PDP Electronic Enrollment Form

Contents

Intended Use

The intended use of electronic application is only to be used for face to face enrollments, unless you are using a CMS approved script and storing a recording of the call for 10 years.

If you are working with a customer over the phone, you can send them the quote and the customer can complete the application on their own (still attributable to you if completed through the link). Please refer to **Profile** section (page 4) for the steps to go through when sending the access code to the customer.

Getting Started

The electronic enrollment form can be found on Sales Professional Access (SPA). Follow the below path to get to the e-App:

Sales Professional Access → Sales Tools → Electronic Application → Prescription Drug Plans e-Application

 Click on **Start or Continue e-App** to open the electronic enrollment form.

If you are Ready to Sell you be logged into the site.

If you are not Ready to Sell, you will see the below screen. You will not be able to proceed, because there will not be a Username nor Password available to you.

Start Consultation

Click on **Start Consultation** tab.

There are multiple tabs that appear on the Start Consultation page. The tabs walk you through the collection of information regarding a potential enrollee. Gathering data in this section allows you to get a prescription drug plan estimate for the enrollee.

Profile

Fill in the required fields for the enrollee. Required fields are noted by the *. Email is not required, but is highly recommend.

After completing the profile tab, you may click **Continue** or click **Send Access to Consumer Site**.

> PLEASE NOTE: The enrollee must have filled out a Scope of Appointment form before you can send the link to the Consumer site.

Upon clicking the **Send Access to Consumer Site**, you will receive this box to enter the email address of the enrollee.

The enrollee will receive two emails. The first one contains an authorization code. The second allows the enrollee to access the site.

For security purposes, once the **Get Started** button is selected, the authorization code must be entered to proceed. **If a customer completes the enrollment process via this method, you will be listed as Agent of Record on this enrollment**.
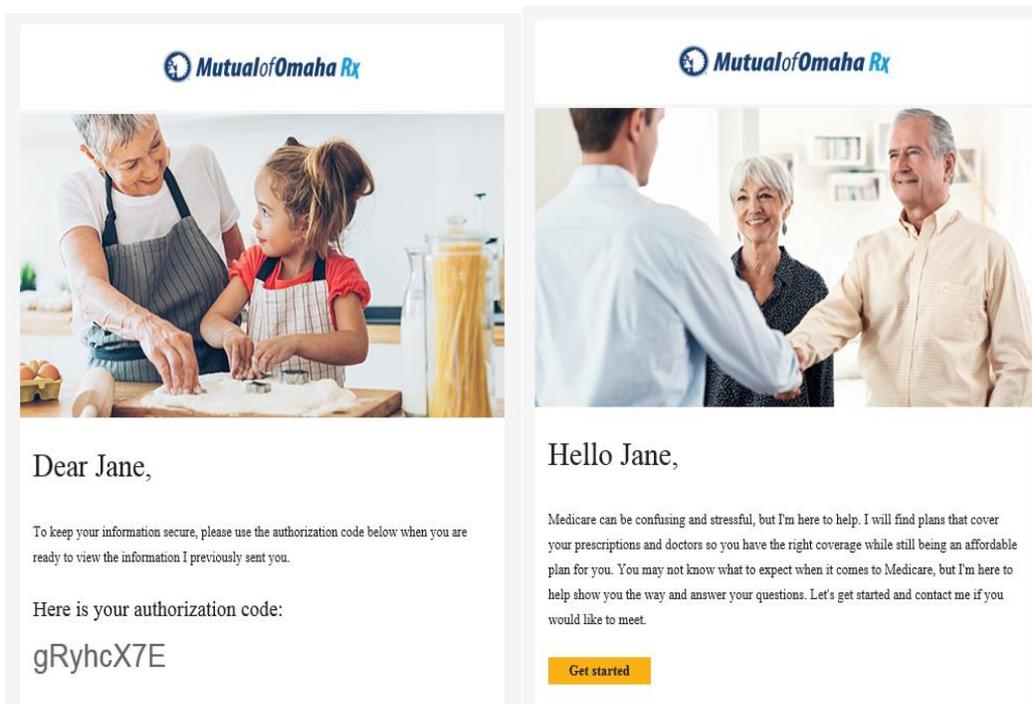
If you do not send the customer the link for the consumer site, you will select **Continue.** This will take you to the **Scope of Appointment (SOA)** tab. You must click **Continue** before clicking on a tab to save the information entered.

Scope of Appointment (SOA)

If sending the SOA via email, a profile must be completed. If the enrollee does not have an email address, select **Print** to print a copy of the Scope of Appointment form. This form can be uploaded later in the Enrollment process (Instruction on how to upload this form by selecting this link.)

Electronic SOA:
If you entered an email when creating the profile, it will display in the email address box. Confirm the email address is correct, then select **Email SOA.** The email field will be cleared and under the **Email SOA** button this verbiage will appear "Your SOA has been sent successfully."

If you have a completed SOA you can select to **Upload.**

When you upload the SOA it will show the date upload with a link to the pdf.

Upload Date	File Name
09/23/2019	SOA.pdf

If you choose email, the enrollee will receive this email. The enrollee can select the link and complete the below online Scope of Appointment form and submit the documentation to you.

Mutual**of**Omaha **Rx**

Dear Jane,

I am looking forward to meeting with you...

Please fill out the Scope of Appointment online form. Be sure to select the Medicare health plan options that you are interested in discussing during our visit.

It is important that you complete the form prior to our visit since it is required by the Center for Medicare and Medicaid Services.

Complete "Scope of Appointment" form

Feel free to contact me if you have any questions. I'd be glad to help in any way I can.

MutualofOmaha Rx

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Fields marked with an asterisk (*) are required.

Please check one or ALL the product(s) below that you want the agent to discuss. *
☐ Stand-alone Medicare Prescription Drug Plans (Part D)
☐ Medicare Advantage Plans (Part C) and Cost Plans
☐ Medicare Supplement (Medigap) Products
☐ Ancillary Products

<u>View</u> complete Medicare product descriptions.

Beneficiary or Authorized Representative Information

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They <u>do not</u> work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary's First Name *	[_____]
Beneficiary's Last Name *	[_____]
Address (Line 1)	[_____]
Address (Line 2)	[_____]
City	[_____]
State	[Select ▾]
Zip Code	[_____]
Phone Number	[_____]

Are you the authorized representative acting on behalf of the beneficiary?

○ Yes   ○ No

*
☐ By checking this box, I have read and understand the contents of the Scope of Appointment form, and that I confirm that the information I have provided is accurate. If submitted by an authorized individual (as described above), this submission certifies that 1) this person is authorized under State law to complete the Scope of Appointment form, and 2) documentation of this authority is available upon request by Medicare.

SUBMIT

You will receive an email indicating the SOA has been submitted.   Once the SOA has been submitted the meeting can occur**.** You will need to complete the SOA by clicking **Awaiting to be submitted** link.

PROFILE	SOA	HEALTH	SUBSIDY	DRUGS	PHARMACY	COMPARE PLANS

Calculator 🔳   Add Notes/Task to an active profile 🗸

SCOPE OF APPOINTMENT

A Scope of Appointment is required for all face to face sales appointments. We recommend email as the simplest method. After you complete the sales appointment, you will be able to return to this screen and complete and submit the SOA.

Date Created	Date Submitted	Plan Type	Confirmation Number	Status
10/05/2018		Stand alone Medicare Prescription Drug Plans Part D	NFUMKCYQZUSZ9S7UVPXTVW	Awaiting to be submitted

After clicking the **Awaiting to be submitted** link, you will be prompted to complete the following form:

MutualofOmaha Rx

Scope of Sales Appointment Form (To Be Completed by Agent)

Scope of Appointment form needs to be completed and submitted for all scheduled appointments (even for no-shows, cancelled appointments, or those that do not result in a sale).

Agent First Name *

Agent Last Name *

Agent Phone

Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212).

Initial Method of Contact *

If the SOA form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to the meeting.

Plan(s) represented during this meeting: *

Date Appointment Completed *

*

☐ By checking this box, I confirm the information represented here is true and accurate. I authorize my signature on the Scope of Appointment form using this information.

clear

SUBMIT

SCOPE OF APPOINTMENT

A Scope of Appointment is required for all face to face sales appointments. We recommend email as the simplest method. After you complete the sales appointment, you will be able to return to this screen and complete and submit the SOA.

Date Created	Date Submitted	Plan Type	Confirmation Number	Status
10/05/2018	10/05/2018	Stand alone Medicare Prescription Drug Plans Part D	1P19HS0E2G	Submitted

Once the status shows submitted, click **Continue** at the bottom of the screen.

Location

This screen is used to enter the customer's zip code.

PROFILE	SOA	LOCATION	SUBSIDY	DRUGS	PHARMACY	COMPARE PLANS

Calculator 🖩   Add Notes/Task to an active profile ☑

HEALTH INFORMATION

An estimate of total annual costs is a powerful way to recommend a plan.

* Denotes a required field.

* ZIP code ❓

< PROFILE   CONTINUE >

Select **Continue** once the zip code has been entered.

Subsidy

Please select if the enrollee is eligible for Extra Help. Select **Continue** once this information has been entered.

| PROFILE | SOA | LOCATION | SUBSIDY | DRUGS | PHARMACY | COMPARE PLANS |

Calculator ▦   Add Notes/Task to an active profile ☑

MEDICARE EXTRA HELP

Estimated costs can be reduced to account for Medicare's Low Income Subsidy to help pay prescription drug costs.

* Denotes a required field.

* Extra Help level ❓

- ○ Not eligible
- ○ Receiving Medicaid as well as Medicare
- ○ Medicare Savings Program (MSP)
- ○ Full Extra Help, not Medicaid
- ○ Partial Extra Help
- ○ Uncertain

< HEALTH   **CONTINUE >**

Drugs

On this tab, you can enter the medications that the enrollee is currently taking. Entering these medications will inform the enrollee if their medications are covered by our plans and will allow them to see a month-by-month or yearly cost estimate.

PROFILE	SOA	LOCATION	SUBSIDY	DRUGS	PHARMACY	COMPARE PLANS

Calculator 🔲   Add Notes/Task to an active profile ☑

ADD DRUGS

For an estimate of how much drugs will cost with each plan, please provide prescriptions.

❶ Type the first few letters of a drug name, then

❷ Select the drug from the list that appears.

[Type Drug Name]   **FIND DRUG**

Not sure how the drug is spelled? See alphabetical list

< SUBSIDY   **SKIP**   **DRUG LIST IS COMPLETE >**

To add drugs to the enrollment form, type in the name of the drug. Select the drug and then select the proper dosage and quantity that the enrollee has been prescribed. Click **Add Drug**. Continue adding medication until the enrollee's drug list is complete. Select **Drug List Complete** to move to the next tab.

ADD DRUGS

For an estimate of how much drugs will cost with each plan, please provide prescriptions.

ADD OMEPRAZOLE

Select your dosage and enter the amount you use per month below. The most common dosage and quantity is prefilled.

Dosage   ○ omeprazole CAP 10MG
          ◉ omeprazole CAP 20MG
          ○ omeprazole CAP 40MG

Quantity [30]   per month change frequency

Cancel (do not add drug)   **ADD DRUG**

< SUBSIDY

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ADD DRUGS

For an estimate of how much drugs will cost with each plan, please provide prescriptions.

1 Type the first few letters of a drug name, then

2 Select the drug from the list that appears.

Type Drug Name   **FIND DRUG**

DRUG LIST

omeprazole CAP 20MG has been added to Drug List. **X**

levothyroxine sodium TAB 125MCG
30 per month CVS Pharmacy #16867
change ❌ remove

lisinopril TAB 10MG
30 per month CVS Pharmacy #16867
change ❌ remove

omeprazole CAP 20MG
30 per month CVS Pharmacy #16867
change ❌ remove

simvastatin TAB 20MG
30 per month CVS Pharmacy #16867
change ❌ remove

< SUBSIDY

DRUG LIST IS COMPLETE

Pharmacy

This screen allows an enrollee to find a preferred pharmacy. Drugs have a lower cost when enrollees purchase them at preferred pharmacies, instead of using standard pharmacies. The pharmacy search is done by location with the closest pharmacies showing at the top. Enter the enrollee's full address for best results.

PROFILE	SOA	LOCATION	SUBSIDY	DRUGS	**PHARMACY**	COMPARE PLANS

Calculator 🔲 Add Notes/Task to an active profile ☑

ADD PHARMACY

Select your retail pharmacy for the most accurate drug pricing. The search is based on proximity to the ZIP code you entered earlier. To perform a new search you can adjust the map or enter a new location in the search box. If you would like a pharmacy that supports e-prescribing, look for the e icon. You can skip this step If you do not want to select a pharmacy right now.

Please enter an address or 5 digit ZIP code.
78152 ✕ **FIND PHARMACIES**

PROFILE	SOA	LOCATION	SUBSIDY	DRUGS	**PHARMACY**	COMPARE PLANS

Calculator 🔲 Add Notes/Task to an active profile ☑

ADD PHARMACY

Select your retail pharmacy for the most accurate drug pricing. The search is based on proximity to the ZIP code you entered earlier. To perform a new search you can adjust the map or enter a new location in the search box. If you would like a pharmacy that supports e-prescribing, look for the e icon. You can skip this step If you do not want to select a pharmacy right now.

Please enter an address or 5 digit ZIP code.
78152 **FIND PHARMACIES**

Tag	Pharmacy	Select
1	HEB Pharmacy 14414 Us Hwy 87 West Lavernia, TX Distance: **6.62 Mile(s)**	☐
2	Pharm House Drug - Lavernia, LLC 13857 Us Highway 87 Suite 100 La Vernia, TX Distance: **7.09 Mile(s)**	☐
3	Randolph PHCY 221 Third St W Bldg 1040 Universal City, TX Distance: **7.91 Mile(s)**	☐
4	Walgreens #1194 8530 Fm 78 Converse, TX Distance: **8.32 Mile(s)**	☐
5	Walmart Pharmacy 10-5144 8315 Fm 78 Converse, TX Distance: **8.44 Mile(s)**	☐

Pharmacy network may change on January 1st each year.

⭐ Central Point

To change the search location, you can adjust the map. Pharmacy results and distances are based on proximity to the central point on the map denoted by a gold star.

[PLEASE NOTE: You will be able to view if these pharmacies are in network, by looking at Plan Compare tab in the Coverage Overview section.](#)

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Compare Plans

Enter the enrollee's zip code and select **Submit.** If the enrollee provided a zip code in the Profile section, this information will be auto-populated.

Plan Pricing will be populate based on the zip code that was entered on the Pharmacy tab.

PROFILE	SOA	LOCATION	SUBSIDY	DRUGS	PHARMACY	**COMPARE PLANS**

Calculator 🔢   Add Notes/Task to an active profile ☑

VIEW AND COMPARE PLANS

Here are the plans available in the ZIP code entered. They are sorted in order of lowest estimated costs, to help you find the best value.

< PREVIOUS

Prescription Drug Plans
2 plans

COMPARE UP TO 3 PLANS	Total Estimated Costs ▾

☐ Check to compare   **MUTUAL OF OMAHA- RX VALUE**

Premium (Monthly Price)	Total Estimated Costs ❓
$29.20	**$350**

ENROLL   VIEW DETAILS   SEND QUOTE

☐ Check to compare   **MUTUAL OF OMAHA-RX PLUS**

Premium (Monthly Price)	Total Estimated Costs ❓
$44.80	**$538**

ENROLL   VIEW DETAILS   SEND QUOTE

< PREVIOUS

At this stage, you have three choices for how to proceed:

1) View Details of the Plan
2) Send Quote or Quick Quote
3) Enroll in PDP Plan

View Details

You can view details of one plan or you can compare both of our plans, if the enrollee would like to see a side-by-side comparison.

You can also see if the enrollee's pharmacy is in-network and see if their drugs are covered by our formulary.

The highlighted yellow box shown above shows if the Pharmacy selected is in-network and if the formulary covers the enrollee's selected drugs

Clicking the **Compare** button will show a side-by-side comparison of the plans selected.

Upon viewing the details of the plan, you can send a **Quote** or **Enroll** the customer in the plan of their choice.

Enrollment

Enrollment can be done by either starting a new enrollment, selecting enroll in the Compare Plans tab, or by returning to an already existing profile.

Click **Enroll** to begin the enrollment process. There are six steps that must be done to complete an enrollment form.

Contact Info → Benefit Info → Other Info → Review → Agent Info → Submit

PLAN DETAILS FOR MUTUAL OF OMAHA- RX VALUE

Here are the details for the plan you selected.

This is a summary, not a comprehensive description of benefits. Benefits, premium and/or copayments/coinsurance may change on January 1, 2019.

< PREVIOUS   SEND QUOTE   ENROLL

Enter all information that is required as noted by the *. Depending on how questions are answered, additional questions may appear.

| CONTACT INFO | BENEFIT INFO | OTHER INFO | REVIEW | AGENT INFO | SUBMIT |

IMPORTANT INFORMATION

OTHER ENROLLMENT METHODS

Mutual of Omaha- Rx Value

CONTACT INFORMATION

Use the form below to apply to the plan. You'll be able to review your information and make changes before you submit your completed form.

Please contact the plan directly if you need information in another language or format (Braille).

Fields marked with an asterisk (*) are required

If you have any files to provide to support this enrollment, please click "Choose Files" and select the file(s) you wish to submit. There is a 3 file maximum with up to 5MB per file load: please load one file at a time. Acceptable file types include .slx, .slsx, .doc, .pdf, .jpg, .gif, .png, .txt and .rt files.

Browse...

Online:
Medicare beneficiaries may enroll in Mutual of Omaha- Rx Value through the CMS Medicare Online Enrollment Center located at www.medicare.gov.

PERSONAL INFORMATION
Please enter your personal information in the spaces provided.

Title	○ Mr. ○ Mrs. ○ Ms.
First Name *	Jane
Middle Initial	
Last Name *	Doe
Date of Birth *	
Gender *	○ Male ○ Female
Home Phone Number *	1111111111

Please enter your 10-digit cell phone number with no hyphens or spaces (e.g., 2125551212).
Note: It is NOT mandatory to collect Cell Phone Number. If caller agrees to provide, **please state:**
Your cell phone number will only be used to confirm your enrollment information if we're unable to reach you at your home phone number.

Email Address	

Providing an email address authorizes us to contact you via email. Your email address will be handled consistent with our Privacy Policy.

<mark>You can upload the printed Scope of Appointment Form in the section above.</mark>

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PERMANENT RESIDENCE

Please enter your permanent residence address below. (P.O. Box is not allowed.)

Address (Line 1) *   123 Test Ln

Address (Line 2)

City *   St. Hedwig

State *   TX

ZIP Code *   78152

MAILING ADDRESS

Do you have a separate mailing address where you like to receive correspondence?

○ Yes ○ No

EMERGENCY CONTACT

Would you like to provide an emergency contact?

○ Yes ○ No

CONTINUE

SAVE AND EXIT

| CONTACT INFO | BENEFIT INFO | OTHER INFO | REVIEW | AGENT INFO | SUBMIT |

Mutual of Omaha- Rx Value

Online:
Medicare beneficiaries may enroll in Mutual of Omaha- Rx Value through the CMS Medicare Online Enrollment Center located at www.medicare.gov.

BENEFITS INFORMATION

Please tell us about your current Medicare coverage and related benefits information.

You can save your progress on this enrollment application if you want to come back and finish it later by using the *Save and Exit* option at the bottom of this page.

Fields marked with an asterisk (*) are required

MEDICARE INFORMATION

Please take our your red, white and blue Medicare card to complete this section. In the spaces provided, enter your Medicare Number and the Effective Dates for your Part A and Part B coverage.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Medicare Number *

Hospital (Part A) Effective Date
(MM/DD/YYYY)

Medical (Part B) Effective Date
(MM/DD/YYYY)

PRESCRIPTION DRUG COVERAGE

Some individuals may have additional prescription drug coverage, including other private insurance, TRICARE, federal employee health benefits, VA benefits, or state pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to this plan? *
○ Yes ○ No

LONG TERM CARE

Are you a resident in a long-term care facility, such as a nursing home? *
○ Yes ○ No

< PREVIOUS

CONTINUE

SAVE AND EXIT

PLEASE NOTE: During the Annual Enrollment Period (AEP), the Special Enrollment Period section of the enrollment form will not appear.

SPECIAL ENROLLMENT PERIOD

Typically, you may enroll in a Prescription Drug plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

If none of these statements applies to you or you're not sure, please contact Mutual of Omaha Rx at 1.800.961.9006 (TTY users should call 1.800.854.6939.) to see if you are eligible to enroll. We are open 8:00 a.m. to 8:00 p.m..

SPECIAL ENROLLMENT PERIOD

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*

☐ I am new to Medicare.

☐ I recently moved outside of the service area for my current plan.

☐ I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.

☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or rehabilitation hospital).

☐ I recently left a Program of All-Inclusive Care for the Elderly program.

☐ I recently involuntarily lost my creditable drug coverage.

☐ I am losing creditable drug coverage I had from an employer or union.

☐ I belong to a pharmacy assistance program provided by my state, or I am losing or recently lost participation in such a program.

☐ I recently returned to the United States after living permanently outside the U.S.

☐ In the last 12 months, I left a Medigap policy to join a Medicare Advantage Plan* for the first time. (*Medicare Advantage plan with prescription drug coverage)

☐ In the last 12 months, I joined a Medicare Advantage plan with prescription drug coverage when I turned 65.

☐ I am currently receiving Extra Help paying for Medicare prescription drug coverage, but do not have Medicaid.

☐ I am no longer eligible for Extra Help paying for my Medicare prescription drugs.

☐ I am disenrolling from a Medicare cost plan and had Medicare prescription drug coverage from the Medicare cost plan.

☐ I am being disenrolled from a Medicare special needs plan because I no longer have special needs status.

☐ I recently lost Medicare Part B but I still have Part A.

☐ I have had Medicare prior to now, but am now turning 65.

☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster

☐ Other

OTHER INFORMATION

PAYING YOUR PLAN PREMIUM

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by mail. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security or Railroad Retirement Board benefit check or be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to Mutual of Omaha Rx. After you receive your first bill, you can call customer service to make a payment or setup a recurring payment via Electronic Funds Transfer (EFT) or credit card each month.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at https://www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option: *
○ Get a Bill
○ Automatic deduction from your monthly Social Security/Railroad Retirement Board (RRB) benefit check. (The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

< PREVIOUS

CONTINUE

SAVE AND EXIT

REVIEW

Please review the information that you have entered. Click *Continue* to review the next page in the form. If you need to make a change, choose *Edit* at the bottom of the Review section.

Once you have verified that your information is correct, identify the person filling out this form, then select *Complete Review*.

You can save your progress on this enrollment application if you would like to come back and finish it later by using the *Save and Exit* option at the bottom of the page.

You can continue and review each section, edit as needed, or complete the review at any point.

EDIT   CONTINUE

< PREVIOUS   COMPLETE REVIEW

AGENT INFORMATION

Review the Agent information below and signify your acceptance of this attestation to continue.

Agent Name: brokertest brokertest
Agent ID/NPN: brokertest

AS THE WRITING AGENT, I HEREBY ATTEST THAT:

1. I am appropriately licensed to sell this product and appointed by the carrier to do so.
2. I have provided the applicant with the information necessary to make a sound, informed voluntary decision to enroll in this plan, understanding the implications of enrollment in areas including but not limited to benefit coverage, potential out-of-pocket costs, availability of specific medications on formulary, and network pharmacies.
3. The applicant has read this statement in person or I have read the statement aloud to the applicant and the applicant grants me permission to submit the application on his/her behalf.

* ☐ I agree with the above statements.

< PREVIOUS   **CONTINUE**

SAVE AND EXIT

After clicking **Continue**, **'You must read the information to the enrollee'** that appears on the screen.

READ THIS IMPORTANT INFORMATION

Please read the legal information. After you complete your review, check the acknowledgment that you read the disclosures. Click *Submit Enrollment* to send us your enrollment form.

You can save your progress on this enrollment application if you want to come back and finish it later by using the *Save and Exit* option at the bottom of this page.

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining Mutual of Omaha- Rx Value your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from an employer or union, joining Mutual of Omaha- Rx Value could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Mutual of Omaha- Rx Value. 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 information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

<u>By completing this enrollment application, I agree to the following:</u>

Mutual of Omaha- Rx Value is a Medicare drug plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform Mutual of Omaha- Rx Value of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time – if I am currently in a Medicare Prescription Drug Plan, my enrollment in Mutual of Omaha- Rx Value will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment Period (October 15 – December 7), unless I qualify for certain special circumstances.

Mutual of Omaha- Rx Value serves a specific service area. If I move out of the area that Mutual of Omaha- Rx Value serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies except in an emergency when I cannot reasonably use Mutual of Omaha- Rx Value network pharmacies. Once I am a member of Mutual of Omaha- Rx Value, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Mutual of Omaha- Rx Value when I get it to know which rules I must follow to get coverage.

I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Mutual of Omaha- Rx Value, he/she may be paid based on my enrollment in Mutual of Omaha- Rx Value.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

<u>Release of Information:</u>

By joining this Medicare prescription drug plan, I acknowledge that Mutual of Omaha- Rx Value will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Mutual of Omaha- Rx Value will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under State law where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Select the appropriate statement, check the final disclosure statement and sign the enrollment form. Once this is done, the enrollment form is ready for submission.

Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form: *

○ I am the person listed on this enrollment form or I am simply helping to complete this enrollment form.

○ I am the person authorized to act on behalf of the individual listed on this enrollment form under the laws of the State where the individual resides.

*

☐ I understand that my submission (or submission of the person authorized to act on my behalf under the laws of the State where I live) of this application means that I have read and understand the contents of this application, and that I confirm that the information I have provided is accurate. If submitted by an authorized individual (as described above), this submission certifies that 1) this person is authorized under State law to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

AGENT SIGNATURE

*Please sign your name in the space below.

clear

< PREVIOUS   SUBMIT ENROLLMENT

After submitting the enrollment, please provide the enrollee with the confirmation number. If the enrollee provided an email address, the confirmation will be emailed to them.

If they did not provide an email address, please have the enrollee write down their confirmation number.

You can only send one email confirmation at a time, but you can send multiple confirmation emails from this screen. You will have to enter each email separately and delete the previous email before sending the next.

MUTUAL OF OMAHA- RX VALUE

🖨 Print Application

CONGRATULATIONS!

Thank you for applying to Mutual of Omaha- Rx Value.

Your enrollment application was received and will now be processed. It may take up to 10 days before you receive a confirmation letter in the mail.

If you entered your email address earlier, we'll email the confirmation to you.

Confirmation Number	A95300440248067M
Selected Plan	Mutual of Omaha- Rx Value
Monthly Premium	$29.20
Application Date	10/4/2018
Contact Information	Mutual of Omaha 855 N. Carancahua Street. Suite 800 Corpus Christi, TX 78401 855.864.6797 8:00 a.m. to 8:00 p.m. https://www.mutualofomaharx.com
Member Name	Jane Doe
Member Address	123 Test Ln St. Hedwig, TX 78152
Contract/Plan/Segment ID	S7126_054_000

To receive an email with your confirmation number, please enter your email address below .

E-mail Address [   ]   **SEND CONFIRMATION**

On this confirmation page, you will be provided with summary of what the enrollee can expect for next steps in the Enrollment process.

WHAT'S NEXT:

This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.

If any of the required information on your enrollment form was missing or does not match your Medicare record, the plan may contact you to get the missing or correct information. This could delay the plan's ability to process your enrollment.

Here are some important things to expect when your coverage is first effective if the plan determines that your enrollment meets all of the Medicare requirements and is complete. This information is especially important if you enrolled late in the month and you have not received a letter, or your membership card, by the day your coverage starts.

- After the plan has processed your application, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check on the status of the enrollment.
- Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.
- If you need to fill a prescription before you get your plan membership card, let your pharmacist know your plan name and show any of the following materials as proof of membership:
  - Take your acknowledgement, welcome, or confirmation letter that you receive from the plan with you to the pharmacy. You can also bring the enrollment confirmation number that the plan gives you. This is a different number from the confirmation number you got from this website. **Please Note: The confirmation number listed on this website cannot be used at your local pharmacy as proof of plan membership.**
  - If you haven't gotten a letter yet, you might have a copy of an enrollment application signed by a plan representative.
  - If you have both Medicare and Medicaid, you should bring proof of enrollment in both programs such as your Medicare and Medicaid cards, a copy of a Medicare Summary Notice, a recent Medicaid bill, or a copy of your current Medicaid award letter. If you qualify for extra help (the low-income subsidy) you can also bring proof that you qualify such as a copy of your yellow or green automatic enrollment letter from Medicare (if you automatically qualify) or your approval letter from Social Security (if you applied and qualify).
  - As a last resort, if you pay out of pocket for your prescription, save your receipts and work with your plan to be reimbursed.
- If you have questions, call the plan's toll-free number.

Below is an example of the confirmation email the enrollee will receive.

MutualofOmaha Rx

✓ You have successfully applied for insurance
System generated confirmation code: A95300440248067M

Dear Jane,

You have successfully applied to: Mutual of Omaha- Rx Value

Your enrollment application was received and will now be processed. It may take up to 10 days before you receive a confirmation letter in the mail.

Agency name:
Email:
Phone:
Mutual of Omaha
855 N. Carancahua Street. Suite 800
Corpus Christi, TX 78401
855.864.6797
8:00 a.m. to 8:00 p.m.
https://www.mutualofomaharx.com

Other Tools

Other options within the enrollment include:

1) [View Dashboard](#)
2) [Search Profiles](#)
3) [Send Quick Quote](#)
4) [Resources](#)
5) [Administration](#)

View Dashboard

Dashboard provides visual information on your enrollments and your tasks.

The page is divided into two tabs, Reports and Tasks. Click on the **TASKS** bar to view your tasks. When you have completed the task, check the box to the right labeled **Check if Completed**.

Search Profiles

You can search the Profiles tab to see which customers you have created profiles for. You can Export this list to a .csv or .txt file.

Mutualof**Omaha Rx**

VIEW DASHBOARD   SEARCH PROFILES   START CONSULTATION   START NEW ENROLLMENT   SEND QUICK QUOTE

SEARCH PROFILES & ENROLLMENTS

First Name		
Last Name	Doe	
Phone		
Date of Birth		
Confirmation Number		
HICN/MBI		
Application Start Date		
Application End Date		

SEARCH

ALL PROFILES

Select Format ⌄   **EXPORT**

10 results found

Name/ZIP/Confirmation	Last Update	Phone/Email	Status	
Jane Doe 123 Channahon Way Apt 123 Channahon,IL A73186787938647M	9/18/2018	333-333-3338	Applicant	Enroll History

You can click on the **Name** or **Enroll History** to view your customer's profile. **Enroll History** will provide details if the enrollment has been submitted. If the enrollment has not been submitted, the Profile will show no history.

Below is an example of Enrollment History that has been submitted. By clicking **View**, you can view the enrollment forms that were submitted.

Mutualof**Omaha Rx**

VIEW DASHBOARD   SEARCH PROFILES   START CONSULTATION   START NEW ENROLLMENT   SEND QUICK QUOTE

Applicant: Jane Doe

Date and Time (Pacific)	Plan	Confirmation Number	
10/4/2018 10:59:00 AM	Mutual of Omaha- Rx Value	A95300440248067M	🖨 View

< PREVIOUS

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Send a Quick Quote

IMPORTANT - Before you can send a Quote or Quick Quote, you must ensure the enrollee has completed the Scope of Appointment form.

Welcome,   My Account | Sign Out

MutualofOmaha Rx

| VIEW DASHBOARD | SEARCH PROFILES | START CONSULTATION | START NEW ENROLLMENT | SEND QUICK QUOTE |

When clicking **Send Quote**, the enrollee's name will auto populate, and you would fill out the rest of the information. If you are using **Send Quick Quote** from the menu bar, the zip code will need to be entered.

The below message box will appear. Please fill out the enrollee's information. You can also send personalized message via the Message box. There are two options for the type of quotes you can send:

- Quote and Enrollment – The enrollee will be able to enroll without assistance. The customer will receive the quotes you populated for them. The enrollee can then select the plan they want and enroll. You will be listed as Agent of Record.
- Enrollment Form Only- Allows the customer to enroll in the plan they selected during the sales appointment. You will be listed as Agent of Record.

Quick Quote

* First Name

* Last Name

* Phone (   ) ___ - ___

* What would you like to send?
  - ● Quote and enrollment
  - ○ Enrollment form only

How would you like to send this information?
  - ● Email
  - ○ Mailing Address

* Email Address

This message below will appear on the beneficiary's quote. Please remember all compliance guidelines when updating this message.

Message
Thank you for taking the time to meet with me today. Here are plans that I think will meet your needs below.

SEND QUICK QUOTE   CODE wU9VUHy7

For Security Purposes, the enrollee will receive two emails when you send the quote:

1) Email with the Quote

2) Email with Authorization Code

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The enrollee will be asked to enter the authorization code once they select the link to **View Quote**.

Dear Jane

I have a quote for you...

Thanks for meeting with me. Here is a quote that includes a plan (or plans) that I think will fit your needs. Once you receive your verification code, which should arrive in an email shortly, take a look and let me know what you think.

View quote

Dear Jane,

To keep your information secure, please use the authorization code below when you are ready to view the information I previously sent you.

Here is your authorization code:

wU9VUHy7

Resources

There are links for Formulary Drug Finder, Pharmacy Finder and Consumer Plan Compare Site.

The Formulary Drug Finder and Pharmacy Finder tool will open another window to allow you to look up your customer's medications and preferred pharmacies in the customer's zip code.

The Customer Plan Compare Site will direct the enrollee to a site in which they can enroll themselves. You will **NOT** get Agent of Record if a customer enrolls via this method.

Administration

There are links for Enrollment Status and Opportunities.

RESOURCES

Formulary Drug Finder, Pharmacy Finder
Consumer PlanCompare Site

ADMINISTRATION

Agent Account Management
Enrollment Status and Opportunities

The Enrollment Status and Opportunities link, provides you with the status of the enrollments you started, partially completed, and submitted. You can choose Start and End dates for a specific Plan Year, then click **RUN** to return the data.

MutualofOmaha Rx

VIEW DASHBOARD   SEARCH PROFILES   START CONSULTATION   START NEW ENROLLMENT   SEND QUICK QUOTE

Start Date 10/1/2017   End Date: 10/5/2018

Plan Year Current Plan Year 2019

RUN

You will see a visual of your enrollments.

MutualofOmaha Rx

VIEW DASHBOARD   SEARCH PROFILES   START CONSULTATION   START NEW ENROLLMENT   SEND QUICK QUOTE

Start Date 10/1/2017   End Date: 10/5/2018

Plan Year Current Plan Year 2019

RUN

	PDP
Completed Enrollments	0	0
Partial Enrollments	0	0
Total Profiles	44	View Started Profiles

All data above is captured as of the close of business of the previous day and does not update in real time.

PREVIOUS
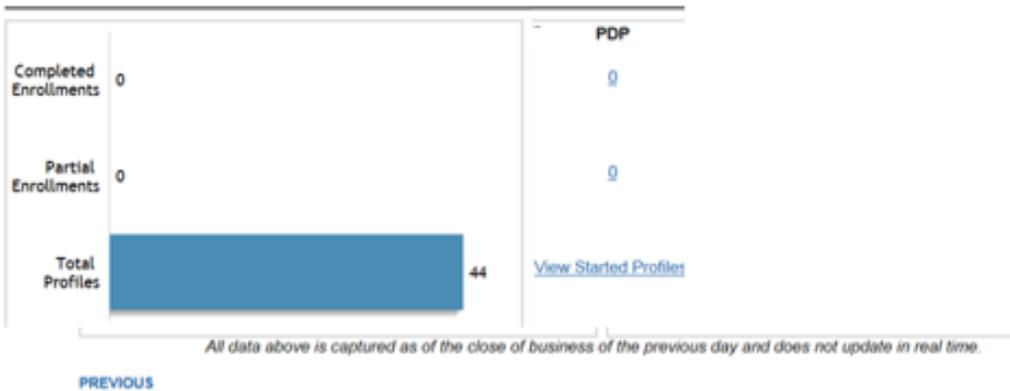
You can click on the numbers that display for Completed Enrollments, Partial Enrollments or View Started Profiles link to view the list associated with those numbers.

Below is an example of the information displayed for Partial Enrollments. Completed enrollments will have Confirmation Numbers populated.

IMPORTANT – The information listed in the Completed Enrollments section is only a list of enrollments that you have submitted to CMS. This does not depict the number of enrollments that have been approved by CMS. To view a list of your customers that were enrolled in our plans, please view your Enrollment Report on Sales Professional Access.

You may export this list by selecting the format type of .csv or .txt file.

MutualofOmaha Rx

| VIEW DASHBOARD | SEARCH PROFILES | START CONSULTATION | START NEW ENROLLMENT | SEND QUICK QUOTE |

ENROLLMENT STATUS

44 records found

Select Format Type ˅   **EXPORT**

Application Date	Name	Plan Name	Confirmation Number	Status
7/27/2018	Drxtest Drxtest			Started

Notes/Tasks

You also can create Notes or Tasks from any tab, if necessary.
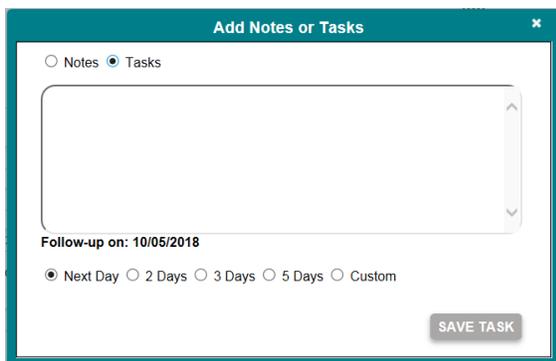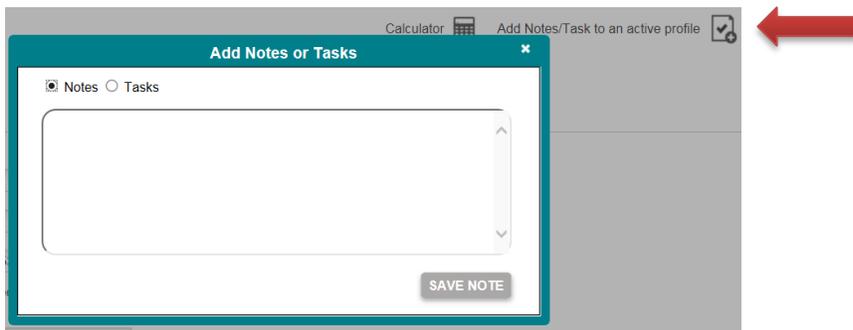
Your Notes will display on the specific profile they were created under. Your Tasks will display when you are viewing the dashboard.

Below is the **Note View** on the Profile tab below. Be sure to set your filter to "Notes."