



Real-time Customer Lookup




What Does SunFire's Customer Lookup Do?

- Confirm the MBI number matches the CMS database
- Check LIS subsidy eligibility
- Confirm A&B effective dates
- Inform the Agent when the customer is missing Part A or B dates
- Display current coverage and prior coverage*
- Prevent a customer from re-enrolling in their current plan
- Medicaid Eligibility (True/False)
- Enrollment form is prefilled with MBI, A&B, DOB, Addresses (res. and mailing), and Medicaid status (Yes/No)

**The system will look back three years and show the effective dates for each plan (Start/Stop)*



Customer Profile Changes

CUSTOMER PROFILE  Add information

Zip code [Customer lookup](#)

To get started I would like to get your Medicare Number, DOB and Zip code. I will use this information to look up your current situation and provide the best recommendations.


Medicare number*

Date of birth*
mm / dd / yyyy

ZIP code*

[Search](#)

1

CUSTOMER PROFILE  Add information

Zip code [Customer lookup](#)

To get started I would like to get your Medicare Number, DOB and Zip code. I will use this information to look up your current situation and provide the best recommendations.

Medicare number*

Date of birth*
 / /

ZIP code* County* [CHAMBERS](#)

[Search](#)

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Return Results

CUSTOMER PROFILE Add information

Zip code **Customer lookup**




Sandra K. Helanin, 90210 [edit](#)

4UM9-EU4-NX16

 **Verified with CMS**

Part A	Part B
12-01-2018	12-01-2018

Enrollment History

-  Has Medicaid coverage
-  Residence zip code does not match location
-  Enrolled in unavailable MAPD plan H8849-010-000

[View all plans](#)



A&B Confirmation and Enrollment History

Zip code

Customer lookup

Sandra K. Helanin, 90210 [edit](#)

2EG5TE9M479

✔ **Verified with CMS**

Part A

Part B

03/01/2019

03/01/2019

Enrollment History

Humana Gold Choice H8145-061 (PFFS)

01/01/2021 - Current

Humana Walmart Value RX Plan H145-062 (PDP)

01/01/2020 - 12/31/2021



LIS Subsidy Eligibility

Zip code Customer lookup

✔ Verified with CMS

MARIE E CHRISTMAS, 70127 [edit](#)

6RW7-WF6-GQ78

ℹ Has Medicaid coverage

Are you currently enrolled in a Medicare Advantage or Prescription Drug plan?

Yes No Current plan:

✔ Enrolled: 07-01-2022

How often do you see a doctor or receive medical care in a year?

Required Disclosures*

This question does not affect the plan premium - it is used to calculate a better estimate of costs. It is not required to provide any health related information unless it will be used to determine enrollment eligibility.

Do you receive Extra Help / Low Income Subsidy (optional)?

Yes No I don't know

✔ 2022 LIS Level: 1

Drug copay / coinsurance

<input checked="" type="button" value="\$1.35 - \$4.00 for covered drugs"/>	<input type="button" value="\$3.95 - \$9.85 for covered drugs"/>	<input type="button" value="Partial low-income subsidy"/>
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Dual Eligibility plans will show the full premium unless an 'Extra Help / Low Income Subsidy' option is selected above.

LIS level displayed and drug copay is prechecked



Current Plan Indication

Are you currently enrolled in a Medicare Advantage or Prescription Drug plan?

Yes

No

Current plan:

Aetna Medicare Dual Preferred Plan (HMO D-SNP)

✔ Enrolled: 07-01-2022

**Enrolled date available within needs assessment*

PLANS FOR 70127 (26 results) Enrolled in MAPD plan Walgreens No medication(s) No doctor(s) Sees doctor rarely

List 60 X-ray Sort: Top rated plans Time period: Annual Costs Benefits

Plan type

- Medicare Advantage/Part D
- Part D
- Medicare Advantage
- Special Needs

Filter by

Plan features

- Five star rating
- Part B give back
- Dental coverage
- Vision coverage
- Hearing coverage

Company

- Aetna Inc.
- Blue Cross and Blue Shield of Louisiana
- Blue Cross and Blue Shield of Louisiana HMO
- Humana Inc.
- Ochsner Health Plan
- PH Holdings, LLC
- Vantage Health Plan of Mississippi, Inc.
- Vantage Holdings, Inc.
- WellCare Health Plans, Inc.

Premium

- Under \$20
- \$30 - \$60
- Over \$60

9 Aetna Medicare Dual Preferred Plan (HMO D-SNP) Aetna Medicare H3239-001-000 3.5 out of 5 stars (2022 plan year)

Max. out-of-pocket: \$7,550 (in-network)
Medical deductible: \$0
Drug deductible: \$0

\$0.00
Monthly Plan Premium

\$0
Estimated annual costs
[View breakdown](#)

[Details](#) [Current plan](#)

Recommended plans ?

10 Peoples Health Choices (PPO) Peoples Health H4544-001-000 Star Rating: Plan too new to be measured

Max. out-of-pocket: \$6,700 (in-network) / \$10,000 (combined)
Medical deductible: \$0
Drug deductible: \$0

\$0.00
Monthly Plan Premium

\$0
Estimated annual costs
\$0
Estimated annual savings
[View breakdown](#)

[Preferred Pharmacies](#) [Doctors accepting patients](#)

Compare [Details](#) [Enroll](#)



Medicaid Levels on DSNP Plan Cards

10 MedicareMax Plus 1 (HMO D-SNP)
SLMB

UnitedHealth H0524-003-000
★★★★★ 5 of 5 stars (2022 plan year)

Max. out-of-pocket: **\$1,000 (in-network)**
Medical deductible: **\$0**
Drug deductible: **\$0**

\$0.00
Monthly Plan Premium

\$0
Estimated annual costs
[View breakdown](#)

▶ [Preferred Pharmacies](#) [Doctors accepting patients](#)

Compare / Email Quote

10 Wellcare Dual Liberty Open (PPO D-SNP)
QMB, SLMB, SLMB+

WellCare H0524-003-000
★★★★★ 5 of 5 stars (2022 plan year)

Max. out-of-pocket: **\$1,000 (in-network)**
Medical deductible: **\$0**
Drug deductible: **\$0**

\$0.00
Monthly Plan Premium

\$0
Estimated annual costs
[View breakdown](#)

▶ [Preferred Pharmacies](#) [Doctors accepting patients](#)

Compare / Email Quote

10 HumanaChoice SNP-DE H5525-036 (PPO D-SNP)
All Medicaid levels

Humana H0524-003-000
★★★★★ 5 of 5 stars (2022 plan year)

Max. out-of-pocket: **\$1,000 (in-network)**
Medical deductible: **\$0**
Drug deductible: **\$0**

\$0.00
Monthly Plan Premium


\$0
Estimated annual costs
[View breakdown](#)


▶ [Preferred Pharmacies](#) [Doctors accepting patients](#)

Compare / Email Quote



Enrollment Form Prefill

 SunFire C

 **MEDICARE HEALTH INSURANCE**

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A) 03-01-2016
MEDICAL (PART B) 03-01-2016

Coverage starts/Cobertura empieza

Enrollee information

First name* Initial Last name*

Medicare number* Sex* Male Female

Hint: Do not enter dashes

Re-enter Medicare number*

Date of birth*

Part A effective date* Part B effective date*

Cigna Customer service: New plan: 1-855-98...

[Summary of Benefits](#)

Enrollee information (continued)

Residential address

Street address*

Address line 2

City* ZIP code*

County* State*

