



Producer Affairs West Policies

Data Release-1-E Release of Reports@Hand to Agencies/Producer

Western Regional Accounts ASO clients and insured clients with 100+ employees only.

Data Release-2-E Release of Client Risk Profiles to Agencies/Producers

Western Regional Accounts ASO clients . *Attachment: "A Reference Guide to the Client Risk Profiles"*

Disclosure-1-E Disclosure of Commission Amounts

51 or More Employees and Experience rated and self-insured and 50 or fewer employees (demographically rated groups).

Attachments: Commission Disclosure Certification Form and Commission Discrepancy Form

LOA-1-E Letters of Authorization

All size markets. *Attachment: Sample acknowledgment letter to the client*

Pool-1-E Effective Date for Commission payments for "Pool to Pool" movement

All size markets.

POR-1-E Submission and Filing of Producer of Record (POR) Letters

All size groups. *Attachments: Sample letter for groups with 51 or more employees, sample letter for groups of 50 or fewer employees.*

POR-2-E Effective date for Producer of Record letters

All size markets.

POR-3-E Retroactive commission payments for Producer of Record

All size markets

COR-1-E Consultant of Record Policy, Submission and Filing of Consultant of Record (COR) Letters *Attachment: Sample Consultant of Record Letter*

Brand Compliance 1E Producer Compliance with BCBSA Brand Regulations

Attachment: What Producers Need to Know About "Blue" Brand Regulations.

Producer Affairs Procedure #2007-02 Notification by a Highmark General Agency when a Highmark Appointed Producer leaves the Agency

Attachments: Sample Notification form, sample 'Producer Transfer Form', sample 'Producer Portal Access Form'



HIGHMARK BLUE CROSS BLUE SHIELD PRODUCER AFFAIRS POLICY

POLICY NO. Data Release-1-E

DATE PUBLISHED: April 1, 2006

SUBJECT: Release of Reports@Hand to Agencies/Producers -- for Western Regional Accounts ASO clients and insured clients with 100+ employees only

BACKGROUND:

Highmark's objective is to provide sufficient information to Highmark General Agencies and their producers, our external distribution channel, to enable them to appropriately represent Highmark with our mutual clients. It is the objective of this Policy to provide a framework for the release of Highmark proprietary information, to monitor its distribution and to provide controls.

POLICY:

Selected reports from the Reports@Hand menu would be released only to the client's Agency of Record and its producer(s) (Agency), for specified client segments, provided the Agency has executed all necessary agreements required by Highmark. The specified client segments and reports are:

- Western Regional Accounts ASO clients – all reports
- Western Regional Accounts Insured clients with 100+ employees – Medical and RX Fast Facts only

These reports would be available only through the Highmark Client Manager or Account Service Manager (ASM), unless an exception has been made by Highmark Senior Management for direct access. The Agency would request the report from the Client Manager or ASM who would confirm Agency of Record status and provide either a paper or electronic copy of the report within five business days of the receipt of the request.

PRODUCER AFFAIRS POLICY

POLICY NO. **POR-1-E (Formerly AOR-1-E)**

EFFECTIVE DATE: **4/1/2000**
(Revised 4/20/2010)

SUBJECT: **Submission and Filing of Producer of Record (POR) Letters – all size groups**

POLICY

Producer of Record (POR) letters are required for all new medical and vision groups when commission is to be paid to a Highmark appointed General Agency and for POR changes for existing business. No commission will be entered/paid until the POR letter is received.

Experience rated business with 51 or more employees

The following will be required for POR letters (sample letter – Attachment I):

- Letters must be dated and on the client's letterhead; only originals will be accepted.
- Letters must be signed by an owner/officer or owner-authorized signer of the company.
- Letters must designate the full name(s) of the Producer of Record, the agent (producer) and General Agency, if different, and the requested effective date.
- Letters may authorize the release of requested applicable and relevant Benefit Booklet(s), executed Administrative Services or Insurance Contract(s) to the Producer of Record - subject to each being confidentially maintained.
- The commission amount (percent of premium, per contract per month, or other amount) must be indicated in the POR.
- If, at any time, multiple Producers are listed as POR, the General Agency names and the commission amount for each must be indicated.

Demographically rated business with 50 or fewer employees

- The Small Group Business Application will function as an original POR letter for new groups or at renewal when both product and POR changes are being made.

The following will be required for POR change letters at renewal or for mid-year changes (sample letter – Attachment II):

- Letters must be dated and on the client's letterhead; only originals will be accepted.
- Letters must be signed by an owner/officer or owner-authorized signer of the company.
- Letters must designate the full name(s) of the Producer of Record, the agent/producer and General Agency, if different, and the requested effective date.
- Letters may authorize the release of requested applicable and relevant Benefit Booklet(s) and executed Insurance Contracts to the Producer of Record - subject to each being confidentially maintained.
- If, at any time, multiple producers are listed as POR's, the General Agency name and the commission amount for each must be indicated.

Notes:

To facilitate processing, it is recommended that POR letters be forwarded to the Highmark Client Manager via Certified Mail.

If another Highmark General Agency is currently assigned to the case (i.e., a POR change), the Client Manager will be responsible for sending the 10-day courtesy notification letter to the prior General Agency.

For New to Blue business, or after the POR change is verified, the Client Manager will be responsible for the following:

- The original POR letter should be sent to Commission Administration, Mail code P2307, for processing/filing.

POR-1-E
Attachment II

SAMPLE PRODUCER OF RECORD (POR) LETTER Revised 4/20/2010

Applies to POR letters for New/Existing Experience-Rated Business (51 or more Employees)

Producer of Record letters must be on the client's letterhead, signed by an authorized company representative (e.g., owner, partner, officer, human resources director, etc.), and specify the commission amount. Original signature is required.

(DATE)

(Name of Highmark Client Manager)

Highmark Inc.
120 Fifth Avenue: Suite **(Number)**
Pittsburgh, PA 15222-3099

RE: Producer of Record

To: **(Name of Highmark Client Manager)**

(Company name) has named **(Producer (Agency) name, producer (individual) name and General Agency name, if different from Agency name)** as its Producer of Record, effective **(Insert effective date)**, for group health care benefits offered through Highmark for the following lines of business: **(client should specify medical, HMO, vision, Highmark branded dental, etc, AND applicable group numbers, if known)**. This Producer of Record Letter will remain in effect until Highmark is notified via a revised Producer of Record Letter, or the group health care benefits contract is terminated. In addition, **(Company Name)** hereby authorizes release of requested applicable and relevant Benefits Booklets, executed Administrative Services or Insurance Contracts to Producer of Record - subject to each being confidentially maintained.

(Company name) recognizes that the Producer of Record identified above is acting as an agent for Highmark in accordance with the Highmark Inc. Producer Agreement. It is understood that the General Agency will receive commission for the services it will provide in the amount of **(percent of premium, per contract per month, or other amount must be inserted here; if the amount is to be split between multiple Agencies, the commission for each Agency must be indicated)**. The commission amount will be included as an additional component of the premium rate. In addition, the Agency may be eligible to receive additional compensation for meeting specified sales goals.

Sincerely,

(Name of Authorized Company Representative)

Title:

**Applies to Mid-Year POR Changes or at renewal for a POR change only
for Demographically-Rated Business (50 or fewer Employees)**

Producer of Record letters must be on the client's letterhead and signed by an authorized company representative (e.g., owner, partner, officer, human resources director, etc.). Original signature is required.

(DATE)

(Name of Highmark Small Group Market Client

Manager) Highmark Inc.

120 Fifth Avenue: Suite **(Number)**

Pittsburgh, PA 15222-3099

RE: Producer of Record

To: **(Name of Highmark Small Group Market Client Manager)**

(Company name) has named **(Producer (Agency) name, producer name and General Agency name, if different from Agency name)** as its Producer of Record, effective **(Insert effective date)**, for group health care benefits offered through Highmark for the following lines of business: **(client should specify medical, HMO, vision, Highmark branded dental, etc, AND applicable group numbers, if known)**. This Producer of Record Letter will remain in effect until Highmark is notified via a revised Producer of Record Letter, or the group health care benefits contract is terminated. In addition, **(Company Name)** hereby authorizes release of requested applicable and relevant Benefits Booklets and executed Insurance Contracts to Producer of Record - subject to each being confidentially maintained.

(Company name) recognizes that the Producer of Record identified above is acting as an agent for Highmark in accordance with the Highmark Inc. Producer Agreement. It is understood that the Agency will receive commission for the services it will provide. In addition, the Agency may be eligible to receive additional compensation for meeting specified sales goals.

Sincerely:

**(Name of Authorized Company
Representative) Title:**

Certification of Completion Form



**HIGHMARK BLUE CROSS BLUE SHIELD
PRODUCER AFFAIRS POLICY**

POLICY NO. **Data Release-2-E**

DATE PUBLISHED: **April 1, 2006**

SUBJECT: **Release of Client Risk Profiles to Agencies/Producers -- for Western
Regional Accounts ASO clients**

BACKGROUND:

Highmark's objective is to provide sufficient information to Highmark General Agencies and their producers, our external distribution channel, to enable them to appropriately represent Highmark with our mutual clients. It is the objective of this Policy to provide a framework for the release of Highmark proprietary information, to monitor its distribution and to provide controls.

POLICY:

A Client Risk Profile would be released only to the client's Agency of Record and its Producer(s) (Agency), provided the Agency has executed all necessary agreements required by Highmark.

This report would be available only through the Highmark Client Manager or Account Service Manager (ASM). The Agency would request the Client Risk Profile from the Client Manager or ASM who would confirm Agency of Record status and provide either a paper or electronic copy of the report within five business days of the receipt of the request.

The Client Manager or ASM would be responsible for ensuring that the Agency was trained to use the report and/or that the Reference Guide to the Client Risk Profiles was provided with the Client Risk Profile. See Attachment 1.



A Reference Guide to the Client Risk Profiles

Presented by:

Health Care Informatics, Research & Analysis

A department of Highmark Inc

CHANGES TO 2ND QUARTER 2005 RELEASE*****

Section A: *Age table comparative PMPM's are reflective of medical/surgical costs only, excluding drug costs.*

Section B: *Aggregated Diagnostic Cost Group PMPM Comparisons are reflective of medical/surgical costs only, excluding drug costs.*

Both of these changes were made to allow for a more accurate benchmark comparison as not all accounts have drug coverage through Highmark.

I. GENERAL INFORMATION

Aggregated risk profiles have been created for all clients with 100 or more contracts. The purpose of the profiles is to provide information on risk (burden of illness), cost, and condition prevalence in comparison to an appropriate benchmark and to assist in determining the clinical drivers of both risk and cost. The standard benchmarks are at the Customer Segment Group (CSG) level, however in certain cases additional benchmark information is available, such as a Sales District or Industry benchmark.

Profiles have also been created for clients with 51 to 99 contracts. The profiles for the smaller sized clients do not contain risk information, as it could potentially be misleading.

The risk profiles are based on a 12-month incurred period of claims. The claims have been analyzed through a Risk Grouper software which uses a series of standard algorithms to generate risk scores based on each individual member's claims experience using ICD9 diagnoses and/or CPT-4 procedure codes as reported through paid claims. Profiles are available for either the entire client membership population or can be obtained for just the membership under age 65.

Two-Year trend profiles have also been developed to display a client comparison of the current and previous 12 months. The trend profiles are for clients currently active and for groups active anytime during the trending period. The trend profiles contain the same data elements and variables as the regular profiles, except the client is compared to itself (Year 1 vs. Year 2) instead being compared to benchmark.

II. DATA ELEMENTS AND VARIABLES

The profile has four sections, labeled A, B, C and D, which display General Client information, Aggregated Diagnostic Cost Group statistics, Lifestyle Condition and Non-User rates, and Aggregated Condition Category rates, respectively. Each section's data elements and variables are explained in more detail below.

SECTION A – General Client Information

This section contains general information related to the client overall and includes several client classifications as follows:

- **Industry Type** - represents the standard industry description of the account. Note: Several clients had multiple industry codes; however, the industry code with the highest membership under the account is displayed.
- **Rating Method** - explains the financial arrangement with Highmark. Options include Risk or Non-Risk.
- **Sales District** - provides the Highmark sales district. (Only applicable to the Western Regional CSG)

In addition, a table of pertinent enrollment, risk, PMPM and outlier measures with appropriate benchmark values is displayed. The variables displayed in the table are:

- **# Contracts*** - represents the client's total number of contracts (employees) with Highmark. This number does not include other family members that may be covered under the contract holder's agreement.
- **# Mbrs*** - represents the total number of members covered under the plan including all contract holders and their covered dependents (spouses, children etc.).

**** Please note: All contracts/members with any eligibility during the time period are counted even if the contract terminated during the period.***

- > **Avg. Mbrs/Contract** - represents the number of members per contract (total members divided by total contracts).
- > **Avg Mnths Eligibility** - represents the average number of months each member was eligible for coverage during the 12-month period.
- > **Age/Sex Risk** - represents the client's average risk score with respect to only the age and sex of the covered population.
- > **Concurrent Risk** - represents the client's average risk score of the population based on claims experience during the current period. Concurrent Risk scores are weighted based on individual member eligibility.
- > **Prospective Risk** - represents the client's average future risk score (in the next year) based on the current diagnoses within the population and age and sex factors.
- > **Medical/Surgical PMPM** – represents the medical-surgical claim costs per member per month.
- > **Drug PMPM** -- represents the drug claim costs per member per month.
- > **Total PMPM** - represents the total claims costs per member per month including the medical-surgical and drug claim costs.
- > **Avg. per Capita Cost** - represents the average cost per member. (Drug costs are included)
- > **# Cost Outliers** - the number of members whose costs are greater than or equal to \$50,000.
- > **% Cost Outliers** - the percent of total members whose costs are \$50,000+.
- > **# Risk Outliers** - the number of members having a concurrent risk greater than or equal to 17.
- > **% Risk Outliers** - the percent of total members whose risk is 17+.

Membership Distribution by Age Group:

Displayed on the right of the page in Section A, is a membership distribution chart. This chart displays the percentage of the client's overall membership by age group with a benchmark comparison. The age groups are: 0-17 years, 18-44 years, 45-64 years, Over 65 years. Below the distribution graph is a table displaying the medical/surgical PMPM*, concurrent risk, and prospective risk for the age groups of under-65 and over 65. Both the graph and table are to show the impact, if any, of the client's over-65 membership.

** Please note, for the 2nd Quarter 2005 application release, the PMPM in this section was changed to medical/surgical only, excluding drug costs taking into consideration not all accounts have drug coverage through Highmark. This allows for a more accurate and appropriate comparative benchmark.*

SECTION B – Client Aggregated Diagnostic Cost Groups

This section displays information on the client's membership by Aggregated Diagnostic Cost Groups (ADCG's). Each member is categorized into an ADCG group based on his or her health status. The ADCG value coincides with an expected cost/risk classification. Higher ADCG values indicate higher burden of illness and higher expected costs as follows:

ADCG	Expected Costs	Risk	Type of Member
0	\$0-\$999	Low	Healthiest Members with minimal claims experience
1	\$1000-\$4,999	Moderate	Moderately Healthy members with one or more minor conditions
5	\$5,000-\$9,999	Elevated	Members with one ore more acute or chronic conditions of low to moderate severity
10	\$10,000-\$24,999	High	Members with one or more acute or chronic conditions of moderate to high severity
25	\$25,000 or more	Extreme	Sickest most costly members with conditions such as malignancies, heart disease etc.

The client's ADCG statistics are compared to the benchmark values. The variables displayed in the table are as follows:

- > **Risk** - represents the level of risk (burden of illness) associated with the ADCG groups. "Low" represents the healthiest members and "Extreme" represents the sickest members.
- > **Expected Costs** - the dollar range of the expected expenditures for the ADCG grouping buckets.
- > **Client % of Total Mbrs** - the percentage of client members in each ADCG group.
- > **Benchmark% of Total Mbrs** - the percentage of the benchmark's members in each ADCG group.
- > **Client MED/SURG PMPM*** - the client's actual per member per month cost (medical-surgical) for each ADCG group.
- > **Benchmark MED/SURGPMPM*** - the benchmark's actual per member per month cost (medical-surgical) for each ADCG group.
- > **Client Concurrent Risk** - represents the average concurrent risk score for each ADCG group.
- > **Benchmark Concurrent Risk** - represents the average concurrent risk score for each ADCG.

** Please note, for the 2nd Quarter 2005 application release, the PMPM in this section was changed to medical/surgical only, excluding drug costs taking into consideration not all accounts have drug coverage through Highmark. This allows for a more accurate and appropriate comparative benchmark.*

Membership Distribution by Risk Group:

Displayed on the right of the page in Section B is a membership distribution chart by risk, showing the percentage of the client's overall membership by risk group compared to the benchmark.

SECTION C – Client Lifestyle Condition and Non-User Rates

This section provides graphical representations of the client's Lifestyle Condition and Non-User rates. The Lifestyle Condition rates measure the rate per 1,000 members for the diagnoses of obesity, hypertension and high cholesterol for the client and benchmark. The Non-User rates, which are the rates of members not using services, measure the rate per 1,000 members by age group for the client and benchmark. A member can only be classified as a Non-User if they have been eligible for 9 or more months during the calendar year measurement period, therefore this is not a practical analysis for a new Highmark client less than 9 months of claims.

SECTION D – Client Aggregated Condition Category rates Per 1,000 Patients

This section provides data on the client's Aggregated Condition Categories (ACC's). Members are placed into various ACC's based on the diagnoses reported. The rate is calculated by taking the total number of members in an ACC divided by the total number of members overall and multiplying by 1,000. A member may fall into more than one ACC, depending on diagnoses present in claims history.

The client's ACC Rates is compared to the overall CSG average in this section. The variables displayed in the table in Section C are as follows:

- **Condition Category** - represents the Aggregated Condition Category based on a set of diagnoses.
- **Client Rate** - represents the client's ACC Rate per 1,000 members.
- **Benchmark Rate** - represents the benchmark rate per 1,000 members.
- **Flag** - indicates by red asterisk if the client's ACC Rate is a particular percent above the benchmark rate. Flag values and criteria are as follows: one asterisk indicates the client's ACC rate is between 10% and 24.9% over the benchmark, two asterisks indicate that the client's ACC rate is between 25% and 49.9% over the benchmark, and three asterisks indicate the client's rate is greater than 50% over the benchmark.

PRODUCER AFFAIRS POLICY

POLICY NO. **Disclosure-1-E**

DATE PUBLISHED: **7/01/03**

(Revised 2/15/2007)

SUBJECT: **Disclosure of Commission Amounts – 50 or Fewer Employees (demographically rated groups) and 51 or More Employees (experience rated and self-insured groups)**

BACKGROUND:

Highmark's direction is to operate with the highest level of integrity, which includes its approach to commission disclosure, thus setting the standard in the group medical insurance market. This policy acknowledges that disclosure may exceed required state minimums for disclosure. Additionally, it is the objective of this policy to improve the accuracy of commission payments to the Agency/Producer of Record, hereafter referred to as the Producer of Record.

POLICY:

PRODUCER OF RECORD (POR) REQUIREMENTS

50 or Fewer Employees (demographically rated groups)

New Business or Existing Customer Changing Plans: The client will complete and sign the Small Group Business Application.

Producer of Record Change: POR letters will continue to be required and must comply with the parameters outlined in Producer Affairs Policy POR-1.

51 or More Employees (experience rated and self-insured)

New Business and Producer of Record Change: POR letters will continue to be required and must comply with the parameters outlined in Producer Affairs Policy POR-1.

COMMISSION DISCLOSURE REQUIREMENTS

Further, each General Agency will be required to:

1. Complete, on an annual basis, in February, a Commission Disclosure Certification Form (see sample Attachment I) that will:
 - **For all groups with 50 or fewer employees (i.e., demographically rated groups),** certify to Highmark that the commission amounts have been disclosed to an owner/officer of each group when requested
 - **For all groups with 51 or more employees (experience rated and self insured),** certify to Highmark that the commission amounts have been disclosed to an owner/officer of each group.
2. Review the Agency's Active Report published quarterly (February, May, August and November) on the Producer Portal to ensure that it is complete and that the commission amounts are accurate. Discrepancies should be reported immediately to the Commission Administration Area on the Commission Discrepancy Form (see sample Attachment II).

MODIFICATION OF COMMISSION AMOUNTS

- In the event the commission amount on the listing is modified during the year, the Agency will be required to provide written confirmation of the change. The confirmation must abide by the same standards as the POR letter.

CORRECTIVE ACTION

In the event it is later determined that the Agency did not comply with this policy, the following action will be taken by Highmark:

- If Highmark determines the non-compliant activity was an error that was not malicious, planned or intentionally dishonest, the non-compliant activity will be noted in the Agency file. Commission for the client(s) involved with this non-compliant activity will not be paid to this or any other Agency for a 12-month period.
- If an additional incident occurs, or if the non-compliant activity was found to be malicious, planned or intentionally dishonest, the Agency may be subject to additional action by Highmark including, but not limited to: termination of Agency appointment; termination of producer appointments; termination of commission payment; and notification to applicable state and/or federal authorities.

SAMPLE COMMISSION DISCLOSURE CERTIFICATION FORM

As an owner/officer of the Agency below, I understand it is Highmark Blue Cross Blue Shield's (HBCBS) policy that it is the responsibility of the Agency to notify the Agency's HBCBS clients of any and all commission paid by HBCBS to the Agency for groups of 51 and over, and in the case of groups with 50 or fewer employees, if requested by the group.

If it is later determined that the Agency did not comply with HBCBS' disclosure policy, I understand that the following action may be taken by HBCBS:

- If HBCBS determines the non-compliant activity was an error that was not malicious, planned or intentionally dishonest, HBCBS will note the non-compliant activity in the Agency's file and allow the Agency one additional incident. Commission for the client(s) involved with this non-compliant activity will not be paid to this or any other Agency for a 12-month period.
- If an additional incident occurs, or if the non-compliant activity was found to be malicious, planned or intentionally dishonest, the Agency may be subject to additional action by HBCBS including, but not limited to: termination of Agency appointment; termination of agent appointments; termination of commission payment; and notification to applicable state and/or federal authorities.

I hereby certify that the commission amounts have been disclosed to the owner/officer of each client responsible for commission approval for groups of 51 and over, and in the case of groups with 50 or fewer employees, that the commission amounts have been disclosed if requested by the group.

Agency Name:

(Please Type or Print)

Agency Number:

(Please Type or Print)

Name:

((Agency Owner/Officer

- Please Type or Print)

Signature:

(Agency Owner/Officer)

The Commission Disclosure Certification should be returned to Producer Affairs – West within 30 days of receipt.

Please return this Form to: Producer Affairs – West
Highmark Blue Cross Blue Shield
120 Fifth Avenue: Suite P2307
Pittsburgh, PA 15222-3099
[e-Mail: ProducerAffairsWest@highmark.com](mailto:ProducerAffairsWest@highmark.com)
FAX: (412) 544-2281

PRODUCER AFFAIRS POLICY

POLICY NO.: LOA-1-E

EFFECTIVE DATE: **2/01/2000**

Revised 8/30/2006

SUBJECT: **Letter of Authorization – all size markets.**

POLICY

A Letter of Authorization entitles an agency to secure information relative to a Highmark client normally obtainable only by the client or the Agency of Record. A Letter of Authorization must follow the same guidelines required for Agency of Record letters (see AOR-1). In addition, a Letter of Authorization will be valid for a maximum period of 120 days from the date the requesting letter is received by Highmark. The Letter of authorization time frame is not renewable. If the Letter of Authorization agency requires information after the 120 day period, the information request will have to be received directly from the client.

The Client Manager assigned to the case will be responsible for notifying the client, the Agency of Record and the agency obtaining the Letter of Authorization within 10 days of receipt of the letter of the time frame allotted for the Letter of Authorization. All parties should also be advised in this Letter, that during the time the Letter of Authorization is effective, both the Agency of Record and the agency with the Letter of Authorization will receive the same data, regardless of which of the two requested the data. There are two exceptions to this policy, however. First, if data/reports requiring a fee are requested by one of the agencies, the other agency will have the right to refuse the data/reports and therefore not pay the associated fee. Second, any specific requests for new benefit designs and associated rating information requested by one of the agencies will only be provided to the requesting agency. A sample acknowledgement letter is attached to this policy.

SAMPLE ACKNOWLEDGEMENT LETTER
RECEIPT OF LETTER OF AUTHORIZATION

(DATE)

(Client Name)
(Client Address)

DEAR **(Client Contact)**:

We have received your letter authorizing Highmark Blue Cross Blue Shield to provide **(Name of LOA Agency)** with information relative to your Highmark health insurance program. We are pleased to honor your request.

Letters of Authorization do present unique challenges for Highmark. I am sure you can appreciate the additional administration required by Highmark and the potential relationship issues we both could have working with two different agencies. In that regard, Highmark's policy is to recognize the agency with the Letter of Authorization for a maximum of 120 days from the date of the request, or in this case, until **(insert ending date here)**. Our experience shows that this 120 day time frame should be more than sufficient for you to determine the agency which will represent your future needs. This authorization period is not renewable.

During this time period, data requested by either agency that does not have an associated cost will be provided to both agencies. However, any new benefit design and associated rating information requested by either agency will only be provided to that agency.

We appreciate your continued commitment to Highmark Blue Cross Blue Shield.

Sincerely,

(Client Manager)

cc: **(Letter of authorization Agency)**
(Agency of Record)

PRODUCER AFFAIRS POLICY

POLICY NO.: **POOL-1-E**

EFFECTIVE DATE: **7/01/2000**

Revised 8/30/2006

SUBJECT: **Effective Date for Commission Payments for “Pool to Pool”
Movement – all size groups**

POLICY

Commission will continue to be immediately payable to the Agency of Record when a group moves from a partial-Blue to an All-Blue association/pool (see Policy AOR-2 for effective date information). For all other movement (All-Blue to All-Blue, All-Blue to Partial-Blue, Partial-Blue to Partial Blue), commission will be paid to the Agency of Record following a 12 month no-commission period, to allow some of the administrative costs associated with the business transfer to be recouped. Only a single 12 month, no commission period will apply even if a different Agency of Record is selected during this period.

PRODUCER AFFAIRS WEST POLICY

POLICY NO.: POR-2-E (formerly AOR-2-E) EFFECTIVE DATE: 3/15/2000

Revised 2/01/2007

SUBJECT: Effective Date for Producer of Record (POR) Changes – all size markets.

POLICY

Regardless of group size, all Producer of Record (POR) changes received by Highmark by the 15th of the month will be effective the first of the following month. POR's received after the 15th of the month will not be effective until the succeeding month. For example, if the POR change is received on the 16th of March, the POR effective date will be the 1st of May. POR changes and effective dates must, of course, comply with other Highmark policies (e.g., association guidelines, house accounts, etc.).

A notification letter will be sent to both the new and prior Agencies by the prior Client Manager notifying each of the POR change received at Highmark (FAX copy to prior Agency is preferred). The prior Agency has 10 working days from the date of the notification letter to secure a rescission letter from the client. In the event the client notifies us that they no longer wish to work with any Agency, the same timeframes as indicated above will apply.

Unless a revised POR is received from the prior Agency within 10 working days of the date of the Highmark letter, the change will be effective per the notification letter and Highmark policy.

PRODUCER AFFAIRS WEST POLICY

POLICY NO.: **POR-3-E (formerly AOR-3-E)** EFFECTIVE DATE: **1/01/2000**

Revised 2/01/2007

SUBJECT: Retroactive Commission Payments for Producer of Record – all size markets

POLICY

It is the responsibility of the Agency to reconcile Highmark's monthly commission statement and quarterly Active Report with Agency records to insure that the Agency is receiving the commission payment for each group in accordance with the Producer of Record (POR) for each client. If a commission is not being paid or is being paid incorrectly, it is the responsibility of the Agency to report this, in writing, to their Highmark Client Manager. The documentation sent to Highmark should include:

- A letter, on Agency letterhead, signed by an owner or officer of the Agency, or designee, stating the reason(s) why the Agency feels that commission is due.
- A copy of the POR which includes all information (e.g., effective date, producer/Agency name, group numbers, etc.) outlined in POR-1.

Retroactive commissions will be paid provided a POR is on file, or is obtained, verifying that the Agency was the POR for the time period in question. For groups with over 50 employees, the proper commission payment must have been authorized and paid to Highmark by the client. Provided these criteria are met, Highmark will authorize retroactive payment as far back as 12 months prior to the date the claim for retroactive commission is made.

For example: If Highmark was notified by the Agency on January 15, 2007, that no commission has been paid on one of their groups where an POR was obtained September 1, 2005, Highmark will go back 12 months prior to the date the claim for the retroactive commission is made, or in this case January 15, 2006. This would be the maximum retroactive payment.

**PRODUCER AFFAIRS PROCEDURE
WESTERN REGION**

**#2007-02-E
Published July 25, 2007
Revised 12/18/2008**

**NOTIFICATION BY A HIGHMARK BLUE CROSS BLUE SHIELD GENERAL AGENCY
WHEN A HIGHMARK APPOINTED PRODUCER LEAVES THE AGENCY**

BACKGROUND

A Highmark Blue Cross Blue Shield (Highmark) General Agency (GA) is required to notify Highmark when a licensed Highmark appointed producer, who is either an employee producer (employed by the GA) or a retail producer (not employed by the GA but authorized by the GA to submit business through it), leaves the GA for any reason.

PROCEDURE

General Agency

Within five business days the GA must notify the Producer Affairs West Appointment and Licensing Administrator via [e-mail: ProducerAffairsWest@highmark.com](mailto:ProducerAffairsWest@highmark.com) using the designated Form (see Attachment I, "Sample Highmark Notification Form: Producer Has Left Agency).

Note: If the Producer also has Portal access, the GA must complete the Highmark *Blue Cross Blue Shield Producer Portal Access Request Form* and check the "Deactivate User" box (see Attachment I-A, Sample Highmark Blue Cross Blue Shield Producer Portal Access Request)

Producer Affairs West

Upon notification, the Administrator verifies the Appointment status of producer with the Insurance Department and, if active, sends a letter to the producer notifying him/her that he/she has 30 days to affiliate with another GA and submit a transfer form (see Attachment II, "Sample Producer Transfer Form"). If there is no response, the Administrator cancels the producer's Highmark Appointment(s) following Departmental procedure.



**Sample Highmark Blue Cross Blue Shield Notification
Appointed Producer Has Left General Agency**
General Agency (GA) Information:

GA Number: _____
GA Contact Name: _____
GA Contact Phone Number: _____

Producer Information:

First Name: _____
Middle initial: _____
Last Name: _____
Producer ID Number: _____
PA Producer License Number: _____

Reason for Leaving:

- Retired
- Transferring to another General Agency
- Deceased
- Left Agency: _____ (Please explain)
- Other: _____ (Please explain)

Comments: _____

RETURN INFORMATION

SEND THE COMPLETED FORM VIA E-MAIL TO:

Attention: Producer Affairs West Appointment and Licensing Administrator via e-mail: ProducerAffairsWest@highmark.com



SAMPLE PRODUCER TRANSFER FORM

Please Make Photocopies - Type or Print Legibly

THIS SECTION TO BE COMPLETED BY TRANSFERRING PRODUCER

Producer Name: _____ Producer No.: _____

(Producer Phone Number) (Producer FAX Number) (Producer e-Mail Address)

(Prior General Agency Name) (Prior General Agency Number)

Reason for Transfer: _____
(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE STATEMENT)

Producer's Signature: _____ Date: _____

The following documentation MUST be attached to this Form:
A copy of producer's current Pennsylvania Producer License Proof of Errors and Omission Insurance
A signed Highmark Privacy and Security Awareness Program Training Certification Form (Training booklet and Form are available via the Producer Portal)

THIS SECTION TO BE COMPLETED BY PROSPECTIVE GENERAL AGENCY (GA)

Please transfer _____ to:
(Producer Name as it appears on PA Accident & Health License)

(Prospective GA Name) (Prospective GA Number)

Note: Producer will be assigned the following Producer Portal Entitlements: Online Library, Small Group Quotes and Direct Pay Quotes and Apps (provided DP training has been completed).

Signature: _____ Date: _____
(Prospective GA Authorized Signature)

You will receive e-mail notification with the Highmark transfer effective date. Please note that only new business written by the producer after the transfer effective date will be placed with the new General Agency. All business written by the producer prior to the transfer effective date remains with the prior General Agency unless written authorization to release business, that includes the group and/or Direct Pay numbers, is provided by the prior General Agency at the time of transfer.

Please return this form with attachments to: Highmark Blue Cross Blue Shield
Attention: Producer Affairs Appointment & Licensing
120 Fifth Avenue: Suite P2307
Pittsburgh, PA 15222-3099
FAX: (412) 544-2278
[e-Mail: ProducerAffairsWest@highmark.com](mailto:ProducerAffairsWest@highmark.com)

THIS SECTION TO BE COMPLETED BY HIGHMARK BLUE CROSS BLUE SHIELD (FOR INTERNAL USE ONLY)
PRODUCER TRANSFER VERIFICATION

_____, / _____, / _____, /
Transfer Effective date Transfer Completed By (Date Completed)

COMMISSION DISCREPANCY FORM

(PLEASE MAKE ADDITIONAL COPIES AS NEEDED)

Please List the following Information:			Date Submitted:
Agency Name			Return to: Attention: Commission Administration
Agency Number:			Highmark Blue Cross Blue Shield
			120 Fifth Avenue: Suite P2307
			Pittsburgh, PA 15222-3099
Agency Contact:			FAX: (412) 544- 2278
Telephone #:			e-Mail: CommissionAdminWest@highmark.com

Group or Member Name	Group or Member Number	Product (Medical or Vision)	Explain Discrepancy	Provide Correct Information
<h1>EXAMPLE ONLY</h1>				



Highmark Blue Cross Blue Shield
Producer Portal Access Request

Send completed form to 'produceraffairswest@highmark.com'

NEW USER

CHANGE USER INFORMATION

AGENCY INFORMATION:

General Agency Number: General Agency Main Contact Name:
General Agency Address: *(Optional for new requests; Not required for changes)*
Street Address:
City, State, Zip:

USER INFORMATION: *Please Note: ensure your email is correct – Secure Mail will not function correctly if your email address is incorrect.*

User FIRST Name: User MIDDLE Initial: User LAST Name:

User eMail Address: User Phone Number: User Fax Number:

EXAMPLE ONLY

EXISTING USER INFORMATION: *(complete if 'Change User Information' was checked above)*

User ID:
 Deactivate User Reinstate User
 Correction to User Profile (update information above.)
 Add Entitlements (select below)

PRODUCER PORTAL ENTITLEMENTS:

- Highmark Small Group Quotes – enables user to quote Keystone HMO Small Group Products
- HHIC Small Group Quotes *(must be appointed with Highmark first.)*
- Direct Pay Quotes and Apps – enables user to quote Direct Pay Products *(training must be completed.)*
- Existing Business – Book of business for Renewals *(includes HHIC if appointed.)*
- Commission Statements – access to commissions and Direct-Pay activity reports
- Client Administration – Membership and Billing access for clients *(requires Instruction to Release (ITR) from clients over 50 contracts)*
- Senior Markets Individual Products - County:

Comments:

PRODUCER AFFAIRS WEST POLICY

POLICY NO.: **COR-1-E**

EFFECTIVE DATE: **01/01/2009**

Revised: 03/17/2009

SUBJECT: **Submission and Filing of Consultant of Record (COR) Letters – For New-to-Blue Fee-Based Business and Changes for Existing Fee-Based Business (51 or more employees)**

POLICY

Consultant of Record (COR) letters are required for all New to Blue medical and vision groups and for COR changes to ensure that the General Agency's fee-based business is correctly tracked to the General Agency. Fee-based business will not be added to your Agency's Active Report until the COR letter is received.

The following will be required for COR letters (see sample letter – Attachment I):

- Letters must be dated and on the client's letterhead; only originals will be accepted.
- Letters must be signed by an owner/officer or owner-authorized signer of the company.
- Letters must designate the full name(s) of the General Agency and of the agent (producer) and the requested effective date.
- Letters may authorize the release of requested applicable and relevant Benefit Booklet(s), executed Administrative Services or Insurance Contract(s) to the Consultant of Record - subject to each being confidentially maintained.

Effective Date for Consultant of Record (COR) Changes: All Consultant of Record (COR) changes received by Highmark by the 15th of the month will be effective the first of the following month. COR's received after the 15th of the month will not be effective until the succeeding month. For example, if the COR change is received on the 16th of March, the COR effective date will be the 1st of May.

To facilitate processing, it is recommended that COR letters be forwarded to the Highmark Client Manager via Certified Mail.

SAMPLE CONSULTANT OF RECORD (COR) LETTER

Applies to COR letters for new-to-Blue fee-based business and changes to existing fee-based business (51 or more employees)

Consultant of Record letters must be on the client's letterhead, be signed by an authorized company representative, e.g., owner, partner, officer, human resources director, etc. Original signature is required.

(DATE)

(Name of Highmark Blue Cross Blue Shield Client Manager)

Highmark Blue Cross Blue Shield
120 Fifth Avenue: Suite **(Number)**
Pittsburgh, PA 15222-3099

RE: Consultant of Record

To: **(Name of Highmark Blue Cross Blue Shield Client Manager)**

(Company name) has named **(General Agency name, producer (individual) name)** as its Consultant of Record effective **(insert effective date)**, for group health care benefits offered through Highmark Blue Cross Blue Shield for the following lines of business: **(client should specify medical, HMO, vision, etc, AND applicable group numbers, if known)**. The Consultant of Record Letter will remain in effect until Highmark Blue Cross Blue Shield is notified via a revised Consultant of Record Letter, or the group health care benefits contract is terminated. In addition, **(Company Name)** hereby authorizes release of requested applicable and relevant Benefits Booklets, executed Administrative Services or Insurance Contracts to Consultant of Record - subject to each being confidentially maintained.

(Company name) recognizes that the Consultant of Record, as indicated above, is acting as an agent for Highmark Blue Cross Blue Shield in accordance with the Highmark Inc. Producer Agreement.

Sincerely:

(Name of Authorized Company Representative)

Title: _____



HIGHMARK BLUE CROSS BLUE SHIELD PRODUCER AFFAIRS POLICY

POLICY NO. **Brand Compliance-1-E**

DATE PUBLISHED: **August 20, 2007**

SUBJECT: **Producer Compliance with Blue Cross and Blue Shield Association (BCBSA) Brand Regulations**

BACKGROUND

As a licensee of the Blue Cross and Blue Shield Association (BCBSA), Highmark has the right to use certain “brands” that are owned by BCBSA. Examples include the Blue Cross and Blue Shield symbols, the words “Blue Cross” and “Blue Shield” as well as product names that include the words “Blue,” “Cross” or “Shield.” Use of these brands is governed by BCBSA brand regulations.

Under these regulations, Highmark can allow our authorized producers to use the brands to indicate that they are offering Blue Cross and/or Blue Shield products.

POLICY

When producers use the brands in advertising or other communications, they must follow these requirements:

- The materials must specify that the producer is offering products from Highmark in Highmark’s service area. Materials cannot refer to “Blue Cross and/or Blue Shield” products. They need to specify that the products are from “Highmark Blue Cross Blue Shield” or “Highmark Blue Shield.”
- The materials need to make it clear that the producer is independent and not part of Highmark. One way to do this is to use the phrase “An independent agent of” directly above the Highmark company logo.
- When producers choose to display the name of Highmark along with other companies’ names they represent in their Yellow Pages ad, on their business card, on their Web site or elsewhere, the Highmark name or logo or the name or logo of a Highmark branded product can’t be larger or more prominent than the names or logos of other companies or products the producer represents.
- All materials developed by producers that include the use of the brands must receive prior written approval from Highmark.

Producers who use the brands must also follow all of the other BCBSA regulations that govern the use of the brands, including:

- Service area: Highmark operates under two different names – Highmark Blue Cross Blue Shield in the 29 counties of western Pennsylvania and Highmark Blue Shield in the remainder of the state. **Producers cannot use materials in the Central Region that include the Blue Cross brand in any format. All materials intended for use in the Central Region must be branded “Highmark Blue Shield” and only display the Shield symbol.**

Special rules for Internet usage: These require producers to include special statements regarding service area on their Web site and to determine if the Internet viewer resides in the Western or Central Region *before they display any information that includes the Blue brands.*

- Disclosure tagline: All public communications must include what BCBSA calls the “disclosure tagline” – “An independent licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans” – with the first reference to the Highmark logo or name.
- Colors: Highmark company and product logos may be printed in black only or in black and Highmark Blue. No other color(s) are permitted without prior written approval from Highmark.
- Identifying the owner of the brands: The Highmark company logos and some of our product logos include either the “circle R” -- ® -- registered service mark symbol or the “SM” service mark indication. Producers who obtain logos from Highmark for use in advertising or other materials cannot alter these logos in any way, and these symbols must be included, as required. In some cases, materials that include the brands must also include a “legend” (or footnote) to indicate that BCBSA owns these brands.

Please refer to Attachment I – *What Producers Need to Know about “Blue” Brand Regulations* – for additional details.

What Producers Need to Know about “Blue” Brand Regulations

The Blue Cross and Blue Shield names and symbols are among the most recognizable brands in the world. It's not surprising, then, that Highmark authorized producers may want to use our company or product names or logos in their ads or other printed materials. The following information explains the “brand regulations” that govern the use of the “Blue” brands – particularly as they apply to independent producers.

A Quick Summary

The Blue Cross and Blue Shield Association regulations regarding the use of “Blue” brands are quite extensive. Here's a quick summary of the major brand regulations that independent producers need to be aware of.

“Blue” brands include more than the Blue Cross and Blue Shield symbols.

- Because Highmark operates under two different names, it is critical that Highmark and our independent producers use the right brand in the right service area.
- Public communications must identify Highmark as an independent licensee of the Blue Cross and Blue Shield Association.
- There are special regulations for the use of the Blue brands on the Internet.
- There are requirements regarding the colors that can be used for Highmark company and product logos.
- Certain brands require the use of the ® (registered) or “SM” (service) mark symbols and legends to identify the owner.
- Highmark is responsible for monitoring the use of the Blue brands by our producers, and the misuse of the Blue brands can result in penalties for Highmark, which may include fines or potentially even the loss of our “Blue” license.
- If producers want to use the Blue brands in any kind of advertising or promotional communications – including their Web site – they need to have these materials reviewed and approved by Highmark.

If producers want to use the Highmark company or product logos on any materials – including their Web site – they need to request the artwork for the logo(s) from Highmark. They should not attempt to create their own logos.

“Blue Brands” – What are they and who can use them?

As a licensee of the Blue Cross and Blue Shield Association (BCBSA), Highmark has the right to use certain “brands” that are owned by BCBSA. Examples include the Blue Cross and Blue Shield symbols, the words “Blue Cross” and “Blue Shield” as well as product names that include the words “Blue,” “Cross” or “Shield,” such as DirectBlue®. When we use these brands, however, we must follow BCBSA brand regulations.

Under these regulations, Highmark can allow our authorized producers to use the brands to indicate that they are offering Blue Cross and/or Blue Shield products. When producers use the brands in advertising or other communications, they must follow these two basic requirements:

- The materials must specify that the producer is offering products from Highmark in Highmark’s service area. Materials cannot refer to “Blue Cross and/or Blue Shield” products. They need to specify that the products are from “**Highmark** Blue Cross Blue Shield” or “**Highmark** Blue Shield.”
- The materials need to make it clear that the producer is independent and not part of Highmark. One way to do this is to use the phrase “An independent agent of” directly above the Highmark company logo.

BCBSA also specifies how producers can display the brands in their advertising. For example, many producers represent other companies in addition to Highmark and want to display multiple company names in their Yellow Pages ad, on their business card, on their Web site or on other advertising. When producers choose to do this, the Highmark name or logo or the name or logo of a Highmark branded product, such as “DirectBlue,” can’t be larger or more prominent than the names or logos of other companies or products the producer represents.

Special note for agencies that sell products from Highmark-affiliated companies:

Highmark has subsidiaries/affiliates that are *not* licensees of the Blue Cross and Blue Shield Association. These companies are not permitted to use the Blue brands. If, for example, your agency offers dental coverage from United Concordia, you should use only approved sales literature that has been provided by United Concordia. If you want to develop advertising or other materials to promote “unbranded” products offered by Highmark-affiliated companies or materials that refer to both branded and unbranded products, these ads and materials must receive prior approval from Highmark to ensure that they comply with Blue Cross and Blue Shield Association regulations.

Producers who use the brands must also follow all of the other BCBSA regulations that Highmark needs to follow. The most important branding issues include the following:

- Service area restrictions
 - Special rules for Internet usage
 - “Disclosure tagline”
 - Colors
 - Identifying BCBSA as the owner of the brands

Service area: Using the right brand

Highmark operates under two different names – Highmark Blue Cross Blue Shield in the 29 counties of western Pennsylvania and Highmark Blue Shield in the remainder of the state. We have different rights to use the Blue Cross and/or Blue Shield brands:

- In the 29 counties of western Pennsylvania, Highmark has the exclusive right to use the Blue Cross and Blue Shield brands. We refer to this as our “Western Region” service area.
- For business sold by Highmark in our “Central Region” service area – the 21 counties in central Pennsylvania and the Lehigh Valley – Highmark has the exclusive right to use the Blue Shield brand. Capital Blue Cross has the exclusive right to use the Blue Cross brand in this region. That means Highmark is **not** permitted to use the Blue Cross brand in this region, so the words “Blue Cross” and the Blue Cross symbol **cannot** appear in any advertising or other materials for Highmark Blue Shield products or programs in the central region. Materials intended for distribution in the Central Region service area must be branded “Highmark Blue Shield” and must display only the Shield symbol.

Special note for agencies that sell products in both the western and central regions:

If producers sell Highmark products in the Western Region under the Highmark Blue Cross Blue Shield name and in the central region under the Highmark Blue Shield name, it’s critical that they maintain two sets of any materials that include the “Blue” brands. **Producers cannot use materials in the Central Region that include the Blue Cross brand in any format.** This includes:

- The words “Highmark Blue Cross Blue Shield” or the Highmark Blue Cross Blue Shield logo
- The words “Blue Cross” or the cross symbol
- Product names, such as KeystoneBlue, our HMO product, which is only available in the 29 counties of western Pennsylvania.

Producers also need to take special steps with their Internet site if it contains the “Blue” brands. Specifically, producers need to determine if the Internet viewer resides in the Western or Central Region *before they display any information that includes the Blue brands.*

Producers can choose, for example, to include a map or list of counties on their Web site. Viewers would need to be instructed to click on the area in which they reside and would then be taken to the portion of the Web site that displays only the appropriate brands – Blue Cross and Blue Shield or Blue Shield only.

Disclosure tagline: Identifying Highmark as an independent licensee

BCBSA brand regulations require that licensees – such as Highmark – make it clear in all public communications that they are separate companies or, as BCBSA describes these companies, *independent* licensees of the Blue Cross and Blue Shield Association. The same basic requirement applies to producers who use the Highmark Blue Cross Blue Shield or Highmark Blue Shield name or logo in any public communication. This includes advertisements, brochures and any other printed materials that are distributed publicly. Exceptions to this rule include building signs, business cards, and promotional items (such as pens, t-shirts, caps and other giveaways). This requirement can be met by including what BCBSA calls the “disclosure tagline” – “An independent licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans” – with the Highmark logo or name when it appears the first time in any document.

If it’s not possible to include the tagline directly below the logo, the tagline must appear on the same page and should read as follows: “Highmark Blue Cross Blue Shield (or, in the Central Region service area, “Highmark Blue Shield”) is an independent licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.”

Using the brands online

Because information on the Internet can be accessed throughout the world, BCBSA has special regulations concerning the use of “Blue” brands online. These regulations are designed to ensure that the information seen by current and prospective customers is limited to Blue-branded products that are available to them. To do this, BCBSA requires licensees – like Highmark – to determine upfront whether Internet users live within their service area and, if they don’t, to help redirect them to the Blue Cross and/or Blue Shield Plan that serves their area or to BCBSA. The same basic requirement applies to authorized producers who want to display the brands on their Internet site.

To ensure that this service area requirement is met, BCBSA requires that Web sites that include the “Blue” brands include a statement regarding the service area of the licensee, as follows:

- If the Web site includes the Highmark Blue Cross Blue Shield or Highmark Blue Shield name or logo, one of the following statements must appear prominently on the site:

For Western Region:

“Highmark Blue Cross Blue Shield serves the 29 counties of western Pennsylvania.”

For Central Region:

“Highmark Blue Shield serves the 21 counties of central Pennsylvania and the Lehigh Valley.”

- If the Web site includes “Blue-branded” products or services, this statement must appear prominently on the site:

For Western Region:

“A product (or service) of Highmark Blue Cross Blue Shield, serving the 29 counties of western Pennsylvania.”

For Central Region:

“A product (or service) of Highmark Blue Shield, serving the 21 counties of central Pennsylvania and the Lehigh Valley.”

Colors: Blue or black only, please!

Highmark company and product logos may be printed in black only or in black and Highmark Blue, which is PMS 300 in the standard Pantone Matching System. When printed in two colors, the correct color breaks for the company logo are as follows:

- The words “Highmark,” “Blue Cross” (if appropriate) and/or “Blue Shield” print black.
- The Highmark “arc” and the cross (if appropriate) and shield symbols print blue.

When printed in two colors, the correct color breaks for product logos are as follows:

- The words “Highmark” and the first half of the product name, such as “Direct,” “PPO,” or “Complete” (as in CompleteCare) print black.
- The Highmark “arc,” the second half of the product name – in most cases, this is the word “Blue” – and the cross (if appropriate) and shield symbols print blue.

No other color(s) are permitted without prior written approval from Highmark.

Registered marks, service marks and identifying their owner

The Highmark company logos and some of our product logos include either the “circle R” -- ® -- registered service mark symbol or the “SM” service mark indication. Producers who obtain logos from Highmark for use in advertising or other materials cannot alter these logos in any way, and these symbols must be included, as required.

In some cases, materials that include the brands must also include a “legend” (or footnote) to indicate that BCBSA owns these brands. Since the word “Highmark” is owned by Highmark Inc., the legend is required whenever the Highmark Blue Cross Blue Shield or Highmark Blue Shield logo is used. The following legends should be used:

Highmark is a registered mark of Highmark Inc.

Blue Cross, Blue Shield and the cross and shield symbols are registered marks of the Blue Cross and Blue Shield Association.

In addition, the following product names require the registered service mark symbol and the legend identifying the Blue Cross and Blue Shield Association as the owner of these marks.

- DirectBlue®
- ClassicBlue®

Questions?

General Agencies are responsible for the appropriate use of the “Blue” brands by their producers (employees and retail producers). General agencies and producers who have questions about the brand regulations should contact their Highmark Client Manager, who can also make arrangements for producers to obtain artwork for Highmark company or product logos.