

2024 Mutual of Omaha Rx
Prescription Drug Plans

Producer Guide



For producer use only. Not for use with the general public.



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Introduction





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

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



Sales Professional Access

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

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

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

Log in or register at MutualofOmaha.com/broker.



Instructions

For step-by-step instructions on how to get started using SPA check our Senior Health SPA Guide in Forms and Materials or SPA.

General Contact Information for all Products

Area	Phone Number	Email
Compensation Support	800-475-4465	broker.compensation@mutualofomaha.com
Contacts, Licensing & Producer Services	800-867-6873	contractsandappointments@mutualofomaha.com
Sales Support	800-693-6083	sales.support@mutualofomaha.com
Tech Support	800-847-9785	producertechsupport@mutualofomaha.com
Senior Health Sales Team		seniorhealthsales@mutualofomaha.com

Prescription Drug Plans Only

Area	Phone Number
Enrollment Status for members only	877-775-1360
Enrollment Status for agents only	855-493-1342
Billing Inquiries for members only	877-770-9808 (option 1)
Customer Service for members only	855-864-6797

Application Submissions

App Type	PDP	
Compensation Support	MutualofOmaha.com/broker Select the Electronic Applications link on the home page or on the Sales & Marketing tab.	
Paper Apps Order application books through normal channels.	Fax: 855-867-6711 This is the preferred method to submit paper PDP enrollment forms.	Mail: Mutual of Omaha Rx P.O. Box 3625 Scranton, PA 18505-9811 We must receive PDP enrollment forms within 48 hours after the signed enrollment date.

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Producer Website

Sales Professional Access | MutualofOmaha.com/broker

To create your account, click Sign Up and follow the instructions. You need your seven-digit Mutual of Omaha production number to register.



Mobile Quote App | Med Supp and Dental

Download to your smartphone and tablet. Search Quotes for Sales Professionals in the Apple Store or Google Play.

Products

Prescription Drug Product

PDP Markets:

- Part D Prescription Drug plans are underwritten by Omaha Health Insurance Company.
- PDP is sold in all states except New York and the U.S. territories.

Prescription Drug Overview

Plan Highlights*

Mutual of Omaha RxSM Essential (PDP)

- Low monthly premium
- \$0 Tier 1 deductible
- \$545 deductible on Tiers 2-5
- \$0 Tier 1, copay for 30- or 90-day supply at preferred and mail order pharmacies

Mutual of Omaha RxSM Premier (PDP)

- Comprehensive formulary
- \$0 deductible on Tiers 1 & 2
- \$349 deductible on Tiers 3-5
- \$1 Tier 1, 30-day copay at preferred pharmacies
- \$2.50 Tier 1, 90-day copay with mail order

Mutual of Omaha RxSM Plus (PDP)

- Stable and reliable
- \$545 deductible on all Tiers
- \$1-2 Tier 1, 30-day copay at preferred pharmacies
- \$2.50-5 Tier 1, 90-day copay with mail order

Plan	Mutual of Omaha Rx Essential			Mutual of Omaha Rx Premier			Mutual of Omaha Rx Plus		
Deductible	Tiers 1 \$0 Tiers 2-5 \$545			Tiers 1 and 2 \$0 Tiers 3-5 \$349			All Tiers \$545		
Initial Coverage Limit	\$5,030								
Cost-Sharing, Pharmacy Type and Days' Supply	Preferred Retail 30-Days	Preferred Retail 90-Days	Home Delivery 90-Days	Preferred Retail 30-Days	Preferred Retail 90-Days	Home Delivery 90-Days	Preferred Retail 30-Days	Preferred Retail 90-Days	Home Delivery 90-Days
Tier 1	\$0	\$0	\$0	\$1	\$3	\$2.50	\$1-2	\$3-6	\$2.50-5
Tier 2	\$15	\$45	\$37.50	\$10	\$30	\$25	\$5	\$15	\$12.50
Tier 3	20%	20%	20%	\$47	\$141	\$117.50	15-18%	15-18%	15-18%
Tier 4	45-48%	N/A	45-48%**	36-49%	N/A	36-49%**	35-44%	N/A	35-44%**
Tier 5	25%	N/A	25%**	28%	N/A	28%**	25%	N/A	25%**

*Available in all regions except NY & U.S. territories

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



*Available in all regions except NY & territories

Confidential property of Omaha Health Insurance Company. For producer use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of Omaha Health Insurance Company. Mutual of Omaha Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in the Mutual of Omaha Rx plan depends on contract renewal.



Preferred Pharmacies

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

Premium and Region Details

PDP Region	Region #	Mutual of Omaha Rx Essential	Mutual of Omaha Rx Premier	Mutual of Omaha Rx Plus
NH, ME	1	\$26.80	\$90.10	\$96.30
CT, MA, RI, VT	2	\$27.90	\$102.40	\$110.80
NJ	4	\$24.40	\$89.50	\$98.00
DE, DC, MD	5	\$26.30	\$84.60	\$89.10
PA, WV	6	\$24.90	\$88.20	\$41.20
VA	7	\$25.00	\$84.40	\$96.50
NC	8	\$24.90	\$65.40	\$81.20
SC	9	\$25.10	\$78.60	\$42.60
GA	10	\$23.60	\$86.80	\$94.90
FL	11	\$24.20	\$118.60	\$103.80
AL, TN	12	\$23.60	\$73.00	\$116.90
MI	13	\$23.20	\$75.00	\$35.40
OH	14	\$24.10	\$86.50	\$85.00
IN, KY	15	\$24.10	\$69.50	\$97.10
WI	16	\$22.10	\$77.80	\$46.30

Premium and Region Details

PDP Region	Region #	Mutual of Omaha Rx Essential	Mutual of Omaha Rx Premier	Mutual of Omaha Rx Plus
IL	17	\$24.00	\$66.90	\$93.10
MO	18	\$23.40	\$70.90	\$104.60
AR	19	\$22.80	\$74.80	\$37.70
MS	20	\$23.20	\$95.10	\$99.00
LA	21	\$24.60	\$77.10	\$43.10
TX	22	\$23.70	\$77.10	\$99.90
OK	23	\$22.90	\$79.30	\$93.20
KS	24	\$22.00	\$67.20	\$92.20
IA, MN, MT, ND, NE, SD, WY	25	\$22.90	\$70.30	\$40.90
NM	26	\$22.40	\$53.30	\$94.70
CO	27	\$22.80	\$100.70	\$104.30
AZ	28	\$22.90	\$67.50	\$103.20
NV	29	\$23.30	\$81.80	\$97.20
OR, WA	30	\$23.00	\$83.00	\$105.50
ID, UT	31	\$20.30	\$71.60	\$41.90
CA	32	\$25.70	\$100.30	\$112.30
HI	33	\$23.10	\$79.20	\$94.90
AK	34	\$24.20	\$81.30	\$97.70

Ready to Sell





Becoming Ready to Sell is an annual requirement. All producers planning to sell Mutual of Omaha Rx PDP plans must certify for each plan year they wish to sell. Entities that have a downline selling Mutual of Omaha Rx PDP plans must also certify each plan year. Compensation (including renewal compensation) cannot be paid to producers and/or entities that are not RTS.

Prescription Drug Plans are underwritten by Omaha Health Insurance Company (OHIC).

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

- OHIC contract signed
- General Medicare Certification or Mutual of Omaha Rx Compliance training completed with passing score
- OHIC Product Specific Training completed with passing score

Certification Requirements

Compliance Training | Passing score required: 90% within five attempts.

1 Complete and pass the 2024 America's Health Insurance Plans (AHIP) certification

- Access link – AHIP Training
- A \$50 discount is applied when a producer completes AHIP certification via the link on Sales Professional Access.
- Producers who have taken AHIP certification through another carrier and wish to sell Mutual of Omaha Rx PDP plans must have their results transmitted to Mutual of Omaha Rx. Use the "AHIP Training" link on Sales Professional Access to transmit. You will not need to pay to take the training again.

OR

2 2024 Mutual of Omaha Rx Compliance Training

- This is for producers who are only going to sell Mutual of Omaha Rx PDP plans have the option to take this instead of AHIP.
- Access link – Compliance and Product Training
 - There's no cost to complete the Mutual of Omaha Rx Compliance Training.
 - To complete this training, producers must have a signed and submitted OHIC contract.

Certification Requirements (cont.)

Mutual of Omaha Rx Product Training | **Passing score required:** 85% within five attempts.



All producers are required to take the 2024 Mutual of Omaha Rx Prescription Drug Plan Product Training in addition to the AHIP certification or Mutual of Omaha Rx Compliance Training. This module is separate from the Compliance training requirement.

- Access link – Compliance and Product Training.
- Go to Products > Medicare Solutions > Prescription Drug Plan > Product Training.
- There is no cost to complete the Mutual of Omaha Rx Product Training.
- To complete this training, producers must have a signed and submitted OHIC contract
- You must click through all the training slides and pass the assessment before training will be considered complete.

How to verify your RTS status after successful completion of all compliance and product training:

- Log on to Sales Professional Access at mutualofomaha.com/broker.
- Select “Reports” from the menu bar at the top of the homepage.
- Select “Case Monitoring.”
- Select “PDP Ready-to-Sell Status Summary.”
- Select plan year 2024 to verify your status for 2024 enrollment.

Contracting

You’ll need a signed contract with Omaha Health Insurance Company (OHIC). Your MGA should submit the signed contract to Mutual of Omaha, along with the appropriate transmittal form to ContractsandAppointments@mutualofomaha.com.

Contracting available: Anytime

Appointments Requirements

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

Non-Preappointment States – A party may solicit prior to having an effective appointment (applications may be

submitted with contracting paperwork). However, the policy cannot be issued until the appointment is effective with OHIC. Insurance department regulations require us to have producers appointed within a certain period of time after receiving applications – typically 10-15 days.

Continuing Education

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

Errors and Omissions Insurance

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

Contracting

Initial Rules of Engagement:

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

Submission of Contracting - MGA Responsibility

MGA is responsible for submitting contracting requests and change requests. Please work with your marketer to submit initial contracting or any requested changes.

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

When submitting via email, please fill out the subject line with #3 and the producer name (example: #3 John Doe). This will help identify that this is a request for PDP contracting.

Email* – contractsandappointments@mutualofomaha.com

Mail – Producer Services

3301 Dodge Street

Attn: 6th Floor

Omaha, NE 68175

**Preferred method of submission*

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

Background Check

A Third-Party vendor will complete a background check for every new producer.

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

Contracting Changes

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

- **Schedule/Compensation Change/Addition** – Transmittal completed by the MGA for each producer with the appropriate schedule level marked for each product

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

Hierarchy Change (within the same MGA)

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

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

Transfer Rules

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

Prescription Drug Plan:

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

If you have contracting questions, contact
Producer Services **800-867-6873**.

Election Periods



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

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

Medicare Annual Enrollment Period (AEP)

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

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

Initial Coverage Election Period (ICEP)

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

This period begins three months immediately before the individual's first entitlement to both Medicare Part A and Part B and ends on the later of:

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

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

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

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

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

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

Medicare Advantage Open Enrollment Period (MA OEP)

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

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

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

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

During this period, individuals cannot:

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

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

Special Election Period (SEP)

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

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

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

Marketing During OEP	
Permitted	Not Permitted
If a beneficiary makes a proactive request, you may: <ul style="list-style-type: none"> ▪ Send marketing materials ▪ Conduct one-on-one meetings ▪ Provide information on OEP 	Sending unsolicited materials advertising OEP opportunity
	Engaging in or promoting activities intended to target the OEP as an opportunity for sales
	Contact clients who selected a new plan during AEP

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

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

General Enrollment Guidelines

Scope of Appointment

The Scope of Appointment (SOA) form is an agreement between a Medicare beneficiary and a producer. It's used to document all in-person appointments with the beneficiary to ensure that only products agreed upon are discussed. There must be 48 hours between a SOA and an agent meeting with a beneficiary. The form is required when meeting in-person with a potential, new, or existing beneficiary, or someone seeking information on behalf of a beneficiary, and is used to carry out marketing or sales activities. The form should be completed by the beneficiary and returned prior to the appointment. If this isn't possible, the agent may get the beneficiary to sign the form at the beginning of the appointment. In this case, the form requires the agent to indicate why the form wasn't executed prior to the meeting.

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

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

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

Paper Enrollment Application Submission Timeline

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

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

Trumping Rule

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

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

Enrollment Methods

Electronic Enrollment

PDP Electronic Enrollment

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

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

Electronic Enrollment Process

The following general process applies to the PDP electronic applications. For detailed step by step instructions, refer to the e-App Storefront Guide located under the e-Application link on Sales Professional Access (MutualofOmaha.com/broker).

If you are Ready to Sell, you will be logged into the e-App Storefront dashboard where you can search current applications and customers.

If a profile has been started, the client's name appears. If there isn't a profile, click "Start Application" and select Prescription Drug Plan in the drop down.

The client's name, phone number, and ZIP code is required to start a profile. However, capturing the additional information allows that information to be fed into the application on future screens.

1. Click "Save" to create the profile or click "Continue to SOA" to start the scope of appointment process.

Save and close to be brought to the customers profile. From here you can also start a quote and enrollment.

The Scope of Appointment (SOA)

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

Click Continue and proceed to completing the remaining tabs. The last tab will be Compare Plans.

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

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

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

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

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

Paper Enrollment Applications

PDP Paper Enrollment Forms

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

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

Paper Enrollment Form

Fax - 855-867-6711 (*Preferred method of submission*)

Email - N/A

Mail - Mutual of Omaha Rx

P.O. Box 3625

Scranton, PA 18505-9811

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

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

Tracking Enrollment

Prescription Drug Enrollments:

PDP Individual Producer

1. If you submit an enrollment application:

- For electronic enrollments
 - For enrollments that are in progress, access progress reports by viewing the dashboard within the e-App storefront. The dashboard will provide a status update on the progress of the e-App enrollment
- For submitted enrollments, call 877-775-1360

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

There are two links available to access your report:

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

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

PDP Uplines

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

Producer Portals

Prescription Drug Plans

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

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

Products — Medicare Solutions — Prescription Drug Plans.

Training Links

Training links for AHIP certification, Mutual of Omaha Rx Compliance training and PDP Product training are available.

Product Information

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

Pharmacy Finder

You may look up pharmacies in two ways:

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

Plan Overview

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

Resources

Find links for the e-App storefront containing the PDP e-App and Forms and Materials. Note: e-App and Forms and Materials can also be accessed on the Sales Professional Access (MutualofOmaha.com/broker) landing page under Sales Tools. There is also an e-App Storefront Guide available on SPA, under the Medicare Solutions header on the e-Applications page.

PDP Electronic Applications

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

Reports

Enrollments

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

Compensation

For Plan Year 2024:

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

For Plan Year 2024, Mutual of Omaha Rx first compensation run will be toward the end of January 2024 and will include all PDP confirmed enrollments done during the 2024 AEP.

Compensation Schedules

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

Compensation Statements

Statements are on Sales Professional Access under Reports.

For Compensation questions:

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



Compensation

Accessing Comp Reports

Prescription Drug Plans

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

Calculating

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

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

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

Compensation Overview

Types of Compensation

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

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

All determinations are based on monthly reports received from CMS.

Producer and Up-Line Compensation

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

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

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

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

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

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

OHIC does not allow Agent of Record (AOR) changes on existing enrollees.

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

Chargebacks

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

Paying

OHIC prefers to pay via EFT. To do this your account must have a valid EFT routing and account number in which to deposit your compensation. The minimum balance to receive your pay via EFT is \$25.00. If you do not have a current EFT set up by January 2024 and choose to remain on check, you will be paid out annually the following January to the address on record.

Every contracted producer must have either AHIP certification or complete the the Mutual of Omaha Rx Compliance training and have passed the company's specific product training prior to selling PDP products. In addition, **the AHIP training certification must be on file** and the company must have appropriate state license(s) on file to process the appointments with OHIC. For complete details, see the Ready to Sell section of this guide

Notes:

- To be eligible for their portion of compensation on an application, each person/entity must have applicable AHIP certification or Mutual of Omaha RX Compliance training, have passed specific product training, and be licensed and appointed, in the state in which a beneficiary resides, as of the application sign date. Anyone who does not have the appropriate requirements on file in the home office, as of this date, forfeits their eligibility for compensation
- Compensation will continue to be paid as long as the Enrollee remains continuously enrolled and annual recertification of AHIP or Mutual of Omaha Rx Compliance training and product training is completed and on file with our companies
- Renewal compensation will not be paid to anyone in the hierarchy who does not send in proof of AHIP recertification or who has not taken and passed the Mutual of Omaha Rx Compliance training, and who has not taken and passed product training each year. Once compensation is forfeited for an enrollee's plan, no future compensation will be payable for that plan
- Future renewal compensation will be paid based on your assigned Compensation Schedule in effect for the plan year of the renewed enrollment. The renewal compensation will be reflective of the fair market value (FMV) changes that are published by CMS each plan year.

Compliance & Marketing

Staying Compliant

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

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

Medicare Communication and Marketing Guide (MCMG)

Always refer to, and follow, the complete and current CMS Medicare Communication and Marketing Guidelines (MCMG), which you can find at:

<https://www.cms.gov/medicare/health-plans/managedcaremarketing/finalpartcmarketingguidelines>

Marketing/Sales Events (50.2 - MCMG)

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

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

- Marketing/sales events cannot follow an education event.
- Only sales presentations designed by Mutual of Omaha may be used at these events

Educational Events (50.1- MCMG)

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

Educational events:

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

Personal/Individual Marketing Appointments (50.3 - MCMG)

Scope of Appointment (SOA) parameters (and documentation) are required for all one-on-one appointments, regardless of venue (e.g., home, telephone). There must be 48 hours between SOA and agent meeting with a beneficiary, with exceptions for beneficiary-initiated walk-ins and the end of a valid enrollment period. During these appointments, discussions may only concern previously agreed upon plan products documented in the SOA, and may only market health-related products, and not, for example, annuities or life insurance. Individuals may not solicit/accept enrollment applications for a January 1 effective date until October 15 of the preceding calendar year, unless the beneficiary is entitled under another enrollment period.

Nominal Gifts (40.4 - MCMG)

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

- If a nominal gift is one large gift (i.e., concert, raffle, drawing), the total fair market value must not exceed the nominal per person value based on attendance (\$15 for person). For planning purposes, anticipated attendance may be used, but must be based on actual venue size, response rate, and/or advertisement circulation.
- Cannot be in the form of cash or other monetary rebates, even if their worth is \$15 or less; cash gifts include charitable contributions made on behalf of potential enrollees, and gift certificates/gift cards that can be readily converted to cash, regardless of dollar amount.

Marketing Materials

Marketing Materials Policy Overview

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

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

Accessing and Ordering Forms and Materials

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

Prescription Drug Plans

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

Orders for the PDP Enrollment kit may be placed using the Materials Order Form or by calling our Sales Support.

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

General Advertising Compliance

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

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

“Advertising Materials” and must receive Advertising Review Approval:

- All printed and published material, audiovisual material, and descriptive literature of the insurer used in direct mail, newspapers, magazines, radio scripts, TV scripts, billboards and similar displays.
- All internet/website/social media advertising. Please contact us if you are interested in linking to our Mutual of Omaha website (MutualofOmaha.com).
- Descriptive literature and sales aids of all kinds for presentation to members of the insurance-buying public, including but not limited to circulars, leaflets, booklets, depictions, illustrations, form letters and lead-generating devices of all kinds.
- Prepared sales talks, presentations and material for use by agents, producers, brokers and solicitors.
- Material used in the solicitation of renewals and reinstatements, and materials urging an insured to increase or expand coverage.
- Computer software and third-party needs selling kits.
- All other advertising that contains Mutual of Omaha’s name, logo, or other marks of the name or logo or other marks of any companies affiliated with Mutual of Omaha.

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

Member Experience

New Member Welcome

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

Prescription Drug Plans

Welcome Packet

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

Packet content includes:

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

Accessing Plan Documents:

Formulary (List of Drugs Covered)

To confirm if medication is covered and to see any special coverage rules visit MutualofOmahaRx.com/2024formulary

Pharmacy Directory

To see if a pharmacy is in the network search online at MutualofOmahaRx.com/2024network

Evidence of Coverage (EOC)

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

MutualofOmahaRx.com/2024documents

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

Request for documents can also be made on the website links noted above, or by email at [documents@ MutualofOmahaRx.com](mailto:documents@MutualofOmahaRx.com).

Request sent by email must include:

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

Acronyms, Terms and Definitions

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

AEP

Annual Enrollment Period: October 15 – December 7

AHIP Certification

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

CMS

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

Educational Event

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

ICEP

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

Marketing/Sales Event

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

MCMG

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

MGA

Master General Agent

OHIC

Omaha Health Insurance Company: Prescription Drug Plans product underwriting company

PDP

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

Product Training

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

RTS

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

SEP

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

SOA

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

SPA

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

MutualofOmaha.com/broker



Why Mutual of Omaha

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

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