



# **Online Quoting Tutorial**

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## **Enter Login Information**

🛃 Log In	×		θ	_		×
← ⇒ G [	Secure   https:	//quoting.besthe	althplans.com	☆ ⓒ	<b>E</b> \$	
BEST Life and Health I			11	f	44	[]
Log In Line of Busine	ss Login					
Username Password						
Forgot Passw	ord	Log In				
4						Þ

## **Creating a New Customer Profile**

BEST Life and Health Insur	Life ance Company				1		<u>Change F</u> Logged in	Password   Loqout 1:	
Customer Search	Custom	iers							
								New Ci	ustomer Quote
	Search for	Existing Customer							
	Custom	er Name			Custo	omer Number			
	Custom	er State <select one=""></select>	*		Custo	omer Zip Code			
	Sales Ag	jent			Quote	e Number			
	Search	Clear Criteria					D.		
	<u>Customer</u> <u>Number</u>	Customer Name	<u>Zip</u> <u>Code</u>	<u>City</u>	<u>State</u>	Quoting Agent	Sales Agent	Last Quote Effective Date	Customer Quotes
	<u>53234698</u>	Advanced Pael Systems	43219	Columbus	он	Janviller Macedo Province	Jerrohe Macedo Frouence	10/01/2012	Customer Quotes
	<u>53236198</u>	Advanced Medical Arts	89511	Reno	NV	Jennifer Macelo Insurance	Jeroter Macello Insurance	10/01/2012	Customer Quotes
	<u>53233960</u>	Derutenent Signa	76116	Fort Worth	ТХ	Jerniter Macedo Biourence	Jerrafer Macodo Insurance	09/01/2012	Customer Quotes
	<u>53233908</u>	log terror	92262	Palm Spri∩gs	CA	Jerniter Mecedo Insurance	Jermiter Macello Insurance	11/01/2012	Customer Quotes
	<u>53235631</u>	Brake & Cultin Supply	98117	Seattle	WA	Jermiter Moundo Biourance	Jennifer Macado Risurance	10/01/2012	Customer Quotes
	<u>53236078</u>	Cincinnell Commercial Group	45150	Milford	он	Jennifer Illacedo Insurance	Jernifer Macedo Risurance	10/01/2012	Customer Quotes
	53235662	Distance Representatives	92618	Irvine	CA	Jermiter Mecodo	Jenniter Macedo	09/01/2012	Customer Quotes

To start a new quote for a new customer, click on the **New Customer Quote** button. To search for a previous quote, fill in the client information and click on the **Search** button. For this example, we will click on the **New Customer Quote** button.

## Assigning an Agent to the Customer

Agent Name	Jernite Macedo Insurence		Lookup Agent Clear Agent	
Address	2 Norton Street			
City, State Zip Code	Irvine, California	* 92612		
Phone	(Sel) 400.000	and the second	-	
Fax				
Email Address	And an other states over			
Agency Sales Contact In	formation			
Contact Name	T			
Address				
			-	
City, State 7in Code			7	
Phone	1			
Filons				
гах			-1	
Email Address				
- In House Sales Represe	tativa			
	i u			
In House Sales Penre	sentative			

To quote for a new customer, you will need to confirm the quoting agent and sales agent. The Quoting Agent is the agent who will represent the proposal to the client. The Sales Agent is the General Agent or Agency contact working with the Quoting Agent.

The Quoting and Sales Agent will automatically default to your profile information.

## **Entering Customer Details**

Customer Search	Customer Details
	Mandatory fields are marked with an asterisk $*$
	ldentifier
	Customer Number
	Customer Name *
	Address
	City, State Zip Code *
	Federal Tax ID
	Number Of People On Pavroll
	Nature of Business/Industry
	SIC Code * Lookup SIC
	Division
	Description
	Customer Contact Information
	Contact Name
	Phone
	Fax
	Email Address
L	

Provide the customer information. You will be able to select the coverages you would like to quote once a ZIP code is provided. The city and state will automatically populate for you.

## Performing an SIC Lookup

BEST Life and Health Insu	Life		PL & LL	12	<u>Change Password   Logout</u> Logged in:
Customer Search	Custome	er Details			
	Mandatory fie	SIC Lookup			
	Customer Customer	CLookup SIC cod	le using any word in the description		
	Address City, State	Cookup SIC cod	le using division <select one=""></select>	~	
	Federal Ta Number O	Lookup SIC	Agriculture, Forestry, And Fishing Construction Finance, Insurance, And Real Estate Manufacturing	<select one=""></select>	
	- Nature of Bu SIC Code Division	SIC CODE	Mining Public Administration Retail Trade Services Transportation, Communications, Electric, Gas, An Wohlessela Trade	d Sanitary Services	30 <b></b>
	Descriptio	n	VVIIdesale Hade		
	- Customer Co	ntact Information			
	Contact Na Phone	me			

Search for SIC codes by clicking on **Lookup SIC**. You can provide a description or use the dropdown menu to select a division.

	LUOKUD			
BEST Life and Health Insurance Company	C Lookup S Descrip	IC code using any word in the description	Password   Logout n:	
	🗆 💿 Lookup S	IC code using division		
Mandatory fie	Division	Construction		
Customer	Lookup SIC			
Customer	SIC Code	Group	Description	
Address	<u>1521</u>	GENERAL BUILDING CONTRACTORS	General Contractors-Single-Family Houses	
	<u>1522</u>	GENERAL BUILDING CONTRACTORS	General Contractors-Residential Buildings, Other Than Single-Family	
City, State	<u>1531</u>	GENERAL BUILDING CONTRACTORS	Operative Builders	
Federal Ta	<u>1541</u>	GENERAL BUILDING CONTRACTORS	General Contractors-Industrial Buildings and Warehouses	
Number O	<u>1542</u>	GENERAL BUILDING CONTRACTORS	General Contractors-Nonresidential Buildings, Other than Industrial Buildings and Warehouses	
-Nature of Bu	<u>1611</u>	HEAVY CONSTRUCTION, EX. BUILDING	Highway and Street Construction, Except Elevated Highways	
SIC Code	<u>1622</u>	HEAVY CONSTRUCTION, EX. BUILDING	Bridge, Tunnel, and Elevated Highway Construction	
Division	<u>1623</u>	HEAVY CONSTRUCTION, EX. BUILDING	Water, Sewer, Pipeline, and Communications and Power Line Construction	
	<u>1629</u>	HEAVY CONSTRUCTION, EX. BUILDING	Heavy Construction, Not Elsewhere Classified	
	1711	SPECIAL TRADE CONTRACTORS	Plumbing, Heating and Air-Conditioning	
Contact N	1 2 3			
Phone			Close	

If the dropdown menu is used, you can select the SIC code for that division by clicking on the SIC code in blue.

Nature of Business/Industry			
SIC Code *	8111	Lookup SIC	
Division	Services		
Description	Legal Services		
Customer Contact Information			
Contact Name			
Phone			
Fax			
Email Address			
Coverage Selection			
Coverage	Select All		
	Dental	~	
	Medical		
	Vision		
		~	
	<< Ba	k Next>>	Cancel

Check the boxes for the coverages you would like to quote and click **Next**.

Tip: By checking the **Select All** box, you will be able to quote other lines of coverage. Otherwise, you will need to return to the **Customers** page to edit the coverage selection.

## **Completing a Census**

er Search	Census	
Assignment		
ner Details	Use Current Census Use Census at next Renewal Date	
8	Census Summary Primary Members	
her Quotes	Identifier           Customer Name         Sample Co.         Customer Number         53292421	
	Census	Count
	1. Employee Only	0
	2. Employee & Spouse	0
	3. Employee & Child(ren)	0
	4. Employee & Family	0
	Primary Members	Done Cancel

When quoting dental or vision product, please use the Census Summary.

#### **Creating a Quote**



Select the coverage you would like to quote first, and then the effective date.

If you are quoting more than one type of coverage, you will have the option to add other coverages once you are finished selecting the plans for this coverage type.

To create a quote for Sample Co., please fill in	the following:	
What type of coverage do you wish to quote?	* Dental	V
Effective Date?	* 05/01/2012	×
Is this a dual choice plan? (Minimum Participa	ation requirements will apply. Cont	ntact your In-House Sales Rep for details)
*		
Which plan(s) do you wish to quote? **		
Available Plans		Plans to be Quoted
Indemnity 100 50 0	~	<u>^</u>
Indemnity 100/80/50		
Indemnity 100 90 60		
PPO 100 50 0		
PPO 100 80 50		
	<	
	*	×
		Next>> Cancel

Choose the plans you would like to quote from the **Available Plans** menu. You can add and remove plans to the **Plans to be Quoted** window with the arrow keys in the middle. Click **Next**.

Variables is the quoted Network? * Maverest Dental Alliance Overlay   holces	Navigate To Single Choice Quote: 1 of 1 Indemnity 100(90)50 Child Orthodontic Coverage
is the quoted Network? * Maverest Dential Alliance Overlay   noices  notes  notes  terminity 100(80(50  Enefits  term Schedule of Benefits  Calendar Year Deductible Galendar Year Maximum Galor  Netrinal Basic Galendar Year Maximum Galendar Year Year Ye	Navigate To Single Choice Quote: 1 of 1 Indemnity 100(90)50 Child Orthodontic Coverage
hoices defennity 100/80/50 Benefits Item       Schedule of Benefits         Deductible       90         \$25       \$25         \$50       \$50         \$75       \$75         \$100       \$100         Orthodontics       Employer Contributory or Voluntary         Employer Contributory or Voluntary       Employer Contributory         Voluntary       Voluntary         Voluntary       Woluntary         Basic       Basic         Major       Major         Usual and Customary Reinbursement       80th Percentile         9th Percentile       \$0th Percentile         9th Percentile       \$1000         \$1200       \$1200         \$1500       \$1500         \$1500       \$1500         \$1500       \$1500         \$1500       \$1500         \$1500       \$2000	Navigate To Single Choice Quote: 1 of 1 Indemnity 100[80]50 Child Orthodontic Coverage
Adversive Streed by Section 2 (Section 2 (Se	Navigate To Single Choice Quote: 1 of 1 Indemnity 100(80)50 Child Orthodontic Coverage
Ademnity 100/00/50 Enerfits Item       Schedule of Benefits         Deductible       90         \$25       \$25         \$50       \$50         \$75       \$75         \$100       \$100         Orthodontics       Imployer Contributory or Voluntary         Employer Contributory or Voluntary       Employer Contributory         Orthodontics       Imployer Contributory         Basic       Basic         Major       Major         Periodontics       Imployer Contributory         State       Basic         Major       Major         Valuntary       Voluntary         State       Basic         Major       Major         Usual and Customary Reinbursement       80th Percentile         90h Percentile       90th Percentile         90h Percentile       1100         \$1000       \$1000         \$1200       \$1200         \$1100       \$1200         \$1200       \$1200         \$1200       \$1200	-Navigate To Single Choice Quote: 1 of 1 Indemnity 100(80)50 Child Orthodontic Coverage
Item       Schedule of Benefits         Deductible       \$0         Calendar Year Deductible       \$0         \$25       \$25         \$50       \$25         \$50       \$50         \$75       \$75         \$100       \$100         Orthodontics       Employer Contributory or Voluntary         Employer Contributory or Voluntary       Voluntary         Voluntary       Voluntary         Basic       Basic         Major       Major         Usual and Customary Reinbursement       80th Percentile         90h Percentile       90th Percentile         9100       \$1000         \$1000       \$1000         \$1000       \$1000         \$1000       \$1000         \$1000       \$1000         \$1000       \$1200         \$1000       \$1200         \$1000       \$1200         \$1000       \$1200         \$1000       \$1200         \$1000       \$1200	-Navigate To Single Choice Quote: 1 of 1 Indemnity 100(80(50 Child Orthodontic Coverage
Item       Schedule of Benefits         Deductible       \$0         \$10       \$0         \$25       \$25         \$50       \$50         \$75       \$75         \$100       \$100         Orthodontics       Employer Contributory or Voluntary         Employer Contributory or Voluntary       Employer Contributory         Voluntary       Voluntary         Voluntary       Voluntary         Basic       Basic         Major       Major         Usual and Customary Reinbursement       80th Percentile         90h Percentile       90th Percentile         90h Percentile       \$1000         \$1200       \$1200         \$1200       \$1500         \$1200       \$1200         \$1500       \$1500         \$1200       \$1200         \$1500       \$1200	Navigate To Single Choice Quote: 1 of 1 Indemnity 100(90)50 Child Orthodontic Coverage
Deductible     S0       \$0     \$0       \$25     \$25       \$25     \$50       \$75     \$75       \$100     \$100       Orthodontics     Employer Contributory or Voluntary       Employer Contributory or Voluntary     Employer Contributory       Voluntary     Employer Contributory       Voluntary     Voluntary       Basic     Basic       Major     Major       Usual and Customary Reinbursement     80th Percentile       90h Percentile     80th Percentile       90h Percentile     \$1000       \$1200     \$1200       \$1200     \$1500       \$1500     \$1500       \$1200     \$1200       \$1200     \$1200       \$1200     \$1200       \$1500     \$1200	Single Choice Quote: 1 of 1 Indemnity 100(80(50 Child Orthodontic Coverage
\$0     \$0       \$25     \$25       \$50     \$50       \$50     \$50       \$75     \$75       \$100     \$100       Orthodontics     Employer Contributory or Voluntary       Employer Contributory or Voluntary     Employer Contributory       Voluntary     Employer Contributory       Voluntary     Voluntary       Periodontics     Basic       Major     Major       Usual and Customary Reinbursement     80th Percentile       90h Percentile     90th Percentile       90h Percentile     90th Percentile       \$1000     \$1000       \$1200     \$1200       \$1500     \$1500       \$2000     \$2000	Indemnity 100(80)50 Child Orthodontic Coverage
\$25     \$25       \$50     \$50       \$75     \$75       \$100     \$100       Orthodontics     Imployer Contributory or Voluntary       Employer Contributory or Voluntary     Employer Contributory       Voluntary     Employer Contributory       Voluntary     Voluntary       Basic     Basic       Major     Major       Basic     Basic       Major     Major       Usual and Customary Reinbursement     80th Percentile       90h Percentile     90th Percentile       90h Percentile     90th Percentile       \$1000     \$1000       \$1200     \$1200       \$1500     \$1500       \$2000     \$2000	Child Orthodontic Coverage
\$50     \$50       \$75     \$75       \$100     \$100       Orthodontics     Imployer Contributory or Voluntary       Employer Contributory or Voluntary     Employer Contributory       Voluntary     Voluntary       Voluntary     Voluntary       Basic     Basic       Major     Major       Usual and Customary Reinbursement     80th Percentile       90h Percentile     90th Percentile       90h Percentile     90th Percentile       \$1000     \$1000       \$1200     \$1200       \$1500     \$1500       \$2000     \$2000	
\$75     \$75       \$100     \$100       Orthodontics     Employer Contributory or Voluntary       Employer Contributory voluntary     Employer Contributory       Voluntary     Voluntary       Voluntary     Voluntary       Basic     Basic       Major     Major       Basic     Basic       Major     Major       Usual and Customary Reinbursement     80th Percentile       90h Percentile     90th Percentile       90h Percentile     90th Percentile       \$1000     \$1000       \$1200     \$1200       \$1500     \$1500       \$2000     \$2000	
\$100     \$100       Orthodontics     Employer Contributory or Voluntary       Employer Contributory     Employer Contributory       Voluntary     Voluntary       Voluntary     Voluntary       Basic     Basic       Major     Major       Periodontics     Basic       Major     Major       Usual and Customary Reinbursement     80th Percentile       90h Percentile     90th Percentile       90h Percentile     90th Percentile       \$1000     \$1000       \$1200     \$1200       \$1500     \$1500       \$2000     \$2000	
Orthodontics       Employer Contributory or Voluntary       Employer Contributory       Voluntary       Voluntary       Basic       Major       Periodontics       Basic       Major       Basic       Basic <tr< td=""><td></td></tr<>	
Employer Contributory or Voluntary       Employer Contributory       Voluntary       Voluntary       Endodontics       Basic       Major       Periodontics       Basic	
Implyer communery     Employer communery       Voluntary     Voluntary       Endodontics     Basic       Basic     Basic	
Endodontics     Basic       Basic     Basic       Basiton     Basic       Basic </td <td></td>	
Basic     Basic       Major     Major       Periodontics     Basic       Basic     Basic       Major     Major       Usual and Customary Reinbursement     Major       0     80th Percentile       90h Percentile     90th Percentile       90h Percentile     90th Percentile       2     90h Percentile       31000     \$1000       \$1200     \$1500       \$2000     \$2000	
Major     Major       Periodontics     Basic       Major     Basic       Major     Major       Usual and Customary Reinbursement     80th Percentile       90h Percentile     90th Percentile       90h Percentile     90th Percentile       90h Percentile     90th Percentile       1     \$1000       \$1000     \$1200       \$1500     \$1500       \$2000     \$2000	
Periodontics     Basic       Major     Major       Usual and Customary Reinbursement     80th Percentile       90h Percentile     90th Percentile       90h Percentile     90th Percentile       1000     \$1000       \$1000     \$1200       \$1500     \$1500       \$2000     \$2000	
Basic     Basic       Major     Major       Usual and Customary Reinbursement     80th Percentile       State     80th Percentile       State     90th Percentile       Schedule       Calendar Year Maximum       \$1000       \$1200       \$1500       \$1500       \$2000	
Major     Major       Usual and Customary Reinbursement     80th Percentile       90h Percentile     90th Percentile       90h Percentile     90th Percentile       1000     \$1000       \$1000     \$1200       \$1200     \$1500       \$1500     \$1500       \$2000     \$2000	
Image: Second and Costonary Remainsment     80th Percentile       Soth Percentile     80th Percentile       90h Percentile     90th Percentile       Galendar Year Maximum     91000       \$1000     \$1000       \$1200     \$1200       \$1500     \$1500       \$2000     \$2000	
Item         Schedule           Q 90h Percentile         90th Percentile           Image: Schedule         Schedule           Calendar Year Maximum         Stooo           Image: Stooo         \$1000           Image: Stooo         \$1200           Image: Stooo         \$1500           Image: Stooo         \$1500           Image: Stooo         \$1200           Image: Stooo         \$1500           Image: Stooo         \$1200           Image: Stooo         \$1200	
Item         Schedule           Calendar Year Maximum	
Item         Schedule           Calendar Year Maximum         ************************************	
rem         schedule           Calendar Year Maximum         *1000           \$1200         \$1200           \$1200         \$1200           \$1500         \$1500           \$2000         \$2000	
\$1000         \$1000           \$1200         \$1200           \$1500         \$1500           \$2000         \$2000	
\$1200         \$1200           \$1500         \$1500           \$2000         \$2000	
\$1500         \$1500           \$2000         \$2000	
\$2000 \$2000	No. Justa Ta
Ontional Banefite	
Antional Benefite	Indemnity 100/80/50
optional Benefica	Child Orthodontic Coverage
Rate Guarantee Two (2) Years	
Additional Plan Choices	
🔊 Do you wish to Include Child Orthodontic Coverage ?	
O Yes O No	
S Benefits	
Othodontic Maximums	

Choose the benefits you would like to quote. Select between employer-sponsored rates or volutary rates. If you are quoting more than one plan, you will be prompted to enter benefit information for the next plan once you click **Finish**.

The **Navigate To** side bar shows which plan you are currently on.

## **Reviewing Customer Quotes**

EST Life and Health Insur	ance Com	fe pany tomer	Quotes	11	1	4	[] []		<u>Cł</u> La	nange Pass gged in:	word   Loo	<u>tout</u>	-
Customer Details Census Customer Quotes	Cu	iifier stomer N	ame Sample Co.			Custor	ner Number	53292421					
	⊻ Hic Print	e Inactive ( <u>Quote</u> <u>Number</u> 2	Quotes <u>Plan Name</u> Indemnity 100 90 60	<u>Coverage</u> Dental	Pre-Screen	Quote Status	Quote Date	Effective Date	Load N/A	Premium \$411.90	Dual Choice	Ne Linked Quotes	W Plan Selectio Copy Quote Copy Quote
		1 Print	Indemnity 100 80 50 Generate Employer	Dental	Gener	Initial ate SBC	02/28/2013	05/01/2012	N/A	\$291.50			Copy Quote Done

The quotes you have generated are listed below the customer name. This window gives you the option to select a new plan, copy a quote, view plan details or print a proposal.

## **Reviewing Plan Details**

Plan Details				
A		-	-Navigate To	
			Indemnity 100100160	
lenefits				
Basic				
Palliative Care				
<ul> <li>Space Maintainers</li> <li>Fillings</li> </ul>				).
Limited Oral Exam				
Oral Surgery				
Major				
Denture and Bridgework				
Denture or Bridgework Repair				
<ul> <li>Denture or Bridgework Replacement or Altera</li> <li>Implacts</li> </ul>	ition			
Lab Fabricated Restorations				
Preventive				
Routine Oral Examination				
🔍 Oral Prophylaxis				<u> </u>
X-rays				
Sealants				
Select				
Periodontics				
Endodontics				
Plan Details  Plan Details  Oral Prophylaxis  Customer Se Customer Se Census Customer Ou	Schedule of Benefits \$50 Employer Contributory Basic Basic 90th Percentile Schedule \$2500			v Plan Selection Copy Quote Copy Quote Copy Quote
			Close	

To view the plan details, select the **Plan Name** highlighted in blue for each quoted plan. You can scroll down to view all the plan details. Click **Close** to return to the **Customer Quotes** page.

BEST Life and Health Insur	ance Comp	Cany		٩.	Halad	1	1		<u>CI</u> Lo	nange Pass gged in:	word   Loc	<u>iout</u>	
Customer Search	Cust	omer	Quotes										
Customer Details Census Customer Quotes	-Identif Cus	fier tomer Na	me Sample Co.			Custon	ner Number	53292421					
	🗹 Hide	Hide Inactive Quotes											
	Print	<u>Quote</u> Number	<u>Plan Name</u>	<u>Coverage</u>	<u>Pre-Screen</u>	<u>Quote</u> <u>Status</u>	Quote Date	Effective Date	<u>Load</u>	<u>Premium</u>	<u>Dual</u> <u>Choice</u>	<u>Linked</u> Quotes	Copy Quote
		2	Indemnity 100 90 60	Dental		Printed	02/28/2013	05/01/2012	N/A	\$411.90			Copy Quote
		1	Indemnity 100 80 50	Dental		Printed	02/28/2013	05/01/2012	N/A	\$291.50			Copy Quote
	P	rint	Generate Employer Agre	ement	Genera	te SBC							Done

To create a proposal for this client, check the print box for each plan and click Print.

BE	Plan Quote	
BEST Life a	II of 4 I of 4 I Select a format 💽 Export	
Custome	REST TIM CSV (comma delimited)	<b></b>
Agents A:	BEST Life and Health Insurance Compa Acrobat (PDF) file Web archive	
	Excel	
Custome	Quote Type	
	Vental	n Selection
		opy Quote
		opy Quote
	Prepared For Sample Co	opy Quote
	53292421	Done
	Indiananolis IN	
	Prepared By Close	<u> </u>

To export the proposal, select a format from the **Select a Format** drop-down menu at the top, and click **Export**. A proposal in the format you selected will populate and you will have the option to open or save the file.

Tip: if you chose to open the proposal file, you can save it by going to **File** and **Save As**.



Sample Co. 53292421, IN 46201

Industry SIC Code 1521

Date Quote Prepared 03/01/2013

Benefit Summary	Indemnity 100 80 50 Quote No 1 Effective Date 05/01/2012 Maverest Dental Alliance Overlay	Indemnity 100 90 60 Quote No 2 Effective Date 05/01/2012 Maverest Dental Alliance Overlay
	Schedule of Benefits	Schedule of Benefits
Employer Contributory or Voluntary	Employer Contributory	Employer Contributory
Endodontics	Basic	Basic
Oral Surgery	Basic	Basic
Periodontics	Basic	Basic
Usual and Customary Reimbursement	90th Percentile	90th Percentile
Preventive Care	100%	100%
Basic	80%	90%
Major	50%	60%
Calendar Year Maximum	\$1500	\$2500
Calendar Year Deductible	\$50	\$50
Special Dental Accident Benefit	\$1000 maximum per accident	\$1000 maximum per accident
Premium Summary		
1. Employee Only	\$29.15	\$41.19
2. Employee & Spouse	\$58.29	\$82.37

The proposal will provide you with a **Plan Comparison** and **Plan Details**. The plan details will show the total cost for each tier of the rate structure separately for each plan.

BE	Plan Quote	
	14 4 1 of 4 D Select a format CExport	
Custome	BEST	
Agents A	BEST Life and Health Insurance Company	
Custome		
Census		
Custome	Quote Type	
	n Sele	
	ipy Qu	
	Sample Co.	
	53292421	
	Indianapolis, IN	
	Prepared By	
	Close	

When you are done with the proposal, click **Close** and you will be returned to the **Customer Quotes** page.

## **Copying a Quote**

BEST Life and Health Insur	ance Com	pany		17	1 day	4	1	177	<u>Cř</u> Lo	ange Pass gged in:	word   Loo	<u>iout</u>	antes -
Customer Search Agents Assignment	Cus	tomer	Quotes										
Customer Details Census Customer Quotes	-Ident Cu:	ifier stomer Na	me Sample Co.			Custor	ner Number	53292421					
	✓ Hide Inactive Quotes										Ne	w Plan Selectio	
	Print	<u>Quote</u> <u>Number</u>	<u>Plan Name</u>	Coverage	Pre-Screen	<u>Quote</u> <u>Status</u>	Quote Date	Effective Date	<u>Load</u>	<u>Premium</u>	<u>Dual</u> <u>Choice</u>	<u>Linked</u> Quotes	Copy Quote
		3	Indemnity 100 90 60	Dental		Initial	03/01/2013	05/01/2012	N/A	\$411.90			Copy Quote
		2	Indemnity 100 90 60	Dental		Printed	02/28/2013	05/01/2012	N/A	\$411.90			Copy Quote
		1	Indemnity 100 80 50	Dental		Printed	02/28/2013	05/01/2012	N/A	\$291.50			Copy Quote
		Print	Generate Employer A	greement	Genera	ate SBC							Done

Our online quoting tool provides the option to copy a quote for a customer. This comes in handy when you want to quote a different plan and do not want to reenter census and customer information. To perform this function, click **Copy Quote** for the plan you would like to modify.

To create a quote for Sample Co., please fill in th	e following:		
What type of coverage do you wish to quote?	* Dental	~	
Effective Date?	* 05/01/2012	<b>v</b>	
Is this a dual choice plan? (Minimum Participatio	on requirements will apply. Cont	act vour In-House Sales Rep for details)	
Which plan(s) do you wish to quote? *			
Available Plans		Plans to be Quoted	
Indemnity 100 50 0	~	Indemnity 100 90 60	~
Indemnity 100 80 50			
Indemnity 100/90/60 PPO 100/50/0			
PPO 100 80 0			
PPO 100 80 50 PPO 100 90 60			
	>		
	<		
	~		~
			Next>> Cancel

You will be taken to the **Plan Selection** page. The type of coverage and effective date will automatically show what was previously selected. Click **Next**.

at is the quoted Network? * Maverest Dental Choices Indemnity 100 90 60 Benefits	Alliance Overlay	
Item	Schedule of Benefits	
Deductible		
Calendar Year Deductible		
\$0	\$0	
\$25	\$25	
<ul> <li>\$50</li> </ul>	\$50	
\$75	\$75	Navigate To
<b>○</b> \$100	\$100	Single Choice Quote: 1 of 1
Orthodontics		Indemnity 100 90 60
Employer Contributory or Voluntary		Child Orthodontic Coverage
<ul> <li>Employer Contributory</li> </ul>	Employer Contributory	
◯ Voluntary	Voluntary	
Endodontics		
<ul> <li>Basic</li> </ul>	Basic	
O Major	Major	
Periodontics		
Basic	Basic	
O Major	Major	
Usual and Customary Reimbursement		
O 80th Percentile	80th Percentile	
90h Percentile	90th Percentile	

You will be taken to the **Plan Selection** page. Here you will see the benefits you had previously selected. You can make your modifications here and then click **Finish** to be taken to the **Plan Quotes** page.

#### **New Plan Selection**

BEST Life and Health Insur	ance Com	pany		19	H-Int	1			<u>Cł</u> Lo	nange Pass gged in:	word   Loc	aout	<b>e</b> c.
Customer Search	Cus	tomer	Quotes										
Agents Assignment													
Customer Details	Ident	tifier —											
Census Customer Quotes	Cu	stomer Na	ame Sample Co.			Custor	ner Number	53292421					
	🗹 Hid	Hide Inactive Quotes     New Plan Se											w Plan Selection
	Print	<u>Quote</u> <u>Number</u>	<u>Plan Name</u>	<u>Coverage</u>	Pre-Screen	<u>Quote</u> <u>Status</u>	Quote Date	Effective Date	<u>Load</u>	<u>Premium</u>	<u>Dual</u> <u>Choice</u>	<u>Linked</u> <u>Quotes</u>	Copy Quote
		3	Indemnity 100/90/60	Dental		Initial	03/01/2013	05/01/2012	N/A	\$411.90			Copy Quote
		2	Indemnity 100 90 60	Dental		Printed	02/28/2013	05/01/2012	N/A	\$411.90			Copy Quote
		1	Indemnity 100 80 50	Dental		Printed	02/28/2013	05/01/2012	N/A	\$291.50			Copy Quote
		Print	Generate Employer Ag	reement	Genera	ate SBC							Done

From the **Customer Quotes** page, you can create a quote for another line of coverage by clicking **New Plan Selection**.

Plan Selection												
Mandatory fields are marked with an asterisk *												
To create a quote for Sample Co., please fill in the following:												
What type of coverage do you wish to quote? * <select one=""> V</select>												
Effective Date? * <select one=""></select>												
Is this a dual choice plan? (Minimum Participation requirements will apply. Contact your In-House Sales Rep for details)												
Which plan(s) do you wish to quote? *												
Available Plans to be Quoted												
	~											

This will take you back to the **Plan Selection** and follow the same process (see **Creating a Quote**). **New Plan Selection** will only provide choices for the lines of coverage you selected in **Customer Details**.

## **Editing a Customer Profile**

BEST Life and Health Insur	ance Corr	ipany		19	1	1		Y//	<u>Cł</u> Lo	nange Pass gged in: Je	word   Loo nnifer Ma	aout cedo Insur	ance
Customer Search	Cus	tomer	Quotes										
Agents Assignment													
Customer Details Census Customer Quotes	Cu	iifier stomer Na	me Sample Co.			Custor	ner Number	53292421					
	🗹 Hid	Hide Inactive Quotes											w Plan Selectio
	Print	<u>Quote</u> <u>Number</u>	<u>Plan Name</u>	<u>Coverage</u>	Pre-Screen	<u>Quote</u> <u>Status</u>	Quote Date	Effective Date	<u>Load</u>	<u>Premium</u>	<u>Dual</u> <u>Choice</u>	<u>Linked</u> <u>Quotes</u>	Copy Quote
		3	Indemnity 100(90)60	Dental		Initial	03/01/2013	05/01/2012	N/A	\$411.90			Copy Quote
		2	Indemnity 100 90 60	Dental		Printed	02/28/2013	05/01/2012	N/A	\$411.90			Copy Quote
		1	Indemnity 100 80 50	Dental		Printed	02/28/2013	05/01/2012	N/A	\$291.50			Copy Quote
		Print	Generate Employer Agr	eement	Gener	ate SBC							Done

To edit customer information, like the type of coverage to quote, click the **Customer Search** tab from the left menu bar.

BEST Life and Health Insur	ance Company			11-22-000-00	$\mathbf{x} \in \mathcal{A}$		ւսկկես ու		
Customer Search Agents Assignment Customer Details Census	Customers	Customer			Custo	mer Number		New Cu	stomer Quote
Customer Quotes	Customer State	<select one=""></select>	1		Custo	mer Zip Code			
	Sales Agent		2		Quote	Number			
					QUOLO				
	Search C	lear Criteria							
	<u>Customer</u> <u>Number</u>	<u>Customer Name</u>	<u>Zip</u> <u>Code</u>	<u>City</u>	<u>State</u>	Quoting Agent	Sales Agent	Last Quote Effective Date	Customer Quotes
	53234698	d Puel Systems	43219	Columbus	он	Jerroller Macedo Nourance	Jerniter Macedo hourance	10/01/2012	Customer Quotes

Click **Customer Number**. This will take you to the **Customer Details** page.

Nature of Business/Industry   SIC Code   *   Bitti   Division   Services   Description   Legal Services    Customer Contact Information  Contact Name  Phone  Fax  Email Address  Coverage Selection  Coverage  Select All  Dental  Dental  Coverage  Select All  Dental  Name Name Name Name Name Name Name Nam
SIC Code * 8111 Lookup SIC Division Services Description Legal Services Customer Contact Information Contact Name Phone Fax Email Address Coverage Selection Coverage Selection Coverage
Division Services   Description Legal Services     Customer Contact Information   Contact Name   Phone   Fax   Email Address   Coverage Selection   Coverage     Select All     Dental
Description     Legal Services       Customer Contact Information
Coverage Selection
Coustomer Contact Information Contact Name Phone Fax Email Address Coverage Selection Coverage Select All Dental
Contact Name
Phone  Fax  Email Address  Coverage Selection Coverage Select All Dental
Fax Email Address Coverage Selection
Email Address
Coverage Selection Coverage Select All Dental
Coverage Selection
Coverage Select All

Check the boxes for the lines of coverage you would like to quote for this customer and click **Done**. You will be taken to the **Customer Quotes** page. From here you can click on **New Plan Selection** and can create a quote for another line of coverage.