposal page will display the available product icons for dental and vision as well as medical.

You can select and de-select the product line icons to view the different products. If all three are selected, you will be able to add health, dental and vision. If you de-select an icon, the option to add those plans will not be available.

The Add Dental and vision plans will appear below the health plans options.

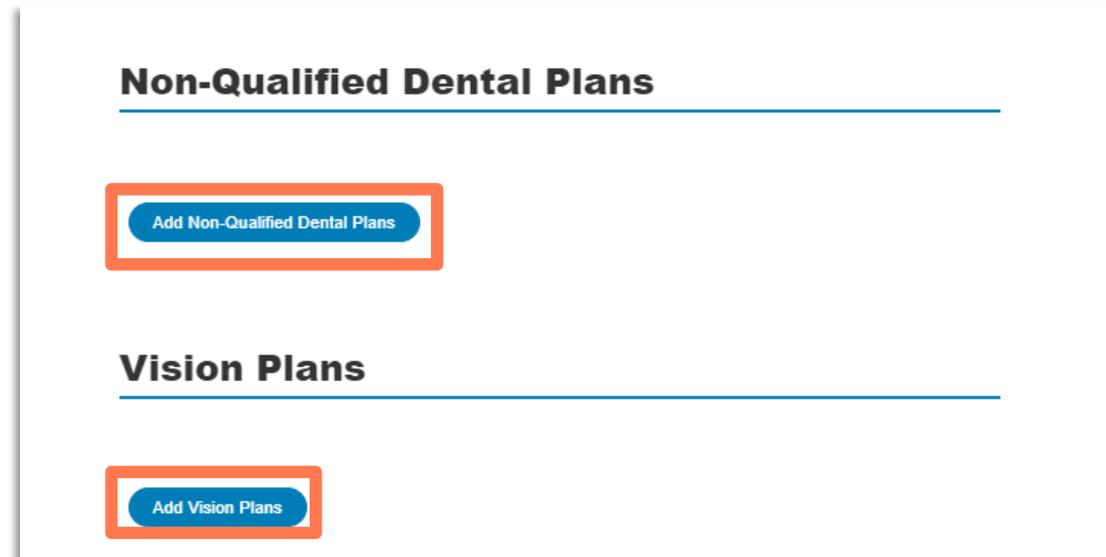
Select the **Add Non-Qualified Dental Plans/Add Vision Plans** button to go to the View/Add plans and selection of favorites to be populated next time the agent logs in.



**Review Proposal for Jane Doe**  
Created On: 07/16/2020 | Last Modified On: 07/16/2020  
Individuals Included: Jane  
[View details](#)

**Select Plans** ⚙️ Actions

Health Non-Qualified Dental Vision



**Non-Qualified Dental Plans**

Add Non-Qualified Dental Plans

**Vision Plans**

Add Vision Plans

# View/Add Plans Page – Dental/Vision

All available plans will display on the **View/Add Plans** page in the **Select Plans** section. If Favorite plans have been selected previously, they will display at the top under **My Favorite Plans**. You can add a plan as a favorite by clicking the star icon next to the plan name.

This page is where you will “shop” for plans. You can compare plans and see plan details from this page, same as with medical.

1. Click **the plan name** to view additional details such as plan benefits, and in-network benefits, along with links to the Summary of Benefits and Coverage documents.

2. Click the **Select box** to select a plan.

3. At the bottom of the page, you can **Compare Plans** or **Update Proposal** to add the selected plans to the proposal.

\*You can compare up to 3 plans side by side.

## View / Add 2020 Non-Qualified Dental Plans

**My Favorite 2020 Plans** [Favorite plans help](#)

Favorite Plans	Select	Plan Name	Monthly Premium
★	<input type="checkbox"/>	Adult Preferred Dental PPO	\$21.94

### Select 2020 Plans

Our non-qualified dental plans do not require underwriting and are available to adults age 19 or older. When you're ready to apply, select the button below.

Rates are based, in part, by your county of residence. The rate presented in the quoting process may differ when your complete physical address is given in our application and validated by United States Postal Service address verification.

Favorite Plans	Select	Plan Name	Monthly Premium
★	<input type="checkbox"/>	Adult Preferred Dental PPO	\$21.94
★	<input type="checkbox"/>	Adult Premier Dental PPO	\$39.27

[Compare Plans](#) [Cancel](#) [Update Proposal](#)

# Review Proposal – Dental and Vision

You will return to the Review Proposal page once plans have been selected and Update Proposal has been clicked.

The **Actions** menu for the Dental and Vision Plans section allows the agent to view all plans available, compare plans and see a premium breakdown for all plans selected for that product line on the proposal. Same as medical.

- Up to three plans per product line can be added to a proposal.
- Plans can be removed by the **Remove** action on the right side of the chart.
- Plans can be replaced by the **Add a Plan** under the **Actions** Menu.
- Select a plan using the radio buttons on the left side of the chart.
- Select **Apply Now** to begin the application process

**Select Plans** Actions

Health Non-Qualified Dental Vision

**Non-Qualified Dental Plans** Actions

Plan Name	Monthly Premium	Actions
<input type="radio"/> Adult Preferred Dental PPO	\$17.55	Remove
<input type="radio"/> Adult Premier Dental PPO	\$31.42	Remove
<input type="radio"/> None		

**Vision Plans** Actions

Plan Name	Monthly Premium	Actions
<input type="radio"/> Adult IBC Vision Care 100	\$13.21	Remove
<input type="radio"/> Adult IBC Vision Care 180	\$14.17	Remove
<input type="radio"/> None		

**Total Premium**  
\$0.00  
(Proposed Amount)  
Apply Now  
Cancel  
Want To Finish Later?  
e Changes

# Multi-Product Selection

Once you have viewed, compared and selected their plans to add to the proposal, you can return to the Review Proposal page and select up to one plan from each product line to proceed to the application process.

The **Total Premium** amount will automatically add to the premium as the products are selected to display the sum total.

The **Apply Now** button will take you to the Enrollment selection page to begin the application process, if a Health product is chosen. Or to the **Confirm Your Plan Selection** page if only ancillary products are chosen.

The **Save Changes** button will save the proposal to the **My Prospects** page to be retained until the Consumer is ready to apply.

## Review Proposal for Jane Doe

Created On: 07/16/2020 | Last Modified On: 07/16/2020

Individuals Included: Jane  
[View details](#)

[My Prospects](#)

### Select Plans [Actions](#)



Health



Non-Qualified Dental



Vision

### Total Premium

\$363.10

(Proposed Amount)

[Apply Now](#)

[Cancel](#)

Want To Finish Later?

[Save Changes](#)

### Health Plans [Actions](#)

Our health plans do not require medical underwriting and are available to any individual regardless of age. When you're ready to Apply, select the button below.

2020 Plans

Plan Name	Metal Levels	Monthly Premium	Actions
<input checked="" type="radio"/> Personal Choice PPO Bronze	Bronze	\$332.34	<a href="#">Remove</a>
<input type="radio"/> Keystone HMO Silver	Silver	\$381.85	<a href="#">Remove</a>
<input type="radio"/> Keystone HMO Silver Proactive	Silver	\$382.35	<a href="#">Remove</a>
<input type="radio"/> None			

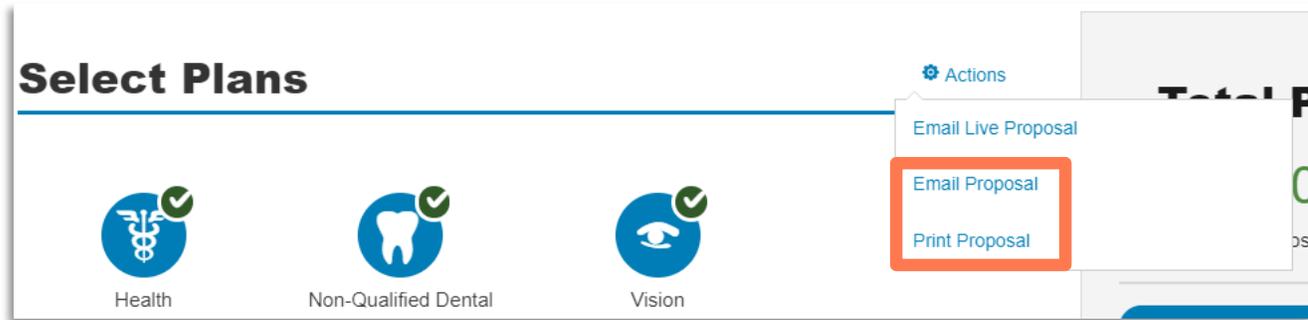
### Non-Qualified Dental Plans [Actions](#)

Plan Name	Monthly Premium	Actions
<input checked="" type="radio"/> Adult Preferred Dental PPO	\$17.55	<a href="#">Remove</a>
<input type="radio"/> Adult Premier Dental PPO	\$31.42	<a href="#">Remove</a>
<input type="radio"/> None		

### Vision Plans [Actions](#)

Plan Name	Monthly Premium	Actions
<input checked="" type="radio"/> Adult IBC Vision Care 100	\$13.21	<a href="#">Remove</a>
<input type="radio"/> Adult IBC Vision Care 180	\$14.17	<a href="#">Remove</a>
<input type="radio"/> None		

# Proposal Types – Print & Email



Once the proposal is compiled of all the plans per product line you would like to offer the consumer, you can select to send the proposal in various ways if the consumer is not ready to apply.

- 1. Email Proposal:** This will email the PDF of the Print Proposal to the Consumer. Once Selected the you can input the consumer's email address and any message in the email.
- 2. Print Proposal:** This will generate an comparison view of all the plans on the proposal and group them per product line. A PDF will be created that can be printed and given to the consumer to take with them for consideration.

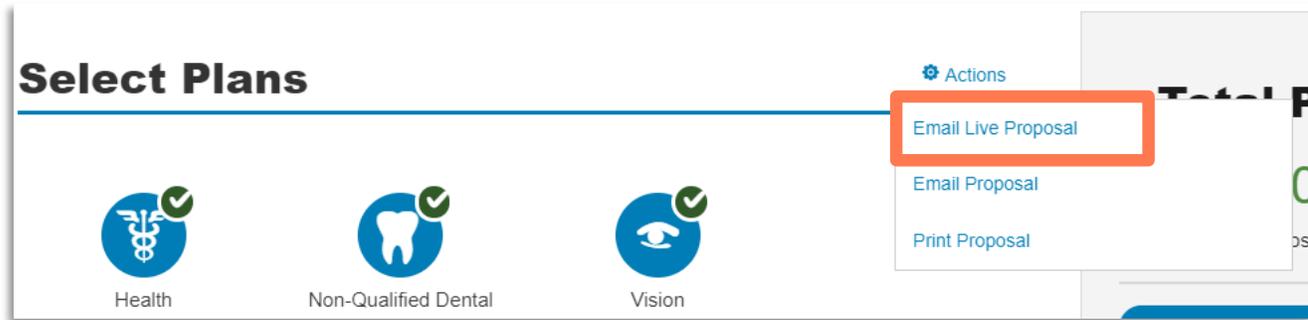
The screenshot shows the 'Recipient Information' form. It includes the following fields: 'Recipient Email' (highlighted with an orange box), 'CC' (Optional), 'Reply To' (pujitha.raya@bcbsfl.com), 'From' (noreply@bx.com), and 'Subject' (Independence Blue Cross Proposal). There is also a 'Add Your Remarks' section (highlighted with an orange box) and a 'Send Email' button (highlighted with an orange box). A 'Cancel' button is also visible.

## Health Details

Proposed Effective Date: **06/09/2020**

Eligible Applicant(s)	Keystone HMO Silver Proactive Select	Keystone HMO Silver	Personal Choice PPO Gold
Test	\$310.00	\$370.43	\$542.51
Total Monthly Premium	\$310.00	\$370.43	\$542.51

# Proposal Types – Email Live Proposal



The **Email Live Proposal** option allows you to send an email with a link directly to the proposal to the consumer to continue the process on their own to apply and enroll.

Enter the consumer's email address and send the proposal.

- The link is good for 45 days. Agent proposed plans are indicated with a light bulb icon. Additional plan options are listed below the agent proposed plans.

**Recipient Information**

\* All fields are required unless otherwise stated

Recipient Email:

CC:  Optional

Reply To:

From:

Subject:

Test\_email: Proposal.pdf

Add Your Remarks:

**Health Plans for 2020** Your Quote: 1 person(s)- 18940 - BUCKS

**Agent Proposed Plans** [View Other Products](#)

Your Agent has proposed the plans shown below, indicated with the lightbulb icon. To change the Plan List view, click [View/Edit Filters](#).

When it comes to your health, you need a plan that's right for you and your family. We have plans designed to fit a wide variety of budgets. Browse and compare our plans.

The health plans listed below do not qualify for Marketplace tax credits.

Proposed Plans [View/Edit Filters](#) [Select up to 3 plans to compare](#)

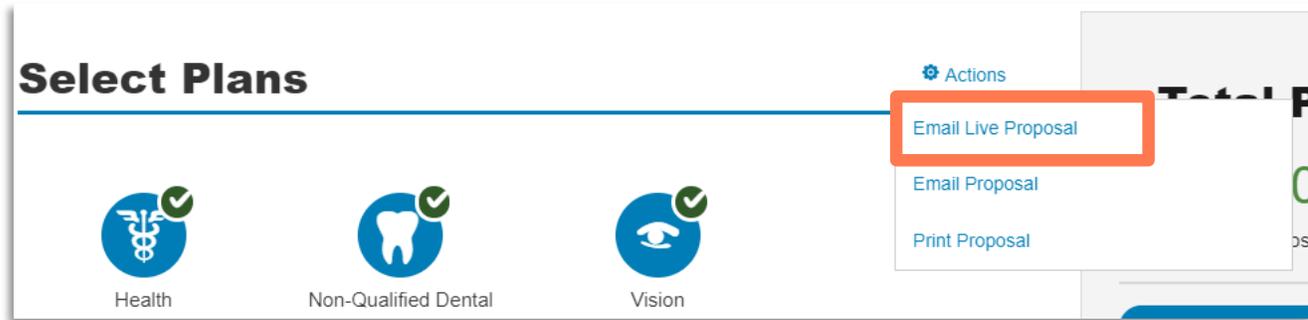
**Keystone HMO Silver Proactive Select** [View Details](#)

Total Premium: **\$416.11** /mo.

Select to Compare

Annual Deductibles	Out-of-Pocket Maximums	Primary Care Physician
Tier 1: Medical Deductible: Individual: \$0 / Family: \$0 per person   \$0 per group Drug Deductible: Individual: \$250 / Family: \$250 per person   \$500 per group Combined Medical and Drug Deductible: N/A	Tier 1: Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$8,100 / Family: \$8100 per person   \$16200 per group Tier 2: Medical Benefits: N/A	Copay: Tier 1: \$40 Tier 2: \$60 Tier 3: \$70 This plan has 3 in-network tiers. Your cost share will vary depending on the tier. See plan brochure.

# Proposal Types – Email Live Proposal



The **Email Live Proposal** option allows you to send an email with a link directly to the proposal to the consumer to continue the process on their own to apply and enroll.

Enter the consumer's email address and send the proposal.

- The link is good for 45 days. Agent proposed plans are indicated with a light bulb icon. Additional plan options are listed below the agent proposed plans.

The 'Recipient Information' form includes fields for Recipient Email, CC (Optional), Reply To (pujitha.raya@bcbsfl.com), From (noreply@bx.com), and Subject (Independence Blue Cross Proposal). There is a 'Test\_email: Proposal.pdf' link and a 'Add Your Remarks' text area. A 'Send Email' button is located at the bottom right, and a 'Cancel' button is at the bottom left.

The page displays 'Health Plans for 2020' with a quote for 1 person(s) - 18940 - BUCKS. Under 'Agent Proposed Plans', a plan with a lightbulb icon is highlighted in orange. The plan details for 'Keystone HMO Silver Proactive Select' are shown, including Annual Deductibles, Out-of-Pocket Maximums, and Primary Care Physician information. The total premium is \$416.11/mo. There is an 'Add to Cart' button and a 'Select to Compare' checkbox.

Annual Deductibles	Out-of-Pocket Maximums	Primary Care Physician
Tier 1: Medical Deductible: Individual: \$0 / Family: \$0 per person   \$0 per group Drug Deductible: Individual: \$250 / Family: \$250 per person   \$500 per group Combined Medical and Drug Deductible: N/A	Tier 1: Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$8,100 / Family: \$8100 per person   \$16200 per group Tier 2: Medical Benefits: N/A	Copay: Tier 1: \$40 Tier 2: \$60 Tier 3: \$70 This plan has 3 in-network tiers. Your cost share will vary depending on the tier. See plan brochure.

# Send Proposal

Once you have selected your proposal type and sent to the consumer, a confirmation page will display.

The proposal is now complete. You may return to your prospects page, or return to the homepage to start another task.

