



FROM



2020 Order Form

ENROLLMENT MATERIALS FOR BROKERS

Please complete and return this form to **Medicare Broker Services:**

Email: medicarebrokerservices@centene.com **FAX:** 800-309-5095 **Phone:** 844-202-6811



- Limit of **50** per each kit or materials.
- Orders **cannot** be shipped to P.O. Boxes.
- Allow 7 business days for orders to ship.
- Materials are packed up to 30 kits per box. Boxes will not exceed 25 lbs.

Requestor information

Name _____ Broker ID/NPN _____

Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Send confirmation email to: Same as listed above Other 1 _____

Other 2 _____ Other 3 _____

| |
|---|
| <input type="checkbox"/> Residence |
| <input type="checkbox"/> Business |
| <input type="checkbox"/> Storage facility |

Shipping/
storage
instructions

| Ohio plan kit | Qty. |
|--|------|
| Allwell Medicare (HMO) | |
| H0724-001 (OHMA202024E) | |
| Allwell Medicare Essentials (HMO) | |
| H0724-005 (OHMA202025E) | |
| Allwell Dual Medicare (HMO D-SNP) | |
| H0908-001 (OHMA202030E) | |

| Ohio forms/bulk materials ² | ENG | SPN |
|--|-----|-----|
| Extra Benefits (H0724 001 HMO MAPD) | | |
| Extra Benefits (H0724 005 HMO MA only) | | |
| 2020 Plan Ratings (H0724 HMO) | | |
| Extra Benefits (H0908 001 DSNP) | | |
| 2020 Plan Ratings (H0908 DSNP) | | |
| Pre Enrollment Checklist | | |
| Long enrollment form | | |
| Directory Flyer | | N/A |
| Short Enrollment Form | | |
| Transition of Care | | |

| Geo code directory ¹ | ZIP 1 | ZIP 2 | ZIP 3 | Qty. |
|---------------------------------|-------|-------|-------|------|
| | | | | |
| | | | | |
| | | | | |

² Limit of 50 per each material

¹ Limit of 75 per each directory

| Ohio plans | Counties |
|--|--|
| Allwell Medicare (HMO) | |
| H0724-001 | Butler, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Fulton, Greene, Hamilton, Lake, Lorain, Lucas, Mahoning, Montgomery, Ottawa, Stark, Summit, Trumbull, Wood |
| Allwell Medicare Essentials (HMO) | |
| H0724-005 | Butler, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Fulton, Greene, Hamilton, Lake, Lorain, Lucas, Mahoning, Montgomery, Ottawa, Stark, Summit, Trumbull, Wood |
| Allwell Dual Medicare (HMO/D-SNP) | |
| H0908-001 | Adams, Allen, Ashland, Ashtabula, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Fulton, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Lake, Logan, Lorain, Lucas, Madison, Mahoning, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Sandusky, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Van Wert, Vinton, Warren, Wayne, Williams, Wood, Wyandot |