



Bloom

AETNA ASCEND

**SEND COMPLETED APPLICATION FOR
SIGNATURE**



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NPN: 1234567



Explore plans

Enter your ZIP code below to find plans Aetna offers and review rates.

ZIP code

[View plans](#)



A_A_A

Click 'Apply Now' to Begin Application



Hello Neal Echols! | [Agent portal](#) | [Saved applications](#) | [Log off](#)
NPN: 1234567



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[Pharmacy Search](#) > [Formulary Search](#) > [Extra Help Eligibility](#) > [2020 Medicare Plans](#)

2020 Medicare Plans

View Plans and Compare

Below are the plans that are available in ZIP code **48202** in Wayne County, Michigan:

Send Quote

Select for Comparison

ZIP Code:

Here is a detailed list of plans available in your area. Check the box next to the plans you wish to compare and then click on the Compare button. This will allow you to compare additional plan detail side by side.

Medicare Advantage

<input type="radio"/> Select for Comparison	Aetna Medicare Premier (HMO)			Rating Unavailable
	Maximum Out-of-Pocket Annual In-Network: \$4,400 Annual Medical Deductible: \$0	In-Network Copay Primary Care: \$0 Physician: \$0 Emergency Room: \$90 Specialist: \$40	Plan Covers Dental: Yes Vision: Yes Hearing: Yes Rx: Yes	\$0.00 per month <input type="button" value="Apply now"/>
<input type="button" value="View Details"/>				



Complete Application & Click 'Send for Signature'



Online application

Aetna Medicare Premier (HMO) **\$0.00 premium**

Users typically take 18 to 25 minutes to complete enrollment. To speed up the process, please have your Medicare card handy. Simply select the "Next" button to move on to the next step. If you need help or would like to complete your enrollment over the phone, please call a licensed insurance agent at the provided above.

[Plan details](#) [Back to shopping](#)

<input checked="" type="checkbox"/> Election Period	<input checked="" type="checkbox"/> Personal Information	<input checked="" type="checkbox"/> Address	<input checked="" type="checkbox"/> Emergency Contact	<input checked="" type="checkbox"/> Provider Lookup	<input checked="" type="checkbox"/> Insurance Information	<input checked="" type="checkbox"/> Payment	<input checked="" type="checkbox"/> Important Questions	<input type="checkbox"/> Submit
---	---	---	---	---	---	---	---	---------------------------------

Personal Information

First name: *

Middle initial:

Last name: *


Gender: * Male Female

Birthdate: *

Phone:

Email address:

* Required information



Complete Required Fields & Click 'Send'



Online application

Aetna Medicare Premi

Users typically take 18 to 25
handy. Simply select the "Ne
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[Plan details](#)

Election **Personal** **A**
Period **Information**

Personal Information

First name: * J

Middle initial:

Last name: * Teste

Send Partial Application for Signature

Beneficiary First Name *

Beneficiary Last Name *

Email*

Beneficiary Phone*

Text verification code

Email verification code

Add a custom message

Email Received by Prospect with Verification Code



Neal Echols wants to share health insurance options. Inbox x



Aetna <donotreply@quotes.isf.io>
to me

1:48 PM (47 minutes ago) ☆ ↶ ⋮

You've been sent an email containing a link. Following the link, you'll be asked to input this Verification Code: 1794552181


Aetna <donotreply@quotes.isf.io>
to me

1:48 PM (47 minutes ago) ☆ ↶ ⋮

Greetings Test Mctest,

This email from Aetna contains an application that needs your signature. Please click on the button below to resume the application.

Agent's Message : test from Neal

CLICK TO RESUME 

Neal Echols
Aetna
Call: [812-929-1969](tel:812-929-1969)
nealechols@gmail.com

Enter Verification Code



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Verification

Enter Verification Code

Need help with additional plan info?

Call an Aetna representative at **1-800-282-5366 (TTY: 711)**. 7 days a week, 8 a.m. to 8 p.m. for assistance with customer service/benefits questions.

Enter Verification Code



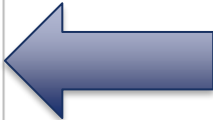
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Verification

Enter Verification Code



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Proceed Directly to 'Submit'




Online application

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[Back to shopping](#)

Election Period	Personal Information	Address	Emergency Contact	Provider Lookup	Insurance Information	Payment	Important Questions	Submit 
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Please Read This Important Information

The following disclosures describe our health benefits and health insurance plans and how they work. It's important for you to read them before you submit your enrollment form. Check the box to confirm you have read all the disclosures.

If you currently have health coverage from an employer or union, joining the Aetna Medicare Advantage plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join the Aetna Medicare Advantage plan. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Click 'Apply Now'



Application Summary

Aetna Medicare Premier (HMO) \$0.00 premium

[Apply now](#)



Please review the application details below to verify accuracy. If updates are needed, use the **Edit** button to make changes. To submit your application, simply click the **Apply Now** button. If your web browser is closed prior to clicking **Apply Now**, the application will not be submitted.

[Election Period](#) [Edit](#)

I am newly eligible for Medicare and this is my first entitlement to enrollment. *NewlyEligible*
Requested Effective Date: 06/01/2020

[Personal Information](#) [Edit](#)

First name *test*
Last name *mctest*
Gender: *Male*
Birthdate: *09/01/1940*