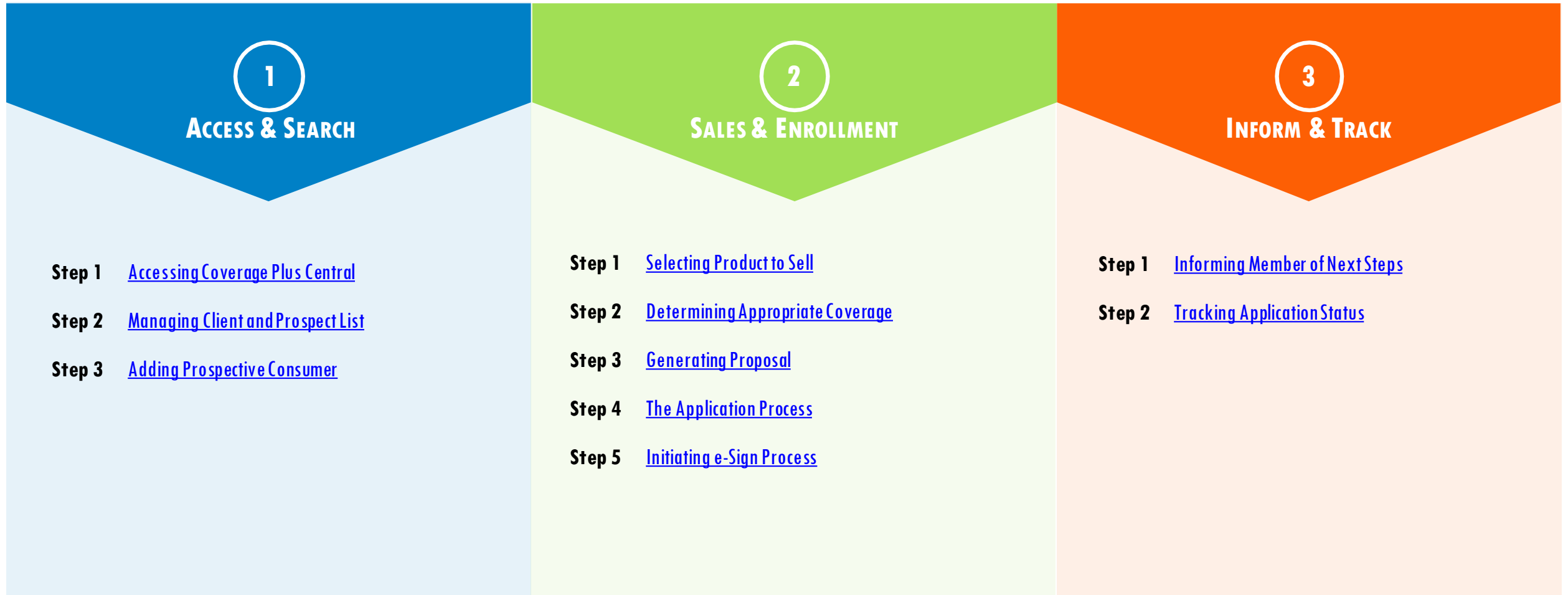


# A STEP-BY-STEP USER GUIDE



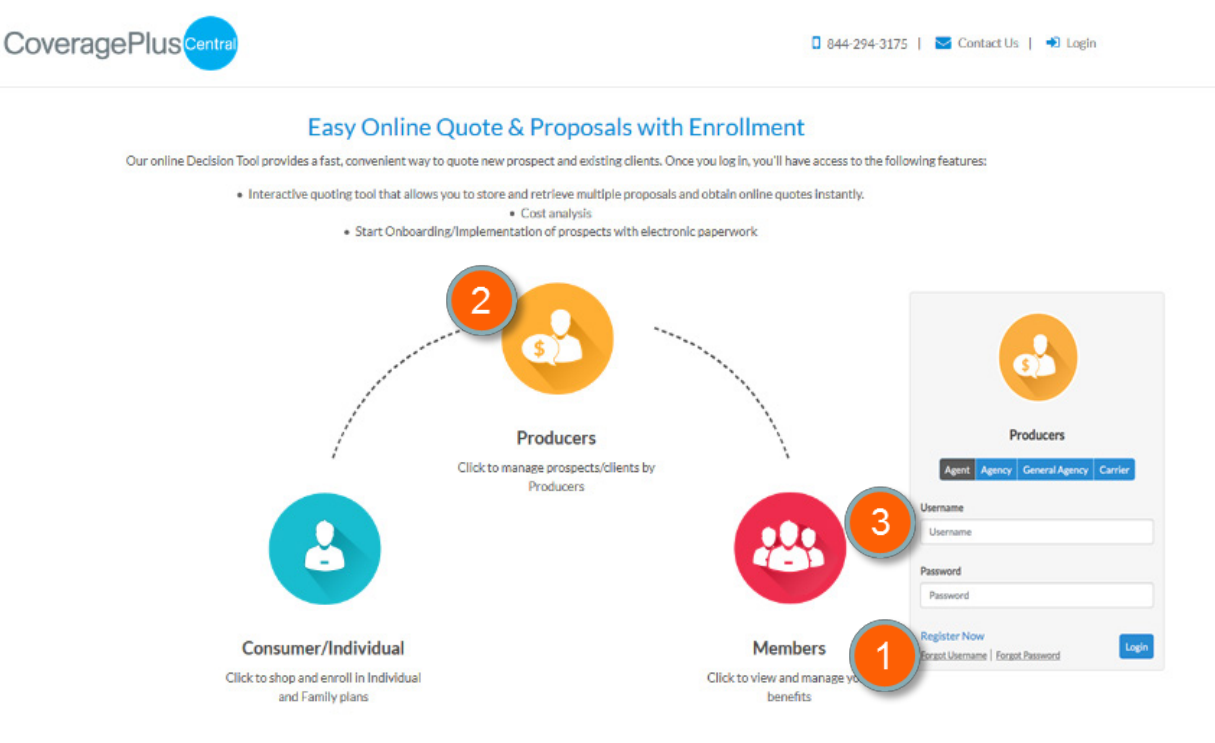
**WHAT IS IT?** a one-stop shop that will host and facilitate the purchase of branded and non-branded Supplemental Health Products while giving producers the ability to track and manage business as well as perform administrative functions.



**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




## LOGGING IN

**Do you need to register for a username and password?**

- 1 Select the Register Now link, then:
  - A. Enter your BCBSMT Producer Number in the **CARRIER PRODUCER NUMBER** field.
  - B. Create your:
    - Username
    - Password
    - Security Questions
  - C. Click Submit

**Are you already registered?**

- 2 Select the Producer icon  to access username and password fields.
- 3 Enter username and password appropriately.

**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.**



# MANAGING CLIENT AND PROSPECT LIST

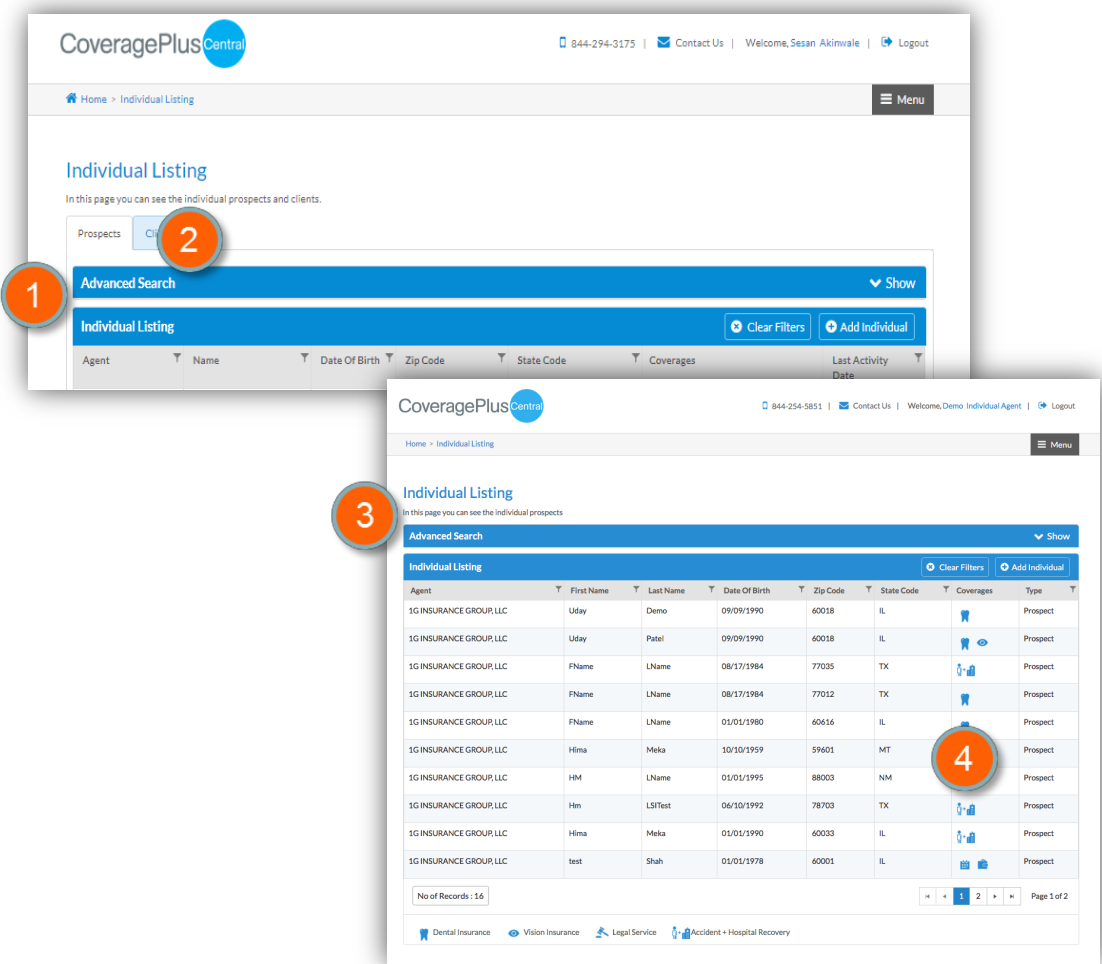


## INDIVIDUAL LISTING

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:

- 1. **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.
- 2. **Add New Prospects**
  - Click on the Prospect tab
  - You will be taken to a new screen where you put in your client's information.
- 3. **Use the Advance Search options to look up members or perspective members**
  - Note: to see the Advanced options go to page [14](#).
- 4. **Assist prospective members with completing the enrollment process** (by selecting the appropriate icon under the COVERAGES column).

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



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.



Confidential & Proprietary Information

# ADDING PROSPECTIVE CONSUMER



The screenshot shows the 'Individual Listing' page in CoveragePlus Central. Callout 1 points to the 'Add Individual' button in the 'Individual Listing' section. Callout 2 points to the 'Basic Information' form fields, which include: Desired Coverage\*, Desired Start Date\*, First Name\*, MI, Last Name\*, Gender\*, Date of Birth\*, Tobacco Use?\*, Is Disabled?\*, Zip Code\*, County\*, State, Email, and Phone. Callout 3 points to the 'Add Dependent' button in the 'Dependent Information' section. Callout 4 points to the 'Save' button at the bottom right of the form.

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

- 1 Select **Add Individual** from the INDIVIDUAL LISTING section.
- 2 Enter the following information into the appropriate fields: *(required fields noted with asterisk).*
  - Desired Coverage\*
  - Desired Start Date\*
  - First Name\*
  - Middle Initial
  - Last Name\*
  - Gender\*
  - Date of Birth\*
  - Tobacco Use?\*
  - Is Disabled?\*
  - ZIP Code\*
  - County\*
  - Email
- 3 What about DEPENDENTS (applies to Vision coverage only)?
  - Add dependents by selecting the **Add Dependent** button, and entering all required information and selecting the icon.
  - Remove dependents by selecting the icon.
- 4 Select the **Save** button to store all demographic information.

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.

Confidential & Proprietary Information

# SELECTING PRODUCT TO SELL

**Basic Information** Hide

\* Indicates a required field

1 Desired Coverage:\* Desired Start Date:\* 2  
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

Zip Code:\* County:\* State:  
60601 Cook IL

Email: Phone: Height: Weight:  
someone@example.com ( ) \_ \_ Feet Inches Lbs

**Dependent Information** Add Dependent

Relationship Type	Gender	Date Of Birth	Tobacco Use ?	Action
No Records				

Save View Plans

4

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

- 1 Select the appropriate DESIRED COVERAGE from the drop-down box.
- 2 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 1<sup>st</sup> and 15<sup>th</sup> are effective the 1<sup>st</sup> of the next month (i.e., policy approved on 2/2/19 would be effective 3/1/19)
    - After the 15<sup>th</sup> and the effective date is the 1<sup>st</sup> of the month of the subsequent month (i.e., policy sold on 2/20/19 would be effective 4/1/19)
  - Note: 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.
- 3 Confirm (or edit as needed) the details in the BASIC INFORMATION section.
  - 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 Add Dependent button.  
NOTE: This option is only available for VISION products
- 4 Select the View Plans button to view available plans and pricing based on the ZIP code provided for the member/consumer.

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

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.



# DETERMINING THE APPROPRIATE COVERAGE & QUOTING



The screenshot shows the 'Plans' page in CoveragePlus Central. It features a left sidebar with filters for Company, Monthly Premium, Eye Exam, Frames, Lenses, and Contacts. The main area displays three plans from BlueCross BlueShield of Montana: BlueCare Vision Basic (\$9.60/month), BlueCare Vision Standard (\$19.42/month), and BlueCare Vision Premier (\$32.48/month). Each plan card includes details for Contacts, Eye Exam, Frames, and Lenses, along with 'Select Plan', 'Compare', 'View Plan Details', and 'Find Provider' buttons. A 'Sort By: Plan Cost' dropdown is at the top right. At the bottom, there are 'Back' and 'Save & Continue' buttons. Numbered callouts 1 through 5 highlight specific UI elements: 1 points to the top navigation bar, 2 to the filter sidebar, 3 to the 'Compare' checkbox, 4 to the 'Select' button, and 5 to the 'Save & Continue' button.

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

- 1 You may toggle between each of the categories shown to determine if any additional products will help your client to complete their health profile.
- 2 Sort and Filter options can be applied to find the best option based on the needs of the consumer.
- 3 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
- 4 Select the **Select** button once your client has selected the plan that best meets their needs.
- 5 Select the **Save & Continue** button to proceed to the GENERATE PROPOSAL page.

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

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.



## GENERATING PROPOSAL

3

Plans found  
[Show all Plans](#)

▼ Company

☐ Blue Cross and Blue Shield of Illinois (3)

▼ Monthly Premium

20 : 70

\$20.00

\$70.00

▼ Deductible

☐ \$50/\$50 (1)

☐ \$50/\$75 (1)

☐ \$75/\$100 (1)

▼ Annual Max Benefit

☐ \$1,000 (1)

Plans

Sort By: 

Plan Cost ▾

BlueCross BlueShield of Montana

BlueCare Dental Classic Basic

\$22.23/month

Annual Max Benefit : \$1,000

Ded In/Out : \$50/\$75

Coins In : N/A

Coins Out : N/A

REMOVE

1

☐ Compare

[View Plan Details](#)

[Find Provider](#)

BlueCross BlueShield of Montana

BlueCare Dental Classic Standard

\$35.88/month

Annual Max Benefit :

Ded In/Out :

2

Save & Continue

Generate Proposal

This page shows the selected plans in each coverage

Apply

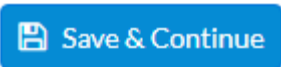

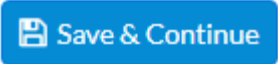
3

Back

4

Save & Continue

*Image is for illustrative purposes only and may not reflect all details*

- 1 Select the plan(s) being considered by member/consumer.
- 2 Select the  button to proceed through the proposal process.
- 3 On the GENERATE PROPOSAL page, select the  button to add products to the proposal.
- 4 Select the  button to continue.
  - Note: You will be directed to the VERIFY INDIVIDUAL page. Please ensure that all details about the individual(s) are accurate.

**You may exit the proposal at any time and return to it through the QUOTE HISTORY found under the INDIVIDUAL LISTING for the member/consumer.**

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

**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.**





## THE APPLICATION PROCESS



Dental Insurance

Hide

BlueCare Dental Classic Basic

Ded In/Out:

\$50/\$75

Annual Max Benefit:

\$1,000

Coins In:

N/A

Coins Out:

N/A

BlueCross BlueShield of Montana

\$22.23/month

☒ Selected

1

Find Provider | View Plan Details

Back

2 Save & Continue

Payment Details

Account Holder Name \*

Account Number \*

Confirm Account Number \*

Bank Name \*

Routing Number \*

Confirm 7 digit Routing Number \*

Amount

22.23

☐ I acknowledge that I have read and agree to the above Important Notices and Disclaimers.

☐ I hereby Opt Out of Electronic Funds Transfer (EFT) for ongoing payment. This payment is ONLY one-time to secure coverage.

Cancel


Save



4

Continue

5

Image is for illustrative purposes only and may not reflect all details

- 1 On the VERIFY PLANS page, select the plan(s) you wish to include in the application(s).
- 2 Select the  Save & Continue button to proceed.
- 3 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.*
- 4 Select the  Save button to store that acknowledgement and payment details.
- 5 Select the  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.**

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

**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.**





# SUMMARY PAGE



CoveragePlusCentral

844-254-5851 | Contact Us | Welcome, Demo Individual Agent | Logout

Home > Individual Listing > Edit Individual > Plan Information > Generate Proposal > Verify Individual > Verify Plans > EPayment > Summary

Menu

1

Summary

In this page, you could view the summary details

Agent Name:  
Demo Individual Agent

Email:  
infodevteam@trionfo.com

First Name:  
Demo

Last Name:  
Producers

Date of Birth:  
01/01/1942

Zip Code:  
60601

County:  
Cook

Tobacco Use?:  
No

Individual Information

Verify Plan Information

Payment Information

2

3

4

5

4

5

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

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

Back

Continue

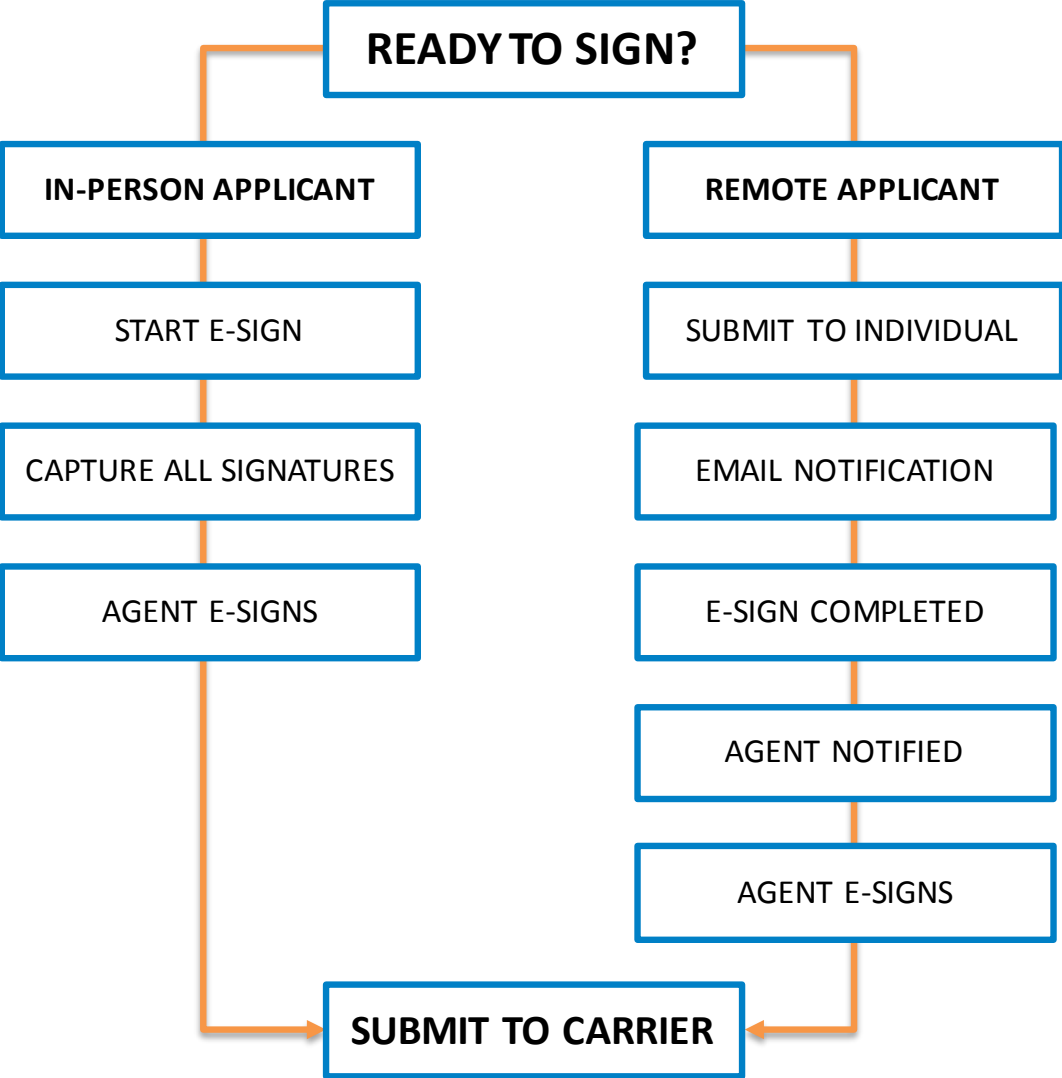
- 1 You will be directed to the SUMMARY page where you will have the opportunity to review and edit information provided and product selections made.
- 2 You may SHOW and HIDE details from each of the sections on this page by using the appropriate up/down arrow.
- 3 You may edit details of each of the selections by selecting the **Edit** button.
- 4 After reviewing, indicate agreement with:
  - Terms and Conditions by selecting the first checkbox shown
  - electronic communications by selecting the second checkbox shown
- 5 Select the **Continue** button to proceed.

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.



# 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.

# INITIATING E-SIGN PROCESS – IN-PERSON

Thank You

Blue Cross Blue Shield of Montana

Coverage: Dental Insurance

Enrolling is Simple — Just Follow These 3 Easy Steps ...

Step 1: Complete the Application

In the meantime, please call us for quick answers and immediate assistance.

We look forward to serving you.

E-Sign

Image is for illustrative purposes only and may not reflect all details

Adobe Sign

Options

Trionfo Esign-Document

BlueCross BlueShield

Applicant Name: Demo Producer

SSN#: 222-22-2222

Member ID:

Home Office Use Only

Type your signature here

Close Apply

TO HELP US PROCESS YOUR APPLICATION MORE QUICKLY, BE SURE TO:

E-Sign Document

To help ensure that your application is processed quickly, please complete all required information.

E-Sign Status:

1 Begin 2 Submit to Individual 3 Individual Signed Agent Signed Completed

Sign as Agent

## IMMEDIATE E-SIGNING OF APPLICATION

- 1 On the THANK YOU page, select the **E-Sign** button to begin the process of sending documents to the consumer.
- 2 In the ADOBE SIGN section of the page, select the **Start** button to begin the e-sign process.
  - 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.

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

- 3 Agent will then select the **Sign as Agent** button to provide their signature(s).

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

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.



# INITIATING E-SIGN PROCESS – REMOTE (part 1)

Thank You

Blue Cross Blue Shield of Montana

^ Hide

Coverage: Dental Insurance

Enrolling is Simple – Just Follow These 3 Easy Steps ...

Step 1: Complete the Application

In the meantime, please call us for quick answers and immediate assistance.

We look forward to serving you.

1

E-Sign

Image is for illustrative purposes only and may not reflect all details

E-Sign Document

To help ensure that your application is processed quickly, please complete all required information.

E-Sign Status:

1

2

3

4

Begin

Submit to Individual

Individual Signed

Completed

My Account

2

Submit to Individual ✓


Document Submitted Successfully


Submitted to Individual Successfully

OK

## SUBMIT TO INDIVIDUAL TO E-SIGN DOCUMENT

- 1

On the THANK YOU page, select the  button to begin the process of sending documents to the consumer.
- 2

On the E-SIGN DOCUMENT page, select the  button.
  - This action will send the application to the consumer for their electronic signature.

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

Blue Cross and Blue Shield of Montana  
333 W. Pierce Road, Suite 190  
Itasca, IL 60143

- While paper applications are an option, it is **strongly encouraged** that applications are submitted electronically. Electronic applications are:
- More secure
  - Seamless
  - Trackable
  - Processed more quickly

# INITIATING E-SIGN PROCESS – REMOTE (part 2)

1

There are documents pending your signature.

Please note that your case may not be processed/approved in a timely manner if you fail to sign these documents.

1 Your Blue Cross Blue Shield of Illinois insurance documents are ready for you to review and sign. Please click on the below link to get started.

[Click Here to Esign](#)

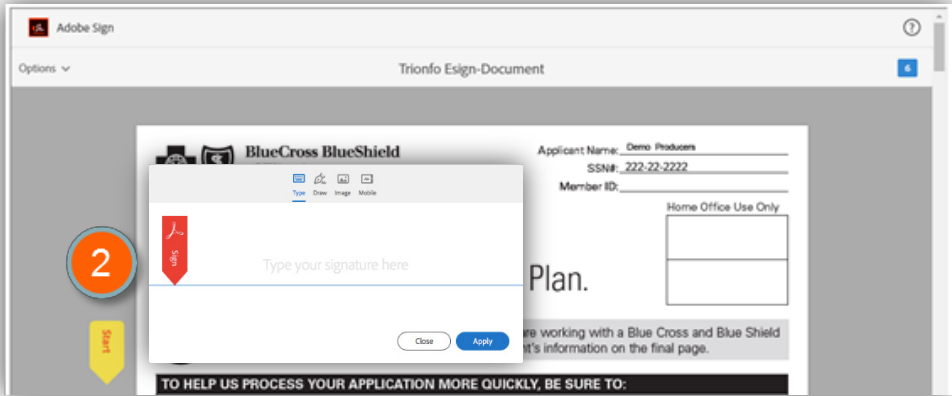
Assuring you of our best services at all times.

Warm regards,

HCSC Agent Coverage Plus

Image is for illustrative purposes only and may not reflect all details

2



E-Sign Document

To help ensure that your application is processed quickly, please complete all required information.

E-Sign Status: 1 Begin 2 Submit to Individual 3 Individual Signed Agent Signed Completed

3


Sign as Agent ✓


## SUBMIT TO INDIVIDUAL TO E-SIGN DOCUMENT


- 1

Member will receive email with a link to access the application.

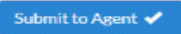

  - NOTE: Member will use the below steps to complete the E-Sign process.
- 2

In the ADOBE SIGN section of the page, select the  button to begin the e-sign process.

  - 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  button to move through the application to each required field.

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

- 3

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

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.



# SUBMIT TO CARRIER

E-Sign Document

To help ensure that your application is processed quickly, please complete all required information.

E-Sign Status:

1

Begin

2

Submit to Individual

3

Individual Signed

4

Agent Signed

Completed

1

Submit to Carrier

E-Sign Document

To help ensure that your application is processed quickly, please complete all required information.

E-Sign Status:

1

Begin

2

Submit to Individual

3

Individual Signed

2

Agent Signed

3

Completed

## SUBMIT TO CARRIER

- 1

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.
- 2

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

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.



# PRODUCER NEXT STEPS & APPLICATION TRACKING



1

Individual Listing							
				Clear Filters		Add Individual	
Agent	First Name	Last Name	Date Of Birth	Zip Code	State Code	Coverages	Type
1G INSURANCE GROUP, LLC	Demo	Producers	01/01/1942	60601	IL		Prospect
1G INSURANCE GROUP, LLC	FName	LName	01/01/1942	60616	IL		Prospect
1G INSURANCE GROUP, LLC	FName	LName	01/01/1942	60616	IL		Prospect

2

Application History				
Carrier: Blue Cross Blue Shield of Illinois				
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

3

Producers will receive an email indicating:

- Client signatures have been received
- Documents ready for agent signature(s)

**IMPORTANT PRODUCER NEXT STEPS:**

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

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

- 1
- Select the member/consumer name from the INDIVIDUAL LISTING page.
- 
- 2
- On the EDIT INDIVIDUAL page, navigate to the APPLICATION HISTORY section.
- 
- 3
- Select the product(s) to expand details about:
- Product
  - Date Submitted
  - Effective Date
  - Status

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.





# 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 15<sup>th</sup>** 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 (coverageplusmt.com).
- 3. Members will receive email notifications of the progress of their application and when the enrollment is complete.
  - The contract is complete and in place when the initial premium is processed.
- 4. Members will receive a Welcome Kit:
  - Welcome Letter
  - ID Card
  - At a glance
- 5. Members will receive a Policy Fulfillment Kit (electronically or paper based on communication preference selected)
  - Outline of Coverage
  - Auto Bill Pay form
  - HIPAA notice of privacy

## 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 (coverageplusmt.com)
  - Call number on back of ID card(s) for billing and eligibility (Coverage Plus Central)

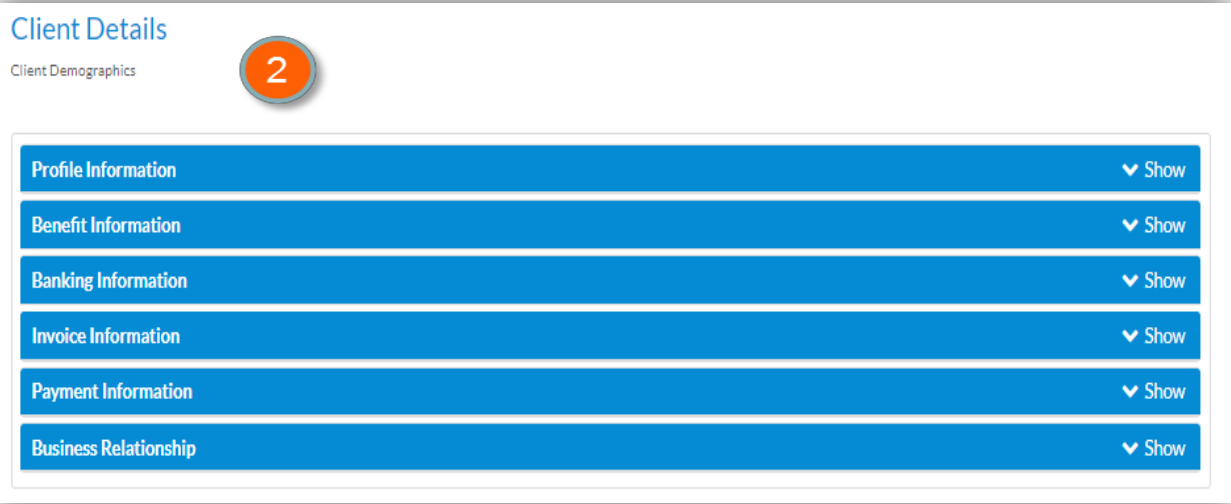
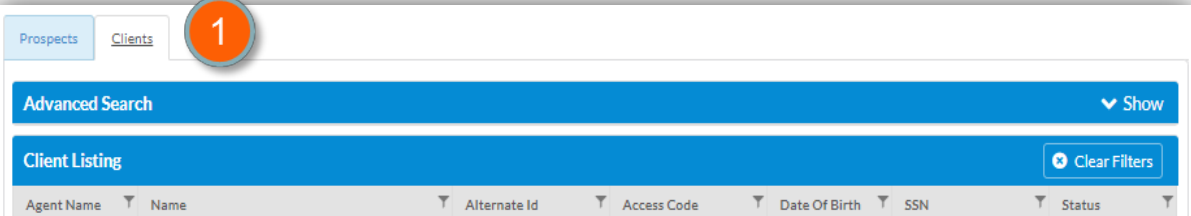
**Reminder:** If the member does not have access to a PC, you can download the application PDF and mail it to them for signatures. Signed forms should be returned to:  
Blue Cross and Blue Shield of Montana  
333 W. Pierce Road, Suite 190  
Itasca, IL 60143

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.

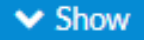


# MANAGING YOUR BOOK OF BUSINESS: CLIENT TAB



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

- 1 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

- 2 CLIENT DETAILS – click  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*

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.



# MANAGING YOUR BOOK OF BUSINESS: ADVANCED SEARCH



Advanced Search

Individual Listing

1G INSURANCE GROUP, LLC

60601

IL

Prospect

Show items with value that:

Contains

Filter

Clear

Advanced Search

Agent Name:

Individual Name:

Date of Birth:

Type:

Zip code:


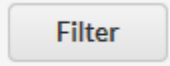
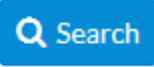
State:

Coverage:

Clear

Search

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

- 1 Select the FILTER BUTTON  to search for specific members/consumers in the INDIVIDUAL LISTING.
- 2 Enter the specific information you would like to search and select 
- OR USE THE ADVANCED SEARCH OPTION -
- 3 Select the SHOW drop-down arrow (found in the Advanced Search Bar)
- 4 Enter the specific information you would like to search and select 

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

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

