

2023

INDIVIDUAL UNDER 65 UPDATES

AGENT RESOURCE GUIDE

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Overview of 2023 Individual, Under 65 Plan Changes and Updates

Blue Cross and Blue Shield of North Carolina's (Blue Cross NC) individual, under-65 (U65) market strategy focuses on increasing market competitiveness by providing new, more affordable plan offerings and simplifying the member experience.

We continue to take steps to lower costs and offer more affordable options statewide to benefit both our members and agents.

Despite increasing competition, we remain the only North Carolina-based carrier to offer products On and Off Marketplace in all 100 counties. Please refer to the 2023 U65 Sales Agent Placemat for a full list of the 2023 Under 65 Product Portfolio, along with the 2023 Sales Area Map.

This guide will detail the changes to Blue Cross NC's individual, under-65 plans for 2023 and give an overview of what agents can expect for their Blue Cross NC members and prospective shoppers during the 2023 Open Enrollment Period (OEP).



2023 Individual ACA Product Portfolio

Our 2023 product portfolio strategy focuses on offering low-cost products and plans both On and Off Marketplace. The products offered in 2023 are listed below. All plans are available on all products.

2023 Product Names	Metallic Levels Available for 2023
<ul style="list-style-type: none"> Blue Advantage[®] 	2 Gold plans
<ul style="list-style-type: none"> Blue ValueSM Blue HomeSM with Novant Health 	6 Silver On & Off Marketplace plans and 1 Silver Off Marketplace only plan
<ul style="list-style-type: none"> Blue HomeSM with UNC Health Alliance 	5 Bronze plans
<ul style="list-style-type: none"> Blue LocalSM with Atrium Health Blue LocalSM with Wake Forest Baptist Health 	1 Catastrophic plan

Comparison of Deductibles for Core Plans and Cost Share Reduction (CSR) Variants for the Silver Core Plans

Blue Cross NC made an effort to lower the out-of-pocket medical costs most important to members, with a focus on deductibles. The CMS AV calculator changed for 2023, but we were still able to lower deductibles on most plans because the AV ranges have changed within each metal level.

	2023 Core Plans							
	Gold	Silver						Bronze
		Simple	Total	Choice	Secure	Preferred	Access (Off MP)	
Ded	\$1800	Zero	\$3500	\$4000	\$1900	\$3100	\$2300	\$7000

CSR Level	2023 Silver Plans (On Marketplace Only)					
	Preferred 3100	Standard 5800	Secure 1900	Choice 4000	Total 3500	Simple 0
Ded (73%)	\$2500	\$5700	\$1500	\$3700	\$3400	Zero
Ded (87%)	\$300	\$800	\$75	\$700	\$675	Zero
Ded (94%)	Zero	Zero	Zero	Zero	Zero	Zero

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What’s New for 2023: Plans and Products

2023 Plan and Product Changes: Highlights

All collateral will be updated to reflect the 2023 portfolio changes listed below.

Type of Change	2023 Update
Naming convention changed for most plans	Plan name changes to improve marketability On and Off Marketplace and to promote key benefits within each plan
Product Change	Point of Service (POS) Products System-Specific Products will be converted to Exclusive Provider Organization (EPO) Products
Product Discontinuance	The following POS products will be discontinued and replaced with EPO products <ul style="list-style-type: none"> • Blue Home with UNC Health Alliance • Blue Home with Novant Health • Blue Local with Atrium Health • Blue Local with Wake Forest Baptist Health
Formulary Change (Transitional PPO members only)	Transitional (TR) PPO members will be moved from the Enhanced formulary (4 tiers) to the Essential formulary (5 tiers)

Exclusive Provider Organization (EPO)

- New legislation allows for EPO products in North Carolina.
- EPO is a product type with curated networks built around health systems that have **no out-of-network coverage**, except for urgent and emergent services.
- EPOs allow for cost containment with more steerage to in-network providers and by limiting out-of-network coverage to only urgent and emergent services.
- Rather than restricting benefits, EPOs deliver cost-savings by limiting in-network coverage to an exclusive provider.
- The product name, network and service areas will remain the same.
- Helps improve affordability.
- **For 2023, Blue Cross NC has converted our Blue Local and Blue Home Point of Service products to Exclusive Provider Organization (EPO) products to improve affordability.**

New Plan Names for 2023

To improve marketability on the Marketplace and promote key benefits within each plan, we have changed our marketing plan names. Since there will now be 7 Silver plans in 2023, based on your feedback we've added a keyword to the Silver plan names to distinguish each plan type

Silver Plan Type	Plan Name Key Identifier
New Lowest Integrated Silver 3100	Preferred
Old Low Silver 4000	Choice
Low PCP/Low Deductible Silver 1900	Secure
Silver \$0 Deductible	Simple
High Silver 3500	Total
Off Exchange Only Silver	Access
CMS Standardized Plan	Standard

Network Identifiers

We've also added new network identifiers for broad and limited networks

- Blue Advantage = Nationwide Doctors
- Blue Value = Statewide Doctors
- System-specific products continue to include system name (e.g., with Atrium Health)

New Plan Naming Convention

New Plan Name = Product + Metal Level + Deductible | Key Benefits | Network Identifier

Plan Type	2023 Plan Names
Gold	Gold 1800 3 Free PCP \$10 Tier 1 Rx Nationwide Doctors
“High” Silver	Silver Total 3500 3 Free PCP \$15 Tier 1 Rx Nationwide Doctors
Zero Medical Deductible Silver	Silver Simple \$0 Deductible 3 Free PCP with Atrium Health
Low PCP & Low Deductible Silver	Silver Secure 1900 \$15 PCP \$15 Tier 1 Rx with Novant Health
“Low” Silver	Silver Choice 4000 3 Free PCP \$15 Tier 1 Rx with UNC Health Alliance
Integrated Deductible Silver	Silver Preferred 3100 3 Free PCP \$10 Tier 1 Rx Integrated with Wake Forest Baptist Health
Off Marketplace Only Silver	Silver Access 2300 3 Free PCP \$15 Tier 1 Rx with Novant Health
Bronze Copay	Bronze 5500 \$60 PCP \$20 Tier 1 Rx Statewide Doctors
Bronze HSA	Bronze 7500 HSA Eligible Integrated Statewide Doctors
Bronze Copay with 3 Free PCP	Bronze 7000 3 Free PCP \$20 Tier 1 Rx Integrated Statewide Doctors
Bronze D&C	Bronze 9100 Integrated Statewide Doctors
Catastrophic	Catastrophic 9100 3 PCP \$35 Integrated Statewide Doctors
AI/AN	\$0 Nationwide Doctors (AI/AN)

Product Changes

CHANGE	DETAILS	MAPPING STRATEGY
<p>Point of Service (POS) Product Discontinuance</p>	<p>The following POS products will be discontinued and replaced with EPO products</p> <ul style="list-style-type: none"> • Blue Home with UNC Health Alliance • Blue Home with Novant Health • Blue Local with Atrium Health • Blue Local with Wake Forest Baptist Health <p>Members on these products have received a discontinuance notice informing them that they are being mapped to a new product type and that their OON benefits are changing.</p> <p>Medical Authorizations:</p> <p>If the authorization on the POS product was to an in-network provider, that authorization will be split and transferred to the new EPO product.</p> <p>If the authorization on the POS product was to an out-of-network provider, that authorization will be end dated as of 12/31/22, and these providers will be able to file an out-of-network exception.</p>	<p>Members will be mapped to their equivalent plan on the same applicable EPO product that is replacing the POS product.</p> <p>Approval of Medical Auth transfers is dependent upon the member’s home address and the driving distance to the nearest in-network service along with wait times. We follow the network exception process filed with the North Carolina Department of Insurance.</p> <p>Pharmacy authorizations will transfer over to the new plan since the subscriber ID and formulary remains the same.</p>
<p>Map Blue Local Atrium to Blue Value in Gastonia</p> <p>~3350 members on Blue Local Atrium in Gastonia region – 3100 on exchange, 250 off exchange)</p>	<p>With the discontinuance of Blue Local Atrium (POS) in the Gastonia region, we are required to map impacted members to Blue Value (POS) in this region. Since a POS product still exists in this region, we are required to map to the POS product (Blue Value) instead of the EPO product (Blue Local Atrium), due to CMS mapping hierarchy rules, which require issuers to map like-product (POS) to like-product (POS), if a like-product exists.</p>	<p>Members will be mapped from Blue Local Atrium to Blue Value</p>

<p>Standardized Plans</p>	<p>CMS is requiring all carriers to offer a Standardized Plan of their design for 2023.</p> <p>These standard plans will be offered on every product except the Blue Advantage off-Marketplace only plan.</p> <ul style="list-style-type: none"> • Benefits include cost sharing parity between PCP, speech therapy, occupational/physical therapy. • Copays are in place for all Rx tiers on standardized plans, including the brand and specialty tiers instead of coinsurance. • There are also copays for mental health/substance use INN outpatient office visit that are equal to the copays for INN medical/surgical outpatient office visit. 	<p>No mapping. These are new plans and will include “standard” in the marketing plan name. They will only be offered on Marketplace.</p>
<p>Changing ER cost share from copay to deductible & coinsurance</p>	<p>Change ER Copay to Deductible and Coinsurance on the following plans:</p> <ul style="list-style-type: none"> • Silver \$0 Deductible Plan & CSR variants • Silver Off Exchange Only Plan • Bronze Integrated Deductible Plan 	<ul style="list-style-type: none"> • We’re making this benefit change in response to surprise billing regulations. • Previously when a patient was admitted through the ER, the ER copay was waived because the inpatient benefits applied. • Per surprise billing regulations, all emergent services are covered under the ER cost share until the patient is considered stable by the rendering physician. •
<p>Discontinuing IHC Supplemental Insurance Products effective January 1, 2023</p>	<p>We are discontinuing the ability to purchase any of the IHC suite of supplemental insurance products and discount programs for individuals and families starting January 1, 2023. These products include: Connect STM, Independence Hospital Insurance, Hospital Indemnity Insurance, Accident and Critical Illness, along with the IHC Health Discount Program.</p>	<ul style="list-style-type: none"> • Existing and new customers through December 31, 2022 effective dates are not impacted and will continue to receive customer service through IHC/The Loomis Co through the term of their policy.

<p>Monthly SEP for consumers – less than 150% FPL</p>	<p>A new monthly SEP for new and existing consumers with a household income below 150% of the federal poverty level (FPL) who are eligible for advance payments of the premium tax credit (APTC)</p>	<ul style="list-style-type: none"> • The SEP was finalized in the 2022 Payment Notice Part 3 final rule from the CMS and will be available to consumers on Healthcare.gov from March 18 –December 31. • Coverage begins the 1st of the next month following plan selection, per SEP effective date rules. • This allows these individuals to change issuers and/or plans monthly, if desired.
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Formulary Change for Transitional PPO Members

In 2023, drugs will be categorized into 5 different Tiers, however there will only be 4 Tiers based on cost share. As a result, some drugs will change tiers, but how much the member pays for the tiers will remain the same. **Some drugs will no longer be covered.** Examples of prescription drugs that may not be covered: Ambien, Keppra XR, and Vitamin D.

This will impact ~14,000 members.

- Cost shares for Tiers 1 and 2 on Essential will be the same as Tier 1 generics on Enhanced
- Tier 3 cost share on Essential will be the same as Tier 2 on Enhanced
- Tier 4 cost share on Essential will be the same as Tier 3 on Enhanced
- Tier 5 cost share on Essential will be the same as Tier 4 on Enhanced

Note:

- The change only impacts Transitional PPO (Blue Advantage and Blue Options) members, because Transitional POS (Blue Value) members are already on Essential.
- Members on these impacted drugs will have to go through Blue Cross NC’s Utilization Management (UM) process (try multiple generic alternatives first) to get approval.
- Weight loss drugs will be added back to the formulary, but they will continue to be covered for Transitional members only.
- With this change, for the Blue Advantage Saver plans, the Tier 2 cost share is changing from 100% coinsurance to \$10 copay.
- This change is being made in order to maintain the Transitional risk pool.

Summary of Benefits for 2023

Level	Plan Design	PCP	Specialist	ER	Coinsurance	Deductible	OOP Max
Gold	Gold 1800 3 Free PCP \$10 Tier 1 Rx	3x \$0, then \$10	\$40	Ded then 30%	30%	\$1,800	\$9,100
	Gold Standard 2000	\$30	\$60	Ded then 25%	25%	\$2,000	\$8,700
Silver	Silver Access 2300 3 Free PCP \$15 Tier Rx	3x \$0, then \$25	\$150	Ded then 50%	50%	\$2,300	\$9,100
	Silver Preferred 3100 3 Free PCP \$10 Tier 1 Rx Integrated	3x \$0, then \$60	\$120	Ded then 40%	40%	\$3,800	\$8,700
	Silver Preferred 2500 3 Free PCP \$10 Tier 1 Rx Integrated (CSR 73%)	3x \$0, then \$50	\$100	Ded then 50%	50%	\$2,500	\$9,100
	Silver Preferred 300 3 Free PCP \$5 Tier 1 Rx Integrated (CSR 87%)	3x \$0, then \$10	\$50	Ded then 40%	50%	\$300	\$3000
	Silver Preferred \$0 Deductible \$0 PCP \$0 Tier Rx Integrated (CSR 94%)	\$0	\$20	30%	30%	\$0	\$1,100
	Silver Standard 5800	\$40	\$40	Ded then 40%	40%	\$5,800	\$8,900
	Silver Standard 5700 (CSR 73%)	\$30	40%	Ded then 40%	40%	\$5,700	\$7,200
	Silver Standard 800 (CSR 87%)	\$20	30%	Ded then 40%	40%	\$800	\$3,000
	Silver Standard \$0 (CSR 94%)	\$0	25%	Ded then 30%	25%	\$0	\$1,700
	Silver Secure 1900 \$15 PCP \$15 Tier 1 Rx	\$15	\$150	Ded then 50%	50%	\$1,900	\$9,100
	Silver Secure 1500 \$10 PCP \$15 Tier 1 Rx (CSR 73%)	\$10	\$100	Ded then 50%	50%	\$1,500	\$7,250
	Silver Secure 75 \$10 PCP \$15 Tier 1 Rx (CSR 87%)	\$10	\$20	Ded then 50%	50%	\$75	\$3,000
	Silver Secure \$0 Deductible \$0 PCP & Specialist \$0 Tier 1 Rx (CSR 94%)	\$0	\$0	50%	50%	\$0	\$1,000
	Silver Choice 4000 3 Free PCP \$15 Tier 1 Rx	3x \$0, then \$50	\$100	Ded then 50%	50%	\$4,000	\$9,100
	Silver Choice 3700 3 Free PCP \$15 Tier 1 Rx (CSR 73%)	3x \$0, then \$30	\$90	Ded then 50%	50%	\$3,700	\$7,250
	Silver 3800 + 3 Free PCP-1 (CSR 73%)	3x \$0, then \$10	\$30	Ded then 40%	40%	\$700	\$3,000
	Silver 700 + 3 Free PCP-2 (CSR 87%)	3x \$0, then \$4	\$25	40%	40%	\$0	\$975
	Silver Total 3500 3 Free PCP \$15 Tier 1 Rx	3x \$0, then \$25	\$80	Ded then 50%	50%	\$3,500	\$9,100
Silver Total 3400 3 Free PCP \$15 Tier 1 Rx (CSR 73%)	3x \$0, then \$25	50%	50%	50%	\$3,400	\$7,250	
Silver Total 675 3 Free PCP \$4 Tier 1 Rx (CSR 87%)	3x \$0, then \$10	50%	50%	40%	\$675	\$3,000	

	Silver Total \$0 Deductible \$0 PCP \$4 Tier 1 Rx (CSR 94%)	3x \$0, then \$5	40%	40%	40%	\$0	\$1,100
	Silver Simple \$0 Deductible 3 Free PCP	3x \$0, then \$75	\$150	50%	50%	\$0	\$9,100
	Silver Simple \$0 Deductible 3 Free PCP (CSR 73%)	3x \$0, then \$25	\$150	50%	50%	\$0	\$7,250
	Silver Simple \$0 Deductible 3 Free PCP (CSR 87%)	3x \$0, then \$10	\$40	50%	50%	\$0	\$3,000
	Silver Simple \$0 Deductible 3 Free PCP (CSR 94%)	3x \$0, then \$5	\$15	40%	40%	\$0	\$1,000
Bronze	Bronze 7000 3 Free PCP \$20 Tier Rx Integrated	3x \$0, then \$100	\$150	Ded then 50%	50%	\$7,000	\$9,100
	Bronze Standard 7500	\$50	\$100	Ded then 50%	50%	\$7,500	\$9,000
	Bronze 9100 Integrated	Ded then 0%	Ded then 0%	Ded then 0%	0%	\$9,100	\$9,100
	Bronze 7500 HAS Eligible Integrated	Ded then 0%	Ded then 0%	Ded then 0%	0%	\$7,500	\$7,500
	Bronze 5500 \$60 PCP \$20 Tier Rx	\$60	\$120	Ded then 50%	50%	\$5,500	\$9,100
	Catastrophic 9100 3 PCP \$35 Integrated	3 x \$35	Ded then 0%	Ded then 0%	0%	\$9,100	\$9,100

Prescription Drug Benefit Changes

Level	Plan Design	Rx Deductible	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Gold	Gold 1800 3 Free PCP \$10 Tier 1 Rx	\$0	\$15	\$15	\$30	\$60	\$250	\$250
	Gold Standard 2000	\$450	\$10	Ded then \$25	Ded then \$40	Ded then \$80	Ded then 50%	Ded then 50%
Silver	Silver Access 2300 3 Free PCP \$15 Tier Rx	\$500	\$15	Ded then \$25	Ded then \$60	Ded then \$120	Ded then 50%	Ded then 50%
	Silver Preferred 3100 3 Free PCP \$10 Tier 1 Rx Integrated	Integrated	\$10	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%
	Silver Preferred 2500 3 Free PCP \$10 Tier 1 Rx Integrated (CSR 73%)	Integrated	\$10	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%
	Silver Preferred 300 3 Free PCP \$5 Tier 1 Rx Integrated (CSR 87%)	Integrated	\$5	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%
	Silver Preferred \$0 Deductible \$0 PCP \$0 Tier Rx Integrated (CSR 94%)	Integrated	\$0	50%	50%	50%	50%	50%
	Silver Standard 5800	Integrated	\$20	\$20	\$40	Ded then \$80	Ded then \$350	Ded then \$350
	Silver Standard 5700 (CSR 73%)	Integrated	\$20	\$20	\$40	Ded then \$80	Ded then \$350	Ded then \$350
	Silver Standard 800 (CSR 87%)	Integrated	\$10	\$10	\$20	Ded then \$60	Ded then \$250	Ded then \$250
	Silver Standard \$0 (CSR 94%)	\$0	\$0	\$0	\$15	\$50	\$150	\$150
	Silver Secure 1900 \$15 PCP \$15 Tier 1 Rx	\$1,900	\$15	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%
	Silver Secure 1500 \$10 PCP \$15 Tier 1 Rx (CSR 73%)	\$1,500	\$15	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%
	Silver Secure 75 \$10 PCP \$15 Tier 1 Rx (CSR 87%)	\$75	\$10	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%
	Silver Secure \$0 Deductible \$0 PCP & Specialist \$0 Tier 1 Rx (CSR 94%)	\$0	\$0	50%	50%	50%	50%	50%
	Silver Choice 4000 3 Free PCP \$15 Tier 1 Rx	\$500	\$15	Ded then \$30	Ded then \$40	Ded then \$80	Ded then 50%	Ded then 50%
	Silver Choice 3700 3 Free PCP \$15 Tier 1 Rx (CSR 73%)	\$500	\$15	Ded then \$30	Ded then \$40	Ded then \$80	Ded then 50%	Ded then 50%
	Silver 3800 + 3 Free PCP-1 (CSR 73%)	\$120	\$10	Ded then \$15	Ded then \$20	Ded then \$80	Ded then 50%	Ded then 50%
Silver 700 + 3 Free PCP-2 (CSR 87%)	\$0	\$4	\$15	\$20	\$80	50%	50%	
Silver Total 3500 3 Free PCP \$15 Tier 1 Rx	\$450	\$15	Ded then \$25	Ded then \$40	Ded then \$80	Ded then 50%	Ded then 50%	

	Silver Total 3400 3 Free PCP \$15 Tier 1 Rx (CSR 73%)	\$450	\$15	Ded then \$25	Ded then \$40	Ded then \$80	Ded then 50%	Ded then 50%
	Silver Total 675 3 Free PCP \$4 Tier 1 Rx (CSR 87%)	\$0	\$4	\$10	\$20	\$80	50%	50%
	Silver Total \$0 Deductible \$0 PCP \$4 Tier 1 Rx (CSR 94%)	\$0	\$4	\$10	\$20	\$80	50%	50%
	Silver Simple \$0 Deductible 3 Free PCP	\$1,300	\$15	Ded then \$50	Ded then \$250	Ded then \$400	Ded then 50%	Ded then 50%
	Silver Simple \$0 Deductible 3 Free PCP (CSR 73%)	\$1,300	\$15	Ded then \$50	Ded then \$250	Ded then \$350	Ded then 50%	Ded then 50%
	Silver Simple \$0 Deductible 3 Free PCP (CSR 87%)	\$240	\$10	Ded then \$20	Ded then \$40	Ded then \$80	Ded then 50%	Ded then 50%
	Silver Simple \$0 Deductible 3 Free PCP (CSR 94%)	\$0	\$5	\$10	\$30	\$75	50%	50%
Bronze	Bronze 7000 3 Free PCP \$20 Tier Rx Integrated	Integrated	\$20	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%
	Bronze Standard 7500	Integrated	\$25	\$25	Ded then 50%	Ded then \$100	Ded then \$500	Ded then \$500
	Bronze 9100 Integrated	Integrated	Ded then 0%	Ded then 0%	Ded then 0%	Ded then 0%	Ded then 0%	Ded then 0%
	Bronze 7500 HAS Eligible Integrated	Integrated	Ded then 0%	Ded then 0%	Ded then 0%	Ded then 0%	Ded then 0%	Ded then 0%
	Bronze 5500 \$60 PCP \$20 Tier Rx	\$1,000	\$20	Ded then \$25	Ded then \$75	Ded then \$150	Ded then 50%	Ded then 50%
	Catastrophic 9100 3 PCP \$35 Integrated	Integrated	Ded then 0%	Ded then 0%	Ded then 0%	Ded then 0%	Ded then 0%	Ded then 0%

Understanding Aggregate Deductibles for Family Members

As a reminder, all our plans have aggregate deductibles for family members. This means if a member covers more than one dependent on their plan, all the covered family members will contribute to the same **family deductible**. (An example of a family deductible amount is \$15,000.)

Once any combination of family members reaches their family deductible, the deductible will be satisfied for all covered members of the family.


No covered family member on the plan will have to pay more than the **family member deductible**. (An example of a family member deductible amount is \$7,500.)

Once a member on the family policy reaches their family member deductible, that one family member is “in benefit.” No one else on the policy is “in benefit” yet. They will keep adding to the family deductible. When they reach the family deductible, all the family members will be “in benefit.”

Below are some examples to help you understand this arrangement.

Sam, Natalie and their two children, Bethany and Sam Jr., are in a family.

Example 1	<p>Sam met his family member deductible of \$7,500 and is now in benefit.</p> <p>The \$7,500 that Sam met counts towards the family deductible of \$15,000.</p> <p>No one else in the family is in benefit yet, but they will all be in benefit when they reach the family deductible of \$15,000.</p>
Example 2	<p>Sam and Natalie each met \$7,500 on their family member deductible.</p> <p>Therefore, they have also met the family deductible of \$15,000.</p> <p>All four family members are now in benefit.</p>
Example 3	<p>Sam met his family member deductible of \$7,500. Natalie reaches \$3,500 and Bethany reaches \$4,500.</p> <p>Together they have reached the family deductible of \$14,000. All four family members are now in benefit.</p>

 What's New for 2023 ACA Plans: Benefits		
Benefit	Change for 2023	Details
Urgent Care 94% CSR Plans	<ul style="list-style-type: none"> In 2023, there will be a \$15 copay on Urgent Care for 94% CSR plans, instead of matching Specialist at no charge For the standardized 94% CSR plan (set by CMS), the Urgent Care copay will be \$5 	This change will help reduce medical expense.
Nutritional Counseling	<ul style="list-style-type: none"> In 2023, the current limit of 30 visits will be changed to unlimited, only for those with behavioral and mental health diagnoses. 	In compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) that doesn't allow limits to behavioral and mental health diagnoses
Therapies	<ul style="list-style-type: none"> Any Physical Therapy/Occupational Therapy, Chiropractic or Speech Therapy service with behavioral health diagnoses will not count towards the 30-visit limit that is associated with these therapy services 	In compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) that doesn't allow limits to behavioral and mental health diagnoses
Age Limit on Hearing Aids	<ul style="list-style-type: none"> Removing the max age limit of age 22 for hearing aid coverage and allowing coverage for members of any age Currently, hearing aids are covered up-to age 22 	2023 NBBP requires non-discrimination with respect to age and/or condition on essential health benefit (EHB) related benefits.
Routine Foot Care Not Limited to Diabetics	<ul style="list-style-type: none"> Removing restriction of coverage only for diabetics and allowing coverage based on any medical condition Currently, routine foot care is only covered with a diabetic diagnosis 	2023 NBBP requires non-discrimination with respect to age and/or condition on EHB-related benefits.
Breast Pump and Breast Pump Supplies	<ul style="list-style-type: none"> Breast pump coverage will be limited to one breast pump per benefit period For breast pump supplies, limit to 2 units per code, per benefit period, combined in and out of network 	This change will help reduce medical expense.
Preventive Colonoscopies	<ul style="list-style-type: none"> Federally mandated colorectal cancer screenings have an age restriction Effective 1/1/2023, the age restriction specified in the mandate (age 45-75) will be implemented and these services will be covered as preventive for members between ages 45-75. 	This change will help reduce medical expense.

	<ul style="list-style-type: none"> For members outside of the specified age range these services will be covered at the standard benefit level 	
3 Free Vendor Telehealth Visits: Clarification (Not new for 2023)	<ul style="list-style-type: none"> Members who have 3 free PCP/telehealth visits and utilize the vendor telehealth benefit are required to pay a copay upfront for their visit first and are then reimbursed on the backend by Teladoc once Teladoc receives the claim payment from Blue Cross NC. 	Language about the copay charge has been added to the booklets. Members will still receive the 3 free telehealth visits; they will be reimbursed once the claim processes.
Adaptive Behavioral Treatment (ABT)	<ul style="list-style-type: none"> As of 1/1/22, we added coverage of ABT for all members up to age 19, under the mental health benefit Effective 1/1/23, the age restriction will be removed and ABT will be a covered benefit for members of any age 	In compliance with the Mental Health Parity and Addiction Equity Act.
Rx Home Delivery Network	<ul style="list-style-type: none"> Rx home delivery will now be through Amazon Amazon Pharmacy is also an option for retail pharmacy prescriptions 	Member Rx will now be fulfilled through Amazon “Meds Your Way”. More details will be shared as we approach end of the year.
Tier 1 Rx not subject to deductible	<ul style="list-style-type: none"> On ACA Copay plans, Tier 1 drugs will be covered at the Tier 1 copayment, regardless of whether the Rx deductible has been met 	Promote accessibility to Tier 1 drugs
MAC Penalty	<ul style="list-style-type: none"> As of 1/1/22, MAC penalties apply to the deductible and OOP max Once the OOP max is met, the member no longer has to pay the penalty Language updates are being made in the Booklets for 1/1/23 	This change was effective 1/1/22 per Senate Bill 257

Travel Benefit: Travel benefit of **up to \$1,000 per episode of care** for members who must travel out of state for these covered and authorized (as applicable) services:

- Pregnancy-related services, including prenatal, perinatal, and postpartum stages of pregnancy (unless it is a service listed as excluded)
- Gender affirming services
- Behavioral health services

EXCLUDED from the travel benefit: infertility treatment and assisted reproductive technology (i.e. in-vitro fertilization and intrauterine insemination)

To qualify for travel benefits the following must be met:

- Service is not available in the state in which the member resides, **and**
- Service is not available within 100 miles of where the member resides, **and**
- Service is not available via telehealth

Reimbursement will be itemized based on actual expenses:

- Lodging expenses are limited to \$50 per night for single occupancy and \$100 per night if traveling with a companion
- The standard medical mileage rate is \$0.22 per mile (IRS limit, subject to change annually)
- Meals are not reimbursable.
- Other covered expenses will be reimbursed based on actual amount incurred, up to \$1,000 per episode of care:
 - Airplane, bus or train fare (including transportation expenses for 1 travel companion)
 - Rental car / Rideshare services / Parking fees / Tolls

Member Cost Share:

D&C plans: Members must meet their deductible before receiving travel reimbursement dollars. If deductible has not been met, Blue Cross NC will apply eligible travel benefit dollars to the members' deductible amount. After the deductible is met, members will receive \$1,000 per approved travel event, and the member cost share is \$0.

Non-deductible and coinsurance plans: Members receive up to \$1,000 per approved travel event, and the member cost share is \$0.



Open Enrollment Timeline and Activities

Open enrollment begins November 1, 2022 and ends January 15, 2023. Customers who enroll November 1 through December 15 will have a January 1, 2023 effective date. Customers who enroll December 16 through January 15, 2023 will have a February 1, 2023 effective date.

November 1 – January 15: IU65 Open Enrollment Period (OEP)



The 2023 renewal communication campaign for members begins November 1 and will continue throughout open enrollment.

- November 1 | **Get Ready and renew** provides information on shopping for the best plan option, along with reinforcing timeframes
- December 1 | **Don't wait – renew now** will provide a reminder of action needed (if not already completed)

Types of Reminders/Notices/Reports for 2023

ACA On & Off Marketplace Discontinuance	Discontinuance notice must be mailed 90 days in advance of 1/1.
On Marketplace ACA*	Renewal notice must be received by subscribers by 10/31/2022.
Off Marketplace ACA*	Renewal notice must be received by subscribers by 10/31/2022.
Transitional	Renewal notice must be received by subscribers by 11/1/2022.
Dental Blue for Individuals	Renewal notice must be received by subscribers by 12/1/2022.
Vision	Renewal notice must be received by subscribers by 12/1/2022.
Binder Letters	<p>Binder Letters:</p> <p>We're combining new and renewing member binder letters into one single letter that will include autopay verbiage for renewing members.</p> <p>Refer to the "When Binder Payments Are Required: Individual Under-65 Customers" job aid located on the Agent Portal in the Job Aids section under Billing/Payment for information on when payments are required.</p> <p>Having one combined letter will ensure that renewing members receive the autopay verbiage for all effective dates year-round.</p> <p>Reminder Emails:</p> <p>Payment reminder emails will continue to be sent to new and renewing members who require payment. Reminders are sent as a courtesy following the binder letter. The first reminder email is sent on the 26th of the month, if payment for the next month's coverage is showing outstanding as of that date. A second reminder is sent if payment is still outstanding on the 22nd of the coverage month.</p> <p>Note, the reminder emails for renewing members have been updated to include the key details given above.</p>
Subsidy Calculator	<p>Subsidy Calculator is a web-based tool that calculates net premium by estimating 2023 subsidy prior to OEP (11/1)</p> <p>www.bluecrossnc.com/subsidy</p> <p>The renewal notice booklet includes messaging that directs members to HealthSherpa for updated monthly subsidy and net</p>

premium starting November 1. **Agents shouldn't lose agent of record credit if the member directly utilizes HealthSherpa.**

Beginning 11/1, members can also find their actual 2023 subsidy in Blue Connect and HealthSherpa (www.GetBlueNC.com).

Agents can find their customers' actual updated subsidy in MMB.

Remember - APTC Loss report on the agent portal is enhanced this year to show all of your customers who are losing subsidy, not just those on autopay.

Rate Notice

The rate notice is the first and most critical piece sent to members at the beginning of OEP. Our rate notice packet, which was updated for 2023 to a booklet format, will also serve as a robust marketing tool for our renewing members. This should lead to a better member experience.

Within the rate notice booklet you will find:

- Cover Letter
- Plan comparison table
- Important benefit and network information
- VOC – Verification of Coverage
- CMS required language

Agent name and contact number will continue to be on ACA members' cover letters and renewal notices. This information has also been added to the Transitional notices.

Premium and Subsidy information:

In 2023, CMS provided new language for the On Marketplace rate notice templates that removed the APTC, so, we've updated the rate notice booklets and removed the APTC and net premium throughout.

The rate notice will include the following language regarding premium changes for 2023:

Your new premium

- Your estimated monthly premium for 2023 wasn't available at the time we prepared this letter. Visit Healthcare.gov starting November 1 to get your premium amount for next year.
- If you're currently getting financial help with the cost of your health coverage, your financial help may be different in 2023. Update your Exchange application by January 15, 2023 to find out how much help you qualify for next year. Get details in "What you need to do" below.

IMPORTANT NOTE: Monthly subsidy and net premium amounts for 2023 plans are NOT available at this time. Go to [BlueCrossNC.com/Renew2023](https://www.BlueCrossNC.com/Renew2023) on or after November 1 for your updated monthly subsidy and net premium amounts.

2023 RENEWAL PLAN		2023 LOWER-COST PLAN	
<Blue Local Silver Total \$0 Deductible \$0 PCP \$4 Tier 1 Rx with Wake Forest Baptist Health (CSR 94%)>		<Blue Local Silver Preferred \$0 Deductible \$0 PCP \$0 Tier 1 Rx Integrated with Wake Forest Baptist Health (CSR 94%)>	
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<\$0> / <\$0>	<Not covered>	<\$0> / <\$0>	<Not covered>
<\$1,100> / <\$2,200>	<Not covered>	<\$1,100> / <\$2,200>	<Not covered>
<40%>	<Not covered>	<30%>	<Not covered>
<\$0 copayment>	<Not covered>	<\$0 copayment>	<Not covered>
<\$0 copayment>	<Not covered>	<\$20 copayment>	<Not covered>
<\$0 copayment>	<Not covered>	<\$0 copayment>	<Not covered>
<\$15 copayment>	<\$15 copayment>	<\$20 copayment>	<\$20 copayment>
<40% after deductible>		<30% after deductible>	
Included		Included	
<\$0>		<Integrated except for Tier 1>	
<\$4 copayment after prescription drug deductible>		<\$0 copayment>	
<\$10 copayment after prescription drug deductible>		<50% after deductible>	
<\$20 copayment after prescription drug deductible>		<50% after deductible>	
<\$80 copayment after prescription drug deductible>		<50% after deductible>	
<50% after prescription drug deductible>		<50% after deductible>	
<50% after prescription drug deductible>		<50% after deductible>	
<\$XXX.XX>		<\$XXX.XX>	
Available November 1		Available November 1	
Available November 1		Available November 1	

Coinsurance amounts that appear on this summary represent the member's responsibility. Deductibles and other limitations may apply. This document is only meant to be a general summary. Final interpretation and a complete listing of benefits, including what is not covered, are found in and governed by the benefit booklet. For complete details, go to [BlueCrossNC.com/booklet](https://www.BlueCrossNC.com/booklet) on or after November 1, 2022.

One of the biggest changes to the rate notice booklet is the side-by-side comparison of the member's current plan, renewal plan and a lower-cost option, if applicable.

We've added the gross premium, subsidy and net premium for the current plan only

For the 2023 renewal and lower-cost plan options, you'll see the member's gross premium only.

Make sure to visit HealthSherpa on 11/1 for the actual 2023 subsidy and net premium.

Review your options

Below is a side-by-side comparison of your current plan and 2023 plan option(s). Unless you choose a different plan, you will automatically be enrolled in the 2023 renewal plan. **Remember to make any changes by December 15 to have your new plan go into effect on January 1.**

2022 CURRENT PLAN		
Plan Name	<Blue Local Silver H \$0 Deductible-3 with Wake Forest Baptist Health>	
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Individual/Family Deductible	<\$0> / <\$0>	<\$2,000> / <\$4,000>
Individual/Family Out-of-Pocket Max	<\$875> / <\$1,350>	<No maximum> / <No maximum>
Coinsurance	<40%>	<70%>
Primary Care*	<3 visits no charge>; <\$5 copayment thereafter>	<70% after deductible>
Specialist	<\$20 copayment>	<70% after deductible>
Mental Health/Substance Use*	<3 visits no charge>; <\$5 copayment thereafter>	<70% after deductible>
Urgent Care	<\$20 copayment>	<\$40 copayment>
Emergency Room**	<40% after deductible>	
Pediatric Vision/Dental	Included	
PHARMACY BENEFITS***		
Pharmacy (Rx) Deductible	<\$0>	
Tier 1 Drugs	<\$4 copayment after prescription drug deductible>	
Tier 2 Drugs	<\$10 copayment after prescription drug deductible>	
Tier 3 Drugs	<\$20 copayment after prescription drug deductible>	
Tier 4 Drugs	<\$80 copayment after prescription drug deductible>	
Tier 5 Drugs	<50% after prescription drug deductible>	
Tier 6 Drugs	<50% after prescription drug deductible>	
Monthly Premium	<\$XXX.XX>	
Monthly Subsidy	<\$XXX.XX>	
Net Premium	<\$XXX.XX>	

*Includes telehealth visits.
**Emergency room benefit applies in- and out-of-network.
***For prescription drugs received from an out-of-network pharmacy, you will also pay any charges over the allowed amount.

Policy Prefixes

Please use the charts below to identify and confirm the type of individual, under-65 policy on which a member is enrolled.

Standard, non-group-specific prefixes are associated with products and distinguish On- Marketplace, Off-Marketplace and Transitional customers.

Type of Plan	Prefix	Associated Product
On-Marketplace	YPI	Blue Advantage
	YPJ	Blue Value
	Y2K	Blue Home with UNC Health Alliance
	Y2U	Blue Local with Atrium Health
	Y2P	Blue Local with Wake Forest Baptist Health
	Y2Y	Blue Home with Novant Health
Off-Marketplace	YPN	Blue Advantage
	YPV	Blue Value
	Y2L	Blue Home with UNC Health Alliance
	Y2Q	Blue Local with Wake Forest Baptist Health
	Y2V	Blue Local with Atrium Health
	Y2Z	Blue Home with Novant Health
Transitional	YPN	Blue Advantage HSA
	YPN	Blue Advantage
	YPN	Blue Advantage Saver
	YPV	Blue Value



Renewal Updates for Agents

Agent Portal Enhancement

We have made an exciting enhancement to the Agent Portal that will provide you more efficiency in the messages and information you share with your customers.

- We have created email templates on several topics that come up regularly, and shared them via agent news. We will also house them in the agent portal for you to quickly pull and send out to your clients. These messages have the look and feel of Blue Cross NC messaging, but will be accessible to you in real time to send to your members as needed.
 - This will be in the form of free-from text within the email or pre-populated templates for specific topics (i.e., binder due, subsidy loss, etc.) will be available for you to utilize.
- Using the Manage My Book tool, you can download the email addresses you have for your members and use specific, pre-populated templates to get your messaging to those who need it and allow you to keep a record of what you've sent.
- This will provide more efficiency in the messages and information the agent shares with their customers.

Agent of Record Contact Information on Rate Notices:

The name and phone number for the member's agent of record will be included in all ACA renewal notices and this year it's been added to Transitional notices. It is not included in Medicare Non-Renewal Letters.

- ✓ In addition to including in the CMS required renewal template, we've added the agent of record's name and phone number in the "We're here to help" section of the cover letter for ACA notices.

Agents' Access to Renewal Information:

- Agents can view their customers' discontinuance notices in Manage My Book beginning late September and renewal notices beginning in October, as notices are triggered.
 - Note that Blue Cross NC releases renewal notices in batches over a period of time to meet deadlines. Renewal notices will show in Manage My Book on your Agent Portal as they are released by Blue Cross NC.
- 2023 rates and plans for all under 65 individual customers will be made available in Manage My Book.
 - Agents can see both Current Rate (2022) and Next Year's Rate (2023) as well as the Blue Cross NC Lower Cost Recommended plan through Guided Renewal, if one is available.

- Note – The subsidy information shown in Manage My Book when rates are originally released is based on the customer’s 2022 subsidy amount. As the BAR files are received from CMS, subsidies will be updated for 2023 and will reflect in Manage My Book.
- CMS encourages members to actively renew their plans whenever possible. This ensures the most accurate income and family demographic information is on file and the most accurate subsidy is provided.

Renewal Scenarios for ACA

- 1. If the customer renews on the 2023 mapped or renewal ACA plan (On or Off Marketplace) that was provided, then...**
 - No action required.
 - No binder payment required.
 - ID number remains the same.
 - Customer will be billed new premium for ACA plan in January invoice.
 - Billing preferences continue as is.
 - Agent of Record (AOR) remains the same.

- 2. If the customer renews on a different On Marketplace ACA plan other than the 2023 renewal provided, then...**
 - Agent should submit benefit change for Marketplace customers via HealthSherpa or work with the customer to submit their own change via Blue Connect given the enhanced direct enroll (EDE) renewal process that's in process. Neither of these actions will prompt a change to the Agent of Record for the customer. The AOR will only change if another appointed agent submits a product or plan change for the customer.
 - If a customer changes plans, but not the product (e.g., Blue Advantage Silver 6000 + 3 Free PCP to Blue Advantage Bronze 7000 | 3 Free PCP | \$20 Tier 1 Rx | Integrated), they will be billed the new premium for the ACA plan in the January invoice. A binder is not required.
 - Note that a binder payment is required when changing products (e.g., Blue Advantage to Blue Value), even if the customer stays on the same plan.

- 3. If the customer renews on a different Off Marketplace ACA plan other than the 2023 renewal provided, then....**
 - The current Agent of Record for the customer should submit benefit changes through the online change application functionality available on the Agent Portal. The customer can also make plan changes via Blue Connect. This action will not prompt a change to the customer's AOR. The AOR will remain the same.
 - Agents who are not the current AOR for the customer must submit a paper change application to Blue Cross NC via the Case Management Portal for the benefit change. A benefit change submitted by another appointed agent will prompt an AOR change to the customer.
 - If a customer changes plans but stays on the same product (e.g., Blue Advantage Silver 6000 + 3 Free PCP to Blue Advantage Bronze 7000 | 3 Free PCP | \$20 Tier 1 Rx | Integrated), they will be billed the new premium for the ACA plan in the January invoice. A binder is not required.
 - If the customer makes a product change (e.g., Blue Advantage Silver 6000 + 3 Free PCP to Blue Value Silver Choice 4000 | 3 Free PCP | \$15 Tier 1 Rx), we will bill the customer the new premium for the change during the next billing cycle.



2023 Renewal Experience

Enhanced Renewal Process for Marketplace Customers:

We will continue to offer Enhanced Direct Enroll (EDE), a streamlined experience for Marketplace members. This process makes it easier for our Marketplace members to renew and make changes.

- Members will access [GetBlueNC.com](https://www.getbluenc.com), a Blue-branded link for the EDE process, for a fully integrated experience with HealthCare.gov. This means there is no redirect needed. Only Blue Cross NC plans and rates will be displayed to customers.
 - The EDE experience is being provided through a partnership with HealthSherpa.
 - Members will experience a faster and cleaner application flow that is seamless.
 - PABOL will also be updated to link to either [getbluenc.com](https://www.getbluenc.com) or directly to the Blue Cross NC HealthSherpa page for shoppers who qualify for a subsidy.
- Members who access Blue Connect directly will also experience the new Enhanced Direct Enrollment (EDE) process when making changes via Blue Connect.
 - All references and links to [Healthcare.gov](https://www.healthcare.gov) on Blue Connect and in member communications will change to [GetBlueNC.com](https://www.getbluenc.com).

Note: Blue Cross NC will continue to provide all appointed agents with Enhanced Direct Enroll (EDE) through HealthSherpa to assist with new Marketplace enrollments and renewals. It also allows agents to help with application maintenance and access members' 1095A form. There is a link to HealthSherpa on the Agent Portal.

Enhanced Rate Quote Experience:

- If information is entered in the household income box, and the member is eligible for a subsidy, the member will still see both on- and off-exchange plan options in Rate Quote.
 - Prior to this change, if information was entered in the household income box, only on-exchange plan options were displayed.
 - This enhancement will allow customers to see all available plan options, including Blue Advantage off-exchange only, for those who qualify for APTC but may want to still consider Blue Advantage for the broad network.
- It will also include an alert that if you leave and go to the Marketplace, the off-exchange options will not be available.

Guided Renewal

For 2023 OEP, members will continue to see a Blue Cross NC Recommended Plan labeled as “Lower-Cost Plan” in the Plan Comparison Table within the Rate Notice booklet, if applicable.

Similar to last year, members can also view their 2023 current plan, 2023 renewal plan and lower-cost plan recommendation, if applicable, in Blue Connect.

- When the member selects the recommended plan in Blue Connect, the first plan displayed in Rate Quote will be the agent recommended plan (if applicable), then the Blue Cross NC recommended plan (if applicable), then any popular plans.

Guided renewal recommendations mainly fall into two categories:

1. Alternate network – If a member has an alternate product (network) option in their county that is lower cost than their renewal product, they will see a recommendation for that alternate network with the same plan they are on today.
 - Examples:
 - If a member is in Nash county and their renewal plan is Blue Advantage Gold 1800 | 3 Free PCP | \$10 Tier 1 Rx, their lower-cost plan recommendation will be Blue Home Gold 1800 | 3 Free PCP | \$10 Tier 1 Rx | with UNC Health Alliance (alternate network).
 - If a member is in Forsyth county and their renewal plan is Blue Home Bronze 5500 | \$60 PCP | \$20 Tier 1 Rx | with Novant Health, their lower-cost plan recommendation will be Blue Local Bronze 5500 | \$60 PCP | \$20 Tier 1 Rx | with Wake Forest Baptist Health (alternate network).
 2. Metal level buy down – If a member does not have a lower-cost alternate product (network) option in their county or if they are already on the lowest cost product (network), they will see a recommendation for the same product they are on today with a lower metal level.
 - a. Examples:
 - i. If a member is in Cumberland county and their renewal plan is Blue Advantage Gold 1800 | 3 Free PCP | \$10 Tier 1 Rx, their low-cost plan recommendation will be Blue Advantage Bronze 5500 | \$60 PCP | \$20 Tier 1 Rx | (metal level buy down).
 - ii. If a member is in Guilford county and their renewal plan is Blue Local Bronze 5500 | \$60 PCP | \$20 Tier 1 Rx | with Wake Forest Baptist Health, their low-cost plan recommendation will be Blue Local Bronze 7000 | 3 Free PCP | \$20 Tier 1 Rx | Integrated | with Wake Forest Baptist (metal level buy down).
- Additional logic:
 - b. The following groups will not see a Blue Cross NC recommended plan:
 - i. Members on a Blue Local with Atrium Health product
 - ii. Members on a Bronze 7000 HSA-eligible plan (all products)
 - iii. Members on AI/AN plan variants (all products)

- c. Members renewing on the Off Marketplace variant of the Gold 2500 + 3 Free PCP plan will see Silver Access 2300 (Off Marketplace only) as their Blue Cross NC recommended plan.
- d. Members renewing on the On Marketplace variant of the Gold 2500 + 3 Free PCP plan will see Bronze 5500 | \$60 PCP | \$20 Tier 1 Rx | as their Blue Cross NC recommended plan.
- e. If a member in any county and on any product is under age 30 and does not receive a subsidy, their Blue Cross recommended plan will be Catastrophic on the lowest cost product available in their county.
- f. If a member in any county and on any product is renewing on a Silver core plan and does not receive a subsidy, their Blue Cross recommended plan will be Silver Access 2300 with the same product they are on today.

Agent Process for Recommending a Plan to a Member:

Beginning 11/1, agents can review all the plan options including rates in Manage My Book from the Agent Dashboard and click **Suggest Renewal Plan** to send a recommended plan to the member. The steps are outlined below. Locate the member in Manage My Book, then the plan you would like to recommend, and click “Suggest Renewal Plan.”

The screenshot displays the agent dashboard interface. On the left is a navigation sidebar with options like 'Action Needed', 'Sales To Close', and 'Manage My Book'. The main area is divided into two sections: 'List of Clients' and a detailed view for a specific member, 'Aanonsenvst Monishapvst'. The 'List of Clients' table shows various plan options with their respective rates. The detailed view shows the 'Active Policy' (Silver 4000) and 'Next Year Plan' (Silver 3800 + 3 Free PCP). A menu of actions is visible in the top right of the detailed view, with 'SUGGEST RENEWAL PLAN' highlighted by a red box. Below the screenshot, a separate menu of actions is shown, with 'SUGGEST RENEWAL PLAN' also highlighted by a red box. Orange lines connect the highlighted 'SUGGEST RENEWAL PLAN' button in the screenshot to the highlighted button in the separate menu.

Client Name	Plan	Rate
Aanonsenvst Monishapvst	Blue Local Silver 4000 with Atrium Health	6.4%
Aapvst Belenpvt	Blue Local Bronze 7000 with Atrium Health	13.8%
Aardemapvst Sonilapvst	Blue Advantage Gold 2500	7.4%
Aaronpvt Adeliopvst	Blue Local Silver Enhanced 3900 with Atrium Health	6.1%
Aaronpvt Mccraepvst	Blue Local Silver Enhanced 750 with Atrium Health	6.2%
Aashempvst Ahidapvst	Blue Local Bronze 7000 with Atrium Health	10.8%
Aashempvst Kingsleypvst	Blue Local Silver Enhanced 750 with Atrium Health	4.8%
Abadirpvt Adelinapvst	Blue Local Silver Enhanced 3900 with Atrium Health	5.7%
Abadirpvt Braidynpvt	Blue Local Silver Enhanced 750 with Atrium Health	7.5%
Abadirpvt Nishabenvst	Blue Local Silver 6300 with Atrium Health	

Plan	Monthly Cost
BlueLocal Silver 4000	\$479 ⁶⁵

Plan	Monthly Cost
BlueLocal Silver 3800 + 3 Free PCP	\$516 ⁷²

Plan	Monthly Cost
BlueLocal Bronze 8550	\$275 ⁷⁹

2022 Plans for your client. (edit)

The start date for your coverage will depend on the date of your application. Rates quoted are estimates valid between 01/01/2022 and 12/31/2022.

Showing 33 plans, \$383.14 - \$637.05 Sort by: Most Popular

Suggest This Plan

Most Popular Plans

Popular Plan

BlueValue
BRONZE 8700

Primary Care Office Visits	0% coinsurance in-network / 30% coinsurance out-of-network
Prescription Drugs	0%/0%/0%/0%/0%/0%

[Find a Doctor](#) [Find a Drug](#)

Once you click to Suggest This Plan, the recommended plan will be highlighted in green.

BlueCross BlueShield of North Carolina

The start date for your coverage will depend on the date of your application. Rates quoted are estimates valid between 01/01/2022 and 12/31/2022.

2022 Plans for your client. (edit)

Showing 33 plans, \$383.14 - \$637.05 Sort by: Most Popular

Suggest This Plan

Recommended Plan

BlueValue
BRONZE 8700

Network	Limited statewide network that balances access and cost. Find a Doctor
Primary Care Office Visits	0% coinsurance in-network / 30% coinsurance out-of-network
Prescription Drugs	0%/0%/0%/0%/0%/0% Find a Drug Find a Pharmacy
Prescription Deductible	Integrated
Deductible	\$8,700 in-network / \$43,500 out-of-network
Health Savings Account Eligible	No
Family Out-of-Pocket Limit	\$17,400 in-network / No Maximum out-of-network

YOUR MONTHLY COST \$383¹⁴

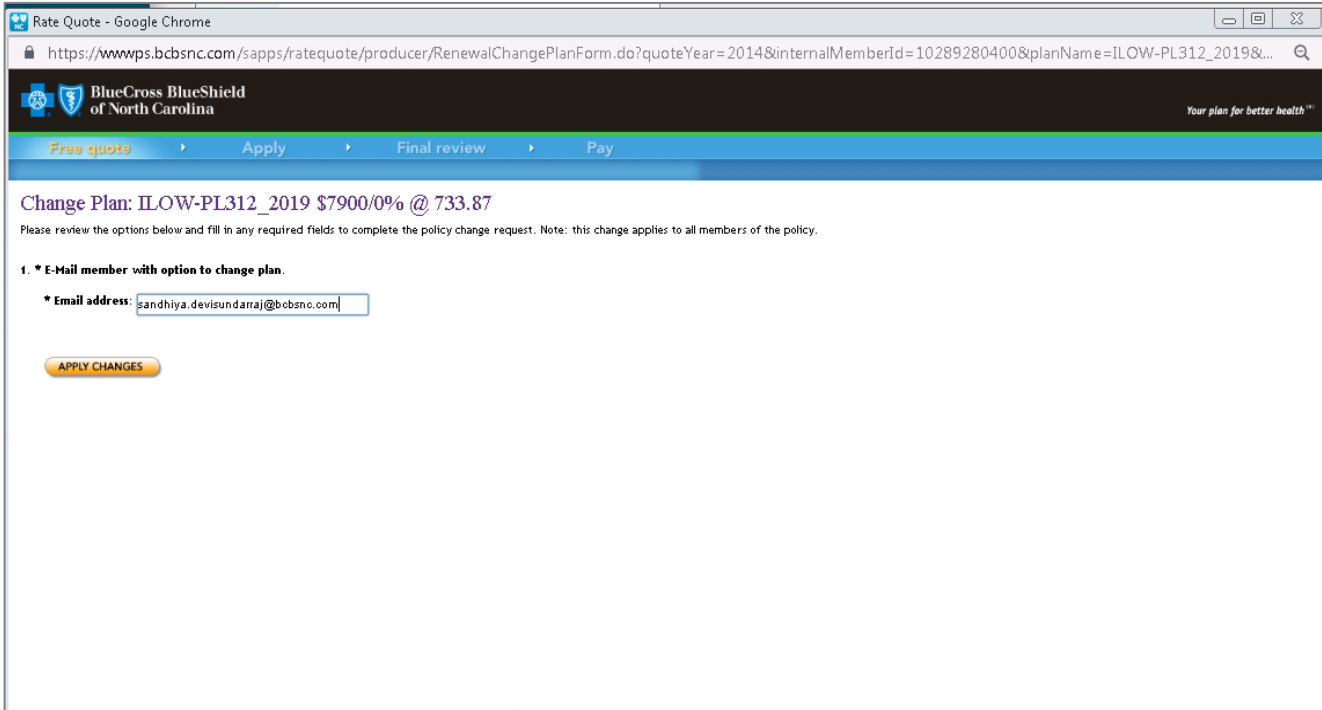
[View Plan Details](#)
[Summary of Benefits and Coverage](#)

Most Popular Plans

Popular Plan

BlueValue

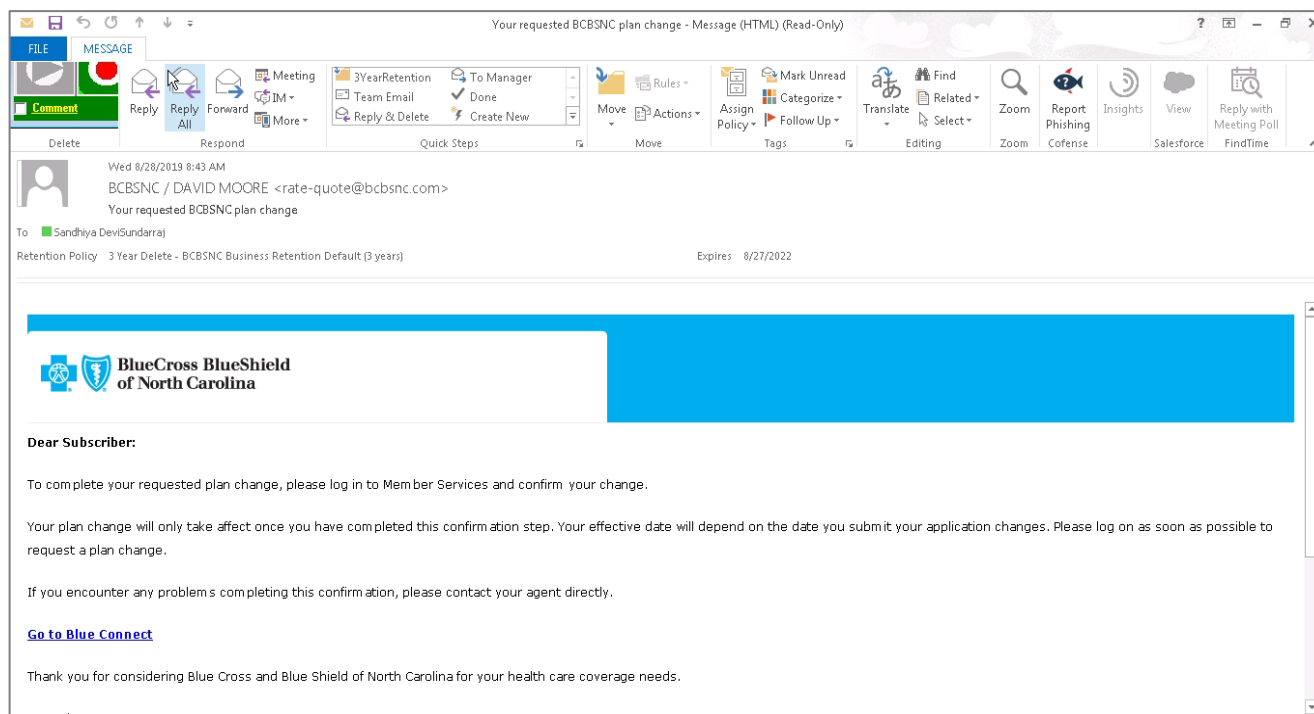
Next, enter the member’s email address and click Apply Changes to send an email to the member.



A confirmation screen will indicate that your request has been received. The recommended plan will then be available for the member to review in Blue Connect under “Manage Your Policy.”

Member Experience with Agent Recommended Plan in Blue Connect:

Next, we'll look at the member experience in Blue Connect. To begin, the member will receive the email from the agent. Please note, at no point during this process are agents at risk of losing the AOR for the customer. A customer's AOR will only change if another appointed agent assists a Marketplace customer with a benefit change via HealthSherpa or side by side with the Marketplace or assist an Off Marketplace member via the paper change application process.



The email will include a link that will take the member to Blue Connect.

When the member logs into Blue Connect and scrolls down, they will be able to see 3 options:

1. Their current renewal plan
2. The Blue Cross NC recommended lower-cost plan (Guided Renewal option)
3. The Agent-Recommended plan that you recommended through the Agent Portal, as their agent

If the agent recommends multiple plans, then the customer will only see the most recent plan recommended in Blue Connect. The member will not be able to see the prior plan(s) that were recommended.

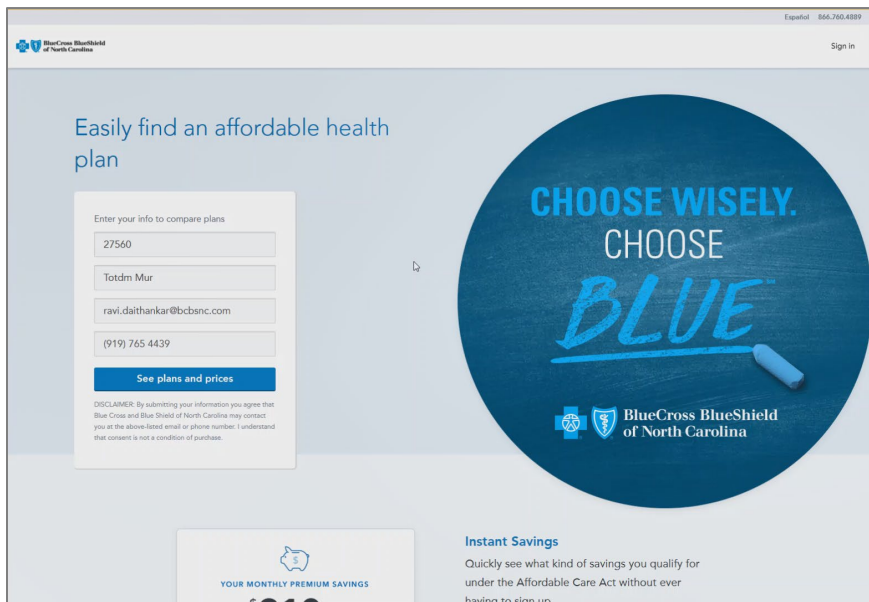
The plans that members see here are mainly for their reference. We encourage members to review the benefits in detail and make a decision on which plan they want to go with, before they select **“Choose This Plan.”** We strongly recommend that if possible, they note down the plan name for their reference. This will help them select the right plan at a later stage in the process, after they leave this page.

Open Enrollment

	Current Plan	Lower-Cost Plan	Agent-Recommended Plan
Plan Name	Blue Advantage Gold 2500 Non-HSA	Blue Local Gold 2500 + 3 Free PCP with Wake Forest Baptist Health ¹ Non-HSA	Blue Advantage Silver 3800 + 3 Free PCP ¹ Non-HSA
Network	Broad statewide network with the most choice	Local network using only Wake Forest Baptist Health and its affiliates	Broad statewide network with the most choice
Effective Dates	01/01/2021 - 12/31/2021	01/01/2022 - 12/31/2022	01/01/2022 - 12/31/2022
PCP Visits	3 visits at no charge then \$10 copayment in-network / 60% coinsurance out-of-network	3 visits at no charge then \$10 copayment in-network / 60% coinsurance out-of-network	3 visits at no charge then \$10 copayment in-network / 70% coinsurance out-of-network
Deductible	\$2,500 in-network / \$5,000 out-of-network	\$2,500 in-network / \$12,500 out-of-network	\$3,800 in-network / \$7,600 out-of-network
Drug Cost Breakdown	Tier 1 \$10.00	Tier 1 \$10.00	Tier 1 \$10.00
	Tier 2 \$25.00	Tier 2 \$25.00	Tier 2 \$25.00
	Tier 3 \$40.00	Tier 3 \$40.00	Tier 3 \$40.00
	Tier 4 \$80.00	Tier 4 \$80.00	Tier 4 \$80.00
	Tier 5 50%	Tier 5 50%	Tier 5 50%
	Tier 6 50%	Tier 6 50%	Tier 6 50%

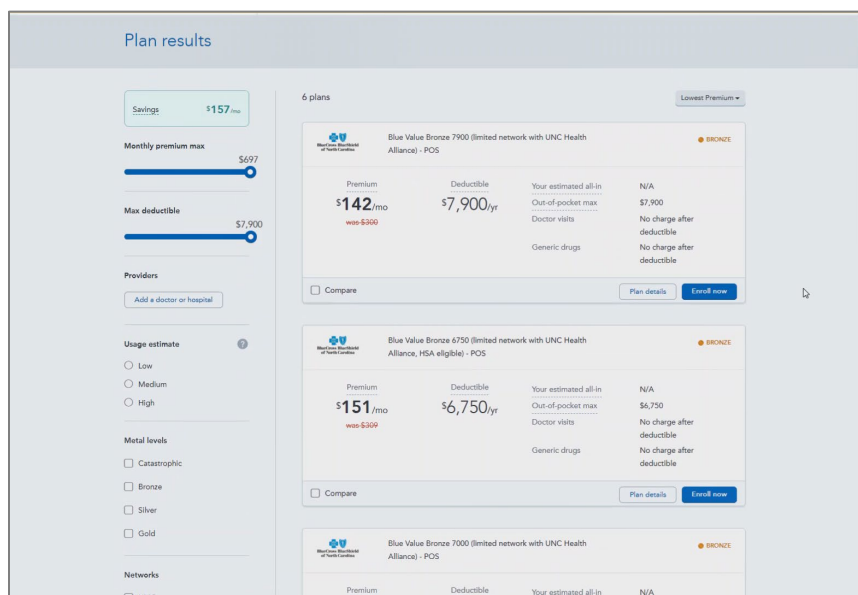
Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.
 ®, SM – Marks of the Blue Cross and Blue Shield Association.

When the member makes a selection in Blue Connect, they will be directed to our HealthSherpa page, via [GetBlueNC.com](https://www.getblueNC.com). This is regardless of whether they choose the current renewal plan, Blue Cross NC recommended lower cost plan, or the agent recommended plan.



When they get to this stage in the HealthSherpa portal, members should locate the plan they are wanting to enroll on and click **Enroll now** for that particular plan. Note that the choice they made in their Blue Connect interface before being redirected to [GetBlueNC.com](https://www.getblueNC.com) does NOT carry over into HealthSherpa system. Hence, it is recommended that the member write the name of the specific plan they would like to enroll in prior to beginning this process.

The member will finish the application for the plan they have chosen by completing the rest of the process as usual. This means entering their personal information, subsidy information, smoking attestation, and payment information.



Binder Payment Requirements

A binder payment is required when a member renews on a DIFFERENT PRODUCT (On-Marketplace) than their current year product (e.g., from Blue Advantage to Blue Value, etc.).

Please refer to the “When Binder Payments Are Required: Individual Under-65 Customers” job aid located in the Job Aid section of the Agent Portal under the Billing/Payment section for details on when a binder payment is required.

Binder Payments for Renewing Members: Illustration

Consider this renewal scenario:

- Member on Blue Advantage in Wilmington
- Switches to Blue Value

Since the member is changing to a different product => Binder Payment **needed** => AutoPay **will need to be re-established**

However, in a scenario where:

- Member is on Blue Value Gold
- Switches to Blue Value Silver

Since the member is changing to a different plan but same product => Binder Payment **NOT** needed => AutoPay will **NOT** need to be re-established

For 2023, Blue Cross NC will send a binder letter to renewing members who make an active change that requires a binder payment. This letter will make it clear to the renewing member that some of their information from their previous plan (like AutoPay) does not carry over to their new plan and so they must actively pay the binder and re-establish AutoPay.

Off-Marketplace Movers Process for 2023

Like last year, when an Off Marketplace member updates their address and it is out of their product area, a termination date of 60 days from the date of the address change will be set and a letter will be sent letting the member know they must take action and shop to select a new plan. If no action is taken by the member by the 60-day mark, the policy will be termed. This year-round process for out-of-area movers provides members with the flexibility to select their own plan in their new area.

Blue Cross NC will continue to notify agents of their impacted Off Marketplace movers via a report on the Agent Dashboard.

Note – On Marketplace address changes and movers will continue to be processed through the Marketplace, as they are today.

Scenario for Dependents Turning 26

On-Marketplace

During OEP, CMS sends two separate enrollments to the family for the next year. One for the 26-year-old aged off member and the other for the remaining members on the policy. **The 26-year-old dependent is split off to their own policy** via the BAR file. Blue Cross NC is required to collect a binder payment from the 26-year-old dependent before enrolling them in the next year's policy.

Outside of OEP, CMS initiates an eligibility check at the Marketplace for everyone on the plan. Once a dependent is identified as over 26, the subscriber will get notification that they are no longer permitted to keep the dependent on the plan. The dependent will be removed from the policy, at renewal and will have to shop for a new plan.

Off-Marketplace

Blue Cross NC sends a letter to the aged-off dependent advising them of their options to maintain coverage. **We do not map them to a new plan. *The dependent will have to shop for a plan.***

Note: Agents can access the “Dependents Turning 26” report located on their Agent Dashboard under the Reports tab throughout the year for a list of impacted customers needing assistance with enrolling on their own plan.

Subscriber ID

The number portion of the Subscriber ID ONLY changes when a member moves from On Marketplace to Off Marketplace, Off Marketplace to On Marketplace, from Transitional to Off Marketplace, etc.

The Alpha Prefix portion of the Subscriber ID relates to the product type the customer is enrolled on and whether the plan is On Marketplace, Off Marketplace or Transitional. Please refer to the “U65 Job Aid Prefix” in the Job Aid section under Enrollment/Eligibility for details.

- If a member is mapped to or actively selects a different product, their Prefix will change.
- If a member moves from an On to an Off Marketplace plan or vice versa, their subscriber ID will change.

ID Cards

Under 65 Individual ID cards will continue to have the following details for 2023:

- Legislation requires insurance carriers include, in clear writing, on any physical or electronic plan or insurance identification cards issued to members 1) any deductible applicable to such plan or coverage, 2) any out-of-pocket maximum limitation applicable to such plan or coverage and 3) a telephone number and Internet website address through which such individual may seek consumer assistance information. All other benefits on the ID card will be based on in-network only.
 - Ded INN/OON - Deductible In-Network/Out of Network
 - OOP MAX INN/OON - Out of Pocket In-Network/Out of Network
- Labels are shortened in order to continue providing information in a wider font while accommodating the requirement to provide more information on the ID card.
 - DED = Deductible
 - OOP = Out of Pocket
 - URG Care – Urgent Care
 - ER – Emergency Room
 - “+” denotes benefit is after deductible and “++” denotes additional visits available at PCP copay
- Shows the aggregate deductible, individual family member deductible and the family total ded, as well as the out of pocket for the HSA plan when subscriber is enrolled on a family plan.
- **Blue Local and Blue Home ID cards will display the following language on the back of the ID card: Visit an in-network Urgent Care provider in your product area. Visit any Urgent Care provider if outside of your product area. Emergency Services are covered.**
- **The HSA logo will be removed from Blue Advantage HSA-eligible plan ID cards in 2023 for consistency across all HSA-eligible plan ID cards.**
- A phone number to “Locate a Non-NC Provider” is provided to assist members with finding a doctor while outside of NC. Note: Covered services received from a provider who does not contract with Blue Cross NC will apply to OON benefits for Blue Value

Welcome Letter

A welcome letter is sent when new ID cards generate for renewing and new members.

Verbiage regarding the importance of using an authorized Blue Cross NC agent continues to be included for 2023 and beyond. While the Marketplace’s process allows anyone with an NPN that has completed their CMS certification to enroll a customer on a plan, it is the carrier’s decision to appoint, and only agents who are appointed to sell, solicit, and negotiate are recognized by the carrier. Therefore, the carrier is only responsible for authorized agents. A copy of the verbiage is below.

Importance of Using Authorized Agents: Independent agents must satisfy the requirements of the Centers for Medicare and Medicaid Services **and** be authorized by Blue Cross NC to sell, solicit, and negotiate products and services. Blue Cross NC only recognizes independent agents who have satisfied these requirements as a customer’s Agent of Record. Blue Cross NC does not provide training or support services to unauthorized independent agents.

Additionally, the welcome letter has been simplified to make it easier to read. The Experian IdentityWorks flyer was removed and information on how to sign up for this service is now included directly in the letter. Individual under 65 members still have access to Experian IdentityWorks. As stated in the letter, members should call the Experian Customer Support team at 1-888-451-6554 or visit experianidworks.com/bcbsnc to enroll. The 2023 ID card packets will feature this new welcome letter.



P.O. Box 2291
Durham, NC 27702

FORWARDING SERVICE REQUESTED

<Member Name>
<Address Line 1>
<Address Line 2>
<City>, <State> <Zip Code>

<Date>

Welcome to your health plan! Enclosed is your new member ID card that you can begin using on your coverage start date. Here are some tips and information to help you make the most of your plan:

Show your member ID card when you receive care

- Use the Customer Service number on the back of your ID card to make changes.
- Your ID card is for identification purposes only. It doesn't guarantee eligibility or payment of your claims.
- If you are an existing Blue Cross and Blue Shield of North Carolina (Blue Cross NC) member and have selected a new plan under your current application, your prior ID and Blue Cross NC plan will end the day before the start of this new plan.

Register your account at BlueConnectNC.com

- Make sure your contact information is complete and up-to-date.
- Find doctors in your network and select your primary care provider (PCP).
- Sign up for AutoPay to easily pay your monthly bill.
- Download our Blue Connect MobileSM app for access no matter where you are.
- Review your claims and Explanation of Benefits.
- Access your Benefit Booklet and Summary of Benefits and Coverage for plan details.

Protect your identity

If you become the victim of identity theft, Experian[®] IdentityWorksSM is available to you. Experian can help recover your financial losses and restore your credit file for free.

- Call the Experian Customer Support team at **1-888-451-6554**. Use engagement number DB14219.
- Or visit experianidworks.com/bcbsnc to enroll.

Please review the back of this page for a summary of the information that is included with this letter. We look forward to serving you well.

Tunde Sotunde, MD
President and Chief Executive Officer
Blue Cross and Blue Shield of North Carolina
BlueCrossNC.com

**Get the most from
your health plan!**

Register today at:
BlueConnectNC.com

(Continued on back)



Member Experience in 2023

Primary Care Provider (PCP) Selection

Blue Cross NC encourages new and renewing members to select a PCP. This is not a required selection, but we highly recommend it.

Why select a PCP?

Primary care is the foundation of our health care system. It influences more than half of individuals' health care decisions, but only seven percent of health care spending is on primary care.

A primary care provider (PCP) can serve as the “home base” for a member’s medical needs. They can be a single point of contact who understands the member’s history and needs, and will direct members to appropriate specialists, if needed. Our goal is for members to identify a PCP they can consult when health issues arrive and seek appropriate services and specialists at the right time.

How does a member select a PCP?

Members can access the PCP selection feature in Blue Connect through two different ways:

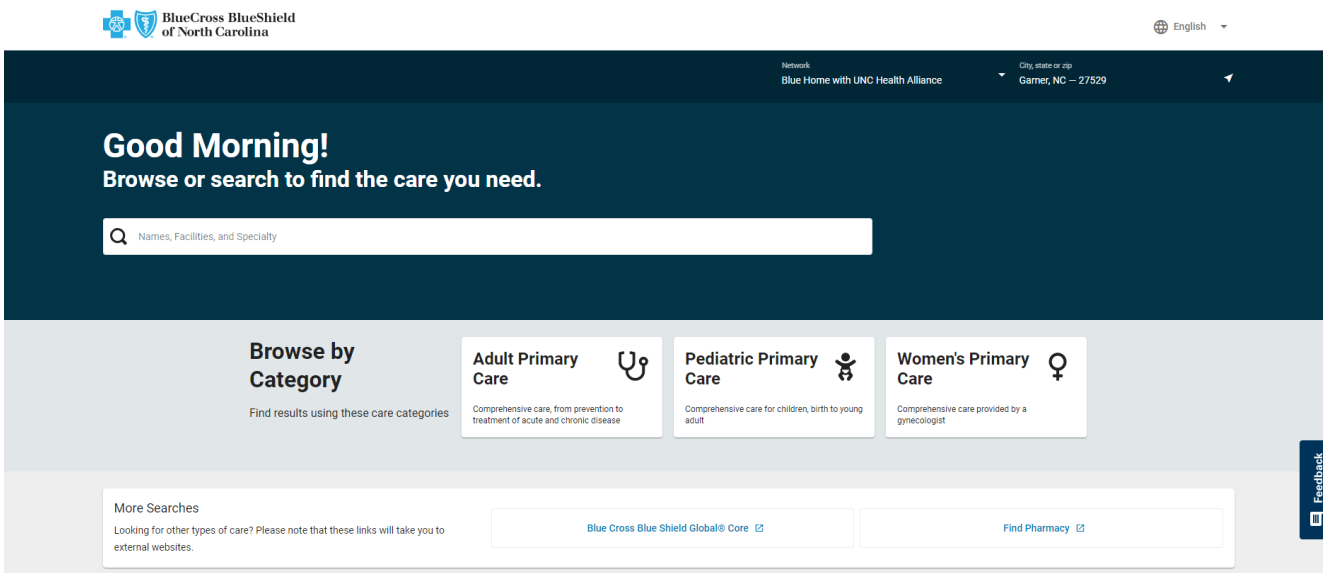
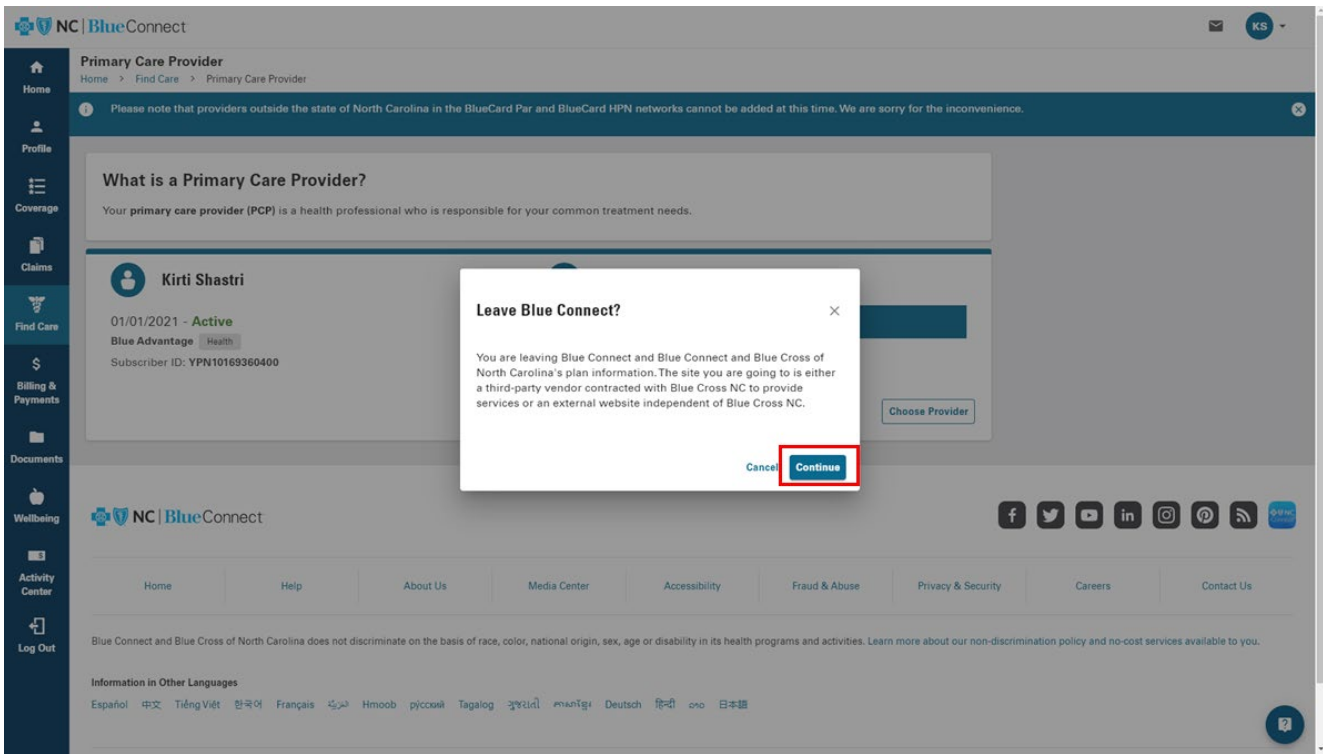
- The Review Provider Preferences button in the Primary Care Provider tile on the main dashboard
- The Find Care button in the left navigation bar > Primary Care Provider section > Review Provider Preferences button

The screenshot displays the Blue Cross NC BlueConnect member dashboard. The top navigation bar includes the Blue Cross NC logo and the user's name 'Kirti'. The main content area is divided into several sections:

- Health**: Includes 'Claims' (View your claims and explanation of benefits (EOB)), 'Coverage' (See what services are covered by your plan), 'Find Care' (Find a provider, treatment facility or cost), 'Manage Plan' (Review plan details and important information), and 'ID Card' (View, print or download a digital ID card).
- Primary Care Provider**: A tile showing 'No provider on file.' and a 'Review Provider Preferences' button, which is highlighted with a red box in the image.
- Billing & Payments**: A tile showing 'Paid' status and 'AutoPay: On'.

The left sidebar contains navigation options: Home, Profile, Coverage, Claims, Find Care (highlighted), Billing & Payments, Documents, Wellbeing, Activity Center, and Log Out. The right sidebar features promotional banners for Rx Savings, Sign up and save!, and Get Your ID Card.

After clicking the Review Provider Preferences button, the user will see an alert about leaving Blue Connect. Clicking Continue will take the user to Blue Cross NC’s PCP Selection tool.



Once within the selection tool, members will see providers that are in-network, based on their specific benefit plan. They can filter results based on various criteria and click Select and Confirm.

BlueCross BlueShield of North Carolina

English

Network: Blue Advantage

City, state or zip: Shannon Plaza, NC – 27707

Adult Primary Care

Clear All

All Specialties | All Tiers/Designations | All People & Places | All Genders | Blue Quality Programs | More Filters

VIEW ONLY: Accepting New Patients | WITHIN: 25 miles

List view | Map view | Sort By: Best Match

Eligible to select as your Primary Care Physician: **Select**

Jessica C Heestand, MD
Internal Medicine

Add to Compare | [View Profile](#)

LOCATION: Wake Internal Med Consultants Inc, 3100 Blue Ridge Rd Ste 100, Raleigh, NC 27612. [Get directions \(est. 17.0 miles away\)](#)

CONTACT INFORMATION: Phone: 919-781-7500

Accepting New Patients

1 Affiliation | 5 Awards

Eligible to select as your Primary Care Physician: **Select**

BlueCross BlueShield of North Carolina

English

Network: Blue Horizon with UNC He...

City, state or zip: Garner, NC – 27529

Adult Primary Care

All Specialties | All People & Places | All Genders | Blue Quality Programs | More Filters

VIEW ONLY: Accepting New Patients | WITHIN: 25 miles

List view | Map view | Sort By: Best Match

Providers:

Eligible to select as your Primary Care Physician: **Select**

Garrett R Franklin, MD
Family Medicine - Sports Medicine

Compare | [View Profile](#)

LOCATION: Raleigh Medical Group Pa, 530 New Waverly Pl Ste 200, Cary, NC 27518. [Get directions \(est. 18.6 miles away\)](#)

CONTACT INFORMATION: Phone: 919-487-7000

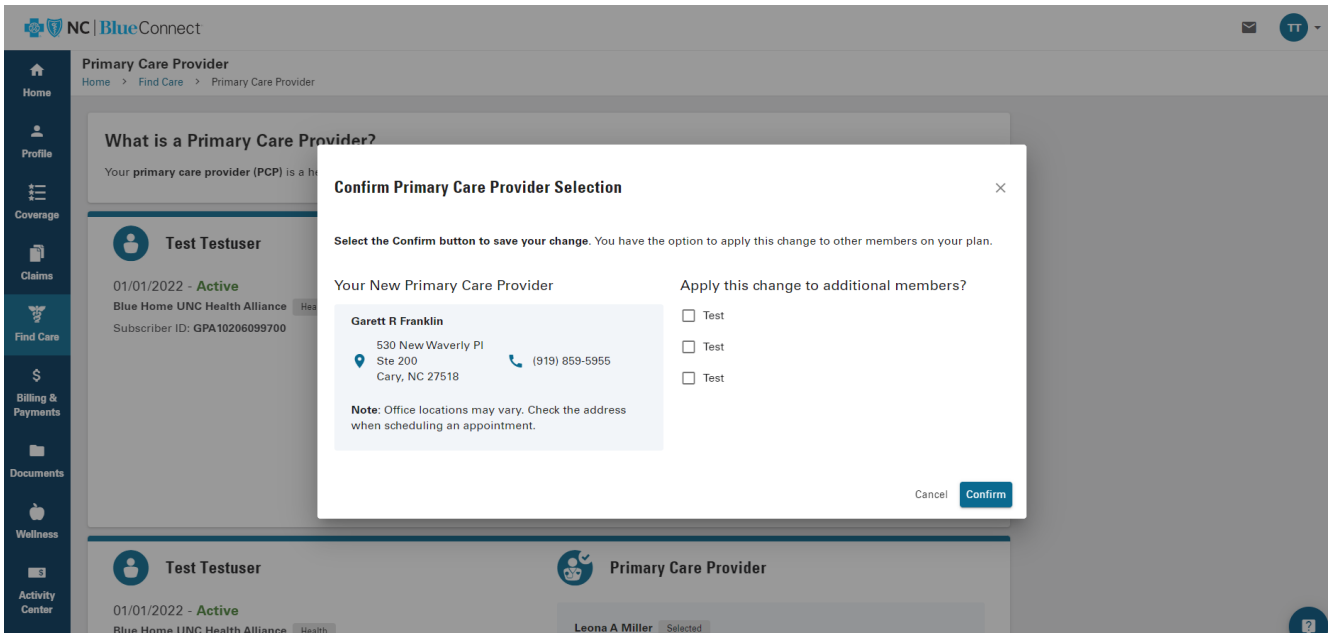
Accepting New Patients

1 Affiliation | 2 Awards

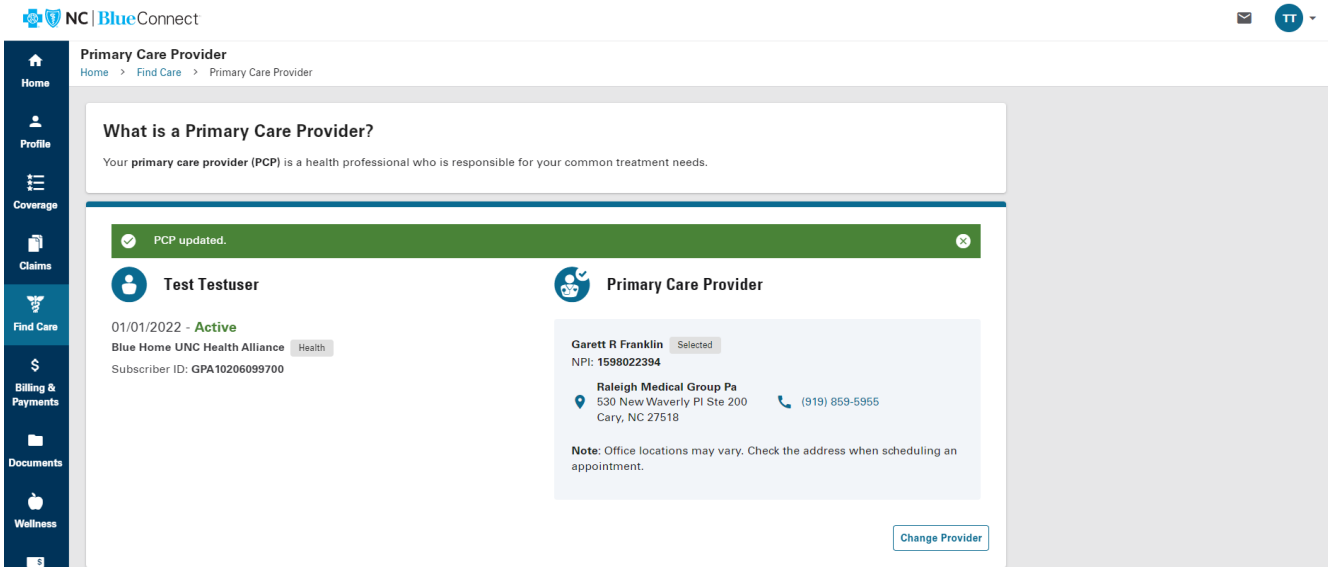
Select Your PCP

You are about to choose **Garrett R Franklin**, 530 New Waverly Pl Ste 200, Cary, NC 27518, as your PCP.

[Cancel](#) [Confirm](#)



After making a selection, the member will be sent back to their Blue Connect PCP page, where they will see their newly selected PCP information.



What if a member's selected PCP becomes an out-of-network provider?

If a member's PCP becomes an out-of-network provider, the following will happen:

1. Blue Connect will show that the PCP is out-of-network.
2. It will also show the "invalid" PCP messaging on the PCP page and the user will be prompted to select a new PCP.
3. Blue Cross NC will also mail a letter to members when their PCP leaves the network, no matter how many times the member visited the PCP. Most providers and/or practices send their own notices, as well.

Are there other ways a member can select a PCP besides the Blue Connect feature?

Members can call the customer service center number on the back of their ID card or have a live chat with a customer service representative.

My Pregnancy App

The My Pregnancy app is a maternity management program that supplies expecting members with a free educational mobile application, and nurse support, if deemed necessary. It provides support during pregnancy and after delivery. Members can download this app from the Apple Store or Google Play. The app includes an option to add individual profiles for children, as well as educational content for toddlers, children, and teens. There is also pregnancy-specific COVID-19 content.

NOTE: The app offers an option for 24-Hour Nurse Support, but this benefit is NOT applicable to Individual U65 members. They should use their telehealth benefit instead.

Agent Marketing Materials in 2023

The following information will be available to you for 2023:

Information:

- 2023 U65 Sales Agent Placemat
- Rate Tables for ACA and Transitional
- Booklets
- Summary of Benefit Coverage (SBCs)

Brochures:

- Medical Combo Brochures
- Product Brochures
- Dental and Vision Ancillary Combo Brochure

Applications:

- ACA Off Marketplace Enrollment/Change Application Transitional Change Application
- Dental/Vision Applications

Advertising:

- Agent Ads
- Agent Marketing Guidelines & Policies

Forms:

- Authorization for Payment Form
- PABOL Checklist
- NC Residency Form

Policies:

- Missing NPN Process for New and Renewal U65 Marketplace Customers
- Agent of Record Process for U65