

Retail Platform –Policy Maintenance

For Brokers and Agents.

Independence 

Job Aid Topics

- **Policy Maintenance Actions**
 - Remove Dependent
 - Cancel Policy
 - Manage Personal Details – policy holder, spouse, dependents
 - Demographic changes

***Adding a dependent or changing a plan are SEP actions and can only be done from the normal shopping flow as a NEW SALE. Refer to the Proposal and Apply job aids for how to shop and apply for a new plan.**

Policy Maintenance

Policy Maintenance can be preformed on any active polices for Health, Dental and Vision.

Click **LOOK UP MEMBER** under the Policy Maintenance option.

The screenshot shows the 'agentIBC One' dashboard. At the top, a grey header contains the text 'Welcome agentIBC One!'. Below this, there are three main sections. The top-left section is titled 'Create Proposal' and includes a sub-section for 'Individual & Family Plans' with a list of plan types and a 'Create Proposal' button. The top-right section is titled 'Policy Maintenance' and includes a description of the function, a list of applicable products, and a 'Look up Member' button. This 'Look up Member' button and its surrounding area are highlighted with an orange rectangular border. The bottom-left section is titled 'Tools' and contains a 'Dashboard' link with a right-pointing arrow.

Member Lookup

*Adding a dependent or changing a plan are SEP actions and can only be done from the normal shopping flow as a new sale. Refer to the Proposal and Apply job aids for how to shop and apply for a new plan.

Enter the Member Number and Date of Birth (SSN is optional) to look up the Primary Subscriber's information for the active policies.

Once the polices are listed, the agent can view:

- Member Number
- Policy Holder Name
- Effective Date
- Plan Name
- Coverage
- Number of Dependents

An actions menu is located next to each plan and when selected, actions available are:

- Manage Demographics
- Remove a Dependent
- Cancel the Policy

Member Lookup

Please enter the required fields below to search for a member. Then click "Manage" to update demographic information on the member's policy.

Service
 Agent Stub Agent Service Consumer Service

Member Number: SSN/ITIN Number (optional): Date of Birth:

3 Matching Result(s)

Member Number	Policy Holder	Effective Date	Plan Name	Coverage	Dependents	Actions
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	Non-Qualified Dental	11	<input type="button" value="Select"/> Manage Remove Dependent Cancel Policy
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	QHP	11	
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	Vision	11	

Remove Dependent

If the Consumer would like to remove dependents from their policy, select the **Remove Dependent** option from the action menu.

A pop-up window will appear.

- Select the dependent(s) to remove.
- Enter in the Removal Requested date.
 - Date must be at least 1 day in the future, but cannot exceed 60 days into the future or go past the plan expiration date.
- Select the Consumer Acknowledgement

Click **CONFIRM REMOVAL**.

Dependent Removal Request

Select the name of the dependent you wish to remove from this policy by checking the box by their name. Next, enter the date you wish the change to be effective.

	Name	Relationship
<input type="checkbox"/>	JACK BOYD	CHILD
<input type="checkbox"/>	PATRICK BOYD	SPOUSE
<input type="checkbox"/>	TARA BOYD	CHILD
<input type="checkbox"/>	BRIDGET BOYD	CHILD
<input type="checkbox"/>	PATRICK BOYD	CHILD
<input type="checkbox"/>	MARK BOYD	CHILD
<input type="checkbox"/>	ELIZABETH BOYD	CHILD
<input type="checkbox"/>	ERIN BOYD	CHILD
<input type="checkbox"/>	JOSEPH BOYD	CHILD
<input type="checkbox"/>	SHANNON BOYD	CHILD
<input type="checkbox"/>	MEGHAN BOYD	CHILD

Removal Date:

By checking this box, I agree the information provided is accurate and Independence Blue Cross may update policy records accordingly.

[Cancel Request](#) [Confirm Removal](#)

Member Lookup

Please enter the required fields below to search for a member. Then click "Manage" to update demographic information on the member's policy.

Service
 Agent Stub Agent Service Consumer Service

Member Number: SSN/ITIN Number (optional): Date of Birth: [Search](#)

3 Matching Result(s)

Member Number	Policy Holder	Effective Date	Plan Name	Coverage	Dependents	Actions
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	Non-Qualified Dental	10	Select
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	QHP	11	Select
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	Vision	11	Select

Dependent Removed Requested By 08/12/2020

Cancel Policy

If the Consumer would like to remove dependents from their policy, select the **Cancel Policy** option from the action menu.

A pop-up window will appear.

- Enter in the Cancellation date.
 - Date must be at least 1 day in the future, but cannot exceed 60 days into the future or go past the plan expiration date.
- Select the Consumer Acknowledgement

Click **CONFIRM CANCELLATION**.

Policy Cancellation Request

Are you sure you want to cancel your policy?
If you are sure that you want to cancel your entire policy, enter the date you want would like for this change to take effect and then hit the "Confirm Cancellation" button to return to your account.

Cancellation Date:

By checking this box, I agree the information provided is accurate and Independence Blue Cross may update policy records accordingly.

Member Lookup

Please enter the required fields below to search for a member. Then click "Manage" to update demographic information on the member's policy.

Service
 Agent Stub Agent Service Consumer Service

Member Number: SSN/ITIN Number (optional): Date of Birth:

3 Matching Result(s)

Member Number	Policy Holder	Effective Date	Plan Name	Coverage	Dependents	Actions
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	Non-Qualified Dental ▲	10	<input type="button" value="Select"/>
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	QHP ▲	11	<input type="button" value="Select"/>
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	Vision		<input type="button" value="Cancellation Requested By 08/01/2020"/>

Manage Personal Details

On the **Personal Details** page, provide the necessary information regarding the primary policy holder's demographics.

***Note:** Changes can be made to any editable field where necessary. Fields will be populated with the member data from their member account collected from their active policy.

***You must re-enter the member's SSN and reselect the marital status radio button.**

The progress menu on the left side of the page informs the agent the steps in completing the change form and can be revisited once completed.

The **Finish Later** button will route the agent back to the My Prospects page with the change record saved.

The **Cancel Application** button will route the agent back to the My Prospects page with the change form cancelled (this action cannot be undone).

Click SAVE AND CONTINUE.

Finish Later

1 Personal Information

2 Final Review

3 Complete

Cancel Application

Personal Details for ISAAC

Please edit all sections of this application truthfully and accurately.

Personal Details

First Name:

M.I.: (optional)

Last Name:

Suffix: (optional)

Date of Birth: (mm/dd/yyyy)

Gender:

Marital Status Married Single

Social Security Number/ITIN: - -

Individual Tax ID Number may only be used if you do not qualify for a Social Security Number)

Re-enter Social Security Number/ITIN: - -

Tobacco Use Designated and Declaration:

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?

Save and Continue

Manage Personal Details - Address

On the **Address** page, please provide the necessary information regarding primary policy holder's Home address.

*Note: Changes can be made to any editable field where necessary. Fields will be populated with the member data from their member account collected from their active policy.

- Address Verification services will check the address entered (if changed) and either suggest an alternate address if a partial match is found or allow for the agent to select to continue with the entered address if it is not able to be verified.

Click SAVE AND CONTINUE

The screenshot displays a web form titled "Address for ISAAC". On the left side, there is a vertical navigation menu with three steps: "1 Personal Information", "2 Final Review", and "3 Complete". Above this menu is a blue button labeled "Finish Later" and below it is a white button with a blue border labeled "Cancel Application". The main content area is titled "Home Address" and contains four input fields: "Street Address" (with the value "779 Whitmore St" and an information icon), "Apt/Suite" (with "(optional)" to its right), "City" (with "Lakewood" and a dropdown menu showing "Pennsylvania"), and "Zip Code" (with "08701" and a dropdown menu showing "OCEAN"). At the bottom of the form, there is a blue "Back" button on the left and a blue "Save and Continue" button on the right, which is highlighted with a red border.

Manage – Contact Details

On the **Contact Information** page, please provide the necessary information regarding primary policy holder's phone number, email address and communication preferences.

- You will need to re-enter the primary policy holder's Email Address to validate it's correct, and check one the Preferences boxes before proceeding.

Click SAVE AND CONTINUE.

[Finish Later](#)

1 Personal Information

2 Final Review

3 Complete

[Cancel Application](#)

Contact Information for LOUISE

Contact Details

By providing my cell phone number and/ or email address, I authorize Independence Blue Cross, its subsidiaries and affiliates (collectively "Independence"), to contact me via email, automated text and/or cell phone call. I understand that my consent is not a condition of any benefit or purchase and that I can opt out at any time. Message and data rates may apply.

Primary Phone Number (215) 968-5952 Select Type -

Secondary Phone Number (215) 968-5952 Select Type - (optional)

Your email address is required because you are updating your information online. We may email you about your changes. If you prefer not to provide an email you can call us at 1-888-475-6206 (TTY: 711).

Applicant Email Address: LWPBOYDS@MSN.COM

Re-enter Applicant Email Address:

Preferences

I prefer electronic communications.

By checking this box, you authorize Independence Blue Cross communicate with you electronically at the email address you provided above. This may include documents related to your application, enrollment, billing, benefits, health statements, legal documents and proxy statements. Most documents will be available through your online Member account. Note that not all documents are available electronically. You may still receive some documents in the mail.

You have the right to stop receiving documents electronically at any time. You may also request a free paper copy of any communication by calling us. Just log on to your online Member account or call us.

Some of the information we send to you may be Protected Health Information ("PHI") under the Health Insurance Portability and Accountability Act ("HIPAA"). By choosing electronic communication:

You allow us to send PHI to you electronically, including by email and text message.

You agree that you are solely responsible for the security of the email address and phone number you provide, the security of the computing device used to view the communication, and the risks of electronic communication.

You understand that you should keep your email address and cell number updated to receive timely information and prevent delivery of PHI to an unintended recipient.

You have provided a working and private email address and/or cell number.

You confirm that you have internet access, a current web browser, and can open PDF files using Adobe Acrobat Reader or its equivalent.

I prefer to receive SMS alerts and communications.

By providing my cell phone number and/ or email address, I authorize Independence Blue Cross, its subsidiaries and affiliates (collectively "Independence"), to contact me via email, automated text and/or cell phone call. I understand that my consent is not a condition of any benefit or purchase and that I can opt out at any time. Message and data rates may apply.

[Back](#) [Save and Continue](#)

Manage Personal Details – Spouse/Domestic Partner

On the **Personal Details for Spouse/Domestic Partner** page, please provide the necessary demographic and address information.

- If address is different than the primary policy holder, the Consumer can answer Yes and input their address information.
- Address Verification services will check the address entered and either suggest an alternate address if a partial match is found or allow for the agent to select to continue with the entered address if it is not able to be verified.

***Note:** Changes can be made to any editable field where necessary. Fields will be populated with the member data from their member account collected from their active policy.

Click SAVE AND CONTINUE.

[Finish Later](#)

Personal Details for PATRICK

Update personal details for spouse/domestic partner.

1 Personal Information

2 Final Review

3 Complete

[Cancel Application](#)

First Name:

M.I.: (optional)

Last Name:

Suffix: (optional)

Date of Birth: (mm/dd/yyyy)

Gender:

Social Security Number/TIN: - -

(Individual Tax ID Number may only be used if you do not qualify for a Social Security Number)

Re-enter Social Security Number/TIN: - -

Tobacco Use Designated and Declaration: ⓘ

When was the last time you used tobacco regularly?: (mm/dd/yyyy)

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?

Relationship to Policy Holder:

Address

Same address as Policy Holder? Yes No

[Back](#) [Save and Continue](#)

Manage Personal Details - Dependents

On the **Personal Details for Dependent** page, please provide the necessary demographic and address information.

- If address is different than the primary policy holder, the Consumer can answer Yes and input their address information.
- Address Verification services will check the address entered and either suggest an alternate address if a partial match is found or allow for the agent to select to continue with the entered address if it is not able to be verified.

*Note: Changes can be made to any editable field where necessary. Fields will be populated with the member data from their member account collected from their active policy.

Click SAVE AND CONTINUE.

[Finish Later](#)

Personal Details for JACK

Update personal details for dependent.

1 Personal Information

2 Final Review

3 Complete

[Cancel Application](#)

First Name:

M.I.: (optional)

Last Name:

Suffix: (optional)

Date of Birth: (mm/dd/yyyy)

Gender:

Social Security Number/TIN: - -

(Individual Tax ID Number may only be used if you do not qualify for a Social Security Number)

Re-enter Social Security Number/TIN: - -

Tobacco Use Designated and Declaration: ⓘ

When was the last time you used tobacco regularly?: (mm/dd/yyyy)

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?

Relationship to Policy Holder:

Address

Same address as Policy Holder? Yes No

[Back](#) [Save and Continue](#)

Consumer Acknowledgements

Explain the **Consumer Acknowledgments** page to the primary policy holder.

Ask the applicant to review the **Acknowledgements section** and acknowledge the information is displayed.

Only the primary policy holder is required to acknowledge the changes made to the policy:

- Check the acknowledgment checkbox

Click **CONTINUE**.

Finish Later

✓ Personal Information

2 Final Review

3 Complete

Cancel Application

Signature

Policy Information [View/Print Changes \(PDF\)](#)

Existing Effective Date of Coverage: 01/01/2020
Primary Phone Number: (215) 778-2748
Secondary Phone Number: (215) 778-2795
Email Address: me@me.com
County: PHILADELPHIA
Home Address: 4414 Germantown Ave , Philadelphia, PA 19140

Please review the following Terms and Conditions and select 'Agree' to continue. Please note that all functions of this site are based on Eastern Time.

Acknowledgements

By checking this box, I agree the information provided is accurate and Independence Blue Cross may update policy records accordingly.

Back **Continue**

Review Changes

On the **Final Review** page, you can review all of the demographic change Information and **View/Print Changes PDF** for the consumer.

Click **SUBMIT CHANGES**

Policy Holder Details - MAJEEDAH ABDUR-RASHID

First Name : MAJEEDAH
Last Name : ABDUR-RASHID
Social Security Number/ITIN : 123-12-1234
Date of Birth : 02/01/1955
Gender : Female
Tobacco Use Designated and Declaration : Never
Marital Status : Married

Address Information - MAJEEDAH ABDUR-RASHID

Home Address

Street Address : 4414 Germantown Ave
City : Philadelphia
State : PA
Zip Code : 19140
County : PHILADELPHIA

Contact Information

By providing my cell phone number and/ or email address, I authorize Independence Blue Cross, its subsidiaries and affiliates (collectively "Independence"), to contact me via email, automated text and/or cell phone call. I understand that my consent is not a condition of any benefit or purchase and that I can opt out at any time. Message and data rates may apply.

Primary Phone Number (215) 778-2748 (Home)
Secondary Phone Number (215) 778-2795 (Mobile)

Policy Information

Existing Effective Date of Coverage: 01/01/2020

Primary Phone Number:(215) 778-2748 (Home)
Secondary Phone Number:(215) 778-2795 (Mobile)
Email Address: me@me.com
County: PHILADELPHIA
Home Address: 4414 Germantown Ave,Philadelphia,PA,19140

64679-1007

Requested Changes

Demographic Changes

Finish Later

1 Personal Information

2 Final Review

3 Complete

Cancel Application

Final Review

Policy Information

To review your information, click View/Print Changes (PDF). If you need to make changes, click on the links below to edit a previous section.

Existing Effective Date of Coverage: 01/01/2020
Primary Phone Number: (215) 778-2748
Secondary Phone Number: (215) 778-2795
Email Address: me@me.com
County: PHILADELPHIA
Home Address: 4414 Germantown Ave , Philadelphia, PA 19140

[View/Print Changes \(PDF\)](#)

Policy Members

Name	Relationship	Gender	Smoker	Changes Requested
MAJEEDAH ABDUR-RASHID	Self	Female	Never	N/A

Agent/Agency Information

Agent: agentIBC One
Agent Phone:
Agent Email: pujitha.raya@bcbsfl.com

Agency: GuideWell Connect
Agency Phone:
Agency Email:

Back

Submit Changes

Policy Change Confirmation

Before the changes are submitted, a pop-up window will appear for the agent to confirm the changes before proceeding.

Click **CANCEL** to return to the manage flow and the change form can be saved for later or cancelled.

Click **CONFIRM CHANGES** to proceed to the confirmation page.

Final Review

Policy Change Confirmation

Please confirm your changes
You have made changes to your policy. If you are sure you want to do this, please hit the Confirm Changes button. If you need to go back and edit or want to cancel your changes, hit the Cancel button.

County: PHILADELPHIA
Home Address: 4414 Germantown Ave, Philadelphia, PA 19140

