

PDP Electronic Enrollment Form

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Getting Started

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

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

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

The screenshot shows the SPA interface. At the top, there are navigation tabs: Sales Professional Access, Products, Sales & Marketing, Reports, and Training & Compliance. A search bar is located on the right. On the left, a sidebar lists categories: Medicare Supplement, Prescription Drug Plans, Medicare Advantage, Dental, Long-Term Care, Disability, and Critical Illness. Below this, it shows 'Weekly maintenance: Fridays 10 p.m. - 2 a.m. CT' and a 'Show Details' link. The main content area is titled 'Medicare Supplement e-Application' and features two buttons: 'Start or Continue e-App' and 'GPH Health & Life e-App'. Below these are 'Resources' with links to 'Sample e-App', 'Quick Start Guide', 'Disenroll Presentation', 'Sample GPH Health & Life e-App', and 'Training Manual GPH Health & Life'. A red arrow points to the '2020 Start or Continue e-App' button under the 'Prescription Drug Plans e-Application' section, which is noted as 'Not available in New York' and 'Coverage Effective Prior to 01/01/2021'.

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

The screenshot shows the Mutual of Omaha Rx login page. The header features the 'Mutual of Omaha Rx' logo. Below the logo, it says 'Welcome' and 'Log in and get started'. On the left, there are input fields for 'Username' and 'Password', followed by a blue 'Log in' button. Below the button is a link for 'Forgot password?' and a note: 'No account? Contact your manager to get access.' On the right, it says 'Welcome to Mutual of Omaha Rx' and lists features: 'One shopping | One Location | One administration'. A bulleted list includes: 'Medicare shopping and enrollment tools', 'Present plan options and accurately calculate drug costs', 'Capture leads and track their status through enrollment', and 'Manage all your applications through one portal'.

Search Beneficiaries

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

From this page you can search for beneficiary profiles you have already started, for beneficiaries you have already completed enrollments for, or beneficiaries you have sent quotes to.

Mutual of Omaha Rx Search profile New profile Contact us

Search beneficiaries

First name Last name Date of birth Phone number

Email address Confirmation number MBI

Application start date Application end date Agent username

Search profiles

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

Mutual of Omaha Rx Search profile **New profile** Contact us

Search beneficiaries

If you search for a beneficiary, but have not created a profile for your client, you will see this screen. You can **Create a new profile** from here as well.



Contact us

Search profile

New profile

Search beneficiaries

There are no results for the profile you searched, but you may create a new profile with that information.

[Create a new profile](#)

or [search again](#)

Profile

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

Profile

Personal information

*ZIP code

* First name

* Last name

Date of birth

MM/DD/YYYY

Email address

Phone number

Home address

Address 1

Address 2

City

State

Sales information

Is the sales contact different from the beneficiary?

Yes

No

Save

Notes

You have no notes for this profile

[+ Add note](#)

Tasks

You have no tasks for this profile

[+ Add task](#)

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

Sales information

Is the sales contact different from the beneficiary?

First name

Last name

Relationship to beneficiary

Email address

Phone number

Address 1

Address 2

City

State

ZIP code

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

[< Previous](#) [Add Prescriptions & Pharmacy >](#)

Scope of Appointment (SOA)

If sending the SOA via email, a profile must be completed.

If the enrollee does not have an email address, select **Print Consumer Form** to print copy of the Scope of Appointment form. This form can be uploaded using the Upload functionality within the app.

If you use the text option, the member will be sent a text message with a link that will direct them to the same form they would receive via email.

Scope of Appointment

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

SOAs

You have no SOAs for this profile

[Print consumer form](#) | [Upload](#)

Email address

Phone number

[< Previous](#)

Electronic SOA:

If you entered an email when creating the profile, it will display in the email address box. Confirm the email address is correct, then select **Email SOA**. After sending the email, a message will display showing the email address the SOA was sent to and the date it was sent.

SOAs

📧 Email sent to **test@mutualofomaha.com** 09/24/2020

The beneficiary will receive an email containing the below information.

Mutual of Omaha Rx



Hi _____ ,

I am looking forward to meeting with you...

Please fill out the Scope of Appointment online form. Be sure to select the Medicare health plan options that you are interested in discussing during our visit. It's important that you complete the form prior to our visit since it is required by the Centers for Medicare and Medicaid Services.

[Complete "Scope of Appointment" form](#)

After they select “Complete “Scope of Appointment” form”, the electronic SOA will load.



Scope of Sales Appointment Confirmation Form

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

Please check one or ALL the product(s) below that you want the agent to discuss.*

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Medicare Supplement (Medigap) Products
- Ancillary Products

[View](#) complete Medicare product descriptions.

Beneficiary or Authorized Representative Information

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

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

Beneficiary's First Name*

Beneficiary's Last Name*

Address (Line 1)

Address (Line 2)

City

State

Zip Code

Phone Number

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

Yes No

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

CMS Pending Approval

Submit form

Once they complete the form and click **Submit form**, the beneficiary will see the below screen. You will receive an email indicating the SOA has been submitted.



Scope of Appointment



Thank you, your scope of appointment has been submitted. Please close your browser.
Your broker will get in touch with you soon.

We'll discuss:

- Stand alone Medicare Prescription Drug Plans Part D

Make sure you have the following for our meeting:

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



Sample Medicare card you will need for the meeting with your broker.

After you receive email notification, you will need to log-in to SPA, access the e-app and search for the beneficiary.

Search beneficiaries

First name	Last name	Date of birth	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Confirmation number	MBI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Application start date	Application end date	Agent username	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

[Search profiles](#)

Select the correct applicant

Search beneficiaries

An applicant has completed the SOA and/or enrollment. A registrant has not completed the SOA or enrollment.

Search results

Sort

Last name

Test		● Applicant	Updated 08/25/2020
Test		● Applicant	Updated 09/23/2020

or [search again](#)

After selecting your applicant, the profile you started will load. From here select **Continue to SOA**.

[< Previous](#) [Add Prescriptions & Pharmacy >](#) [Continue to SOA](#) [Continue to plans](#)

Complete your portion of the SOA by clicking **Complete form** link.

SOAs

<input checked="" type="checkbox"/> Completed by test test on 09/24/2020	• Stand alone Medicare Prescription Drug Plans Part D	Complete form
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After clicking the **Complete form** link, you will be prompted to complete the following form:

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

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

Agent First Name*

Agent Last Name*

Agent Phone

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

Initial Method of Contact*

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

Plan(s) represented during this meeting:*

Date Appointment Completed*

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

clear

Submit broker form

SOAs

✔ Completed 09/24/2020

• Stand alone Medicare Prescription Drug Plans Part D

View

Once the SOA status shows completed, click **Add Prescriptions & Pharmacy** at the bottom of the screen.

← Previous

Add Prescriptions & Pharmacy

Continue to plans

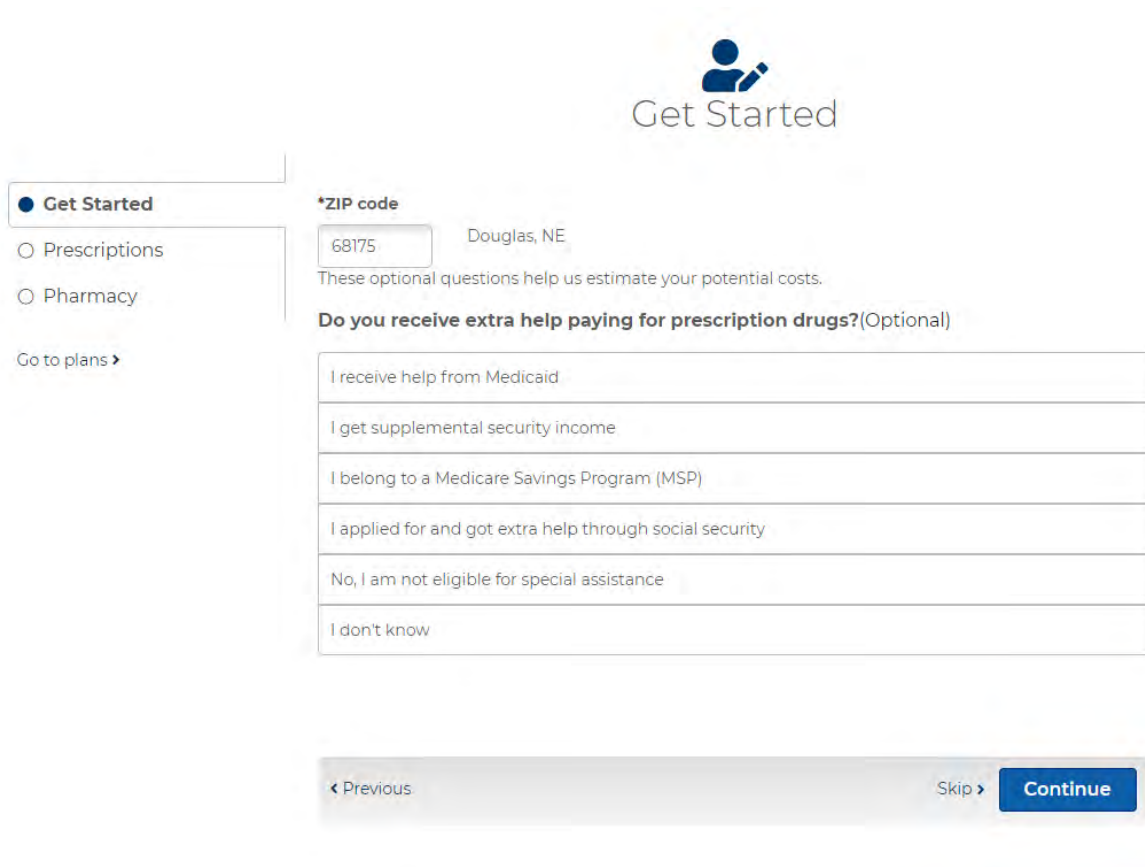
Getting Started

After selecting **Add Prescriptions & Pharmacy**, you will land on the Get Started page.

Here you will verify the beneficiary's zip code and Extra Help status.

The Extra Help status is optional, but if completed, will help provide a more accurate quote.

Once complete, select **Continue** to move to the Prescriptions section.



The screenshot shows a web interface for a 'Get Started' page. At the top center, there is a blue icon of a person with a pencil and the text 'Get Started'. On the left side, there is a vertical navigation menu with three options: 'Get Started' (selected with a blue dot), 'Prescriptions', and 'Pharmacy'. Below these is a link 'Go to plans >'. The main content area has a label '*ZIP code' above a text input field containing '68175' and the text 'Douglas, NE'. Below this is a note: 'These optional questions help us estimate your potential costs.' The next section is titled 'Do you receive extra help paying for prescription drugs?(Optional)'. It contains a list of six radio button options: 'I receive help from Medicaid', 'I get supplemental security income', 'I belong to a Medicare Savings Program (MSP)', 'I applied for and got extra help through social security', 'No, I am not eligible for special assistance', and 'I don't know'. At the bottom of the form, there are three buttons: '< Previous', 'Skip >', and a blue 'Continue' button.

Prescriptions

On this screen enter all the medications that the member is taking. Be sure to select the appropriate dose/strength, quantity and frequency.

The screenshot shows the 'Prescriptions' screen with a search bar containing the text 'Search prescriptions'. On the left, there are navigation options: 'Get Started' (checked), 'Prescriptions' (selected), and 'Pharmacy'. Below these is a 'Go to plans >' link. At the bottom, there are 'Previous', 'Skip >', and 'Continue' buttons.

This screenshot shows the search results for 'lisinopril'. The search bar contains 'lisinopril'. Below the search bar, a dropdown menu displays two options: 'lisinopril' and 'lisinopril/hctz'. The left sidebar and bottom navigation are the same as in the previous screenshot.

Quantity and frequency will default to 30 per month but can be edited. After you have selected the correct medication, quantity and frequency click **Add**. Continue to add all the medications for the most accurate quote.

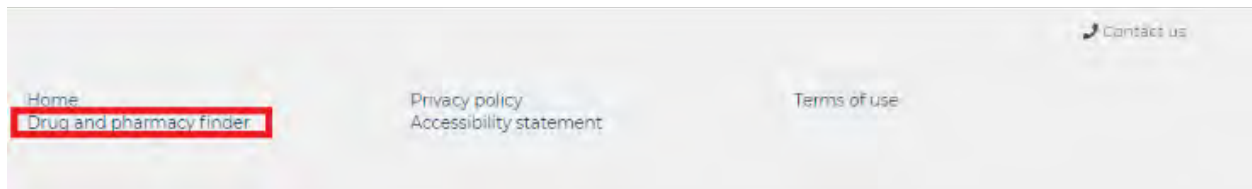
This screenshot shows the medication selection and quantity/frequency input fields. The search bar contains 'lisinopril'. Below the search bar, a dropdown menu displays the selected medication: 'lisinopril'. Below this, there are two sections: 'Select dose and form' and 'Enter quantity and frequency'. The 'Select dose and form' section has a list of options: 'lisinopril TAB 2.5MG', 'lisinopril TAB 5MG', 'lisinopril TAB 10MG' (selected), 'lisinopril TAB 20MG', 'lisinopril TAB 30MG', and 'lisinopril TAB 40MG'. The 'Enter quantity and frequency' section has a text input field with '30' and a dropdown menu with 'per month'. At the bottom, there are 'Cancel' and 'Add' buttons.

Once you have entered all the beneficiary’s prescriptions, select **Continue** to move to the Pharmacy section.

Pharmacy

In this section, find the member’s preferred pharmacy from the list and select **Add pharmacy**. Once you have added the pharmacy, your choice will display at the top, then click **Continue** on the bottom of the page.

Note: This view will not show preferred vs standard network pharmacies. The preferred pharmacies can be found by using the **Drug and pharmacy finder** tool, located at the bottom of the screen.



Plan Comparison

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

From this page you have three choices for how to proceed:

- 1) View or compare Plan Details
- 2) Send Quote or Quick Quote
- 3) Enroll in PDP Plan

2 plans available in [68175](#)

Prescription Drug Plans
2 plans

Prescription Drug Plans cover prescription needs, but offer no medical coverage.

Mutual of Omaha Rx Premier \$23.00 x Quote up to 3 plans. [Send quote](#)

Sort: Total Estimated Annual Cost

Preferences

- Get Started Add
- Prescriptions Edit
alprazolam TAB...
lisinopril TAB...
omeprazole CAP...
- Pharmacy Edit
Walmart Pharma...

Filters
There are no filters for your available plans.

Mutual of Omaha Rx Premier
Plan too new to be measured. [Star rating](#)

Pharmacy Deductible \$445	Initial Coverage Limit \$4,130	Monthly premium \$23.00
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[Add to compare](#)

[Plan details](#) [Enroll](#) [Add to quote](#)

Prescriptions 2 of 3 covered Pharmacy Not covered \$ Est. drug cost \$2,865 Total est. annual cost **\$3,141**

Mutual of Omaha Rx Plus
Plan too new to be measured. [Star rating](#)

Pharmacy Deductible \$445	Initial Coverage Limit \$4,130	Monthly premium \$75.10
-------------------------------------	--	-----------------------------------

[Add to compare](#)

[Plan details](#) [Enroll](#) [Add to quote](#)

Prescriptions 3 of 3 covered Pharmacy Not covered \$ Est. drug cost \$2,865 Total est. annual cost **\$3,766**

Plan Details

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

When choosing Plan details for one plan, the page will populate three tabs: Plan details, Prescriptions and Total costs.

[← Previous](#)

Mutual of Omaha Rx Premier

[Plan details](#) [Prescriptions](#) [Total costs](#)

The Plan details tab will show you the Premium, Estimated drug cost, and Total estimated annual cost.

Mutual of Omaha Rx Premier

Plan details

Prescriptions

Total costs

Costs

Premium	\$23.00 monthly
Est. drug cost Based on 3 drugs Add/edit	\$1,163 annually
Total est. annual cost Based on premium and drug costs.	\$1,439 annually

This tab will also show you if the member's prescriptions are covered, if their pharmacy is in-network, and if it is preferred.

Preferences

Prescriptions

[Add/edit prescription list](#)

Search Prescriptions

[Prescription directory](#)

alprazolam TAB 1MG
90 tablets per month

⊘ **Not covered**

lisinopril TAB 10MG
90 tablets per three months

✔ **Covered**

omeprazole CAP 20MG
30 capsules per month

✔ **Covered**

Pharmacy

[Add/edit pharmacy](#)



Search Pharmacy

[Pharmacy directory](#)

Walmart Pharmacy 10-4139

✔ **In-network pharmacy with preferred pricing**

Finally, this tab also provides an overview of the plan benefit details, such as deductible, initial coverage limit and cost share amount by tier.

Benefits 	
Pharmacy Coverage 	
Pharmacy Deductible	\$445.00
Pharmacy Deductible Drug Tier Exclusions	\$0 Deductible on Tier(s) 1, 2; \$445 Deductible on Tier(s) 3, 4, 5, 6
Initial Coverage Limit	\$4,130.00
One Month Supply (Retail) Pharmacy with Preferred Cost Sharing	
Tier 1: Preferred Generic	\$0.00
Tier 2: Generic	\$2.00
Tier 3: Preferred Brand	23%
Tier 4: Non-Preferred Drug	46%
Tier 5: Specialty Tier	25%

Prescriptions

The Prescriptions tab will show you which prescriptions are covered by tier, the cost by coverage phase, and if there are any restrictions such as Prior Authorization, Quantity Limits, or Step Therapy.

Mutual of Omaha Rx Premier

Plan details
Prescriptions
Total costs

Costs based on your selected pharmacy [Walmart Pharmacy 10-4139](#) [Edit](#) | [Switch to Mail order costs](#)

[Add/edit prescription list](#)

✔ Covered prescriptions

Preferred Generic

<p>lisinopril TAB 10MG 90 tablets per three months Generic</p>				
Retail cost (1 month supply)	Retail Cost [?] \$19.15	Before Gap [?] \$0.00	During Gap [?] \$4.79	After Gap [?] \$3.70
Restrictions	PA No QL No ST No			

<p>omeprazole CAP 20MG 30 capsules per month Generic</p>				
Retail cost (1 month supply)	Retail Cost [?] \$8.15	Before Gap [?] \$0.00	During Gap [?] \$2.04	After Gap [?] \$3.70
Restrictions	PA No QL 30 / 30 days ST No			

Mutual of Omaha Rx Premier

Plan too new to be measured
[Star rating](#)

Monthly premium
\$23.00

Enroll

[Send quote](#)

Generic
None of your prescriptions are in this tier.

Preferred Brand
None of your prescriptions are in this tier.

Total Cost

The Total Cost tab will provide an estimated annual cost as well as an estimated cost by month.

Mutual of Omaha Rx Premier

Plan details | Prescriptions | Total costs

Costs based on your selected pharmacy: [Walmart Pharmacy10-4139](#) [Edit](#) | [Switch to Mail order costs](#)

Based on information you've provided, these are the estimated monthly costs.

Total estimated annual cost \$1,439

[Add/edit prescription list](#)

January					\$119.95 ^
	Premium	+	Drug cost	=	Monthly est. cost
	\$23.00		\$96.95		\$119.95

Drug	Phase	Drug cost
omeprazole CAP 20MG	Deductible	\$0.00
lisinopril TAB 10MG	Deductible	\$0.00
alprazolam TAB 1MG ¹⁵	Deductible	\$96.95

Mutual of Omaha Rx Premier

Plan too new to be measured
[Star rating](#)

Monthly premium
\$23.00

Enroll

Send quote

February	\$119.95 v
March	\$119.95 v
April	\$119.95 v
May	\$119.95 v
June	\$119.95 v
July	\$119.95 v
August	\$119.95 v
September	\$119.95 v
October	\$119.95 v
November	\$119.95 v
December	\$119.95 v

To return to the plan compare page from any tab click the **Previous** button at the top of the screen.

[< Previous](#)

Mutual of Omaha Rx Plus

Compare Plans

To compare the plans side by side, click **Add to compare** on both plans. Once both are selected click **Compare now**.

Mutual of Omaha Rx Plus Add to compare

Plan too new to be measured [Star rating](#)

Pharmacy Deductible \$445	Initial Coverage Limit \$4,130	Monthly premium \$75.10
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[Plan details](#) [Enroll](#)
[Add to quote](#)

Prescriptions 3 of 3 covered	Pharmacy 1 of 1 covered	Est. drug cost \$297	<u>Total est. annual cost</u> \$1,199
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Mutual of Omaha Rx Premier Add to compare

Plan too new to be measured [Star rating](#)

Pharmacy Deductible \$445	Initial Coverage Limit \$4,130	Monthly premium \$23.00
-------------------------------------	--	-----------------------------------

[Plan details](#) [Enroll](#)
[Add to quote](#)

Prescriptions 2 of 3 covered	Pharmacy 1 of 1 covered	Est. drug cost \$1,163	<u>Total est. annual cost</u> \$1,439
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Mutual of Omaha Rx Plus [Compare now](#)

Plan too new to be measured [Star rating](#)

Pharmacy Deductible \$445	Initial Coverage Limit \$4,130	Monthly premium \$75.10
-------------------------------------	--	-----------------------------------

Plan details

Enroll

Add to quote

Prescriptions 3 of 3 covered	Pharmacy 1 of 1 covered	Est. drug cost \$297
		<u>Total est. annual cost</u> \$1,199

Mutual of Omaha Rx Premier [Compare now](#)

Plan too new to be measured [Star rating](#)

Pharmacy Deductible \$445	Initial Coverage Limit \$4,130	Monthly premium \$23.00
-------------------------------------	--	-----------------------------------

Plan details

Enroll

Add to quote

Prescriptions 2 of 3 covered	Pharmacy 1 of 1 covered	Est. drug cost \$1,163
		<u>Total est. annual cost</u> \$1,439

Once on the Compare Plans page, you can choose to **Show plan differences** to highlight the differences between plans.

[← Previous](#)

Compare Plans

<input checked="" type="checkbox"/> Show plan differences	<p>Mutual of Omaha Rx Plus</p> <p>Plan too new to be measured Star rating</p> <p>Monthly premium \$75.10</p> <p>Plan details Enroll</p>	<p>Mutual of Omaha Rx Premier</p> <p>Plan too new to be measured Star rating</p> <p>Monthly premium \$23.00</p> <p>Plan details Enroll</p>
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Costs ^		
Est. drug cost <small>Based on 3 drugs Add/edit</small>	\$297 annually	\$1,163 annually
Total est. annual cost <small>Based on premium and drug costs.</small>	\$1,199 annually	\$1,439 annually

From there the Compare Plans page will show you will show a side-by-side comparison of the plan details overview of both plans.

Preferences		
Prescriptions Add/edit prescription list		
Search Prescriptions	Prescription directory	Prescription directory
alprazolam TAB 1MG 90 tablets per month	✔ Covered	⊖ Not covered
lisinopril TAB 10MG 90 tablets per three months	✔ Covered	✔ Covered
omeprazole CAP 20MG 30 capsules per month	✔ Covered	✔ Covered
Pharmacy Add/edit pharmacy		
Search Pharmacy	Pharmacy directory	Pharmacy directory
Walmart Pharmacy 10-4139	✔ In-network pharmacy with preferred pricing	✔ In-network pharmacy with preferred pricing
Benefits		
Prescription drug coverage ⓘ		
Prescription Deductible ⓘ	\$445.00	\$445.00
Prescription Initial Coverage Limit ⓘ	\$4,130.00	\$4,130.00
Prescription Drugs	<p>One Month Supply (Retail) Pharmacy with Preferred Cost Sharing Preferred Generic: \$0.00 Generic: \$2.00 Preferred Brand: 20% Non-Preferred Drug: 37% Specialty Tier: 25%</p> <p>One Month Supply (Retail) Standard Pharmacy Preferred Generic: \$5.00 Generic: \$8.00 Preferred Brand: 22% Non-Preferred Drug: 39% Specialty Tier: 25%</p> <p>Three Month Supply (Mail-Order) Pharmacy with Preferred Cost Sharing Preferred Generic: \$0.00 Generic: \$6.00 Preferred Brand: 20%</p> <p>Three Month Supply (Mail-Order) Standard Pharmacy Preferred Generic: \$0.00 Generic: \$6.00 Preferred Brand: 20%</p>	<p>One Month Supply (Retail) Pharmacy with Preferred Cost Sharing Preferred Generic: \$0.00 Generic: \$2.00 Preferred Brand: 23% Non-Preferred Drug: 48% Specialty Tier: 25%</p> <p>One Month Supply (Retail) Standard Pharmacy Preferred Generic: \$8.00 Generic: \$10.00 Preferred Brand: 25% Non-Preferred Drug: 48% Specialty Tier: 25%</p> <p>Three Month Supply (Mail-Order) Pharmacy with Preferred Cost Sharing Preferred Generic: \$0.00 Generic: \$6.00 Preferred Brand: 23%</p> <p>Three Month Supply (Mail-Order) Standard Pharmacy Preferred Generic: \$0.00 Generic: \$6.00 Preferred Brand: 23%</p>

Send a quote

You can send a quote to the beneficiary from the plan comparison page or the plan detail page.

To send a quote from the plan comparison page, click **Add to quote** on the

Mutual of Omaha Rx Premier Add to compare
Plan too new to be measured [Star rating](#)

Pharmacy Deductible **\$445** Initial Coverage Limit **\$4,130** Monthly premium **\$23.00**

[Plan details](#) [Enroll](#)
Add to quote

Prescriptions 2 of 3 covered **Pharmacy** 1 of 1 covered **Est. drug cost** \$1,163 **Total est. annual cost** **\$1,439**

The plan selected for the quote will populate above plan details on the page. From there, choose to **Send quote**.

Prescription Drug Plans cover prescription needs, but offer no medical coverage.

[Mutual of Omaha Rx Premier](#) **\$23.00** x Quote up to 3 plans **Send quote**

To send a quote from the plan details page of either plan, choose **Send quote**.

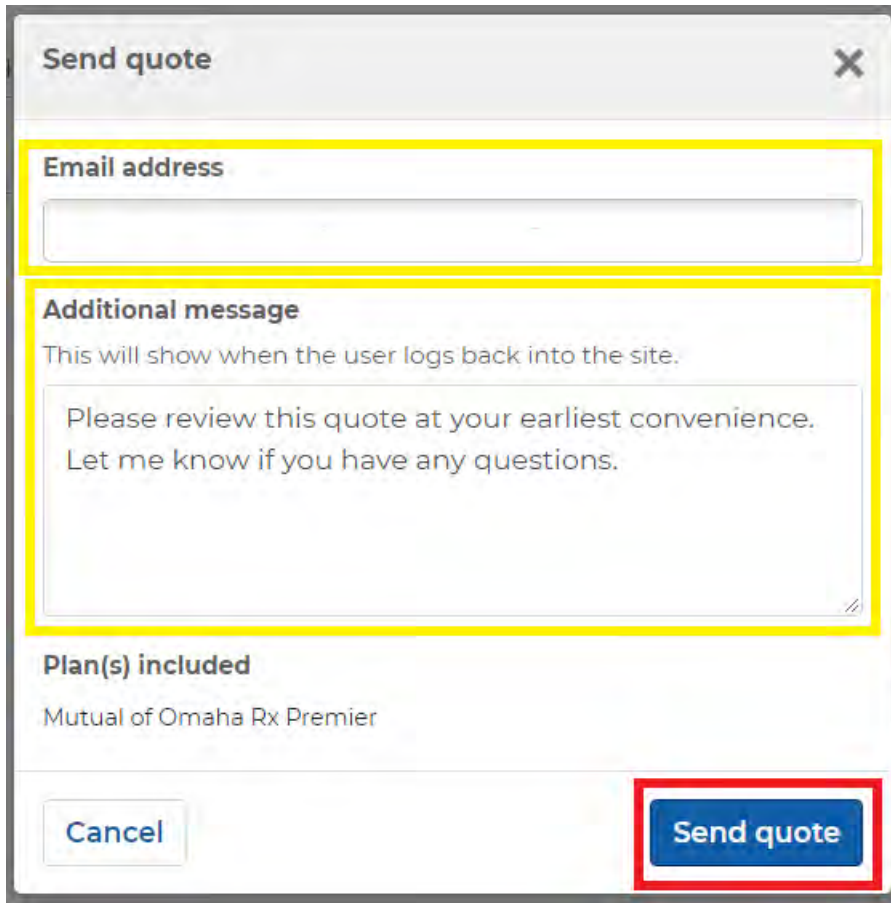
Mutual of Omaha Rx Premier

[Plan details](#) [Prescriptions](#) [Total costs](#)

Costs	
Premium	\$23.00 monthly
Est. drug cost Based on 3 drugs Add/edit	\$1,163 annually
Total est. annual cost Based on premium and drug costs.	\$1,439 annually

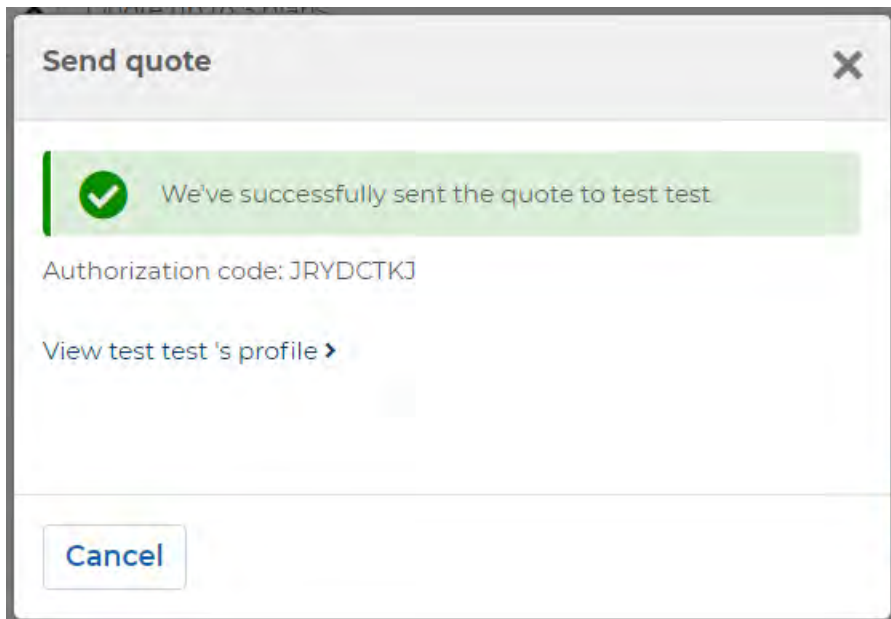
Mutual of Omaha Rx Premier
Plan too new to be measured
[Star rating](#)
Monthly premium **\$23.00**
[Enroll](#)
Send quote

After clicking **Send quote** from either location, a dialog box will appear. You can verify the beneficiary's email address and enter a custom message, then **Send quote**.



The dialog box is titled "Send quote" and has a close button (X) in the top right corner. It contains three main sections: "Email address" with an empty text input field; "Additional message" with a text area containing the message "Please review this quote at your earliest convenience. Let me know if you have any questions."; and "Plan(s) included" with the text "Mutual of Omaha Rx Premier". At the bottom, there are two buttons: "Cancel" on the left and "Send quote" on the right, which is highlighted with a red border.

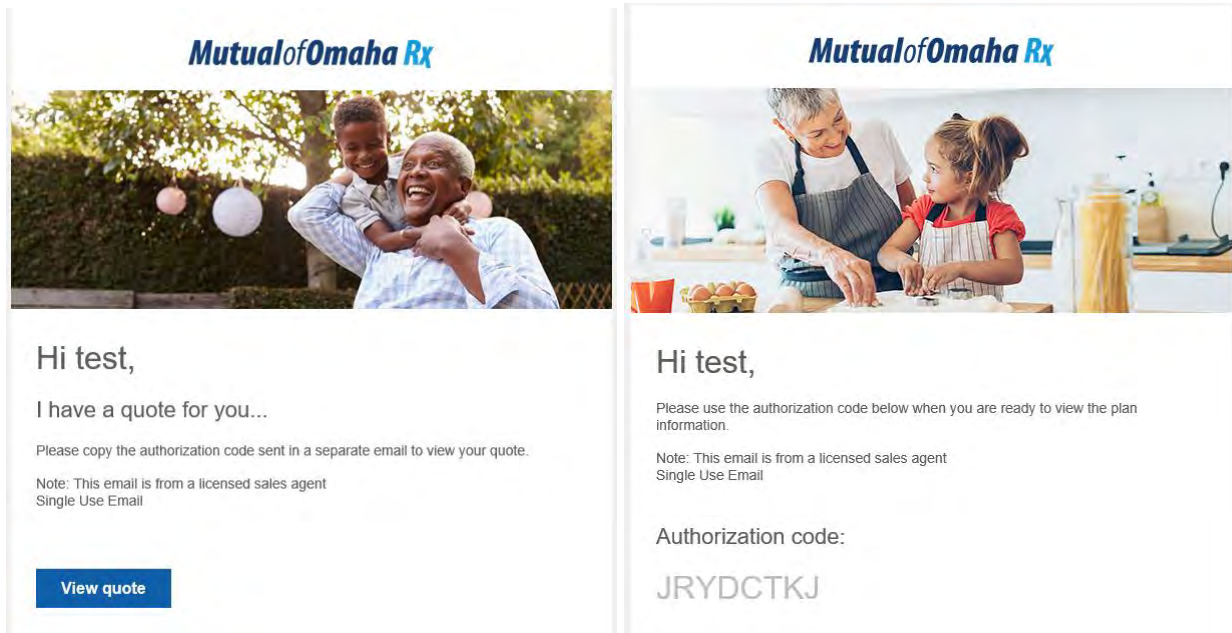
After sending the quote, a confirmation will populate.



The dialog box is titled "Send quote" and has a close button (X) in the top right corner. It displays a green success message: "We've successfully sent the quote to test test." with a green checkmark icon. Below the message, it shows "Authorization code: JRYDCTKJ" and a link "View test test 's profile >". At the bottom, there is a "Cancel" button.

The beneficiary will receive two emails. One with the link to the quick quote and one with an authorization code.

For security purposes, once the **View Quote** button is selected, the authorization code must be entered to proceed. **If a customer completes the enrollment process via this method, you will be listed as Agent of Record on this enrollment.**



Enrollment

You can enroll the beneficiary from the plan comparison page or the plan detail page.

The screenshot displays the plan details for Mutual of Omaha Rx Premier. Key information includes a pharmacy deductible of \$445, an initial coverage limit of \$4,130, and a monthly premium of \$23.00. The "Enroll" button is highlighted with a red border. Below the main information, there are icons and text for "Prescriptions" (2 of 3 covered), "Pharmacy" (1 of 1 covered), "Est. drug cost" (\$1,163), and "Total est. annual cost" (\$1,439). An "Add to compare" checkbox is located in the top right corner.

Mutual of Omaha Rx Premier

Plan details | Prescriptions | Total costs

Costs	
Premium:	\$23.00 monthly
Est. drug cost Based on 3 drugs Add/edit	\$1,163 annually
Total est. annual cost Based on premium and drug costs.	\$1,439 annually

Preferences

Mutual of Omaha Rx Premier

Plan too new to be measured
[Star rating](#)

Monthly premium
\$23.00

Enroll

Send quote

After clicking **Enroll**, you will see a page titled Cart. This page should be used to verify that you have selected the correct plan and choose if you will complete the form yourself with the member, or if you will complete the form and send it to the beneficiary to submit.

Cart

Prescription Drug Plan

Mutual of Omaha Rx Premier Monthly premium
\$23.00

[View details](#) | [Change plan](#) | [Remove plan](#)

Total monthly premium \$23.00

* How will you be completing this form?

[Send to beneficiary to sign and submit](#)

[Complete and submit form myself](#)

[< Previous](#) [Continue to apply](#)

After verifying your selections, click **Continue to apply** to begin the enrollment process. There are five steps that must be done to complete an enrollment form.

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



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

Note: Email address is not required, but is recommended

Contact Information

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

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

Fields marked with an asterisk (*) are required

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

No file chosen

Personal Information

Please enter your personal information in the spaces provided.

Title	<input type="button" value="Mr."/> <input type="button" value="Mrs."/> <input type="button" value="Ms."/>
First Name*	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name*	<input type="text"/>
Date of Birth*	<input type="text"/>
Gender*	<input type="button" value="Male"/> <input type="button" value="Female"/>
Home Phone Number*	<input type="text"/>

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

Note: It is NOT mandatory to collect Cell Phone Number. If caller agrees to provide, **please state:**

Your cell phone number will only be used to confirm your enrollment information if we're unable to reach you at your home phone number.

Email Address

Permanent Residence

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

Address (Line 1)*	<input type="text"/>
Address (Line 2)	<input type="text"/>
City*	<input type="text" value="Omaha"/>
State*	<input type="text" value="NE"/>
ZIP Code*	<input type="text" value="68175"/> Edit

Mailing Address (Optional)

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

<input type="button" value="Yes"/>	<input type="button" value="No"/>
------------------------------------	-----------------------------------

Emergency Contact (Optional)

Would you like to provide an emergency contact?

<input type="button" value="Yes"/>	<input type="button" value="No"/>
------------------------------------	-----------------------------------

[Next](#)

If you say yes to either Mailing Address or Emergency Contact, additional required fields will populate.

Mailing Address (Optional)

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

Address (Line 1)*

Address (Line 2)

City*

State*

ZIP Code*

Emergency Contact (Optional)

Would you like to provide an emergency contact?

Name*

Relationship to You*

Phone Number*

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

[Next](#)

Benefits Information

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

Fields marked with an asterisk (*) are required

Medicare Information

Please take out your red, white and blue Medicare card to complete this section. In the spaces provided, enter your Medicare Number (do not enter dashes) and the Effective Dates for your Part A and Part B coverage.

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



Medicare Number*

Hospital (Part A) Effective Date

Medical (Part B) Effective Date

Prescription Drug Coverage

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

Will you have other prescription drug coverage in addition to this plan?*

Long Term Care

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

If you say yes to either other Prescription Drug Coverage or Long Term Care, additional required fields will populate.

Prescription Drug Coverage

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

Will you have other prescription drug coverage in addition to this plan?*

If you answered "Yes," please provide the following information.

Name of Additional Prescription Drug Coverage*

ID #*

Group #*

Long Term Care

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

If you answered "Yes", please provide the following information.

Name of Facility*

Address*

City*

State*

ZIP Code*

Phone Number*

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

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

Special Enrollment Period

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

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

If none of these statements applies to you or you're not sure, please contact Medicare at 1-800-375-9000 (TTY users should call) to see if you are eligible to enroll. We are open 8 a.m. - 8 p.m. Pacific time.

- I am new to Medicare. ❶
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA-OEP). ❷
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. ❸
- I recently was released from incarceration. ❹
- I recently returned to the United States after living permanently outside the U.S. ❺
- I recently obtained lawful presence status in the United States. ❻
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid). ❼
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help). ❽
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change. ❾
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). ❿
- I recently left a Program of All-Inclusive Care for the Elderly program. ⓫
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare). ⓬
- I am leaving employer or union coverage. ⓭
- I belong to a pharmacy assistance program provided by my state. ⓮
- My plan is ending its contract with Medicare or Medicare is ending its contract with my plan. ⓯
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. ⓰
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. ⓱
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster. ⓲
- Other.

Please Note: For Effective Date of Coverage, ultimately CMS provides us the Part D effective date.

During AEP, the effective date will always be January 1st of the following year.

If the beneficiary is applying during their Initial Enrollment Period (IEP), the seven months around their 65th birthday, the effective date will be the first day of the month after the enrollment application is received by the plan. (i.e. enrollment completed in February, effective date will be March 1st.)

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

Effective Date of Coverage:

- During your Initial Enrollment Period, the effective date of coverage is generally the first day of the month after your enrollment application is received.

OR

- If you qualify for a Special Enrollment Period, select as your effective date of coverage one of these options: The first of the month following the month your current coverage ends or the first of the month you are eligible to enroll due to special circumstances.

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Please Note: For Pay Plan Premium, the due date or EFT draft date for Part D Plans will always be the 1st of the month.

If completing the EFT portion, automatic recurring payments will start January 1st.

If the member wishes to pay by credit card, select Get a Bill. Upon receiving their first premium billing statement they will be able to call in or go online to setup payments by credit card.

If they select Get a Bill, upon receiving their first premium billing statement they will be able to call in or go online to make a one time payment or to set up automatic recurring payments.

Other Information

Paying Your Plan Premium

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

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

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

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

Please select a premium payment option:*

Get a Bill
Electronic funds transfer (EFT) from your bank account each month
Automatic deduction from your monthly Social Security/Railroad Retirement Board (RRB) benefit check.

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Agent Information

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

Agent Name:	
Agent ID/NPN:	

As the writing agent, I hereby attest that:

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

* I agree with the above statements.

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[Next](#)

From the Review and Submit page, you can review and verify all of the information entered on the previous screens.

Either read the information on this page to the beneficiary, or have the beneficiary read through it on their own. This must be done before submitting the application.

Review and Submit

Review your application

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

Contact Information	▼
Benefits Information	▼
Other Information	▼
Agent Information	▼

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

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

By completing this enrollment application, I agree to the following:
Mutual of Omaha Rx Premier is a Medicare drug plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform Mutual of Omaha Rx Premier of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time – if I am currently in a Medicare Prescription Drug Plan, my enrollment in Mutual of Omaha Rx Premier will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment Period (October 15 – December 7), unless I qualify for certain special circumstances. Mutual of Omaha Rx Premier serves a specific service area. If I move out of the area that Mutual of Omaha Rx Premier serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies except in an emergency when I cannot reasonably use Mutual of Omaha Rx Premier network pharmacies. Once I am a member of Mutual of Omaha Rx Premier, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Mutual of Omaha Rx Premier when I get it to know which rules I must follow to get coverage.

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

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

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

Release of Information:

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

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

If the beneficiary is completing the enrollment form themselves select “I am the person listed...” if an authorized representative is completing the enrollment select “I am the person authorized...”

Read the following disclosure to the beneficiary and check the box. This will populate the agent signature box for you to sign and submit the enrollment as Agent of Record.

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

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

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

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

Agent Signature

***Please sign your name in the space below.**

clear

[← Previous](#)


[Submit](#)

After clicking **Submit**, the confirmation page will load.

This page will provide the Confirmation number, Application details and explain what to expect next. Please provide the enrollee with the Confirmation number.

The beneficiary should be emailed a confirmation of the enrollment, but you can email the confirmation to them again, to yourself or to anyone else they wish from this page.

Application submitted

 Your application has been submitted and is pending approval. This confirmation is not proof of membership.

[✉ Email](#) [🖨 Print](#)

What to expect

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

Omaha Health Insurance Company
PO Box 66535 St. Louis, MO 63166
24 hours a day
(855) 864-6797 TTY 711
<https://www.mutualofomaharx.com>

Application details

Member name
test test


Member address
Omaha, NE 68175

Submitted on
September 30, 2020

Confirmation number
A94579841853841M

[📄 View application](#)

Prescription Drug Plan

	Mutual of Omaha Rx Premier	Monthly premium
	📄 View plan details	\$23.00

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

What's Next:


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

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


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

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

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



Application submitted



Your application has been submitted and is pending approval.
This confirmation is not proof of membership.

What to expect

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

Application details

Submitted on
September 30, 2020
Confirmation number
A94579841853841M

Single use Email

Omaha Health Insurance Company
PO Box 66535 St. Louis MO

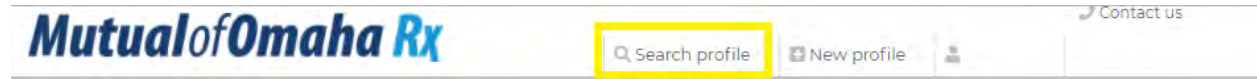
(855) 864-6797 TTY 711
24 hours a day
<https://www.mutualofomaharx.com>

Other Information

View Enrollment History

To go back and view the enrollment history or print the enrollment application for a member:

1. Go to **Search profile**



2. Enter the beneficiary information and click **Search profiles.**

Search beneficiaries

First name	Last name	Date of birth	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Confirmation number	MBI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Application start date	Application end date	Agent username	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. Select the correct beneficiary

Search beneficiaries

An applicant has completed the SOA and/or enrollment. A registrant has not completed the SOA or enrollment.

Search results

Sort: Last name

Test	Applicant	Updated 08/25/2020
Test	Applicant	Updated 09/23/2020

or [search again](#)

4. Click View Application

Enrollment history

Mutual of Omaha Rx Premier
Submitted 09/30/2020 12:50 pm PST
Confirmation #A94579841853841M [View application](#)

Total monthly premium \$23.00

Continue an enrollment

After starting the enrollment, if for any reason you navigate away from the enrollment application:

1. Go to Search profile

Mutual of Omaha Rx [New profile](#) [Contact us](#)

2. Enter the beneficiary information and click **Search profiles**.

Search beneficiaries

First name	Last name	Date of birth	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Confirmation number	MBI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Application start date	Application end date	Agent username	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. Select the correct beneficiary

Search beneficiaries

An applicant has completed the SOA and/or enrollment. A registrant has not completed the SOA or enrollment.

Search results

Sort
Last name

Test	Applicant	Updated 09/25/2020
Test	Applicant	Updated 09/23/2020

or [search again](#)

4. Click **Continue enrollment**.

Enrollment history

Mutual of Omaha Rx Premier
last updated 09/30/2020 11:18 am PST

[Continue enrollment](#)

Total monthly premium \$23.00

5. You will start on the Contact Information Page but can continue through the application to pick up where you left off.

The image shows a progress bar for the Mutual of Omaha Rx application. It consists of five numbered steps: 1. Contact info, 2. Benefit info, 3. Quote info, 4. Agent info, and 5. Review & Submit. Step 1 is currently selected and highlighted with a blue circle. Above the progress bar, there are navigation options: 'Search profile', 'New profile', and 'Contact us'.

View Quote History

To view when you sent a quote to a beneficiary:

1. Go to Search profile

The image shows the Mutual of Omaha Rx application interface. The 'Search profile' button is highlighted with a yellow box. Other navigation options visible include 'New profile' and 'Contact us'.

3. Enter the beneficiary information and click **Search profiles**.

Search beneficiaries

First name	Last name	Date of birth	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Confirmation number	MBI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Application start date	Application end date	Agent username	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

[Search profiles](#)

4. Select the correct beneficiary

Search beneficiaries

An applicant has completed the SOA and/or enrollment. A registrant has not completed the SOA or enrollment.

Search results

Sort

Last name

Test	● Applicant	Updated 08/25/2020
Test	● Applicant	Updated 09/23/2020

or [search again](#)

5. View Quote history

Quote history

Quote sent 09/30/2020

brokertest
brokertest brokertest
Authorization code: JRYDCTKJ

Please review this quote at your earliest convenience. Let me know if you have any questions.

Notes and Tasks

Notes can be taken when filling out the beneficiary's profile. They can be accessed later by searching for the beneficiary and accessing their profile

Profile

Personal Information

*ZIP code <input type="text" value="68175"/> Douglas, NE		
* First name <input type="text" value="test"/>	* Last name <input type="text" value="test"/>	Date of birth <input type="text" value="1956"/>
Email address <input type="text"/>	Phone number <input type="text"/>	
Home address		
Address 1 <input type="text"/>	Address 2 <input type="text"/>	
City <input type="text" value="Omaha"/>	State <input type="text" value="Nebraska"/>	

Notes

SOA sent to
test@test.com

- testing agent
Created 09/24/2020

[+ Add note](#)

Tasks

You have no tasks for this profile

[+ Add task](#)