

PRESCRIPTION DRUG PLAN E-APP ENROLLMENT GUIDE



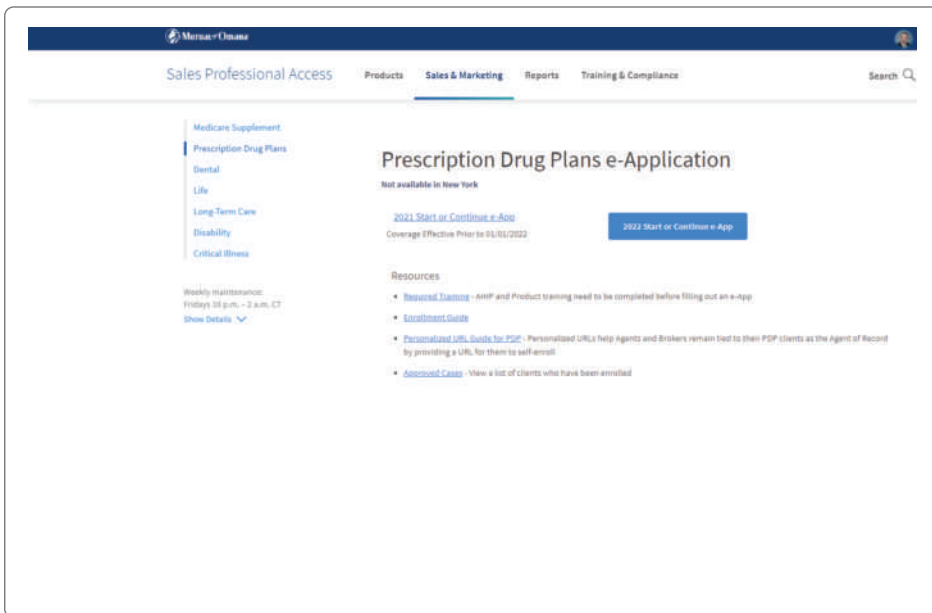


Getting Started

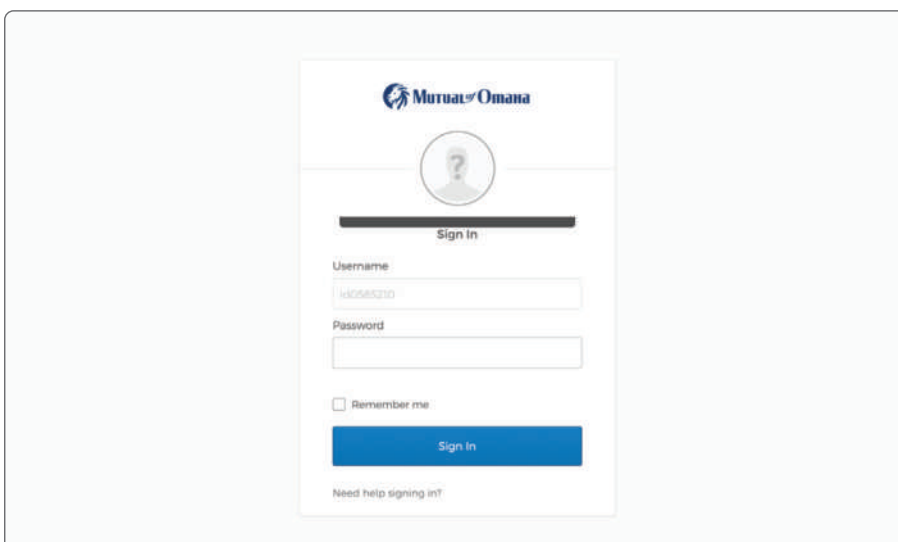
The electronic enrollment form can be found on Sales Professional Access (SPA). Follow the below path to get to the e-App:

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.



When you are at the login screen, you will need to use the i.d. credentials you registered and use to log into SPA. If you are not Ready to Sell, you will not be able to proceed.



Note: Once, the Okta verification system is launched, you will need to use your Okta username to sign in, on the second verification screen.



Search Customer

If you are Ready to Sell, you will be logged into the site on the Search Customer page.

From this page you can search for enrollee profiles you have already started, for enrollees you have already completed applications for, or enrollees you have sent quotes to.

The screenshot shows the 'Prescription Drug Plan Dashboard' with a 'Create New Customer' button in the top right. Below the dashboard title is the 'Current Applications' section, which includes a 'Search Customers' heading. There are three input fields for 'Applicant First Name', 'Applicant Last Name', and 'Phone Number'. To the right of these fields is an 'Advanced Search' link with a dropdown arrow. Below the input fields are 'Filter' and 'Reset' buttons. The top navigation bar includes a 'Return to SPA' link, the Mutual of Omaha Rx logo, and user information: 'Welcome Daniel Haines' and 'Producer # 852806'.

If you need to start a new profile, select **Create New Customer** from the upper right.

This screenshot is identical to the one above, but with a red arrow pointing directly to the 'Create New Customer' button in the top right corner of the dashboard area.



Profile

Fill in the required fields for the enrollee. Required fields are noted by the asterisk *. Email is not required but is highly recommend. Any information that is completed in the profile will carry over to the enrollment form.

Return to SOP

Welcome
Producer Name

Producer #
000000

Customer Profile

Personal Information

Customer Details

First Name*

Last Name*

Email Address

Phone Number*

Date of Birth

MMDDYYYY

Home Address

Residential Address

Address Line 2 (optional)

City

State

Zip Code*

Sales Information

Is the sales contact different from the beneficiary?

☐ Yes
☒ No

Save & Close

Continue to SOA

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[Contact Us](#)
[Privacy Policy](#)
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[Accessibility Services](#)

Mutual of Omaha Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in the Mutual of Omaha Rx plan depends on contract renewal.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-530-2720 (TTY: 711).

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123456

The Sales information section should only be completed if someone other than the enrollee themselves is completing the enrollment with you (e.g. Power of Attorney, Authorized Representative, spouse).

Customer Profile

Personal Information

Customer Details

First Name*

Last Name*

Donovan

Test

Email Address

Phone Number*

Date of Birth

id@com.net

(555) 555-5555

01/01/1945

Home Address

Residential Address

123 America Way

Address Line 2 (optional)

City

State

Zip Code*

Omaha

NE

68114

Sales Information

Is the sales contact different from the beneficiary?

☒ Yes
 ☐ No

Contact Details

First Name

Last Name

Email Address

Relationship to Beneficiary

Phone Number

Address Line 1

Address Line 2 (optional)

City

State

Zip Code

Scope of Appointment

A Scope of Appointment (SOA) is required for all sales appointments. You can send/upload the SOA now, or submit the SOA once you have received it from the beneficiary.

Add an SOA

Only one of the following types must be completed:

☐ Email
 ☐ Upload
 ☐ Stored Paper Form

Save & Close

After completing the profile tab, click **Continue to SOA**.

Save & Close

Return to Dashboard

Continue to SOA



Scope of Appointment

There are 3 ways to submit a Scope of Appointment (SOA) form. You can choose to upload, use a stored paper form, or email the required form.

If you decide to upload the form, select the **Upload** option, click the **Browse** button, and select the file you wish to upload. Once the upload has completed, click the **Save and Close** button. This will take you back to your dashboard where you will be able to review the enrollee's information or select a different enrollee.

Customer Profile

Personal Information

Customer Details

First Name*	Last Name*		
<input type="text" value="Jade"/>	<input type="text" value="Borer"/>		
Email Address	Phone Number*	Date of Birth	
<input type="text" value="Brenda.Devia@gmail.com"/>	<input type="text" value="(652) 293-5518"/>	<input type="text" value="19/46/0920"/>	
<small>MM/DD/YYYY</small>			

Home Address

Residential Address

Address Line 2 (optional)

City	State	Zip Code*
<input type="text" value="HOBBS"/>	<input type="text" value="NM"/>	<input type="text" value="88242"/>

Sales Information

Is the sales contact different from the beneficiary?

☐ Yes ☐ No

Scope of Appointment

A Scope of Appointment (SOA) is required for all sales appointments. You can send/upload the SOA now, or submit the SOA once you have received it from the beneficiary.

Add an SOA

Only one of the following types must be completed:*

☐ Email ☒ Upload ☐ Stored Paper Form

Upload Soa Form*

Accepted file formats: pdf, jpg or gif (2 MB maximum size)

soa-file-name.pdf

If you decide to use a Stored Paper Form, select the **Stored Paper Form** option. You will then click the disclosure box indicating you have stored the form in accordance with the current Medicare Guidelines, and click the **Save and Close** button.

Customer Profile

Personal Information

Customer Details

First Name*	Last Name*		
<input type="text" value="Jeda"/>	<input type="text" value="Borer"/>		
Email Address	Phone Number*	Date of Birth	
<input type="text" value="Brenda.Devia@gmail.com"/>	<input type="text" value="(652) 293-5518"/>	<input type="text" value="19/46/0920"/>	
		<small>MMDDYYYY</small>	

Home Address

Residential Address

Address Line 2 (optional)

City	State	Zip Code*
<input type="text" value="HOBBS"/>	<input type="text" value="NM"/>	<input type="text" value="88242"/>

Sales Information

Is the sales contact different from the beneficiary?

☐ Yes ☐ No

Scope of Appointment

A Scope of Appointment (SOA) is required for all sales appointments. You can send/upload the SOA now, or submit the SOA once you have received it from the beneficiary.

Add an SOA

Only one of the following types must be completed.*

☐ Email ☐ Upload ☒ **Stored Paper Form**

Stored Paper Form

☒ I have a completed Scope of Appointment form stored in accordance with the current Medicare guidelines*

[Return to Dashboard](#)[Save & Close](#)

Note: You can send or upload the SOA now or submit the SOA once you have received it from the enrollee.



Email SOA

If you want to email the SOA form to the enrollee, select the **Email** option, add the enrollee's email address to the **Email** field, and then select **Email SOA**.

After an email was successfully sent, a green check mark indicator will let you know it has been sent. Or if you are in the Customer Profile, you will see the green indicator, when the Email is selected under the 'Add a SOA' section.

Customer Profile

Personal Information

Customer Details

First Name*	Last Name*	
<input type="text" value="Jade"/>	<input type="text" value="Borer"/>	
Email Address	Phone Number*	Date of Birth
<input type="text" value="Brenda.Devis@gmail.com"/>	<input type="text" value="(652) 293-5518"/>	<input type="text" value="19/46/0920"/>
		<small>MMDDYYYY</small>

Home Address

Residential Address

Address Line 2 (optional)

City	State	Zip Code*
<input type="text" value="HOBBS"/>	<input type="text" value="NM"/>	<input type="text" value="88242"/>

Sales Information

Is the sales contact different from the beneficiary?

☐ Yes ☐ No

Scope of Appointment

A Scope of Appointment (SOA) is required for all sales appointments. You can send/upload the SOA now, or submit the SOA once you have received it from the beneficiary.

Add an SOA

Only one of the following types must be completed:*

☒ Email ☐ Upload ☐ Stored Paper Form

Emailed Form

Email Address*

☒ Email Sent

[Return to Dashboard](#)

Add an SOA

Only one of the following types must be completed:*

☒ Email ☐ Upload ☐ Stored Paper Form

Emailed Form

Email Address*

@mutualofomaha.com

☒ Email Sent

The enrollee will receive an email containing the below information from emailmarketing@mutualofomaha.com.



Hi Jada,

I'm 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's important that you complete the form prior to our visit since it is required by the Centers for Medicare and Medicaid Services.

Scope of Appointment Form

DANIEL HAINES

[REDACTED] [\[REDACTED\]@mutualofomaha.com](mailto:[REDACTED]@mutualofomaha.com)

[\(727\) 726-\[REDACTED\]](tel:(727)726-[REDACTED])

After they select **"Scope of Appointment Form"**, the electronic SOA will load. The enrollee will need to complete the form and click the **Sign & Submit Form** button.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of 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.

Please check one or ALL of 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

Beneficiary or Authorized Representative Information

By signing this form, you agree to meeting with a sales agent to discuss the types of products you initiated above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They **do not** work directly with the Federal government. This individual may 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 Details

First Name* Last Name*

Vicki Test

Phone Number*

1234567890

Home Address

Address Line 1*

123 Test Street

Address Line 2 (optional)

City* State* Zip Code*

Omaha NE 68154

Authorized Representative

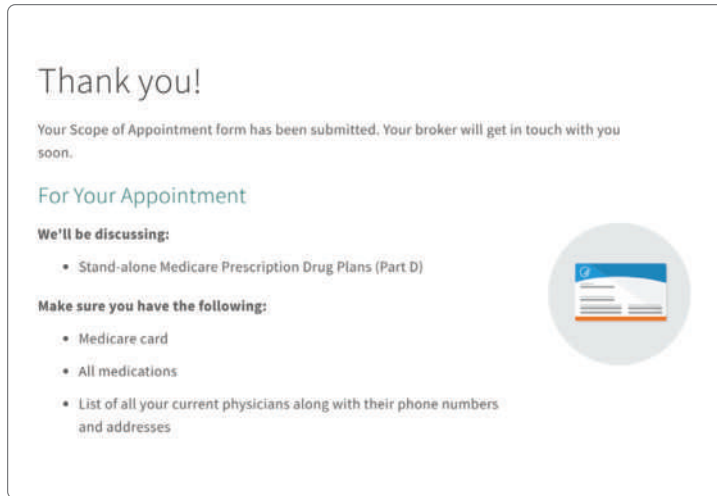
Are you the authorized representative acting on behalf of the beneficiary?*

☐ Yes ☒ No

☐ By checking this box, I confirm that I have read and understood the contents of the Scope of Appointment form, and 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.

Sign & Submit Form

Once they complete the form and click the **Sign and Submit Form** button, the enrollee will see the “Thank You” page, shown below. **Note:** Under the “We’ll be discussing” section, any products selected by the customer will be listed here.



Thank you!

Your Scope of Appointment form has been submitted. Your broker will get in touch with you soon.

For Your Appointment

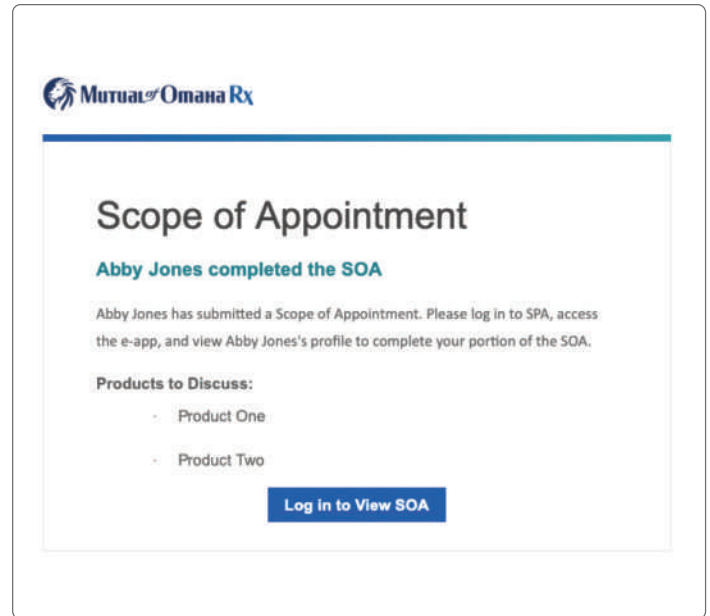
We'll be discussing:

- Stand-alone Medicare Prescription Drug Plans (Part D)

Make sure you have the following:

- Medicare card
- All medications
- List of all your current physicians along with their phone numbers and addresses

You will receive an email indicating the SOA has been completed.



Mutual of Omaha Rx

Scope of Appointment

Abby Jones completed the SOA

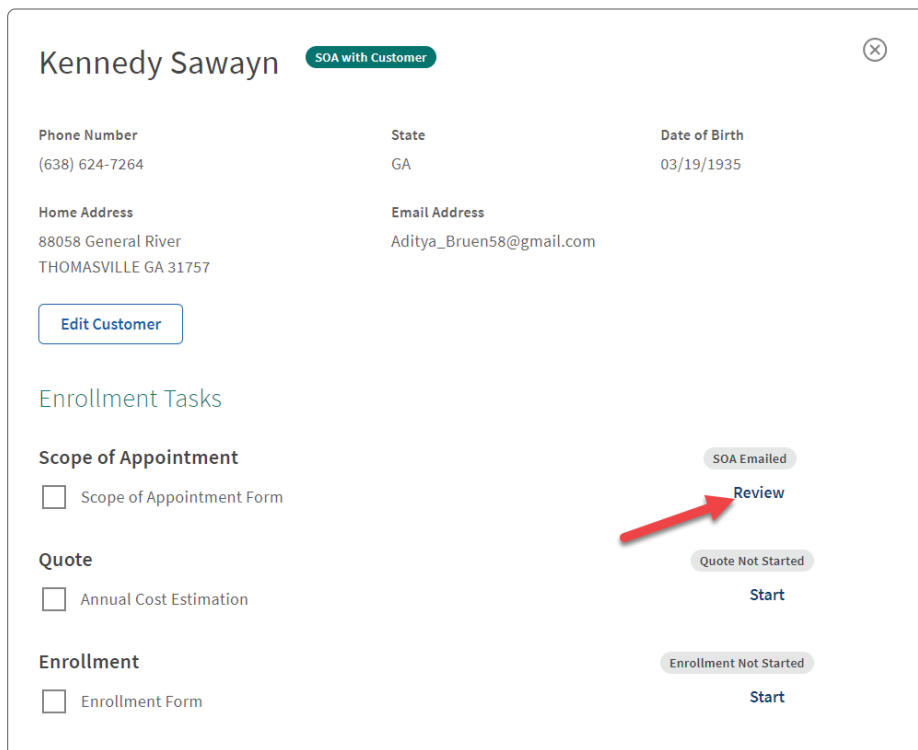
Abby Jones has submitted a Scope of Appointment. Please log in to SPA, access the e-app, and view Abby Jones's profile to complete your portion of the SOA.

Products to Discuss:

- Product One
- Product Two

[Log in to View SOA](#)

If you have sent the enrollee the SOA via email, but they have not received the email, you can resend it by selecting their name from the dashboard, and clicking “**Review**” under the Scope of Appointment section. Here you can enter their email address and resend the SOA form.



Kennedy Sawayn SOA with Customer

Phone Number
(638) 624-7264

State
GA

Date of Birth
03/19/1935

Home Address
88058 General River
THOMASVILLE GA 31757

Email Address
Aditya_Bruen58@gmail.com

[Edit Customer](#)

Enrollment Tasks

Scope of Appointment

☐ Scope of Appointment Form

Quote

☐ Annual Cost Estimation

Enrollment

☐ Enrollment Form

Actions:

- SOA Emailed
- Review** (indicated by a red arrow)
- Quote Not Started
- Start
- Enrollment Not Started
- Start

After you receive email notification that the enrollee has completed the SOA, you will need to log-in to SPA, access the enrollee on the dashboard or search for the enrollee. Select the correct enrollee by clicking their name. You will see the current status for this enrollee in the dashboard (SOA Ready for Producer).

Prescription Drug Plan Dashboard Create New Customer

Current Applications

Search Customers

Applicant First Name Applicant Last Name Phone Number Advanced Search

Filter Reset

Enrollee	Phone Number	State	Last Modified	Current Status
Durward Corwin	(675) 287-8947	SC	09/29/2021	SOA Completed >
Willie Mohr	(184) 845-5003	MI	09/29/2021	Enrollment in Progress >
Jada Borer	(652) 293-5518	NM	09/29/2021	SOA Ready for Producer >
Hobart Zemlak	(884) 878-4330	GA	09/29/2021	SOA Completed >
Freida Bayer	(867) 897-0639	MS	09/29/2021	SOA with Customer >

Jada Borer SOA Ready for Producer

Phone Number (652) 293-5518 State NM Date of Birth 09/19/1946

Home Address 847 Kuhlman Forks Apt. 259 HOBBS NM 88242 Email Address Brenda.Davis@gmail.com

Edit Customer

Enrollment Tasks

Scope of Appointment

☐ Scope of Appointment Form

Quote

☐ Annual Cost Estimation

Enrollment

☐ Enrollment Form

SOA Ready for Review Start

Quote Not Started Start

Enrollment Not Started Start

After selecting your enrollee, the profile you started will load. You will see the status of the SOA on the dashboard (SOA Ready for Producer). You will also see this status in the Enrollment Tasks for the enrollee. Click on the **Start** link under Scope of Appointment enrollment tasks. The status will show Ready for Review, when it is your turn to fill out the SOA form. The status is also listed next to the enrollee's name.

After clicking the **Start** link, you will be prompted to complete the agent portion of the SOA form. Once you have finished filling it out, click **Submit** at the bottom of the page. When the form has been submitted, the PDP Dashboard will show the status as SOA Complete.

Scope of Sales Appointment

A Scope of Appointment is required for all sales appointments. Submit the SOA once you have received it from the beneficiary.

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).

First Name* Last Name*

Phone Number*

Meeting Details

Initial Method of Contact*

Was the SOA form signed by the beneficiary at the time of the appointment?*

☐ Yes ☐ No

Plan(s) presented during this meeting:*

☐ Stand-alone Medicare Prescription Drug Plans (Part D)

☐ Medicare Advantage Plans (Part C) and Cost Plans

☐ Medicare Supplement (Medigap) Products

☐ Ancillary Products

Date Appointment Completed*

MMDDYYYY

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

[Submit](#)

Jaiden Labadie

SOA Completed

Phone Number (846) 111-8861 State TX Date of Birth 02/13/1940

Home Address 10077 Aufderhar Lake FROST TX 76641 Email Address Gaylord_Romaguera@gmail.com

[Edit Customer](#)

Enrollment Tasks

Scope of Appointment

☒ Scope of Appointment Form [View](#)

Quote

☐ Annual Cost Estimation [Start](#)

Enrollment

☐ Enrollment Form [Start](#)

[SOA Complete](#)

[Quote Not Started](#)

[Enrollment Not Started](#)

Quote

To start a quote, select the enrollee's name from your dashboard, then click the blue **Start** link under the Enrollment Tasks.

From here you will fill out the following sections of the e-App: Extra Help, Medications, and Pharmacy to receive the Plan Recommendation and quote for your enrollee.

The screenshot shows the 'Prescription Drug Plan Dashboard' for 'Mutual of Omaha Rx'. It includes a 'Current Applications' section with search filters and a list of enrollees. The selected enrollee is 'Happy Abby Test Jones'. The profile shows contact information and a 'Click Ready for Review' button. The 'Enrollment Tasks' section has three categories: 'Scope of Appointment' (with a 'Start' button), 'Quote' (with a 'Start' button and a red arrow pointing to it), and 'Enrollment' (with a 'Start' button).

Once you have sent the quote, you will see the status change on the dashboard to Quote Complete.


This screenshot shows the profile for 'Chris Wolf' with a 'Quoted' status label and a red arrow pointing to it. The profile includes fields for Phone Number, State, Date of Birth, Home Address, and Email Address. Below the profile, the 'Enrollment Tasks' section shows the status of various tasks: 'Scope of Appointment' (SOA Complete), 'Quote' (Quote Complete), and 'Enrollment' (Enrollment Not Started). Red arrows point from the 'Quote Complete' status to the 'View' button.



Extra Help

The first section to fill out is the Extra Help section. Select any extra help your enrollee may receive when paying for prescription drugs and click **Next**. If the enrollee receives help from Social Security, select the most accurate percentage of help received. You will then be moved to the Medications page.

[Return to Dashboard](#)



Welcome
Daniel Haines

Producer #
852806

Plan Comparison for
Chris Wolf

Extra Help

Medications

Pharmacy

Plan Recommendation

Start eApp

Contact Us
Omaha Health Insurance Company
PO Box 66535, St. Louis, MO 63166
(855) 864-6797 (TTY: 711)
Hours: 24 hours a day

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Extra Help

Extra Help is a program to help people with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles, and coinsurance

Do you receive extra help paying for prescription drugs?

- ☐ I receive help from Medicaid or got full help through social security
- ☐ I applied and got partial help through social security
- ☐ I get supplemental security income
- ☐ I belong to a Medicare Savings Program (MSP)
- ☐ No, I am not eligible for special assistance
- ☐ I don't know

[Save for Later](#)[Previous](#)[Next](#)



Medications

On this screen enter all the medications the enrollee is taking, by selecting the blue **Add Medication** button.

When you enter a medication that has a name brand option and generic option, you will need to select which option your enrollee uses. **Note:** Using the generic option will allow for better plan rates.

As you enter medication names, be sure to include the **Correct Dose**, **Quantity**, and **Frequency** using the drop-down options. Continue to add all the medications for the most accurate quote.

If you need to edit or remove a medication after the medication has been selected, simply click the **Edit** or **Delete** button in the top right corner. If you wish to delete the medication, you will be prompted to click **Delete** or **Cancel**.

Once you have entered all of the enrollee's medications, select **Next** to move to the Pharmacy section.



Pharmacy

In this section, find the enrollee's preferred pharmacy from the list by searching using the enrollee's zip code or pharmacy of choice.

To search for nearby pharmacies and benefits offered for our network, enter the enrollee's zipcode or search by pharmacy name. You can also adjust the distance of the pharmacy location, to your enrollee's zipcode by using the drop down **Distance** field. Once you have entered in the zip code or pharmacy name, select the blue **Update Results** button.

If searching by zip code, the nearest in-network, preferred pharmacies will be listed first. In-network and preferred pharmacies will provide the best pricing available.

If the search does not bring up any nearby pharmacies, there will be a message at the bottom of the screen notifying you that "no pharmacies were found within your search criteria". You will need to expand your search and click the **Update Results** button to run the search again.

Once you have selected a pharmacy choice, click the dot in the upper right hand side of the specific pharmacy box and select the **Next button**.



Plan Recommendation

After entering all the enrollee's preferences, you will be directed to the Plan Recommendation page. Plan pricing will populate based the enrollee information that was entered.

After reviewing the plan details, you have two choices for how to proceed:

- 1) Email the Plan information
- 2) Enroll in a PDP Plan

Plan Details

You can view details of one plan, or you can compare both of our plans if the enrollee would like to see a comparison. Each plan recommendation highlights information such as premium, deductibles, and estimated annual costs based off information entered about the enrollee's extra help, pharmacy, and medications.

Mutual of Omaha Rx Producer Name: 000000

Plan Comparison for Bob Dylan

- Extra Help: [✔](#)
- Medications: [✔](#)
- Pharmacy: [✔](#)
- Plan Recommendation**

[Start Setup](#)

Contact Us
 Omaha Health Insurance Company
 P.O. Box 50525, St. Louis, MO 63105
 (888) 864-6787 (TTY) 713
 Hours: 24 hours a day

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Plan Recommendation

RECOMMENDED PLAN

Mutual of Omaha Rx Premier Plan

Premium	Deductible
\$21.00/month	\$1,400 (Tiers 1 & 2) \$400 (deductible Tiers 3-5)

[Download Plan Formulary](#)

Your Information

Extra Help: [Edit](#)
[I don't know](#)

Pharmacy Selection: [Edit](#)
 Urology Center PC
 305 S 90th St, Omaha, NE 68114

Medications: [Edit](#)
 atorvastatin calcium TAB 10MG [NOT COVERED](#)
 Retail 30 Day Supply: \$86.00/year
 Mail Order Refill: \$8.00/year

Estimated Total Annual Costs (Premium + Your Costs)

Recommended Plan	Total for Retail 30-Day Supplies	Total for Mail Order Refills
Mutual of Omaha Rx Premier Plan	\$272.00	\$270.00

[Start Enrollment](#)
[Email Plan Information](#)

Mutual of Omaha Rx Plus Plan

Premium	Deductible
\$73.16/month	\$400 (Tiers 1-5)

[Download Plan Formulary](#)

Your Information

Extra Help: [Edit](#)
[I don't know](#)

Pharmacy Selection: [Edit](#)
 Urology Center PC
 305 S 90th St, Omaha, NE 68114

Medications: [Edit](#)
 atorvastatin calcium TAB 10MG [NOT COVERED](#)
 Retail 30 Day Supply: \$138.28/year
 Mail Order Refill: \$134.76/year

Estimated Total Annual Costs (Premium + Your Costs)

Mutual of Omaha Rx Plus Plan	Total for Retail 30-Day Supplies	Total for Mail Order Refills
	\$1,837.40	\$1,835.00

[Start Enrollment](#)
[Email Plan Information](#)

[Previous](#) [Save & Close](#)

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 123456

Emailing the Quoted Plan

Once you have the plan recommendations, you can email the information to the enrollee by clicking the **Email Plan Information** link and input the enrollee's email address. Click the **Send** button when ready to email the plan recommendations to your enrollee.

omeprazole (delayed release) CAP 40MG	
Retail 30 Day Supply	\$0.00/year
Mail Order Refill	\$0.00/year
atorvastatin calcium TAB 10MG	
Retail 30 Day Supply	\$0.00/year
Mail Order Refill	\$0.00/year

Estimated Total Annual Costs (Premium + Your Costs)

RECOMMENDED PLAN


Mutual of Omaha Rx Premier Plan


Total for Retail 30 Day Supplies	\$408.00
Total for Mail Order Refills	\$408.00

[Start Enrollment](#)

[Email Plan Information](#)

Your enrollee will then receive an email from Mutual of Omaha Insurance Company with their plan recommendation, as well as the ability to complete the electronic enrollment on their own. If the enrollee wants to complete the enrollment on their own, they can do so by clicking the **Enroll Now** button, in their email.





Here is Your Prescription Drug Plan Recommendation

Hi Chris Wolf,

Thank you for meeting with me. Per our discussion, here is the plan that should fit your needs. You can begin enrollment below when you are ready.

YOUR RECOMMENDATION

Mutual of Omaha Rx

Premier Plan

\$34.00

premium/month

[Enroll Now](#)

Daniel Haines
[REDACTED]@MUTUALOFOMAHA.COM
(727) 726-[REDACTED]

From this screen you can view the SOA, Quote, or start the enrollment.

You can start an e-App one of two ways:

- 1) Start the e-App enrollment immediately after looking at the Plan Recommendation page, if the enrollee knows what plan they prefer or,
- 2) Start the e-App enrollment from the dashboard.



Enrollment

You can process the enrollment from the dashboard or Plan Recommendation pages.

If you are completing the app for the enrollee, you can click **Start** under Enrollment Tasks (on the dashboard for the enrollee.)

Chris Wolf

Quoted

Phone Number

(693) 637-1421

Home Address

591 Ashleigh Parkway
Suite 002
OMAHA NE 68106

Edit Customer

State

NE

Email Address

Fleta_Glover@yahoo.com

Date of Birth

10/15/1931

Enrollment Tasks

Scope of Appointment

☒ Scope of Appointment Form

Quote

☒ Annual Cost Estimation

Enrollment

☐ Enrollment Form

SOA Complete

View

Quote Complete

View

Enrollment Not Started

Start

From here, you will be taken to the Extra Help, Medications, and Pharmacy pages where information previously entered will be saved and auto-populate. Click through the Extra Help, Medications, and Pharmacy pages until you reach the Plan Recommendation page. Select the preferred plan and click the **Start Enrollment** button.

The screenshot displays the 'Plan Recommendation' page for Bob Dylan. On the left, a sidebar contains links for 'Extra Help', 'Medications', 'Pharmacy', and 'Plan Recommendation' (which is highlighted). Below these are links for 'Start eApp', 'Contact Us', 'Privacy Policy', 'Terms of Use', and 'Accessibility Services'. The main content area shows two plan options:

- Mutual of Omaha Rx Premier Plan**: Premium \$23.00/month, Deductible \$0 Tiers 1 & 2 / \$400 deductible Tiers 3-5. It lists 'Your Information' (Extra Help: I don't know, Pharmacy Selection: Urology Center PC, Medications: atorvastatin calcium TAB 10MG), 'Estimated Total Annual Costs' (\$372.00 for Retail 30 Day Supplies, \$376.00 for Mail Order Refills), and a 'Start Enrollment' button circled in red.
- Mutual of Omaha Rx Plus Plan**: Premium \$75.10/month, Deductible \$400 Tiers 1-5. It lists 'Your Information' (Extra Help: I don't know, Pharmacy Selection: Urology Center PC, Medications: atorvastatin calcium TAB 10MG), 'Estimated Total Annual Costs' (\$1,077.40 for Retail 30 Day Supplies, \$1,078.90 for Mail Order Refills), and a 'Start Enrollment' button circled in red.

At the bottom right, there are 'Previous' and 'Save & Close' buttons.

You can also process the enrollment directly from the Plan Recommendation page. To get to the Plan Recommendation page you will click the **View** link under the Quote Completed section on the enrollee dashboard.

The screenshot shows the 'Enrollment Tasks' section on the enrollee dashboard. It is organized into three sections:

- Scope of Appointment**: Includes a checked box for 'Scope of Appointment Form' and a 'View' link.
- Quote**: Includes a checked box for 'Annual Cost Estimation' and a 'View' link. A red arrow points to this 'View' link.
- Enrollment**: Includes an unchecked box for 'Enrollment Form' and a 'Resume' link.

At the top right, there are status indicators: 'SOA Complete', 'Quote Complete', and 'Enrollment In Progress'.

After clicking **Start** or **Start Enrollment** (depending on what page you are enrolling from), you will see a page confirming your selection. If the selection is correct, click the blue **Next** button.

Welcome!

Products [Manage Products](#)

PRESCRIPTION DRUG PLAN
\$23.00 /month
[Download Plan Formulary](#)

Customer Information
Benefits
Payment
Agent Information
Review
Completed

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Let's review your selected products.
It looks like you came from a quote where you selected **Mutual of Omaha Rx Premier**.
Please review your plan choice and make changes here:

PRESCRIPTION DRUG PLAN
Offered by Mutual of Omaha Rx [Search for a Pharmacy](#)

Enroll in this plan	Mutual of Omaha Rx Premier	Mutual of Omaha Rx Plus
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$23.00 /month	\$72.00 /month
	Deductible Per Year: Tiers 1 & 2 - \$0, Tiers 3-5 - \$445	Deductible Per Year: \$445
	Coverage: This plan works best for the cost conscious, healthy population.	Coverage: This plan works best for people that take multiple medications.

[Previous](#) [Next](#)

Note: At any time, if you need to exit the enrollment, you click the **Save & Close** button. This will take you back to your dashboard.

You will then be asked if you are completing this enrollment for yourself.

Welcome!

Products [Manage Products](#)

PRESCRIPTION DRUG PLAN
\$23.00 /month
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Customer Information
Benefits
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Completed

Customer Information

Enrollee

Are you completing this enrollment for yourself?
☐ Yes ☐ No

[Previous](#) [Continue](#)

If **Yes** is selected, then you will move on to the Customer Information Detail page, where information entered previously will auto-populate. Fill out any blank, remaining fields and click the **Next** button.

Welcome
Producer Name
000000

Welcome!

Products
Manage Products

PRESCRIPTION DRUG PLAN
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Customer Information
Enrollee

Are you completing this enrollment for yourself?
☒ Yes ☐ No

Please confirm the enrollee's personal details.

First Name*
Last Name*

Email

Why do we ask for this?

What is the enrollee's contact information?

Residential Address*

Address Line 2

City*
State
Zip Code

Omaha
NE
68106

☒ Mailing address is the same*

Home Phone Number*

Cell Phone Number

Next, a few more personal details.

Date of Birth*

Gender*
☐ Male ☐ Female

Emergency Contact (Optional)

Name

Phone Number

Relationship to Enrollee

Previous
Next

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123456

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If **No** is selected, you will be prompted to answer an additional question. If you answer **Yes** to the second question regarding authorized persons, you will need to fill out the authorized persons section. If you are not completing the enrollment for yourself or are not authorized to act on behalf of the beneficiary, you will not be allowed to proceed. You must be the enrollee or an authorized representative to complete the forms.

Do not forget to answer the **Relationship to Enrollee** question, if you answered the first question No and the second question Yes.

The left screenshot shows the 'Customer Information' section of the enrollment form. It includes a sidebar menu with options: Products, Benefits, Payment, Agent information, Review, and Completed. The main content area asks 'Are you completing this enrollment for yourself?' with 'Yes' and 'No' radio buttons. Below this, it asks 'Are you 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?' with 'Yes' and 'No' radio buttons. A 'Continue' button is at the bottom right.

The right screenshot shows the 'Enrollment Summary' for Chris Wolf. It includes a sidebar menu with options: Products, Customer Information, Benefits, Payment, Agent information, Review, and Completed. The main content area shows the 'Customer Information' section with a red circle around the 'Relationship to Enrollee' dropdown menu. A red arrow points to the 'Continue' button at the bottom right.

After verifying your selections and answering who is enrolling, click **Continue**, to begin the enrollment process. There are four steps that must be done to complete the enrollment form.

Customer Information	<p>Customer Info>Benefits>Payment></p> <p>Agent Info>Review/Complete</p>
Benefits	
Payment	
Agent Information	
Review	
Completed	

Once you have moved on from the "Who is enrolling" page, you will be directed to an auto-populated Customer Information page. Confirm the pre-populated information from the dashboard or quote is correct, enter any missing information, make sure all * fields are marked or filled in, and click the blue **Next** button.

Note: Email address is not required, but is recommended.

BENEFIT INFORMATION PAGE

Start Date, Part A & B, Existing Coverage, Benefits Review




















Start Date

If you are completing the enrollment form during AEP, the system will recognize this and the Benefit Information page will indicate the effective date, under the Start Date header. Click the blue **Next** button to proceed.

If the enrollee is applying during a Special Enrollment Period, they can select an effective date. It should be the following month their current coverage ends or the first month they are eligible to enroll. If no date is given, the effective date is generally the first day of the month after the enrollment application is received.

If the enrollment is being completed outside of AEP, the enrollee will need to answer some questions to determine what Enrollment Period they qualify for. The Benefit Information Requested Start Date screen will list all reasons someone may qualify for a specific enrollment period. Select which scenario(s) best explain why the enrollee is applying. To see further detail and information on each scenario, click the question mark to the right of the scenario. Once a scenario is selected, use the drop down to select a date (scenarios and CMS info shown on next page). When finished on this page, click the **Next** button.

START DATE

- ☐ I am new to Medicare and want to enroll during my Initial Enrollment Period 
- ☐ I recently moved outside of the service area  for my current plan or I recently moved and this plan is a new option for me.
- ☐ I recently was released from incarceration .
- ☐ I recently returned to the United States after living permanently outside of the U.S. .
- ☐ I recently obtained lawful presence status in the United States .
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help  paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I recently had a change in my Extra Help  paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help).
- ☐ I live in or recently moved out of a long-term care facility  (for example, a nursing home or long-term care facility).
- ☐ I recently left a PACE program .
- ☐ I recently involuntarily lost my creditable prescription drug coverage  (as good as Medicare's).
- ☐ I am leaving employer or union coverage .
- ☐ I belong to a pharmacy assistance program  provided by my state.
- ☐ My plan is ending its contract  with Medicare, or Medicare is ending its contract with my plan.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MAOEP) .
- ☐ I was enrolled in a plan by Medicare (for my state) and I want to choose a different plan .
- ☐ 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 applied to me, but I was unable to make my enrollment because of the natural disaster.
- ☐ I recently had a change in my Medicaid  (newly got Medicaid, had a change in the level of Medicaid assistance, or lost Medicaid).
- ☐ Other

NOTE: CMS will set the Part D effective date to Jan 1, the following year. If the enrollee is applying during their Initial Enrollment Period (IEP), the seven months around their 65th birthday, the effective date will be the first day of the month after the enrollment application is received by the plan. (i.e. If the enrollment completed in February, effective date will be March 1st.)



Part A & B

Next on the Benefits page, you will need to enter the Medicare Number of the enrollee, located on their Medicare card. If the number is valid, a green check mark will appear, and the effective dates will pre-populate.

Enrollment Summary for
Test Test [Change](#)

Products [Manage Products](#)

PRESCRIPTION DRUG PLAN
\$23.00 /month
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Customer Information [Manage Customer Information](#)

Benefits [Manage Benefits](#)

Requested Start Date
Part A & B
Existing Coverage
Benefits Review

Payment
Agent Information
Review
Completed

Benefit Information
You'll need your Medicare card ready for this section.

What is your Medicare number? [?](#)
0976564918

Are you covered under Medicare Part A?
☒ Yes ☐ No

What is your Medicare Part A effective date? [?](#)
01/01/2016
MMDDYYYY

Are you covered under Medicare Part B?
☒ Yes ☐ No

What is your Medicare Part B effective date? [?](#)
01/01/2016
MMDDYYYY

[Previous](#) [Next](#)

If the Medicare number is not valid, you can attempt to re-validate it or move on to the Part A and B section. If you cannot get the Medicare number validated, you will have to manually enter the Part A and Part B effective dates, if applicable.

Enrollment Summary for
Test Test [Change](#)

Products [Manage Products](#)

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Customer Information [Manage Customer Information](#)

Benefits [Manage Benefits](#)

Requested Start Date
Part A & B
Existing Coverage
Benefits Review

Payment
Agent Information
Review
Completed

Benefit Information
You'll need your Medicare card ready for this section.

What is your Medicare number? [?](#)
0976564918

Unfortunately, we're unable to validate your Medicare number.
We recommend checking to make sure the information you entered is correct. You can proceed without validation but you will need to manually enter your Part A and B information.

[Try Validation Again](#) [Continue](#)

[Previous](#) [Next](#)

Click the blue **Next** button when this information is complete



Existing Coverage

Enrollment Summary for
Test Test [Change](#)

Products [Manage Products](#)

PRESCRIPTION DRUG PLAN
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Customer Information ✓

Benefits ⚠

Requested Start Date
Part A & B
Existing Coverage
Benefits Review

Payment

Agent Information

Review

Completed

Benefit Information

Existing Coverage

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 receive 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](#) [Next](#)

Answer the questions about existing coverage for Prescription Drug and Long Term Care. Click **Next** when answered.

If you select **Yes** for either the Prescription Drug Coverage or Long Term Care Coverage, you will be prompted to complete additional information. When complete, click **Next**.

Enrollment Summary for
Test Test [Change](#)

Products [Manage Products](#)

PRESCRIPTION DRUG PLAN
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Customer Information ✓

Benefits ⚠

Requested Start Date
Part A & B
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Benefits Review

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Benefit Information

Existing Coverage

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 receive other prescription drug coverage in addition to this plan?

☒ Yes ☐ No

Name of Additional Prescription Drug Coverage*

ID Number*

Group Number*

Long Term Care

Are you a resident in a long-term care facility, such as a nursing home?

☒ Yes ☐ No

Name*

Address Line 1*

Address Line 2

City* State* Zip*

Phone Number*

XXXXXXX

[Previous](#) [Next](#)



Benefits Review

You may review this information with the enrollee before moving onto the payment section. You can view the Requested Start Date, Part A & B information, and Existing Coverage using the drop-down arrows to the left of the headers. If something is incorrect, you can select the **Edit Answers** link to update the information. When you have confirmed everything is correct, click **Next**.

Enrollment Summary for
Test Test [Change](#)

Products

Manage Products

PREScription DRUG PLAN

\$23.00 /month

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Customer Information

Benefits

Requested Start Date

Part A & B

Existing Coverage

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Benefit Information Review

You made it through! You can review any of your answers here, and when you're ready go ahead and move on to the next section.

Requested Start Date

Part A & B

Existing Coverage

What is your Medicare Number? 9NH9K56NR18

Are you covered under Medicare Part A? Yes

What is your Part A effective date? 01/01/2016

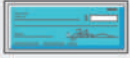
Are you covered under Medicare Part B? Yes

What is your Part B effective date? 01/01/2016

Edit answers

Previous

Next



Payment & Billing

Enrollees have two options for payments:

- 1) Automatic Monthly Withdrawals or
- 2) Manual Payments

Please Note: For plan premium payments, the due date or EFT draft date for Part D Plans will always be the 1st of the month.

Enrollment Summary for
Test Test [Change](#)

Products

Manage Products

PRESCRIPTION DRUG PLAN

\$23.00 /month

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Customer Information

Benefits

Payment

Agent Information

Review

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Payment and Billing

Paying the Plan Premium

The monthly plan premium (including any late enrollment penalty that may owed) can be paid by mail. The premium can also be paid by automatic deduction from a Social Security or Railroad Retirement Board benefit check each month.

Part D-Income Related Monthly Adjustment Amount

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 Omaha Health Insurance Company. 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.

Extra Help for Limited Incomes

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 1-800-325-6778. You can also apply for extra help online on the Social Security website. 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.

How does the enrollee want their payments handled?

Recommended

Automatic Monthly Withdrawals

Checking or Savings Account

Social Security

Railroad Retirement Board Benefit Check (RRB)

Manual Payments

Billed Monthly

Credit Card

Checks

If the enrollee wants to have automatic withdrawals, select the **Automatic Monthly Withdrawals** section. The enrollee will have the option to use Checking or Savings, Social Security, or Railroad Retirement funds.

If the enrollee selects Checking or Savings, they will need to enter their banking information, such as routing and account number, as well as accept the terms acknowledging the payment type will be charged upon application issue.

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If completing the EFT (automatic withdrawal) portion, automatic recurring payments will start January 1st , or the 1st day of the month their plan starts.

Payment and Billing

Paying the Plan Premium

The monthly plan premium (including any late enrollment penalty that may apply) can be paid by mail. The premium can also be paid by automatic deduction from a Social Security or Railroad Retirement Board benefit check each month.

Part D-Income Related Monthly Adjustment Amount

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 Omaha Health Insurance Company. 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.

Extra Help for Limited Incomes

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 1-800-772-1233. TTY users should call 1-800-325-0778. You can also apply for extra help online on the Social Security website. 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.

How does the enrollee want their payments handled?

Recommended

Automatic Monthly Withdrawals

- ☒ Checking or Savings Account
- ☒ Social Security
- ☒ Railroad Retirement Board Benefit Check (RRB)

Manual Payments

- ☒ Billed Monthly
- ☒ Credit Card
- ☒ Checks

What premium payment option would the enrollee like to use for their monthly automatic withdrawals?

☒ Checking or Savings Account

☐ Social Security

☐ Railroad Retirement Board (RRB)

Checking or Savings Account Information

Bank Account Information

☐ Checking Account ☐ Savings Account

First Name* Last Name*

Routing Number* Account Number

Take a moment to review your payment. By clicking "Accept these terms" your payment type will be charged upon application review.

☐ I accept these terms

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Payment and Billing

Paying the Plan Premium

The monthly plan premium (including any late enrollment penalty that may apply) can be paid by mail. The premium can also be paid by automatic deduction from a Social Security or Railroad Retirement Board benefit check each month.

Part D-Income Related Monthly Adjustment Amount

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 Omaha Health Insurance Company. 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.

Extra Help for Limited Incomes

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 1-800-772-1233. TTY users should call 1-800-325-0778. You can also apply for extra help online on the Social Security website. 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.

How does the enrollee want their payments handled?

Recommended

Automatic Monthly Withdrawals

- ☒ Checking or Savings Account
- ☒ Social Security
- ☒ Railroad Retirement Board Benefit Check (RRB)

Manual Payments

- ☒ Billed Monthly
- ☒ Credit Card
- ☒ Checks

What premium payment option would the enrollee like to use for their monthly automatic withdrawals?

☐ Checking or Savings Account

☒ Social Security

☐ Railroad Retirement Board (RRB)

Social Security Deduction Process

The Social Security deduction may take two or more months to begin after Social Security approves the deduction. In most cases, if Social Security accepts the request for automatic deduction, the first deduction from the enrollee's Social Security check will include all premiums due from the enrollment effective date up to the point withholding begins.

If automatic deduction is delayed, the enrollee will be responsible for paying the plan directly for all premiums due from their enrollment effective date until the month in which automatic deduction begins. Failure to pay premiums for months automatic deduction is not in effect may result in disenrollment from the plan. If Social Security does not approve the request for automatic deduction, we will send the enrollee a paper bill for their monthly premiums.

Previous Next

Payment and Billing

Paying the Plan Premium

The monthly plan premium (including any late enrollment penalty that may apply) can be paid by mail. The premium can also be paid by automatic deduction from a Social Security or Railroad Retirement Board benefit check each month.

Part D-Income Related Monthly Adjustment Amount

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 Omaha Health Insurance Company. 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.

Extra Help for Limited Incomes

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 1-800-772-1233. TTY users should call 1-800-325-0778. You can also apply for extra help online on the Social Security website. 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.

How does the enrollee want their payments handled?

Recommended

Automatic Monthly Withdrawals

- ☒ Checking or Savings Account
- ☒ Social Security
- ☒ Railroad Retirement Board Benefit Check (RRB)

Manual Payments

- ☒ Billed Monthly
- ☒ Credit Card
- ☒ Checks

What premium payment option would the enrollee like to use for their monthly automatic withdrawals?

☐ Checking or Savings Account

☐ Social Security

☒ Railroad Retirement Board (RRB)

Railroad Retirement Board (RRB) Deduction Process

The RRB deduction may take two or more months to begin after RRB approves the deduction. In most cases, if RRB accepts the request for automatic deduction, the first deduction from the RRB benefit check will include all premiums due from the enrollment effective date up to the point withholding begins.

If automatic deduction is delayed, the enrollee will be responsible for paying the plan directly for all premiums due from the enrollment effective date until the month in which automatic deduction begins. Failure to pay premiums for months automatic deduction is not in effect may result in disenrollment from the plan. If the RRB does not approve the request for automatic deduction, we will send the enrollee a paper bill for their monthly premiums.

Previous Next

If the enrollee wishes to pay by credit card, select **Manual Payments**. Upon receiving their first premium billing statement, they will be able to call in or go online to setup payments by credit card. Once a payment option is selected and any required additional information is completed, click **Next**.

How does the enrollee want their payments handled?

Recommended

Automatic Monthly Withdrawals

- ☒ Checking or Savings Account
- ☒ Social Security
- ☒ Railroad Retirement Board Benefit Check (RRB)

SELECTED

Manual Payments


- ☒ Billed Monthly
- ☒ Credit Card
- ☒ Checks

Save Later Previous Next



Agent Information

The agent information page will display your agent name and i.d. You will need to read the statements and select the **"I agree..."** box for the agent attestation and click the blue **Next** button.



Welcome
Daniel Haines

Producer #
852806

Enrollment Summary for
Chris Wolf [Change](#)

Products

[Manage Products](#)

PRESCRIPTION DRUG PLAN
Rx Premier
\$34.00 /month
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[Customer Information](#) ✓
[Benefits](#) ✓
[Payment](#) ✓
Agent Information
Review
Completed

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Agent Information

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

Agent Name

Agent ID/NPN

As the 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 enrollee 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 enrollee has read this statement in person or I have read the statement aloud to the enrollee and the enrollee grants me permission to submit the enrollment on their behalf.

☒ I agree with the above statements*

[Previous](#) [Next](#)



Review & Submit

On this page you will be able to review or edit the information on the application. You can edit the information in the Personal, Product, Payment, and Final Enrollment sections. In addition, you can download the Plan Formulary or the Prescription Drug Plan enrollment form.

Once you have reviewed the information with the enrollee, downloaded or printed the enrollment form, reviewed the Plan Formulary, read the Agreement information, and checked the **"I understand that my submission..."** box, click the blue **Submit** button.

Enrollment Summary for Chris Wolf [Details](#)

Products [Manage Products](#)

PRESCRIPTION DRUG PLAN Rx Premier
\$34.00 /month
[Download Plan Formulary](#)

Customer Information [Edit](#)

Benefits [Edit](#)

Payment [Edit](#)

Agent Information [Edit](#)

Review [Edit](#)

Completed

Contact Us
Omaha Health Insurance Company
PO Box 88338, St. Louis, MO 63188
(888) 884-6787 (TTY: T11)
Hours: 24 hours a day

[Privacy Policy](#) [Terms of Use](#) [Accessibility Services](#)

Review and Submit
Take a minute to review this information. If anything is incorrect, please update before submitting the enrollment.

Personal Information [Edit](#)

Name: Chris Wolf Email: [Edit](#)
Date of Birth: 10/15/1991 Gender: Male
Home Phone Number: (320) 555-6989 Cell Phone Number: (888) 837-1421
Residential Address: 393 Ashleigh Parkway Suite 002 Omaha, NE 68106 Mailing Address: Same as Residential Address

Payment Information [Edit](#)

☒ The first payment of \$0.00 for the Prescription Drug Plan will be deducted on 2021-11-01
☒ Future payments will be deducted on the first day of each month
☒ The enrollee selected **AUTOMATIC Payments**
Future payments will be withdrawn from Social Security Account monthly

Product Review [Manage Products](#)

Prescription Drug Plan

Mutual of Omaha Rx Premier \$34 /month
[Download Plan Formulary](#)

Important Information

The policy will begin **11/01/2021**
[Edit the benefit information](#)

Enrollment Summary for Chris Wolf [Details](#)

Products [Manage Products](#)

PRESCRIPTION DRUG PLAN Rx Premier
\$34.00 /month
[Download Plan Formulary](#)

Customer Information [Edit](#)

Benefits [Edit](#)

Payment [Edit](#)

Agent Information [Edit](#)

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Product Review [Manage Products](#)

Prescription Drug Plan

Mutual of Omaha Rx Premier \$34 /month
[Download Plan Formulary](#)

Important Information

The policy will begin **11/01/2021**
[Edit the benefit information](#)

Agreement

☐ 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.

[Download the Prescription Drug Plan enrollment form](#)

[Previous](#) [Submit](#)

Once the **Submit** button is clicked, the confirmation “Welcome to Mutual of Omaha” page is displayed with helpful tips and things to keep in mind, your enrollee’s confirmation number, as well as any next steps needed.

Please be sure to give this confirmation number to your enrollee. The confirmation number is highlighted towards the top of the page. You can also save the enrollment form from this page.

Enrollment Summary for

Products

Manage Products

PRESCRIPTION DRUG PLAN

\$0.00 /month

[Download Plan Formulary](#)

Contact Us

Omaha Health Insurance Company

PO Box 46535, St. Louis, MO 63166

(855) 864-4781 (TTY: 711)

Hours: 24 hours a day

[Privacy Policy](#)

[Terms of Use](#)

[Accessibility Services](#)

Welcome to Mutual of Omaha!

Prescription Drug Plan

Keep in Mind

1

Your enrollment for has been submitted and is pending approval

You will be notified when your enrollment is accepted and your coverage is effective. This confirmation is not proof of membership.

1

Your confirmation number: **8303q1x8subul1yd**

This confirmation number can be used to help track the online enrollment, but it's 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.

1

We may contact you

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.

Next Steps

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.

Check your mailbox

After the plan has processed your enrollment, 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 the status of the enrollment.

Your effective date

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.

Filling prescriptions

If you need to fill a prescription before you get your plan membership card, let the pharmacist know your plan name and show any of the following materials as proof of membership:

- Your acknowledgement, welcome, or confirmation letter that you receive from the plan
(**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 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 the extra help low-income subsidy, you can 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.

Save Your Final Documents:

Below is your completed enrollment along with other important documents. Please save these documents now, as you won't be able to re-enter your enrollment once closing the window.

Your Prescription Drug Plan enrollment

Complete your coverage

Medicare Supplement Insurance

Medicare supplement plans covers things that Original Medicare doesn't, like copays, deductibles and coinsurance. It does all this with a steady, predictable, monthly bill that you can budget for.

[See Available Plans](#)

Need to start a new enrollment for someone else?

Start New Enrollment

S7126_22469652_0

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

Your enrollee will also receive an email, once the enrollment form is submitted letting them know it is pending approval, what to expect, and their confirmation number.

Prescription Drug Plan

Keep in Mind

- ❗ **Your enrollment form has been submitted and is pending approval**
You will be notified when your enrollment is accepted and your coverage is effective. This confirmation is not proof of membership.
- ❗ **Your confirmation number: 8303q1x8su8ui5yd**
This confirmation number can be used to help track the online enrollment, but it's 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.
- ❗ **We may contact you**
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- ☒ **Check your mailbox**
After the plan has processed your enrollment, 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 the status of the enrollment.
- ☒ **Your effective date**
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.
- ☒ **Filling prescriptions**
If you need to fill a prescription before you get your plan membership card, let the pharmacist know your plan name and show any of the following materials as proof of membership:

- Your acknowledgement, welcome, or confirmation letter that you receive from the plan
(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 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 the extra help low-income subsidy, you can 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.

Application Submitted

Your application has been submitted and is pending approval.

This confirmation is not proof of membership.

What to Expect

- You will be notified when your application is accepted and your coverage is effective.
- You should receive your plan membership card within 7–10 business days.
- If you have an email address on file, we will send a copy of your application submission.

Application Details

Submitted on **January 1, 2021**

Confirmation Number **123-456-7890**

Omaha Health Insurance Company

PO Box 66535 St. Louis, MO 63166

(855)864-6797 TTY 711

24 hours a day

www.mutualofomaha.com



Other Information

Accessing Info on the Enrollee Dashboard

- 1) Go to the PDP Dashboard, enter the enrollee information and click **Filter**. The enrollee's dashboard overview will display their confirmation number (if enrollment has been submitted), as well as the state in which they applied for coverage, last modification date, and their current enrollment status.

Prescription Drug Plan Dashboard

[Create New Customer](#)

Current Applications

Search Customers

Applicant First Name: Applicant Last Name: Phone Number:

[Advanced Search](#)

[Filter](#) [Reset](#)

Enrollee	Phone Number	State	Last Modified	Current Status
Virginia Marshall	(800) 676-0884	OR	11/01/2011	Enrollment Submitted

2) Select the correct enrollee and click to view the enrollee details. This will take you to the detailed dashboard for the selected enrollee.

From the detailed dashboard, you can review the SOA, Quote, and View or Resume the Enrollment form. Simply select the **View** link under the SOA status to review the SOA documentation. To view the quote, click the **View** link under the Quote status.

If you had to save and quit during the enrollment process, but want to continue the enrollment process, click the **Resume** link under the Enrollment status. If you have already submitted the enrollment form for your enrollee, but didn't download and save the form, click the **View** link to be taken to the completed enrollment form. From here you can download the enrollment form.

Note: Once you have completed the SOA, Quote, and Enrollment, the links will show **View** instead of **Start**.

[illegible]



Why Mutual of Omaha

Over 50 years of Mutual of Omaha's Wild Kingdom taught us that the animal kingdom and the human kingdom have something in common ... an instinct to protect what matters most. Through insurance and financial products, we help people protect their lives, protect their families, protect their kingdoms.

MutualofOmaha.com

This is a solicitation of a life insurance policy with a long-term care rider. A licensed insurance agent/producer will contact you.

Life Insurance policies are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha is licensed nationwide except in New York and does not solicit business in New York. In New York, Companion Life Insurance Company, Hauppauge, NY 11788-2934 underwrites life insurance and annuities. Each company is responsible for its own financial and contractual obligations.