Lumico
insurance made clear

Lumico Life Insurance Company
175 King Street, Armonk, NY 10504
www.lumico.com

MEDICARE SUPPLEMENT

E-APPLICATION AGENT REFERENCE GUIDE

LUMICO LIFE INSURANCE COMPANY

FOR AGENT USE ONLY

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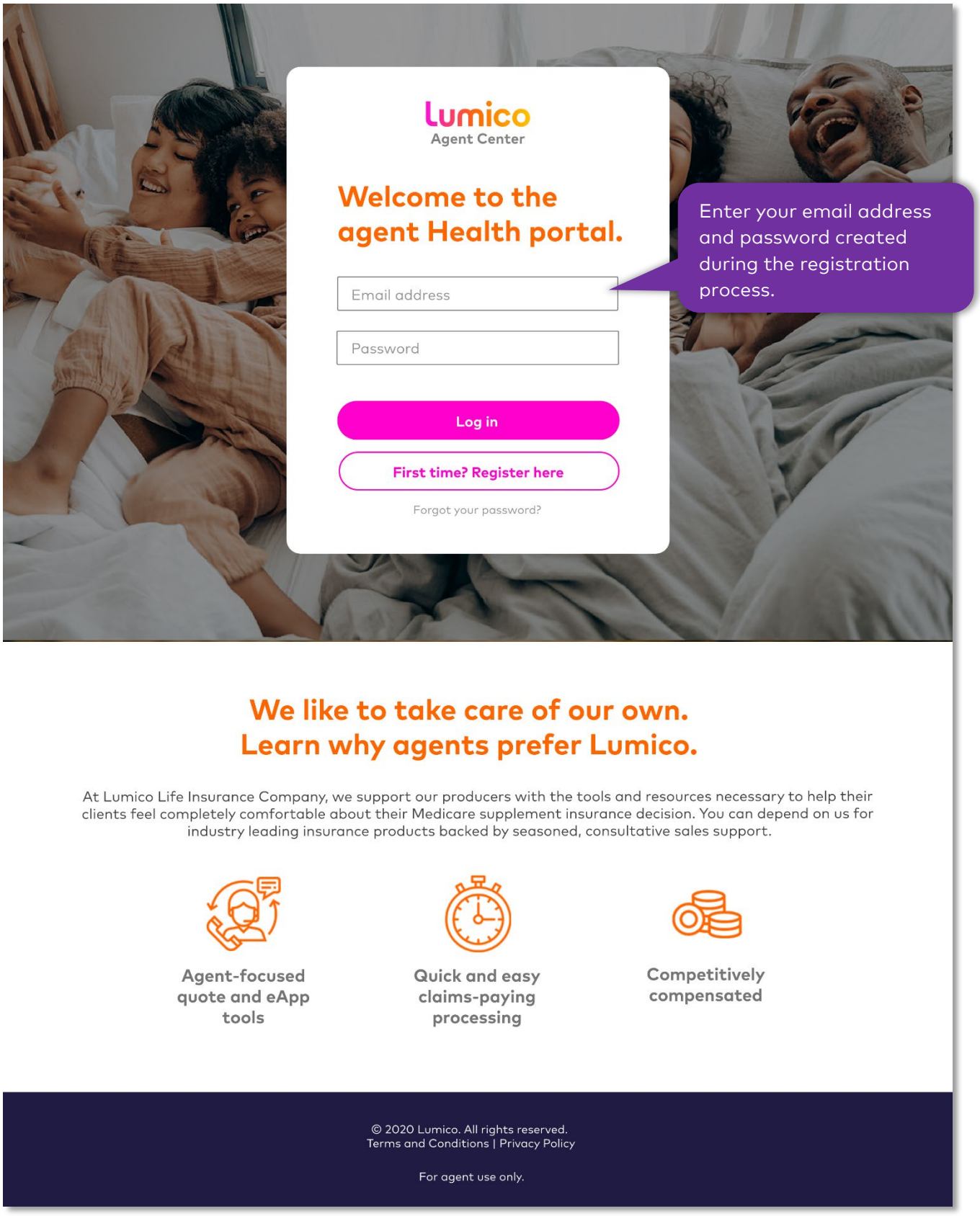
PORTAL ACCESS

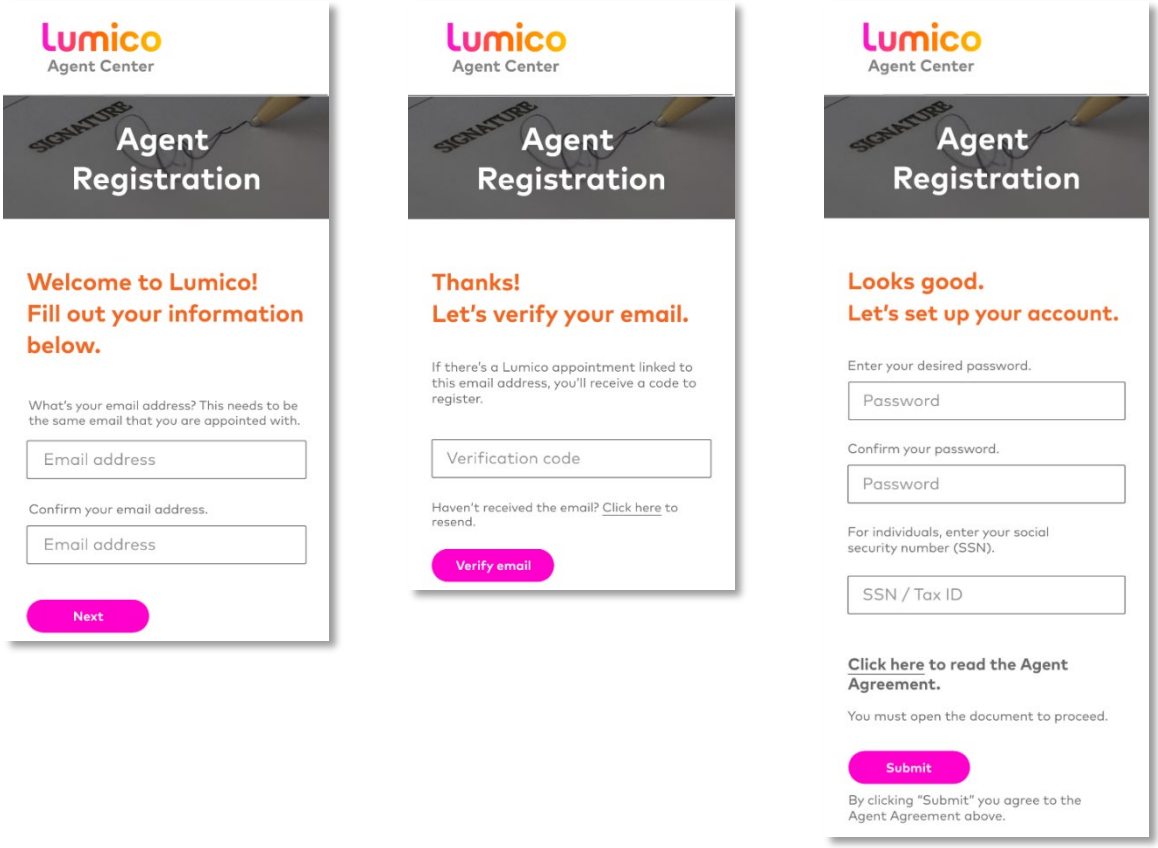
LOGGING IN

To access the e-Application, login to the Lumico Agent Health Portal at www.lumicoagentcenter.com



PORTAL REGISTRATION

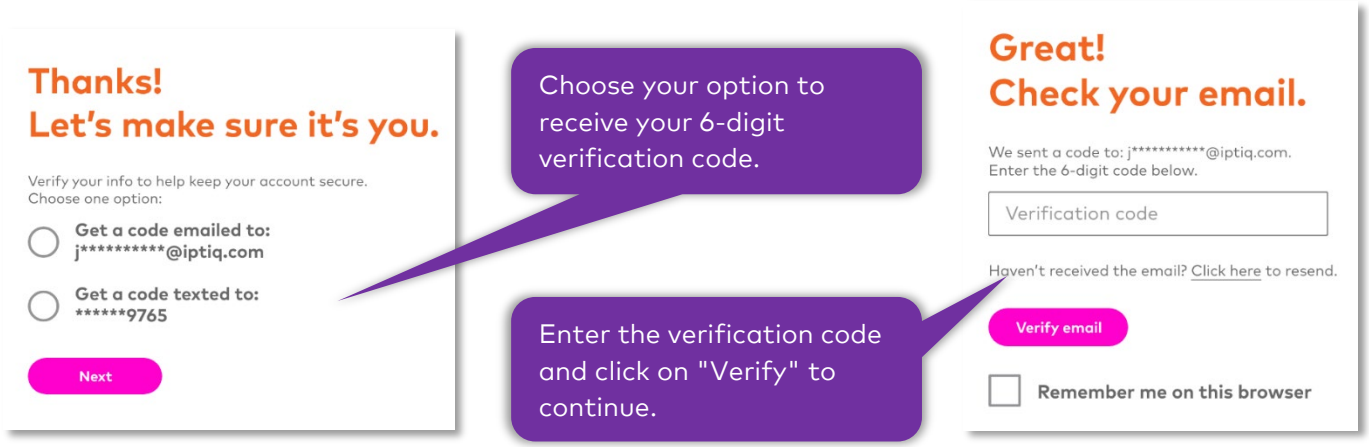
If you are a first time user, begin with 'First time? Register here' on the login screen. Follow the steps on the Agent Registration page to create your login credentials.



MULTI-FACTOR LOGIN

Multi-factor login is an extra security measure that requires an additional step to verify your identity when logging in to the portal.

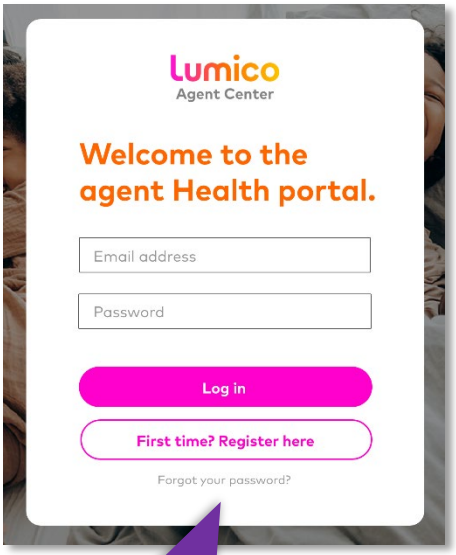
Follow the steps below if this screen appears:



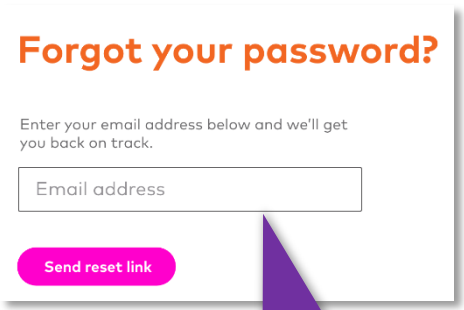
Note: By checking 'Remember me on this browser', you won't have to go through this additional step to verify your identity for 30 days.

PASSWORD RESET

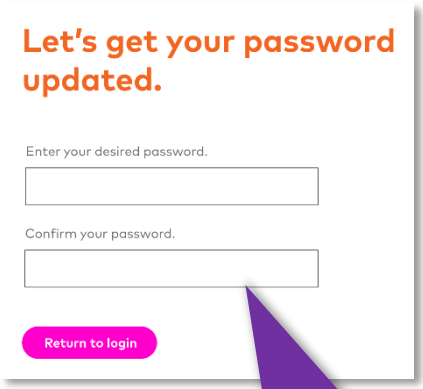
If you have forgotten your login password, you can follow the steps below to reset your password.



Click 'Forgot your password?'



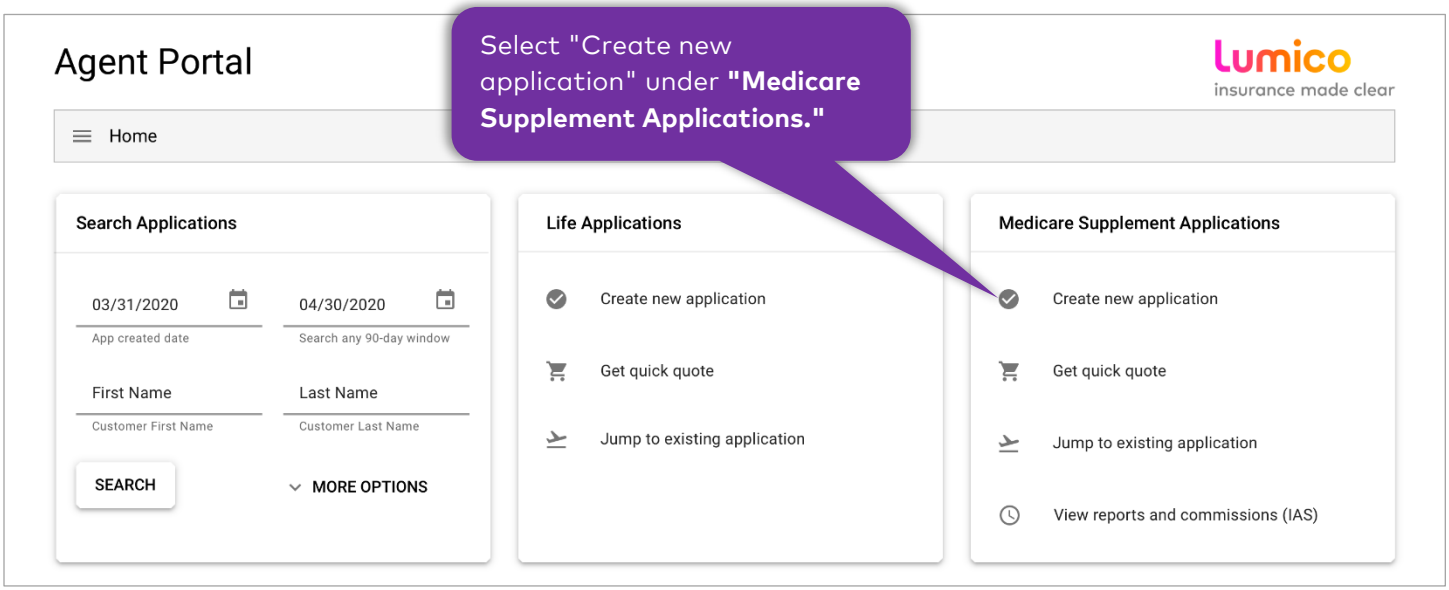
Enter the email address linked to your account. This is where your reset password link will be sent.



After clicking the reset link from your email, you can create your new password.

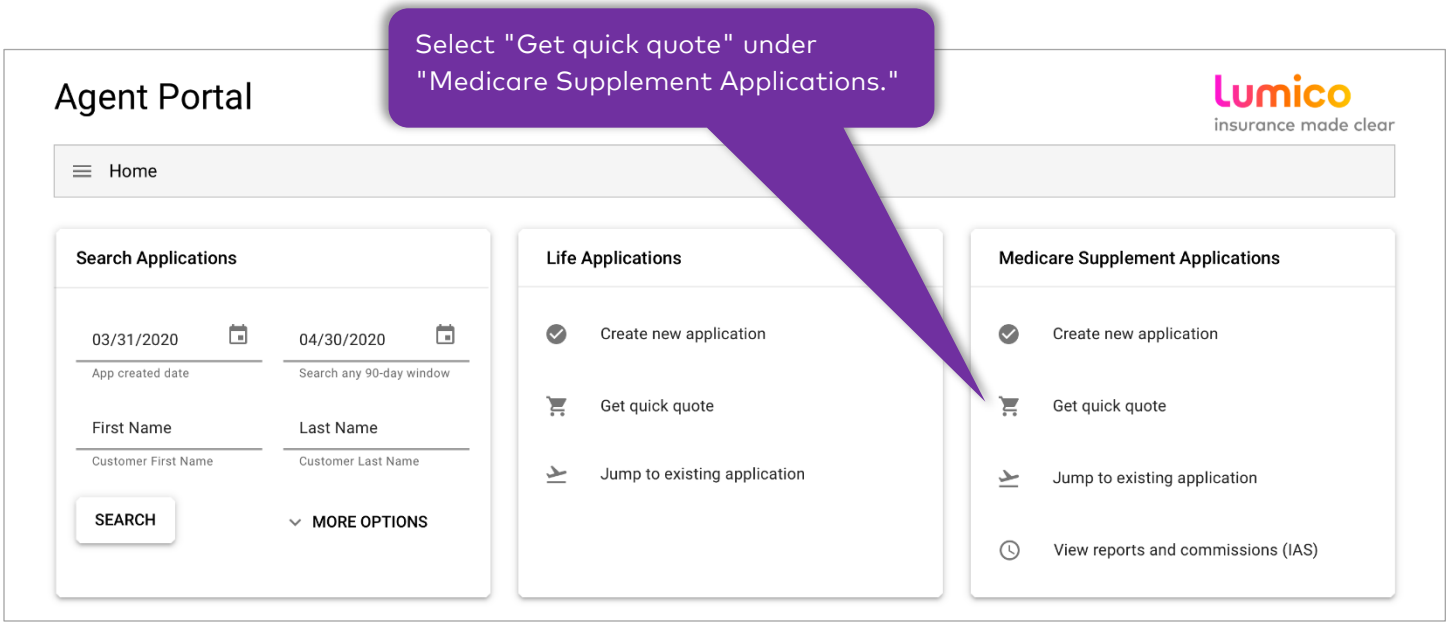
You will be taken back to the login page to enter your new credentials for access.

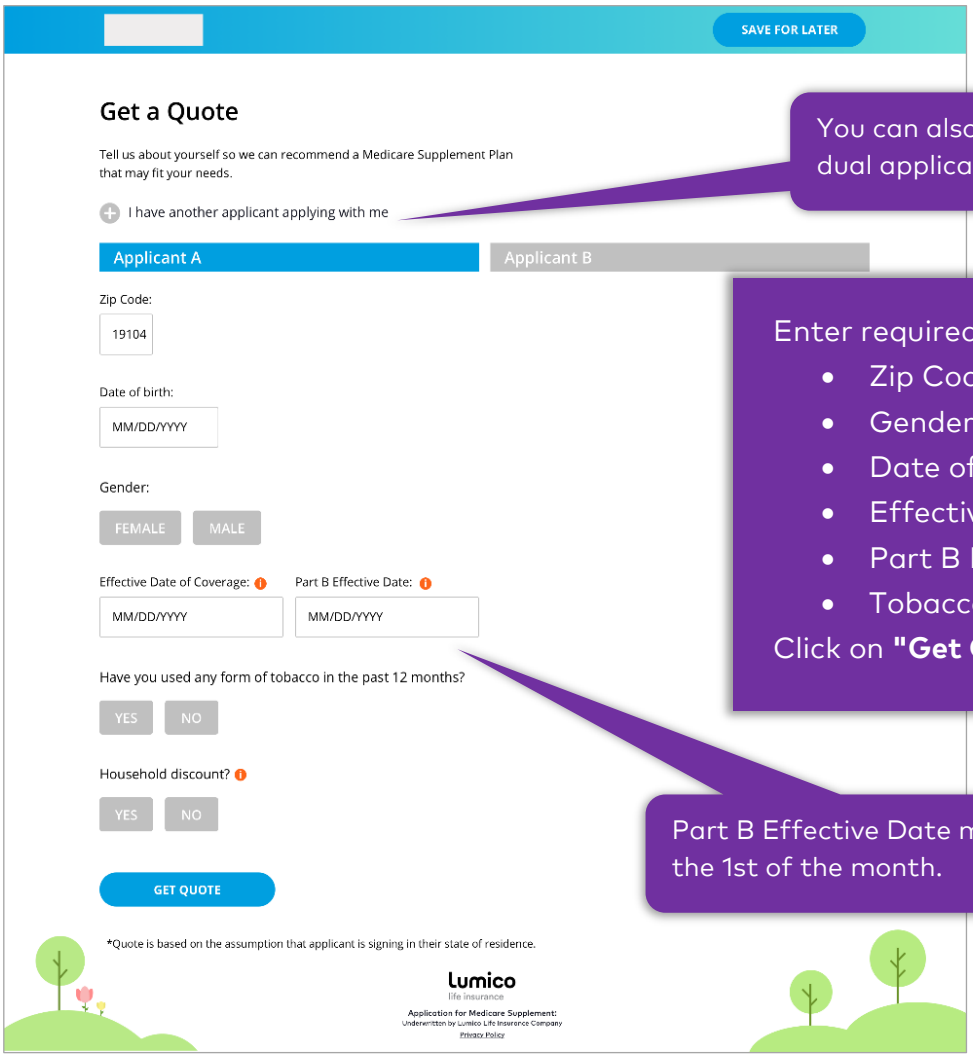
START APPLICATION



Select "Create new application" under **"Medicare Supplement Applications."**

GET A QUICK QUOTE





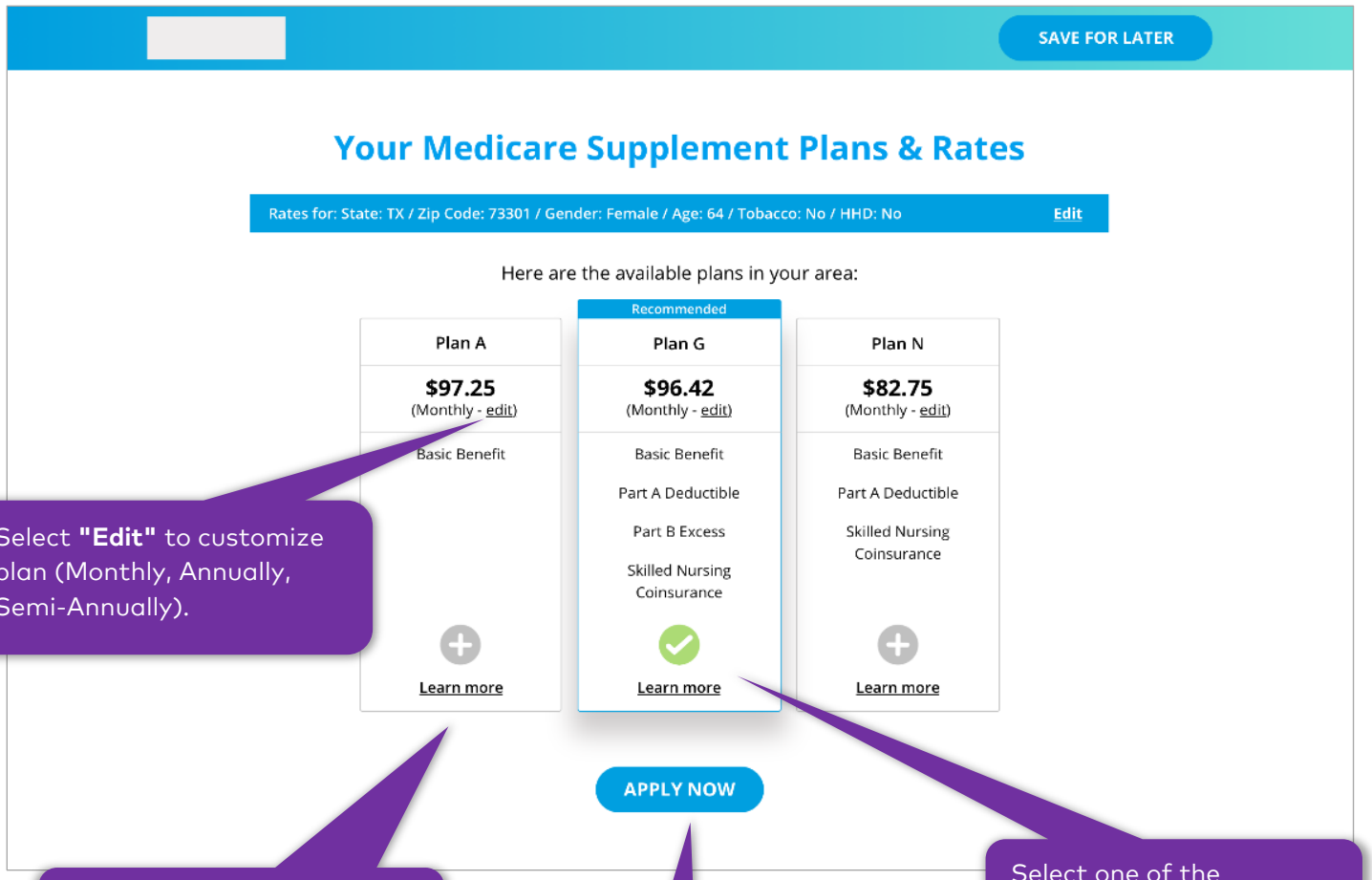
You can also process a dual application.

Enter required information:

- Zip Code (5-digit)
- Gender
- Date of Birth
- Effective Date of Coverage
- Part B Effective Date
- Tobacco Usage

Click on **"Get Quote."**

Part B Effective Date must be the 1st of the month.



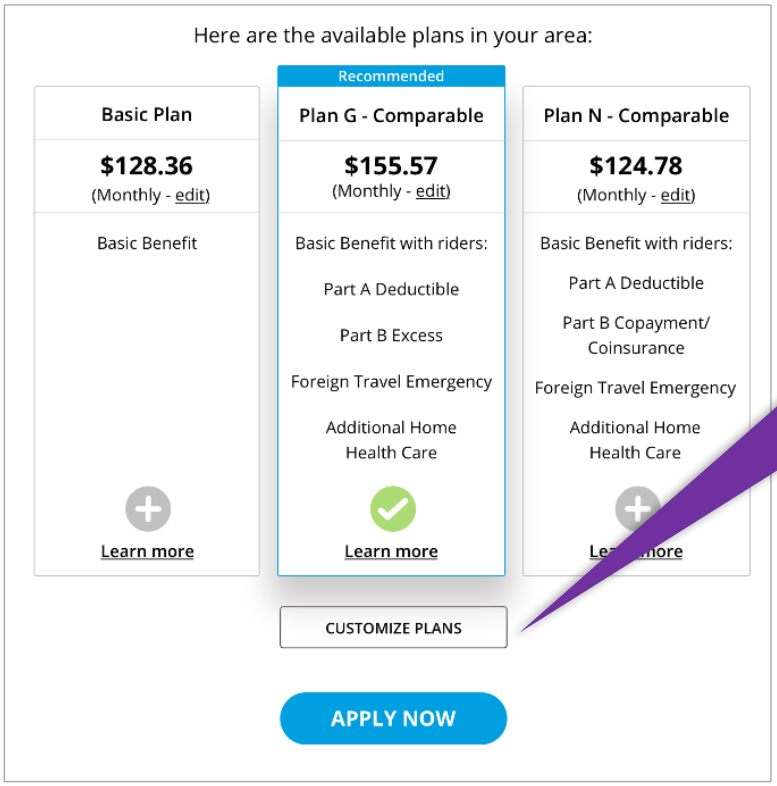
Select **"Edit"** to customize plan (Monthly, Annually, Semi-Annually).

Select **"Learn More"** for plan details.

Select one of the available plan options.

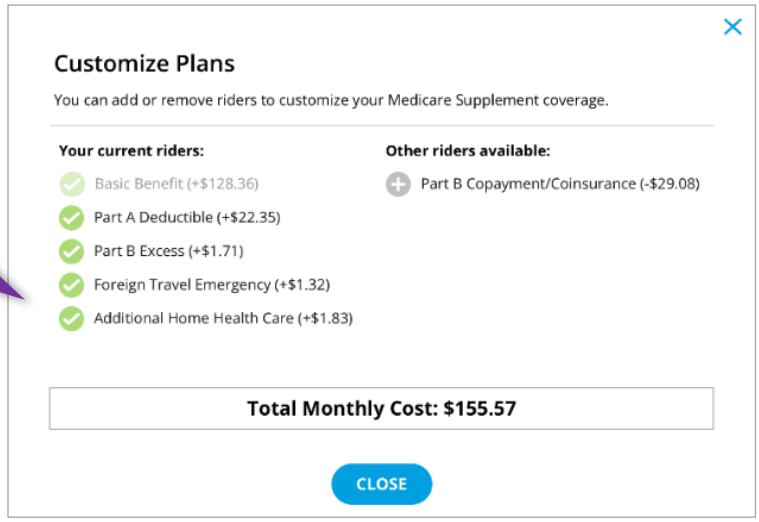
Click on **"Apply Now"** to begin filling out the application.

Initial Quote screen for state of WI



For Wisconsin (WI) if the applicant chooses to add riders to their plan or remove riders from their plan, you can do so by clicking on **"Customize Plan"** which will load a popup.

In the popup, you may add or remove riders by clicking on the checkmark. The final quote will be reflected on the Initial Quote screen upon exiting from the popup by either clicking the **"X"** or the **"Close"** button.



WISCONSIN (WAIVER STATE)

Wisconsin is a waiver state and will be available on the Lumico e-application. Lumico offers Base Plan and riders instead on the standard plans in Wisconsin.

Currently WI is the only waiver states for Lumico. Minnesota is also a waiver and will be offered by Lumico in the future (2021).

Lumico Wisconsin Riders

1. Medicare Part A Deductible Rider
2. Medicare Part B Deductible Rider
3. Medicare Part B Copayment & Coinsurance
4. Medicare Part B Excess Charges Rider
5. Additional Home Health Care Rider
6. Foreign Travel Emergency Rider

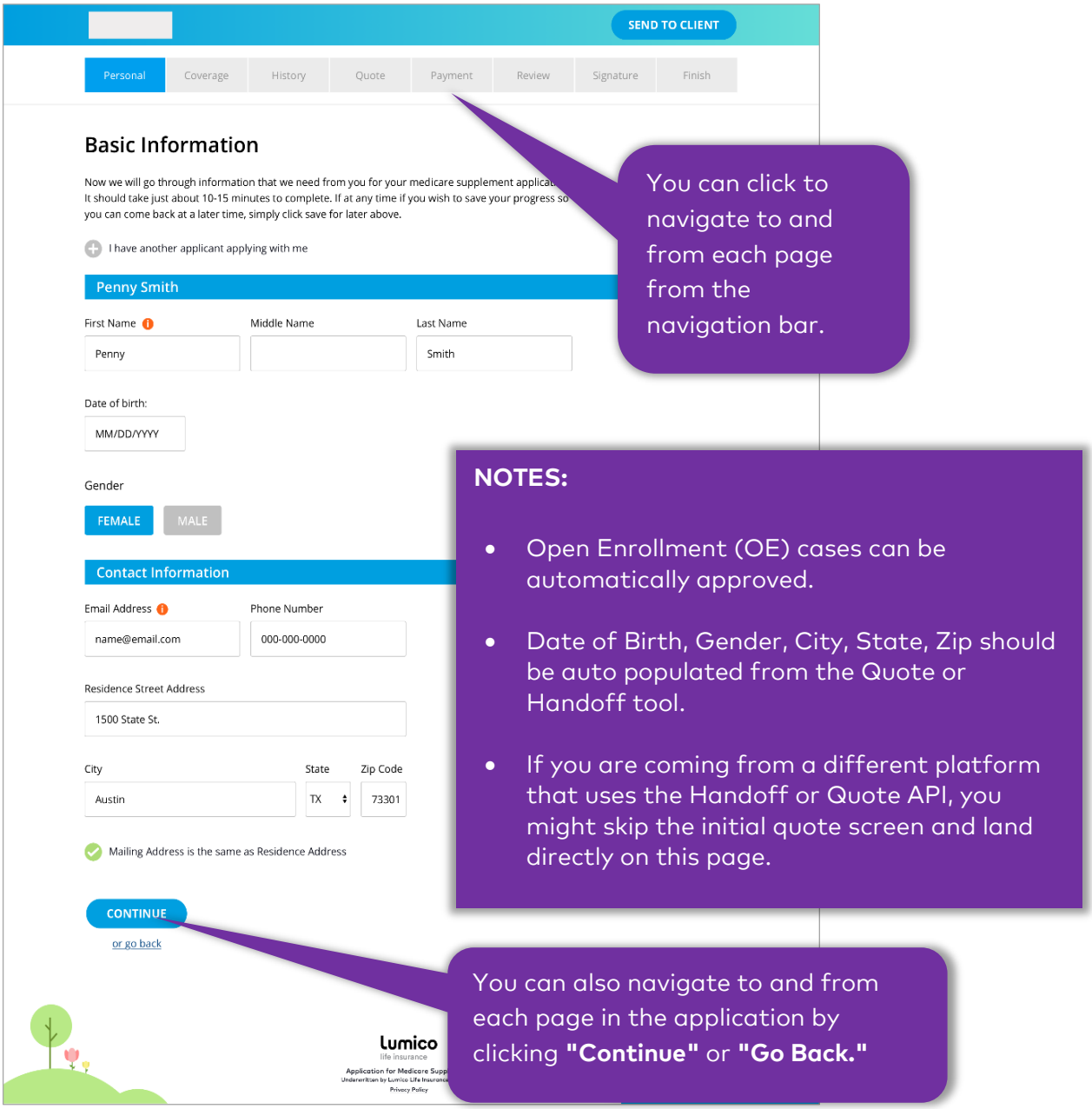
Conditions

1. Applicants can select multiple riders that can be added-on to the Basic plan.
2. Medicare Part B Deductible Rider and Medicare Part B Copayment and Coinsurance Rider cannot be paired together.
3. Medicare Part B Deductible Rider cannot be offered to customers who are eligible for Medicare post MACRA.

NOTE: The difference in the plan format for Wisconsin does not impact the eligibility assessment. The customers are analyzed using the same eligibility criteria and accordingly the journey flow of Open Enrollment, GI or UW is provided on the e-Application.

FILL OUT APPLICATION

BASIC INFORMATION SCREEN



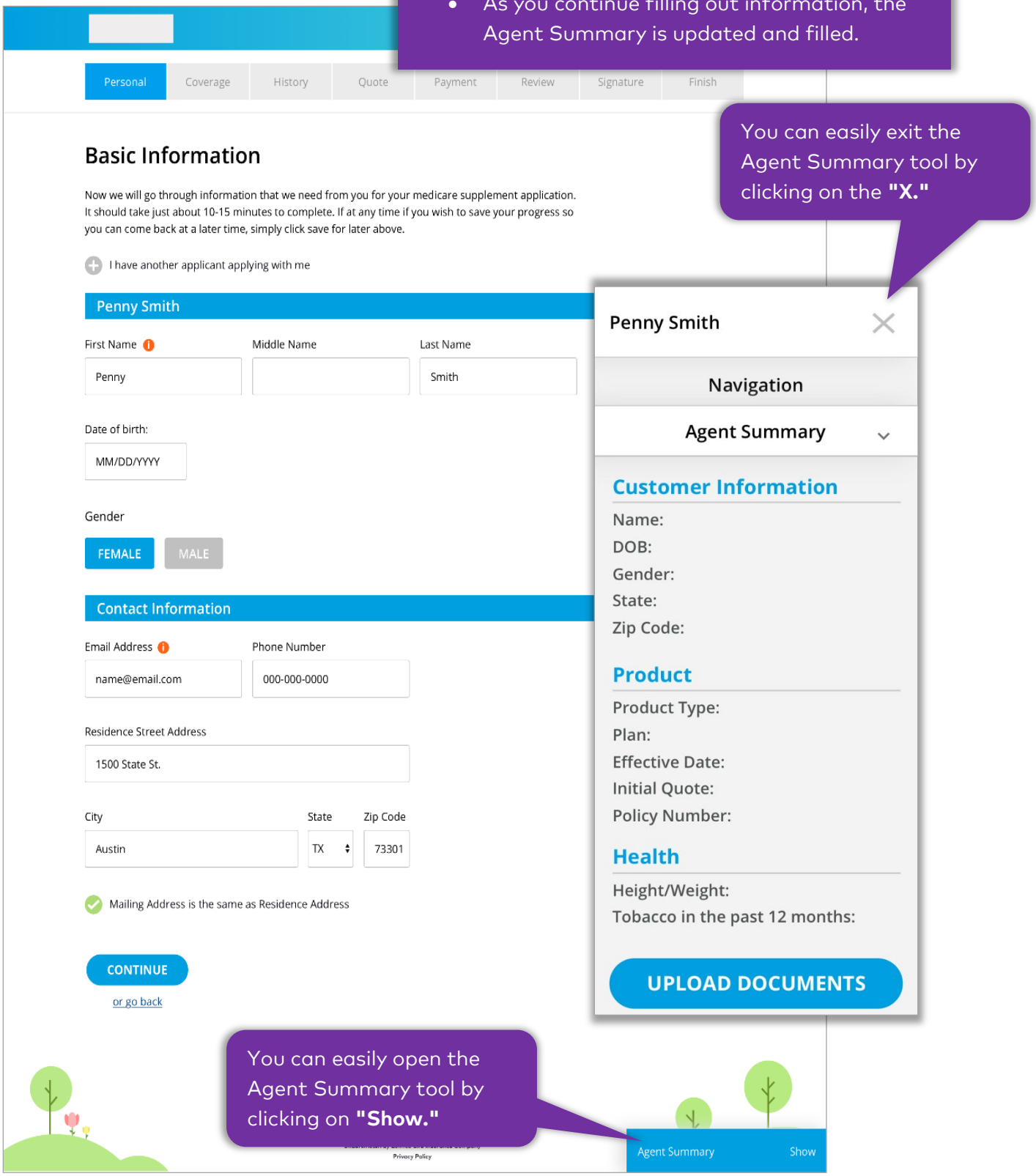
INITITATION EMAIL

At the beginning of the application process, when the applicant's email ID is entered in the e-Application, an email will be sent to the applicant with links to blank copies of all the relevant forms. This allows the applicant to review the forms before proceeding with the application process. The forms sent at this stage are all of the state applications and forms that could potentially be filled by the applicant (not applicant specific). This email will also share with the applicant the state-specific Outline of Coverage and the Guide to Health Insurance for People with Medicare.

AGENT SUMMARY

NOTES:

- When filling out an application, you can view a summary of the applicant's information.
- As you continue filling out information, the Agent Summary is updated and filled.

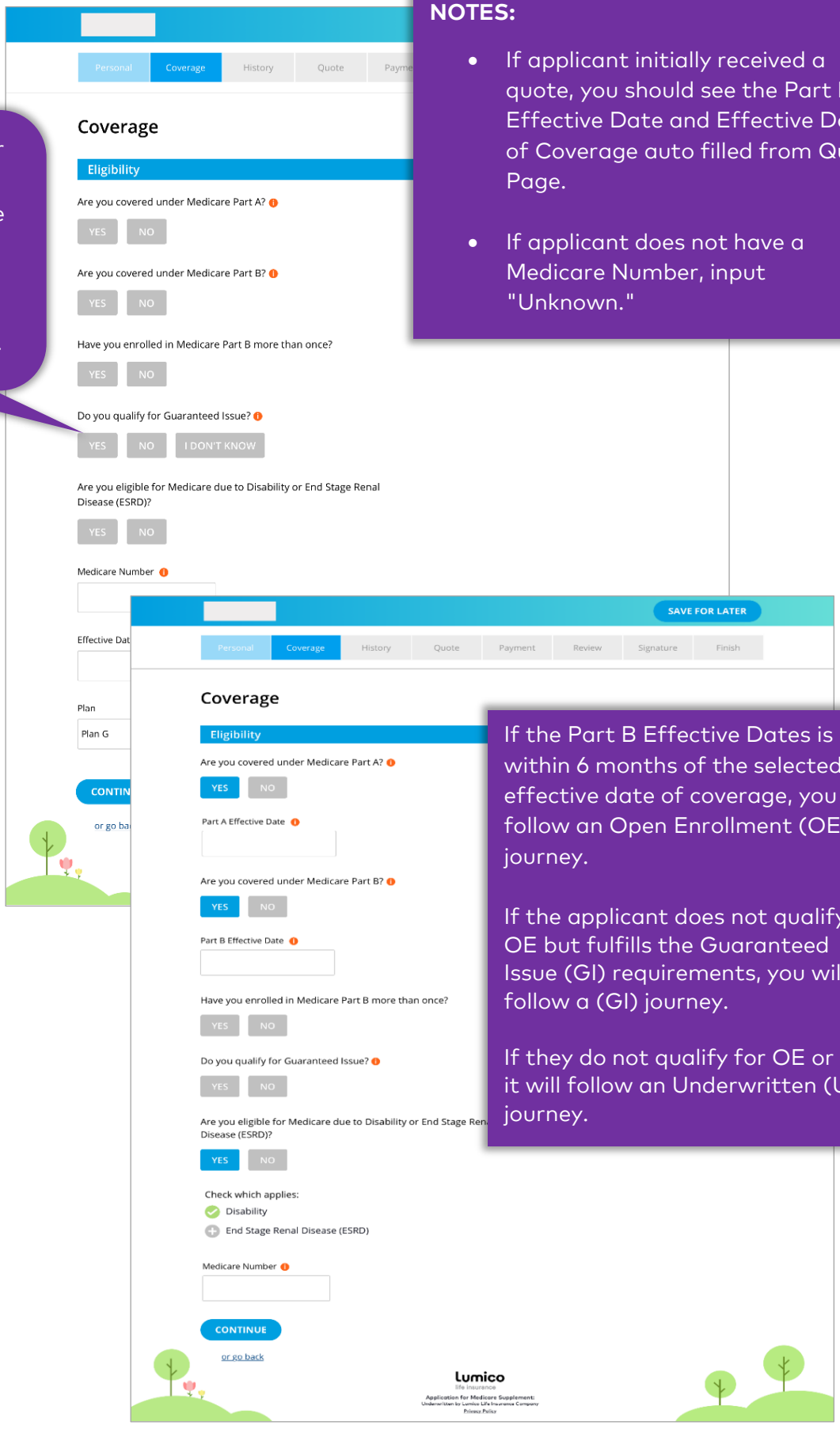


COVERAGE SCREEN

If **"Yes"** is selected for Guaranteed Issue question, agent will be directed through Guaranteed Issue journey after successful validations.

NOTES:

- If applicant initially received a quote, you should see the Part B Effective Date and Effective Date of Coverage auto filled from Quote Page.
- If applicant does not have a Medicare Number, input "Unknown."



If the Part B Effective Dates is within 6 months of the selected effective date of coverage, you will follow an Open Enrollment (OE) journey.

If the applicant does not qualify for OE but fulfills the Guaranteed Issue (GI) requirements, you will follow a (GI) journey.

If they do not qualify for OE or GI, it will follow an Underwritten (UW) journey.

Medicare Supplement Policy Effect Date

For Open Enrollment applications, the effective date of the insurance policy must be within the 6-month Open Enrollment window.

Applications may not be backdated prior to the application signature date for any reason, including to save age.

Insurance policies may not be effective on the 29th, 30th, or 31st of the month. Applications written on these days will be made effective on the 1st of the following month.

For applications submitted during the Oregon Annual Enrollment period, the earliest effective date is the applicant's date of birth, and the latest available effective date is 30 days after their birthday, to the day.

For applications submitted during the Missouri Annual Enrollment period, the latest available effective date is 60 days from the sign date.

Underwritten cases may be submitted up to 60 days prior to the requested coverage effective date. For Annual Enrollment Period (4th quarter of the calendar year), underwritten cases may be submitted beginning October 1st of that year and can have an effective date of January 1st of the following year.

Part A and Part B date

Part A and Part B dates need to be provided. If the applicant is still in the process of applying for their Medicare or awaiting their Medicare card, they can provide a future date. This future date will be entered under the Part A and Part B eligibility date field. If a future Part B date is provided, the policy effective date selected should be after the future Part B date. The Part B eligibility date can be no more than 3 months in the future.Part B date can be the same or after the Part A date.

If the applicant already has their Part A and B dates, then the dates will be entered in the Part A and Part B effective date field. The Part B enrollment date must be provided, as it is used to determine if the applicant is in an Open Enrollment period.

Medicare Beneficiary Number

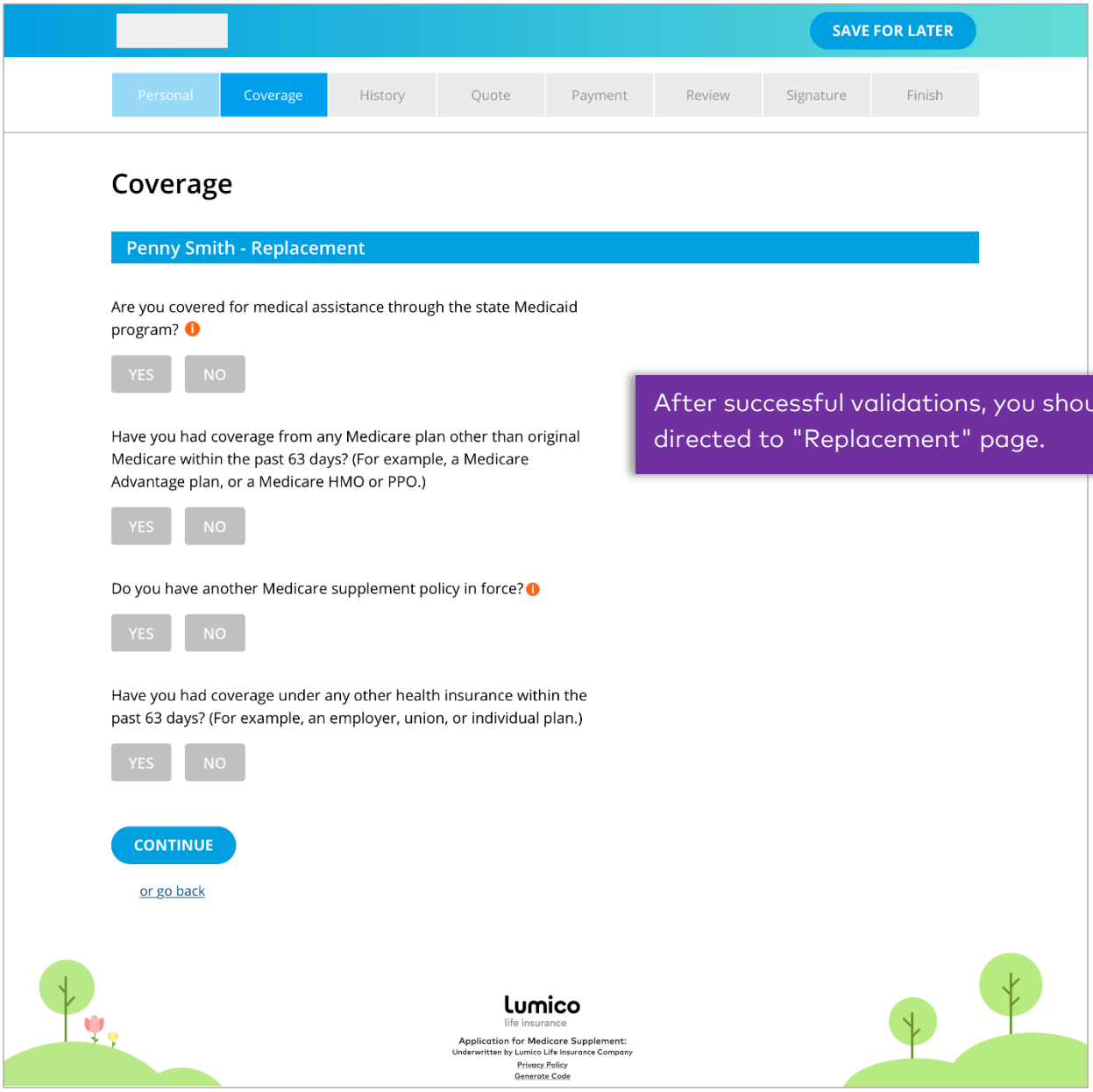
Medicare Beneficiary number is required if the applicant already has their Part A and Part B date. If the applicant is awaiting their Medicare card (future Part A and Part B date) then 'Unknown' can be entered for Medicare Beneficiary number.

Unknown will **not** be accepted if the Part B effective date is a past date. The Medicare Number is provided on the Medicare Health Insurance card.

The format Medicare Beneficiary number [Example 1EG4-TE5-MK53]

- 11-digits and alpha-numeric.
- Medicare Beneficiary number's 2nd, 5th, 8th and 9th characters are always letters.
- Characters 1, 4, 7, 10, 11 are always numbers.
- The 3rd and 6th characters can be letters or numbers.
- For characters that have alphabetic values, the following letters are not used: S, L, O, I, B, Z.

REPLACEMENT SCREEN

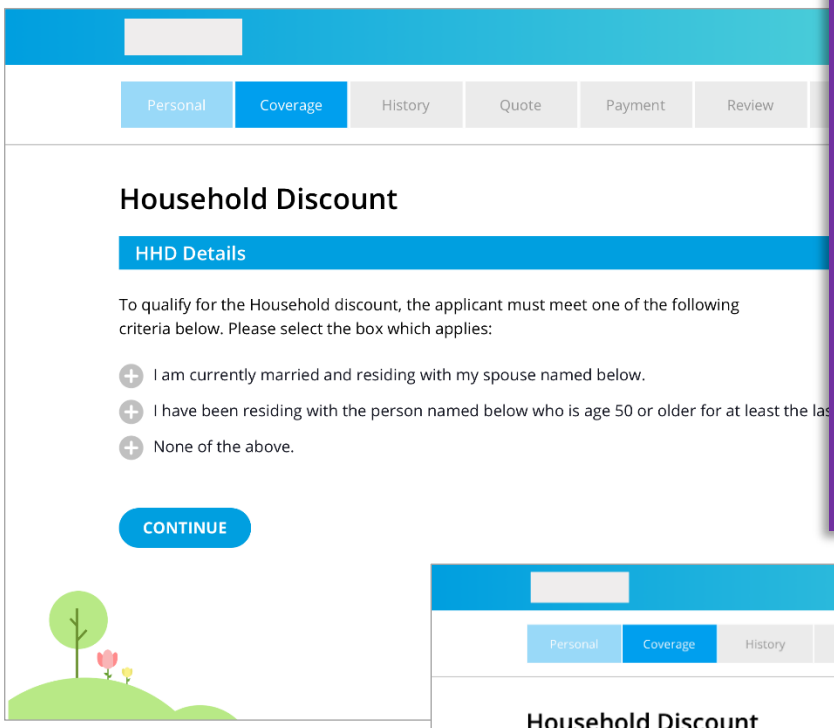


After successful validations, you should be directed to "Replacement" page.

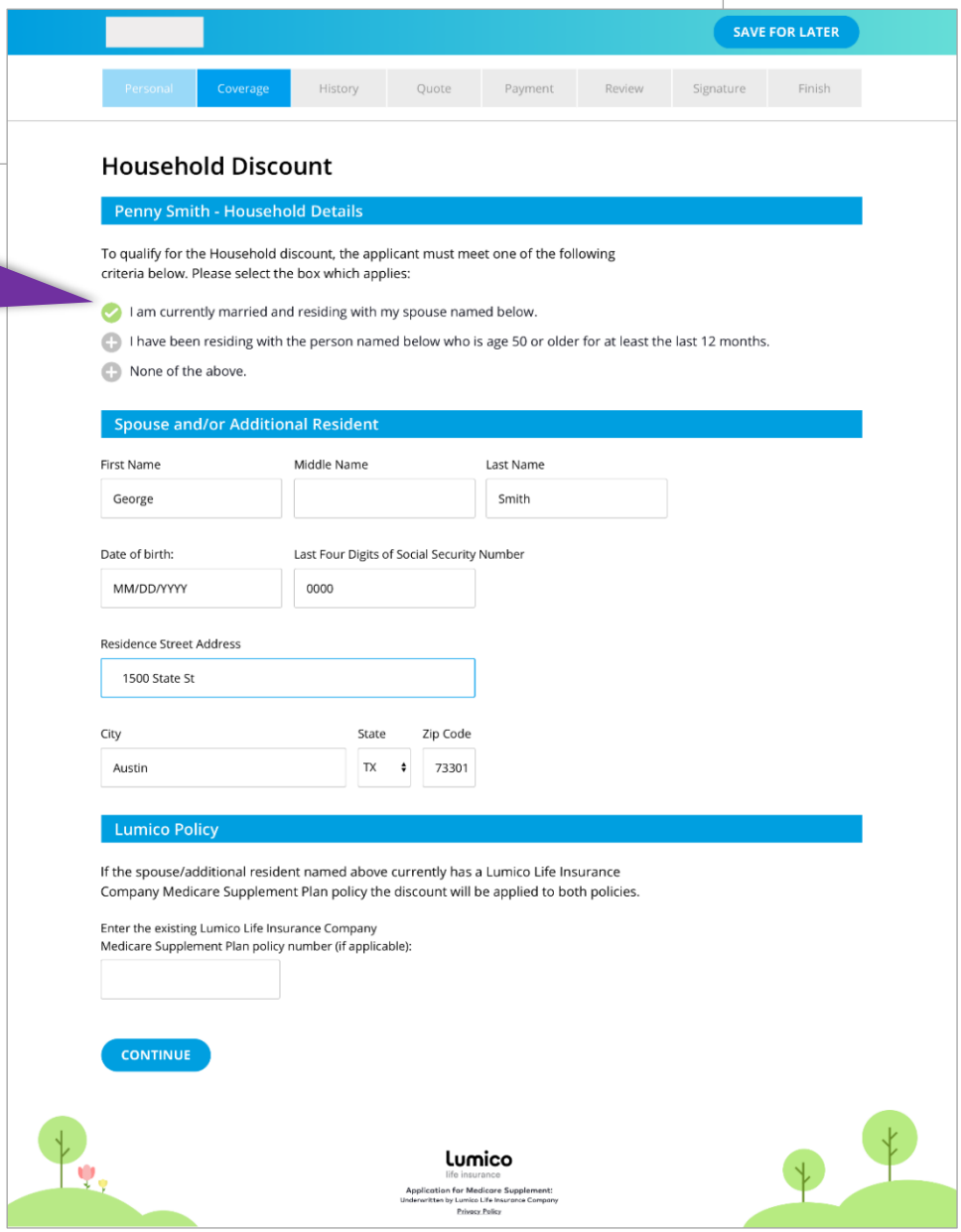
HOUSEHOLD DISCOUNT (HHD) SCREEN

NOTES:

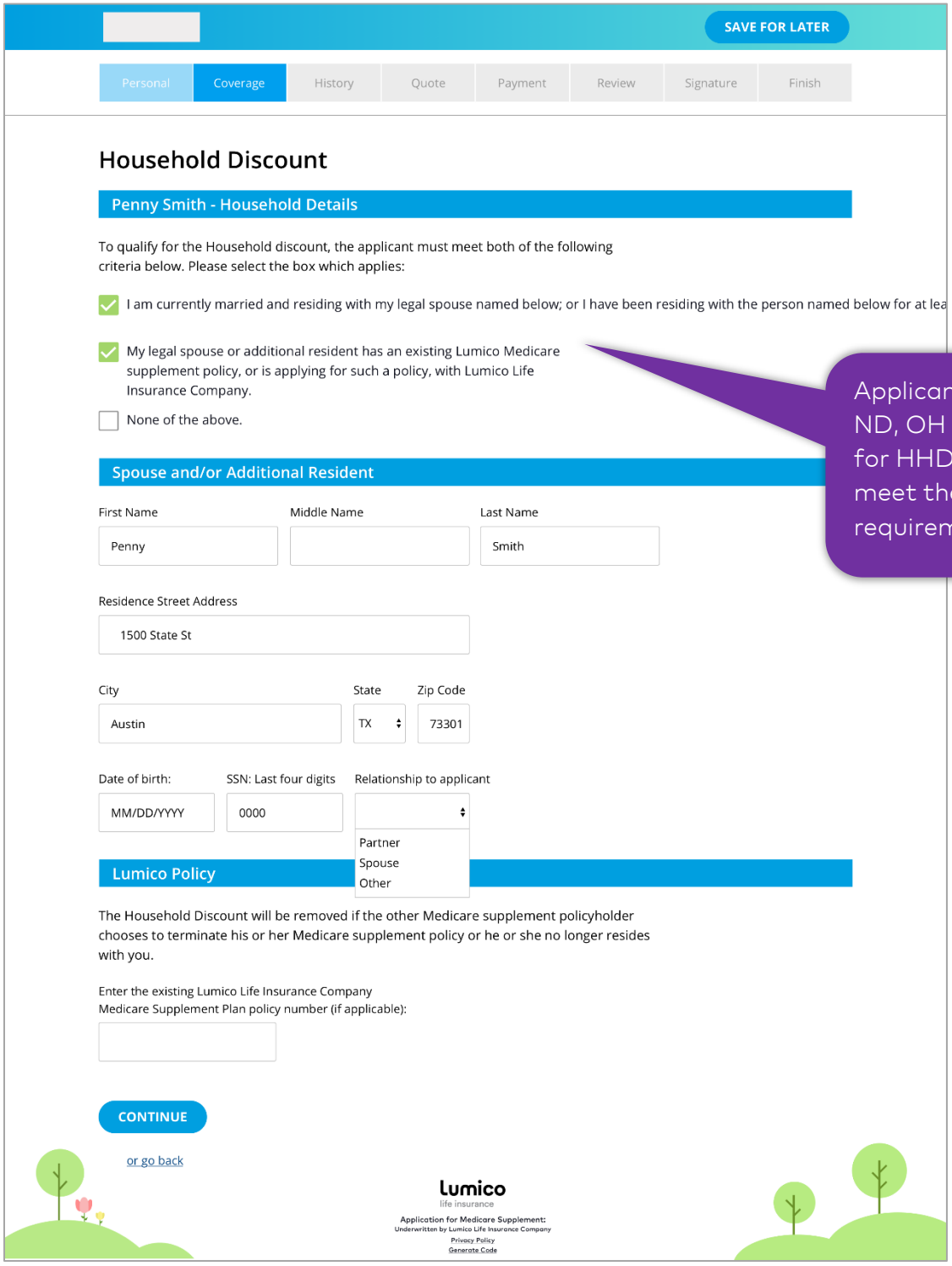
- You should be able to see questions with default and reflexive options.
- You should be able to see Household Discount (HHD) screen for most states.
- For IL, IN, OK, ND, OH, FL, please refer to "2 Buy HHD" section on the following page.
- You should be able to navigate to **History** page after successful validations.



If option other than "None of the above" is selected, you should fill out required information.



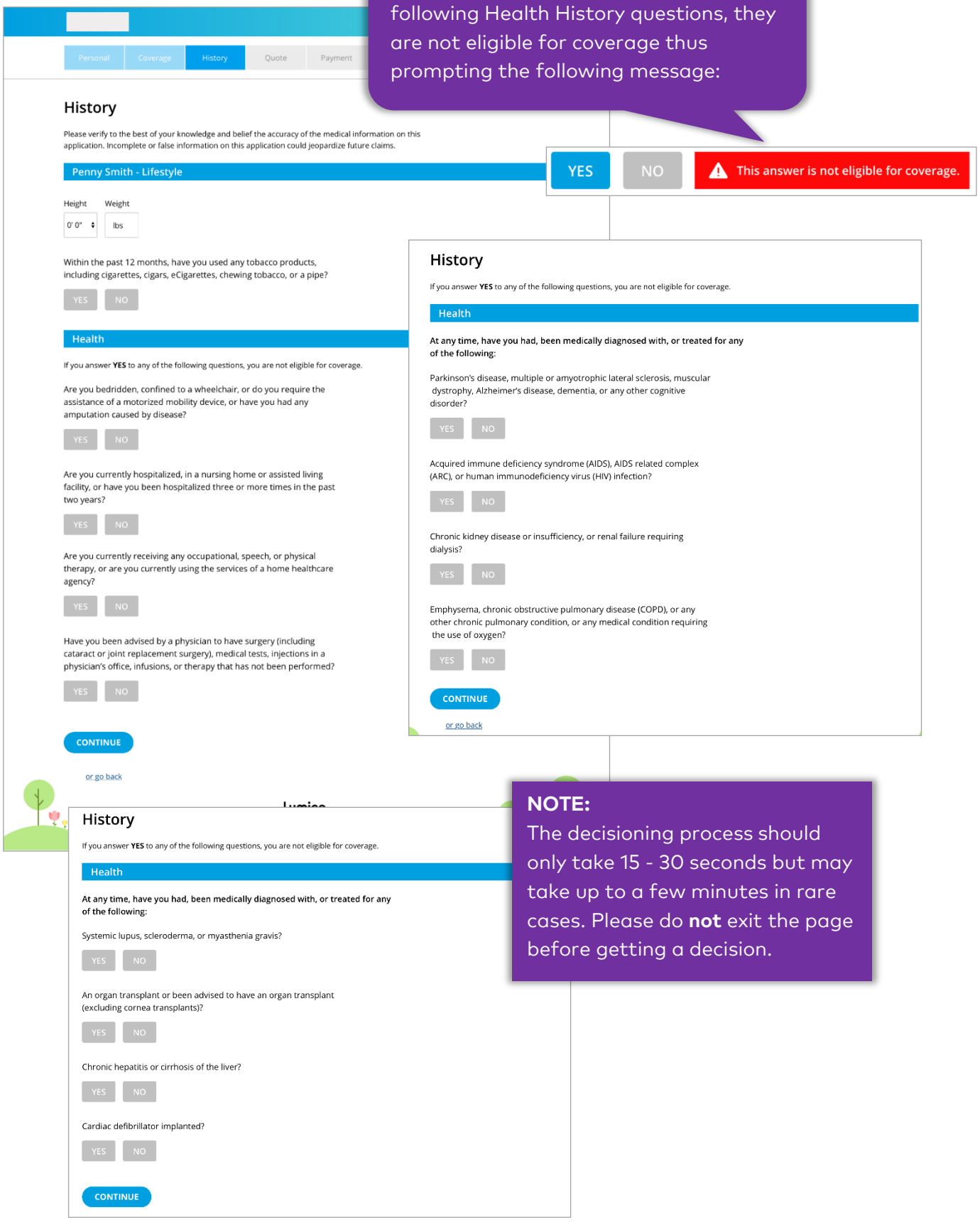
2 BUY HOUSEHOLD DISCOUNT (HHD)



Applicants from IL, IN, OK, ND, OH and FL who opt for HHD, will have to meet the "2 Buy" HHD requirements.

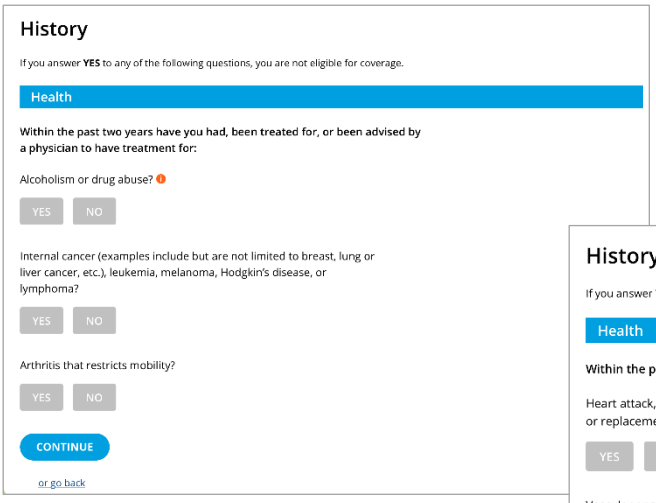
HISTORY SCREEN

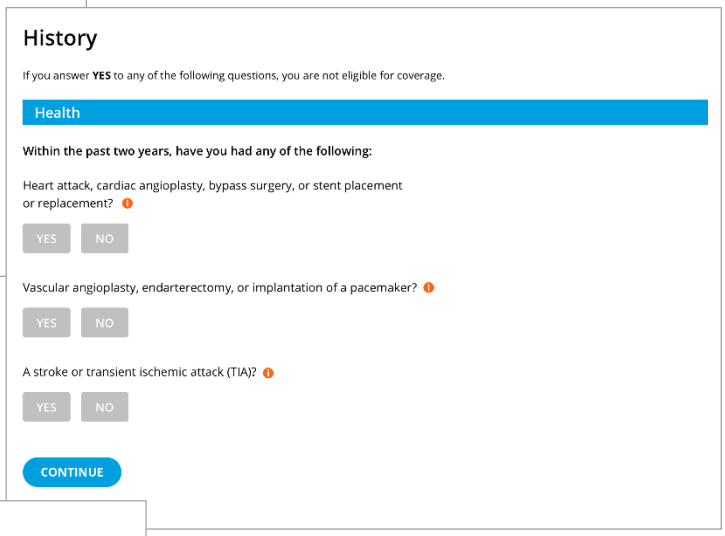
If applicant answers **"Yes"** to the following Health History questions, they are not eligible for coverage thus prompting the following message:

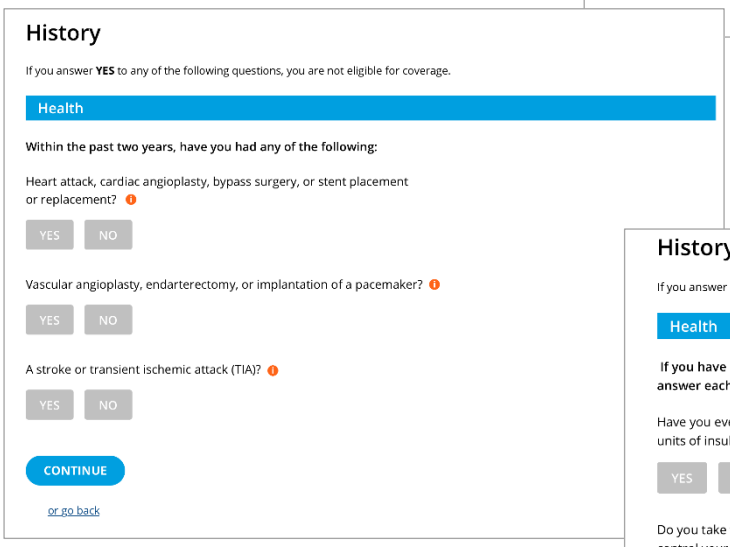


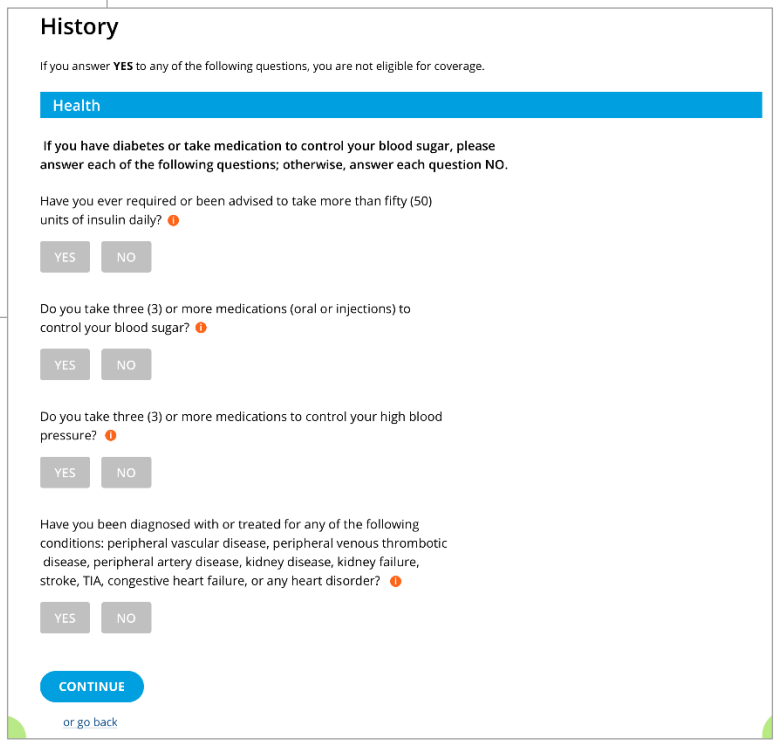
NOTE:
The decisioning process should only take 15 - 30 seconds but may take up to a few minutes in rare cases. Please do **not** exit the page before getting a decision.

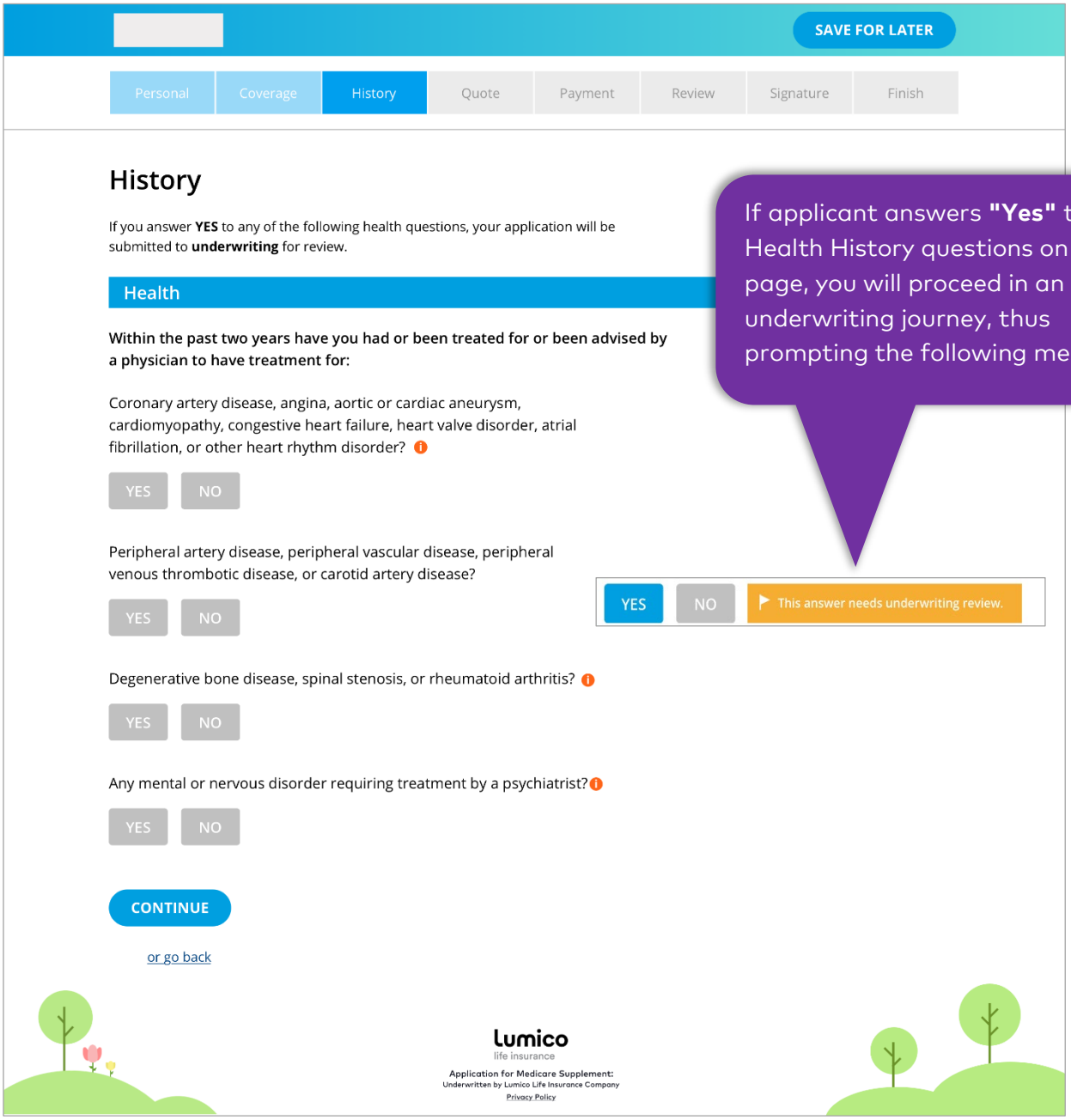
If applicant answers **"Yes"** to the following questions, they will not be eligible for coverage.

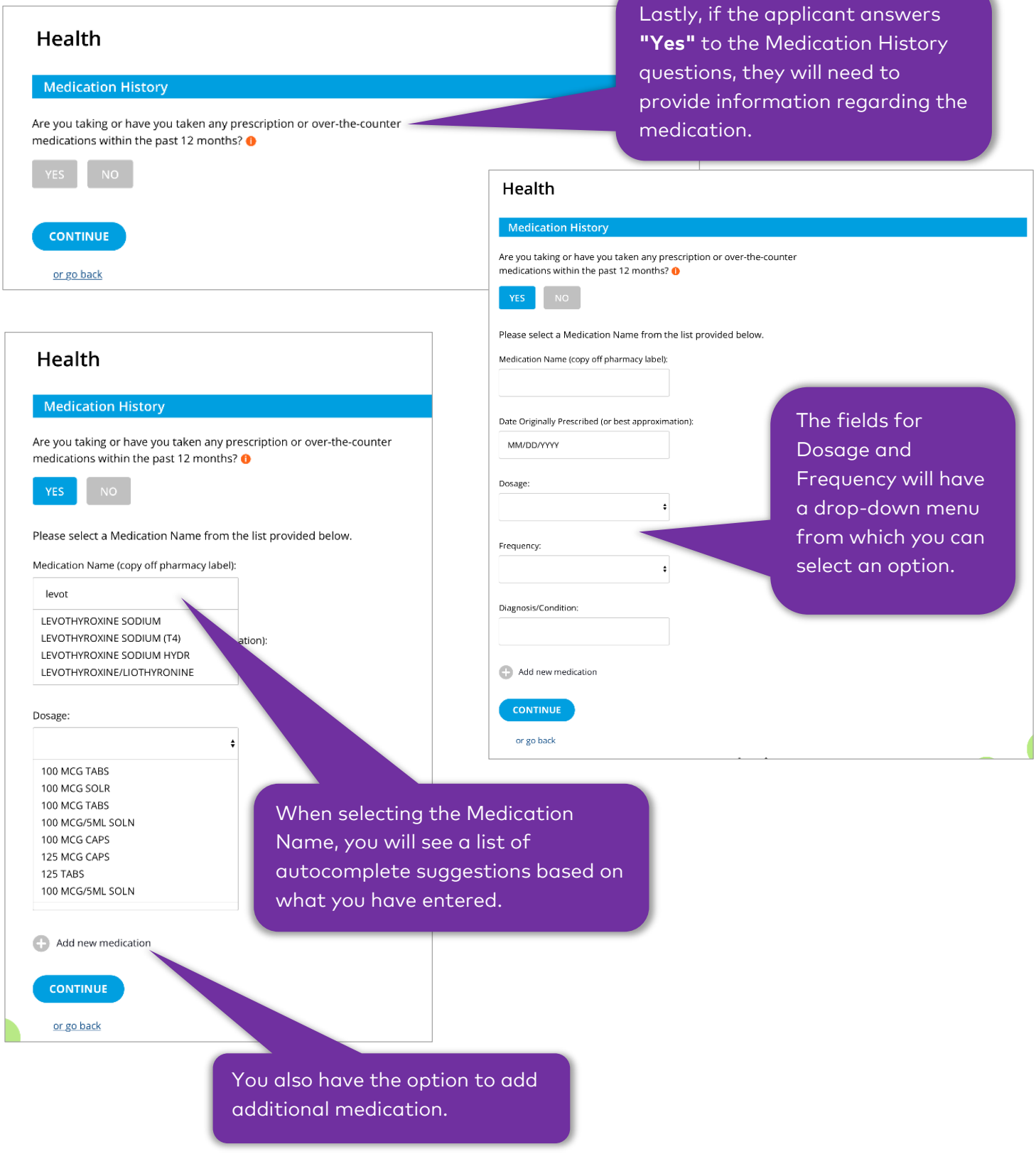




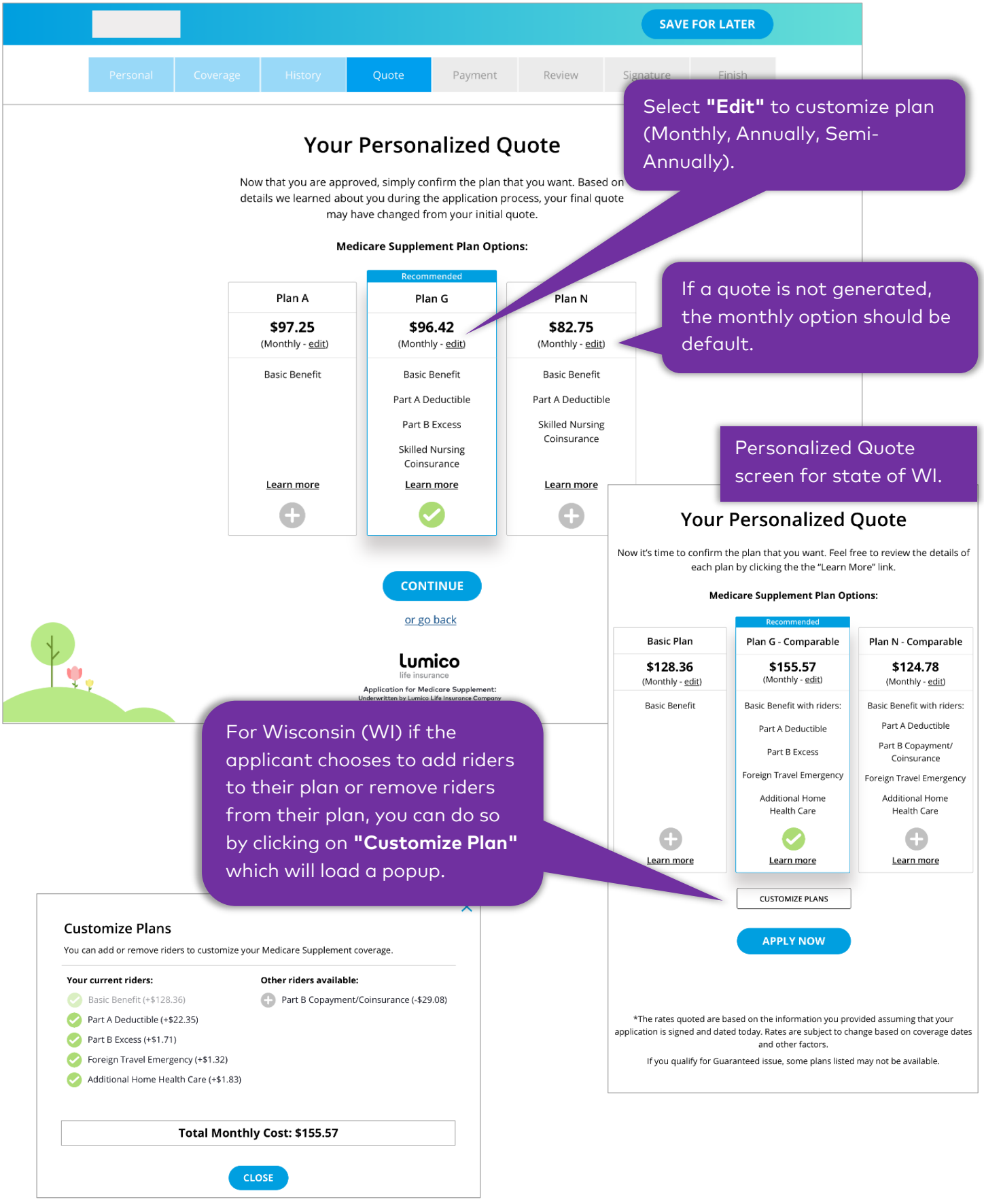





SAVE FOR LATER
Personal
Coverage
History
Quote
Payment
Review
Signature
Finish
History
If you answer YES to any of the following health questions, your application will be submitted to underwriting for review.
Health
Within the past two years have you had or been treated for or been advised by a physician to have treatment for:
Coronary artery disease, angina, aortic or cardiac aneurysm, cardiomyopathy, congestive heart failure, heart valve disorder, atrial fibrillation, or other heart rhythm disorder?
YES
NO
Peripheral artery disease, peripheral vascular disease, peripheral venous thrombotic disease, or carotid artery disease?
YES
NO
YES
NO
This answer needs underwriting review.
Degenerative bone disease, spinal stenosis, or rheumatoid arthritis?
YES
NO
Any mental or nervous disorder requiring treatment by a psychiatrist?
YES
NO
CONTINUE
or go back
Lumico
life insurance
Application for Medicare Supplement:
Underwritten by Lumico Life Insurance Company
Privacy Policy
If applicant answers "Yes" to the Health History questions on this page, you will proceed in an underwriting journey, thus prompting the following message:


Health
Medication History
Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months?
YES
NO
CONTINUE
or go back
Lastly, if the applicant answers "Yes" to the Medication History questions, they will need to provide information regarding the medication.
Health
Medication History
Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months?
YES
NO
Please select a Medication Name from the list provided below.
Medication Name (copy off pharmacy label):
Date Originally Prescribed (or best approximation):
MM/DD/YYYY
Dosage:
Frequency:
Diagnosis/Condition:
Add new medication
CONTINUE
or go back
The fields for Dosage and Frequency will have a drop-down menu from which you can select an option.
Health
Medication History
Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months?
YES
NO
Please select a Medication Name from the list provided below.
Medication Name (copy off pharmacy label):
levot
LEVOTHYROXINE SODIUM
LEVOTHYROXINE SODIUM (T4)
LEVOTHYROXINE SODIUM HYDR
LEVOTHYROXINE/LIOTHYRONINE
Dosage:
100 MCG TABS
100 MCG SOLR
100 MCG TABS
100 MCG/5ML SOLN
100 MCG CAPS
125 MCG CAPS
125 TABS
100 MCG/5ML SOLN
Add new medication
CONTINUE
or go back
When selecting the Medication Name, you will see a list of autocomplete suggestions based on what you have entered.
You also have the option to add additional medication.

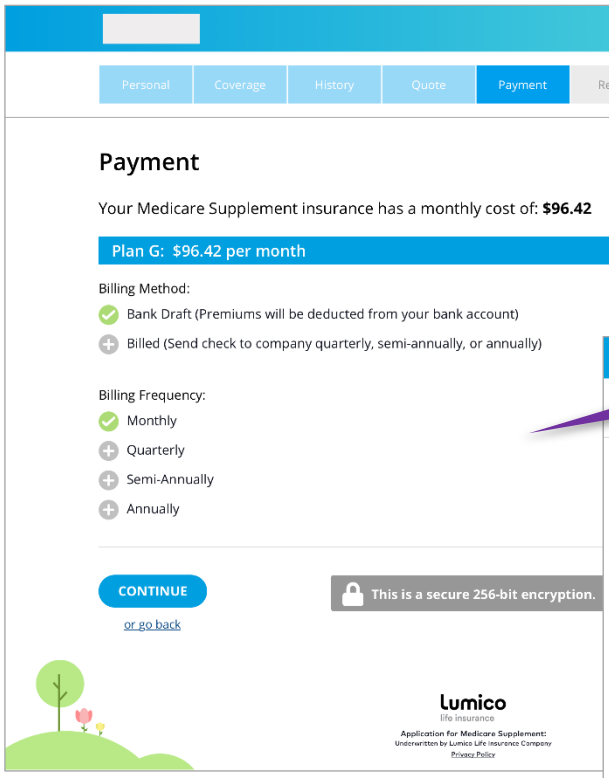
PERSONALIZED QUOTE SCREEN

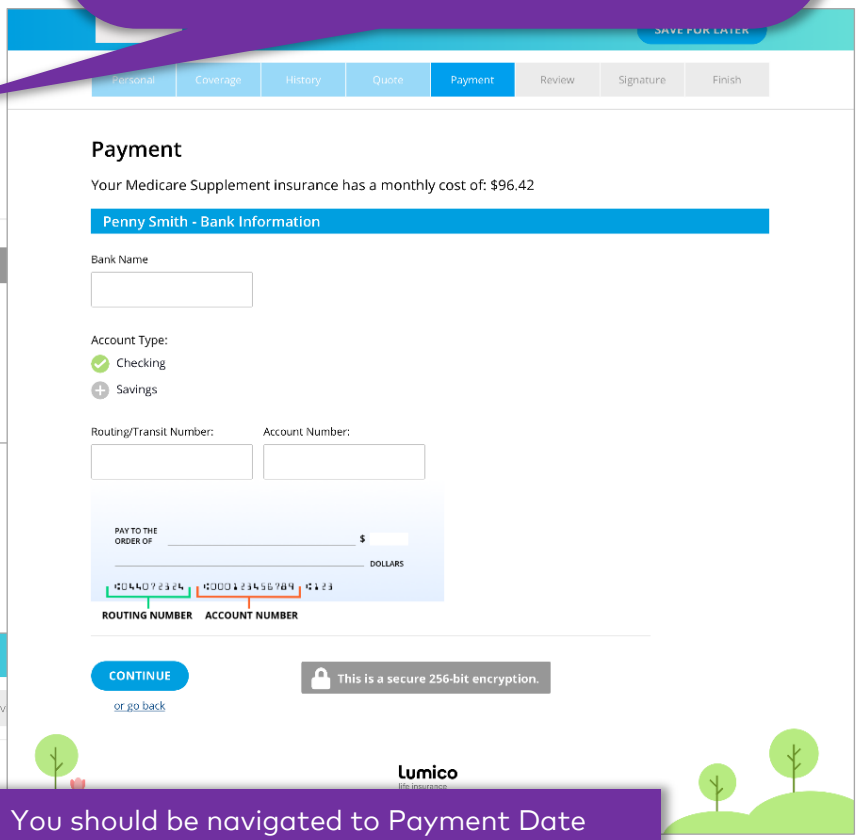


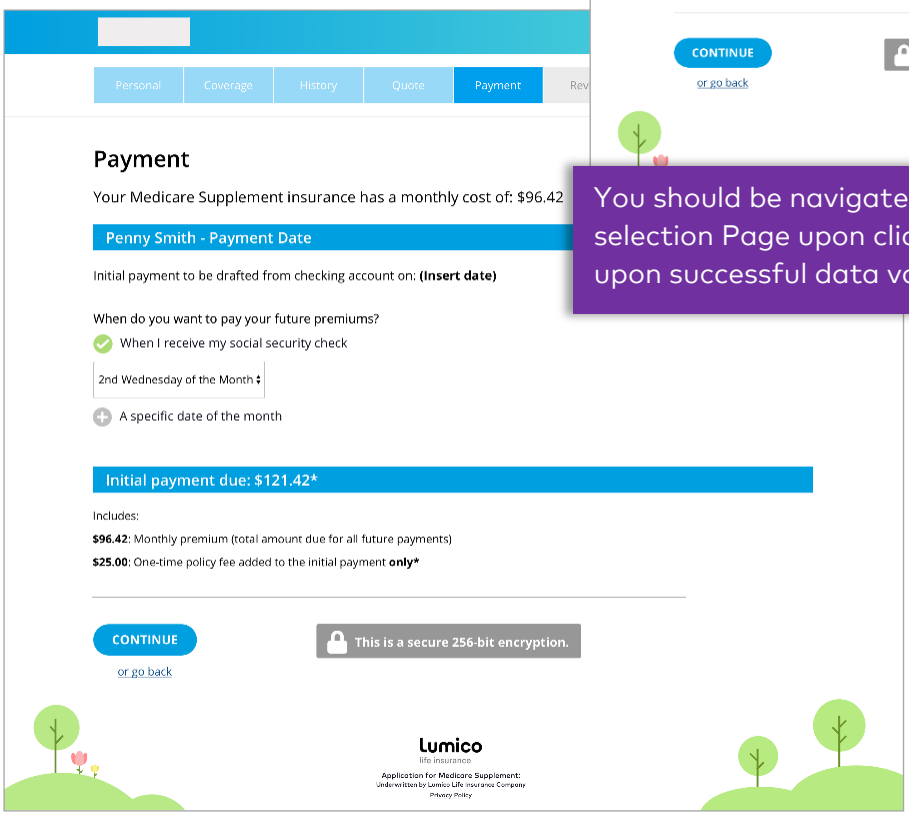
PAYMENT SCREEN

NOTES:

- Billing Frequency should be auto-populated based on the Personalized Quote page selection.
- When Billing Method and Frequency is selected, agent should be navigated to ACH Details Page upon clicking **"Continue"** and upon successful data validations.

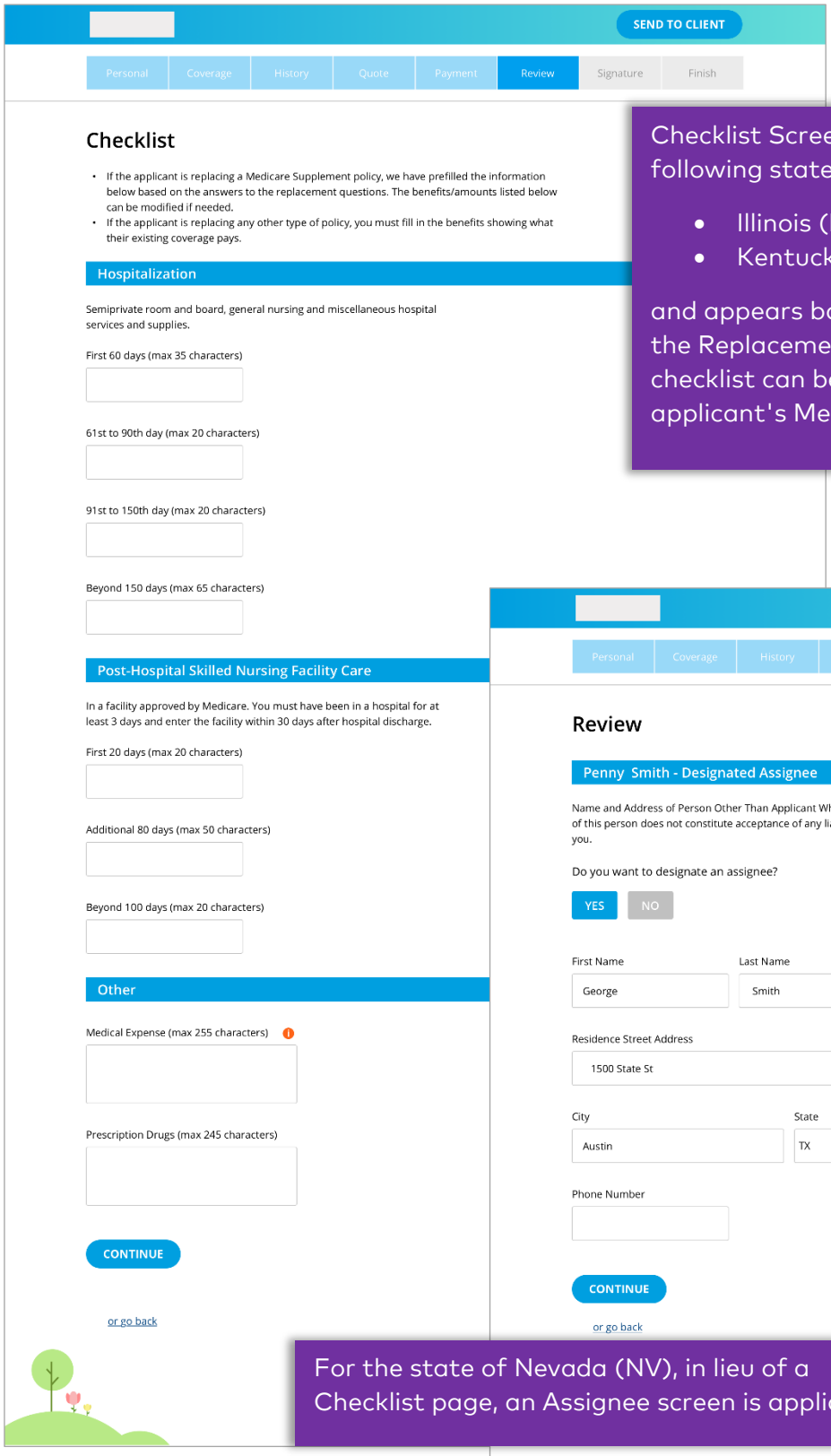






You should be navigated to Payment Date selection Page upon clicking **"Continue"** and upon successful data validations.

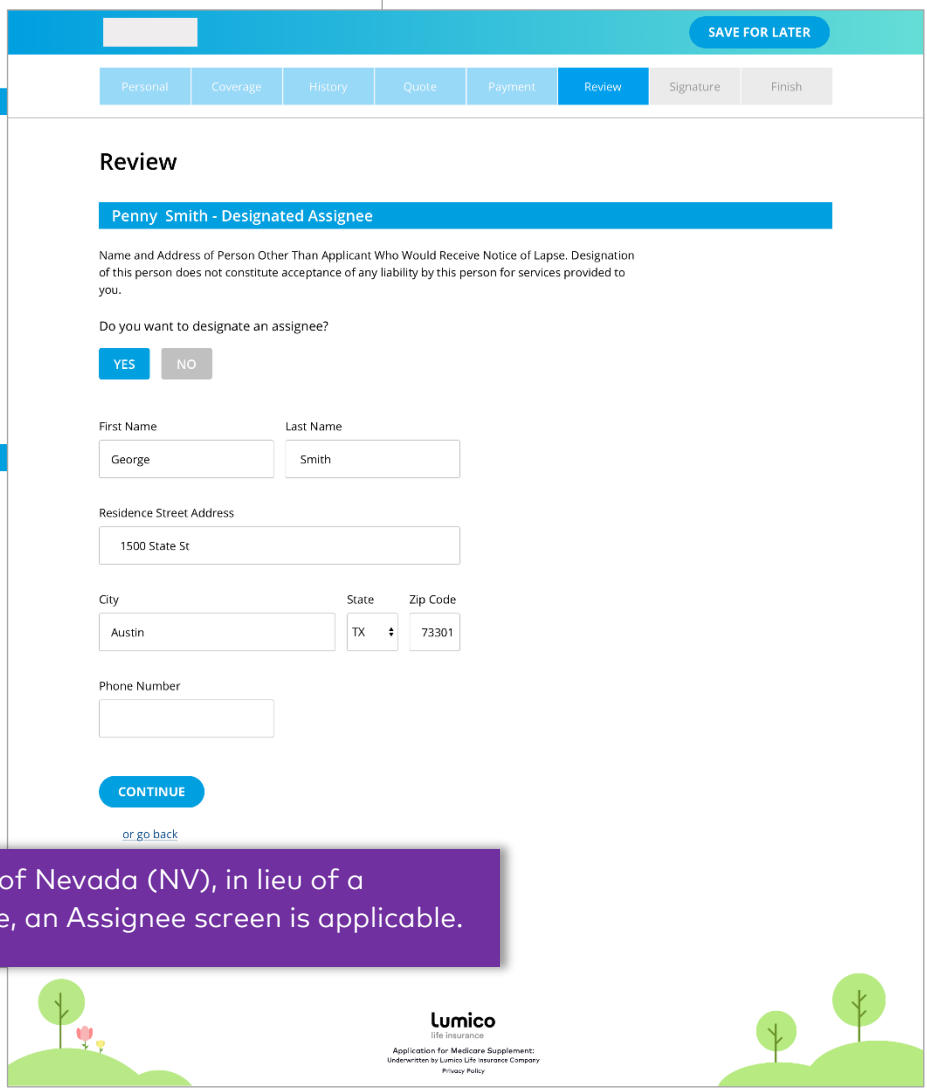
CHECKLIST SCREEN



Checklist Screens are only applicable for the following states:

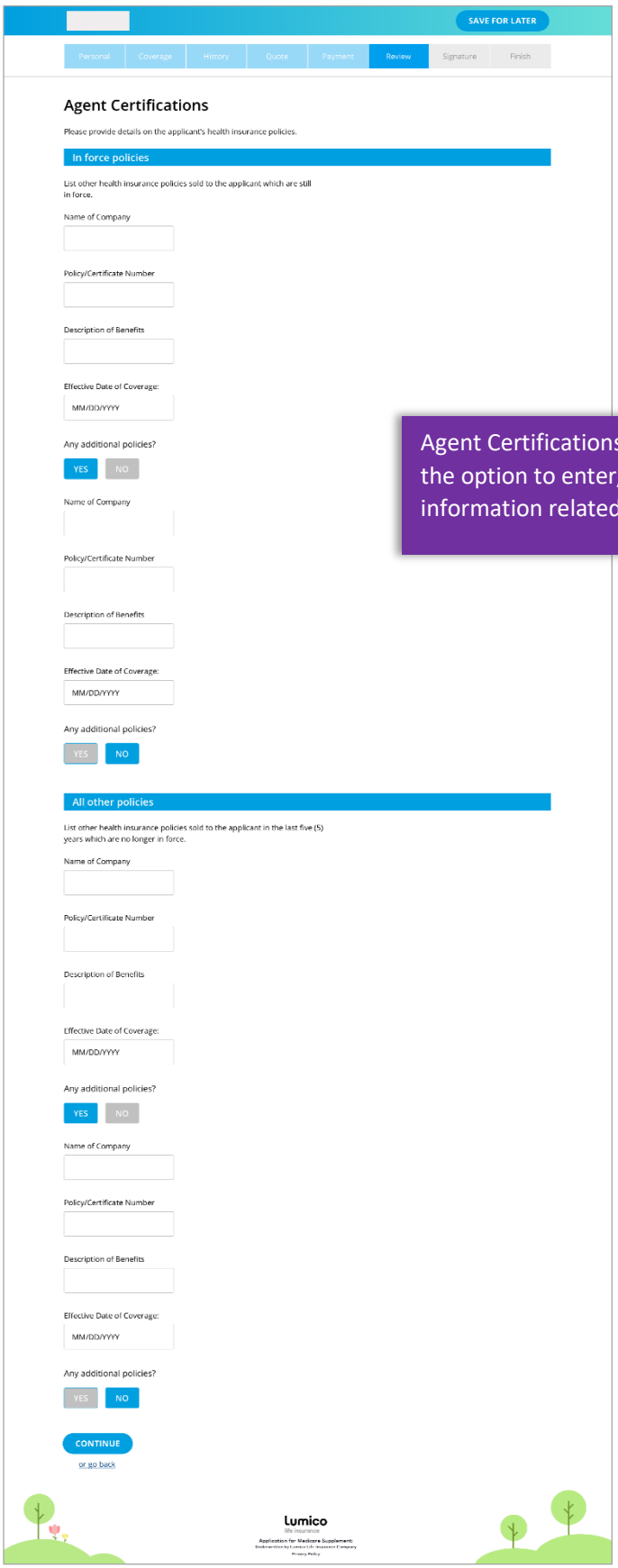
- Illinois (IL)
- Kentucky (KY)

and appears based on the criteria listed on the Replacement page. The data in this checklist can be prefilled with the applicant's Med Supp selection.



For the state of Nevada (NV), in lieu of a Checklist page, an Assignee screen is applicable.

AGENT CERTIFICATION SCREEN



Agent Certifications page provides you with the option to enter/enforce other policy information related to the client.

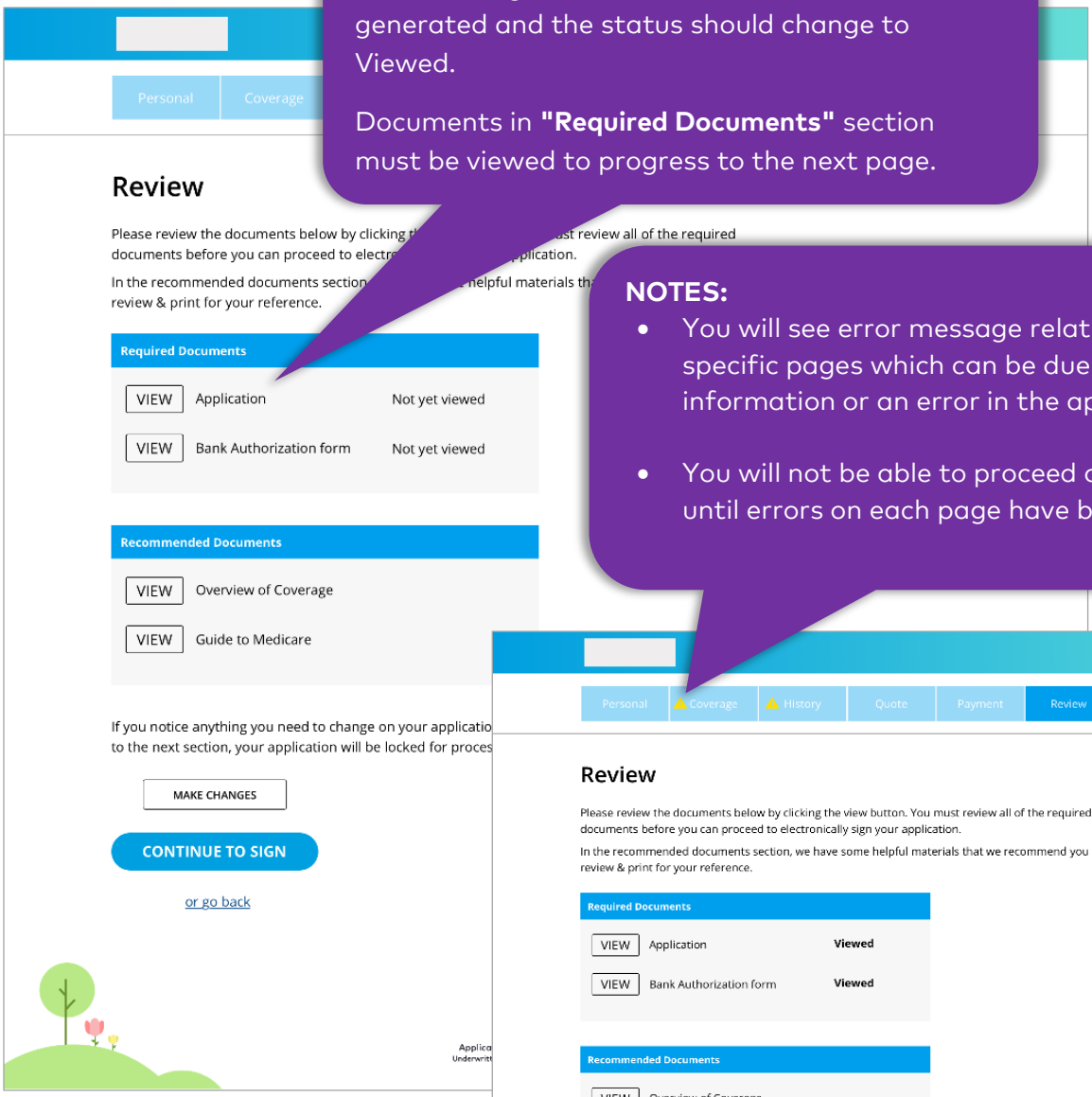
REVIEW SCREEN

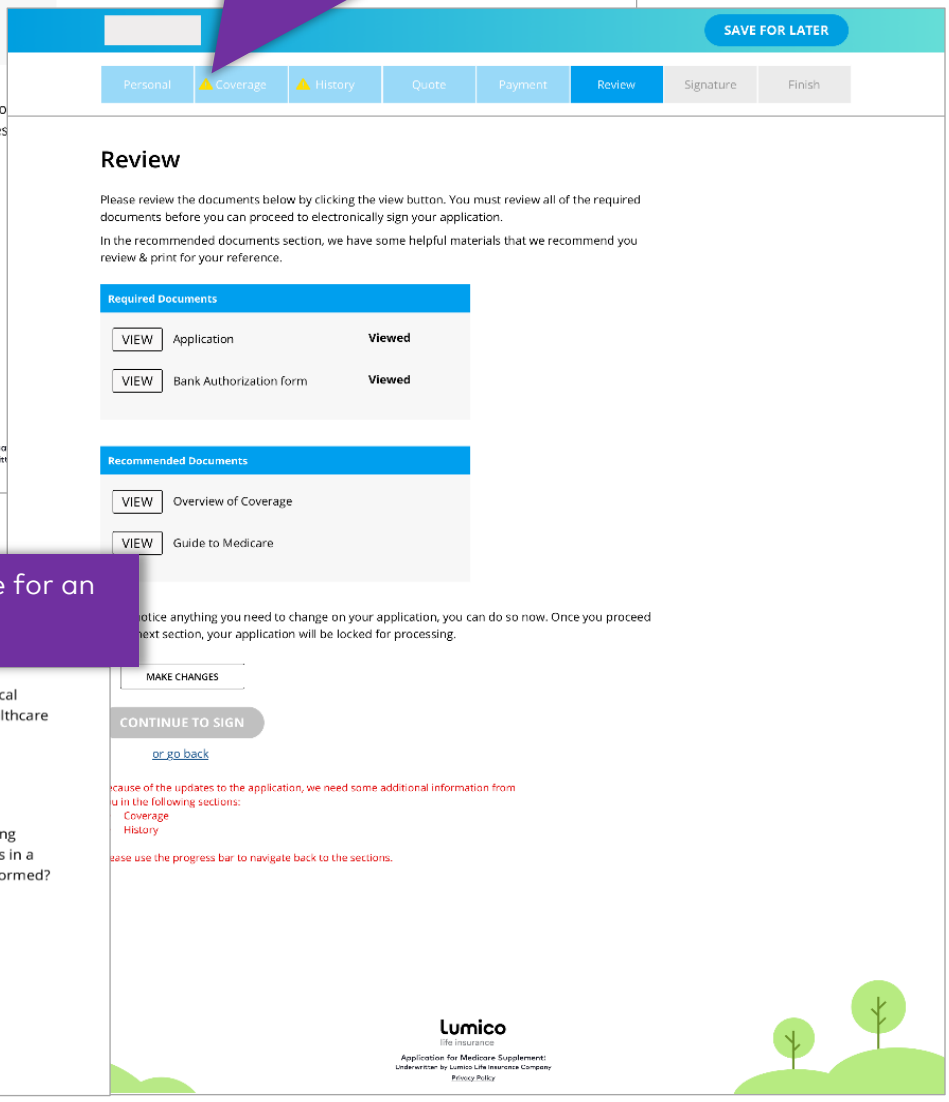
After clicking on **"View"** a PDF form should be generated and the status should change to Viewed.

Documents in **"Required Documents"** section must be viewed to progress to the next page.

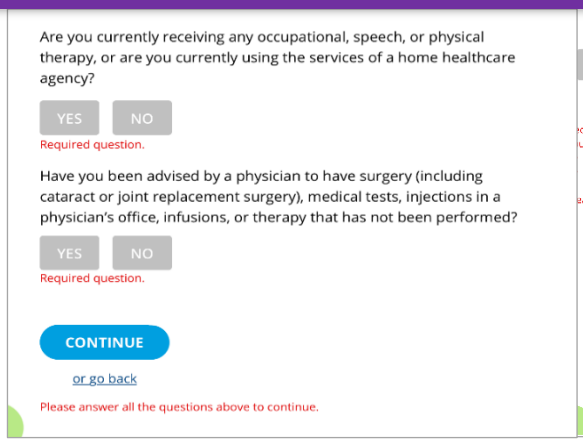
NOTES:

- You will see error message relating to specific pages which can be due to missing information or an error in the application.
- You will not be able to proceed on journey until errors on each page have been fixed.



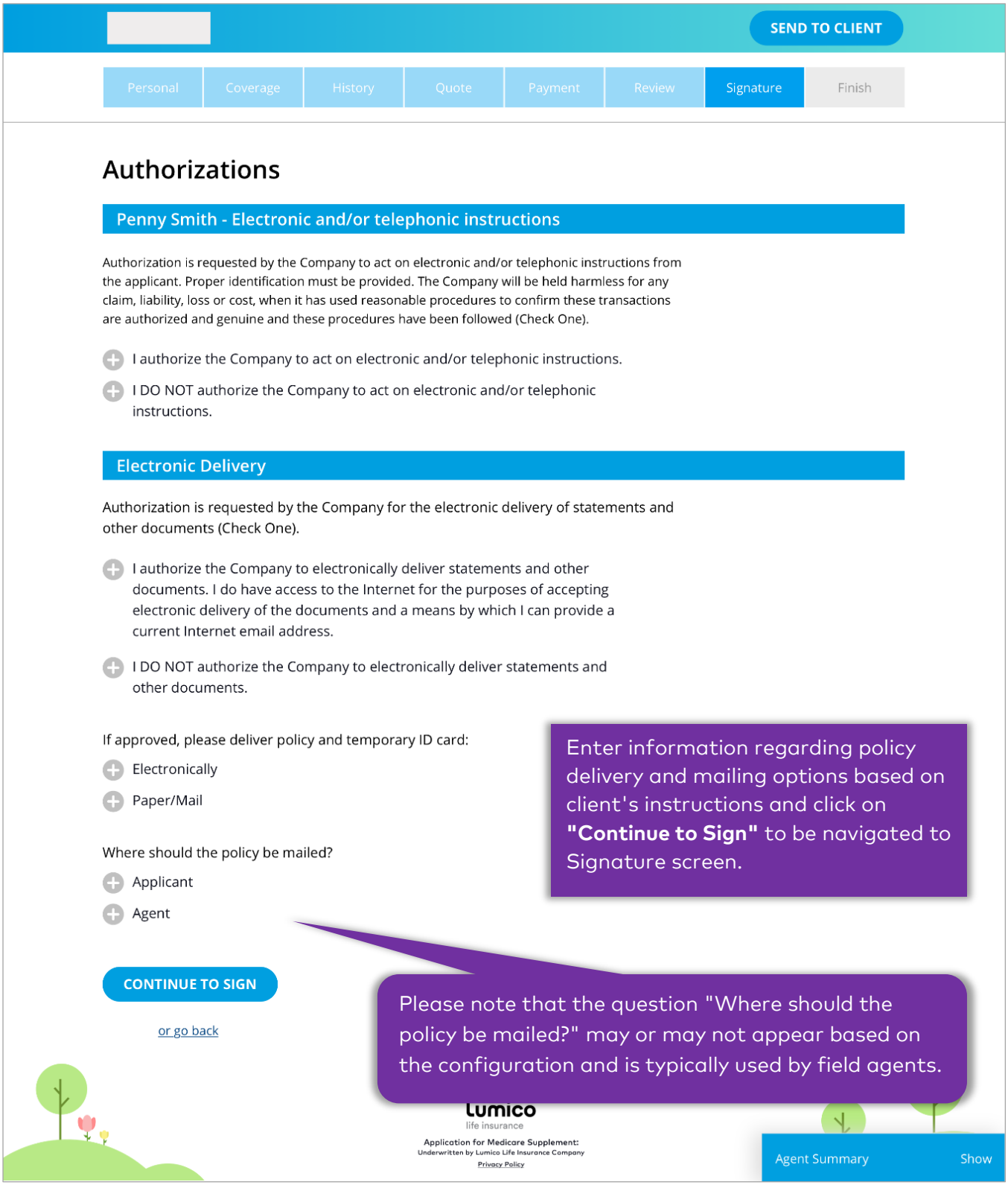


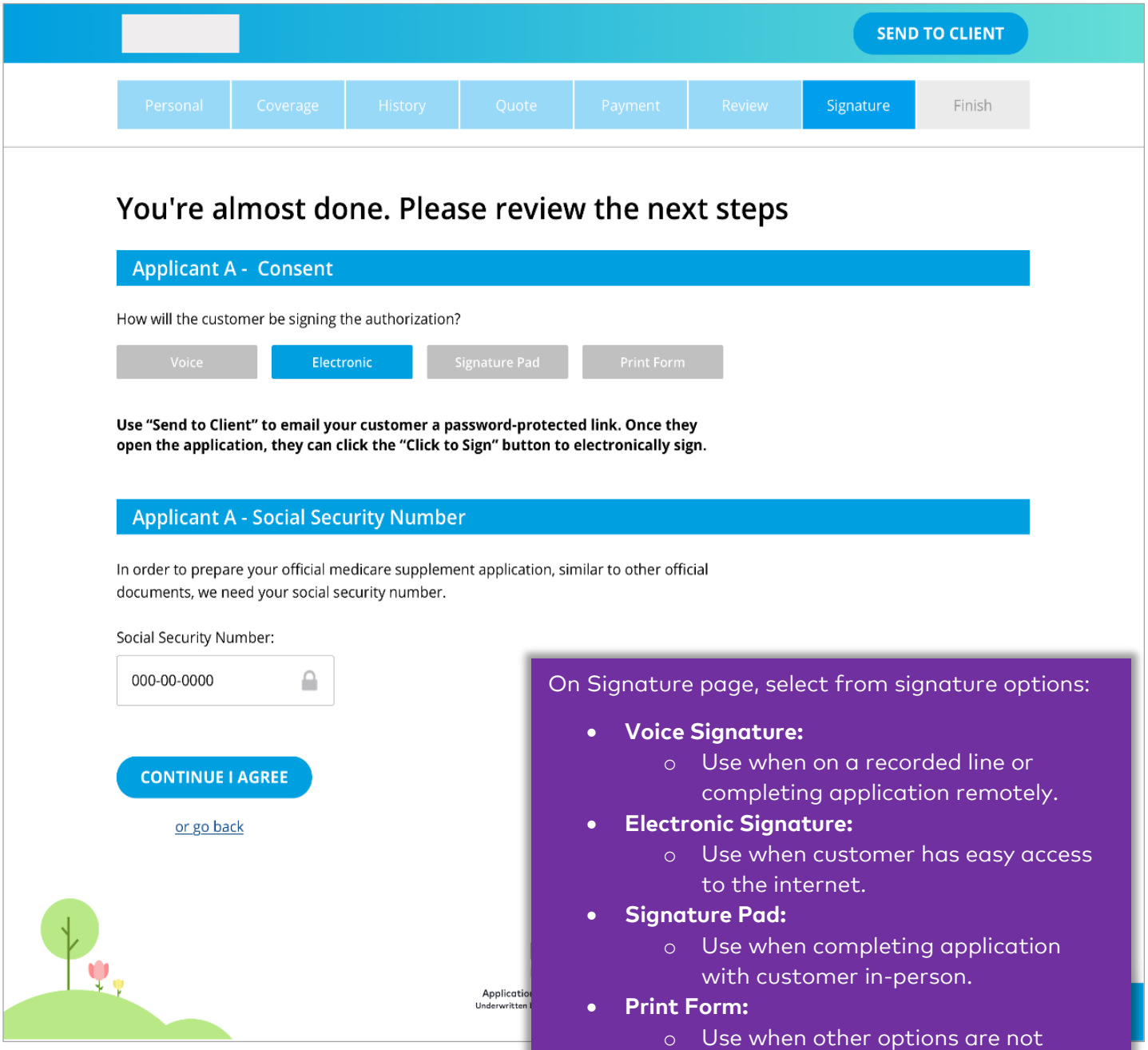
Here is an example of an error message for an incomplete/unanswered question:



SIGNATURE SCREEN

Authorizations Screen



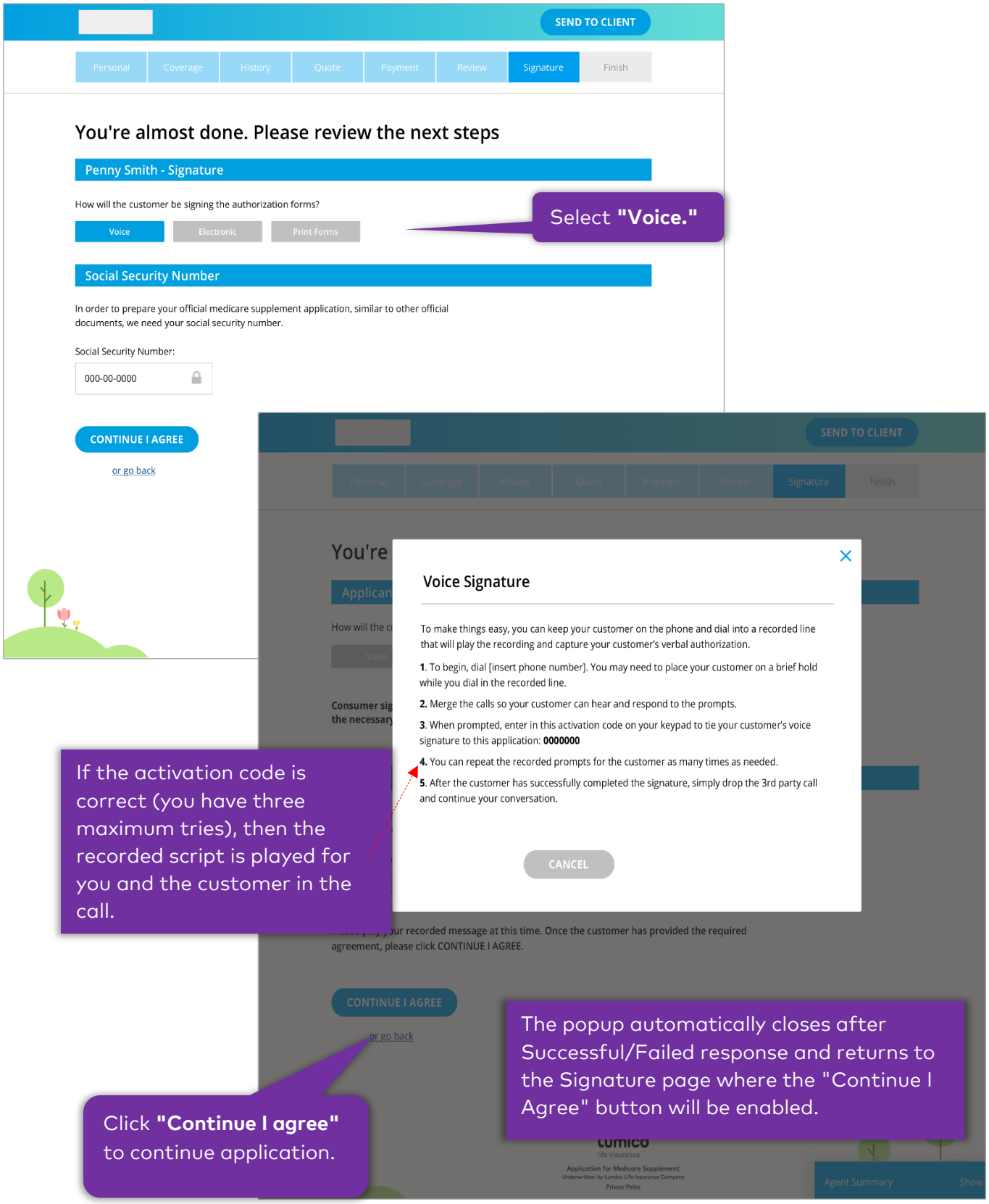


On Signature page, select from signature options:

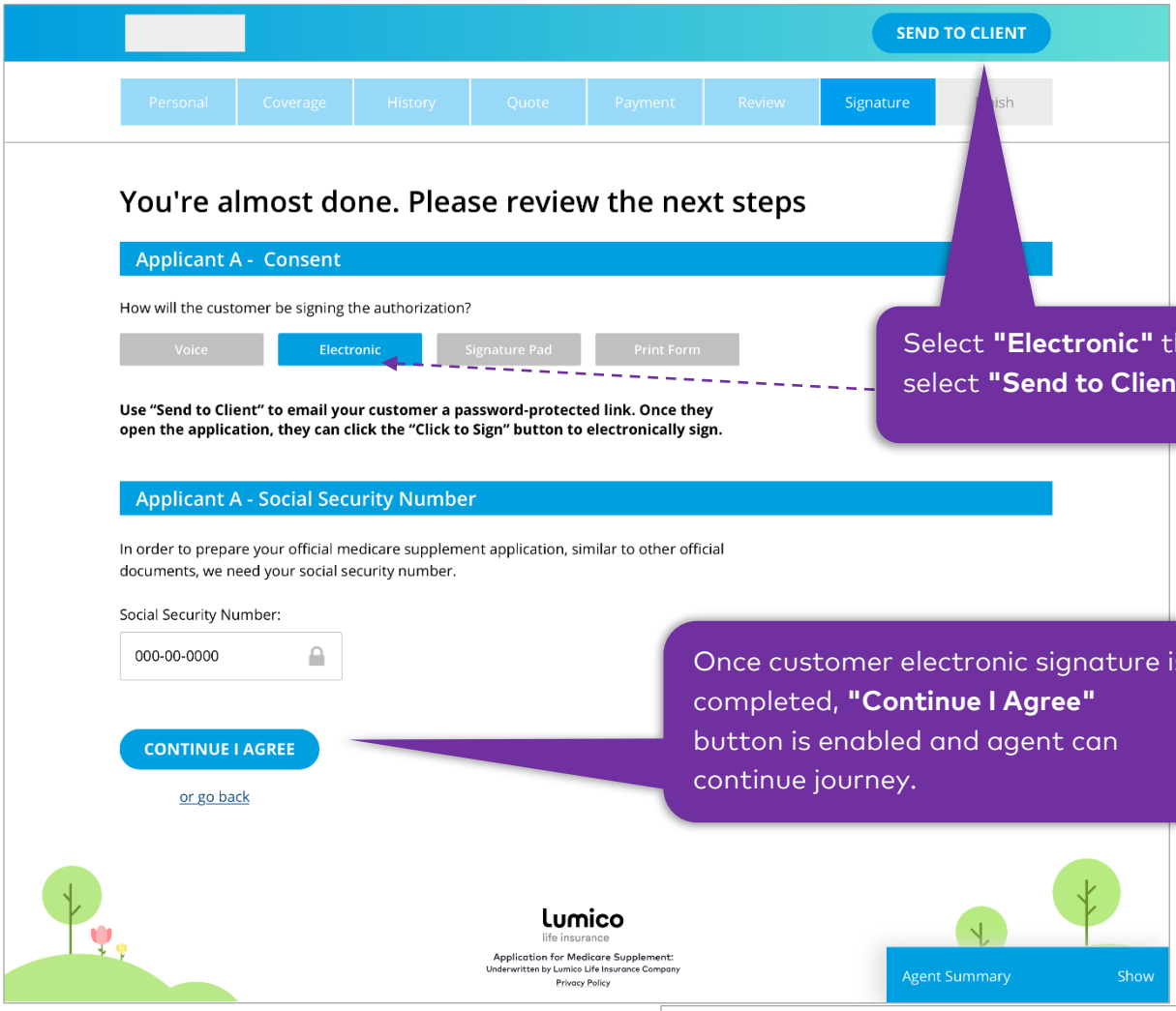
- **Voice Signature:**
  - Use when on a recorded line or completing application remotely.
- **Electronic Signature:**
  - Use when customer has easy access to the internet.
- **Signature Pad:**
  - Use when completing application with customer in-person.
- **Print Form:**
  - Use when other options are not available.

After entering SSN, click **"Continue I Agree."**

Voice Signature

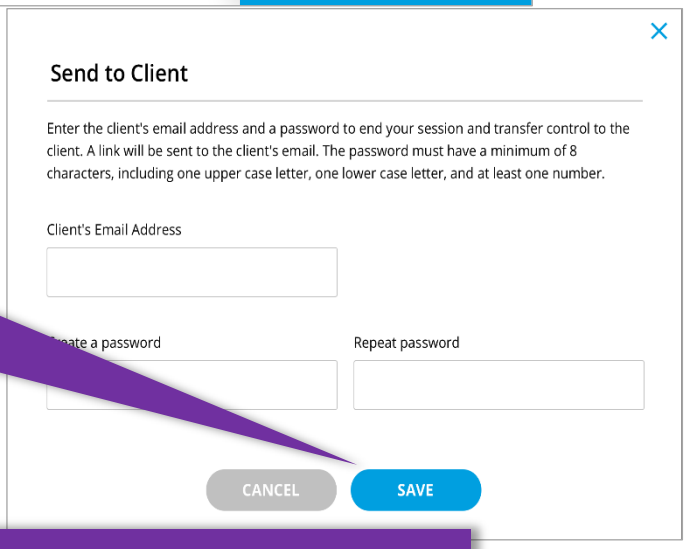


ELECTRONIC SIGNATURE



Select **"Electronic"** then select **"Send to Client."**

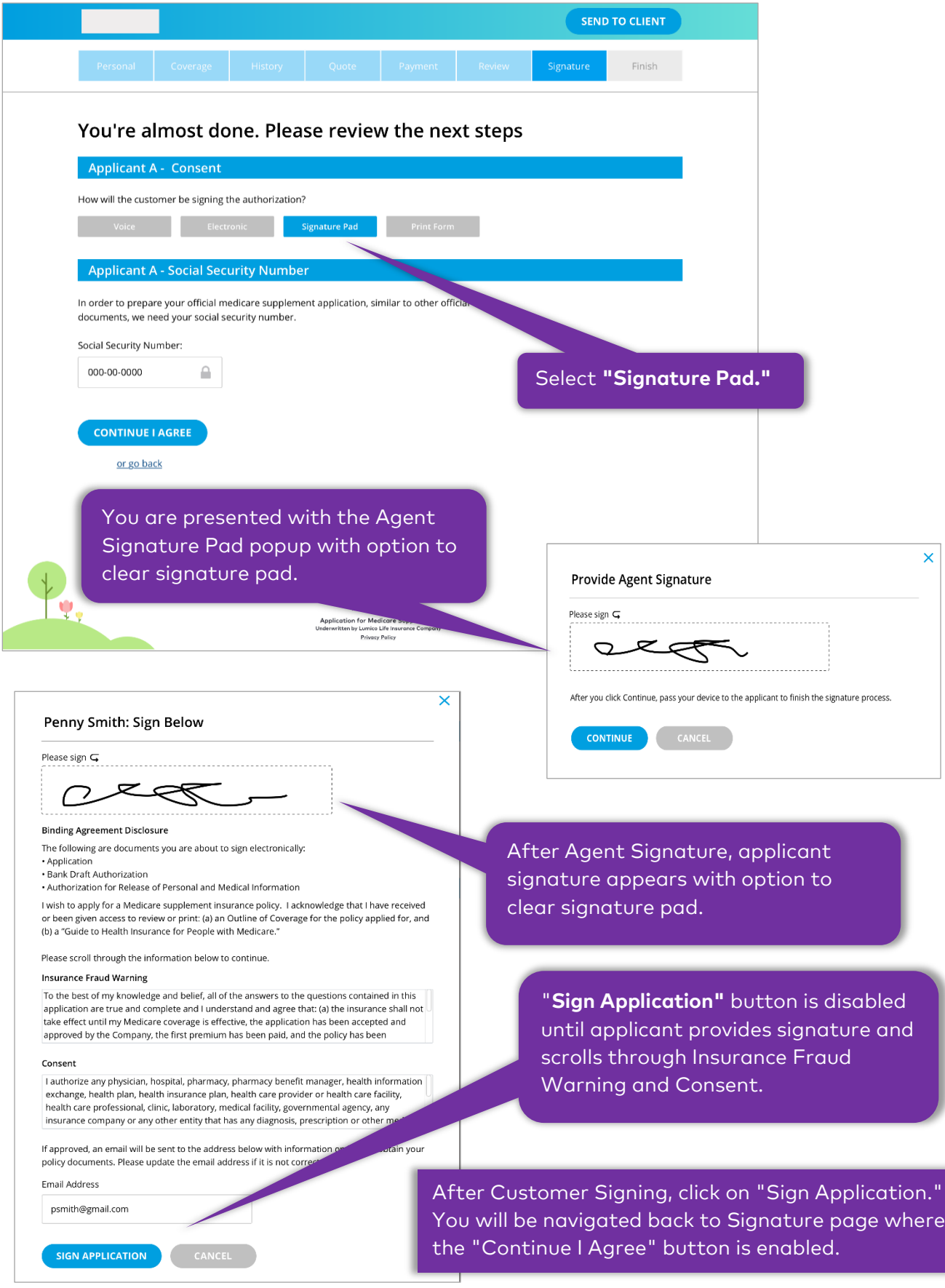
Once customer electronic signature is completed, **"Continue I Agree"** button is enabled and agent can continue journey.



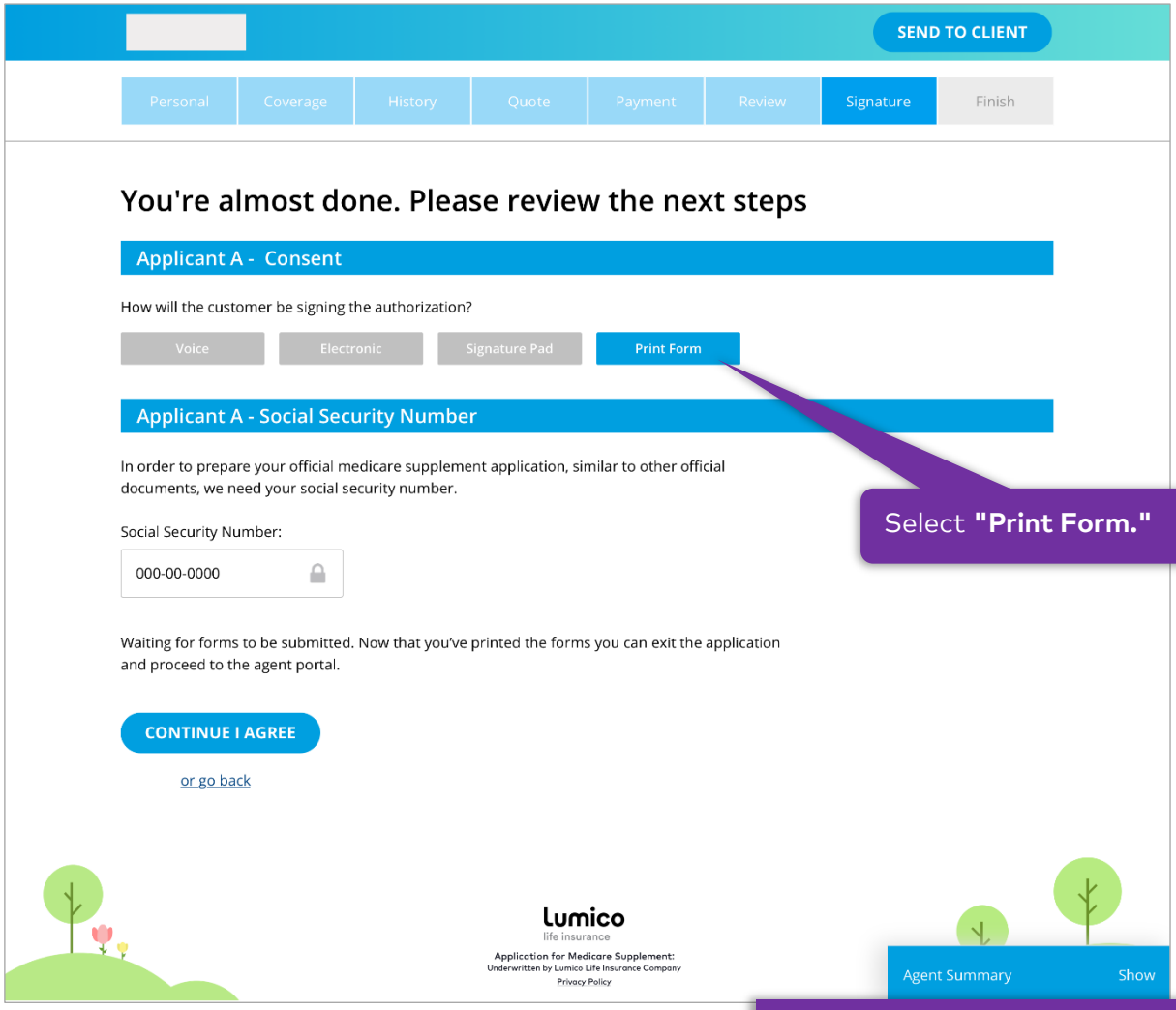
When popup appears, a password protected link should be sent to customer upon clicking "**Save**" after filling the fields for email address, password and repeat password.

After signing electronically on their end, customer can return the application to you by providing you with a code that is used to return to the application after customer signature event.

SIGNATURE PAD



PRINT FORM

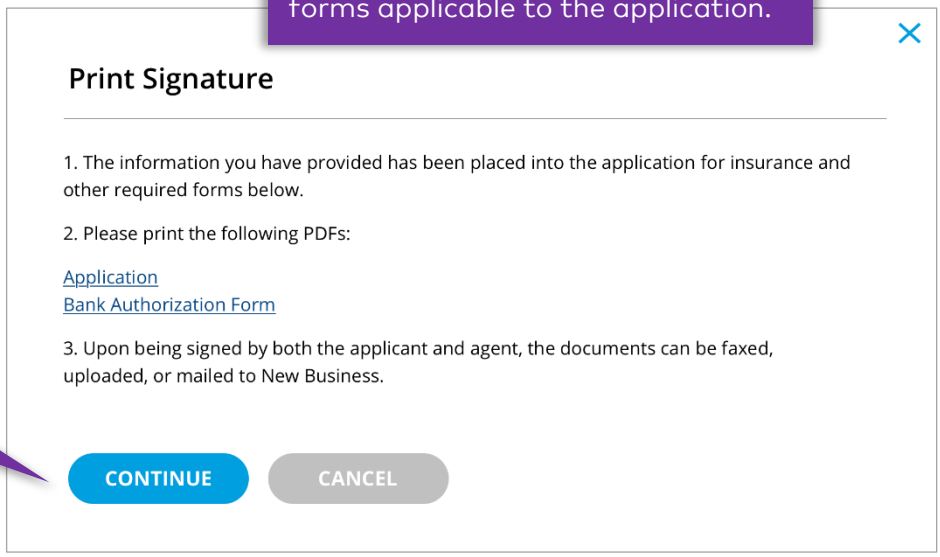


Select **"Print Form."**

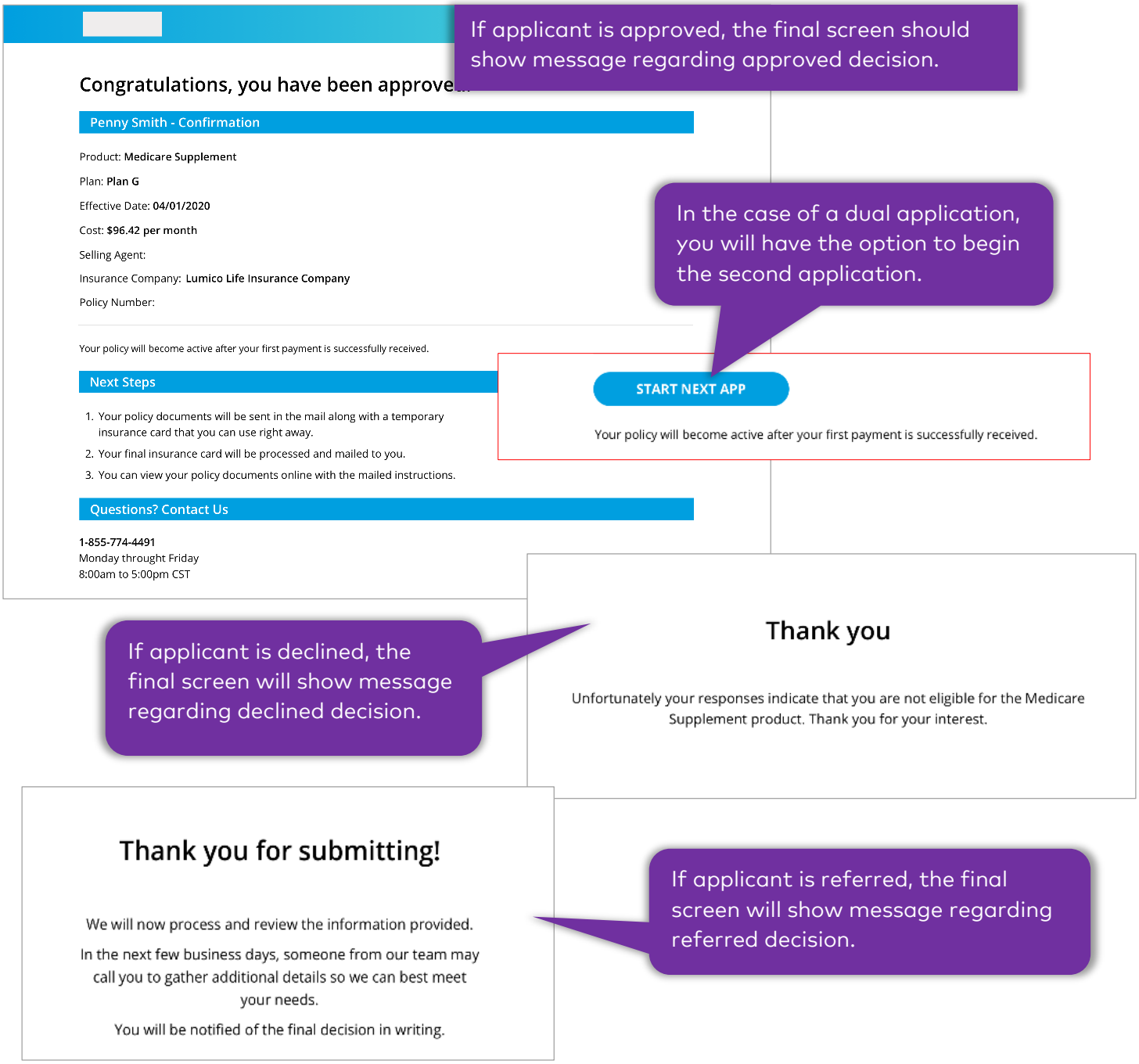
"Print Signature" popup is displayed with all required and recommended forms applicable to the application.

Clicking **"Continue"** button initiates return to the Signature page with the following message:

"Waiting for forms to be submitted. Now that you've printed the forms you can exit the application and proceed to Agent Portal."



FINAL SCREEN



END OF SALE EMAIL

At the end of sale, a copy of the important documents completed and signed by the applicant shall be emailed to them. The important forms will be enclosed as pdf files in the email. End of sale email will be sent irrespective of the decision of the application as long as the applicant has completed the application process and signatures have been captured.

The important documents sent to the applicant are state- and journey-specific.
List of important documents that if applicable will be shared with the applicant:

- Replacement Form

- Illinois Checklist
- Kentucky Checklist
- Ohio Solicitation Form
- South Dakota Duplication Form
- Florida Agent Certification Form
- Colorado Special Enrollment Period Form

A PDF copy of the Outline of Coverage and Guide to Health Insurance for People with Medicare will also be shared in the end of sale email.

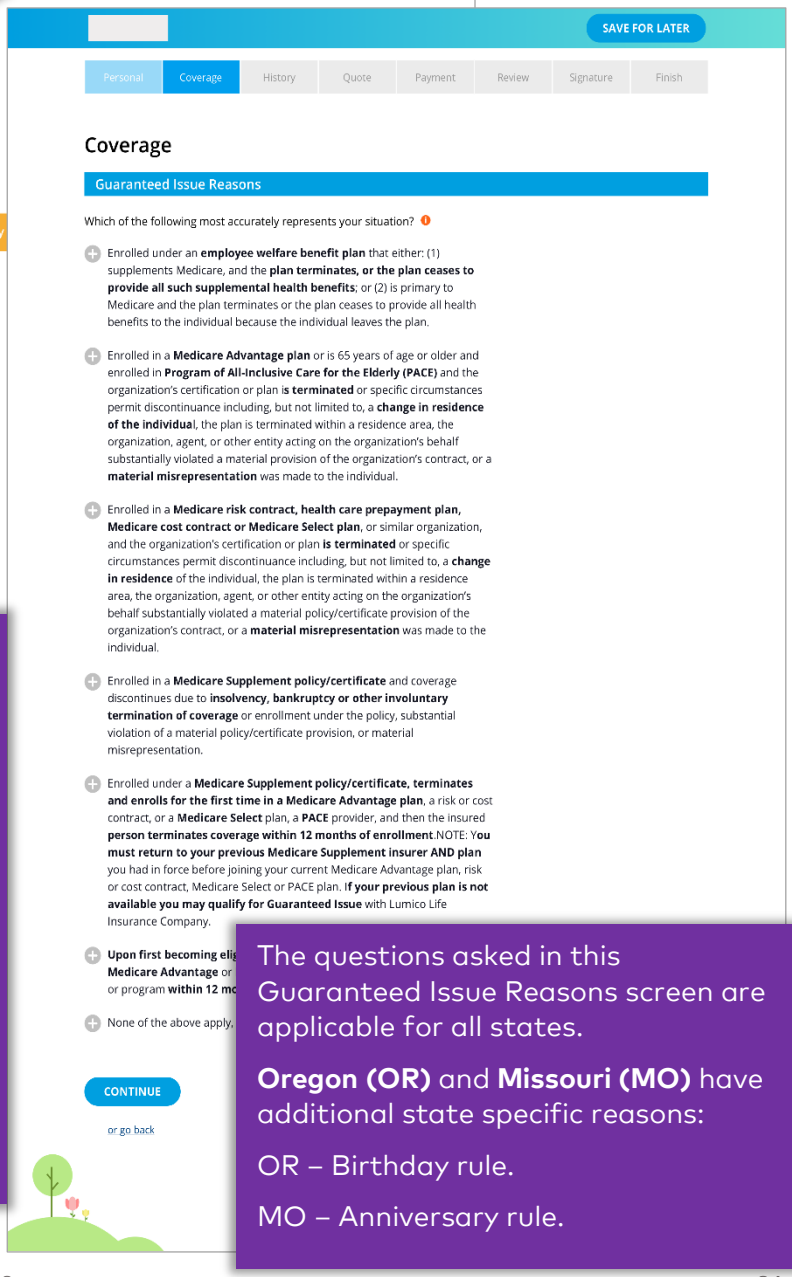
DECLINE LETTER

If the applicant is auto-declined on the e-Application OR declined post manual review, a decline letter will be mailed to the applicant. This decision letter will provide additional details regarding declination to the applicant.

GUARANTEED ISSUE JOURNEY

COVERAGE SCREEN

If **"Yes"** is selected for Guaranteed Issue (GI) question, you will be guided through a GI journey after successful validations.



NOTES:

- All Guaranteed Issue are sent to manual underwriting.
- The remainder of the journey remains the same, however in the case of a GI journey, additional pages and steps may exist.
- For a GI journey, documents may need to be uploaded. To learn more about uploading documents, please reference **page 36.**

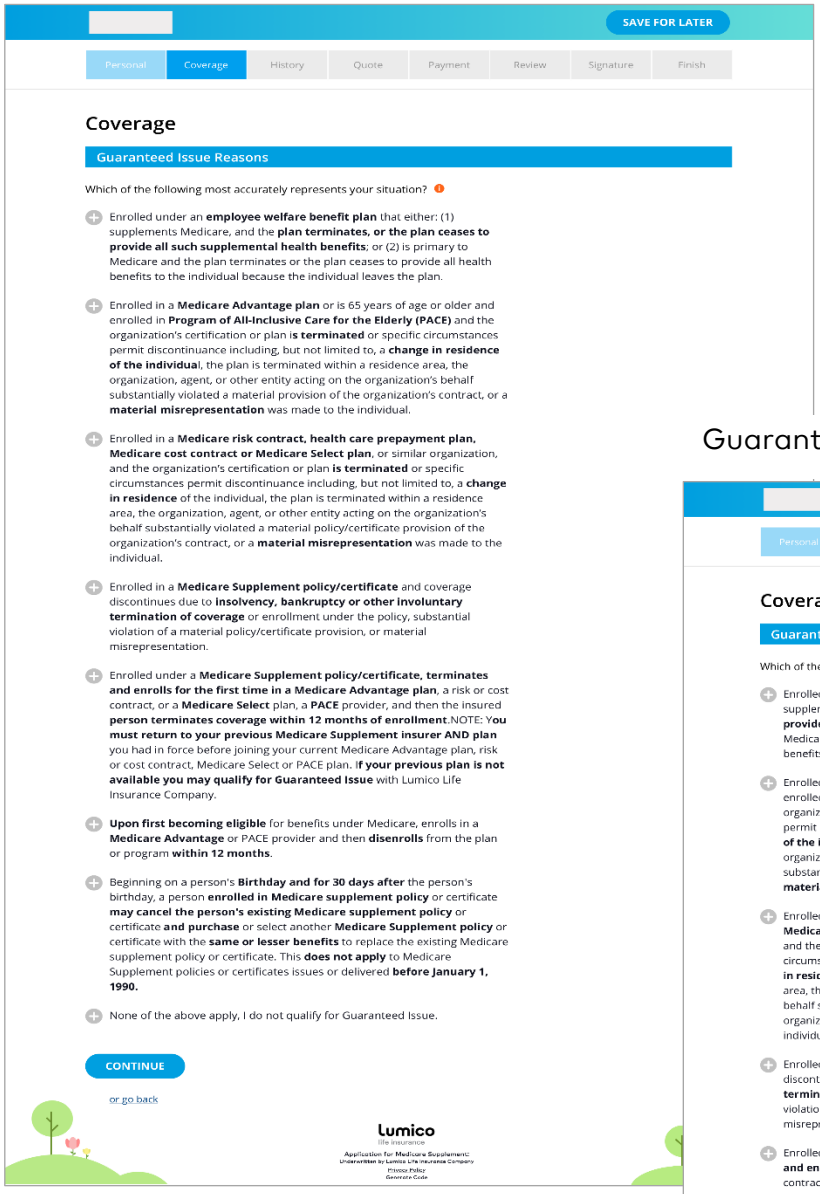
The questions asked in this Guaranteed Issue Reasons screen are applicable for all states.

Oregon (OR) and **Missouri (MO)** have additional state specific reasons:

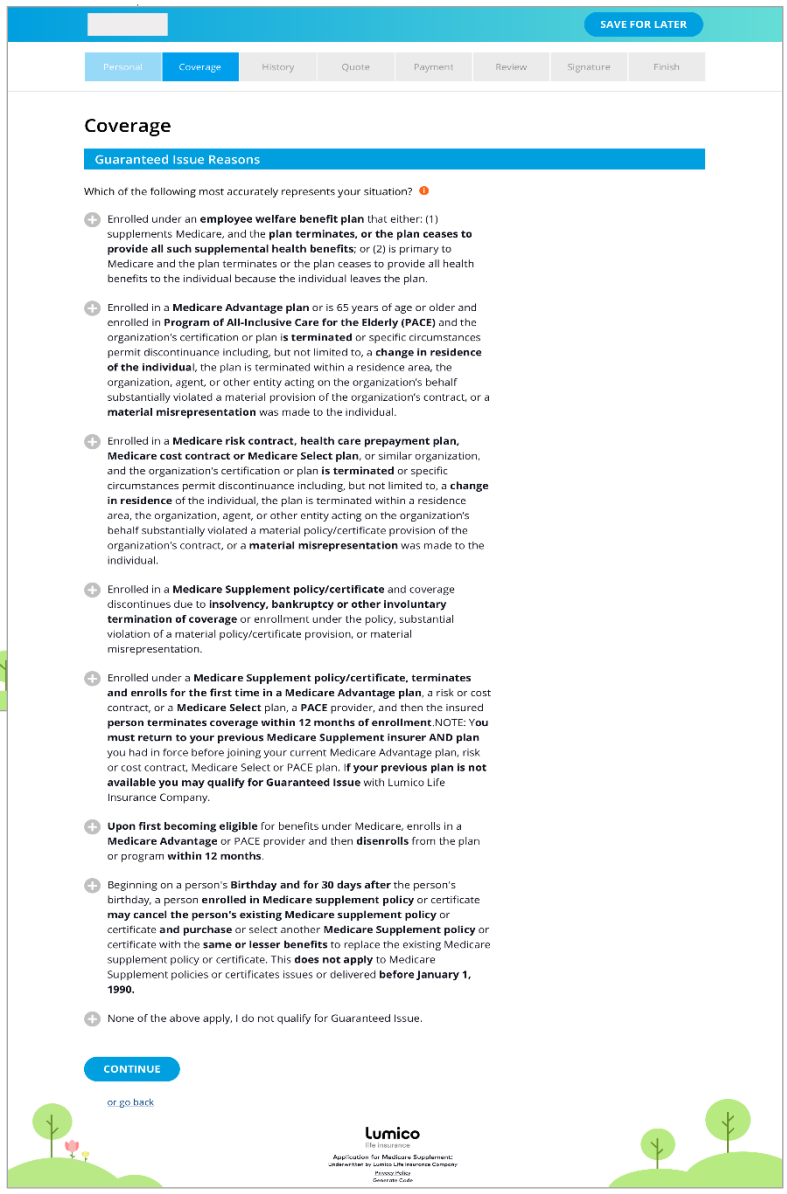
OR – Birthday rule.

MO – Anniversary rule.

Guaranteed Issue Reasons screen for Missouri (MO):

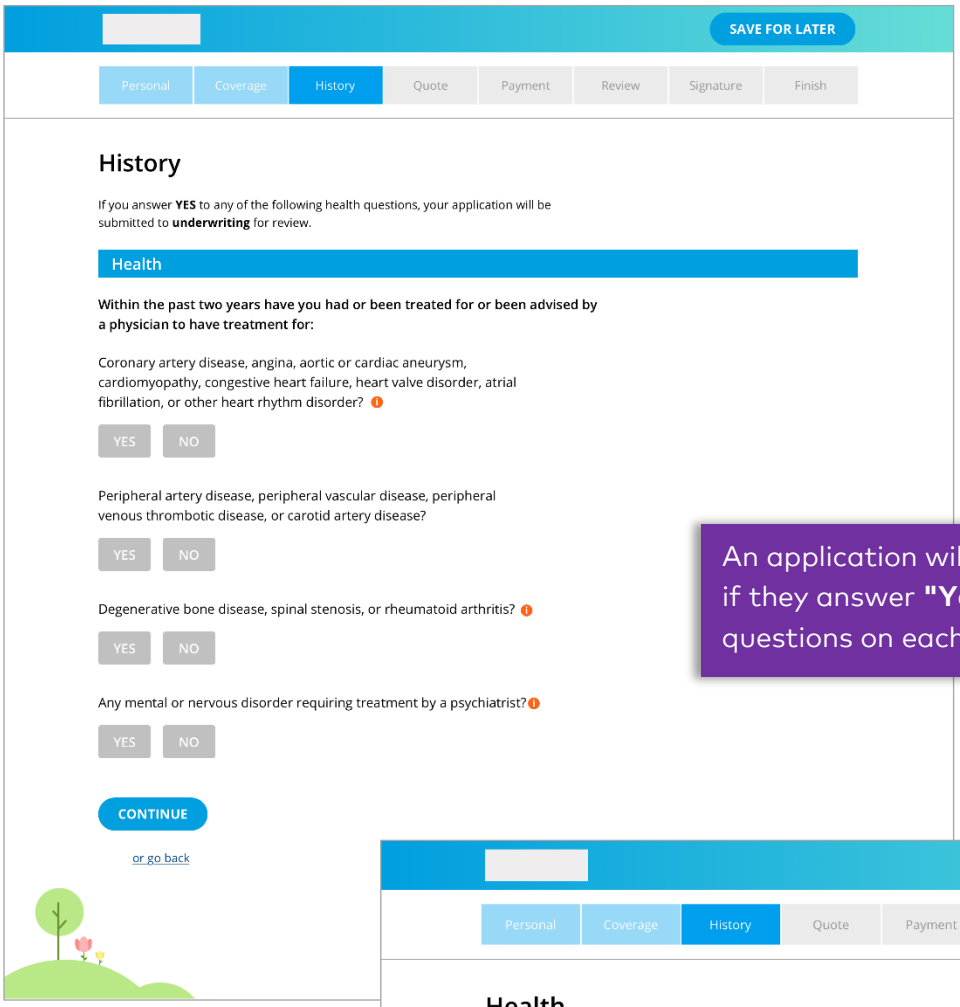


Guaranteed Issue Reasons screen for Oregon (OR):

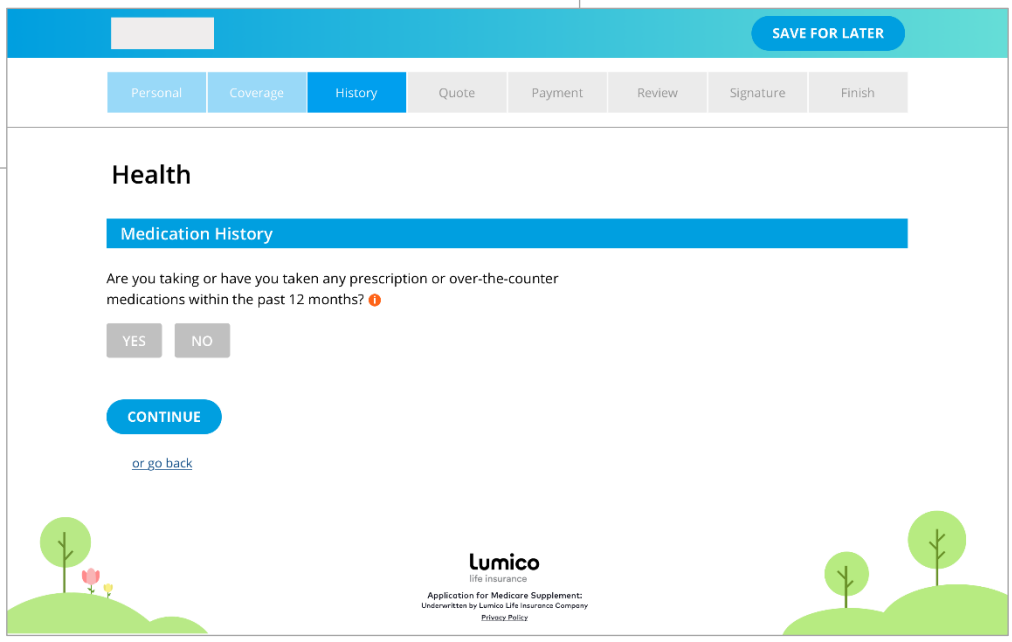


UNDERWRITTEN JOURNEY

HISTORY SCREEN

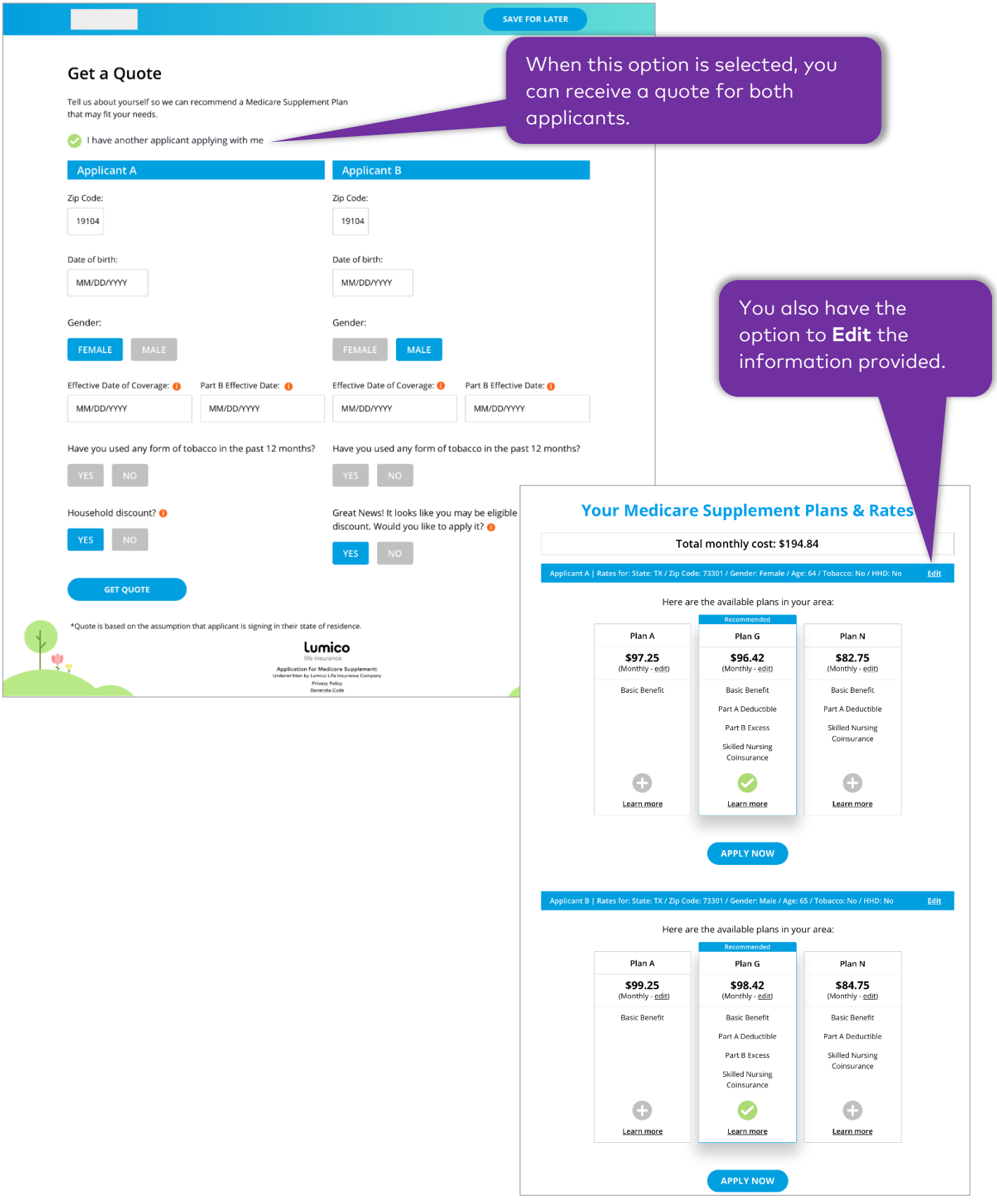


An application will be subjected to underwriting if they answer **"Yes"** to specific health history questions on each History screen.

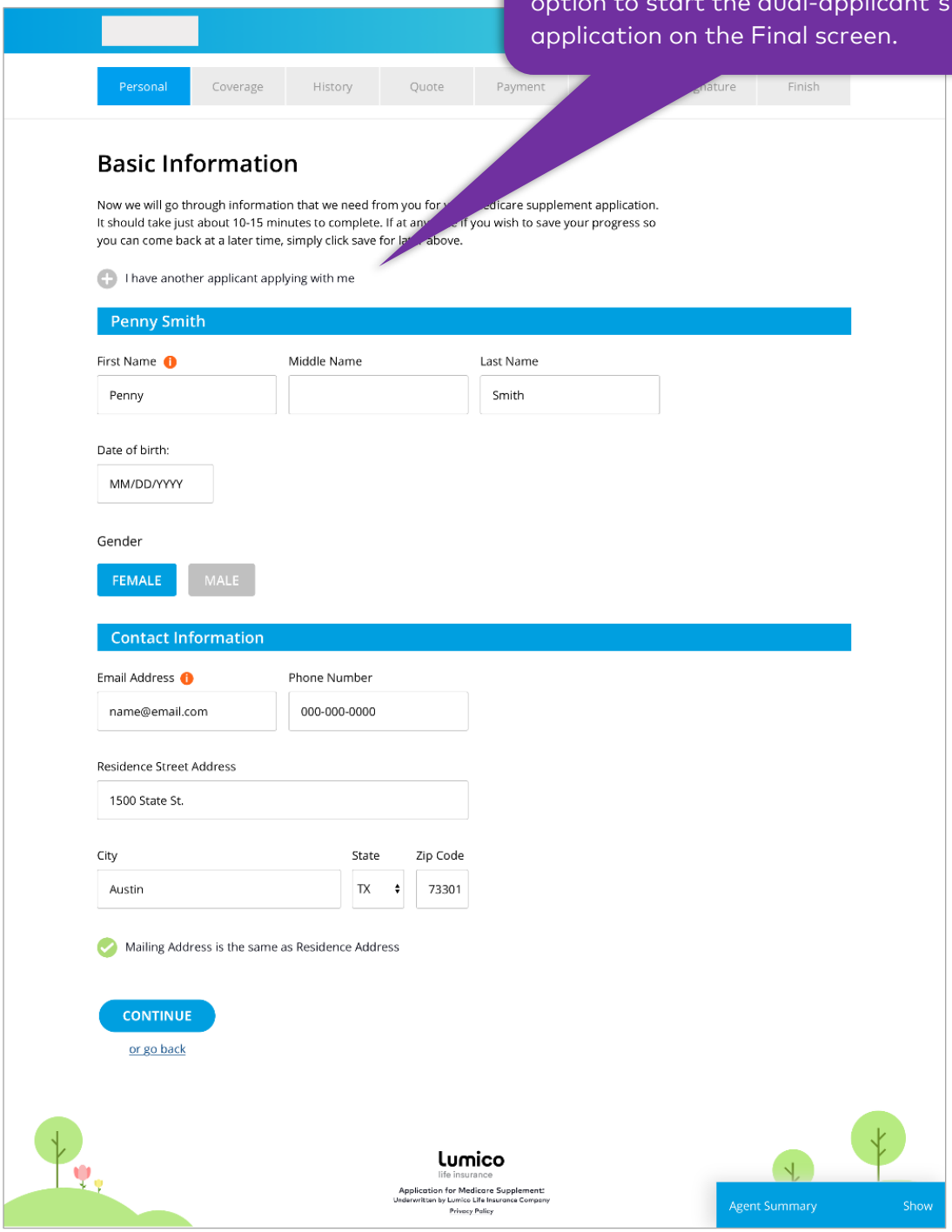


DUAL-APPLICANT JOURNEY

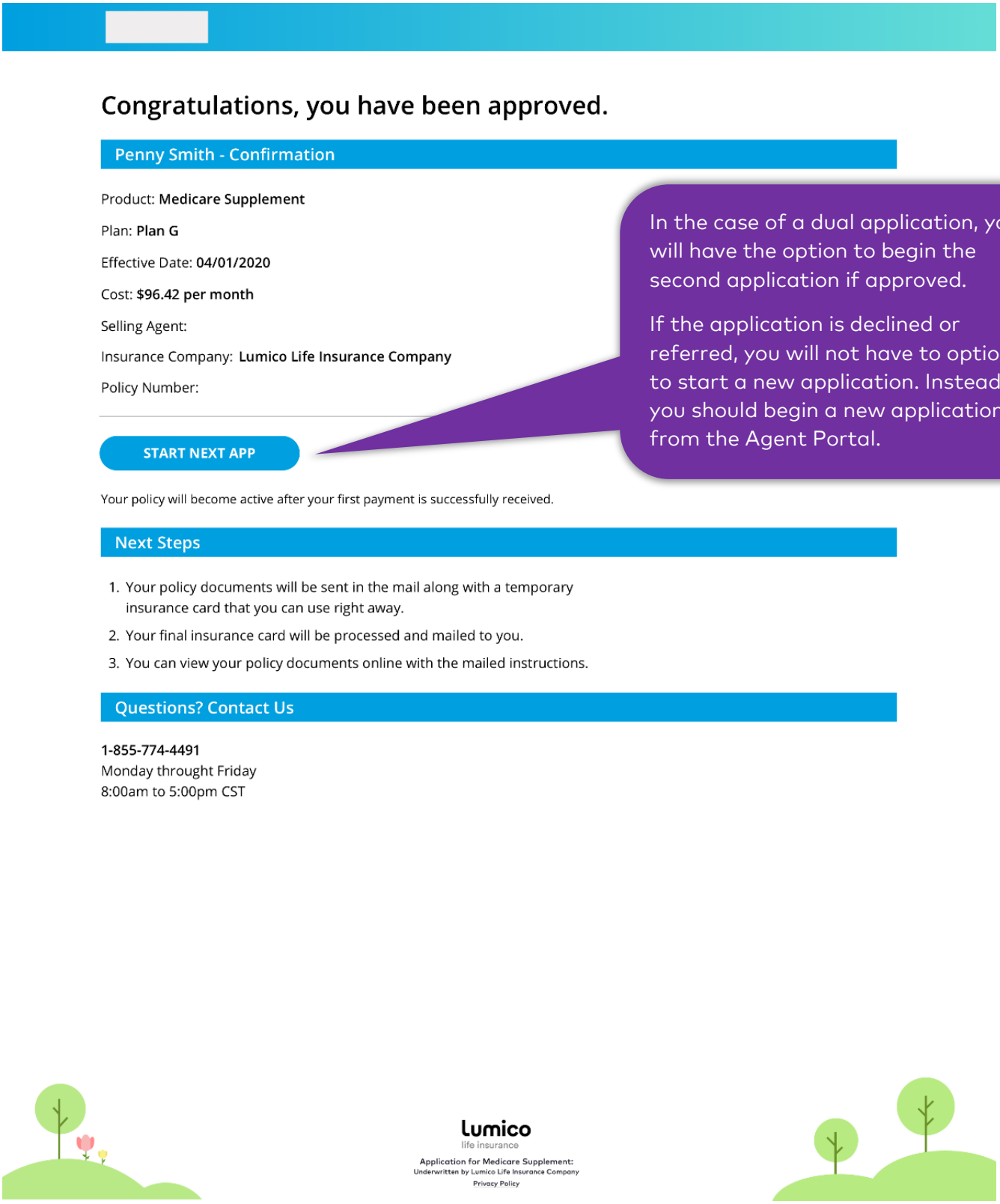
GET A QUOTE



BASIC INFORMATION SCREEN



FINAL SCREEN

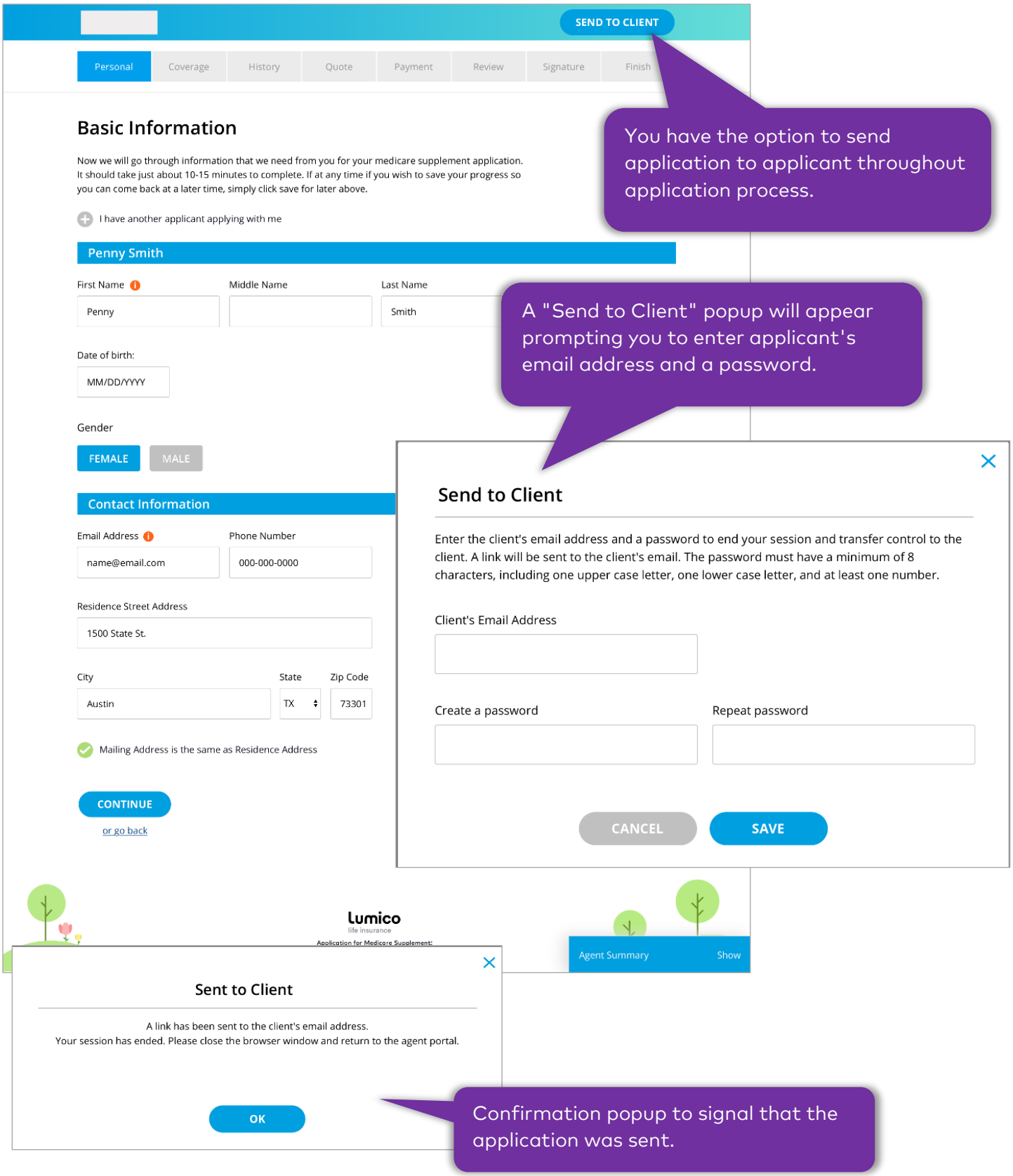


In the case of a dual application, you will have the option to begin the second application if approved.

If the application is declined or referred, you will not have to option to start a new application. Instead, you should begin a new application from the Agent Portal.

ADDITIONAL FEATURES

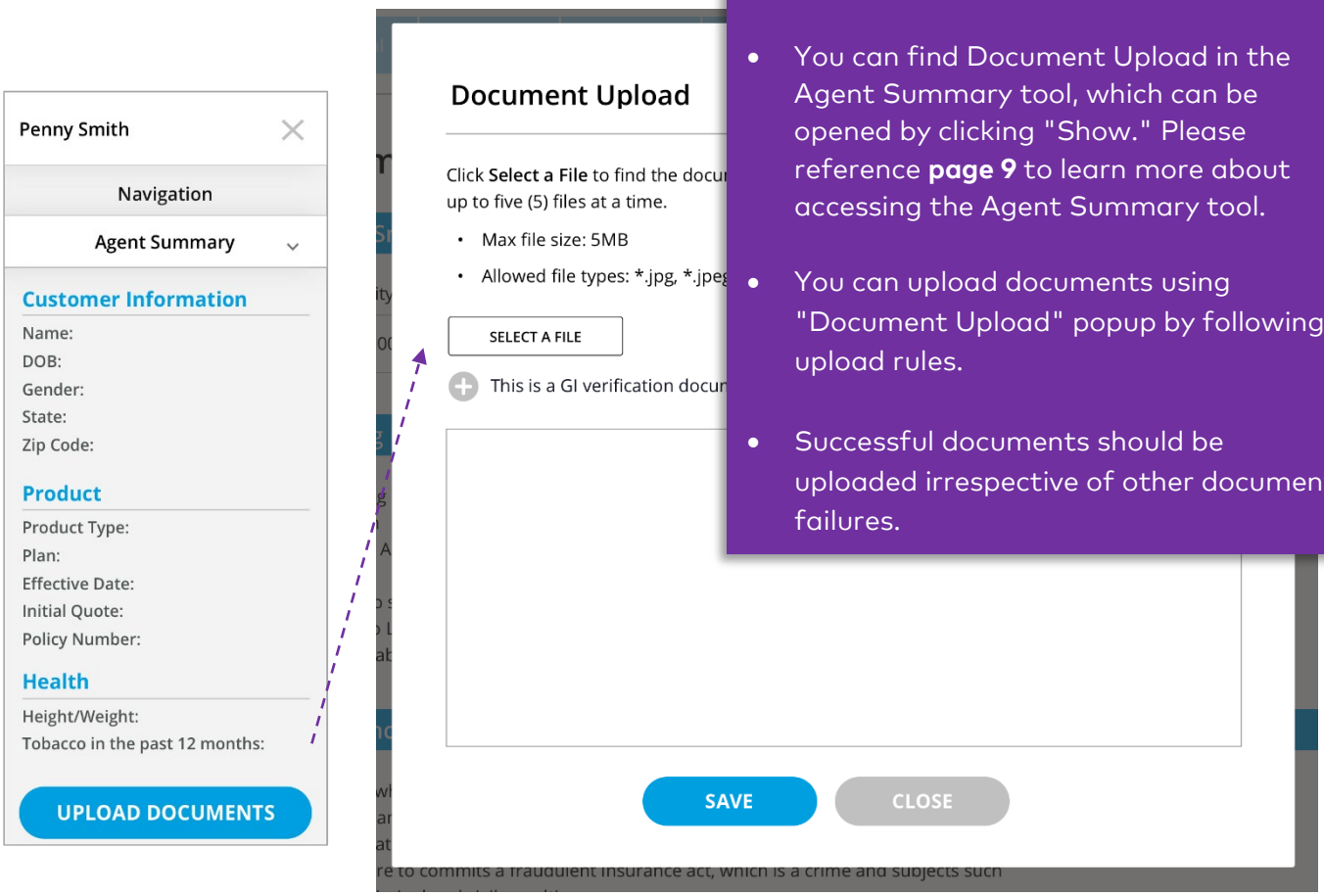
SEND TO CLIENT

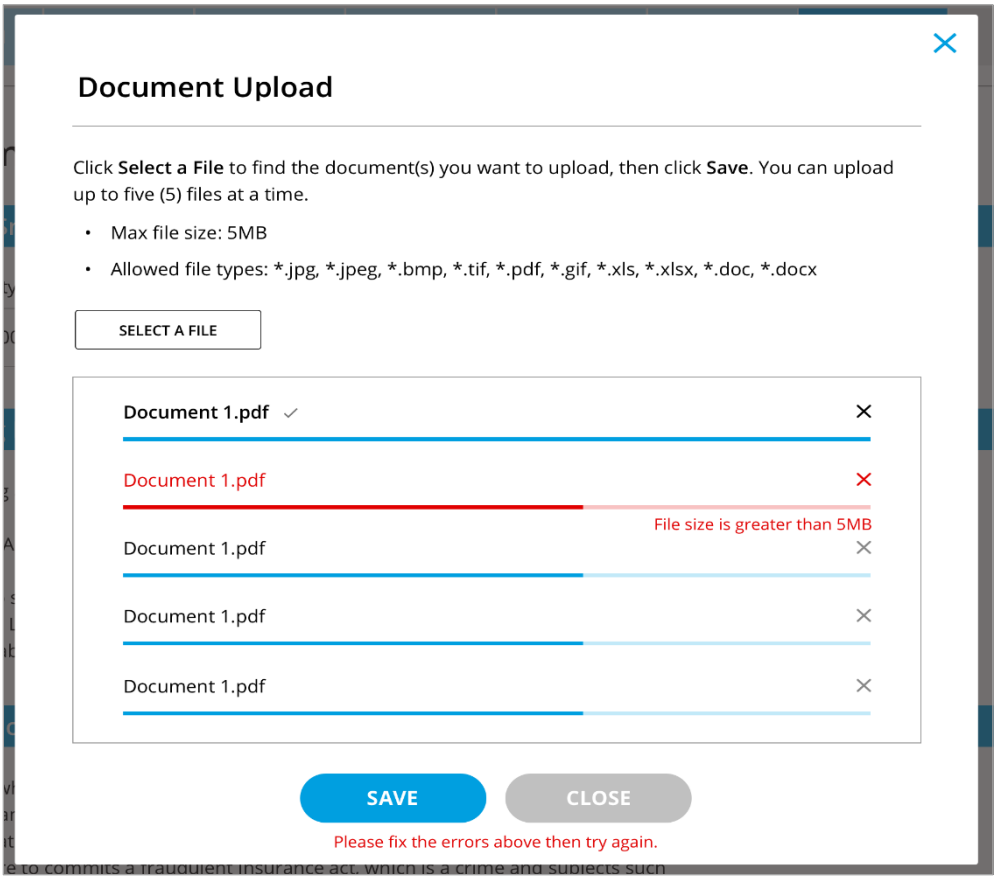


DOCUMENT UPLOAD

NOTES:

- You can find Document Upload in the Agent Summary tool, which can be opened by clicking "Show." Please reference **page 9** to learn more about accessing the Agent Summary tool.
- You can upload documents using "Document Upload" popup by following upload rules.
- Successful documents should be uploaded irrespective of other document failures.





OTHER LUMICO E-APPLICATION CAPABILITIES

The Lumico e-Application will provide the following functionalities:

- Agent and customer driven journey
- e-Application available on mobile
- Enhanced auto-decisioning
- Integrated and simple voice signature process
- Dual application process

SUPPORT

For issues with the agent portal or e-Application, please contact Agency Services at 833-866-9741 or LumicoAgencyServices@iptiQ.com.