



MEDICAL MUTUAL®



# MedMutual Enroll

## Broker User Guide

Online Individual & Family Health Insurance Application

# MedMutual Enroll

## Broker User Guide

Thank you for being a valued member of the Medical Mutual broker community. This guide will acquaint you with the format and functionality of the MedMutual Enroll online application. We'll cover the basics, including how to log in and get started with an application, to other features available to you such as reporting and how your personalized URL (PURL) functions with the application.

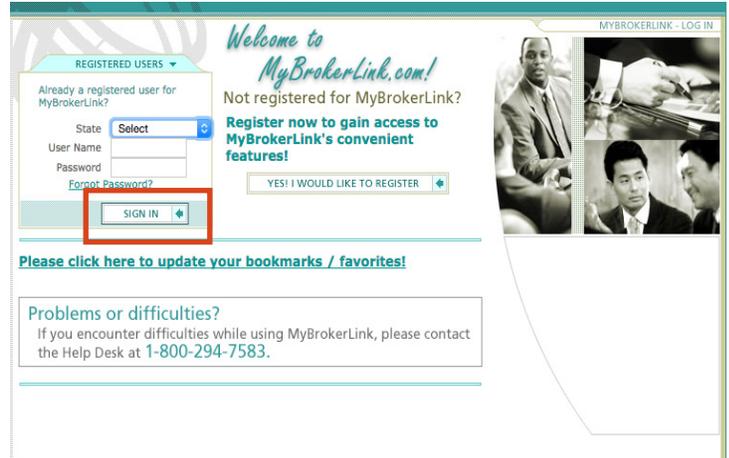
We're certain you will find this guide and the new application useful and beneficial to your business. Thank you again for your commitment to Medical Mutual.

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# How to Log in to the Broker Console

Sign in to MyBrokerLink with your user name and password.



By selecting the Off Exchange Quote/Enroll - Individual link, you will be signed in automatically and transferred to the MedMutual Enroll application.

## Interactive Functions

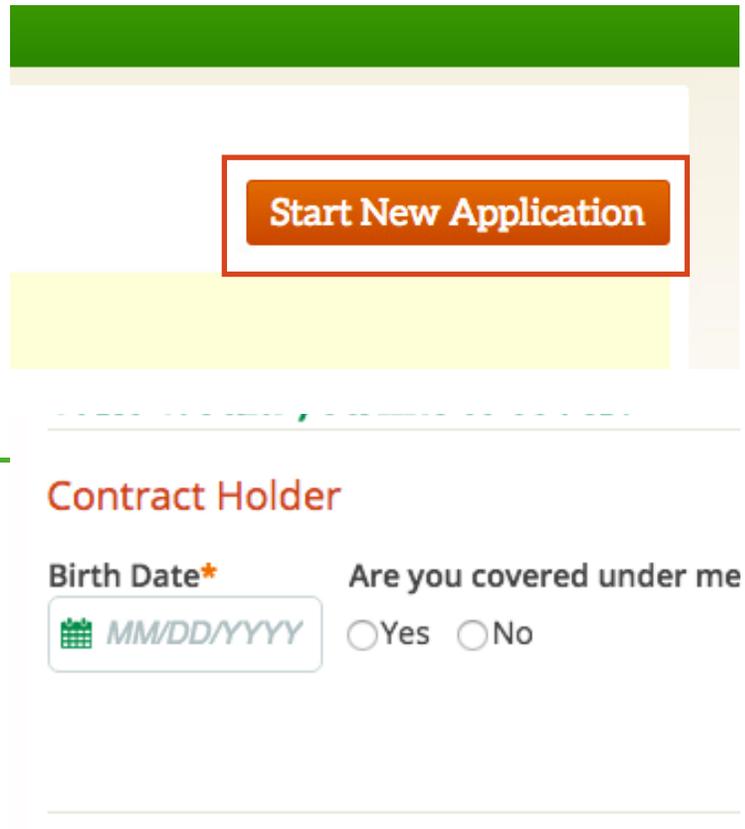
- ▶ [Commissions](#)
- ▶ [Subsidy Estimator](#)
- ▶ [EBilling \(On Exchange\)](#)
- ▶ [Educational Videos](#)
- ▶ [Medicare Advantage](#)
- ▶ [Get a Quote](#)
- ▶ [On Exchange Quote/Enroll - Individual](#)
- ▶ [Off Exchange Quote/Enroll - Individual](#)

# Quote and Submit an Application

Select the Start New Application button at the top right of the application listings page. This will take you to the first page of the Individual application.

## Get Started

This page requires basic demographic information for the applicant. Select Next to view the available plans and rates.



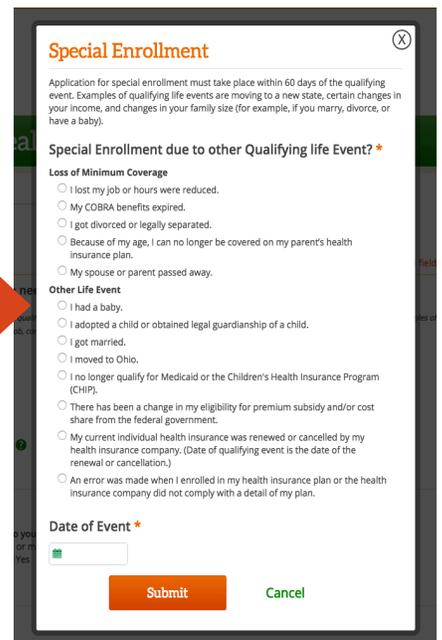
If this is a special enrollment application, a list of qualifying life events will display.



## Get Started

Before we can show you plans in your area, we need a little bit of information about you.

Do you have a qualifying life event? *Certain types of events, called qualifying events, allow you to purchase a health insurance plan outside of the open enrollment period. Some examples of qualifying events include getting married, moving to a new state, losing a job, coming off a parent's health insurance plan or becoming a US citizen.*  
 Yes  No



## Medical Plans

The application will list all plans available based on the information provided on the Get Started page. Plans can be viewed at a high level, one at a time in greater detail, or by comparing up to four plans side by side.

**Individual & Family Health Insurance Application**

Start | **PLANS** | Review | Apply | Payment | Signature | Complete

**Medical Plans** Skip to Dental

We've found the following Medical Plans in which you may be interested.

Silver **MedMutual 1750**

Family Deductible \$3,500  
Coinsurance 25%  
Family Maximum-out-of-Pocket \$13,700

View Plan Details | Summary of Benefits | **\$701.61 Per Month**

**Send Information**  
Send Quote

**Plan Comparison**

- MedMutual 2500 Remove
- MedMutual 3500 Remove
- MedMutual 4000 HSA Remove
- MedMutual 5000 Remove

Compare

## Plan Comparison

Benefits will display for each plan added to the compare tool. Additional details can be displayed and/or the plan can be selected from this page. To return to the Medical Plans page select Previous.

**Individual & Family Health Insurance Application**

Start | **PLANS** | Review | Apply | Payment | Signature | Complete

**Compare Plans**

	MedMutual 2500	MedMutual 3500	MedMutual 4000 HSA	MedMutual 5000
	<b>\$700.35</b> <i>Per Month</i>	<b>\$689.64</b> <i>Per Month</i>	<b>\$683.35</b> <i>Per Month</i>	<b>\$570.61</b> <i>Per Month</i>
	<span>Select Plan</span>	<span>Select Plan</span>	<span>Select Plan</span>	<span>Select Plan</span>
<b>Family Deductible</b>	\$5,000	\$7,000	\$8,000	\$10,000
<b>Coinsurance</b>	30%	30%	0%	40%
<b>Family Maximum-out-of-Pocket</b>	\$13,700	\$12,000	\$8,000	\$13,700
<b>Primary Care Physician Office Visits</b>	First 3 office visits, \$35 copay; additional visits, 30% after deductible	First 3 office visits, \$25 copay; additional visits, 30% after deductible	0% after deductible	40% after deductible

[Click Here to View More Details](#)

[< Previous](#)

**What Do These Terms Mean?**

**There are insurance terms here that may not be familiar to you. Here are a few helpful definitions:**

**Deductible**  
The amount you pay for your healthcare services before your health insurer pays. Deductibles are based on your benefit period (typically a year at a time). Our plans have an embedded deductible, which means any combination of family members may satisfy the family deductible; however, if one family member meets the individual amount, services will begin to pay for that particular family member. This applies to all members on the contract.

**Coinsurance**  
A certain percent you must pay each benefit period after you have paid your deductible. This payment is for covered services only. You may still have to pay a copay. For example, your plan might cover 80 percent of your medical bill. You will have to pay the other 20 percent. The 20 percent is the coinsurance.

**Copayment (Copay)**  
The amount you pay a healthcare provider when you receive services. You may have a copay for each covered visit to your doctor, depending on your plan. Copays do not count toward your deductible and not all plans have a copay.

**Maximum Out-of-Pocket (MOOP)**  
The highest total amount you are responsible for paying during a benefit period toward deductible, coinsurance and copayments before your health insurer pays 100 percent of covered health benefits. Our plans have an embedded MOOP which means that any combination of family members may satisfy the MOOP but if one family member meets the Individual MOOP amount, services will begin to pay at 100 percent for that particular family member.

## Selected Plans

Once plan selection is complete, the effective date will be displayed along with the total monthly premium. To make changes to the plan selection, either navigate back to select a different plan or select Remove to delete a plan from the cart. Select Next to complete the application.

EFFECTIVE DATE	TOTAL
03/01/2016	\$759.61
	<i>Per Month</i>

**MedMutual 1750**

Family Deductible \$3,500  
Coinsurance 25%  
Policy Maximum-out-of-Pocket \$13,700  
Primary Care Physician Office \$30 copay; 25% after Visits

[View Plan Details](#)

**\$701.61**  
*Per Month*  
[Remove](#)

**MedMutual Plan1**

Pediatric Deductible \$50  
Adult Deductible \$100  
Maximum Benefit Period Maximum Unlimited  
Maximum Benefit Period Maximum \$1,000

[View Plan Details](#)

**\$42.50**  
*Per Month*  
[Remove](#)

**MedMutual Vision**

Pediatric Exam with Dilation \$0 Copayment  
Adult Exam with Dilation \$15 Copayment  
Prescription Frames (One every 12 months) 100% coverage for provider designated frames  
Adult Frames (One every 12 months) \$15 Copayment + 80% of retail price over \$130 Allowed Amount

[View Plan Details](#)

**\$15.50**  
*Per Month*  
[Remove](#)

Previous

**Next**

### Customer Support

For more information and assistance, please contact your insurance broker John T. Doherty at 800.800.0000 or contact a Medical Mutual representative at 855.459.4599.

You will have the ability to send a quote to your applicants by selecting Send Quote in the Send Information tool. For further details on sending a quote see page 10.

**Send Information**

 **Send Quote**

## Contact Information and Personal Information Pages

After landing on the Personal Information page, you will have the ability to email the application to your customer. For further details on sending applications see page 13.

**Note:** A record of the application will appear in the Broker Admin Console application list once the personal information page is complete. Applications abandoned prior to the personal information page will not be recorded.



John Test Doe  
John Test Doe  
123 Test Road  
Cleveland OH 44115  
999-999-9999  
Contact your broker by email

### Individual & Family Health Insurance Application



#### Contact Information

\* Denotes required field

Primary Phone\*

Email Address\*

Primary Home Address\*

Primary Home Address Line 2

City\* State Zip Code County

< Previous

Next >

### Individual & Family Health Insurance Application



#### Personal Information

\* Denotes required field

Contract Holder

First Name\* M.I. Last Name\* Birth Date

Send Information  
✉ Send Application

## Confirmation of Citizenship and Insurance Coverage

Citizenship and other insurance questions are required. If the applicant is not a U.S. citizen or legal non-citizen you will not be allowed to proceed with his/her application.

# Individual & Family Health Insurance Application



Start



Plans



Review



APPLY



Payment



Signature



Complete

## Confirmation of Citizenship and Insurance Coverage

\* Denotes required field

Are all persons to be covered a US citizen, national or lawfully present non-citizen?\*

Yes  No

Is any person to be covered intending to continue, or applying to have, other health insurance coverage (like Accident, Medicaid, etc.)?\*

Yes  No

Is anyone included on your plan receiving Worker's Compensation?\*

Yes  No

< Previous

Next

## Payment Information

A payment method must be selected. Binder payments are required prior to the effective date for the plan to be active. If Bank Account or Credit Card is selected, the payment will be deducted when the application is accepted.

# Individual & Family Health Insurance Application



Start



Plans



Review



Apply



PAYMENT



Signature



Complete

## Payment Information

\* Denotes required field

Your initial payment is your first month's premium. We will not charge your form of payment until your application is fully processed.

Please select a premium payment option:\*

Bank Account

Credit Card

Send a Check

# Terms and Conditions

Applicants will be asked to agree to the Terms and Conditions and sign the application prior to submitting.

## Individual & Family Health Insurance Application



### Terms And Conditions

\* Denotes required field

I hereby apply to the carrier(s) offering the coverage indicated on this application. Your insurance is being offered through Medical Mutual of Ohio and/or one of its wholly owned subsidiaries, Consumers Life Insurance Company or Medical Health Insuring Corporation of Ohio, collectively referred to as "Medical Mutual."

1. I authorize release of information, without limitation, from any medical/medically related facility, prior health insurance carrier, prescription history database supplier, pharmacy benefit manager, government agency or person to Medical Mutual and/or any affiliates or division of Medical Mutual: (a) to evaluate this application; (b) to adjudicate claims submitted on behalf of me or my dependents; (c) for utilization review programs to monitor health services or quality improvement activities and/or; (d) for credentialing purposes. I authorize Medical Mutual to provide a photocopy of this release to any physician or medical institution to obtain records for the purposes stated above. This authorization will be valid for a period of two and one-half years for the purpose of collecting information regarding this Application.
2. I understand that the life insurance benefits for which I am applying are subject to medical eligibility questions and I agree that I, as the Applicant, have answered the medical eligibility questions to the best of my knowledge and belief on behalf of my spouse, and/or dependents. I also understand that if I answered "yes" to any of the medical eligibility questions that I, my spouse and/or dependents are NOT eligible for the life insurance benefits.
3. By signing below, I represent and warrant as follows: (a) I have thoroughly read and understand this Health and Life Application and the questions asked herein; (b) I have answered each and every question set forth in this Application; (c) all of my answers to each of the questions are accurate, complete and true and (d) I did not sign a blank or partially completed Application. I agree that Medical Mutual, in their sole discretion, may rescind my policy on the basis of any material misrepresentation or fraudulent response to any question in this Application. I further agree that if a policy is issued, it will be issued by Medical Mutual in full reliance and in consideration of the information, answers and statements contained herein.
4. I have read the sales materials and understand the plan benefits, exclusions, and limitations as outlined therein. I acknowledge that the managed care features of this health insurance policy (such as the preferred provider organization network) have been explained to my satisfaction. I also understand that I may review a copy of the Master Group Contract(s) and Trust Agreement, if applicable, upon making such a written request to Medical Mutual.
5. No issuance, waiver, modification or change of policy or any of Medical Mutual rules or amendments shall be binding upon Medical Mutual unless it is in writing and signed by an authorized officer of Medical Mutual, as applicable.
6. I represent that neither I nor my spouse are receiving any form of payment, reimbursement or compensation for this coverage from any employer.
7. A permanent ID card and certificate book, explaining my benefits, will be issued following the final review and acceptance of this application. I understand that my certificate book will be made available to me electronically through My Health Plan (MHP), Medical Mutual's secure member website. I will receive an email from Medical Mutual after the effective date of my policy with instructions on how to create an MHP account. I also understand that I may request a free paper copy of my certificate book, change my paperless preference, or update my contact information at any time by calling Customer Care at the phone number shown on my ID card or through MHP.
8. I understand and agree that I am solely and exclusively responsible for the truth, accuracy and completeness of all of the answers contained in this Application. I understand and agree that no agent or broker who may be assisting in the completion of this application has any authority (a) to waive any answer or any portion of any answer to any question on this application or any information Medical Mutual requests, (b) to advise me that I am not obligated to disclose any condition of which I am aware concerning my health or the health of any dependent included on the application, (c) to make any representation concerning health benefits that are inconsistent with, or different from, any written information provided by Medical Mutual or (d) to bind Medical Mutual in any way by making any statement, promise or representation that is not set out in writing in this Application or regarding eligibility, benefits or issuance of a policy, (e) to answer any questions in, or insert any information on, this Application on my behalf, or (f) to approve coverage.
9. I understand and agree that I am responsible for disclosing all information required by this Application, including, but not limited, to all health conditions and diagnoses of which I am aware. I understand and agree that Medical Mutual has the exclusive right to determine whether a particular condition or diagnosis is significant, that I do not have the right to evaluate whether a condition or diagnosis should or should not be disclosed on this Application and that I am obligated to disclose even those conditions or diagnoses that I do not believe are significant or important.
10. My dependents and I understand and agree that any information obtained will not be released by the Company to any person or organization except to reinsuring companies, or other persons or organizations performing health care operations or business or legal services in connection with any application, claim, or as may be otherwise lawfully required, or as we may further authorize. If a Consumer Reporting Agency is used, I (we) may request to be interviewed in connection with the preparation of the report. Once personal and health (including medical, dental, and pharmacy) information is disclosed pursuant to this authorization, it may be redisclosed to the recipient and the information may not be protected by federal and state privacy requirements. A copy of this authorization request is available to me or my legal representative upon written request. A photographic copy of this authorization shall be as valid as the original. This authorization shall be valid for a period of two and one-half years. I have the right to revoke this authorization at any time. To revoke this authorization, I must do so in writing and send my written revocation to Medical Mutual's Privacy Office. The revocation will not apply to information that has already been released in response to this authorization. The revocation may adversely affect my application, a claim or a pending insurance action. The revocation will become effective after it is received by Medical Mutual's Privacy Office.
11. I understand and acknowledge that this authorization extends to all medical records, including records which may contain information regarding treatment for physical and mental illness, alcohol/drug abuse and/or HIV - AIDS test results or diagnosis. I expressly consent to the release of such information.
12. I understand that I have the right to cancel this coverage within 10 days of receipt of my certificate booklet/policy with a full refund of any premium paid.
13. If I am applying for coverage for my domestic partner, I represent and warrant that I and my domestic partner: 1) cohabit and reside together in the same residence and have done so for at least six months and intend to do so indefinitely; 2) are engaged in an exclusive and committed relationship and are financially interdependent; 3) are both at least 18 years of age and are each other's sole domestic partner; 4) are not married or separated from anyone else; 5) have not had another domestic partner within six months of establishing the current domestic partnership; 6) are not related by blood; and 7) are not in this relationship solely for the purpose of obtaining insurance benefits.
14. I understand that I must be a resident of, and live in, the State of Ohio at least six (6) months of each year, to be eligible for this policy.

I am signing this Application on my own behalf and on behalf of all listed dependents. An unaltered copy of this authorization is as valid as the original. I understand that I should not cancel any current health or life insurance coverage until I receive an approval letter and certificate booklet/policy from Medical Mutual.

**WARNING:** Any person who, with intent to defraud or knowing that he is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Ohio Revised Code Section 3999.21).

#### Do you agree to the Terms & Conditions?\*

Yes  No

Signature*	Confirm Signature*	Last Four Digits of Social Security Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>
John Smith	John Smith	10.####

Signature*	Confirm Signature*	Last Four Digits of Social Security Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mary Smith	Mary Smith	10.####

< Previous

Submit

# Sending a Quote

## Send Information Tool

You will have the ability to send a quote with rates for all available plans to your customers. Select Send Quote from the Medical Plans, Dental Plans, Vision Plans or Select Plans pages.



John Test Doe  
John Test Doe  
123 Test Road  
Cleveland OH 44115  
999-999-9999  
Contact your broker by email

### Individual & Family Health Insurance Application



#### Medical Plans

[Skip to Dental](#)

We've found the following Medical Plans in which you may be interested.

Silver **MedMutual 1750**

Family Deductible	\$3,500
Coinsurance	25%
Family Maximum-out-of-Pocket	\$13,700
Primary Care Physician Office Visits	\$30 copay; 25% after

[View Plan Details](#)

[Summary of Benefits](#)

Compare

**\$701.61**  
Per Month

[Selected](#)

**Send Information**

[Send Quote](#)

---

**Plan Comparison**

1. MedMutual 2500	<a href="#">Remove</a>
2. MedMutual 3500	<a href="#">Remove</a>
3. MedMutual 4000 HSA	<a href="#">Remove</a>
4. MedMutual 5000	<a href="#">Remove</a>

[Compare](#)

#### What Do These Terms Mean?

There are insurance terms here that may not be familiar to you. Here are a few helpful definitions:

## Send Quote Page

Any plan(s) selected for the applicant will appear at the top of the page with high-level attributes displayed. Any additional plan available to the applicant will display at the bottom of the page along with the monthly premium. Confirm a valid email address is entered and then select Send Email.

## Individual & Family Health Insurance Application



Start



PLANS



Review



Apply



Payment



Signature



Complete

### Send Quote

\* Denotes required field

Here is a quote of possible plans for your application.

Applicant Email\*

name@email.com



Send Email

A pop-up message will display to confirm the email was sent. You can then continue with the current application by selecting Return to Plans or begin a quote for another applicant by selecting Start a New Application.

ation

\* Denotes required field

### Email Confirmation

You have successfully sent your email. Please choose an option below:

[Start a New Application](#) [Return to Plans](#)

# Quote Email

The applicant will receive the email message below with his/her quote. The applicant will have the ability to start an application from the quote by selecting Start Application. If the application is started from a quote email, your broker number will be tied to that application.



---

Dear Applicant,

Thank you for your interest in Medical Mutual. Below you will find information on health insurance plans Medical Mutual offers that meet your requests.

Medical Mutual is an Ohio company, serving more than 1.5 million Ohioans. The company offers you a wide variety of health insurance options and an extensive network of doctors and hospitals, so there's less chance of being charged out-of-network fees to see your preferred doctor.

To choose a plan and submit your application, select the "Start Application" button below.

Please don't hesitate to contact me if you have questions or would like assistance in reviewing these plans or completing the application.

Start Application

**Quote Date:** 1/25/2016  
**Zip Code:** 44077

**Who is on the quote**

**Contract Holder:** 46 yrs                      **Tobacco User:** No

**Quote Details**

EFFECTIVE DATE	GRAND TOTAL
3/1/2016	\$386.63 <i>Per Month</i>

<b>MedMutual 1750</b>	<b>\$386.63 <i>Per Month</i></b>
-----------------------	----------------------------------

Single Deductible \$1,750	Coinsurance 25%	Single Maximum-out-of-Pocket \$6,850	Primary Care Physician Office Visits \$30 copay; 25% after
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**We also have the following plans available:**

<b>Medical</b>	
MedMutual 2500	\$385.94 <i>Per Month</i>
MedMutual 3500	\$380.04 <i>Per Month</i>
MedMutual 4000 HSA	\$376.57 <i>Per Month</i>
MedMutual 5000	\$314.44 <i>Per Month</i>
MedMutual 6000 HSA	\$294.66 <i>Per Month</i>
<b>Dental</b>	
DentalPlan1	\$21.25 <i>Per Month</i>
DentalPlan2	\$28.42 <i>Per Month</i>
DentalPlan3	\$20.23 <i>Per Month</i>
<b>Vision</b>	
MedMutual Vision	\$7.75 <i>Per Month</i>

\* Rates and plan availability subject to change

Start Application

Sincerely,  
John Test Doe  
999-999-9999  
[jeatest@medmutual.com](mailto:jeatest@medmutual.com)

Thank You

for allowing us to be a part of your health.

Join the conversation:








# Sending an Application

## Send Information

Once you reach the Personal Information page, you have the option to send the application to your applicant. Select Send Application from the Send Information box.

The screenshot shows the 'Individual & Family Health Insurance Application' page. At the top, there is a green header with the title. Below it is a progress bar with seven steps: Start, Plans, Review, APPLY (highlighted in orange), Payment, Signature, and Complete. The 'APPLY' step is currently active. Below the progress bar is the 'Personal Information' section, which includes a 'Contract Holder' form with fields for First Name\*, M.I., Last Name\*, and Birth Date. A note indicates that an asterisk denotes a required field. On the right side of the page, there is a 'Send Information' box with a red border, containing a green envelope icon and the text 'Send Application'.

## Send Application

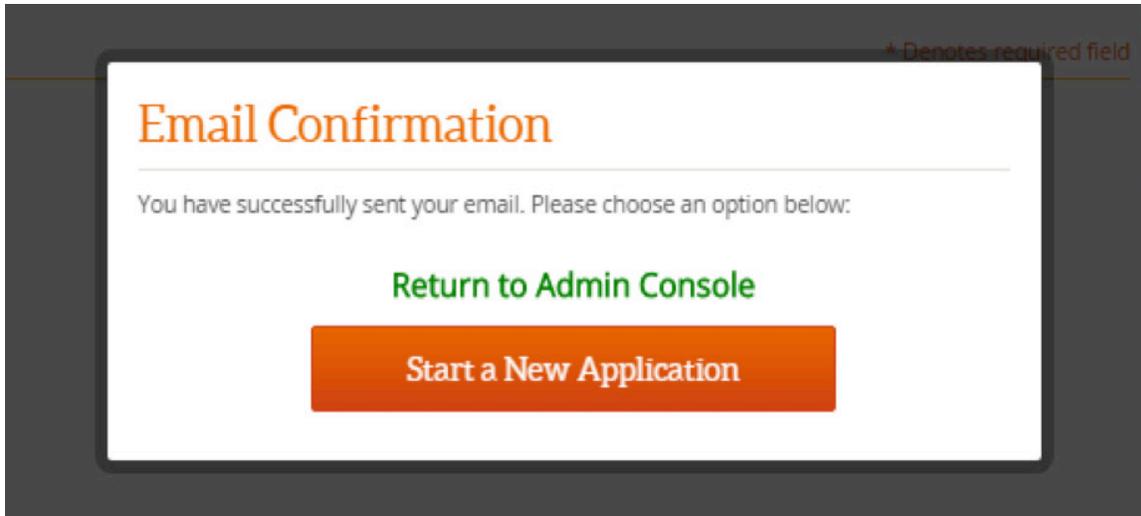
On the Send Application page, confirm all information is provided and accurate. To change any prepopulated fields, select Previous to navigate back through the application and correct the data. Then select the Send Email button.

The screenshot shows the 'Individual & Family Health Insurance Application' page. At the top, there is a green header with the title. Below it is a progress bar with seven steps: Start, Plans, Review, APPLY (highlighted in orange), Payment, Signature, and Complete. The 'APPLY' step is currently active. Below the progress bar is the 'Send Application' section, which includes a heading 'Email an application to an applicant.' and a form with fields for E-mail Address, First Name\*, Last Name\*, Birth Date, and Social Security Number\*. A note indicates that an asterisk denotes a required field. At the bottom of the page, there is a '< Previous' button and a 'Send Email' button, which is highlighted with a red border.

## Email Confirmation

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You will receive a confirmation once the email is sent.



## Application Email

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The applicant will receive the message below via email. When he/she is ready to complete the application he/she should select Complete Application Now to proceed.

Dear Jane,

I found some Medical Mutual health insurance plans that meet your needs. Medical Mutual provides the best value in health insurance with great rates and the largest network of doctors and hospitals in Ohio. Your basic information is already filled out. To complete the process, log in and verify your identification using your name, date of birth and the last 4 digits of your Social Security Number.

[Complete Application Now!](#)

Thank you for your time and please don't hesitate to contact me if you have questions.

Sincerely,  
John Test Doe  
999-999-9999  
[oeatest@medmutual.com](mailto:oeatest@medmutual.com)

**Thank You**

for allowing us to be a part of your health.

## Returning Applicant

The applicant will be asked to supply his/her date of birth and the last four digits of his/her Social Security Number to return to the application.

The screenshot shows the Medical Mutual logo at the top left. Below it is a green header with the text "Individual & Family Health Insurance Application". The main content area is titled "Returning Applicant" and includes a note: "\* Denotes required field". Below this, it says "Please enter the following information for the contract holder:". There are four input fields: "First Name\*", "Last Name\*", "Date Of Birth\*" (with a calendar icon), and "Last 4 of SSN\*". A red-bordered button labeled "Return to Application" is positioned at the bottom right of the form area.

## Returning Applicant Landing Page

Once the applicant's identity is confirmed, he/she will be able to view the high-level details of the application and choose to complete the application, or start a new quote. Note: If the applicant chooses to start a new quote your broker number will be assigned to the new quote.



## Welcome Back!

### Your Application Details

<b>Dental Plan 1</b> Pediatric Deductible: \$50 Adult Deductible: \$100 Pediatric Benefit Period Maximum: Unlimited Adult Benefit Period Maximum: \$1,000	No Medical Plan Selected	No Vision Plan Selected
---	--------------------------	-------------------------

Total Premium Per Month

**\$21.25**

[Complete Application Now](#)

[Start New Quote](#)

### Application Information

**Date Started:** 2/16/2016  
**Status:** InProcess  
**Date Last Updated:** 2/16/2016

### Applicants Listed on the Policy

**Contract Holder:** 1/1/1970

## Returning to the Application

If the applicant selects Complete Application Now, he/she will be returned to the last page you filled out for them. The applicant can complete the application process from that point.



## Individual & Family Health Insurance Application



### Personal Information

\* Denotes required field

#### Contract Holder

First Name*	M.I.	Last Name*	Birth Date
<input type="text" value="Test"/>	<input type="text"/>	<input type="text" value="Test"/>	<input type="text" value="1/1/1970"/>

#### Social Security Number\*

#### Gender\*

Male  Female

[< Previous](#)

[Next](#)

# Reviewing Applications

## Applications in System

After linking to the Admin Console from MyBrokerLink, a list of your applications in the system will be displayed.



John Test Doe  
John Test Doe  
123 Test Road  
Cleveland OH 44115  
999-999-9999

## Applications in the System

### Applications

[Start New Application](#)

Filter Options ▾

Columns ▾

1 2 3 4 5 6 7 8 9 10 ... » »»

Select An Action ▾

Continue

Export results to Excel

<input type="checkbox"/>	View Details	Application ID	Group Number	Lines Of Coverage	Start Date	Submitted Date	Effective Date	Accepted Date	Special Enrollment Date	Total Premium	Contract Holder Name	Agent	Status	Hold(s)
--------------------------	--------------	----------------	--------------	-------------------	------------	----------------	----------------	---------------	-------------------------	---------------	----------------------	-------	--------	---------

## What Each Column Means

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### **View Details:**

Clicking Details on a particular application will open more in-depth information about the application which includes the application PDF, history, demographic and plan information.

### **Application ID:**

The application ID assigned to each application record is unique. The user receives his/her Application ID upon reaching the confirmation page, and also through email communications.

### **SSN:**

This is the Contract Holder's Social Security Number provided during the application process. You can search for applications using the SSN through the filter options.

### **Group Number:**

A Group Number is assigned to each application once the application is in the Accepted status. The field will be blank until this time. The Group Number is displayed on the confirmation page and within email communications if the application has been approved.

### **Lines of Coverage:**

This field indicates what type(s) of coverage the applicant chose to include on his/her policy (Medical, Dental, Vision).

### **Start Date:**

This is the date the application was started and is displayed in the In Process status. The Start Date and Submitted Date may be different if the user returned and completed his/her application at a later time.

### **Submitted Date:**

This is the date the application was submitted to Medical Mutual. The Submitted Date and Start Date may be the same if the user completed his/her application in one sitting. This date will be blank if the application has not yet been submitted or is in a In Process status.

### **Effective Date:**

This is the date the policy will go into effect assuming any holds are released in time.

### **Accepted Date:**

This is the date the application was approved by Medical Mutual. If the application was auto approved, the Accepted Date and Submitted Date will be the same. This date will be blank until the application is in an Accepted status.

### **Special Enrollment Date:**

This is the date the user provided when indicating they have a qualifying life event. This field will be blank if the application does not have a Special Enrollment.

### **Total Premium:**

This is the monthly amount for which the user will be responsible. This amount is the grand total between all lines of coverage purchased. If the application has not yet been accepted, there are situations in which the premium amount can be changed.

### **Contract Holder Name:**

This is the first and last name of the Contract Holder listed on the policy.

**Agent:**

This is the agent assigned to the application.

**Status:**

*In Process:* The application has been started, but has not been completed or submitted to Medical Mutual for processing.

*Submitted:* The application has been submitted, but is pending review for at least one hold type (Special Enrollment, Pediatric Dental and/or Binder Payment).

*Premium Adjustment Needed:* The application has been submitted, but during the time it has been pending review the premium has changed. The contract holder must approve of the premium change before the application can be accepted.

*Payment Denied:* When manually approving the application, the payment supplied is no longer valid. The contract holder must contact Medical Mutual with another form of payment before the application can be accepted.

*Accepted:* The application has been accepted (either automatically or manually) and has been sent to Medical Mutual's Membership department for further processing.

**Hold(s):**

*Special Enrollment:* When the user submitted the application, he/she noted having a qualifying life event. The Medical Mutual Underwriting department must indicate (by clicking the remove button) the qualifying life event is valid once proof is received.

*Pediatric Dental:* When the user submitted the application, he/she noted a waiver of pediatric dental coverage for his/her dependent(s) on the policy. The Medical Mutual Underwriting department must indicate (by clicking the remove button) the alternative pediatric dental policy is valid once proof is received.

*Binder Payment:* When the user submitted the application, he/she noted to pay the first month's premium with a paper check. Medical Mutual's Finance department must indicate (by clicking the remove button) the paper check has been received in order to approve the application.

## Filter Options

This list of applications can be filtered to display only the records desired.

**Filter Options** ▼

Search By **✓ Select**  
Last Name  
SSN  
Application ID

Hold(s)

Special Enrollment  Pediatric Dental  Binder Payment

You can utilize the filter options to search for particular applications based on the criteria below.

<b>Search By:</b> Last Name Application ID SSN	<b>Holds (check all that apply):</b> Special Enrollment Pediatric Dental Binder Payment
<b>Date Ranges (From – To):</b> Start Date Effective Date Submitted Date Accepted Date Special Enrollment Date	<b>Status:</b> In Process Submitted Premium Adjustment Needed Accepted

## Sort and View Options

You can also sort by each column. Clicking on the column header once will display the results in ascending order. Clicking on the column twice will display the results in descending order. The column view can be customized by removing the check box from the column name.

### Columns ▼

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> View Details      | <input checked="" type="checkbox"/> Start Date              | <input checked="" type="checkbox"/> Total Premium |
| <input checked="" type="checkbox"/> Application ID    | <input checked="" type="checkbox"/> Submitted Date          | <input type="checkbox"/> Contract Holder Name     |
| <input type="checkbox"/> SSN                          | <input checked="" type="checkbox"/> Effective Date          | <input type="checkbox"/> Agent                    |
| <input checked="" type="checkbox"/> Group Number      | <input checked="" type="checkbox"/> Accepted Date           | <input checked="" type="checkbox"/> Status        |
| <input checked="" type="checkbox"/> Lines Of Coverage | <input checked="" type="checkbox"/> Special Enrollment Date | <input checked="" type="checkbox"/> Hold(s)       |

Select An Action ▼

Continue

<input type="checkbox"/>	View Details	Application ID	Group Number	Lines Of Coverage	Start Date
--------------------------	--------------	----------------	--------------	-------------------	------------

## Application Details

Select Details from the first column of the listings page for a detailed view of the application.



John Test Doe  
John Test Doe  
123 Test Road  
Cleveland OH 44115  
999-999-9999

### Details

#### Details

Summary History Payment Message Center

##### Application Info

Ch-ZB-DSXXZU Test-ZGNXQ-ZB Jr  
2 FTNSY St  
Apt 588944  
Cleveland, OH 44813, Richland  
E-mail Address: Donina.dodson@medmutual.com  
Primary Phone: 440-748-2034

Effective Date:\*

03/01/2016

##### Applicant Info

Individual Applicant Name	Relationship	Gender	Date Of Birth	Tobacco Use	Has Medicare	SSN
Ch-ZB-DSXXZU Test-ZGNXQ-ZB Jr	Contract Holder	Male	11/18/1975	No	No	078484970
Spouse Test-ZGNXQ-ZB	Spouse	Female	11/18/1975	No	No	166433216
DepA Test-ZGNXQ-ZB	Dependent	Female	11/18/2013	No	No	163085370
DepB Test-ZGNXQ-ZB	Dependent	Male	11/18/2009	No	No	047996051
DepC Test-ZGNXQ-ZB	Dependent	Male	11/18/2011	No	No	833088238
DepD Test-ZGNXQ-ZB	Dependent	Male	11/18/2007	No	No	461458236

##### Broker Info

John Test Doe  
John Test Doe  
123 Test Road  
Cleveland OH 44115  
oeatst@medmutual.com

#### Tools

View PDF

#### Tools:

To view all details provided on the application, select View PDF.

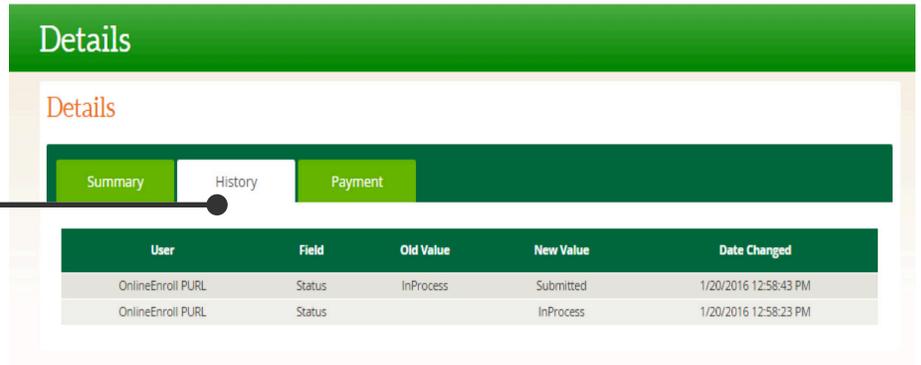
**Note:** The PDF will not be available until the application has been submitted.

#### Summary Tab:

This tab lists the applicant's demographic and personal information. The broker assignment information is also included.

### History Tab:

The History tab lists a record any time an action is taken on the application. This includes, but is not limited to, application progress, status change, premium change, effective date changes and enrollment file notifications.

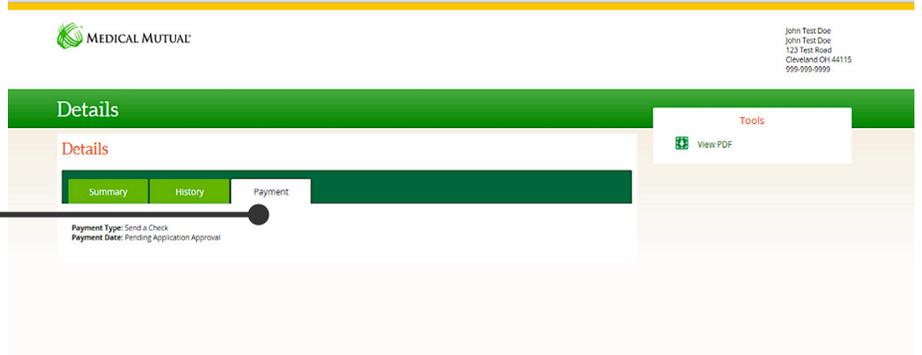


The screenshot shows a 'Details' page with three tabs: Summary, History, and Payment. The 'History' tab is selected. Below the tabs is a table with the following data:

User	Field	Old Value	New Value	Date Changed
OnlineEnroll PURL	Status	InProcess	Submitted	1/20/2016 12:58:43 PM
OnlineEnroll PURL	Status		InProcess	1/20/2016 12:58:23 PM

### Payment Tab:

The Payment tab lists the payment type the user selected and the date the payment was made. The payment date will read Pending Application Acceptance until the application is in an Accepted status. In most cases, the payment date listed will be the date the application was approved. Both fields will be blank if the applicant has not yet submitted his/her application.



The screenshot shows a 'Details' page with three tabs: Summary, History, and Payment. The 'Payment' tab is selected. Below the tabs, the 'Payment Type' is 'Send a Check' and the 'Payment Date' is 'Pending Application Approval'. A 'Tools' section on the right contains a 'View PDF' button. The page header includes the Medical Mutual logo and contact information for John Test Doe.

# Accessing an In-Process Application to Submit

You can reopen the application in the In-Process Status. To do this first search for the application in the broker console, select the details and then select the Resume Quote button. You will be placed on the last page completed by either you or your applicant.



John Test Doe  
John Test Doe  
123 Test Road  
Cleveland OH 44115  
999-999-9999

## Applications in the System

### Applications

Start New Application

Filter Options ▾

Columns ▾

1 2 3 4 5 6 7 8 9 10 ... » »»

Select An Action ▾

Continue

XLS Export results to Excel

<input type="checkbox"/>	View Details	Application ID	SSN	Group Number	Lines Of Coverage	Start Date	Submitted Date	Effective Date	Accepted Date	Special Enrollment Date	Total Premium	Contract Holder Name	Agent	Status	Hold(s)
<input type="checkbox"/>	Details	201602220040MP	213456666		Medical Dental	02/22/2016		03/01/2016		02/22/2016	\$431.22	Test Test	John Test Doe John Test Doe	In Process	SpecialEnrollment



## Details

### Details

Resume Quote

Summary

History

Payment

Message Center

#### Application Info

Test Test  
123 Main  
Cleveland OH 44115

# Create a Report

You will have the ability to export a filtered/sorted application listing to an Excel format and save as desired by clicking the Export results to Excel link. The Excel report will include all pages listed from the results.



## Applications in the System

### Applications

Start New Application

Filter Options ▾

Columns ▾

1 2 3 >

Select An Action ▾

Continue

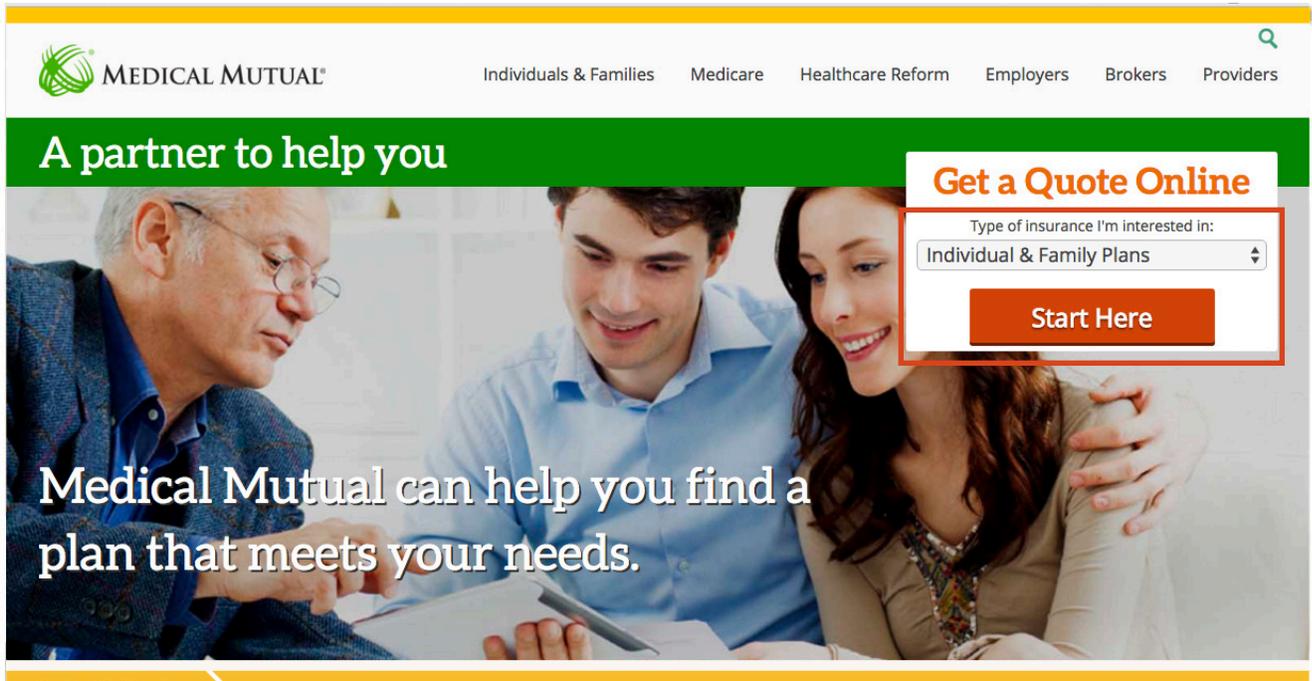
Export results to Excel

View Details	Application ID	Group Number	Lines Of Coverage	Start Date	Submitted Date	Effective Date	Accepted Date	Special Enrollment Date	Total Premium	Contract Holder Name	Agent	Status	Hold(s)
--------------	----------------	--------------	-------------------	------------	----------------	----------------	---------------	-------------------------	---------------	----------------------	-------	--------	---------

ApplicationID	GroupNumber	MedicalCoverage	DentalCoverage	VisionCoverage	StartDate	SubmittedDate	EffectiveDate	SpecialEnrollmentDate	AcceptedDate	TotalPremium	ApplicationStatus	BinderPaymentHold	Special
201601210023MP		Medical	Dental	Vision	3/15/2016 10:51		4/1/2016 0:00		3/1/2016 0:00	\$299.13	InProcess		Special
201601210024MP			Dental	Vision	3/14/2016 11:20		4/1/2016 0:00			\$29.00	InProcess		
		Medical			3/1/2016 7:47		4/1/2016 0:00		3/1/2016 0:00	\$703.56	InProcess		Special
201601150001MP		Medical	Dental		1/31/2016 6:04		12/19/2015 0:00		12/19/2015 0:00	\$398.72	InProcess		Special
201601180002MP		Medical			1/18/2016 12:46		3/1/2016 0:00		2/1/2016 0:00	\$703.72	InProcess		Special
		Medical	Dental	Vision	2/15/2016 8:06		3/1/2016 0:00			\$341.42	InProcess		
		Medical			1/14/2016 11:19		3/1/2016 0:00		1/1/2016 0:00	\$688.05	InProcess		Special
201601150003MP		Medical	Dental	Vision	1/15/2016 7:55	1/15/2016 8:07	2/1/2016 0:00			\$487.98	Accepted		
201601140024MP		Medical	Dental	Vision	2/1/2016 14:18		3/1/2016 0:00			\$229.70	InProcess		
201601210027MP		Medical	Dental	Vision	1/21/2016 12:14		12/27/2015 0:00		12/27/2015 0:00	\$356.45	InProcess		Special
		Medical	Dental	Vision	1/31/2016 9:15		3/1/2016 0:00			\$945.19	InProcess		
201601150002MP		Medical	Dental	Vision	1/1/2016 6:36		3/1/2016 0:00			\$704.29	InProcess		
201601220005MP		Medical	Dental	Vision	1/22/2016 9:10		3/1/2016 0:00			\$356.67	InProcess		
201601220004MP	346619	Medical	Dental	Vision	1/22/2016 8:40	1/22/2016 8:42	3/1/2016 0:00		1/22/2016 8:42	\$1,080.42	Accepted		
201601220003MP		Medical	Dental	Vision	1/22/2016 8:35	1/22/2016 8:37	3/1/2016 0:00		11/23/2015 0:00	\$1,080.42	Submitted	Binder Payment Hold	Special
201601220002MP		Medical	Dental	Vision	1/22/2016 8:27	1/22/2016 8:30	3/1/2016 0:00		11/23/2015 0:00	\$1,080.42	Submitted		Special
201512030021MP			Dental		12/3/2015 14:02	12/3/2015 14:25	1/1/2016 0:00		1/22/2016 8:14	\$21.25	Accepted		
201512030022MP		Medical	Dental	Vision	12/3/2015 14:41	12/3/2015 14:44	1/1/2016 0:00		1/22/2016 8:13	\$1,169.94	Accepted		
201601210037MP		Medical	Dental	Vision	1/21/2016 21:09		3/1/2016 0:00			\$346.04	InProcess	Binder Payment Hold	
201601210036MP		Medical	Dental		1/21/2016 16:13		3/1/2016 0:00			\$376.36	InProcess		
201601210035MP		Medical	Dental	Vision	1/21/2016 16:10		3/1/2016 0:00			\$778.17	InProcess		
201601210034MP		Medical	Dental	Vision	1/21/2016 15:34	1/21/2016 15:37	3/1/2016 0:00			\$937.23	Submitted	Binder Payment Hold	
201601210033MP		Medical	Dental	Vision	1/21/2016 15:32		3/1/2016 0:00			\$996.55	InProcess	Binder Payment Hold	
201601210032MP		Medical	Dental	Vision	1/21/2016 15:25	1/21/2016 15:28	3/1/2016 0:00		11/22/2015 0:00	\$1,080.42	Submitted	Binder Payment Hold	Special
201601210031MP		Medical	Dental	Vision	1/21/2016 15:13	1/21/2016 15:15	3/1/2016 0:00		11/22/2015 0:00	\$1,080.42	Submitted	Binder Payment Hold	Special
201601210028MP		Medical	Dental	Vision	1/21/2016 13:08	1/21/2016 13:10	3/1/2016 0:00		11/22/2015 0:00	\$1,080.42	Submitted	Binder Payment Hold	Special
201601210025MP		Medical	Dental	Vision	1/21/2016 12:06	1/21/2016 12:08	3/1/2016 0:00		11/22/2015 0:00	\$1,080.42	Submitted	Binder Payment Hold	Special
201601210021MP		Medical	Dental	Vision	1/21/2016 10:27	1/21/2016 10:29	3/1/2016 0:00		11/22/2015 0:00	\$1,080.42	Submitted	Binder Payment Hold	Special
201601210020MP		Medical			1/21/2016 10:20	1/21/2016 10:22	2/1/2016 0:00		11/22/2015 0:00	\$111.23	Submitted	Binder Payment Hold	Special
201601210019MP			Dental		1/21/2016 10:15	1/21/2016 10:16	3/1/2016 0:00			\$24.93	Submitted	Binder Payment Hold	
201601210018MP			Dental	Vision	1/21/2016 10:09	1/21/2016 10:11	3/1/2016 0:00		11/22/2015 0:00	\$1,080.42	Submitted	Binder Payment Hold	Special

# Applicant Access through a PURL

An applicant can use your PURL to access the Med Mutual Enroll Application. Applicants should select Individual & Family Plans from the traffic manager tool and then select Start Here to be transferred to the Get Started page of the application.



Your contact information will appear in the top right corner of the application. Your name and phone number will also appear in the footer.

John Test Doe  
John Test Doe  
123 Test Road  
Cleveland OH 44115  
999-999-9999  
[Contact your broker by email](#)

## Live Customer Support

For questions about plans and benefits, please contact your insurance broker John Test Doe at 999-999-9999 or contact a Medical Mutual representative at 866-488-3266.

Applicants accessing the application through a broker PURL will have the ability to send themselves a quote through the same send quote functionality described on page 10. The applicant will not have the ability to send an application.

A record of applicants who access through your PURL will be captured in the Broker Admin Console once the applicant navigates past the Personal Information Page.

If the applicant navigates past Personal Information but does not submit the application, the status will show as In Process. If the application is submitted, it will have a status of Submitted, Accepted or Premium Adjustment needed. See page 20 for an explanation of each status.

**MEDICAL MUTUAL**

John Test Doe  
John Test Doe  
123 Test Road  
Cleveland OH 44115  
999-999-9999  
Contact your broker by email

## Individual & Family Health Insurance Application

Start PLANS Review Apply Payment Signature Complete

**Medical Plans** [Skip to Dental](#)

We've found the following Medical Plans in which you may be interested.

Plan Name	Family Deductible	Coinsurance	Family Maximum-out-of-Pocket	Primary Care Physician Office Visits	Monthly Premium	Status
MedMutual 1750	\$3,500	25%	\$13,700	\$30 copay; 25% after visits	\$701.61	Selected
MedMutual 2500	\$5,000	30%	\$13,700	First 3 office visits, \$35 copay; additional visits, 30% after deductible	\$700.35	Select Plan
MedMutual 3500	\$7,000	30%	\$12,000	First 3 office visits, \$25 copay; additional visits, 30% after deductible	\$689.64	Select Plan
MedMutual 4000 HSA	\$8,000	0%	\$8,000	0% after deductible	\$683.35	Select Plan

**Send Information**  
Send Quote

**Plan Comparison**

- MedMutual 2500 [Remove](#)
- MedMutual 3500 [Remove](#)
- MedMutual 4000 HSA [Remove](#)
- MedMutual 5000 [Remove](#)

[Compare](#)

**What Do These Terms Mean?**

**There are insurance terms here that may not be familiar to you. Here are a few helpful definitions:**

**Deductible**  
The amount you pay for your healthcare services before your health insurer pays. Deductibles are based on your benefit period (typically a year at a time). Our plans have an embedded deductible, which means any combination of family members may satisfy the family deductible; however, if one family member meets the individual amount, services will begin to pay for that particular family member. This applies to all members on the contract.

**Coinsurance**  
A certain percent you must pay each benefit period after you have paid your deductible. This payment is for covered services only. You may still have to pay a copay. For example, your plan might cover 80 percent of your medical bill. You will have to pay the other 20 percent. The 20 percent is the coinsurance.

**Copayment (Copay)**  
The amount you pay a healthcare provider when you receive services. You may have a copay for each covered visit to your doctor, depending on your plan. Copays do not count toward your deductible and not all plans have a copay.

**Maximum Out-of-Pocket (MOOP)**  
The highest total amount you are responsible for paying during a benefit period toward deductible, coinsurance and copayments before your health insurer pays 100 percent of covered health benefits. Our plans have an embedded MOOP which means that any combination of family members may satisfy the MOOP but if one family member meets the individual MOOP amount, services will begin to pay at 100 percent for that particular family member.

For more insurance terms, visit [MedMutual.com](#).

An applicant who used a PURL and has an of In Process status will receive an email after 20 minutes of inactivity allowing him/her to return to the application and submit.

Dear Jane,

Thank you for your interest in Medical Mutual. Your application for health insurance has been started, but has not been submitted.

For your convenience, we saved a copy of your application so you can pick up where you left off when you are ready. To do so, log in and verify your identification using your name, date of birth and the last 4 digits of your Social Security Number.

[Complete Application Now!](#)

If you have questions, please call your broker John Test Doe at 999-999-9999 or 1-800-242-1936 to speak with a Medical Mutual Customer Care Specialist.

**Thank You**

for allowing us to be a part of your health.

Should you have any additional questions about the MedMutual Enroll online application, please contact your individual sales representative.