

Producer Guide



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 **Mutual of Omaha** Medicare Advantage

 **Mutual of Omaha Rx**

Table of Contents

Introduction	5
Guide Purpose	5
Sales Professional Access	5
Express	6
Our Brand, Mission and Values	7
Contact List	7
Products	9
Medicare Advantage and Prescription Drug Plan Markets	9
Cincinnati Market Overview (2020)	10
Dallas-Fort Worth Market Overview (2020)	12
Denver Market Overview (2020)	14
El Paso Market Overview (2020)	16
San Antonio Market Overview (2020)	18
Prescription Drug Overview (2020)	20
Ready to Sell (RTS)	23
What does it mean	23
Step 1: Contracting	23
Appointment Requirements	23
Continuing Education	23
Errors and Omissions Insurance	23
Contracting	23
Background Checks	24
Contracting Changes	24
Transfer Rules	25
Step 2: Certification	25
AHIP Certification	25
Navigating MA and PDP Product Training	25
Election Periods	29
General Enrollment Guidelines	33
Scope of Appointment	33
Trumping Rule	33
Enrollment Methods	33
e-App Enrollment	33
Paper Enrollment	34
Tracking Enrollment	35
Producer Portals	37
Medicare Advantage	37
Portal Function	37
Start a New Application	37
Application Tracking	37
Book of Business	38
Commissions	38
Ready to Sell	38
Documents	38
Find a Provider	38
Storefront	39

Prescription Drug Plans	40
Training Links	40
Product Information	40
Pharmacy Finder	40
Plan Overview	41
Resources	41
Electronic Application	41
Reports	41
Compensation	43
Accessing Comp Reports.	43
Calculating	43
Paying	44
Compliance and Marketing	47
Staying Compliant.	47
Medicare Communication and Marketing Guide (MCMG)	47
Medicare/Sales Events (50.2 - MCMG)	47
Educational Events (50.1 - MCMG)	47
Personal/Individual Marketing Appointments (50.3 - MCMG).	47
Nominal Gifts (40.4 - MCMG)	47
Marketing Materials	48
Marketing Materials Policy Overview	48
Accessing and Ordering Forms and Materials	48
General Advertising Compliance	48
Member Experience	51
New Member Welcome	51
Medicare Advantage	51
Welcome Kit	51
Website.	51
Contacts	52
Prescription Drug Plan	55
Welcome Packet	55
Accessing Plan Documents	55
Terms and Acronyms.	56

Introduction 5

Guide Purpose 5

Sales Professional Access 5

Express 6

Our Brand, Mission and Values 7

Contact List 7

Introduction

This guide is a resource for agents who are contracted and appointed with Mutual of Omaha Medicare Advantage Insurance Company, Medicare Advantage Insurance Company of Omaha and Omaha Health Insurance Company to sell our Medicare Advantage and Prescription Drug Plans. *For purposes of this guide, the company may also be referred to as Mutual of Omaha, MOMAC, MAICO, OHIC or Mutual.*

The most current version of this guide can be found on Sales Professional Access.

Sales Professional Access

Sales Professional Access (SPA) is the Mutual of Omaha producer portal that provides tools and reports for your use.

Content on the website includes: Product details for our entire portfolio and sales and marketing information, electronic applications, reports including, but not limited to compensation, policy conservation opportunities and rate adjustment notifications. You will also find training and compliance information to help protect your business.

Use SPA to learn about products, compensation, certification and licensing for our Medicare Advantage with Prescription Drug Plan (MAPD) and Prescription Drug Plan (PDP) products. You can also order enrollment kits and marketing material there.

Log in or register at MutualofOmaha.com/broker.

Registering for Sales Professional Access is simple. As a new user you will need to select, 'Sign Up.'

- Have your 7-digit Mutual of Omaha production number available. Please note: if you have both an entity and your own personal production number to register, register the number for the entity first. You will then register your own personal production number,
- Fill in your date of birth, read and accept the Terms and Conditions, then select the "Continue" button,
- Create your user name and password,
- Answer three security questions, select a security image and create a security phrase, and
- Select "Sign Up."

You may now login with the user name and password you established.

Express

Express is a weekly marketing and sales email that's available to producers who are licensed to sell Mutual of Omaha and its affiliates' life and health products. Express is delivered on Wednesday.

Information relevant to Medicare Advantage and Prescription Drug products can be found in the Medicare Solutions section.

Archived articles can be accessed at any time on Sales Professional Access home page under Express Highlights.

Mutual of Omaha also communicates with its producers via email. Email communications include product updates, promotional campaigns and various administrative notifications. It is important to keep your email information current with Mutual of Omaha to receive these valuable communications. You can update your information at any time via your profile on Sales Professional Access or by calling our Sales Support team.

Sign up to receive Express:

Call Sales Support – 800-693-6083, or

Access via Sales Professional Access
(MutualofOmaha.com/broker)

On the home page under Express Highlights click the link "All News." When the page refreshes click the registration link on the left navigation bar.



The Mutual Brand, Mission and Values

Our Mission

We help our customers protect what they care about and achieve their financial goals.

Our Vision

For every customer...a financial future imagined, planned and secured.

Our Values

We Exist for Our Customers

We Act With Integrity

We Are Innovative

We Are Accountable for Results

Together We Achieve Greatness

Medicare Advantage Contacts

Area	Phone Number	Broker Email
Contract and licensing	800-867-6873	contractsandappointments@mutualofomaha.com
Sales Support For questions on Medicare Advantage: ▪ Compensation ▪ Forms and Materials ▪ Product Details ▪ Producer Portal - Tech Support	877-259-8657	producersupport@lumeris.com
Sales Support – Sales Professional Access	800-693-6083	sales.support@mutualofomaha.com
Tech Support – Sales Professional Access	800-847-9785	producertechsupport@mutualofomaha.com

Prescription Drug Plan Contacts

Area	Phone Number	Broker Email
Compensation	800-475-4465	broker.compensation@mutualofomaha.com
Contracts, Licensing and Producer Services	800-867-6873	contractsandappointments@mutualofomaha.com
Sales Support	800-693-6083	sales.support@mutualofomaha.com
Tech Support	800-847-9785	producertechsupport@mutualofomaha.com
App Tracking Status	877-775-1360	

Products 9

Medicare Advantage and Prescription Drug Plan markets 9

Cincinnati Market Overview (2020) 10

Dallas-Fort Worth Market Overview (2020) 12

Denver Market Overview (2020) 14

El Paso Market Overview (2020) 16

San Antonio Market Overview (2020) 18

Prescription Drug Overview (2020) 20

Medicare Advantage/Prescription Drug Product

MAPD Markets

Medicare Advantage/Prescription Drug Plans are underwritten by Mutual of Omaha Medicare Advantage Company and Medicare Advantage Insurance Company of Omaha.

Our markets include:

Cincinnati – Ohio counties: Butler, Clermont, Hamilton and Warren; and Kentucky counties; Boone, Campbell and Kenton

Dallas-Fort Worth – Texas counties: Denton, Collin, Tarrant, Dallas and Rockwall

Denver – Colorado counties: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

El Paso – Texas county: El Paso

San Antonio – Texas county: Bexar

PDP Markets:

Part D Prescription Drug plans are underwritten by Omaha Health Insurance Company

PDP is sold in all states except New York and the U.S. territories.

Cincinnati Market Overview 2020

Plan Highlights

Mutual of Omaha CareAdvantage Complete

\$0 Monthly Premium

for those looking for all the coverage that Medicare provides plus extra benefits like dental, vision and SilverSneakers® in an all-in-one plan.



Dental

Basic preventive service (including select major dental services) built-in; comprehensive dental available with \$1,000 maximum benefit



Routine Vision

Coverage for routine exams, glasses and contact lenses

Mutual of Omaha CareAdvantage Plus

\$28 Monthly Premium

for those who want an all-in-one plan with greater benefits like comprehensive dental, lower in-patient and lower maximum out-of-pocket.



Extra Benefits

Hearing benefit, SilverSneakers®, OTC and transportation included



Travel Coverage

National and worldwide urgent and emergency care coverage

Plan Name	CareAdvantage Complete (HMO)	CareAdvantage Complete (HMO)	CareAdvantage Plus (HMO)
Market	Cincinnati	Cincinnati	Cincinnati
Service Area	OH - Butler, Clermont, Hamilton, Warren	KY - Boone, Campbell, Kenton	OH - Butler, Clermont, Hamilton, Warren KY - Boone, Campbell, Kenton
Monthly Premium	\$0	\$0	\$28
MOOP	\$4,300	\$4,700	\$4,250
Inpatient	\$315 Days (1 - 5)	\$285 Days (1 - 5)	\$275 Days (1 - 5)
PCP Copay	\$5	\$5	\$5
Specialist Copay	\$40	\$40	\$30
Drug Deductible	\$0	\$0	\$0
Drug Copay* Tier 1/2/3/4/5	\$2/\$7/\$42/\$85/33%	\$2/\$7/\$42/\$85/33%	\$0/\$5/\$42/\$85/33%
Mail Order (90 day)	\$0/\$0/\$115/\$240/33%**	\$0/\$0/\$115/\$240/33%**	\$0/\$0/\$115/\$240/33%**
Other Extra Benefits	Preventive Dental, Transportation, Vision, SilverSneakers®, OTC		
Comprehensive Dental	N/A	N/A	Included
Hearing Aid Allowance	N/A	N/A	Included

*Copay amounts applicable to preferred pharmacies.

**Only 30-day mail order supplies available for Tier 5.

Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing. Other limitations and exclusions may apply. Confidential property of Mutual of Omaha Medicare Advantage Company. For producer use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of Mutual of Omaha Medicare Advantage Company.

Rx Highlights

- Preferred pharmacies include Walgreens, Costco, Kroger, and Meijer
- \$0 copay on Tier 1 and 2 for mail order 90-day supply
- No deductible on any tier and low copays for Tier 1 and 2 drugs at preferred pharmacies
- 30-/60-/90-day supplies available including mail order options (only 30-day mail order supplies available for Tier 5)

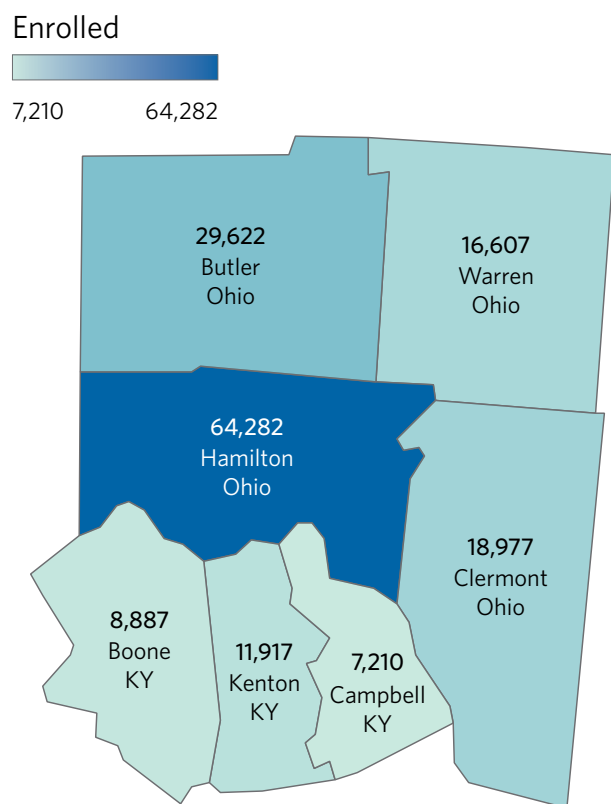
Customer Experience

- Fitness program available through SilverSneakers® at no additional cost
- **Over-the-Counter benefit** – \$75 allowance per quarter for basic health and wellness products such as bandages or cough and cold medications
- **Transportation allowance** – 24 one-way trips to and from medical office visits

Market Landscape

Total Medicare Eligible (as of 6/1/19)
379,627
Year Over Year Growth
5.1%
Medicare Advantage Penetration
41.0%
Year Over Year MA Enrollment Growth
6.1%

Medicare Advantage



High-Performance Network

Healthcare Solutions Network (HSN) is a clinically integrated network anchored by two of the TriState region's preeminent health systems – TriHealth and St. Elizabeth Healthcare.

TriHealth operates eight facilities throughout the Cincinnati metropolitan area:

- Bethesda North Hospital
- Good Samaritan Hospital
- Bethesda Butler Hospital
- TriHealth Evendale Hospital
- McCullough-Hyde Memorial Hospital
- Bethesda Arrow Springs
- Good Samaritan Western Ridge
- TriHealth Rehabilitation Hospital

St. Elizabeth Healthcare operates six facilities throughout Northern Kentucky:

- St. Elizabeth Covington
- St. Elizabeth Edgewood
- St. Elizabeth Falmouth
- St. Elizabeth Florence
- St. Elizabeth Ft. Thomas
- St. Elizabeth Grant

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Dallas – Fort Worth Market Overview 2020

Plan Highlights

Mutual of Omaha CareAdvantage Complete

\$0 Monthly Premium

for those looking for all the coverage that Medicare provides plus extra benefits like dental, vision and SilverSneakers® in an all-in-one plan.

Mutual of Omaha CareAdvantage Rewards

\$50 Monthly Part B Premium Reduction

for those who want an all-in-one plan but are looking to manage their health care costs efficiently due to relative health or finances. Part B Premium Reduction reflected on Social Security check.



Dental

Basic preventive service (including select major dental services) built-in; comprehensive dental available with \$1,000 maximum benefit



Extra Benefits

Hearing benefit, SilverSneakers®, OTC and transportation included



Routine Vision

Coverage for routine exams, glasses and contact lenses



Travel Coverage

National and worldwide urgent and emergency care coverage

Plan Name	CareAdvantage Complete (HMO)	CareAdvantage Rewards (HMO)
Market	Dallas – Fort Worth	Dallas – Fort Worth
Service Area	Collin, Dallas, Denton, Rockwall, Tarrant	Collin, Dallas, Denton, Rockwall, Tarrant
Monthly Premium	\$0	\$0
Part B Premium Reduction	N/A	\$50 per month
MOOP	\$3,900	\$5,900
Inpatient	\$275 Days (1 – 5)	\$325 Days (1 – 5)
PCP Copay	\$0	\$0
Specialist Copay	\$30	\$40
Drug Deductible	\$0	\$0
Drug Copay* Tier 1/2/3/4/5	\$0/\$0/\$42/\$92/29%	\$2/\$5/\$42/\$95/33%
Mail Order (90 day)	\$0/\$0/\$115/\$275/33%**	\$6/\$15/\$141/\$300/33%**
Other Extra Benefits	Preventive Dental, Transportation, Vision, SilverSneakers®, OTC	
Comprehensive Dental	Included	N/A
Hearing Aid Allowance	Included	N/A

*Copay amounts applicable to preferred pharmacies.

**Only 30-day mail order supplies available for Tier 5.

Rx Highlights

- Preferred pharmacies include Walgreens, Costco, Kroger, and Albertsons
- \$0 copay on Tier 1 and 2 for mail order 90-day supply
- No deductible on any tier and low copays for Tier 1 and 2 drugs at preferred pharmacies
- 30-/60-/90-day supplies available including mail order options (only 30-day mail order supplies available for Tier 5)

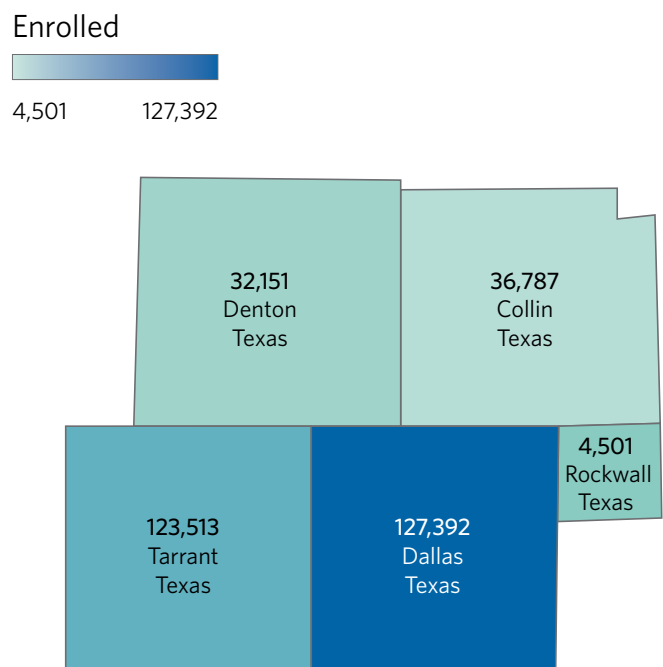
Customer Experience

- Fitness program available through SilverSneakers® at no additional cost
- **Over-the-Counter benefit** – \$80 allowance per quarter for basic health and wellness products such as bandages or cough and cold medications
- **Transportation allowance** – 24 one-way trips to and from medical office visits

Market Landscape

Total Medicare Eligible (as of 6/1/19)
875,236
Year Over Year Growth
7.0%
Medicare Advantage Penetration
33.7%
Year Over Year MA Enrollment Growth
6.9%

Medicare Advantage



High-Performance Network

Healthcare Highways is an expansive and aligned network of independent provider groups and hospitals across the Dallas – Fort Worth area. The network encompasses the following health care systems:

- Medical City
- Methodist Health
- Genesis Physicians Group
- Catalyst Health Network
- Premier Independent Physicians
- PPG Health

Denver Market Overview 2020

Plan Highlights

Mutual of Omaha CareAdvantage Complete

\$0 Monthly Premium

for those looking for all the coverage that Medicare provides plus extra benefits like dental, vision and SilverSneakers® in an all-in-one plan.



Dental

Basic preventive service (including select major dental services) built-in; comprehensive dental available with \$1,000 maximum benefit



Routine Vision

Coverage for routine exams, glasses and contact lenses

Mutual of Omaha CareAdvantage Plus

\$29 Monthly Premium

for those who want an all-in-one plan with greater benefits like comprehensive dental, lower in-patient and lower maximum out-of-pocket.



Extra Benefits

Hearing benefit, SilverSneakers®, OTC and transportation included



Travel Coverage

National and worldwide urgent and emergency care coverage.

Plan Name	CareAdvantage Complete (HMO)	CareAdvantage Plus (HMO)
Market	Denver	Denver
Service Area	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, Jefferson	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, Jefferson
Monthly Premium	\$0	\$29
MOOP	\$3,900	\$3,400
Inpatient	\$295 Days (1 - 5)	\$200 Days (1 - 5)
PCP Copay	\$5	\$5
Specialist Copay	\$40	\$25
Drug Deductible	\$0	\$0
Drug Copay* Tier 1/2/3/4/5	\$0/\$0/\$42/\$85/29%	\$0/\$0/\$42/\$85/29%
Mail Order (90 day)	\$0/\$0/\$115/\$240/33%**	\$0/\$0/\$115/\$240/33%**
Other Extra Benefits	Preventive Dental, Transportation, Vision, Silver Sneakers®, OTC, Hearing Aid Allowance	
Comprehensive Dental	N/A	Included

*Copay amounts applicable to preferred pharmacies.

**Only 30-day mail order supplies available for Tier 5.

Rx Highlights

- Preferred pharmacies include Walgreens, Costco, Safeway, and King Soopers
- \$0 copay on Tier 1 and 2 for mail order 90-day supply
- No deductible on any tier and low copays for Tier 1 and 2 drugs at preferred pharmacies
- 30-/60-/90-day supplies available including mail order options (only 30-day mail order supplies available for Tier 5)

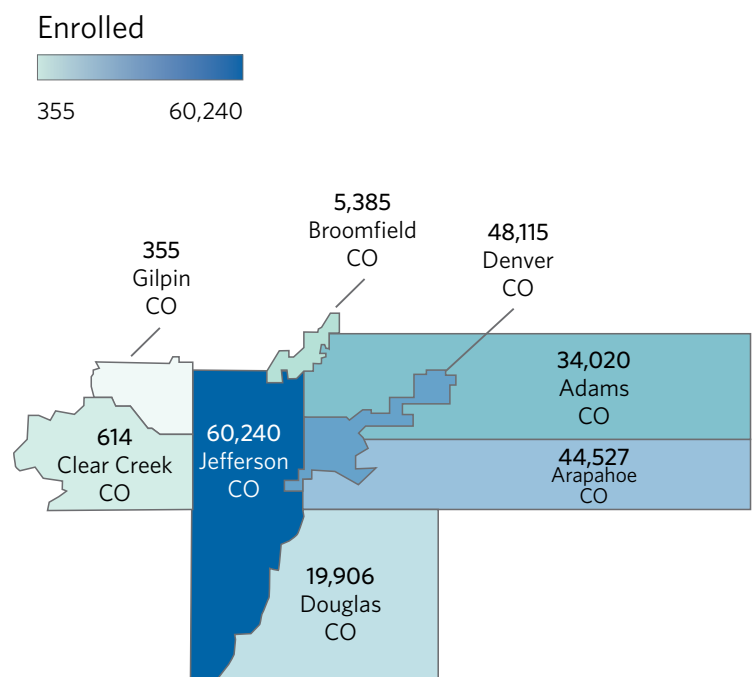
Customer Experience

- Fitness program available through SilverSneakers® at no additional cost
- **Over-the-Counter benefit** – \$85 allowance per quarter for basic health and wellness products such as bandages or cough and cold medications
- **Transportation allowance** – 24 one-way trips to and from medical office visits

Market Landscape

Total Medicare Eligible (as of 6/1/19)
458,179
Year Over Year Growth
7.7%
Medicare Advantage Penetration
41.6%
Year Over Year MA Enrollment Growth
8.7%

Medicare Advantage



High-Performance Network

Mutual of Omaha's Denver primary care network is comprised of New West Physicians, Physician Alliance of the Rockies (PAR), and HealthONE's Colorado Care Partners. The primary care network is supported by a robust hospital network including SCL Health and HealthONE.

SCL Health operates four hospitals in the Denver region, including:

- Good Samaritan Medical Center
- Lutheran Medical Center
- Platte Valley Medical Center
- Saint Joseph Hospital

HealthONE operates eight hospital in the region:

- The Medical Center of Aurora
- North Suburban Medical Center
- Presbyterian/St. Luke's
- Rose Medical Center
- Sky Ridge Medical Center
- Spalding Rehabilitation Hospital
- Rocky Hospital for Children
- Swedish Medical Center

El Paso Market Overview 2020

Plan Highlights

Mutual of Omaha CareAdvantage Complete | \$0 Monthly Premium

for those looking for all the coverage that Medicare provides plus extra benefits like dental, vision and SilverSneakers® in an all-in-one plan.



Dental

Comprehensive service (including select major dental services) built-in with \$1,000 maximum benefit



Extra Benefits

Hearing benefit, SilverSneakers®, OTC and transportation included



Routine Vision

Coverage for routine exams, glasses and contact lenses



Travel Coverage

National and worldwide urgent and emergency care coverage.

Plan Name	CareAdvantage Complete (HMO)
Market	El Paso
Service Area	El Paso
Monthly Premium	\$0
MOOP	\$3,400
Inpatient	\$125 Days (1 – 5)
PCP Copay	\$0
Specialist Copay	\$30
Drug Deductible	\$0
Drug Copay* Tier 1/2/3/4/5	\$0/\$0/\$42/\$87/33%
Mail Order (90 day)	\$0/\$0/\$115/\$275/33%**
Other Extra Benefits	Comprehensive Dental, Transportation, Vision, SilverSneakers®, OTC, Hearing Aid Allowance

*Copay amounts applicable to preferred pharmacies.

**Only 30-day mail order supplies available for Tier 5.

Rx Highlights

- Preferred pharmacies include Walgreens, Costco, and Albertsons
- \$0 copay on Tier 1 and 2 for mail order 90-day supply
- No deductible on any tier and low copays for Tier 1 and 2 drugs at preferred pharmacies
- 30-/60-/90-day supplies available including mail order options (only 30-day mail order supplies available for Tier 5)

Customer Experience

- Fitness program available through SilverSneakers® at no additional cost
- Over-the-Counter benefit – \$75 allowance per quarter for basic health and wellness products such as bandages or cough and cold medications
- Transportation allowance – 24 one-way trips to and from medical office visits

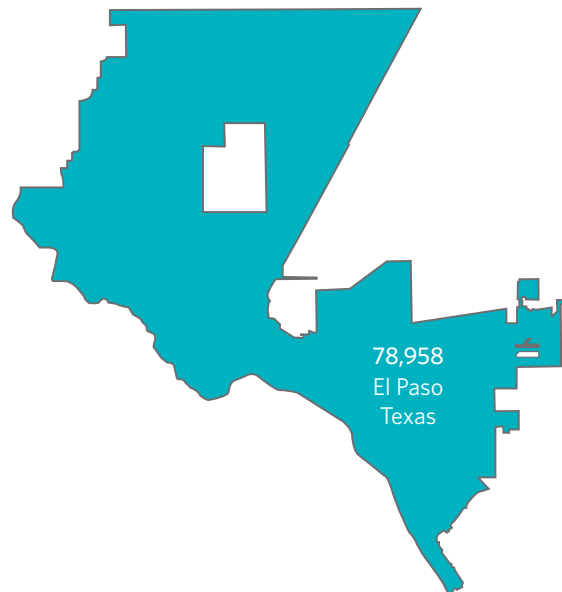
Market Landscape

Total Medicare Eligible (as of 6/1/19)
132,851
Year Over Year Growth
4.7%
Medicare Advantage Penetration
59.4%
Year Over Year MA Enrollment Growth
6.6%

Medicare Advantage

Enrolled

78,958



High-Performance Network

As El Paso's largest health care provider, The Hospitals of Providence provide broad access, quality health care and an emphasis on local outreach, including:

- Five hospitals
- Over 900 physicians
- Dozens of health care centers

San Antonio Market Overview 2020

Plan Highlights

Mutual of Omaha CareAdvantage Complete | \$0 Monthly Premium

for those looking for all the coverage that Medicare provides plus extra benefits like dental, vision and SilverSneakers® in an all-in-one plan.



Dental

Comprehensive service (including select major dental services) built-in with \$1,000 maximum benefit



Extra Benefits

Hearing benefit, SilverSneakers®, OTC and transportation included



Routine Vision

Coverage for routine exams, glasses and contact lenses



Travel Coverage

National and worldwide urgent and emergency care coverage

Plan Name	CareAdvantage Complete (HMO)
Market	San Antonio
Service Area	Bexar
Monthly Premium	\$0
MOOP	\$3,400
Inpatient	\$125 Days (1 – 7)
PCP Copay	\$0
Specialist Copay	\$35
Drug Deductible	\$0
Drug Copay* Tier 1/2/3/4/5	\$0/\$0/\$42/\$87/33%
Mail Order (90 day)	\$0/\$0/\$115/\$275/33%**
Other Extra Benefits	Comprehensive Dental, Transportation, Vision, SilverSneakers®, OTC, Hearing Aid Allowance

*Copay amounts applicable to preferred pharmacies.

**Only 30-day mail order supplies available for Tier 5.

Rx Highlights

- Preferred pharmacies include Walgreens, Costco, and H-E-B
- \$0 copay on Tier 1 and 2 for mail order 90-day supply
- No deductible on any tier and low copays for Tier 1 and 2 drugs at preferred pharmacies
- 30-/60-/90-day supplies available including mail order options (only 30-day mail order supplies available for Tier 5)

Customer Experience

- Fitness program available through SilverSneakers® at no additional cost
- Over-the-Counter benefit – \$85 allowance per quarter for basic health and wellness products such as bandages or cough and cold medications
- Transportation allowance – 24 one-way trips to and from medical office visits

Market Landscape

Total Medicare Eligible (as of 6/1/19)
304,770
Year Over Year Growth
4.9%
Medicare Advantage Penetration
45.3%
Year Over Year MA Enrollment Growth
4.6%

Medicare Advantage

Enrolled



138,086



High-Performance Network

Baptist Integrated Physician Partners (BIPP) is a clinically integrated network anchored by Baptist Health System that serves the San Antonio metropolitan area.

Baptist Health System operates seven hospitals and multiple outpatient centers across the San Antonio metropolitan area, including:

- Baptist Medical Center
- Mission Trail Baptist Hospital
- Northeast Baptist Hospital
- North Central Baptist Hospital
- St. Luke's Baptist Hospital
- Resolute Health Hospital
- Baptist Orthopedic Hospital

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Prescription Drug Overview 2020

Plan Highlights*

Mutual of Omaha Rx Value (PDP) Enhanced Plan

- Low Monthly Premium
- \$0 Deductibles (Tiers 1 and 2)
- \$435 Deductibles (Tiers 3-5)
- \$0 co-pay (Tier 1) at preferred pharmacies (30-day and 90-day supply)
- \$0 co-pay (Tier 1) with home delivery (90-day supply)
- Tighter formulary

Mutual of Omaha Rx Plus (PDP) Basic Plan

- Broad prescription drug coverage
- \$435 Deductible (All Tiers)
- \$0 co-pay (Tier 1) at preferred pharmacies (30-day and 90-day supply)
- \$0 co-pay (Tier 1) with home delivery (90-day supply)

Plan	Mutual of Omaha Rx Value			Mutual of Omaha Rx Plus		
Plan Type	Enhanced			Basic		
Deductible	Tier 1 - 2 \$0 Tier 3 - 5 \$435			\$435		
Initial Coverage Limit	\$4,020			\$4,020		
Gap coverage	Defined Standard			Defined Standard		
Cost-Sharing, Pharmacy Type and Days' Supply	Mutual of Omaha Rx Value			Mutual of Omaha Rx Plus		
	Preferred Retail 30-Days	Standard Retail 30-Days	Preferred Home Delivery 90-Days	Preferred Retail 30-Days	Standard Retail 30-Days	Preferred Home Delivery 90-Days
Tier 1: Preferred Generic	\$0	\$10	\$0	\$0	\$8	\$0
Tier 2: Generic	\$2	\$15	\$6	\$5-12	\$11-18	\$15-36
Tier 3: Preferred Brand	\$25-29	\$30-34	\$75-87	\$40-42	\$45-47	\$120-126
Tier 4: Non-preferred Brand	39-48%	41-50%	39-48%**	48%	50%	48%**
Tier 5: Specialty	25%	25%	25%**	25%	25%	25%**

** Only 30-day supplies are available for Tiers 4 & 5 Preferred home delivery

*Available in all regions except NY & territories

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Preferred Pharmacies

CVS preferred network, including: CVS, CVS-Target, Walmart, Sam's Club, Hy-Vee, H-E-B, Meijer and regional Rx networks.

Premium and Region Details

Region	Region #	Mutual of Omaha Rx Value	Mutual of Omaha Rx Plus
NH, ME	01	\$23.30	\$54.20
CT, MA, RI, VT	02	\$24.10	\$49.30
NJ	04	\$24.90	\$56.80
DE, DC, MD	05	\$23.30	\$51.50
PA, WV	06	\$25.40	\$58.20
VA	07	\$25.80	\$55.80
NC	08	\$24.00	\$56.40
SC	09	\$28.30	\$59.10
GA	10	\$26.80	\$57.90
FL	11	\$25.80	\$55.80
AL, TN	12	\$30.10	\$63.00
MI	13	\$22.20	\$52.60
OH	14	\$23.80	\$54.30
IN, KY	15	\$23.50	\$52.90
WI	16	\$26.80	\$61.90
IL	17	\$22.80	\$53.20
MO	18	\$26.30	\$61.20
AR	19	\$29.30	\$62.80
MS	20	\$28.20	\$61.10
LA	21	\$30.90	\$63.90
TX	22	\$22.70	\$52.10
OK	23	\$27.30	\$59.60
KS	24	\$22.10	\$53.50
IA, MN, MT, ND, NE, SD, WY	25	\$24.50	\$58.70
NM	26	\$25.80	\$54.60
CO	27	\$23.30	\$52.50
AZ	28	\$22.10	\$50.80
NV	29	\$21.70	\$48.00
OR, WA	30	\$24.00	\$56.30
ID, UT	31	\$23.90	\$56.70
CA	32	\$23.10	\$51.70
HI	33	\$22.80	\$46.00
AK	34	\$26.80	\$57.60

Rates are subject to change.

Ready to Sell	23
Step 1: Contracting	23
Appointment Requirements	23
Continuing Education	23
Errors and Omissions Insurance	23
Contracting	23
Background Checks	24
Contracting Changes	24
Transfer Rules	25
Step 2: Certification	25
AHIP Certification.....	25
Navigating MA & PDP Product Training	25

Ready to Sell (RTS)

Medicare Advantage/Prescription Drug Plans are underwritten by Mutual of Omaha Medicare Advantage Company (MOMAC) and Medicare Advantage Insurance Company of Omaha (MAICO). Prescription Drug Plans are underwritten by Omaha Health Insurance Company (OHIC).

Initial Ready to Sell Date: Date the producer has first completed all of the following requirements:

- MOMAC/MAICO/OHIC contract signed
- General Medicare Certification completed with passing score
- MOMAC/MAICO/OHIC Product Specific Training completed with passing score

Step 1. Contracting

Appointments Requirements

Preappointment States – (Pennsylvania and Montana) A party must have an effective appointment prior to solicitation. If applications are dated prior to the appointment effective date with MOMAC, OHIC or MAICO, the application will be processed and the producer will not be paid commission.

Non-Preappointment States – A party may solicit prior to having an effective appointment (applications may be submitted with contracting paperwork). However, the policy cannot be issued until the appointment is effective with MOMAC, OHIC or MAICO. Insurance department regulations require us to have producers appointed within a certain period of time after receiving applications – typically 10-15 days.

Continuing Education

General Medicare Certification and Product Specific training with passing score are required to be contracted as Ready to Sell. Producers and their hierarchies must be deemed Ready to Sell before soliciting and submitting any Medicare Advantage (MA) or Prescription Drug Plan (PDP) policies. To receive compensation including renewals, all levels in the hierarchy are required to take and provide proof of on-going certification.

Errors and Omissions Insurance

Errors and Omissions Insurance in the amount of \$1 Million (per claim) is required prior to selling MA and PDP.

Contracting

Initial Rules of Engagement:

- The MOMAC/OHIC/MAICO contract combines both products and must be signed and submitted by new and existing producers to sell MA and PDP
- Upon initial contracting, producers who are actively contracted for Medicare supplement and PDP products must be through their existing MGA for Medicare supplement

General Agent (GA) – Individual or Corporation

A General Agent is an individual or entity paid directly by MOMAC, OHIC or MAICO. General Agents can be individuals or entities (i.e., corporations). Please refer to the General Agent contract for further details of this agreement.

Special Agent (SA) Contract

A Special Agent is an individual contracted to solicit products. This individual is not paid directly by MOMAC, OHIC or MAICO, but compensation is paid by a Third Party. The Third Party is the individual/entity to which the Special Agent has a direct reporting relationship. Please refer to the Special Agent contract for further details of this agreement.

Contracting Requirements

The following forms are required to contract with MOMAC, MAICO and/or OHIC:

1. **Contract Information & Signature Form** – MOMAC/OHIC/MAICO contract must be signed for Medicare Advantage and/or PDP.
 - All required information must be completed
 - National Production Number (NPN) must be provided
 - Corporations require a principal
 - Compliance contact person must be supplied
 - If any background information question is answered “yes,” a written explanation must accompany the contracting paperwork. This statement must be signed and dated by the individual
 - Section 3 must be signed and dated as authorization of the contract(s)
2. **Fair Credit Reporting Act Disclosure Form**
 - Signing this form authorizes MOMAC, OHIC and MAICO to run the background check. This form is required.
3. **MGA Only: Transmittal(s)** – MGA completes one for each company/product and should indicate requested appointments.
 - Levels 0-5 must report to a level 6 or above
 - Levels 6 & above must have downlines

Submission of Contracting – MGA Responsibility

The appointment/contracting paperwork can be submitted via email or mail. Email is the preferred method of communication.

Email* – contractsandappointments@mutualofomaha.com

Mail – Producer Services

3301 Dodge Street

Attn: 6th Floor

Omaha, NE 68175

**Preferred method of submission*

If additional information is needed from the producer or MGA to complete the contracting request, an email explaining the missing information is sent to the MGA and the record is closed.

Background Check

A Third-Party vendor will complete a background check for every new producer. The background check includes review of the following information:

- Insurance Department Actions
- Federal – Criminal
- County – Criminal
- Social Security Number (SSN) Validation
- Monthly check of Office of Inspector General and General Services Administration

The producer must disclose all information and answer each question on the information sheet truthfully. If any question is answered “yes,” an explanation (signed and dated by the producer) and any supporting documentation needs to be submitted with the contracting paperwork.

If an issue with the background check is found, the producer will be contacted to get the issue resolved, if possible.

Information regarding the findings of the background check will only be discussed with the producer.

If the producer is declined appointment with our companies, the producer and the MGA will be sent a letter with that information.

If you have any questions on the background process, contact us at 800-867-6873.

Contracting Changes

To make a contracting change, the following information is needed:

- **Appointment Addition** – Email or phone call can be made to request new appointments
- **Schedule/Compensation Change/Addition** – Transmittal completed by the MGA for each producer with the appropriate schedule level marked for each product

Note: Please be sure the producer has completed a contract that coincides with the level marked or a new completed contract will be needed. All changes are processed according to the current date.

Hierarchy Change (within the same MGA)

Transmittal completed by the MGA with the new entity's information in the "Report To Name" section. Be sure the Report To entity has been set up with Mutual of Omaha prior to sending in this transmittal requesting the change.

Note: All changes are processed according to the current date.

Transfer Rules

Medicare Supplement Transfer rules can be found in the Administrative Manual on Sales Professional Access (MutualofOmaha.com/broker) under training and Compliance – Administrative Manual – Contracting and Compliance (Section 3).

Medicare Advantage:

No transfers will be allowed during September 1 through December 31. Medicare Advantage uses a 3-month transfer rule.

Prescription Drug Plan:

Medicare supplement and PDP must be under the same hierarchy. Transfer rules will be based on Medicare supplement and the PDP will be linked to the Medicare supplement.

Questions, please call Producer Services at 800-867-6873.

Step 2. Certification

AHIP Certification

All producers wishing to sell MA and PDP must successfully complete the 2020 America's Health Insurance Plans (AHIP) certification. The Centers for Medicare & Medicaid Services (CMS) requires that any producer who wants to sell MA or PDP must complete a Medicare and Fraud, Waste, and Abuse training and certification. Only training and certification from AHIP will be accepted by MOMAC/OHIC/MAICO.

Access

The AHIP certification link is on Sales Professional Access (MutualofOmaha.com/broker). On the home page, place your cursor over the "Products" tab. Under "Medicare Solutions," select either "Medicare Advantage" or "Prescription Drug Plans." From there, you can choose AHIP Training and Product Training.

Discount

A \$50 discount will be applied when a producer completes certification via our Sales Professional Access (MutualofOmaha.com/broker). The charge is \$125.

Passing Score

Allowed three attempts to pass with a minimum score of 90 percent.

Submission

When you successfully complete your AHIP Certification, you may submit your results electronically to Mutual of Omaha by accessing the AHIP Training link on Sales Professional Access.

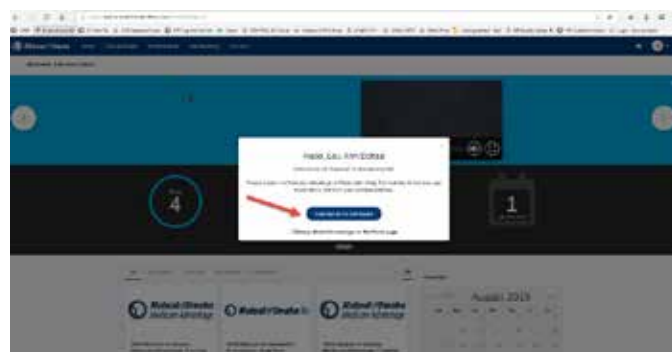
If you completed your AHIP training through another carrier, you can have your results submitted to us by clicking the AHIP Training link on Sales Professional Access. Find instructions on how to transmit your results on your "My Certifications" page. You won't have to pay or take the assessment again.

Navigating MA and PDP Training

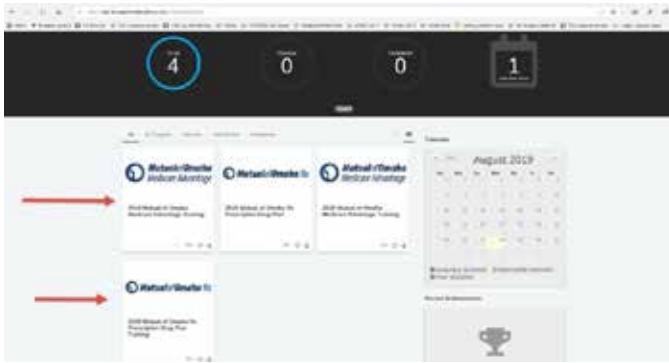
You must access our MA and PDP product training through Sales Professional Access. When you log on to Sales Professional Access, select either PDP Product Training or Medicare Advantage Training. A new tab opens and you're automatically signed in to our training site.

When you see the "Hello" popup message box, you may select either "Continue to my dashboard" or the "X" in the upper right-hand corner to close the message.

To disable this popup message box from displaying the next time you enter the training site, uncheck the "Always show this message on the Home Page" box.

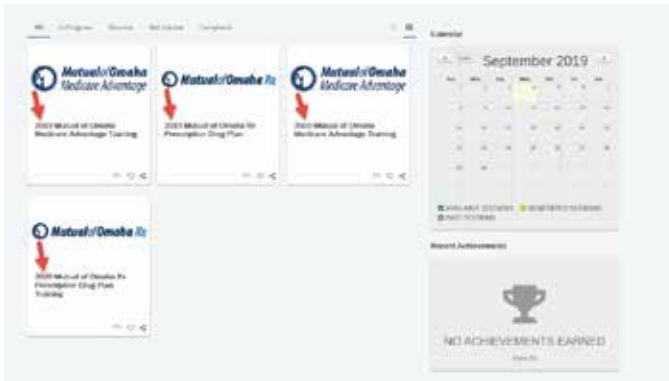


The dashboard displays all the training you chose to take.

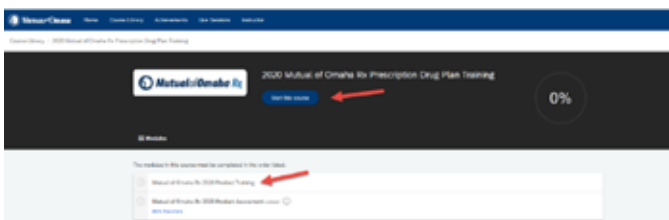


Select the appropriate year to start the course for MA or PDP training.

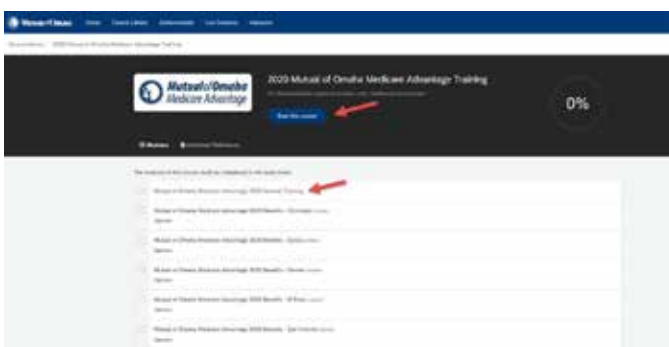
Note: Two plan years display from July-November each year.



To select the desired product training, click the “Start this course” button or from the list below it.



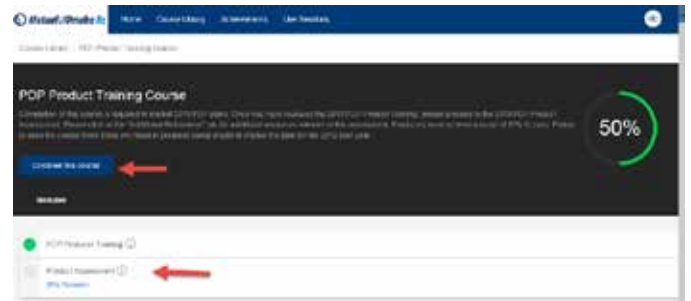
The MA modules must be completed in the order listed. As a module is completed, the next one becomes available to you.



Click the left/right arrows to move through the modules.

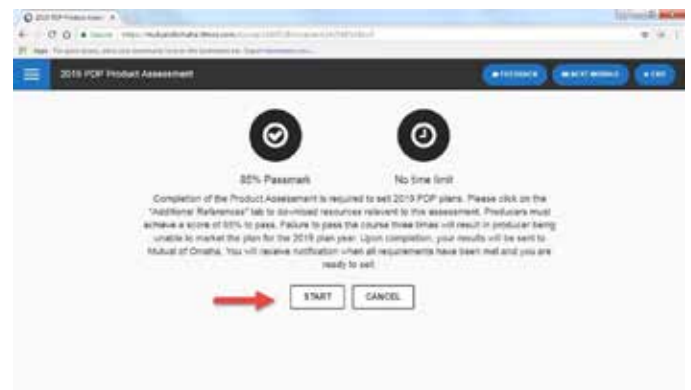


When you’re through with the course, click on the “Continue this course” button or “Product Assessment” to begin the test.



Click the “Start” button to begin the assessment.

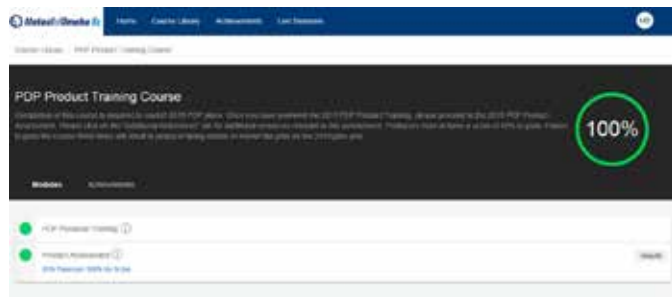
Note: If a page times out or you accidentally close the tab, you can pick up where you left off when you return to the site.



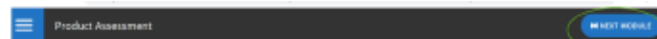
Upon completing the test, you see your course test results – pass/fail and score.



This page shows your overall training results.



To select the next training module, click “My Next Module” in the upper right corner.



To log off, either close the browser tab or click your initials and select “Sign Out.” To log in, you must go through Sales Professional Access.



Election Periods.....29

Election Periods

Individuals looking to make enrollment requests may do so at the following times:

- Medicare Annual Enrollment Period (AEP)
- Initial Coverage Election Period (ICEP)
- Initial Enrollment Period for Part D (IEP for Part D)
- The Medicare Advantage Open Enrollment Period (MA OEP)
- Special Election Periods (SEP)

Medicare Advantage Annual Enrollment Period (AEP)

AEP runs from October 15 through December 7. During the AEP, Medicare Advantage-eligible individuals may enroll in or disenroll from a Medicare Advantage (MA) plan. The AEP is also referred to as the “Fall Open Enrollment” season and the “Open Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage.”

Producers may begin marketing for the upcoming benefit year on October 1. No solicitation or submission of an MA or Prescription Drug Plan (PDP) enrollment may occur prior to October 15.

Initial Coverage Election Period (ICEP)

An IEP occurs when a consumer first becomes eligible for Medicare. These periods are for all consumers becoming eligible for Medicare, whether it’s due to turning 65 or a qualifying disability.

Individuals newly eligible for MA may make an initial enrollment request to enroll in an MA plan. This period begins three months immediately before the individual’s first entitlement to both Medicare Part A and Part B and ends on the later of:

- The last day of the month preceding entitlement to both Part A and Part B, or;
- The last day of the individual’s Part B initial enrollment period

The initial enrollment period for Part B is the seven (7) month period that begins three months before the month an individual meets the eligibility requirements for Part B, and ends three months after the month of eligibility.

Initial Enrollment Period for Part D (IEP for Part D)

The Initial Enrollment Period for Part D (IEP for Part D) is the period during which an individual is first eligible to enroll in a Part D plan. In general, an individual is eligible to enroll in a Part D plan when he or she is entitled to Part A or is enrolled in Part B, and permanently resides in the service area of a Part D plan. Ultimately, CMS provides a Part D eligibility effective date and maintains it in CMS systems.

Generally, individuals will have an IEP for Part D that is the same period as the Initial Enrollment Period for Medicare Part B. The initial enrollment period for Part B is the seven (7) month period that begins three months before the month an individual meets the eligibility requirements for Part B, and ends three months after the month of eligibility.

Individuals eligible for Medicare prior to age 65 (such as for disability) will have another Initial Enrollment Period for Part D based upon attaining age 65.

Medicare Advantage Open Enrollment Period (MA OEP)

The MA disenrollment period was eliminated in 2019 and replaced with a Medicare Advantage Open Enrollment Period (OEP). Between January 1 and March 31 each year, individuals enrolled in a Medicare Advantage Plan (MA or MAPD) can make a one-time election to:

- Switch from a Medicare Advantage Plan (with or without drug coverage) to another Medicare Advantage Plan (with or without drug coverage).

- Disenroll from a Medicare Advantage Plan and return to Original Medicare. If they choose to do so, they'll be able to join a Medicare Prescription Drug Plan

If individuals are enrolled in a Medicare Advantage Plan during their Initial Enrollment Period, they can change to another Medicare Advantage Plan (with or without drug coverage) or go back to Original Medicare (with or without drug coverage) within the first three months they have Medicare.

During this period, individuals cannot:

- Switch from Original Medicare to a Medicare Advantage Plan
- Join a Medicare Prescription Drug Plan if they're in Original Medicare and previously declined to enroll in such a plan
- Switch from one Medicare Prescription Drug Plan to another if they're in Original Medicare

Any changes made will be effective the first of the month after the plan receives the request.

Special Election Period (SEP)

Special election periods constitute periods outside of the usual IEP, AEP or MA OEP when an individual may elect a plan or change his or her current plan election. As detailed below, there are various types of SEPs, including SEPs for dual-eligibles, and for individuals whose current plan terminates, who change residency and who meet "exceptional conditions."

Depending on the nature of the particular special election period, an individual may:

- Discontinue an enrollment in an MA plan and enroll in Original Medicare
- Switch from Original Medicare to an MA plan
- Switch from one MA plan to another MA plan

Marketing During OEP	
Permitted	Not Permitted
If a beneficiary makes a proactive request, you may: ▪ Send marketing materials ▪ Conduct one-on-one meetings ▪ Provide information on OEP	Sending unsolicited materials advertising OEP opportunity
	Engaging in or promoting activities intended to target the OEP as an opportunity for sales
	Contact clients who selected a new plan during AEP

Who can use the MA OEP:	MA OEP occurs
Individuals enrolled in MAPD plans as of January 1	January 1 - March 31
New Medicare beneficiaries who are enrolled in an MA plan during their ICEP	The month of entitlement to Part A and Part B - the last day of the 3rd month of entitlement

Election Period	Application Timeline	Effective Date of Coverage
AEP	October 15 - December 7	January 1 of the following year
ICEP and IEP for Part D	Generally the same: When a person first becomes eligible for Medicare	First day of the month of entitlement to Medicare Part A and Part B - or - The first of the month following the month of enrollment request was made if after entitlement has occurred.
MA OEP	January 1 - March 31	<i>First day of the month after the month the MA organization receives an enrollment request</i>
SEP	Periods as defined by CMS outside of the usual IEP, AEP or MA OEP when an individual may elect a plan or change his or her current plan election.	Varies

General Enrollment Guidelines	33
Scope of Appointment (SOA)	33
Trumping Rule	33
Enrollment Methods	33
e-App Enrollment	33
Paper Enrollment	34
Tracking Enrollment	35

General Enrollment Guidelines

Scope of Appointment

The Scope of Appointment (SOA) form is an agreement between a Medicare beneficiary and a producer. It's used to document all in-person appointments with the beneficiary to ensure that only products agreed upon are discussed. The form is required when meeting in-person with a potential, new, or existing beneficiary, or someone seeking information on behalf of a beneficiary, and is used to carry out marketing or sales activities. The form should be completed by the beneficiary and returned prior to the appointment. If this isn't possible, the agent may get the beneficiary to sign the form at the beginning of the appointment. In this case, the form requires the agent to indicate why the form wasn't executed prior to the meeting.

You can discuss various plan options; distribute plan materials or other educational materials; distribute or collect enrollment forms.

Medicare requires that you retain a copy of the Scope of Appointment form for 10 years and make it available to Medicare or the plan upon request.

A copy of the SOA can be downloaded on Sales Professional Access – Forms and Materials.

Paper Enrollment Application Submission Timeline

A signed Medicare Advantage (MA) or Prescription Drug Plan (PDP) enrollment application must be submitted within 48 hours of the enrollment form sign date.

See below "Enrollment Methods" for details regarding the preferred method for submission of paper enrollment forms.

Trumping Rule

A Medicare beneficiary can't be enrolled in more than one MA product or PDP plan at a time.

If CMS receives enrollment requests from separate carriers for the same person in the same valid election period, the last application or enrollment request received will take effect. The carrier and writing producer that submitted the last enrollment request will receive credit for the enrollment. If the enrollment requests have the same application-received date, the carrier that submitted the first enrollment request will get credit.

Enrollment Methods

Electronic Enrollment

MA Electronic Enrollment

The MA electronic enrollment can be found on the MA producer portal, Sales Professional Access (MutualofOmaha.com/broker). On the left navigation bar under Sales Tools, click:

Electronic Applications — Medicare Advantage
e-Application — Start or Continue e-App

PDP Electronic Enrollment

Access to the PDP electronic enrollment can be found on Sales Professional Access (MutualofOmaha.com/broker). On the left navigation bar under Sales Tools, click:

Electronic Applications — Prescription Drug Plans
e-Application — Start or Continue e-App

Electronic Enrollment Process

The following general process applies to both the MA and PDP electronic applications. For detailed step by step instructions, refer to the Enrollment Guides located under the MA and PDP e-application links on Sales Professional Access (MutualofOmaha.com/broker).

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

Start Consultation



There are multiple tabs that appear on the Start Consultation page. Complete each tab beginning with the Profile.

The Scope of Appointment (SOA)

If sending the SOA via email, a profile must be completed. The beneficiary will receive an email in which they can select the link and complete the SOA. You will receive an email indicating the SOA has been submitted. Once the SOA has been submitted, the meeting can occur. Complete the SOA by clicking Awaiting to be Submitted link.

Click Continue and proceed to completing the remaining tabs.

The last tab will be Compare Plans.

- View details of the plan
- Send Quote or Quick Quote
- Enroll the beneficiary

When enrolling the beneficiary, complete all pages beginning with the Contact Info

Contact Info — Benefit Info — Other Info — Review — Agent Info — Submit



After submitting the enrollment, please provide the beneficiary with the confirmation number. The beneficiary will receive a confirmation via email.

For detailed step by step instructions refer to the Enrollment Guides located under the e-application links.

Paper Enrollment Applications

MA Paper Enrollment Forms

MA paper enrollment forms can be ordered through the MA producer portal via the Store Front.

There are two options for submitting completed paper enrollment forms:

1. Producer Online Quick Entry

- Log in to the MA producer portal on Sales Professional Access (MutualofOmaha.com/broker)
- Select the "Start New Application" icon
- Complete the form online and upload your paper documents
- Mail the paper documents to our enrollment processing center within 48 hours of enrollment sign date

2. Producer Phone Enrollment

- Once the enrollment has been completed, the producer MUST leave the beneficiary's house
- Call Producer Support at 877-259-8657 during business hours (Monday through Friday, 8:00 a.m. – 5:00 p.m. CST) and provide details of the enrollment
- If the enrollment is completed after hours, please call by 11:00 a.m. on the next business day
- Producer is limited to three (3) enrollments per call
- Be sure to enter the confirmation number in the "For Office Use only" section on the last page of the enrollment
- Mail the enrollment form, SOA and Agent Checklist to our enrollment processing center within 48 hours of enrollment sign date

A pre-addressed, postage-paid envelope is included in every sales kit. Below is the mailing address for paper enrollments following submission of paper enrollment via either Producer Online Quick Entry or Phone Enrollment:

Mutual of Omaha Medicare Advantage Company
P.O. Box 12487
St. Louis, MO 63132-9922

PDP Paper Enrollment Forms

A PDP enrollment packets can be order through regular channels. Fax the order form or call Sales Support at 800-693-6083.

Submit completed paper enrollment forms to Mutual of Omaha via fax or mail.

Paper Enrollment Form

FAX – 855-867-6711 (*Preferred method of submission*)

Email – N/A

Mail – Mutual of Omaha Rx
P.O. Box 3625
Scranton, PA 18505-9811

All paper enrollment forms **MUST** be received by Mutual of Omaha Rx's enrollment processor **within 48 hours after the signed enrollment date**.

In compliance with Center for Medicare and Medicaid Services (CMS), you must retain a copy of all Scope of Appointments in your records for 10 years. The SOA does not need to be submitted to Mutual of Omaha Rx, however periodic audits of producers will be performed to ensure compliance with retention guidelines.

Tracking Enrollment

Medicare Advantage Enrollments:

MA Individual Producer

1. If you submit an enrollment application:

- For electronic enrollments started or submitted, access by clicking the "View Dashboard" button within the Medicare Advantage e-App
- For paper enrollments, call 877-259-8657

2. CMS approved enrollments:

- For electronic enrollments, click on the App Tracker icon within the Medicare Advantage Producer Portal. The link to the MA producer portal can be found on the Medicare Advantage product page on Sales Professional Access (MutualofOmaha.com/broker)
- For paper enrollments, call 877-259-8657

MA Uplines

There are no reports available at this time. However, uplines can call 877-259-8657 to check the enrollment status on behalf of a downline writing agent.

Prescription Drug Enrollments:

PDP Individual Producer

1. If you submit an enrollment application:

- For electronic enrollments
 - o For enrollments that are in progress, access progress reports by clicking the View Dashboard button within the PDP e-App. The dashboard will provide a status update on the progress of the e-App enrollment
 - o For submitted enrollments, call 877-775-1360
- For paper enrollments, call 877-775-1360

2. CMS approved enrollments (both electronic and paper):

There are two links available to access your report:

- Click the link labeled "Prescription Drug Plan Approvals" under the "Reports" tab in Sales Professional Access, or
- Click the link "Approved Cases" located on the "Electronic Applications" page under the button to launch the PDP e-App

Please note: CMS approved enrollments may take up to three business days to display.

PDP Uplines

There are no reports available at this time. However, uplines may call 877-775-1360 to check on enrollment status on behalf of a downline writing agent.

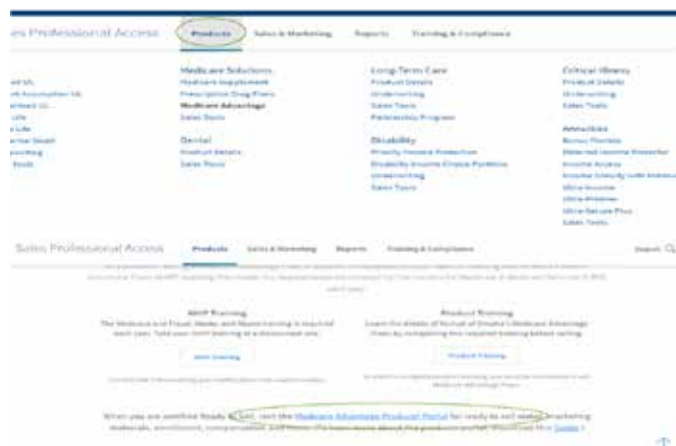
Producer Portals	37
Medicare Advantage.....	37
Portal Function.....	37
Start a New Application	37
Application Tracking.....	37
Book of Business.....	38
Commissions.....	38
Ready to Sell	38
Documents	38
Find a Provider	38
Storefront	39
Prescription Drug Plan.....	40
Training Links	40
Production Information.....	40
Pharmacy Finder.....	40
Plan Overview	41
Resources	41
Electronic Application.....	41
Reports.....	41
Compensation.....	41

Producer Portals

Medicare Advantage

The Medicare Advantage producer portal is accessible via Sales Professional Access (MutualofOmaha.com/broker).

A link can be found on the Medicare Advantage product pages. Path: Products — Medicare Solutions — Medicare Advantage. Clicking the link redirects you to the producer portal.



Portal Functions

Bold indicates the function is live.

1. Start New Application
2. Application Tracking
3. Book of Business
4. Commissions
5. Ready to Sell
6. Documents
7. Find Provider
8. Storefront



Start a New Application

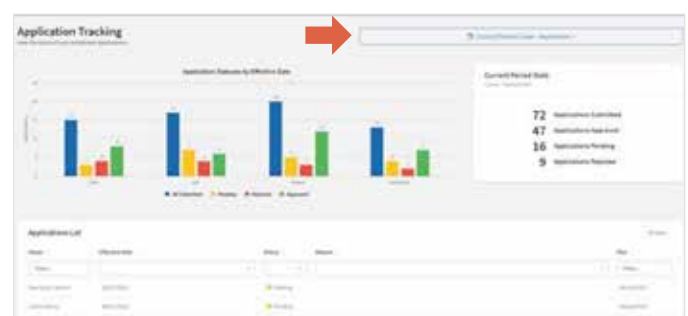
Please reference our Medicare Advantage Enrollment Guide found under Electronic Applications — Medicare Advantage e-Application.

Application Tracking (AppTracker)

You can view application status by effective date for the current period. Change the view to reflect a full year or complete historical view by clicking on the filter in the upper right corner.

Click the graphs to view applications by status by month in the Applications List table.

Click any heading in the Applications List to display data in a different order, or drill down further into the data by using the filters. You can create worklist and export your data to Excel, CSV or PDF.



Book of Business (BOB)

View all members, their associated plans, status and effective and expiration dates.



Commissions

Follow the Commissions link to view your information.

Ready to Sell (RTS)

Here resides your Certification status. Select the plan year to view past or future certifications. You can also see which states you are licensed to sell your product.



Downline Status is available for those with direct producers and/or agencies.

- The Direct Producers Table lists producers including the states in which they are licensed to sell and their RTS status, Yes or No.



- The Direct Downline Agencies table will display their downline agencies and the percentage of producers who have RTS status under them.



Documents

View and download plan documents. Select plan year to view past or future repositories. Categories:

- Plan Documents: Summary of Benefits, Formularies, Evidence of Coverage, Provider Directory
- Resources: Enrollment Application form, Agent Checklist, Scope of Appointment, Producer Portfolio, Transportation Benefit Details
 - o Storefront for ordering supplies: Go to Sales Professional Access (MutualofOmaha.com/broker) - Products tab - Medicare Advantage - Medicare Advantage Producer Portal - Storefront
- Compliance Documents: Medicare Marketing Guidelines
- Marketing Materials: Contracting Guidelines, Ready to Sell Guidelines, Tear Sheets for Markets, Star Rating Sheet



Find a Provider

This function allows you to search for a provider. From Select Plan Year, click the drop down. Choose the Plan Year. Select Market from drop down.



Enter the information.

Results will display with ability to download search results by clicking on the Download Search Results link.

Provider / Group Name	Address	Phone	Specialty	Distance
Evans Emergency Hospital #000000000	1000 East Packer Ave San Antonio, TX 78203-0000	(210) 357-1000	Hospital	2.1
Evans Emergency Hospital #000000000	1000 East Packer Ave San Antonio, TX 78203-0000	(210) 357-1000	Hospital	2.2
Evans Emergency Hospital #000000000	1000 East Packer Ave San Antonio, TX 78203-0000	(210) 357-1000	Hospital	2.3

Storefront

From the main menu, select "Storefront" to automatically sign in to the Storefront home page.



Select the market for which you want materials.



Then choose a category and the available items:

- Enrollment Materials – enrollment kits, downloadable applications
- Producer Marketing – postcards, posters, sales presentations
- Advisor Producer Marketing – specific postcards and poster for Mutual of Omaha Advisors



Click "Add to Cart" to select the items and quantities you want to order. Continue shopping or proceed to checkout.



Follow the steps to complete your order.

Note: Once you enter an address, it will be auto-inserted on future orders until you change it.

When you complete all the steps and submit your order, you see this confirmation screen and receive an email confirming your order.



Go to the “My Account” page to see your order status and history and to configure your delivery address.



Prescription Drug Plans

Sales Professional Access (MutualofOmaha.com/broker) is the producer portal for the Prescription Drug Plans.

The following information and links can be found on the PDP product page.

Products — Medicare Solutions — Prescription Drug Plans.

Training Links

Both the training link for AHIP certification and PDP product training are available.



Product Information

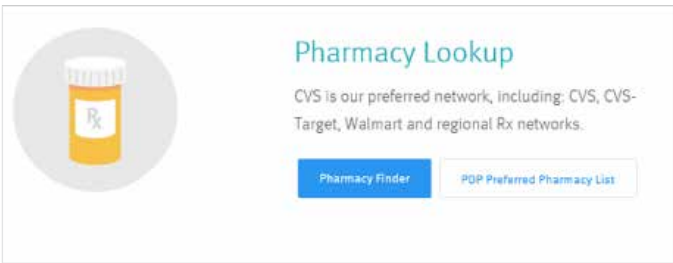
You must select a state when you first access the PDP product pages. Selecting the state will provide correct premium and product detail information for both the Mutual of Omaha Rx Value and Rx Plus plans.

Product details for Okla		
Plan designs, premiums and service areas are pending government approval and subject to change.		
	Mutual of Omaha Rx Value	Mutual of Omaha Rx Plus
	A national prescription drug plan with a low monthly premium and \$0 deductibles	Our basic plan with broader choice of prescription drugs and low-cost generic drugs
Premium	\$24.70 per month for DB	\$39.10 per month for DB
Deductible	Tiers 1, 2 \$0 Tiers 3-5: \$415	Tiers 1-5 \$415
Initial Coverage Limit	\$3,820 per year	\$3,820 per year
Gap Coverage	Defined Standard	Defined Standard
Cost Sharing Tier 1: Preferred Generic	Preferred: \$1 Standard: \$5 90-day Mail: \$2	Preferred: \$3 Standard: \$8 90-day Mail: \$8

Pharmacy Finder

You may look up pharmacies in two ways:

- Online: Click `Pharmacy Finder` and enter a ZIP code
- PDF: Click `PDP Preferred Pharmacy List` to launch a PDF listing of preferred pharmacies



Plan Overview

Clicking on the Plan Overview and learn about the Mutual of Omaha Rx plans, including plan highlights, copays, preferred pharmacies and premiums.



Resources

Find links for the PDP e-App and Forms and Materials. Note e-App and Forms and Materials can also be accessed on the Sales Professional Access (MutualofOmaha.com/broker) landing page under Sales Tools.



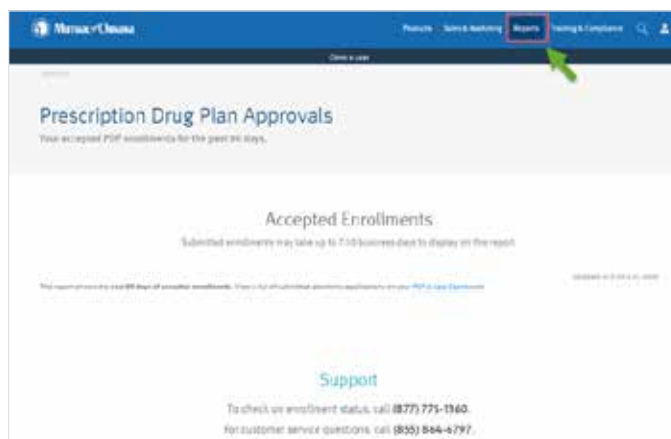
PDP Electronic Applications

More information regarding the PDP e-App can be found in the General Enrollment Guidelines section of this guide.

Reports

Enrollments

Under the Reports tab on Sales Professional Access, click on Prescription Drug Plan. Information regarding Accepted Enrollments for the past 90 days will display. Enrollment status can be checked by calling 877-775-1360.



Compensation

For Plan Year 2020:

- PDP compensation runs monthly on or around the 20th of each month.

For Plan Year 2020, Mutual of Omaha Rx first compensation run will be on or around January 20, 2020 to include all PDP confirmed enrollments done during the 2020 AEP.

Compensation Schedules – Go to Sales Professional Access, click the Profile icon in the upper righthand corner. Choose Communications and filter on company – Omaha Health Insurance Company to access your contract packet which includes your compensation schedule.

Compensation Statements – Statements are on Sales Professional Access under Reports.

For questions:

- Call Compensation at 800-475-4465; or
- Email broker.compensation@mutualofomaha.com

Compensation43

Accessing Comp Reports 43

Calculating 43

Paying 44

Compensation

Accessing Comp Reports

Medicare Advantage

Accessing the Medicare Advantage Producer Portal link on the Medicare Advantage product page found on Sales Professional Access. Within the Medicare Advantage Producer Portal (MutualofOmaha.com/broker) on the "Commissions" icon.

Prescription Drug Plans

Comp reports can be found in the same location as all current comp reports under the Reports tab on Sales Professional Access.

Calculating

Commission amounts are based on the schedule assigned for the current enrollment year.

For Medicare Advantage (MA) and Prescription Drug Plan (PDP), individuals with a level 6 or above will only receive the level 5 Commission Amount for personal production.

Commissions for MOMAC, OHIC and MAICO are calculated monthly after data is made available from CMS of valid enrollees and their corresponding activities for MOMAC/OHIC/MAICO sold business. A statement and, if applicable, corresponding payment will be available monthly based on the previous' month's activities.

Compensation Overview

Types of Compensation

According to the CMS guidelines, we have identified three calculations for compensation:

- 1. Initial Enrollment (Full Payment):** First time on MA/ MAPD or PDP with no prior plan or with an "unlike plan type" enrollment change.
- 2. Like Plan Type Change (Pro-rated Payment):** Change from a MA/MAPD to another MA/MAPD or change from a PDP to another PDP. This may be done during the initial enrollment year or in a renewal enrollment period.

- 3. Renewal Enrollment (Pro-rated Payment):** Continued enrollment in the same plan or make a like plan type enrollment in a subsequent plan year.

All determinations are based on monthly reports received from CMS.

Producer and Up-Line Compensation

Compensation, including commission and administrative fees, as defined in your Medicare Advantage or Medicare Prescription Drug Plan Fee Table in your Compensation Schedule, will be paid on or about the 20th of each month and is based on notification from CMS that the plan is still inforce.

Initial Enrollment: For MA and PDP enrollments, the full amount will be paid as a lump sum payment in the effective month of the policy.

Like Plan Type Change: For MA and PDP enrollments, upon CMS notification of a Like Plan Type Change, a prorated amount equivalent to the balance of the plan year commission and/or administrative fee will be paid out as a lump sum payment. If the Like Plan Type Change occurs 1) in the Initial Enrollment year, the amount is based on the Initial Enrollment commission and/or administrative fees or 2) after the Initial Enrollment year, the amount is based on the renewal amount shown in your Compensation Schedule.

Renewal Enrollment: For MA, a prorated amount equivalent to 1/12th of the renewal amount will be paid as the plan remains inforce. For PDP enrollments, the prorated annual amount, equivalent to the balance of the plan year commission and/or administrative fee, will be paid out as a lump sum payment in the effective month of the plan.

Lifetime renewals are paid to the producer and anyone in the hierarchy, as long as each has appropriate certifications on-file with MOMAC/OHIC/MAICO, based on the as-of date determined by CMS. Future renewal compensation will be paid based on your assigned Compensation Schedule in effect for the plan year of the renewed enrollment. The renewal compensation will be reflective of the fair market value (FMV) changes that are published by CMS each plan year.

If at any time, the writing producer does not recertify, no one in the hierarchy will be paid any future commission or administrative fees.

MOMAC, OHIC and MAICO do not allow Agent of Record (AOR) changes on existing enrollees.

Appropriate licenses and appointments for the state in which the beneficiary resides are required to receive compensation payments for that beneficiary.

Chargebacks

- When Enrollee disenrolls within the first three months of enrollment (rapid disenrollment), the full commission and/or administrative fees paid are charged back.
- If the disenrollment is not a rapid disenrollment, for any months in which the Enrollee is not enrolled, the amount of the commission and/or administrative fees being charged back are prorated
 - o Initial Enrollment chargeback is equal to the number of months the enrollee is not enrolled.
 - o For Like Plan Type Changes or Renewal Enrollments, the chargeback is equal to any monthly amount that had been paid after the effective date of the disenrollment per notification from CMS of the disenrollment. Also, no additional compensation will be paid for that plan.

which a beneficiary resides, as of the application sign date. Anyone who does not have the appropriate requirements on file in the home office, as of this date, forfeits their eligibility for compensation

- Compensation will continue to be paid as long as the Enrollee remains continuously enrolled and annual recertification of AHIP and product training is completed and on file with our companies
- Renewal compensation will not be paid to anyone in the hierarchy who does not send in proof of AHIP recertification and who has not taken and passed product training each year. Once compensation is forfeited for an enrollee's plan, no future compensation will be payable for that plan
- Future renewal compensation will be paid based on your assigned Compensation Schedule in effect for the plan year of the renewed enrollment. The renewal compensation will be reflective of the fair market value (FMV) changes that are published by CMS each plan year.

Paying

MOMAC and MAICO requires a current EFT to be available to deposit your compensation to your bank account. There is a \$25.00 minimum for the deposit to be made.

OHIC prefers to pay via EFT. Do this your account must have a valid EFT routing and account number in which to deposit your compensation. The minimum balance to receive your pay via EFT is \$25.00. If you do not have a current EFT set up, your compensation will be sent via check to your address on record. Checks will only be sent upon reaching a \$250.00 minimum.

Every contracted producer must have AHIP certification and have passed the company's specific product training prior to selling either MA or PDP products. In addition, the company must have appropriate state license(s) on file to process the appointments with MOMAC, MAICO, and/or OHIC.

Notes:

- To be eligible for their portion of compensation on an application, each person/entity must have applicable AHIP certification, have passed specific product training, and be licensed and appointed, in the state in

Compliance and Marketing	47
Staying Compliant	47
Medicare Communication and Marketing Guide (MCMG).....	47
Medicare/Sales Events (50.2 - MCMG)	47
Educational Events (50.1 - MCMG)	47
Personal/Individual Marketing Appointments (50.3 - MCMG)	47
Nominal Gifts (40.4 - MCMG)	47
Marketing Materials	48
Marketing Materials Policy Overview	48
Accessing and Ordering <i>Forms and Materials</i>	48
General Advertising Compliance	48

Compliance and Marketing

Staying Compliant

As a producer representing Mutual of Omaha Medicare Advantage and/or Prescription Drug Plans, you must follow all Mutual of Omaha policies as well as the regulations and guidelines set forth by the Centers for Medicare & Medicaid Services (CMS). You're responsible for knowing the rules and complying with them as they pertain to your daily marketing activities.

Potential consequences of engaging in inappropriate or prohibited marketing activities include disciplinary actions, termination and forfeiture of compensation.

Medicare Communication and Marketing Guide (MCMG)

Always refer to, and follow, the complete and current CMS Medicare Communication and Marketing Guidelines (MCMG), which you can find at:
www.cms.gov/medicare/health-plans/managedcaremarketing/finalpartcmktgguidelines.html

Marketing/Sales Events (50.2 – MCMG)

Marketing/Sales Events are designed to steer or attempt to steer potential enrollees, or the retention of current enrollees, toward a Plan or limited set of Plans. Marketing/sales events:

- May discuss Plan-specific information; distribute health plan brochures and enrollment materials; and conduct enrollments
- Report all marketing/sales events. Mutual of Omaha has a request form which must be completed prior to conducting a marketing/sales event
- May not cross sell non-health related products (i.e. life and annuities)
- Only sales presentations designed by Mutual of Omaha may be used at these events

Educational Events (50.1- MCMG)

Educational events are designed to inform beneficiaries about Medicare Advantage, Prescription Drug, or other Medicare programs. Educational events:

- Must be advertised as educational and provide objective information about Medicare, MA and/or PDP
- Hosted in a public venue
- May answer beneficiary-initiated questions
- May set up a marketing appointment and distribute business cards and contact information for beneficiaries to initiate contact (this includes completing and collecting a Scope of Appointment form)
- Must not include marketing or sales activities or distribution of marketing materials or enrollment forms

Personal/Individual Marketing Appointments (50.3 – MCMG)

Scope of Appointment (SOA) parameters (and documentation) are required for all one-on-one appointments, regardless of venue (e.g., home, telephone). During these appointments, discussions may only concern previously agreed upon plan products documented in the SOA, and may only market health-related products, and not, for example, annuities or life insurance. Individuals may not solicit/accept enrollment applications for a January 1 effective date until October 15 of the preceding calendar year, unless the beneficiary is entitled under another enrollment period.

Nominal Gifts (40.4 – MCMG)

Nominal gifts may be offered to beneficiaries for marketing purposes as long as gifts are of nominal value (\$15 or less, \$75 aggregate, per person, per year) and provided regardless of enrollment, and without discrimination.

- If a nominal gift is one large gift (i.e., concert, raffle, drawing), the total fair market value must not exceed the nominal per person value based on attendance (\$15 for

person). For planning purposes, anticipated attendance may be used, but must be based on actual venue size, response rate, and/or advertisement circulation.

- Cannot be in the form of cash or other monetary rebates, even if their worth is \$15 or less; cash gifts include charitable contributions made on behalf of potential enrollees, and gift certificates/gift cards that can be readily converted to cash, regardless of dollar amount.

Marketing Materials

Marketing Materials Policy Overview

Mutual of Omaha is responsible for ensuring all marketing materials used by any agent selling our Medicare plans are consistent with CMS MCMG and all other relevant issued guidance.

- Use only marketing materials and scripts previously reviewed by us prior to usage
- Marketing materials must contain required CMS disclaimers
- Do not submit marketing materials directly to CMS; materials must be submitted directly by Mutual to CMS for review and approval—this includes any material that mentions plan-specific benefits.

Accessing and Ordering Forms and Materials

It is recommended that you use Mutual of Omaha pre-approved advertising to assure compliance with all advertising regulations. Below is information on viewing and ordering pre-approved materials.

Medicare Advantage

All marketing materials for the MA product can be viewed and ordered through the Medicare Advantage producer portal.

- MA marketing materials are not available to view on the Sales Professional Access Forms and Materials site; however, the link to the MA producer portal can be found on the Forms and Materials landing page. (Please note that the link is only viewable to those producers who are contracted to sell Medicare Advantage.)
- Access to ordering in the Storefront will be limited to NPNs that are Ready to Sell for Mutual of Omaha Medicare Advantage

- Ordering process is similar to most on-line shopping experiences
- Any shipping information you provide can be given an “Address Label” (or name) that is saved and can be retrieved for future orders.
- There is no charge for materials. When reviewing your order, the total billed amount will show \$0.00. The billing information you see when reviewing your order is for the vendor to Mutual of Omaha.

Prescription Drug Plans

All available marketing materials for the PDP products can be viewed and downloaded on Sales Professional Access (MutualofOmaha.com/broker) under Forms and Materials. Search by using Omaha Health Insurance Company as the underwriting company.

Orders for the PDP Enrollment Packet may be placed using the Materials Order Form or by calling our Sales Support team at 800-693-6083.

Prospecting materials can be ordered using the PDP Prospecting Materials Order Form.

General Advertising Compliance

Any materials you may create that are consumer-facing and specifically mention Mutual of Omaha must be submitted to us for Advertising Review and filing before they can be used.

The following communication materials are examples of some, but not necessarily all,

“Advertising Materials” and must receive Advertising Review Approval:

- All printed and published material, audiovisual material, and descriptive literature of the insurer used in direct mail, newspapers, magazines, radio scripts, TV scripts, billboards and similar displays.
- All internet/website advertising to Mutual of Omaha for review and approval. Please contact us if you are interested in linking to our Mutual of Omaha website (MutualofOmaha.com).
- Descriptive literature and sales aids of all kinds for presentation to members of the insurance-buying public, including but not limited to circulars, leaflets, booklets, depictions, illustrations, form letters and lead-generating devices of all kinds.

- Prepared sales talks, presentations and material for use by agents, producers, brokers and solicitors.
- Material used in the solicitation of renewals and reinstatements, and materials urging an insured to increase or expand coverage.
- Computer software and third-party needs selling kits.
- All other advertising that contains Mutual of Omaha's name, logo, or other marks of the name or logo or other marks of any companies affiliated with Mutual of Omaha.

Contact our Sales Support Team at 800-693-6083
with any request for review and approval.

Member Experience51

New Member Welcome.....51

Medicare Advantage51

 Welcome Kit 51

 Website..... 51

 Contacts52

Prescription Drug Plans55

 Welcome Packet55

 Accessing Plan Documents.....55

Member Experience

New Member Welcome

Below is a brief description of some member services and information available to your client.

Medicare Advantage

Welcome Kit

When your client becomes a member of Mutual of Omaha CareAdvantage, they will receive a welcome kit containing information on their plan benefits and member services.

Content includes:

- Forms
 - o Health Risk Assessment (HRA) Form
 - o Transition of Services Form
 - o Business Reply Envelope
 - o Notice of Privacy Practices
 - o Notice of Non-Discriminatory Practices
 - o Amplifon Hearing Discount Program Flyer
 - o Pharmacy Claim Insurance Instructions
 - o Pharmacy Mail Order Flyer

Your client should complete the Health Risk Assessment (HRA) and Transition of Services forms upon receipt of their welcome kit and return them in the business reply envelope provided.

- Documents
 - o New Member Guide
 - o Evidence of Coverage
 - o Provider Directory
 - o Prescription Drug Formulary

A copy of the New Member Guide can be found on Sales Professional Access (MutualofOmaha.com/broker) on the Medicare Advantage product page. The guide provides more detail information on plan benefits and member services.

Member Website

The website is for members of Mutual of Omaha CareAdvantage. It provides quick and easy access to all information and answers to make the most of the many benefits available. Much of the website is publicly assessable and does not require registration or login. However, to access personal details and information specific to a member's benefits they will be required to register with an email address and password.

Members can register by going to member.medicareadvantage.mutualofomaha.com and clicking on the "Sign Up" button on the home page.

Information found on the site includes:

- Provider directory search
- Formulary search
- Benefit documents
- View member's maximum out-of-pocket (MOOP) cost year to date
- View claims
- View referrals

Cincinnati Market

Key Customer Service Contacts – CareAdvantage
Kentucky Counties: Boone, Campbell and Kenton
Ohio Counties: Butler, Clermont, Hamilton and Warren

Service	Contact Information	Hours of Operation
Customer Service	1-877-603-0758 TTY: 711; or customerservice@mutualmedicareadvantage.com Website: member.medicareadvantage.mutualofomaha.com	8 a.m. to 8 p.m. seven days a week You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.
Transportation Benefit Provider	To schedule a ride: 1-888-778-0876 Website: www.mtm-inc.net	Open 24 hours a day, seven days a week
Dental and Vision Benefit Provider – DentaQuest/EyeQuest	1-800-207-8214 TTY: 711 Website: dentaquest.com	
SilverSneakers Fitness Program	1-888-423-4632 TTY: 711 Website: silversneakers.com	Monday through Friday – 7 a.m. to 7 p.m. Central Time
Amplifon Hearing Health Care	1-866-670-5193 TTY: 711	Monday through Friday – 7 a.m. to 7 p.m. Central Time
Convey Health Solutions	1-877-494-2723 TTY: 711	
New Directions Behavioral Health	1-877-253-6037	

Dallas-Fort Worth Market

Key Customer Service Contacts – CareAdvantage
Texas County: Collin, Dallas, Denton, Rockwall and Tarrant

Service	Contact Information	Hours of Operation
Customer Service	1-844-335-3776 TTY: 711; or customerservice@mutualmedicareadvantage.com Website: member.medicareadvantage.mutualofomaha.com	8 a.m. to 8 p.m. seven days a week You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.
Transportation Benefit Provider	To schedule a ride: 1-877-930-1482 Website: www.mtm-inc.net	Open 24 hours a day, seven days a week
Dental and Vision Benefit Provider – DentaQuest/EyeQuest	1-847-479-1580 TTY: 711 Website: dentaquest.com	
SilverSneakers Fitness Program	1-888-423-4632 TTY: 711 Website: silversneakers.com	Monday through Friday – 7 a.m. to 7 p.m. Central Time
Amplifon Hearing Health Care	1-866-825-7712 TTY: 711	Monday through Friday – 7 a.m. to 7 p.m. Central Time
Convey Health Solutions	1-877-494-2723 TTY: 711	
New Directions Behavioral Health	1-877-346-1710	

Denver Market Key Customer Service Contacts – CareAdvantage Colorado Counties: Adams, Arapahoe, Broomfield, Denver, Douglas, Jefferson, Clear Creek and Gilpin		
Service	Contact Information	Hours of Operation
Customer Service	1-844-335-4178 TTY: 711; or customerservice@mutualmedicareadvantage.com Website: member.medicareadvantage.mutualofomaha.com	8 a.m. to 8 p.m. seven days a week You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.
Transportation Benefit Provider	To schedule a ride: 1-877-930-1478 Website: www.mtm-inc.net	Open 24 hours a day, seven days a week
Dental and Vision Benefit Provider – DentaQuest/EyeQuest	1-877-468-5583 TTY: 711 Website: dentaquest.com	
SilverSneakers Fitness Program	1-888-423-4632 TTY: 711 Website: silversneakers.com	Monday through Friday – 7 a.m. to 7 p.m. Central Time
Amplifon Hearing Health Care	1-866-825-7712 TTY: 711	Monday through Friday – 7 a.m. to 7 p.m. Central Time
Convey Health Solutions	1-877-494-2723 TTY: 711	
New Directions Behavioral Health	1-877-346-1708	

El Paso Market Key Customer Service Contacts – CareAdvantage Texas County: El Paso		
Service	Contact Information	Hours of Operation
Customer Service	1-844-335-2918 TTY: 711; or customerservice@mutualmedicareadvantage.com Website: member.medicareadvantage.mutualofomaha.com	8 a.m. to 8 p.m. seven days a week You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.
Transportation Benefit Provider	To schedule a ride: 1-877-930-1479 Website: www.mtm-inc.net	Open 24 hours a day, seven days a week
Dental and Vision Benefit Provider – DentaQuest/EyeQuest	1-866-239-2081 TTY: 711 Website: dentaquest.com	
SilverSneakers Fitness Program	1-888-423-4632 TTY: 711 Website: silversneakers.com	Monday through Friday – 7 a.m. to 7 p.m. Central Time
Amplifon Hearing Health Care	1-866-825-7712 TTY: 711	Monday through Friday – 7 a.m. to 7 p.m. Central Time
Convey Health Solutions	1-877-494-2723 TTY: 711	
New Directions Behavioral Health	1-877-346-1711	

San Antonio Market

Key Customer Service Contacts – CareAdvantage Texas County: Bexar

Service	Contact Information	Hours of Operation
Customer Service	1-866-488-0249 TTY: 711; or customerservice@mutualmedicareadvantage.com Website: member.medicareadvantage.mutualofomaha.com	8 a.m. to 8 p.m. seven days a week You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.
Transportation Benefit Provider	To schedule a ride: 1-888-421-2106 TTY: 711 Website: www.mtm-inc.net	Open 24 hours a day, seven days a week
Dental and Vision Benefit Provider – DentaQuest/EyeQuest	1-800-209-6280 TTY: 711 Website: dentaquest.com	
SilverSneakers Fitness Program	1-888-423-4632 TTY: 711 Website: silversneakers.com	Monday through Friday – 7 a.m. to 7 p.m. Central Time
Amplifon Hearing Health Care	1-866-825-7712 TTY: 711	Monday through Friday – 7 a.m. to 7 p.m. Central Time
Convey Health Solutions	1-877-494-2723 TTY: 711	
New Directions Behavioral Health	1-877-226-1881	

Prescription Drug Plans

Welcome Packet

When your client becomes a member of Mutual of Omaha Rx they will receive a welcome packet containing information on their plan benefits and member services.

Packet content includes:

- New Member ID card
- Low Income Subsidy (LIS) Rider document
- Notice of Privacy Practices
- Notice of Non-Discriminatory Practices
- Express Scripts Home Delivery Order Form

Accessing Plan Documents:

2020 Formulary (List of Drugs Covered)

To confirm if medication is covered and to see any special coverage rules visit MutualofOmahaRx.com/2020formulary

2020 Pharmacy Directory

To see if a pharmacy is in the network search online at MutualofOmahaRx.com/2020network

2020 Evidence of Coverage (EOC)

View or download the EOC containing a legal, detailed description of the plan benefits that explains rights and rules that need to be followed to receive covered services and prescription drugs at

MutualofOmahaRx.com/2020documents

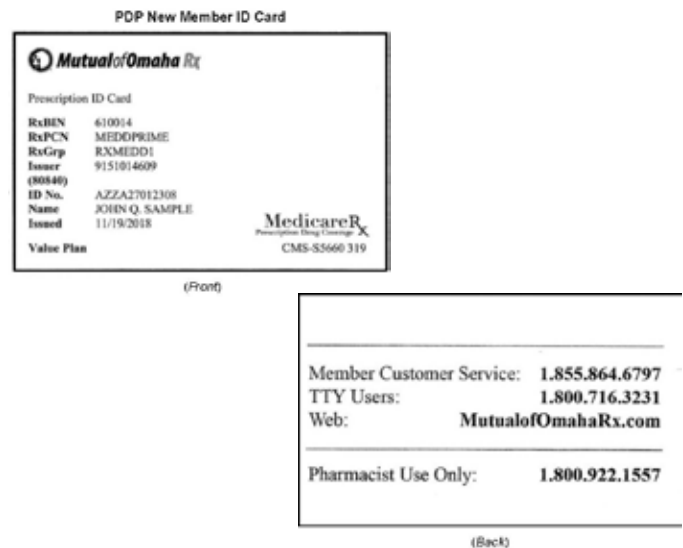
Documents can be mailed to members by calling Customer Service – 1-855-864-6797. TTY users, call 1-800-716-3231.

Request for documents can also be made on the website links noted above, or by email at

[documents@ MutualofOmahaRx.com](mailto:documents@MutualofOmahaRx.com).

Request sent by email must include:

- Full name
- Member ID (as it appears on the member ID card)
- Telephone number
- Complete mailing address



Acronyms, Terms and Definitions

The following list includes acronyms and terms that are used in this document.

AEP

Annual Enrollment Period: October 15 – December 7

AHIP Certification

AHIP certification is required of all agents who sell MA or PDP products.

CMS

Center for Medicare & Medicaid Services: The federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid.

Educational Event

Educational events are designed to inform Medicare beneficiaries about Medicare Advantage, Prescription Drug or other Medicare plans or products and do not include marketing.

ICEP

Initial Coverage Election Period: Occurs when an individual first becomes eligible for Medicare.

MA

Medicare Advantage: A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits.

MAICO

Medicare Advantage Insurance Company of Omaha: Medicare Advantage product underwriting company

MAOEP

Medicare Advantage Open Enrollment Period: January 1 – March 31

MAPD

Medicare Advantage plans that include a prescription drug benefit

Marketing/Sales Event

Event in which a plan representative may discuss plan-specific information, distribute health plan brochures and enrollment materials, and accept and perform enrollments

MCMG

Medicare Communication and Marketing Guide: Contains CMS' marketing requirements and related provisions for Medicare Advantage Plans (MA), Medicare Advantage Prescription Drug Plans (MAPD), Medicare Prescription Drug Plans (PDP).

MGA

Master General Agent

MOMAC

Mutual of Omaha Medicare Advantage Company: Medicare Advantage product underwriting company

OHIC

Omaha Health Insurance Company: Prescription Drug Plans product underwriting company

PDP

Prescription Drug Plan: Offered by Medicare-approved private insurance companies - Medicare Part D adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

Product Training

Required training offered by a carrier to train agents on their specific MA and/or PDP products

RTS

Ready to Sell: An agent is RTS when they have completed the following: contracting, AHIP certification and product training.

SEP

Special Election Period: A special election period will be triggered by a qualifying event, which can include a move from the area covered by a recipient's existing Medicare plan, loss of other coverage, a violation of policy terms by a plan provider or other reasons approved by the Centers for Medicare and Medicaid Services.

SOA

Scope of Appointment: A documented agreement between a Medicare beneficiary and an agent, broker or producer. It lists the products agreed upon for discussion prior to a one-on-one marketing appointment.

SPA

Sales Professional Access: Mutual of Omaha secure producer website that contains producer content including but not limited to product information, sales tools, training, reports and electronic applications.

MutualofOmaha.com/broker

Why Mutual of Omaha

For more than a century, Mutual of Omaha has been committed to listening to our customers and helping them through life's transitions by providing an array of insurance and financial products.

MutualofOmaha.com

Mutual of Omaha RX (PDP) is a prescription drug plan with a Medicare contract. Enrollment in the Mutual of Omaha RX plan depends on the contract renewal. Mutual of Omaha CareAdvantage is an HMO plan with a Medicare contract. Enrollment in Mutual of Omaha CareAdvantage depends on contract renewal. For Producer Use Only. Not to be used with the general public.