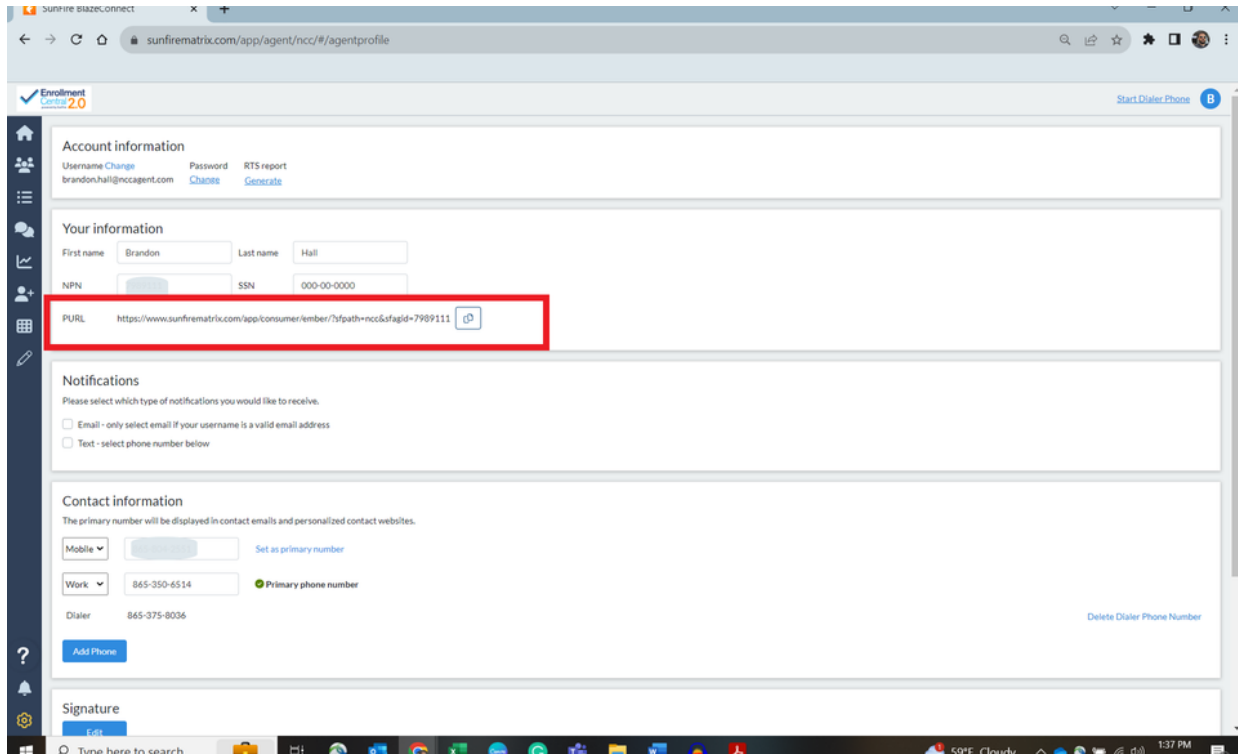


Customer View of PURL

Your PURL can be found on your agent profile in Enrollment Central 2.0. It can be placed in an email signature or on your website.

Click on the pages beside the link to copy. Then paste where you want it.



The screenshot shows the 'Agent Profile' page in the Enrollment Central 2.0 application. The page is divided into several sections: 'Account information', 'Your information', 'Notifications', 'Contact information', and 'Signature'. The 'Your information' section contains fields for 'First name' (Brandon), 'Last name' (Hall), 'NPN', and 'SSN'. The 'PURL' field is highlighted with a red box and contains the link: <https://www.sunfirematrix.com/app/consumer/member/?fspath=ncc&sfagid=7969111>. The 'Contact information' section includes fields for 'Mobile', 'Work', and 'Dialer' phone numbers, with a 'Set as primary number' button. The 'Signature' section has an 'Edit' button. The page is viewed in a web browser with the address bar showing 'sunfirematrix.com/app/agent/ncc/#/agentprofile'.

Once a beneficiary clicks that link it will take them to a customer facing site. You should see your phone number at the top right. If you do not, go back to your Agent Profile and enter your phone number in and select it as PRIMARY PHONE and click SAVE. It should show now.

The beneficiary will enter the zip code where they are located. Should it be a multi-county zip code, they'll select the county they are in.
See below:

powered by **SunFire**

Speak with a licensed insurance agent
1-865-350-6514 (TTY 711)
Monday - Friday 8:30 am - 5:00 pm EST

Shop Medicare plans

Choose from a selection of Medicare Advantage plans and Medicare prescription drug plans available in your area.

Help me find a plan

Answer a few simple questions about your health and medications. We'll use this information to provide an estimate of your costs for each available plan.

Your answers do not affect Medicare Advantage or Prescription Drug Plan premiums.

[Help me choose](#)

Find a plan

To get started, all we need is your zip code. We will show you a selection of Medicare plans in your area.

ZIP code

[See plans and prices](#)

Medicare Advantage plans (Part C)

Medicare Advantage plans are offered by private insurance companies contracted through Medicare as alternatives for Original Medicare. These plans combine all of the benefits of Medicare Part A (hospital) and Part B (medical), and may also include prescription drug coverage, dental or vision coverage all for an affordable and sometimes \$0 monthly plan premium.

Once they select “See plans and prices”, they’ll be brought to a plans page where they will be instructed to take a tour. Ensure they read this as it helps them go through the process. Step 1:

powered by **SunFire**

Speak with a licensed insurance agent
1-865-350-6514 (TTY 711)
Monday - Friday 8:30 am - 5:00 pm EST

ABOUT YOU

Add medications Add health Add doctors

Change pharmacy Add my current plan Change ZIP

Medicare Advantage/Part D plans
28 plans available

Medicare Advantage plans

Medicare Part D plans
20 plans available

Sort: Monthly plan premium
Year: 2024 2023

Prescription drugs
Deductible: \$0
[Add drugs](#)

Need help comparing plans?

Shopping for Medicare insurance plan options can be a challenging task.

With some additional information from you, our site can provide detailed cost estimates and coverage information to compare Medicare Advantage and Medicare Part D plans. Let's walk through some steps to help you collect information to compare plans.

[Skip](#) [Next \(1/4\)](#)

United Healthcare
Max. out-of-pocket: \$3,500 (in-network)
Features
Dental Vision Hearing Over-the-counter benefits

Humana Gold Plus H4461-035 (HMO)
H4461-035-000 ★★★★★ 5 out of 5 stars (2023 plan year)

\$0.00 Medical

60°F Cloudy 1:57 PM 10/17/2023

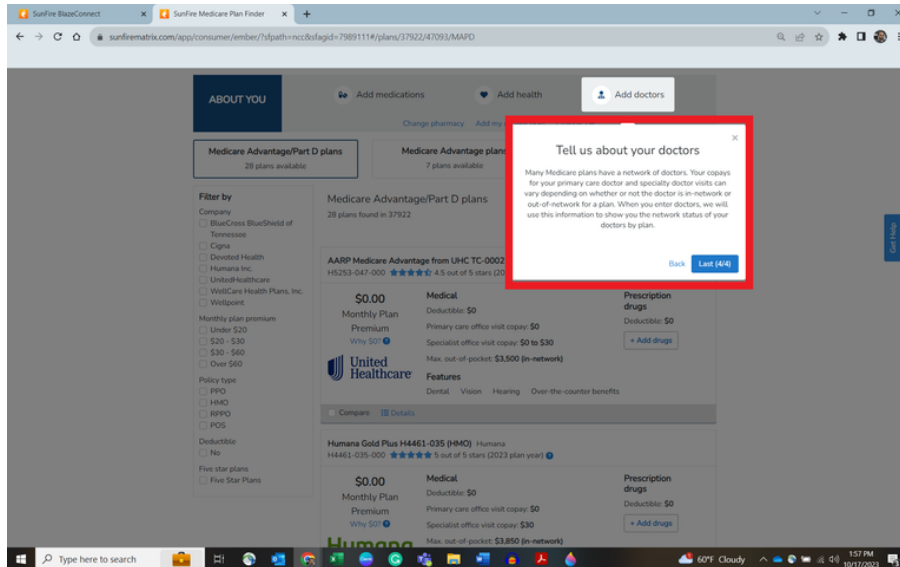
Step 2 - Medications:

The screenshot shows the SunFire Medicare Plan Finder web application. A modal window is open in the center, titled "Tell us about any prescription medications". The text inside the modal says: "The prescription medications entered allow us to provide estimated medication costs for each plan." At the bottom of the modal are two buttons: "Skip" and "Next (2/4)". The background shows the plan selection interface with filters on the left and plan details on the right. The taskbar at the bottom shows the date as 10/17/2023 and the time as 1:57 PM.

Step 3 - Health question:

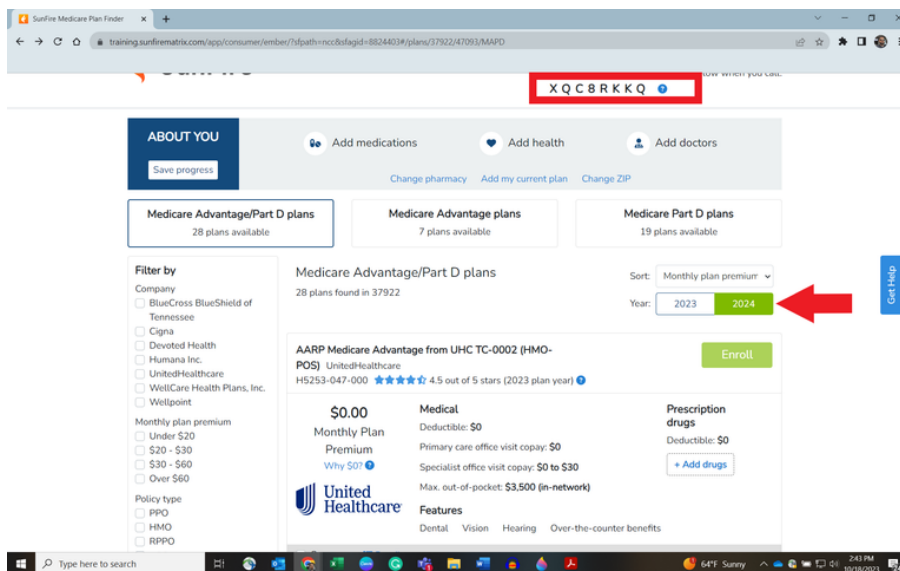
The screenshot shows the SunFire Medicare Plan Finder web application. A modal window is open in the center, titled "Tell us how often you see a doctor or receive medical care". The text inside the modal says: "This information is used to provide a more accurate estimate of costs for each available plan. This information does not affect your plan premium." At the bottom of the modal are two buttons: "Skip" and "Next (3/4)". The background shows the plan selection interface with filters on the left and plan details on the right. The taskbar at the bottom shows the date as 10/17/2023 and the time as 1:57 PM.

Step 4 - Doctors:



Once through the tour they'll be at the plans page. A beneficiary will need to select the appropriate plan year.

One tip: if a beneficiary gets stuck and needs help, they can call you and give you the code at the top of the screen (highlighted with box) and the system will pull up their application where they left off and with any information that they've already input in the system.



ADD Medicines - A beneficiary will need to begin inputting any and all medications into the system. They can start with just the first three letters of the drug.

powered by SunFire

Speak with a licensed insurance agent
1-800-695-0280 (TTY 711)
Monday - Friday 8:30 am - 5:00 pm EST
Please provide the personal code below when you call.
X Q C 8 R K K Q

Location → Drugs → Doctor → Health → Pharmacy → Plan

Do you take any prescription drugs? (optional)

Enter the first 3 letters of your medication

Medication information

The prescriptions entered will allow us to provide estimated drug costs for each plan. This information does not affect your plan premium - it is used to calculate a more accurate estimate of costs with each available plan.

Add drug

Medications

Back Skip View plans Next

Once they find the drug, they will select form, dose, and frequency. Then click “Add drug”. When all drugs are added, click next.

Search results for "LIS"

☒ Lisinopril

Select a dosage for Lisinopril

☒ Lisinopril TAB 30MG

How often do you refill this medication?

☒ Every 3 months

Quantity per refill

90

Add drug

Medications

Back Skip View plans Next

The next screen will ask them to select their Doctors. The doctors will show as you begin to type the name. Select the doctor and click continue. Select location if needed. Then click next.

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SunFire

Speak with a licensed insurance agent
1-800-695-0280 (TTY 711)
Monday - Friday 8:30 am - 5:00 pm EST
Please provide the personal code below when you call.
X Q C B R K K Q

Location → Drugs → Doctor → Health → Pharmacy → Plan

Your doctors (optional)
Searching for doctors near **KNOXVILLE, TN** [Change](#)

What is your doctor's last name?
now

- NOWAK, MICHAEL
- NOWELL, WALKER
- NOWER, EMMA
- NOWINSKI, CLAUDIA
- NOWOTARSKI, ALICIA
- THE NOWELL CORPORATION (BEFITTING YOU MASTECTOMY BOUTIQUE THOMPSON)
- THE NOWELL CORPORATION (FRESH PHARMACY)
- THE NOWELL CORPORATION (BEFITTING YOU MASTECTOMY BOUTIQUE THOMPSON)

Doctor information

Many Medicare plans have a network of doctors. Your copays for your primary care doctor and specialty doctor visits can vary depending on whether or not the doctor is in-network or out-of-network for a plan. When you enter doctors, we will use this information to show you the network status of your doctors by plan.

[Skip](#) [View plans](#) [Next](#)

The next screen is the Health screen. This asks how frequently do they use their health care. Rarely, occasionally, or frequently.

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SunFire

Speak with a licensed insurance agent
1-800-695-0280 (TTY 711)
Monday - Friday 8:30 am - 5:00 pm EST
Please provide the personal code below when you call.
X Q C B R K K Q

Location → Drugs → Doctor → Health → Pharmacy → Plan

How often do you see a doctor or receive medical care per year? (optional)
This information does not affect your plan premium. This information is used to provide a more accurate estimate of costs for each listed plan.
You are not required to provide any health related information.

☐ **Rarely**

- 5 In-network doctor office visits
- 0 Emergency room visits
- 0 Inpatient admissions (more than 5 days)
- 1 Vision exam
- 1 Urgent care visits
- 0 Inpatient admissions (1-5 days)
- 0 Home healthcare visits
- 1 Dental checkup

☐ **Occasionally**

- 10 In-network doctor office visits
- 1 Emergency room visits
- 0 Inpatient admissions (more than 5 days)
- 1 Vision exam
- 0 Urgent care visits
- 1 Inpatient admissions (1-5 days)
- 4 Home healthcare visits
- 1 Dental checkup

The next screen is the Pharmacy screen. If they use a pharmacy in a different zip code, enter that in and click search. Select the check by the appropriate pharmacy and click next

SunFire Medicare Plan Finder

training.sunfirematrix.com/app/consumer/ember/?sfpath=ncc&sfagid=8824403#/helpmechoose/pharmacy

powered by **SunFire**

Speak with a licensed insurance agent
1-800-695-0280 (TTY 711)
Monday - Friday 8:30 am - 5:00 pm EST
Please provide the personal code below when you call.
X Q C B R K K Q

Location → Drugs → Doctor → Health → Pharmacy → Plan

Your pharmacy (optional)
Do you shop for your medications using a chain, local or mail order pharmacy?
☒ Major chain ☐ Local retail pharmacy ☐ Mail order pharmacy

Enter your zip code and choose your pharmacy below:

ZIP code within miles

☒ CVS 0.31 miles away

Pharmacy information

Pharmacies have different drug prices in general, but they also may have contracted rates with certain Medicare plan carriers. Select your pharmacy to see more accurate estimated drug costs for each plan.

Please Note: Pricing applies to plans that include prescription drug coverage (MAPD and PDP)

The next screen asks about current Medicare plan. If they have one select it and if not, click next.

SunFire Medicare Plan Finder

training.sunfirematrix.com/app/consumer/ember/?sfpath=ncc&sfagid=8824403#/helpmechoose/plan

powered by **SunFire**

Speak with a licensed insurance agent
1-800-695-0280 (TTY 711)
Monday - Friday 8:30 am - 5:00 pm EST
Please provide the personal code below when you call.
X Q C B R K K Q

Location → Drugs → Doctor → Health → Pharmacy → Plan

Your current Medicare plan (optional)
Currently enrolled in a Medicare Advantage or Prescription Drug plan? Select your plan to compare your potential costs.

Select your insurance company

- ☐ Aetna Inc.
- ☐ American Health Advantage of Tennessee
- ☐ Amerigroup
- ☐ BlueCross BlueShield of Alabama
- ☐ BlueCross BlueShield of Tennessee
- ☐ Cigna
- ☐ Clear Spring Health
- ☐ Devoted Health
- ☐ Envision Insurance Company

Medicare plan information

When you provide medications and/or information regarding how often you receive medical care, we calculate estimated out-of-pocket costs for each Medicare plan listed based on this information. If you already have a Medicare plan, each plan listed will show potential estimated savings by comparing the estimated costs for each plan listed to the estimated costs of your current plan.

They have now entered their information in and can view the plans.

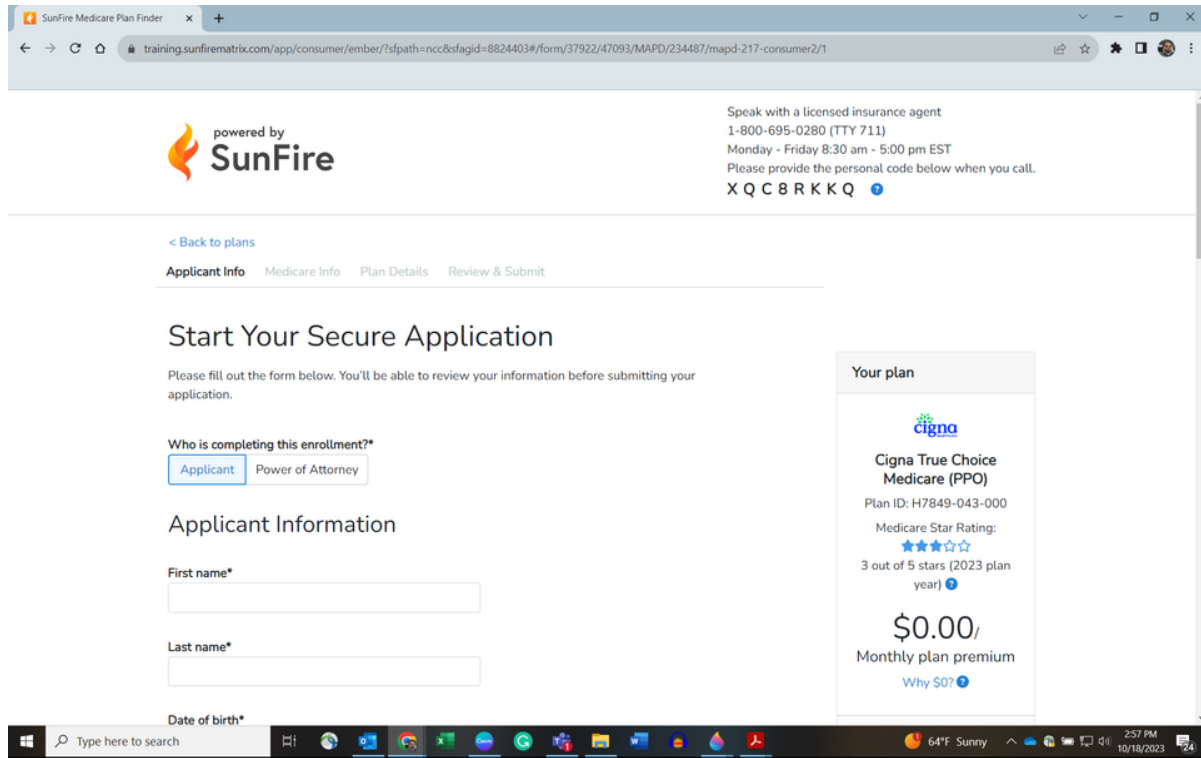
The screenshot shows the SunFire Medicare Plan Finder web application. At the top, there's a header with the SunFire logo and contact information: "Speak with a licensed insurance agent 1-800-695-0280 (TTY 711) Monday - Friday 8:30 am - 5:00 pm EST Please provide the personal code below when you call. X 3 5 D M M B R". Below the header, there's a navigation bar with "ABOUT YOU" (highlighted with a blue box), "Add medications", "Add health", and "Add doctors". A "Save progress" button is also visible. The main content area displays "Medicare Advantage/Part D plans" with 29 plans available. A filter sidebar on the left allows filtering by company (BlueCross BlueShield of Tennessee, Cigna, Devoted Health, Humana Inc., Tennessee Rural Health Improvement Association, UnitedHealthcare, WellCare Health Plans, Inc., Wellpoint) and monthly plan premium (\$0, Under \$20, \$20 - \$30, \$30 - \$60). The selected plan is "AARP Medicare Advantage from UHC TC-0002 (HMO-POS) UnitedHealthcare H5253-047-000" with a 4.5 out of 5 stars rating. The plan details show a \$0.00 Monthly Plan Premium, \$0 Deductible, and \$0 Primary care office visit copay. The "Enroll" button is highlighted with a green box. The bottom of the screen shows a Windows taskbar with various application icons and a system clock indicating 4:36 PM on 10/18/2023.

When they find a plan they like, they will click the enroll button and it will begin the application.

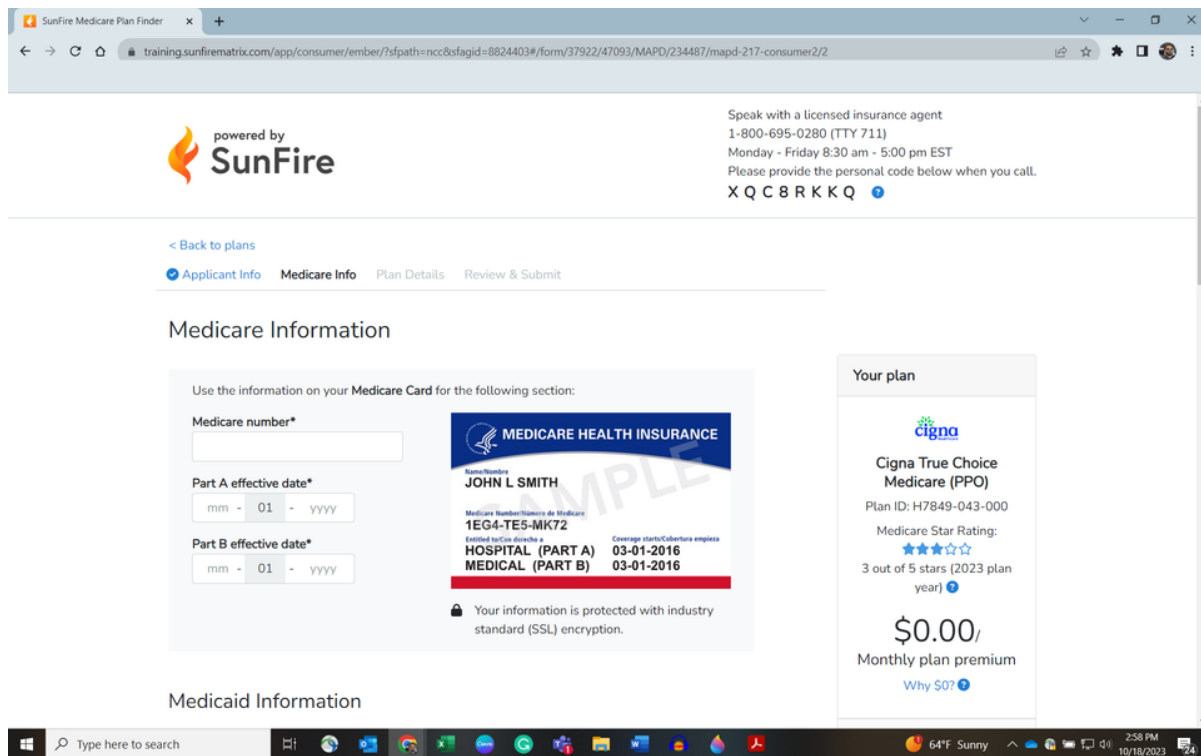
Reminder - at any time a beneficiary can save their progress by clicking the save progress button. They also can call you and you can pull their application up by entering the code they give you from the top of the screen.

This screenshot is similar to the previous one, showing the SunFire Medicare Plan Finder interface. However, the "ABOUT YOU" section in the navigation bar and the "Enroll" button for the selected plan are both highlighted with orange boxes. The rest of the interface, including the header, filter sidebar, and plan details, remains the same. The system clock at the bottom right shows 4:36 PM on 10/18/2023.

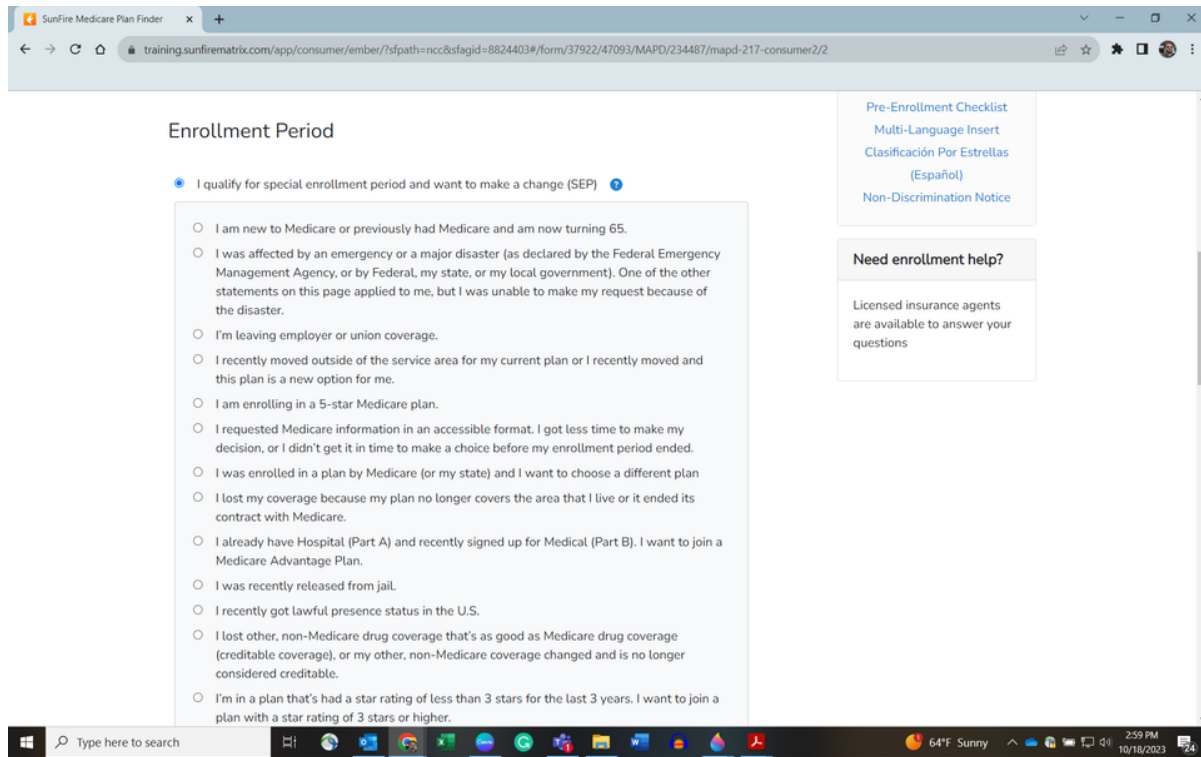
The beneficiary will start the application. They will follow the prompts and enter all information with an asterisk.



Continue through each page of the app. Some carriers will have different requirements. Page 2 of this is the Medicare Information.



If an Enrollment Period/SEP is needed select the appropriate one. A beneficiary may not know what they need. It is important that you discuss with them.



Enrollment Period

☒ I qualify for special enrollment period and want to make a change (SEP) ⓘ

- ☐ I am new to Medicare or previously had Medicare and am now turning 65.
- ☐ I was affected by an emergency or a major disaster (as declared by the Federal Emergency Management Agency, or by Federal, my state, or my local government). One of the other statements on this page applied to me, but I was unable to make my request because of the disaster.
- ☐ I'm leaving employer or union coverage.
- ☐ 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 am enrolling in a 5-star Medicare plan.
- ☐ I requested Medicare information in an accessible format. I got less time to make my decision, or I didn't get it in time to make a choice before my enrollment period ended.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan
- ☐ I lost my coverage because my plan no longer covers the area that I live or it ended its contract with Medicare.
- ☐ I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.
- ☐ I was recently released from jail.
- ☐ I recently got lawful presence status in the U.S.
- ☐ I lost other, non-Medicare drug coverage that's as good as Medicare drug coverage (creditable coverage), or my other, non-Medicare coverage changed and is no longer considered creditable.
- ☐ I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.

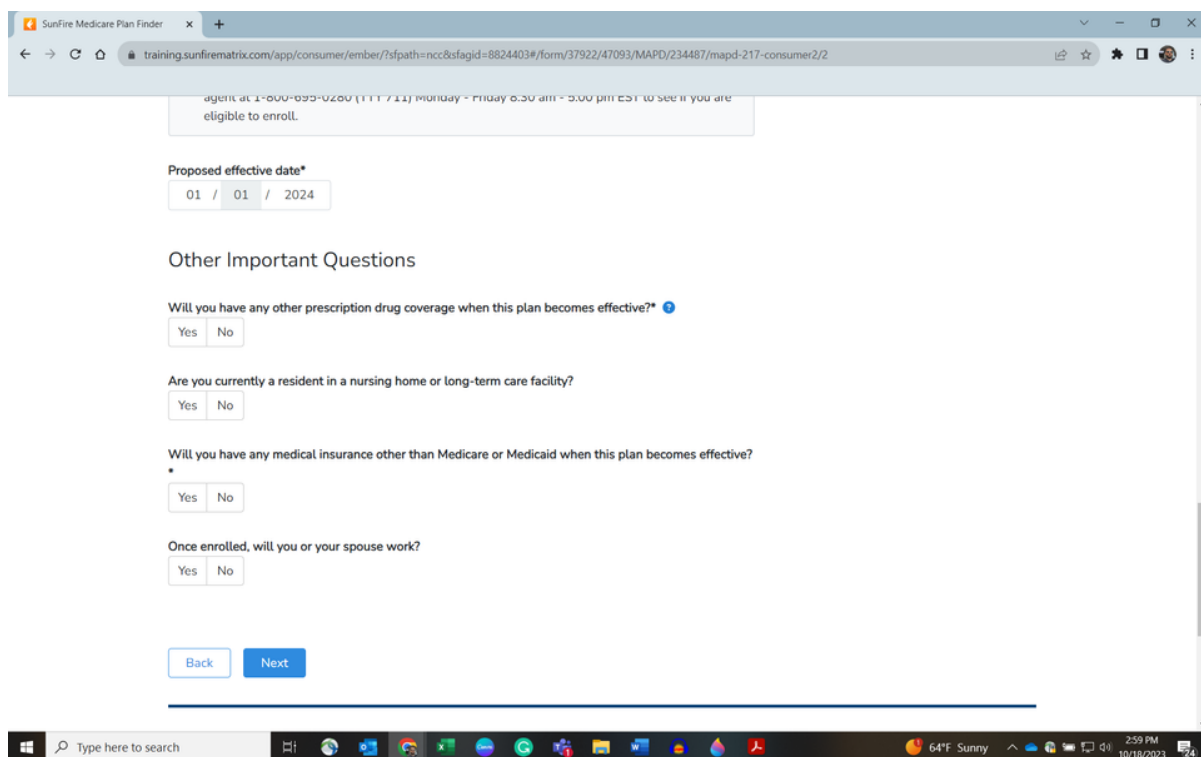
Pre-Enrollment Checklist

- [Multi-Language Insert](#)
- [Clasificación Por Estrellas \(Español\)](#)
- [Non-Discrimination Notice](#)

Need enrollment help?

Licensed insurance agents are available to answer your questions

Enter the proposed effective date and answer any remaining questions with an asterisk.



agent at 1-800-635-0260 (T11 / 11) Monday - Friday 8:30 am - 5:00 pm EST to see if you are eligible to enroll.

Proposed effective date*

01 / 01 / 2024

Other Important Questions

Will you have any other prescription drug coverage when this plan becomes effective?*

☐ Yes ☐ No

Are you currently a resident in a nursing home or long-term care facility?

☐ Yes ☐ No

Will you have any medical insurance other than Medicare or Medicaid when this plan becomes effective? *

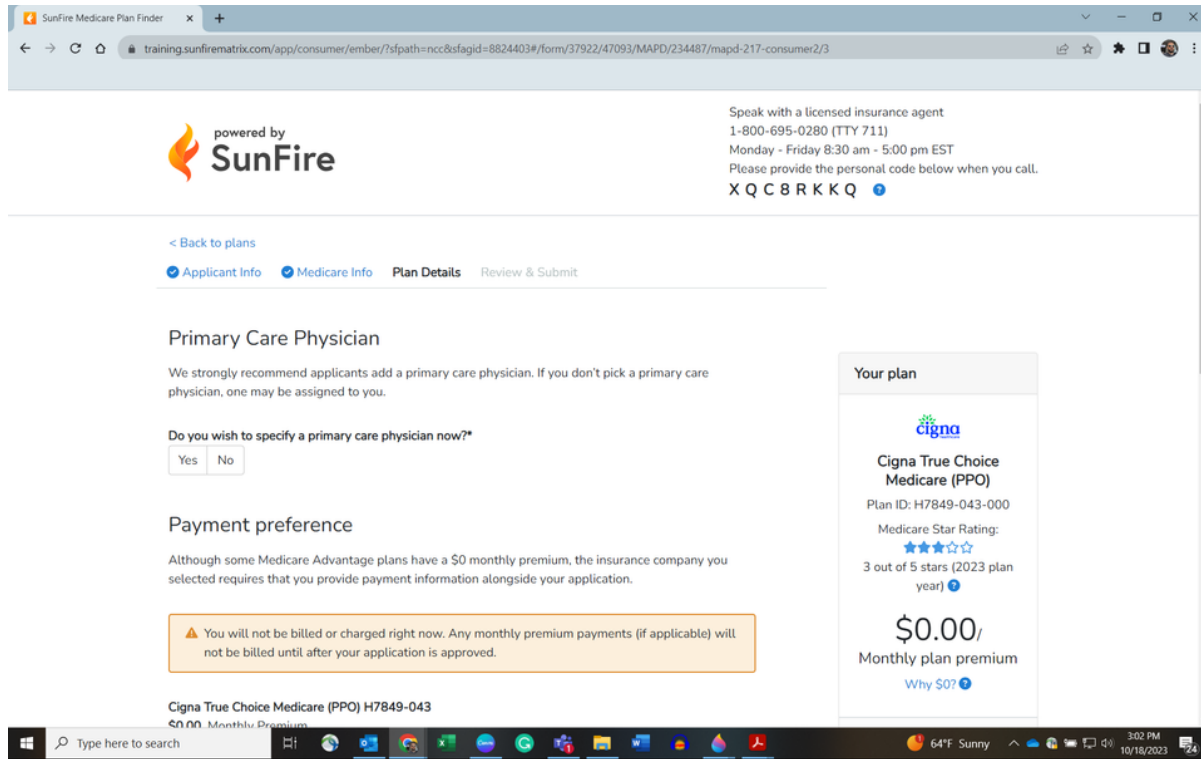
☐ Yes ☐ No

Once enrolled, will you or your spouse work?

☐ Yes ☐ No

[Back](#) [Next](#)

Continue answering the applications questions.



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Speak with a licensed insurance agent
1-800-695-0280 (TTY 711)
Monday - Friday 8:30 am - 5:00 pm EST
Please provide the personal code below when you call.
X Q C 8 R K K Q

[< Back to plans](#)

[Applicant Info](#) [Medicare Info](#) **Plan Details** [Review & Submit](#)

Primary Care Physician

We strongly recommend applicants add a primary care physician. If you don't pick a primary care physician, one may be assigned to you.

Do you wish to specify a primary care physician now?*

☐ Yes ☐ No


Payment preference

Although some Medicare Advantage plans have a \$0 monthly premium, the insurance company you selected requires that you provide payment information alongside your application.

⚠ You will not be billed or charged right now. Any monthly premium payments (if applicable) will not be billed until after your application is approved.

Cigna True Choice Medicare (PPO) H7849-043
\$0.00 Monthly Premium

Your plan



Cigna True Choice Medicare (PPO)

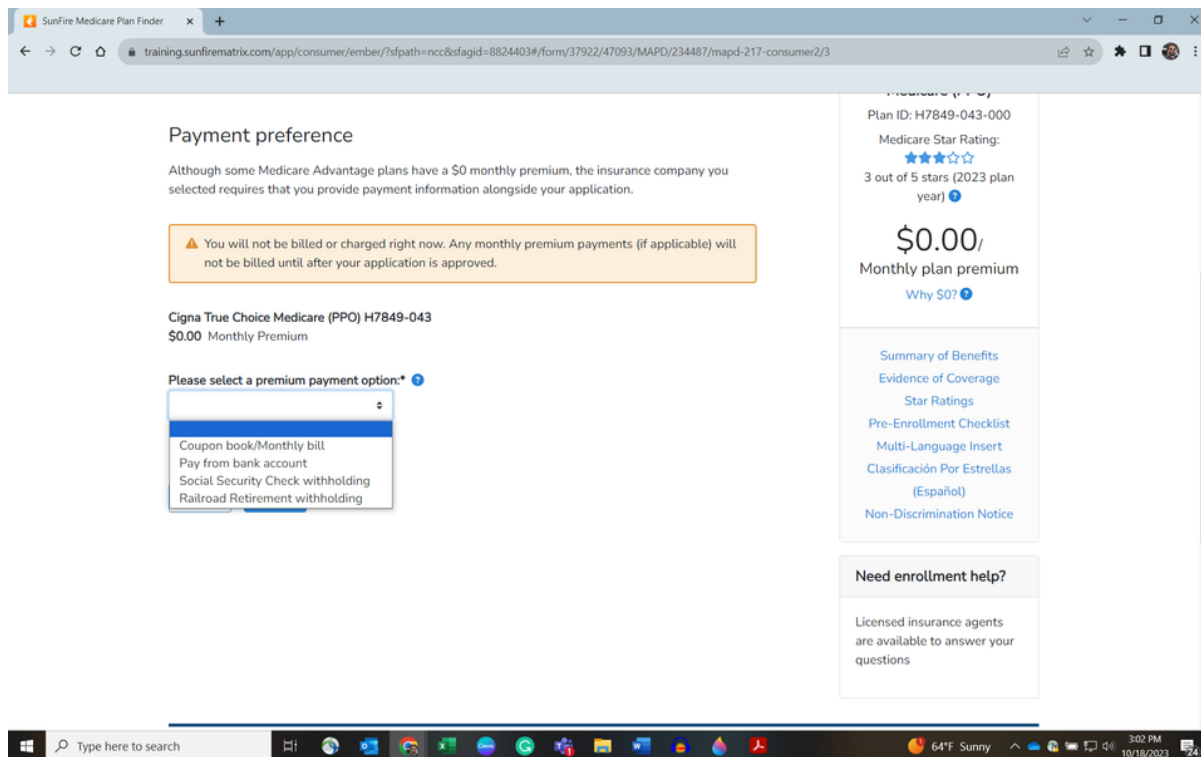
Plan ID: H7849-043-000

Medicare Star Rating:
★★★★☆
3 out of 5 stars (2023 plan year)

\$0.00/
Monthly plan premium

[Why \\$0?](#)

Payment preference is a drop down. Make sure to have any financial information needed if that is selected.



Payment preference

Although some Medicare Advantage plans have a \$0 monthly premium, the insurance company you selected requires that you provide payment information alongside your application.

⚠ You will not be billed or charged right now. Any monthly premium payments (if applicable) will not be billed until after your application is approved.

Cigna True Choice Medicare (PPO) H7849-043
\$0.00 Monthly Premium

Please select a premium payment option:*

- Coupon book/Monthly bill
- Pay from bank account
- Social Security Check withholding
- Railroad Retirement withholding

Medicare plan details

Plan ID: H7849-043-000

Medicare Star Rating:
★★★★☆
3 out of 5 stars (2023 plan year)

\$0.00/
Monthly plan premium

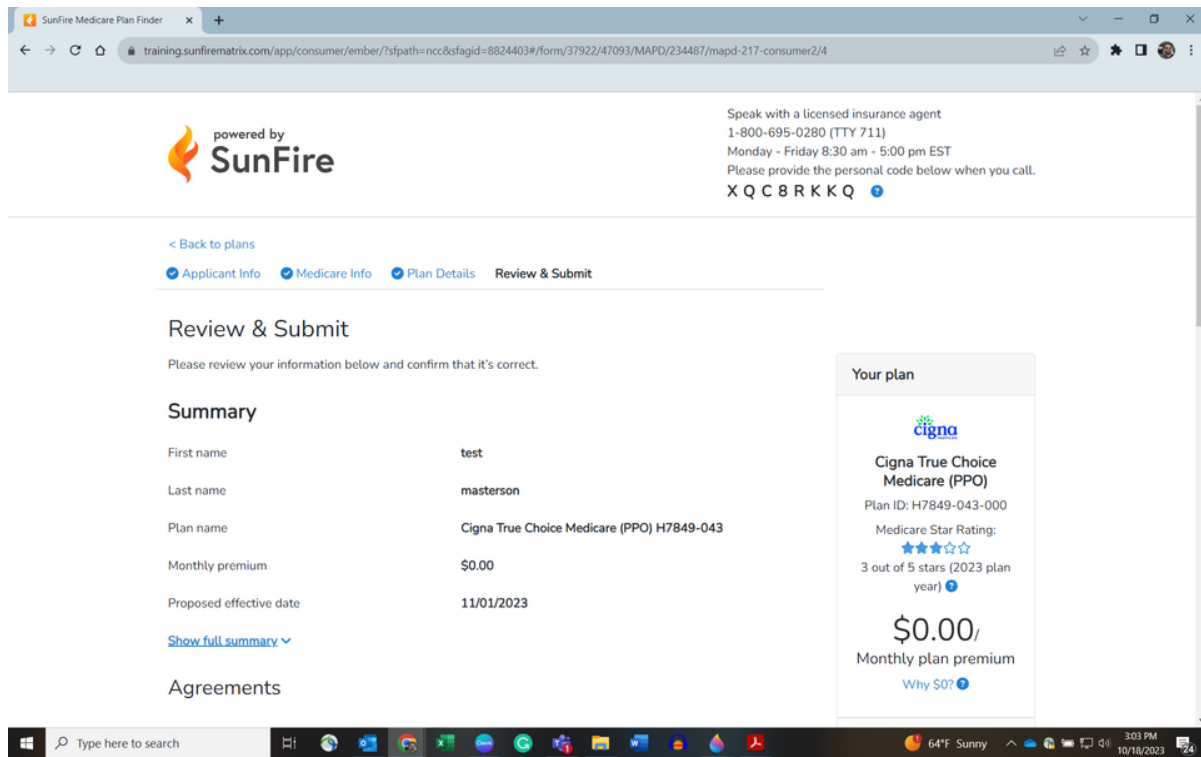
[Why \\$0?](#)

[Summary of Benefits](#)
[Evidence of Coverage](#)
[Star Ratings](#)
[Pre-Enrollment Checklist](#)
[Multi-Language Insert](#)
[Clasificación Por Estrellas \(Español\)](#)
[Non-Discrimination Notice](#)

Need enrollment help?

Licensed insurance agents are available to answer your questions

The beneficiary would review their information and make sure it is accurate.



SunFire Medicare Plan Finder

training.sunfirematrix.com/app/consumer/ember/?sfpath=ncc&sfagid=88244034/form/37922/47093/MAPD/234487/mapd-217-consumer2/4

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Speak with a licensed insurance agent
1-800-695-0280 (TTY 711)
Monday - Friday 8:30 am - 5:00 pm EST
Please provide the personal code below when you call.
X Q C 8 R K K Q

< Back to plans

Applicant Info Medicare Info Plan Details **Review & Submit**

Review & Submit

Please review your information below and confirm that it's correct.



Summary

First name	test
Last name	masterson
Plan name	Cigna True Choice Medicare (PPO) H7849-043
Monthly premium	\$0.00
Proposed effective date	11/01/2023

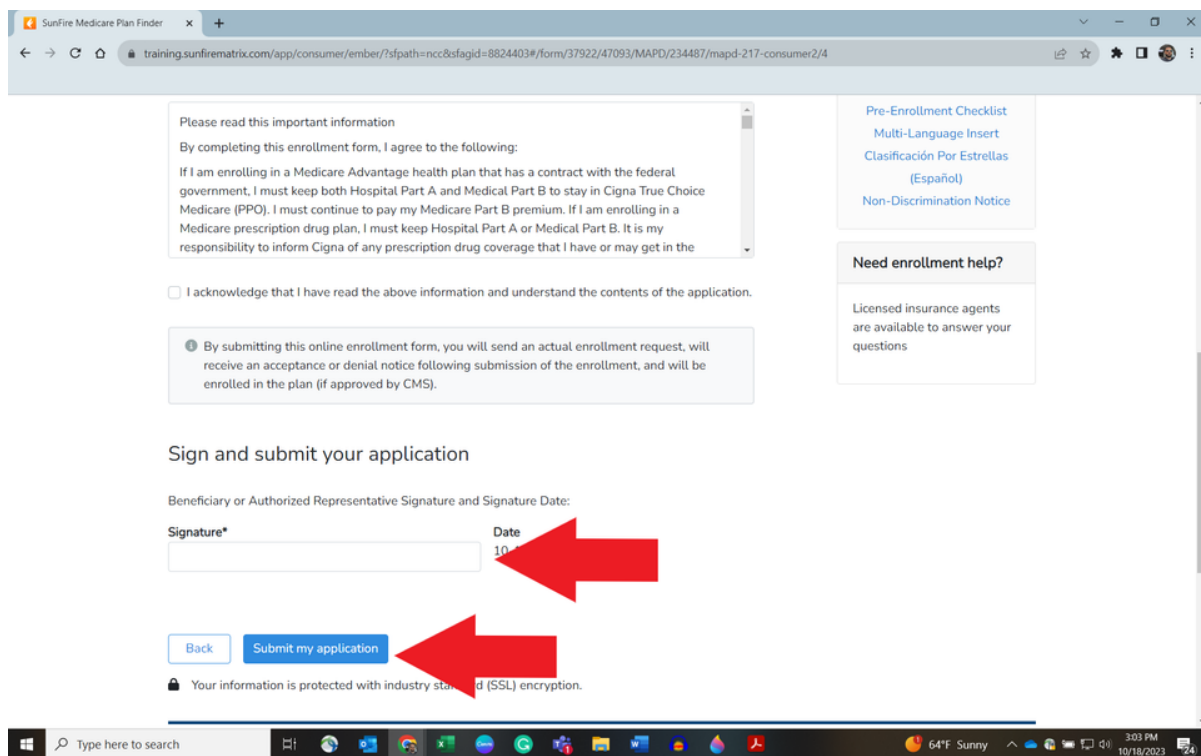
[Show full summary](#)

Agreements

Your plan


Cigna True Choice Medicare (PPO)
 Plan ID: H7849-043-000
 Medicare Star Rating:

 3 out of 5 stars (2023 plan year)
\$0.00/
 Monthly plan premium
 Why \$0?

They would type their name into the Signature box. Then click “submit my application”



Please read this important information

By completing this enrollment form, I agree to the following:

If I am enrolling in a Medicare Advantage health plan that has a contract with the federal government, I must keep both Hospital Part A and Medical Part B to stay in Cigna True Choice Medicare (PPO). I must continue to pay my Medicare Part B premium. If I am enrolling in a Medicare prescription drug plan, I must keep Hospital Part A or Medical Part B. It is my responsibility to inform Cigna of any prescription drug coverage that I have or may get in the

☐ I acknowledge that I have read the above information and understand the contents of the application.

By submitting this online enrollment form, you will send an actual enrollment request, will receive an acceptance or denial notice following submission of the enrollment, and will be enrolled in the plan (if approved by CMS).

Pre-Enrollment Checklist
[Multi-Language Insert](#)
[Clasificación Por Estrellas \(Español\)](#)
[Non-Discrimination Notice](#)

Need enrollment help?

Licensed insurance agents are available to answer your questions

Sign and submit your application

Beneficiary or Authorized Representative Signature and Signature Date:

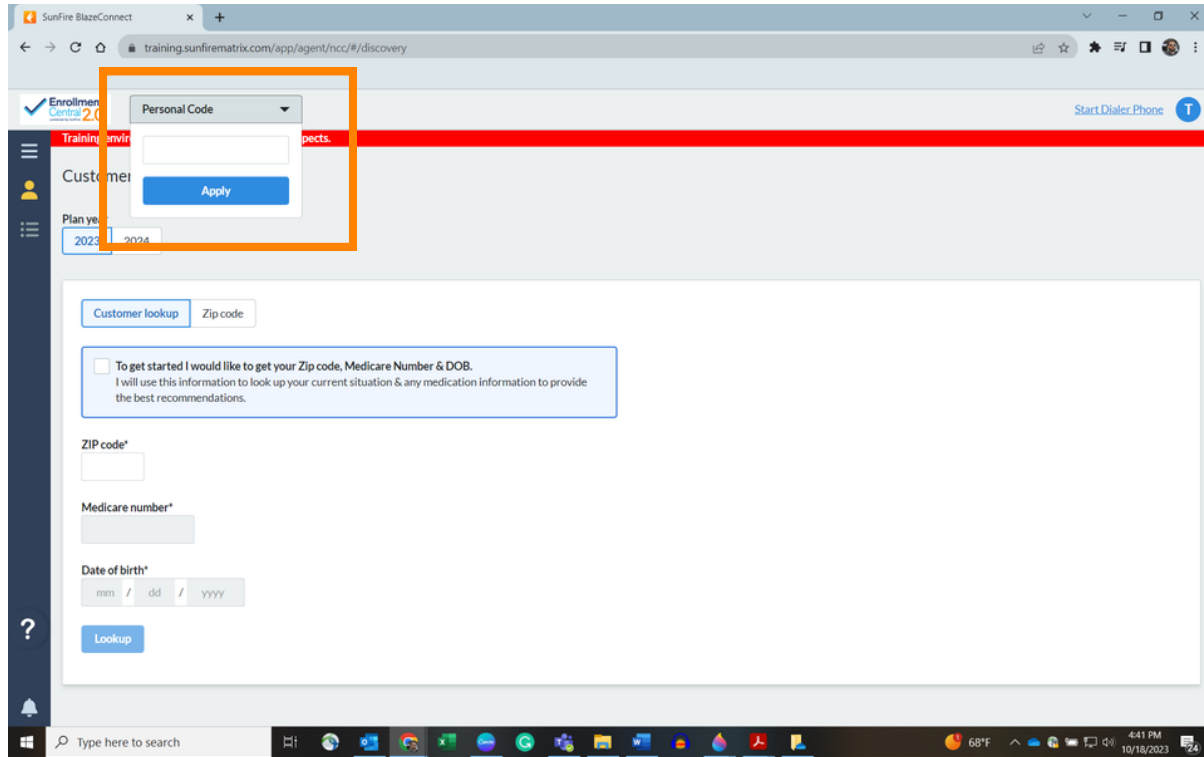
Signature*

Date

[Back](#) [Submit my application](#)

Your information is protected with industry standard (SSL) encryption.

If a beneficiary calls the agent and give the code at the top of the screen. The agent will log into Enrollment Central 2.0. Go to Quote and Enroll. Click on the Personal Code and the top and enter the code given.



On the agent's screen it will pull up the beneficiary's application (if it has not been submitted) and the agent can continue the app for the beneficiary.

For further questions or help please reach out to your Sales Development Manager or shoot an email to enrollment.central@nccagent.com.