



STEPS FOR 2021 MY HEALTH PLAN ENROLLMENT



MyHealthPlan



QUICK NOTE!

Keep in mind; this is for after you have created the profile, added preferences, drugs, and are now at the compare plans screen.

**Medicare Advantage
Prescription Drug Plans**
16 plans

Medicare Advantage Plans
5 plans

Prescription Drug Plans
18 plans

Medicare Supplement
Plans
13 plans

Medicare Advantage Prescription Drug Plans bundle the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Benefits include medical expenses and prescriptions.



OPTION 1: THE CLIENT ENROLLS WITHOUT ASSISTANCE

This is where your client will receive two emails, the authorization code, and the quote. To begin this, you will select 1-3 plans and select "Add to quote," as seen below.

United Healthcare

AARP Medicare Advantage
SecureHorizons Plan 1 (HMO-POS)

Add to compare

★★★★☆ [Star rating](#)

Medical Deductible	Maximum Annual Out Of Pocket	Monthly premium
\$0	\$3,900	\$0.00

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

Prescriptions 1 of 1 covered	Est. drug cost \$23	Total est. annual cost \$639
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OPTION 1: THE CLIENT ENROLLS WITHOUT ASSISTANCE

Once you have your plan(s) selected, you will select "send quote" which will be at the top under the tabs. This will show one or all plans you have chosen. With this option, your client will receive an email with the authorization code and a second email that will allow them to view the quote and enroll themselves.




AARP Medicare Advantage (HMO-POS) × \$27.00	Humana Gold Plus H6622-001 (HMO) × \$0.00	Anthem MediBlue Access (PPO) × \$37.00	<input type="button" value="Send quote"/>
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OPTION 1: THE CLIENT ENROLLS WITHOUT ASSISTANCE

Once your client opens the quote and views the plan(s) they will select "add to cart" to begin enrollment. With this option the client's name and address will be prefilled from the profile you created, but they will enter in EVERYTHING else. They will enter their Medicare number and answer the health questions and then sign and submit the application **by themselves.**

Pick a plan

 United Healthcare AARP Medicare Advantage Value (HMO-POS) ★★★★☆ Medicare Star Rating Monthly plan premium \$0.00 Plan details Add to cart Medical Deductible \$0 Maximum Annual Out Of Pocket \$4,900	 Humana Humana Gold Plus H6622-001 (HMO) ★★★★☆ Medicare Star Rating Monthly plan premium \$0.00 Plan details Add to cart Medical Deductible \$0 Maximum Annual Out Of Pocket \$4,500	 Anthem Anthem MediBlue Access Plus (PPO) ★★★★☆ Medicare Star Rating Monthly plan premium \$0.00 Plan details Add to cart Medical Deductible \$0 Maximum Annual Out Of Pocket \$4,500
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OPTION 2: YOU ENROLL THE CLIENT

If you are with your client or if you are completing the application for the client to sign via text or email, you will select "add to cart" as seen below.

United Healthcare

**AARP Medicare Advantage
SecureHorizons Plan 1 (HMO-POS)**

Add to compare

★★★★☆ [Star rating](#)

Medical Deductible	Maximum Annual Out Of Pocket	Monthly premium
\$0	\$3,900	\$0.00


[Plan details](#) **Add to cart** [Add to quote](#)



OPTION 2: YOU ENROLL THE CLIENT

After selecting add to cart, you will have two options before continuing. If you are completing the application for your client and then sending it to them for a signature, you will select "send to beneficiary to sign and submit". This will allow you to complete the entire application. To start you will click "Continue to Apply" at the bottom right.

Medicare Advantage Prescription Drug Plan

 AARP Medicare Advantage SecureHorizons Plan 1 (HMO-POS) Monthly premium **\$0.00**

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

Total monthly premium \$0.00

* How will you be completing this form?

Send to beneficiary to sign and submit

Complete and submit form myself


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



OPTION 2: YOU ENROLL THE CLIENT

Your second option at this step is to select "complete and submit form myself" this is for when you are **WITH** the client and will be completing the application **IN PERSON**. Then you will click "Continue to Apply" at the bottom right

Medicare Advantage Prescription Drug Plan

 AARP Medicare Advantage SecureHorizons Plan 1 (HMO-POS) Monthly premium **\$0.00**

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

Total monthly premium \$0.00

* How will you be completing this form?

Send to beneficiary to sign and submit

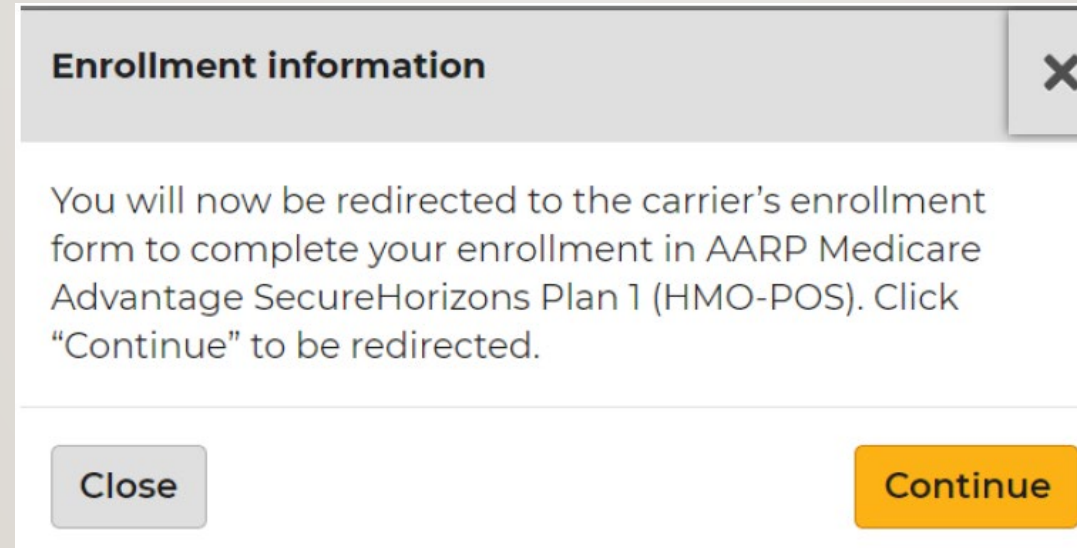
Complete and submit form myself

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



THE ENROLLMENT PROCESS

Once you select "continue to apply" you will be directed to the carriers enrollment form. The below image is what will display for your client if they are completing the enrollment by themselves as well. You will select "Continue" to move forward with the application.





THE ENROLLMENT PROCESS

- Then continue to fill out the *entire* application. The contact information, benefit information, and other information until you get to the final step at "review and submit."

The screenshot shows a progress bar at the top with four steps: "Contact Info", "Benefit Info", "Other Info", and "Review & Submit". The first three steps are marked with a checkmark in a grey circle, while the fourth step is marked with the number "4" in a teal circle. Below the progress bar, the main heading reads "Review and Submit" followed by "Review Your Information" in a larger, bold font. To the right, there is a "Shopping cart" button and the United Healthcare logo. At the bottom of the screenshot, there is a line of small, partially obscured text that appears to say "Please review the following information for accuracy. Please note that you can..."



IMPORTANT PART OF THE PROCESS!!

At the bottom, highlighted in red, you will be asked about your relationship to the person with Medicare listed on this enrollment form. This is the **ONLY** one you will **EVER** select if you are sending for a signature.

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

I am the Medicare beneficiary listed on this enrollment application.

I am the person authorized to act on behalf of the individual listed on this enrollment application under the laws of the state in which this individual resides.



VOLUNTEER/AUTHORIZED INDIVIDUAL SECTION

Next, you will be required to enter in your information before sending it to the beneficiary to review and sign.

Volunteer / Authorized Individual

If you have been authorized to complete this application on behalf of the individual listed on this application, under the laws of the state in which this individual resides, you must provide the following information. Upon request, you must be able to present UnitedHealthcare and/or Medicare with documentation of your authority to represent the individual listed on this application. All fields are required.

Name:*

Address:*

City:*

State:*

ZIP:*

Phone Number:*

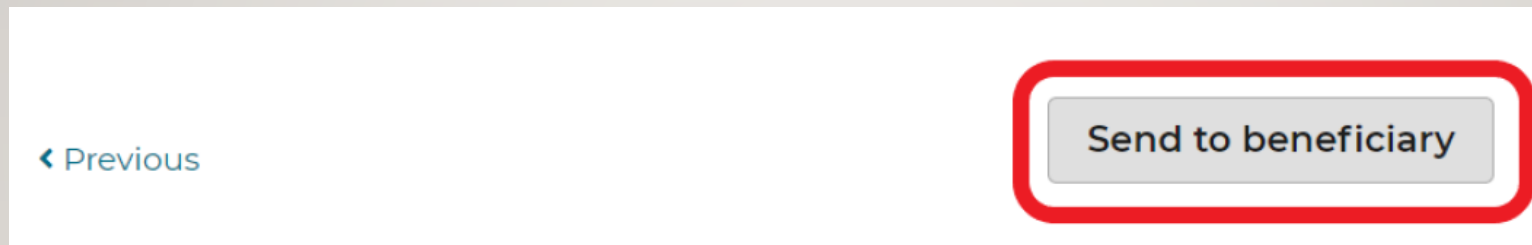
Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212).

Relationship to Enrollee:*



SEND TO BENEFICIARY

After you have filled in the required agent information, you will then select "Send to beneficiary," which will give you the option to send via text or email to your client



Send enrollment ×

How would the beneficiary like to receive the application to finish enrolling?

Email *** Email address**

Text *** Phone number**



FINAL STEPS

Your client will receive two emails or texts. One with an authorization code and the second with the link to review and submit the application. Your client will enter their code when prompted on the next email or text. They will then review, sign, and select "submit" on the application and **BAAAAMM** off to the carrier it goes!! You will receive an email notification after they have enrolled, and a copy will automatically be stored in your clients profile.

Enrollment history

Network PlatinumPlus Pharmacy (PPO)
Submitted 11/05/2020 12:48 pm PST Confirmation #A56292182885673M [View application](#)

+ Optional Comprehensive Dental Plan

Total monthly premium \$162.00