

2022 Mutual of Omaha Rx<sup>SM</sup> Prescription Drug Plans

# Prescriptions You Need at the Price You'll Love

Affordable premiums and copay  
Extensive preferred network  
Broad drug coverage



# Table of Contents



Overview . . . . . 2

Agent Checklist . . . . . 4

Scope of Appointment . . . . . 6-7

Plan Choices . . . . . 8

Premium Chart . . . . . 9

Pre-Enrollment Checklist . . . . . 10

Application . . . . . 12-24

Summary of Benefits . . . . . 26-35

Multi Language . . . . . 37-38

Nondiscrimination Notice . . . . . 39-40



# Medicare Part D | Prescription Drug Plan

At Mutual of Omaha, we know that health and wellness is an important part of your life. That's why our Medicare Part D Prescription Drug Plans offer a broad range of coverage to meet your clinical needs, plus built-in savings to help stretch your budget.

Here are three things we think you'll love about Mutual of Omaha Rx Prescription Drug Plans:



## 1. Affordability

Great coverage with affordable premiums and copays.



## 2. Broad Coverage

Our plans are built around the medications that matter most to our members.



## 3. Extensive Preferred Network

Our members have a choice of major national pharmacies like CVS and Walmart, and their neighborhood pharmacies.

Whether you take several medications daily or only take something every now and then, we have a plan that's right for you. With a Mutual of Omaha Rx plan, you can have an affordable monthly premium and copay, \$0 deductibles for Tiers 1 and 2 on the Premier Plan and access to a network of more than 62,000 pharmacies and major chains.

## Part D Senior Savings -

### Additional Coverage on Select Tier 3 Insulins

There's great news for members who use insulin. Our 2022 Premier Plan will continue to offer predictable and low-cost sharing on select insulin. For select insulins:

- ☒ \$0 deductible
- ☒ \$25 copay for a 30-day supply of select insulin at preferred pharmacies

These savings help ensure affordable and predictable pricing. See page 22 for more money-saving information on our Part D Senior Savings benefit!

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## Agent Checklist Medicare Prescription Drug Plan Paper Enrollment

**Prescription Drug Plans are not available in New York, Puerto Rico and Virgin Islands**

- ✓ **Before meeting with an applicant:** You must be in good standing (e.g., active, licensed, appointed per state law, and successfully completed the annual America Health Insurance (AHIP) certification courses and Mutual of Omaha Rx product training).

☐ Complete the Scope of Appointment

- ✓ **During the Appointment:** Complete the enrollment form. Be sure to:

☐ Select Plan

☐ Print Medicare number as it appears on the Medicare card (MBI)

☐ Provide information regarding other drug coverage, if applicable

☐ Select a premium payment option. *If the member wishes to pay by credit card, select Receive a Bill. Upon receiving their first premium billing statement they will be able to call or go online to setup payments by credit card.*

☐ Have applicant sign the Release of Information

☐ Complete broker information

- National Production Number – Provide your NPN. *Do not use your Mutual of Omaha production number this will result in delays in processing.*

☐ Select the appropriate enrollment period

☐ Remove Agent Checklist, Enrollment Form and Scope of Appointment and leave the rest with the applicant.

- ✓ **Instructions:**

### **Enrollment Form ONLY:**

Fax: 855-867-6711

Mail:

Mutual of Omaha Rx

PO Box 3625

Scranton, PA 18505-9811

Enrollment form **MUST** be received within **48 hours** after the application sign date. It is recommended that you fax the enrollment form to assure timely delivery.

### **Scope of Appointment:**

Agents must retain a copy of the Scope of Appointment (SOA). Medicare (CMS) requires that you retain a copy for 10 years and make it available to Medicare or the plan upon request.

Mutual of Omaha may conduct an audit to assure compliance with CMS guidelines. You do not need to submit the SOA to Mutual.

### **If you have questions call Sales Support:**

Advisor Sales Distribution – 877-617-5589

Broker Sales Distribution – 800-693-6083

**For Agent Use Only – Not to be left with applicant**

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# Scope of Appointment

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual 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.

**Please initial below beside the type of product(s) you want the agent to discuss.**

(Refer to page 2 for product type descriptions)

- ☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
- ☐ **Medicare Advantage Plans (Part C) and Cost Plans-**
- ☐ **Dental/Vision/Hearing Products**
- ☐ **Hospital Indemnity Products**
- ☐ **Medicare Supplement (Medigap) Products**

**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 or future Medicare enrollment status, or automatically enroll you in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:
To be completed by Agent:	
Agent Name:	Agent Phone Number:
Beneficiary Name:	Beneficiary Phone Number:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:

*Scope of Appointment documentation is subject to CMS record retention requirements*

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<b>Stand-alone Medicare Prescription Drug Plans (Part D)</b>
<b>Medicare Prescription Drug Plan (PDP):</b> A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
<b>Medicare Advantage Plans (Part C) and Cost Plans</b>
<b>Medicare Health Maintenance Organization (HMO):</b> A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergent or urgent situations).
<b>Medicare Preferred Provider Organization (PPO) Plan:</b> A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
<b>Medicare Private Fee-For-Service (PFFS) Plan:</b> A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
<b>Medicare Point of Service (POS) Plan:</b> A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.
<b>Medicare Special Needs Plan (SNP):</b> A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
<b>Medicare Medical Savings Account (MSA) Plan:</b> MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
<b>Medicare Cost Plan:</b> In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.
<b>Medicare Medicaid Plan (MMP):</b> An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.
<b>Dental/Vision/Hearing Products</b>
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
<b>Hospital Indemnity Products</b>
Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.
<b>Medicare Supplement (Medigap) Products</b>
Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Mutual of Omaha Rx (PDP) is prescription drug plan with a Medicare contract. Enrollment in the Mutual of Omaha Rx plan depends on contract renewal.



# Two Plans | Two Great Choices

No one plan works for everyone. That's why we developed Mutual of Omaha Rx Premier and Mutual of Omaha Rx Plus. So whether you're looking for a low monthly premium with \$0 deductibles or a broader choice of prescription drugs with low-cost generic drugs, we've got you covered.

No matter which plan you choose, you can also be comfortable knowing that our network of pharmacies includes a variety of national and local pharmacies.

## Your Plans at a Glance

Plan	Mutual of Omaha Rx Premier			Mutual of Omaha Rx Plus		
Deductible	Tier 1 - 2   \$0 Tier 3 - 5   \$480			All Tiers   \$480		
Initial Coverage Limit	\$4,430					
Cost-Sharing, Pharmacy Type and Days' Supply	Mutual of Omaha Rx Premier			Mutual of Omaha Rx Plus		
	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: Preferred Generic	\$0	\$0	\$0	\$1	\$3	\$3
Tier 2: Generic	\$13	\$39	\$39	\$3	\$9	\$9
Tier 3: Preferred Brand	23%	23%	23%	16-20%	16-20%	16-20%
Tier 4: Non-Preferred Brand	41-48%	NA	41-48%*	40-47%	NA	40-47%*
Tier 5: Specialty	25%	NA	25%*	25%	NA	25%*

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

## Major Preferred Pharmacies\*\*

Don't see your neighborhood pharmacy listed? Visit [www.MutualofOmahaRx.com](http://www.MutualofOmahaRx.com) for a full list of our preferred and participating pharmacy network.

\*\* Other pharmacies are available in our network.



## Premium and Region Details

Region	Region #	Mutual of Omaha Rx Premier	Mutual of Omaha Rx Plus
NH, ME	01	\$34.40	\$102.90
CT, MA, RI, VT	02	\$35.10	\$97.20
NJ	04	\$37.10	\$91.70
DE, DC, MD	05	\$35.50	\$92.10
PA, WV	06	\$35.90	\$80.30
VA	07	\$35.00	\$92.80
NC	08	\$35.80	\$80.20
SC	09	\$37.00	\$92.30
GA	10	\$35.40	\$89.50
FL	11	\$35.20	\$93.30
AL, TN	12	\$35.90	\$87.90
MI	13	\$34.20	\$84.30
OH	14	\$34.40	\$81.60
IN, KY	15	\$34.90	\$76.00
WI	16	\$35.00	\$92.50
IL	17	\$34.10	\$78.20
MO	18	\$35.40	\$79.30
AR	19	\$34.10	\$88.00
MS	20	\$35.30	\$79.00
LA	21	\$33.10	\$92.50
TX	22	\$34.70	\$89.60
OK	23	\$35.20	\$84.60
KS	24	\$34.10	\$81.40
IA, MN, MT, ND, NE, SD, WY	25	\$34.00	\$78.80
NM	26	\$31.80	\$95.40
CO	27	\$33.80	\$101.40
AZ	28	\$34.00	\$105.10
NV	29	\$34.00	\$88.00
OR, WA	30	\$31.40	\$99.90
ID, UT	31	\$35.30	\$83.50
CA	32	\$35.20	\$106.90
HI	33	\$34.00	\$93.30
AK	34	\$30.40	\$96.70

Rates are subject to change.



## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at **1.800.961.9006**; TTY: **711**.

### Understanding the Benefits

- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the full list of benefits found in the *Evidence of Coverage* (EOC). Visit **MutualofOmahaRx.com/2022documents** or call **1.800.961.9006** (TTY: 711) to view a copy of the EOC.

### Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.

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.

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## Medicare Prescription Drug Plan Individual Enrollment Form for 2022

### Who can use this form?

People with Medicare who want to join a Medicare Prescription Drug Plan

### To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

**Important:** To join a Medicare Prescription Drug Plan, you must also have either, or both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

### When do I use this form?

You can join a plan:

- Between October 15 and December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

### What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

### Note:

You must complete all items listed under REQUIRED INFORMATION. Items marked as optional or listed under OPTIONAL INFORMATION are optional — you can't be denied coverage because you don't fill them out.

### Reminders

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.
- If you are a member of a Medicare Advantage Plan (like an HMO or PPO) with prescription drug coverage, or if you currently have health coverage from an employer or union, your coverage could be affected by joining Mutual of Omaha Rx. Read the communications that your Medicare Advantage Plan, employer or union sends you. If you still have questions, please contact your Medicare Advantage Plan or benefits administrator.

### What happens next?

Send your completed and signed form to:  
Mutual of Omaha Rx  
P.O. Box 3625  
Scranton, PA 18505

### How do I get help with this form?

Call Mutual of Omaha Rx at **1.800.961.9006** (TTY users, call **711**). Or, call Medicare at 1.800.MEDICARE (1.800.633.4227). TTY users, call 1.877.486.2048.

**En español:** Llame a Mutual of Omaha Rx al **1.800.961.9006** (los usuarios de TTY deben llamar al **711**), o a Medicare gratis al 1.800.633.4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

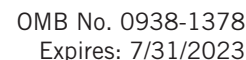
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

### IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.



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**Please contact Mutual of Omaha Rx<sup>SM</sup> (PDP) if you need information in another language or format.**

☐ Plus ☐ Premier[illegible][illegible][illegible]

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## Medicare insurance information:

**Please take out your red, white and blue Medicare card to complete this section.** In addition, you may also attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

**Medicare Number** (Medicare Beneficiary Identifier):

--

**Name** (as it appears on your Medicare card)\*:

\*This information is optional

Entitled To:

**HOSPITAL (Part A)**

Coverage Starts\*:

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M M D D Y Y Y Y

**MEDICAL (Part B)**

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M M D D Y Y Y Y

## IMPORTANT – Please read and sign:

### Release of information:

- I must keep Hospital (Part A) or Medical (Part B) to stay in Mutual of Omaha Rx.
- By joining this Medicare Prescription Drug Plan, I acknowledge that Mutual of Omaha Rx will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement on the back page of this form).
- Your response to this form is voluntary; however, failure to respond may affect enrollment in the plan.
- 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- 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, he/she may be paid based on my enrollment in Mutual of Omaha Rx.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 by Medicare.

**Your Signature:**

**Today's Date:**

--  
M M D D Y Y Y Y

**Proposed Effective Date of Coverage** (optional):

--  
M M D D Y Y Y Y

Effective dates are based on the enrollment period you are using and the Centers for Medicare & Medicaid Services regulations. Unless you are new to Medicare or are eligible for a Special Enrollment Period (SEP), your effective date will be January 1. Mutual of Omaha Rx cannot guarantee that the effective date you have requested will be honored. Ultimately, CMS provides the Part D enrollment effective date.

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**FOR AUTHORIZED REPRESENTATIVE ONLY:** Completion of this section is required **ONLY** if you are a person acting on behalf of the applicant under State law.

[illegible]

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[illegible][illegible][illegible][illegible]

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[illegible]

## OPTIONAL INFORMATION

**FOR BROKER/AGENT ONLY:** Complete this section **ONLY** if you are a broker/agent providing assistance to the applicant. You must be affiliated with a brokerage agency that is contracted with and authorized by Mutual of Omaha Rx to sell our plans.

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## Do you need information in another format?

If you prefer that we send you information in Spanish or in an accessible format such as braille, large print, or audio CD, or if you need information in a language or accessible format not listed here, please call Customer Service at 1.800.961.9006. TTY users, call 711. Our office hours between October 1 and March 31 are 8 a.m. to 8 p.m., 7 days a week (except Thanksgiving and Christmas). Between April 1 and September 30, our office hours are 8 a.m. to 8 p.m., Monday through Friday (except federal holidays).

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## Information to determine enrollment periods:

**Typically, you may enroll in a Medicare Prescription Drug Plan only during the Annual Enrollment Period from October 15 through December 7 of each year.** Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the Annual Enrollment 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.

- ☐ I want to enroll during the Annual Enrollment Period.
- ☐ I am new to Medicare and want to enroll during my Initial Enrollment Period.
- ☐ 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. I moved on (insert date):  -  -   
M M D D Y Y Y Y
- ☐ I recently was released from incarceration. I was released on (insert date):  -  -   
M M D D Y Y Y Y
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date):  -  -   
M M D D Y Y Y Y
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date):  -  -   
M M D D Y Y Y Y
- ☐ 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.
- ☐ 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) on (insert date):  -  -   
M M D D Y Y Y Y
- ☐ I live in or recently moved out of a long-term care facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date):  -  -   
M M D D Y Y Y Y
- ☐ I recently left a PACE program on (insert date):  -  -   
M M D D Y Y Y Y
- ☐ I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on (insert date):  -  -   
M M D D Y Y Y Y
- ☐ I am leaving employer or union coverage on (insert date):  -  -   
M M D D Y Y Y Y
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I am enrolled in a Medicare Advantage Plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date):  -  -   
M M D D Y Y Y Y
- ☐ 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.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in the level of Medicaid assistance, or lost Medicaid) on (insert date):  -  -   
M M D D Y Y Y Y
- ☐ Other (explain) \_\_\_\_\_ (insert date):  -  -   
M M D D Y Y Y Y

If you're not sure, please contact Mutual of Omaha Rx at 1.800.961.9006 to see if you are eligible to enroll. We are open between October 1 and March 31 from 8 a.m. to 8 p.m., 7 days a week (except Thanksgiving and Christmas). Between April 1 and September 30, our office hours are 8 a.m. to 8 p.m., Monday through Friday (except federal holidays). TTY users, call 711.

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### Long-term care facility information:

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

☐ **Yes**☐ **No**

If “yes,” please provide the following information:

**Name of Facility:**

[illegible]

**Address of Facility** (number and street):

[illegible][illegible]

City:

[illegible]

**State:**

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**ZIP Code:**

--	--	--	--	--

**Phone Number:**

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## Paying your plan premium:

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by mail or electronic funds transfer each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month. If you have to pay a Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DO NOT pay Mutual of Omaha Rx the Part D-IRMAA.

**Please select a premium payment option:**

- ☐ Receive a bill.
- ☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check and provide the following information:

By selecting EFT, I authorize Omaha Health Insurance Company to withdraw the necessary amounts from the account provided to pay the plan premium owed by me under my Mutual of Omaha Rx contract. Automatic withdrawal will occur on the first day of each month.

**Bank Routing Number:**

--	--	--	--	--	--	--	--	--

**Bank Account Number:**

[illegible]

**Account Type:**

- ☐
- Checking**
- ☐
- Savings**

**Name on Account** (if different from name of enrollee):

[illegible]

- ☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board benefit check.

The Social Security/Railroad Retirement Board deduction may take two or more months to begin. In most cases, if Social Security/the Railroad Retirement Board accepts your request for automatic deduction, the first deduction from your Social Security/Railroad Retirement Board benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.



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## Mutual of Omaha Rx (PDP) 2022 premiums:

Region	Service Area	Plus	Premier
01	NH/ME	\$102.90	\$34.40
02	CT/MA/RI/VT	\$97.20	\$35.10
03	NY	NA	NA
04	NJ	\$91.70	\$37.10
05	DC/DE/MD	\$92.10	\$35.50
06	PA/WV	\$80.30	\$35.90
07	VA	\$92.80	\$35.00
08	NC	\$80.20	\$35.80
09	SC	\$92.30	\$37.00
10	GA	\$89.50	\$35.40
11	FL	\$93.30	\$35.20
12	AL/TN	\$87.90	\$35.90
13	MI	\$84.30	\$34.20
14	OH	\$81.60	\$34.40
15	IN/KY	\$76.00	\$34.90
16	WI	\$92.50	\$35.00
17	IL	\$78.20	\$34.10
18	MO	\$79.30	\$35.40
19	AR	\$88.00	\$34.10
20	MS	\$79.00	\$35.30
21	LA	\$92.50	\$33.10
22	TX	\$89.60	\$34.70
23	OK	\$84.60	\$35.20
24	KS	\$81.40	\$34.10
25	IA/MN/MT/ND/NE/SD/WY	\$78.80	\$34.00
26	NM	\$95.40	\$31.80
27	CO	\$101.40	\$33.80
28	AZ	\$105.10	\$34.00
29	NV	\$88.00	\$34.00
30	OR/WA	\$99.90	\$31.40
31	ID/UT	\$83.50	\$35.30
32	CA	\$106.90	\$35.20
33	HI	\$93.30	\$34.00
34	AK	\$96.70	\$30.40

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.961.9006 (TTY: 711).

### PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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| Plus Plan | Premier Plan |

S7126

## 2022 Summary of Benefits

January 1, 2022 – December 31, 2022



This booklet gives you a summary of what **Mutual of Omaha Rx<sup>SM</sup>** (PDP) Plus and Premier plans cover and what you pay. It doesn't list every service that we cover or every limitation or exclusion.

To get a complete list of services we cover, you can view our *Evidence of Coverage* online at **[MutualofOmahaRx.com/2022documents](https://MutualofOmahaRx.com/2022documents)** or call Customer Service for more information or to request an *Evidence of Coverage*.

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.

## Contact information



### How can I contact Mutual of Omaha Rx?

**If you are not a member of this plan:** Call toll-free **1.800.961.9006**; TTY: **711**

#### Hours of Operation:

##### **October 1 – March 31**

8 a.m. to 8 p.m., 7 days a week, except Thanksgiving and Christmas

##### **April 1 – September 30**

8 a.m. to 8 p.m., Monday through Friday, except federal holidays

Website: **MutualofOmahaRx.com**

**If you are a member of this plan:** Call toll-free **1.855.864.6797**; TTY: **1.800.716.3231**

#### Hours of Operation:

24 hours a day, 7 days a week.

Website: **MutualofOmahaRx.com**

## About Mutual of Omaha Rx (PDP)



### Who can join our plan?

To join Mutual of Omaha Rx (PDP), you must be entitled to Medicare Part A and/or be enrolled in Medicare Part B and live in our service area. Our service area includes all states (except New York) and the District of Columbia.



### Which drugs are covered?

We will generally cover the drugs in our formulary (list of covered Part D prescription drugs) as long as the drug is medically necessary, the prescription is filled at a Mutual of Omaha Rx network pharmacy, and other plan rules are followed.

You can see the complete 2022 formulary online for each of our plans, as well as any restrictions, at **MutualofOmahaRx.com/2022formulary**.



### Which pharmacies can I use?

We have a network of pharmacies (both standard and preferred), and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. If you use an out-of-network pharmacy, the plan may not pay for these drugs, and you may pay more than you pay at an in-network pharmacy. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can check online to see if your pharmacy is in our network at **MutualofOmahaRx.com/2022network**.



## Using a Part D plan

### How are drug costs determined?

Cost may vary, depending on:

- **The drug's tier**  
Our plans group each medication into one of five "tiers."
- **The type of pharmacy you use**  
Our plans offer standard and preferred retail network pharmacies, home delivery from Express Scripts® Pharmacy, as well as other home delivery pharmacies, long-term care, home infusion and Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies.  
  
In all Mutual of Omaha Rx plans, cost-sharing amounts at long-term care, home infusion and I/T/U pharmacies are the same as at a standard retail pharmacy.
- **The number of days the prescription is written for**  
Our plans typically offer a 30-day supply, a 90-day supply, or both, depending on the drug tier. At home infusion, I/T/U and out-of-network pharmacies, supplies are limited to 30 days. Long-term care pharmacies may dispense up to a 31-day supply.
- **Which stage of the benefit you have reached**  
See information on benefit stages below.

## What are the Medicare Part D benefit stages?

- **Annual Deductible Stage**  
In this stage, you pay a set amount before your plan begins to pay its share of the cost. You will find deductible amounts on pages 3 – 4.
- **Initial Coverage Stage**  
This stage begins after you pay your yearly deductible. You remain in this stage until your total yearly drug costs reach \$4,430. (Total yearly drug costs include the total drug costs paid by you and any Part D plan since the calendar year began.) Refer to pages 3 – 4 to see the amounts you pay.
- **Coverage Gap (or Donut Hole) Stage**  
This stage begins after your total yearly drug costs exceed \$4,430. **Most members do not reach the Coverage Gap.** If you reach this stage, you will pay 25% of the total drug cost on all tiers, excluding dispensing and any vaccine administration fees for brand drugs, until your year-to-date out-of-pocket costs total \$7,050. (Except Select Insulins on Tier 3 – see below.)
- **Catastrophic Coverage Stage**  
This stage begins after your year-to-date out-of-pocket costs exceed \$7,050. During this stage, you pay the greater of \$3.95 or 5% of the cost for generic drugs, and the greater of \$9.85 or 5% of the cost for all other drugs.

## Additional Coverage on Select Insulins on Tier 3

**For the Premier plan,** there is no deductible on Select Insulins on Tier 3. You will pay \$25 for a 1-month supply and \$75 for a 3-month supply at preferred network pharmacies, or \$35 for a 1-month supply and \$105 for a 3-month supply at standard network pharmacies during the Initial Coverage and Coverage Gap stages. To see which Tier 3 insulins have additional coverage, review our online formulary at [MutualofOmahaRx.com/2022formulary](https://MutualofOmahaRx.com/2022formulary). If you receive "Extra Help," you do not qualify for this program, and your Low-Income Subsidy (LIS) deductible and/or copay levels will apply.

## Plus Plan Benefit Overview

### MONTHLY PREMIUM: RANGES FROM \$76.00 – \$106.90

Please refer to the chart below for the premium amount in your state.

**Annual Deductible: \$480**

Initial Coverage Stage	Preferred Retail Pharmacy		Mail Order	Standard Retail Pharmacy	
Drug Tier	30-day supply	90-day supply	90-day supply	30-day supply	90-day supply
<b>Tier 1</b> Preferred Generic Drugs	\$1 copay	\$3 copay	\$3 copay	\$8 copay	\$24 copay
<b>Tier 2</b> Generic Drugs	\$3 copay	\$9 copay	\$9 copay	\$10 copay	\$30 copay
<b>Tier 3</b> Preferred Brand Drugs	16% – 22% Coinsurance varies by state. Please refer to the table on pages 5 – 6.				
<b>Tier 4</b> Non-Preferred Drugs	40% – 49% Coinsurance varies by state. Please refer to the table on pages 6 – 7. (30-day supply only)				
<b>Tier 5</b> Specialty Tier Drugs	25% of the cost (30-day supply only)				

## Plus Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$87.90	Kentucky	\$76.00	Ohio	\$81.60
Alaska	\$96.70	Louisiana	\$92.50	Oklahoma	\$84.60
Arizona	\$105.10	Maine	\$102.90	Oregon	\$99.90
Arkansas	\$88.00	Maryland	\$92.10	Pennsylvania	\$80.30
California	\$106.90	Massachusetts	\$97.20	Rhode Island	\$97.20
Colorado	\$101.40	Michigan	\$84.30	South Carolina	\$92.30
Connecticut	\$97.20	Minnesota	\$78.80	South Dakota	\$78.80
Delaware	\$92.10	Mississippi	\$79.00	Tennessee	\$87.90
District of Columbia	\$92.10	Missouri	\$79.30	Texas	\$89.60
Florida	\$93.30	Montana	\$78.80	Utah	\$83.50
Georgia	\$89.50	Nebraska	\$78.80	Vermont	\$97.20
Hawaii	\$93.30	Nevada	\$88.00	Virginia	\$92.80
Idaho	\$83.50	New Hampshire	\$102.90	Washington	\$99.90
Illinois	\$78.20	New Jersey	\$91.70	West Virginia	\$80.30
Indiana	\$76.00	New Mexico	\$95.40	Wisconsin	\$92.50
Iowa	\$78.80	North Carolina	\$80.20	Wyoming	\$78.80
Kansas	\$81.40	North Dakota	\$78.80		

## Premier Plan Benefit Overview

### MONTHLY PREMIUM: RANGES FROM \$30.40 – \$37.10

Please refer to the chart below for the premium amount in your state.

**Annual Deductible: \$0 for Tiers 1 & 2 Drugs;**

**\$480 for Tiers 3 (except Select Insulins\*), 4 & 5 Drugs**

Initial Coverage Stage	Preferred Retail Pharmacy		Mail Order	Standard Retail Pharmacy	
Drug Tier	30-day supply	90-day supply	90-day supply	30-day supply	90-day supply
<b>Tier 1</b> Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$7 copay	\$21 copay
<b>Tier 2</b> Generic Drugs	\$13 copay	\$39 copay	\$39 copay	\$20 copay	\$60 copay
<b>Tier 3</b> Preferred Brand Drugs	23% coinsurance	23% coinsurance	23% coinsurance	25% coinsurance	25% coinsurance
<b>Tier 3 Select Insulins*</b> Preferred Brand Drugs	\$25 copay	\$75 copay	\$75 copay	\$35 copay	\$105 copay
<b>Tier 4</b> Non-Preferred Drugs	41% – 50% Coinsurance varies by state. Please refer to the table on pages 8 – 9. (30-day supply only)				
<b>Tier 5</b> Specialty Tier Drugs	25% of the cost (30-day supply only)				

\*Refer to page 2 for more information. If you receive “Extra Help,” this information does not apply to you.

## Premier Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$35.90	Kentucky	\$34.90	Ohio	\$34.40
Alaska	\$30.40	Louisiana	\$33.10	Oklahoma	\$35.20
Arizona	\$34.00	Maine	\$34.40	Oregon	\$31.40
Arkansas	\$34.10	Maryland	\$35.50	Pennsylvania	\$35.90
California	\$35.20	Massachusetts	\$35.10	Rhode Island	\$35.10
Colorado	\$33.80	Michigan	\$34.20	South Carolina	\$37.00
Connecticut	\$35.10	Minnesota	\$34.00	South Dakota	\$34.00
Delaware	\$35.50	Mississippi	\$35.30	Tennessee	\$35.90
District of Columbia	\$35.50	Missouri	\$35.40	Texas	\$34.70
Florida	\$35.20	Montana	\$34.00	Utah	\$35.30
Georgia	\$35.40	Nebraska	\$34.00	Vermont	\$35.10
Hawaii	\$34.00	Nevada	\$34.00	Virginia	\$35.00
Idaho	\$35.30	New Hampshire	\$34.40	Washington	\$31.40
Illinois	\$34.10	New Jersey	\$37.10	West Virginia	\$35.90
Indiana	\$34.90	New Mexico	\$31.80	Wisconsin	\$35.00
Iowa	\$34.00	North Carolina	\$35.80	Wyoming	\$34.00
Kansas	\$34.10	North Dakota	\$34.00		

## Plus Plan

Refer to the tables that follow for Tier 3 and Tier 4 cost-sharing for your state.

Plus Plan – Tier 3 Initial Coverage Cost-Sharing by State					
State	Preferred Pharmacy		Standard Pharmacy		Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Alabama	19%	19%	21%	21%	19%
Alaska	16%	16%	18%	18%	16%
Arizona	19%	19%	21%	21%	19%
Arkansas	19%	19%	21%	21%	19%
California	17%	17%	19%	19%	17%
Colorado	17%	17%	19%	19%	17%
Connecticut	19%	19%	21%	21%	19%
Delaware	18%	18%	20%	20%	18%
District of Columbia	18%	18%	20%	20%	18%
Florida	18%	18%	20%	20%	18%
Georgia	18%	18%	20%	20%	18%
Hawaii	18%	18%	20%	20%	18%
Idaho	19%	19%	21%	21%	19%
Illinois	19%	19%	21%	21%	19%
Indiana	18%	18%	20%	20%	18%
Iowa	17%	17%	19%	19%	17%
Kansas	17%	17%	19%	19%	17%
Kentucky	18%	18%	20%	20%	18%
Louisiana	18%	18%	20%	20%	18%
Maine	19%	19%	21%	21%	19%
Maryland	18%	18%	20%	20%	18%
Massachusetts	19%	19%	21%	21%	19%
Michigan	20%	20%	22%	22%	20%
Minnesota	17%	17%	19%	19%	17%
Mississippi	18%	18%	20%	20%	18%
Missouri	18%	18%	20%	20%	18%
Montana	17%	17%	19%	19%	17%
Nebraska	17%	17%	19%	19%	17%
Nevada	20%	20%	22%	22%	20%
New Hampshire	19%	19%	21%	21%	19%
New Jersey	18%	18%	20%	20%	18%
New Mexico	17%	17%	19%	19%	17%
North Carolina	19%	19%	21%	21%	19%
North Dakota	17%	17%	19%	19%	17%

### Plus Plan – Tier 3 Initial Coverage Cost-Sharing by State, contd.

State	Preferred Pharmacy		Standard Pharmacy		Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Ohio	19%	19%	21%	21%	19%
Oklahoma	17%	17%	19%	19%	17%
Oregon	16%	16%	18%	18%	16%
Pennsylvania	18%	18%	20%	20%	18%
Rhode Island	19%	19%	21%	21%	19%
South Carolina	20%	20%	22%	22%	20%
South Dakota	17%	17%	19%	19%	17%
Tennessee	19%	19%	21%	21%	19%
Texas	18%	18%	20%	20%	18%
Utah	19%	19%	21%	21%	19%
Vermont	19%	19%	21%	21%	19%
Virginia	19%	19%	21%	21%	19%
Washington	16%	16%	18%	18%	16%
West Virginia	18%	18%	20%	20%	18%
Wisconsin	17%	17%	19%	19%	17%
Wyoming	17%	17%	19%	19%	17%

### Plus Plan – Tier 4 Initial Coverage Cost-Sharing by State

State	Preferred Pharmacy 30-day supply	Standard Pharmacy 30-day supply	Mail Order 30-day supply
Alabama	44%	46%	44%
Alaska	40%	42%	40%
Arizona	42%	44%	42%
Arkansas	43%	45%	43%
California	42%	44%	42%
Colorado	41%	43%	41%
Connecticut	43%	45%	43%
Delaware	45%	47%	45%
District of Columbia	45%	47%	45%
Florida	41%	43%	41%
Georgia	43%	45%	43%
Hawaii	44%	46%	44%
Idaho	42%	44%	42%
Illinois	41%	43%	41%

**Plus Plan – Tier 4 Initial Coverage Cost-Sharing by State, contd.**

<b>State</b>	<b>Preferred Pharmacy 30-day supply</b>	<b>Standard Pharmacy 30-day supply</b>	<b>Mail Order 30-day supply</b>
Indiana	47%	49%	47%
Iowa	45%	47%	45%
Kansas	46%	48%	46%
Kentucky	47%	49%	47%
Louisiana	41%	43%	41%
Maine	42%	44%	42%
Maryland	45%	47%	45%
Massachusetts	43%	45%	43%
Michigan	41%	43%	41%
Minnesota	45%	47%	45%
Mississippi	46%	48%	46%
Missouri	44%	46%	44%
Montana	45%	47%	45%
Nebraska	45%	47%	45%
Nevada	41%	43%	41%
New Hampshire	42%	44%	42%
New Jersey	42%	44%	42%
New Mexico	43%	45%	43%
North Carolina	46%	48%	46%
North Dakota	45%	47%	45%
Ohio	42%	44%	42%
Oklahoma	41%	43%	41%
Oregon	41%	43%	41%
Pennsylvania	47%	49%	47%
Rhode Island	43%	45%	43%
South Carolina	44%	46%	44%
South Dakota	45%	47%	45%
Tennessee	44%	46%	44%
Texas	46%	48%	46%
Utah	42%	44%	42%
Vermont	43%	45%	43%
Virginia	41%	43%	41%
Washington	41%	43%	41%
West Virginia	47%	49%	47%
Wisconsin	44%	46%	44%
Wyoming	45%	47%	45%

## Premier Plan

Refer to the tables that follow for Tier 4 cost-sharing for your state.

Premier Plan – Tier 4 Initial Coverage Cost-Sharing by State			
State	Preferred Pharmacy 30-day supply	Standard Pharmacy 30-day supply	Mail Order 30-day supply
Alabama	48%	50%	48%
Alaska	44%	46%	44%
Arizona	44%	46%	44%
Arkansas	45%	47%	45%
California	44%	46%	44%
Colorado	44%	46%	44%
Connecticut	45%	47%	45%
Delaware	42%	44%	42%
District of Columbia	42%	44%	42%
Florida	44%	46%	44%
Georgia	45%	47%	45%
Hawaii	41%	43%	41%
Idaho	43%	45%	43%
Illinois	44%	46%	44%
Indiana	45%	47%	45%
Iowa	44%	46%	44%
Kansas	45%	47%	45%
Kentucky	45%	47%	45%
Louisiana	45%	47%	45%
Maine	44%	46%	44%
Maryland	42%	44%	42%
Massachusetts	45%	47%	45%
Michigan	43%	45%	43%
Minnesota	44%	46%	44%
Mississippi	44%	46%	44%
Missouri	43%	45%	43%
Montana	44%	46%	44%
Nebraska	44%	46%	44%
Nevada	45%	47%	45%
New Hampshire	44%	46%	44%
New Jersey	44%	46%	44%
New Mexico	46%	48%	46%
North Carolina	43%	45%	43%
North Dakota	44%	46%	44%
Ohio	44%	46%	44%

**Premier Plan – Tier 4 Initial Coverage Cost-Sharing by State, contd.**

<b>State</b>	<b>Preferred Pharmacy 30-day supply</b>	<b>Standard Pharmacy 30-day supply</b>	<b>Mail Order 30-day supply</b>
Oklahoma	46%	48%	46%
Oregon	46%	48%	46%
Pennsylvania	42%	44%	42%
Rhode Island	45%	47%	45%
South Carolina	46%	48%	46%
South Dakota	44%	46%	44%
Tennessee	48%	50%	48%
Texas	44%	46%	44%
Utah	43%	45%	43%
Vermont	45%	47%	45%
Virginia	44%	46%	44%
Washington	46%	48%	46%
West Virginia	42%	44%	42%
Wisconsin	44%	46%	44%
Wyoming	44%	46%	44%

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

Mutual of Omaha Rx's pharmacy network includes limited lower-cost, preferred pharmacies in rural areas in Alaska. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at **1.800.961.9006**; TTY: **711**, or consult the online pharmacy directory at **[MutualofOmahaRx.com/2022network](https://MutualofOmahaRx.com/2022network)**.

Express Scripts is the pharmacy benefit manager for Mutual of Omaha Rx and will be providing some services on behalf of Mutual of Omaha Rx.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.961.9006** (TTY: **711**).



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**Spanish:**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1.855.864.6797 (TTY: 1.800.716.3231).

**Vietnamese:**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số

1.855.864.6797 (TTY: 1.800.716.3231).

**Chinese:**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.855.864.6797

(TTY : 1.800.716.3231) 。

**Arabic:**

ملحوظة: إذا كنت تتحدث "العربية"، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم ١.٨٥٥.٨٦٤.٦٧٩٧ (الهاتف النصي: ١.٨٠٠.٧١٦.٣٢٣١).

**Karen:**

ဟံသုာ်ဟံသး- နမ့ၢ်ကတိၤ ကညီကိာ်အသိ, တၢ်အိၣ်ဒီး ကိာ်အတၢ်ဆိၣ်ထွဲမၤစၢၤလၢ တလၢာ်ဘျီတလၢာ်စ့ၤလၢ နဂီၢ်န့ၣ်လီၤ. ကိး ၁.၈၅၅.၈၆၄.၆၇၉၇ (TTY- ၁.၈၀၀.၇၁၆.၃၂၃၁) တက့ၢ်.

**French:**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.855.864.6797 (ATS : 1.800.716.3231).

**Oromo:**

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa yoo ta'ee, tajaajila gargaarsa afaani kanfaltiidhaan ala, ni argama. Lakkoofsa bilbilaa 1.855.864.6797 (TTY [Dhibee Dhageettii fi Dubbachuu kan qaban]: 1.800.716.3231) irratti bilbili.

**German:**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche

Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.855.864.6797 (TTY: 1.800.716.3231).

**Korean:**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1.855.864.6797(TTY: 1.800.716.3231)번으로 전화해 주십시오.

**Nepali:**

ध्यान दिनुहोस्: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा

उपलब्ध छन् । 1.855.864.6797 (टिडिवाइ: 1.800.716.3231) मा फोन गर्नुहोस् ।

**Russian:**

ВНИМАНИЕ: Если Вы говорите по-русски, Вы можете воспользоваться бесплатной

помощью переводчика. Звоните по номеру 1.855.864.6797 (телетайп: 1.800.716.3231).

**Laotian:**

ເຊີນຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າພ້ອມໃຫ້ທ່ານ. ໂທ

1.855.864.6797 (TTY: 1.800.716.3231).

**Kurdish:**

ئاگاداری: ئەگەر بە زمانی کوردی قسە دەکەیت، خزمەتگوزاریەکانی یارمەتی زمان، بەخۆرای، بۆ تۆ لە بەردەستە. بە

ژمارە ١-٨٥٥-٨٦٤-٦٧٩٧ (١-٨٠٠-٧١٦-٣٢٣١) تەماس بکە.

**Persian (Farsi):**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با

١-٨٥٥-٨٦٤-٦٧٩٧ (١-٨٠٠-٧١٦-٣٢٣١) تماس بگیرید.

**Japanese:**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

1.855.864.6797（TTY: 1.800.716.3231）まで、お電話にてご連絡ください。



### **It's important we treat you fairly**

Our goal is to treat you fairly. That's why we follow federal civil rights laws in our health programs and activities. We do not view or treat people differently because of their race, color, national origin, sex, age or disability. If you need help with any of the information we provide you, please let us know. We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the number on the back of your member ID card. If you feel at any time that we didn't offer these services or we discriminated based on race, color, national origin, sex, age or disability, please let us know. You have the right to file a grievance, also known as a complaint. To file a complaint, please contact our Civil Rights Coordinator at Omaha Health Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, or call 1.866.898.2898. TTY users, call 711.

You can also contact the U.S. Department of Health and Human Services, Office for Civil Rights at:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201
- Phone: 1.800.368.1019 or 1.800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### **Es importante brindarle un trato justo.**

Nuestro objetivo es brindarle un trato justo. Por este motivo, respetamos las leyes de derechos civiles en nuestros programas y actividades de salud. No consideramos ni tratamos a las personas de manera diferente debido a su raza, color, nacionalidad de origen, sexo, edad o discapacidad. Si necesita ayuda en cuanto a la información que le brindamos, infórmenos. Ofrecemos servicios que pueden ayudarle, entre los cuales se incluyen audífonos para personas con discapacidad, asistencia con el idioma mediante intérpretes e información escrita en otros idiomas. Estos servicios no tienen ningún cargo para usted. Si necesita alguno, llámenos al número que figura en la parte posterior de su tarjeta de identificación de miembro. Si siente en cualquier momento que no ofrecemos estos servicios o lo discriminamos por su raza, color, nacionalidad de origen, sexo, edad o discapacidad, infórmenos. Tiene el derecho a presentar una queja. Para presentar una queja, comuníquese con nuestro Civil Rights Coordinator escribiendo a esta dirección Omaha Health Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, o llame al 1.866.898.2898. Los usuarios de TTY deben llamar al 711.

También puede comunicarse con el Departamento de Salud y Servicios Humanos de los EE. UU., Oficina de Derechos Civiles por estos medios:

- En línea: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Por correo postal: U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201
- Teléfono: 1.800.368.1019 o 1.800.537.7697 (TDD)

Puede encontrar los formularios de quejas en <http://www.hhs.gov/ocr/office/file/index.html>

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Mutual of Omaha Rx  
3300 Mutual of Omaha Plaza  
Omaha, NE 68175

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. This information is not a complete description of benefits. Call 1-800-961-9006 (TTY: 711) for more information.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Call 1-833-530-2720 (TTY: 711).

Express Scripts is the pharmacy benefit manager for Mutual of Omaha Rx and will be providing some services on behalf of Mutual of Omaha Rx.

Residents of AK: Mutual of Omaha Rx's pharmacy network includes limited lower-cost, preferred pharmacies in rural areas in Alaska. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at 1-800-961-9006 (TTY: 711), or consult the online pharmacy directory at [MutualofOmahaRx.com/2022network](https://MutualofOmahaRx.com/2022network).