A STEP-BY-STEP USER GUIDE



WHAT IS IT? a one-stop shop that will host and facilitate the purchase of branded and non-branded Supplemental Health Products while giving producers the ability to track and manage business as well as perform administrative functions.



844-294-3175 HELP IS AVAILABLE Please call the Producer hotline for additional support/assistance in using Coverage Plus Central to enroll your client into Supplemental Health products.

ACCESSING COVERAGE PLUS CENTRAL

CoveragePlusCentral









MANAGING CLIENT AND PROSPECT LIST





INDIVIDUAL LISTING

Once you have successfully logged into Coverage Plus Central, you will be directed to the INDIVIDUAL LISTING screen. From this screen, you will be able to:



See your book of business of members and prospects

Please note: your listing will be empty (No Results Found) if you are first entering Coverage Plus Central and have not entered any clients.



- **Add New Prospects**
- Click on the Prospect tab
- You will be taken to a new screen where you put in your client's information.

Use the Advance Search options to look up members or perspective members

Note: to see the Advanced options go to page 14.



Note: You can access the INDIVIDUAL LISTING screen by clicking on the E Menu tab at the top-right corner of the screen



Please call the Producer hotline for additional support/assistance in using Coverage Plus Central to enroll your client into Supplemental Health products.



ADDING PROSPECTIVE CONSUMER



CoveragePlus		🛛 844-294-3175 💟 Contact Us	s Welcome, Sesan	Akinwale 🕩 L	.ogout		
# Home > Individual Listing					1 enu		
Individual Listing In this page you can see the individual prospects and Prospects Clients	clients.						
Advanced Search Individual Listing			• 1	✓ Sho	w al		
Agent T Name Basic Informa	▼ Date Of Birth ▼ Zip Code ▼ tion	State Code T Coverages		Last Activity	Ť		^ F
- Indicates a re Desired Cover		Desired Start Date:					
Select	~	MM/DD/YYYY					
First Name:*		MI:		Last Name:*			
FName				LName			
Gender:*		Date of Birth:*		Tobacco Use?	•	Is Disabled?*	
Select	~	MM/DD/YYYY		No	~	No	
Zip Code:*		County:*		State:			
		Select	~	Select			
Email:		Phone:		Height:		Weight:	
someone@e	ample.com	<u> </u>		Feet	Inches	Ibs	
Dependent	Information				3	Add Depe	endent
Relationship T	ype Gender	Date Of Birth	1 Tobac	co Use ?		Action	
		No Records					
				(4	E Save Que	ow Die

What should I do if I need to add a consumer to the INDIVIDUAL LISTING?



Select O Add Individual from the INDIVIDUAL LISTING section.

Enter the following information into the appropriate fields: (required fields noted with asterisk).

- Desired Coverage*
 Date of Birth*
- Desired Start Date* Tobacco Use?*
- First Name* Is Disabled?*
- Middle Initial
 ZIP Code*
- Last Name* County*
- Gender* Email



What about DEPENDENTS (applies to Vision coverage only)?

- Add dependents by selecting the Add Dependent button, and entering all required information and selecting the is icon.
- Remove dependents by selecting the Ø icon.

📕 Select the 🖪 Save button to store all demographic information.

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SELECTING PRODUCT TO SELL

*. Indicates a required field							
Period Coverages*		Desired Start Date:					
Colort		Desired Start Date.	۷ (۷				
Select	~	03/16/2019					
First Name:*		MI:		Last Name:*			
Demo				Producers			
Gender:*		Date of Birth:*		Tobacco Use	·	Is Disabled?*	
Male	~	01/01/1942		No	~	No	~
		0101111					
Zip Code:*		County:*		State:			
60601		Cook	~	IL			~
Email:		Phone:		Height:		Weight:	
someone@example.com Dependent Information				Feet	Inches	Add Depe	ndent
someone@example.com Dependent Information Relationship Type	Gender	() Date Of Birth	Tot	Feet	Inches	Add Deper	ndent
someone@example.com Dependent Information Relationship Type	Gender	() Date Of Birth No R	ecords	Feet	Inches	Add Deper	ndent
someone@example.com Dependent Information Relationship Type	Gender	() Date Of Birth No R	tot	Feet	Inches	Add Depe Action	ndent
someone@example.com Dependent Information Relationship Type	Gender	() Date Of Birth No R	C Tot	Feet	Inches	Add Depe Action	ndent w Plans
someone@example.com Dependent Information Relationship Type	Gender	Late Of Birth	ecords	Feet	Inches	Add Deper Action	ndent w Plans
someone@example.com Dependent Information Relationship Type	Gender	Late Of Birth No R	ecords	Feet	Incres	Add Deper Action	w Plans
someone@example.com Dependent Information Relationship Type	Gender	() Date Of Birth No R	Tot ecords al insurance	Feet	Inches	Add Deper Action Save Q Vie Ston Insurance	ndent w Plans
someone@example.com Dependent Information Relationship Type	Gender	Date Of Birth No R Individual Dert Individual Dert Individual Dert Individual Dert Individual Dert Individual Dert In	ecords al Insurance Plans	Feet	Inches	Contraction Contr	w Plans
someone@example.com Dependent Information Relationship Type	Gender	Company Company Company	ecords al Insurance Plans BlueCross Blit of Illinois	Feet		Action Action Save Q Vie Save Sort By: PlanCost •	w Plans
someone@example.com Dependent Information Relationship Type	Gender	Date Of Birth No R Date Of Birth No R Company Blue Cross and Blue Shield of Illinois (2)	ecords al neurance Plans BlueCross Blu for BlueCross Blu	reShield	inches	Action Action Save Q Vie Sort By: Plan Cost •	w Plans
someone@example.com Dependent Information Relationship Type	Gender	Date Of Birth No R Date Of Birth No R Company Desc forset Company Desc forset and Blue Sheld of Illinois (a) Monthly Premium	Tot ecords al neurance Plans Plans BlueCare Vision Basic Contexts: 15	reet	Inches	Action Action Save Q Vie Sort By: Plan Cost •	w Plans

DISCLAIMER: All monthly premium values are for illustrative purposes and may not reflect actual values.

CoveragePlusCentral

How do I select products to quote/sell to the member/consumer?



Select the appropriate $\ensuremath{\mathsf{DESIRED}}$ COVERAGE from the drop-down box.

- Select appropriate DESIRED START DATE from the calendar selection box.
- Note: The date will default to the NEXT AVAILABLE effective date
 - A policy sold and approved between 1st and 15th are effective the 1st of the next month (i.e., policy approved on 2/2/19 would be effective 3/1/19)
 - After the 15th and the effective date is the 1st of the month of the subsequent month (i.e., policy sold on 2/20/19 would be effective 4/1/19)
- Note: Payment <u>MUST</u> be included with the application to receive an effective date. Any mailed checks will need to be received by the 15th to receive the desired effective date. Electronic submission (application and payment) is the BEST method to ensure the desired effective date.



- This information will auto-populate the application at a later stage in the process. Ensure this information is correct as entered to save time during the application process.
- An email address will be necessary for the E-Sign process and future electronic communications. The member may opt out of participating in E-Sign and electronic communications, though that is the most secure method.
- Add additional dependents by selecting the OAdd Dependent button.
 NOTE: This option is only available for VISION products
- Select the **Q** View Plans button to view available plans and pricing based on the ZIP code provided for the member/consumer.

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DETERMINING THE APPROPRIATE COVERAGE & QUOTING



Individual Dental Insurance		Individual	Individual Vision Insurance			
3 Plans found Show all Plans	Plans		Sort By: Plan Cost -			
Company Blue Cross and Blue Shield of Illinois (3)	of	ueCross BlueShield Texas				
	BlueCare Visi	on Basic	\$9.60/month			
Monthly Premium	Contacts :	15% off retail price	Colort Dise			
9:40	Eye Exam :	\$0 Copay	Select Plan			
\$9.00 \$40.00	Frames :	35% off retail price				
	Lenses :	\$15	View Plan Deta			
▼ Eye Exam						
\$0 Copay (1)		ueCross BlueShield				
\$10 Copay (2)		Texas				
▼ Frames	BlueCare Visi	on Standard	\$19.42/month			
□\$0 Copay \$200 Allowance 20% off balance over \$200 (1)	Contacts :	\$0 Copay \$130 allowance 15% off balance over \$130	Select Plan			
SO Consul \$120 Allowance 20% off	Eye Exam :	\$10 Copay	Compare			
balance over \$130 (1)	Frames :	\$0 Copay \$130 Allowance 20% off balance over \$130	View Plan Details			
□ 35% off retail price (1)	Lenses :	\$0 Copay				
✓ Lenses □\$15 (1)	Bl of	ueCross BlueShield Texas				
\$0 Copay (2)	BlueCare Visi	on Premier	\$32.48/month			
▼ Contacts	Contacts :	\$0 Copay \$200 allowance 15% off balance over \$200	4 Select Plan			
	Eye Exam :	\$10 Copay	Compare			
Lipu copay \$130 allowance 15% off balance over \$130 (1)	Frames :	\$0 Copay \$200 Allowance 20% off balance over \$200	View Plan Details Find Provider			
□ \$0 Copay \$200 allowance 15% off balance over \$200 (1)	Lenses :	\$0 Copay				
\Box 15% off retail price (1)	No of Records : 3					
			5			

The Plan Information page will allow you to quote multiple Supplemental Health products to prospects at one time. Available plans shown will be based on the demographic information you have provided



You may toggle between each of the categories shown to determine if any additional products will help your client to complete their health profile.



Sort and Filter options can be applied to find the best option based on the needs of the consumer.

- Select the COMPARE checkbox to compare products of the same category.
 - View and compare product summaries or all product details
 - Highlight similarities or differences on the screen
 - Export compared plans to Excel by selecting the EXPORT SELECTED PLANS on the comparison view screen

Select the Select button once your client has selected the plan that best meets their needs.

Select the 💾 Save & Continue

tinue button to proceed to the GENERATE PROPOSAL page.

DISCLAIMER: All monthly premium values are for illustrative purposes and may not reflect actual values.

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GENERATING PROPOSAL

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DISCLAIMER: All monthly premium values are for illustrative purposes and may not reflect actual values.

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THE APPLICATION PROCESS

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BlueCare Dental	Classic Basic	BlueCross BlueShield
Ded In/Out : \$50/\$75		of lexas
Annual Max Benefit : \$1,000		\$22.23/month
Coins In: N/A		Selected
Coins Out : N/A		
		Find Provider View Plan Dataile
ack		2 🕒 🔁 Save & Cont
Back		2 🖹 Save & Con
aack ayment Details		2 🖻 Save & Con
ack ayment Details	Account Number *	Confirm Account Number* de ^{†ailt}
ack syment Details Account Holder Name* Account Holder Name	Account Number *	Confirm Account Number*
yment Details Account Holder Name * Account Holder Name	Account Number * Account Number	Confirm Account Number*
Account Holder Name * Account Holder Name Bank Name *	Account Number * Account Number Routing Number *	Confirm Account Number* Confirm Account Number* Confirm Account Number reflect all details
Account Holder Name * Account Holder Name Bank Name * Bank Name	Account Number * Account Number Routing Number * ####################################	Confirm Account Number* Confirm Account Number* Confirm Account Number reflect all details Confirm Account Number*
Account Holder Name * Account Holder Name Bank Name * Bank Name Nmount	Account Number * Account Number Routing Number * ########	Confirm Account Number* Confirm Account Number* Confirm Account Number effect all details Confirm Account Number effect all details
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Account Holder Name * Account Holder Name * Bank Name * Bank Name Carrier Contemporation Contemporation Carrier Contemporatio Carrier Con	Account Number* Account Number Routing Number* ######## ###########################	Confirm Account Number* Confirm Account Number* Confirm Account Number reflect all details offynand may not offynand may not setteret
Account Holder Name * Account Holder Name * Account Holder Name Bank Name * Bank Name Amount 22.23 I acknowledge that I have read and agre I hereby Opt Out of Electronic Funds Tr	Account Number * Account Number Routing Number * ####################################	Confirm Account Number* Confirm Account Number* Confirm Account Number effect all details Confirm Account Number effect all details only not not settere to secure coverage.

DISCLAIMER: All monthly premium values are for illustrative purposes and may not reflect actual values.

On the VERIFY PLANS page, select the plan(s) you wish to include in the application(s).

Select the 💾 Save & Continue button to proceed.

- Enter payment information on the PAYMENT DETAILS page and indicate:
 - 1. Acknowledgement that terms have been read and agreed to by selecting the checkbox.
 - 2. Acknowledgement for a SINGLE EFT PAYMENT by selecting the checkbox.

IMPORTANT NOTE: Selecting this box means only the initial payment will be drafted. The member will receive monthly statements thereafter and will need to pay each month. Leaving this box unchecked indicates all future premiums will be auto-debited.

Select the 💾 Save button to store that acknowledgement and payment details.



Continue button to proceed.

You will be directed to the SUMMARY page where you will have the opportunity to review and edit information provided and product selections made.

- After reviewing, indicate agreement with Terms and Conditions by selecting the first checkbox shown.
- Indicate agreement with electronic communications by selecting the second checkbox shown.

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SUMMARY PAGE

Home > Individual Listing > Edit Individual > Plan Information > Generate Proposal >

Last Name:

Producers

□ I have read and agree to be bound by the Terms and Conditions and Privacy Policy.

Date of Birth:

01/01/1942

If you want to get information from us electronically please acknowledge, This electronic delivery will continue through any policy renewals or changes.

CoveragePlus

Summary

Agent Name:

First Name

C Back

Demo

Demo Individual Agent

Individual Information Verify Plan Information Payment Information

In this page, you could view the summary details

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	844-254-5851 🗠	Contact Us Wel	come, Demo Individual Agent 🕩 Logout	L
arify Individual	> Verify Plans > EPayme	nt > Summary	≡ Menu	
				L
- 11				L
infodevt	eam@trionfo.com			L
	Zip Code:	County:	Tobacco Use?	L
	00001	COOK	2	
			IZ Edit ✔ Show	
			I Edit ↓ Show	
			Break Content Show	

Cont



You will be directed to the SUMMARY page where you will have the opportunity to review



- You may SHOW and HIDE details from each of the sections on this page by using the appropriate up/down arrow.
- You may edit details of each of the selections by selecting the **G** Edit button.



- After reviewing, indicate agreement with:
- Terms and Conditions by selecting the first checkbox shown

and edit information provided and product selections made.

electronic communications by selecting the second checkbox shown



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INITIATING THE E-SIGN PROCESS - OVERVIEW





The e-sign process allows you to capture the applicant and agent signatures electronically. This process ensures a more secure, seamless, and trackable application process. Additionally, applications are processed more quickly.

While paper applications are an option, it is strongly encouraged that applications are submitted electronically.

If the member does not have access to a PC, you can download the application PDF and mail it to them for signatures.

The process flow to the right provides a high-level overview of the e-sign process. You will note you have the option of capturing a signature for members that are in-person, and you may also submit the application via email to the member for signature.

Additional details are provided on the subsequent pages.

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INITIATING E-SIGN PROCESS – IN-PERSON



IMMEDIATE E-SIGNING OF APPLICATION

CoveragePlusCentral



INITIATING E-SIGN PROCESS – REMOTE (part 1)





INITIATING E-SIGN PROCESS – REMOTE (part 2)







SUBMIT TO INDIVIDUAL TO E-SIGN DOCUMENT



• NOTE: Member will use the below steps to complete the E-Sign process.

In the ADOBE SIGN section of the page, select the process.

button to begin the e-sign

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- There are multiple ways to e-sign the application:
 - Type the signature on the screen
 - Draw signature using a stylus, mouse, or fingertip (depending on screen capability)
 - Upload an image of the applicant's signature
- Each required field on the application will be marked with a red asterisk.
- Use the Next
- button to move through the application to each required field.

Start

Once all required fields have been filled in and/or signed, select the **Click to Sign** button at the bottom of the page.



Upon successful completion, select the Submit to Agent ✓ button for signature(s). This returns the application to the agent where they will select the Sign as Agent ✓ button.

Note: If the member does not have access to a PC, you can download the application PDF and mail it to them for signatures.

SUBMIT TO CARRIER





SUBMIT TO CARRIER

1)	After
	applic

After member and agent signatures are collected (either in-person or remotely), the application must be transmitted to the carrier by selecting the Submit to Carrier button.

THIS IS AN IMPORTANT STEP. FAILING TO SUBMIT TO CARRIER MAY CAUSE DELAYS IN PROCESSING THE APPLICATION AND MAY CAUSE DELAYS IN COVERAGE EFFECTIVE DATES.



Once submitted to the carrier, the status bar will reflect COMPLETED.

Note: You must enroll a prospect via the Producer flow to ensure Producer attachment. This is the only way to guarantee a commission

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PRODUCER NEXT STEPS & APPLICATION TRACKING

Individual Listing					S Clear	Filters 🕒 Ad	d Individual
	т	T	T	T	T	C	T
Agent	First Name	Last Name	Date Of Birth	Zip Code	State Code	Coverages	Туре
1G INSURANCE GROUP, LLC	Demo	Producers	01/01/1942	60601	IL	R	Prospect
1G INSURANCE GROUP, LLC	FName	LName	01/01/1942	60616	IL	R	Prospect
1G INSURANCE GROUP, LLC	FName	LName	01/01/1942	60616	IL	R	Prospect

Application History					🔺 Hide
4 Carrier: Blue Cross Blue Shield of Illinois					
4 Coverage: Dental Insurance					
Plan Name	Plan Cost	Date Submitted	Desired Start Date	Status	
BlueCare Dental Classic Basic	\$22.23	03/15/2019	04/01/2019	Application in Progress	
BlueCare Dental Classic Premier	\$61.55	03/15/2019	04/01/2019	Application Started	

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Producers will receive an email indicating:

• Client signatures have been received

IMPORTANT PRODUCER NEXT STEPS:

• Documents ready for agent signature(s)

The application process is complete when the initial premium payment has been processed.

Application tracking is made easy with the Coverage Plus Central platform.



Select the member/consumer name from the INDIVIDUAL LISTING page.



On the EDIT INDIVIDUAL page, navigate to the APPLICATION HISTORY section.



Select the product(s) to expand details about:

- Product
- Date Submitted
- Effective Date
- Status



INFORMING MEMBER OF NEXT STEPS



NEXT STEPS

What should I tell the consumer about what to expect once the application process is complete?

Great question! There are a number of things consumers should be aware of. Below are some of the details.

WHAT TO SAY

- 1. **IMPORTANT:** The application process is complete when the initial premium payment has been processed. Remember, payment **MUST** be included with the application to receive an effective date. Any mailed checks will need to be received by the 15th to receive the desired effective date. Electronic submission (application and payment) is the BEST method to ensure the desired effective date.
- 2. Members can check the status of their application on the consumer portal (coverageplustx.com).
- 3. Members will receive email notifications of the progress of their application and when the enrollment is complete.

• At a glance

- The contract is complete and in place when the initial premium is processed.
- 4. Members will receive a Welcome Kit:
 - Welcome Letter
 - ID Card
- 5. Members will receive a Policy Fulfillment Kit (electronically or paper based on communication preference selected)
 - Outline of Coverage
 - HIPAA notice of privacy • Auto Bill Pay form

844-294-3175 **HELP IS AVAILABLE**

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ONGOING COMMUNICATIONS

- 1. Members will receive monthly bills (electronically or paper based on communication preference selected).
- 2. Members will receive Explanation of Benefits (EOB) for all claims and additional communications from the specific plans.

CONTACTS FOR FUTURE CHANGES

- 1. Producer contact information if member wants producer to make changes on their behalf.
- 2. Options for MEMBERS to make changes themselves:
 - Go online (coverageplustx.com)
 - Call number on back of ID card(s) for billing and eligibility (Coverage Plus Central)

If the member does not have access to a PC, you can download the application PDF and Reminder: mail it to them for signatures. Signed forms should be returned to: Blue Cross and Blue Shield of Texas

333 W. Pierce Road, Suite 190 Itasca, IL 60143

MANAGING YOUR BOOK OF BUSINESS: CLIENT TAB



	Prospects Clients								
	Advanced Search								✓ Show
	Client Listing								Clear Filters
L	Agent Name T Name	Ŧ	Alternate Id	r	Access Code	Date Of Birth 🔻	SSN	Ŧ	Status 🔻

Client Details Client Demographics	2	
Profile Information		✓ Show
Benefit Information		✓ Show
Banking Information		✓ Show
Invoice Information		✓ Show
Payment Information		✓ Show
Business Relationship		✓ Show

How can I search for existing members or prospective consumers in my book of business?



Select the CLIENT tab to see your current clients. These names will automatically move over from the PROSPECT tab once the application has been processed

• Click on any client to see their details



CLIENT DETAILS – click **Show** to see details

PROFILE INFORMATION – This tab will display the following:

- Basic Information
- Address Information
- Dependent Information

BENEFIT INFORMATION

- Details of the products/plans selected by client
- BANKING INFORMATION
- Details of client's banking information

INVOICE INFORMATION

- From here, you can see the status of the client's invoice paid or not paid PAYMENT INFORMATION
- You can see the premiums paid and payment status under this tab

BUSINESS RELATIONSHIP

Agent/Agency details

*You can learn all necessary information about your client with these tabs



MANAGING YOUR BOOK OF BUSINESS: ADVANCED SEARCH



				S Clear Filters	Add Individual
Agent	Firs	T Zip Code	e State Code	▼ Coverages	Туре
G INSURANCE GROUP, LLC	Dem Show items with value th	60601	IL	×	Prospect
	Contains	•			
	2				

Agent Name:		Individual Name:	Date of Birth:		
			MM/DD/YYYY		
Гуре:		Zip code:	State:		
Select	~		Select	~	
Coverage:					
Select ontions	-				

How can I search for existing members or prospective consumers in my book of business?



INDIVIDUAL LISTING.

to search for specific members/consumers in the Select the FILTER BUTTON



Filter Enter the specific information you would like to search and select

- OR USE THE ADVANCED SEARCH OPTION -



Select the SHOW drop-down arrow (found in the Advanced Search Bar)



Click on the line in the INDIVIDUAL LISTING section that corresponds with the member / consumer for which you have searched to proceed.

844-294-3175 **HELP IS AVAILABLE**

