

# Regence Online Enrollment

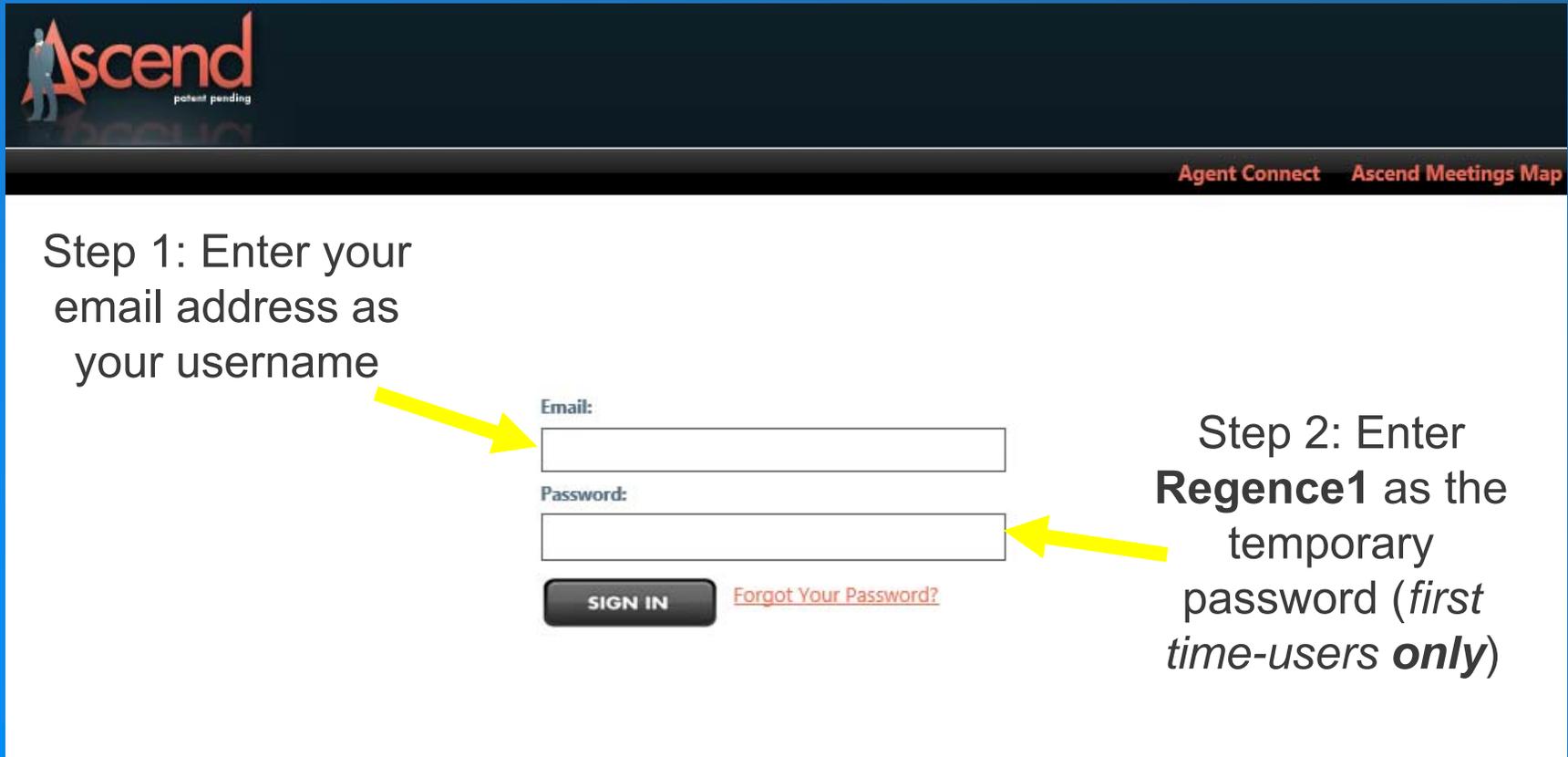
Presented by Jenny Stark, Medicare Sales Executive

## Why Online Enrollment

- Easy to use! NO paper application required!
- Quick turn-around time for enrollment – can save up to a week's time!
- Avoid errors/missing information
- Use for both Medicare Advantage and Medigap enrollments
- Track your Medigap application status through “Producer Center”
- Confirmation code received after submission
- Using your agent link assures you're the agent of record
- IF you get a paper application you can submit it through the online enrollment system “Agent Portal” within the same day – keep the paper application (do not fax or mail)
- Keep the Scope of Appointment (do not fax or mail if enrolled online)
- If you enroll Medicare Advantage in person you only need to leave a Summary of Benefits behind – not a full packet!

# Create Login Credentials

Go to [arm.ascendproject.com](http://arm.ascendproject.com)



The screenshot shows the Ascend website's login page. At the top left is the Ascend logo with the text "potent pending" below it. At the top right are links for "Agent Connect" and "Ascend Meetings Map". The main content area contains a login form with two input fields: "Email:" and "Password:". Below the fields is a "SIGN IN" button and a link for "Forgot Your Password?".

Step 1: Enter your email address as your username

Step 2: Enter **Regence1** as the temporary password (*first time-users only*)



Set your  
password here



### Password Reset

Your password has expired and needs to be reset.

New Password:

Confirm Password:

Reset Password

[Cancel](#)

#### Password Requirements

- At least 8 characters in length
- 1 upper-case character
- 1 lower-case character
- 1 numeric character

# Log into Agent Portal Using Your Login Credentials

Regence <https://regence.isf.io/2020/agent>

Asuris <https://asuris.isf.io/2020/agent> (separate step required to generate PURL for Asuris) **ONLY WHEN APPOINTED FOR ASURIS**

Call for more information. 1-844-REGENCE or 1-844-734-5533  
TTY users should call 711  
8 a.m. - 5 p.m. PT, Monday - Friday

Plan Year  
2020

## Agent Log In

User Name

Password

[Forgot your password?](#)

Log In Clear

A\_A\_A

# 2019 Effective Dates – Log-in to the 2019 Agent Portal

Regence <https://regence.isf.io/2019/agent>

Asuris <https://asuris.isf.io/2019/agent> (separate step required to generate PURL for Asuris) **ONLY WHEN APPOINTED FOR ASURIS**

Call for more information:  
1-844-REGENCE or 1-844-734-6223  
TTY users should call 711  
8 a.m. - 5 p.m. PT, Monday - Friday

Plan Year  
2019

## Agent Log In

User Name

Password

[Forgot your password?](#)

A\_A\_A

# Reset password (expires every 12 months)



Call for more information:  
1-844-REGENCE or 1-844-734-3623  
TTY users should call 711  
8 a.m. - 5 p.m. PT, Monday - Friday

Your password has expired. Please reset your password.

A white form overlay titled "Password Reset" is positioned on the left side of a background photograph of an elderly couple in a park. The form contains the following elements:

- Title: "Password Reset"
- Instruction: "Please enter your new password below."
- Input field: "New Password" with a blue information icon and a password mask of 12 dots.
- Input field: "Confirm Password" with a password mask of 12 dots and a toggle icon.
- Buttons: "Reset" and "Clear" in yellow.

Resize: A - A - A

# Enter Your Client's Zip Code

Hello jennifer.stark! | [Agent Portal](#) | [Log off](#)  
NPN: 141658

 **Regence**  
Oregon and Utah

 **Regence**  
Idaho and select counties of Washington

Call for more information:  
1-844-REGENCE or 1-844-734-3623  
TTY users should call 711  
8 a.m. - 5 p.m. PT, Monday - Friday

**EXPLORE PLANS**

Enter your ZIP Code below to find Regence Medicare plans and review rates.

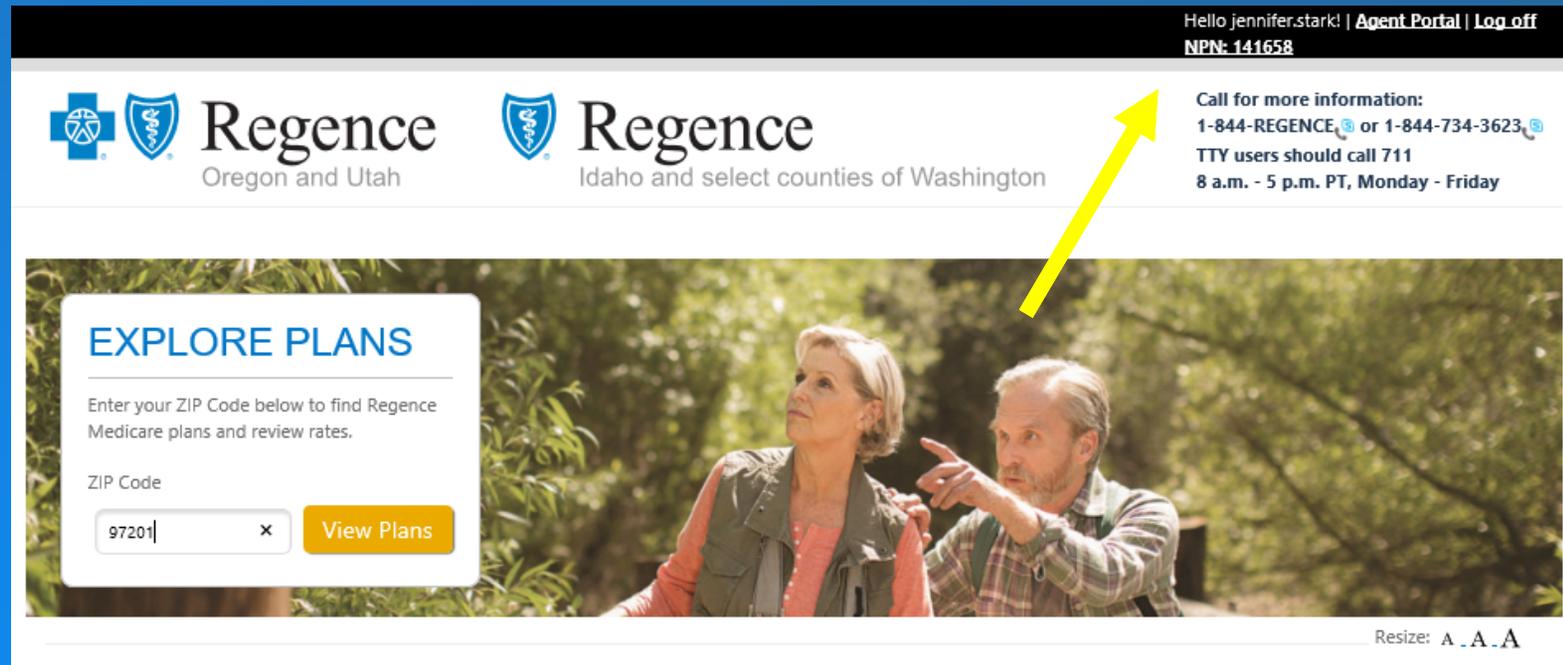
ZIP Code

97201 x [View Plans](#)

Resize: A . A . A

## Important Tip

If the black banner is missing disappears at any point during the enrollment, the agent information has been dropped. Start the enrollment over by signing in.



Hello jennifer.stark! | [Agent Portal](#) | [Log off](#)  
NPN: 141658

 **Regence**  
Oregon and Utah

 **Regence**  
Idaho and select counties of Washington

Call for more information:  
1-844-REGENCE or 1-844-734-3623  
TTY users should call 711  
8 a.m. - 5 p.m. PT, Monday - Friday

**EXPLORE PLANS**

Enter your ZIP Code below to find Regence Medicare plans and review rates.

ZIP Code

97201 x [View Plans](#)

Resize: A . A . A



[Skip](#)

Save & Continue

## Extra Help Eligibility

View Plans and Compare

# Check LIS Eligibility Status

Extra Help eligibility is dependent on your income. If you qualify, it can help lower the cost of your prescription drug premium and your prescription drugs, too. It also allows you to apply for a new prescription drug plan at certain times throughout the year. To check eligibility status, enter the information below and click the Check button. To skip this check, simply click on Skip next to the Save & Continue button.

Medicare Number  
ABC123DEF4

Last Name  
Doe

Date of Birth  
07/01/1953

Check



Compare or Apply Now

Select for Comparison [Compare](#) ZIP Code:  [Update](#)

Here is the list of plans available in your area. To compare plans, check the box next to the plans you wish to review and click the Compare button. This will allow you to review plan details side-by-side. [Attend a Medicare Advantage Seminar](#)

**Medicare Advantage** **Medicare Supplement**

Select for Comparison **Regence BlueAdvantage HMO Plus (HMO)** [Find a Doctor](#)

<b>Annual Medical Deductible</b> \$0.00	<b>In-Network Copay</b> Primary Care Provider: \$0 Emergency Care: \$90 Specialist Services: \$35	<b>Includes</b> <ul style="list-style-type: none"><li>- Additional Chiropractic</li><li>- Acupuncture</li><li>- Naturopathy</li><li>- Preventive Dental</li><li>- Vision Exam</li><li>- Vision Hardware</li><li>- Hearing Exam and Aids</li><li>- Rx</li><li>- Fitness Membership</li></ul>	<b>\$34.00</b> per month <a href="#">Apply Now</a>
<b>Max Enrollee Out-of-Pocket</b> \$4,900 In-Network		<b>Optional Benefits</b> <ul style="list-style-type: none"><li>- Comprehensive Dental</li></ul>	

[View Details](#)

Select for Comparison **Regence BlueAdvantage HMO (HMO)** [Find a Doctor](#)

<b>Annual Medical Deductible</b> \$0.00	<b>In-Network Copay</b> Primary Care Provider: \$5 Emergency Care: \$90 Specialist Services: \$40	<b>Includes</b> <ul style="list-style-type: none"><li>- Additional Chiropractic</li><li>- Hearing Exam and Aids</li><li>- Over the Counter Drugs</li><li>- Rx</li><li>- Fitness Membership</li></ul>	<b>\$0.00</b> per month <a href="#">Apply Now</a>
<b>Max Enrollee Out-of-Pocket</b> \$5,500 In-Network		<b>Optional Benefits</b> <ul style="list-style-type: none"><li>- Preventive Dental</li><li>- Vision Exam</li><li>- Vision Hardware</li></ul>	

[View Details](#)

Medigap Plans

# Compare Plans

## Comparing Plans

[Back to Quotes](#)

### Plan Specifics

	 Remove Plan  Apply Now	 Remove Plan  Apply Now	 Remove Plan  Apply Now
<b>Plan Name</b>	<b>Regence BlueAdvantage HMO Plus (HMO)</b>	<b>Regence BlueAdvantage HMO (HMO)</b>	<b>Regence BlueAdvantage HMO No Rx (HMO)</b>
<b>Monthly Plan Premium</b>	\$34.00	\$0.00	\$0.00
<b>Contract Number</b>	H6237-008-001	H6237-007-001	H6237-006
<b>Max Enrollee Out-of-Pocket</b>	\$4,900 In-Network	\$5,500 In-Network	\$4,900 In-Network
<b>Prescription Drug Coverage</b>	Yes	Yes	No
<b>Annual Rx Deductible</b>	\$100, excluding Tiers 1 & 2	\$200, excluding Tiers 1 & 2	N/A
<b>Optional Benefits - Dental</b>	Additional \$25 per month. Benefits include: Comprehensive Dental	N/A	Additional \$25 per month. Benefits include: Comprehensive Dental
<b>Optional Benefits - Dental and Vision</b>	N/A	Additional \$20 per month. Benefits include: Preventive Dental, Vision Exam & Vision Hardware.	N/A

# Personal Information

**Regence BlueAdvantage HMO Plus (HMO)** **\$34.00 premium**

It typically takes 18 to 25 minutes to complete the application. Please have your Medicare card handy before you begin. Simply select the "Next" button at the bottom to move to the next tab. If you need help or would like to apply over the phone, please call a licensed insurance agent at the number provided at the top of the page.

Medicare does not allow a stand-alone Medicare Part D plan to be added to a Medicare Advantage plan.

[Plan Details](#) [Back to Shopping](#)

<b>Personal Information</b>	Address	Emergency Contact	Primary Care Provider	Insurance Information	Election Period	Payment	Important Questions	Optional Benefits	Submit
-----------------------------	---------	-------------------	-----------------------	-----------------------	-----------------	---------	---------------------	-------------------	--------

### Personal Information

Prefix:

First Name: \*

Middle Initial:

Last Name: \*

Gender: \*  Male  Female

Birthdate: \*

Phone:

I consent to be contacted at the telephone number I have provided above from or on behalf of Regence, healthcare providers, or their respective agents. These calls or texts may be about treatment options, other health-related benefits and services, enrollment, payment or billing.

Email Address:\*\*

\*\*By providing your email, you give permission to be contacted about future Medicare news and plan information via email. You may opt out of email communication at any time.

\* Required Information

## Related Links

- [Find a Doctor](#)
- [Supplemental Provider Directories](#)
- [Pharmacy Directory](#)
- [Formulary](#)
- [Summary of Benefits Clark County](#)
- [Summary of Benefits Portland Metro + Lane County](#)
- [Silver&Fit® Program](#)
- [Medicare & You](#)
- [Attend a Seminar](#)

## Important Tip

You cannot start and save an application to complete later; make sure you have all the needed information to complete in one session.

# Address

**Personal Information**

**Address**

**Emergency Contact**

**Primary Care Provider**

**Insurance Information**

**Election Period**

**Payment**

**Important Questions**

**Optional Benefits**

**Submit**

## Permanent Residence Address (P. O. Box is not allowed):

Address 1: \*  Address is required.

Address 2:

City: \*  City is required.

State: \*

Zip: \*

County:

Mailing Address (Only if different than Permanent Residence Address)

\* Required Information

Back

Next

# Insurance Information

<input checked="" type="checkbox"/> Personal Information	<input checked="" type="checkbox"/> Address	<input checked="" type="checkbox"/> Emergency Contact	<input checked="" type="checkbox"/> Primary Care Provider	<input checked="" type="checkbox"/> Insurance Information	<input type="checkbox"/> Election Period	<input type="checkbox"/> Payment	<input type="checkbox"/> Important Questions	<input type="checkbox"/> Optional Benefits	<input type="checkbox"/> Submit
--	---	---	---	---	--	----------------------------------	--	--	---------------------------------

## Medicare Insurance Information

Using the information on your Medicare card, please complete the information below.

You must have Medicare Part A and Part B to join a Medicare Advantage Plan

Medicare Number: \*

Hospital Part A Effective Date: \*

Medical Part B Effective Date: \*

\* Required Information

## Important Tip

Click "Verify" 3 times to bi-pass if it doesn't recognize the number.

# Payment

<a href="#">Personal Information</a>	<a href="#">Address</a>	<a href="#">Emergency Contact</a>	<a href="#">Primary Care Provider</a>	<a href="#">Insurance Information</a>	<a href="#">Election Period</a>	<b>Payment</b>	<a href="#">Important Questions</a>	<a href="#">Optional Benefits</a>	<a href="#">Submit</a>
--------------------------------------	-------------------------	-----------------------------------	---------------------------------------	---------------------------------------	---------------------------------	----------------	-------------------------------------	-----------------------------------	------------------------

### Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, online, by phone or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Regence Medicare Advantage Plans the Part-D IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

Please select a premium payment option:

Get a bill (A billing statement will be sent in the mail)

Electronic funds transfer (EFT) from your bank account each month

Please provide the following:

Account Holder Name:

\*

If Account Holder name is

NOT the name of the applicant on this application, please sign to authorize deductions:

Bank Routing Number: \*

Bank Account Number: \*



# Submit

## Important Tip

DO NOT click “I am the person authorized to act...”, unless there is a Power of Attorney (POA)

Personal Information	Address	Emergency Contact	Primary Care Provider	Insurance Information	Election Period	Payment	Important Questions	Optional Benefits	Submit
----------------------	---------	-------------------	-----------------------	-----------------------	-----------------	---------	---------------------	-------------------	--------

**Please Read This Important Information**

If you currently have health coverage from an employer or union, joining a Regence Medicare Advantage PPO or HMO plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join a Regence Medicare Advantage PPO or HMO plan. Read the communications your employer or union sends you. If you have questions, visit their Website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

If you have a Medigap policy and join a Medicare Advantage Plan (Part C), you may want to drop your Medigap policy. Your Medigap policy can't be used to pay your Medicare Advantage Plan copayments, deductibles and premiums. If you have Medigap coverage with another carrier, please contact them for disenrollment.

Please read and sign below

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

Regence Medicare Advantage Plans are a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 - December 7 of every year), or under certain special circumstances.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (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 from Medicare.

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

I am the person listed on this enrollment form.

I am the person authorized to act on behalf of the individual listed on this enrollment form under the laws of the State where the individual resides.

You will be able to review the application before submission on the next page.

\* Required Information

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

# Application Summary

## Important Tip

The application isn't submitted until you click on "Apply Now" and have a confirmation number



## Application Summary

Regence BlueAdvantage HMO Plus (HMO)

\$34.00 premium

Apply Now

Please review the application details below to verify accuracy. If updates are needed, use the Edit button to make changes. To submit your application, simply click the Apply Now button. If your web browser is closed prior to clicking Apply Now, the application will not be submitted.

### Personal Information

Edit

First Name: test  
Last Name: test  
Gender: Female  
Birthdate: 01/01/1955

### Important Questions

Edit

1. Do you have End Stage Renal Disease (ESRD)? No
2. Will you have other prescription drug coverage in addition to Regence Plans? No
3. Are you a resident in a long-term care facility, such as a nursing home? No
4. Are you enrolled in your State Medicaid program? No
5. Do you or your spouse work? No

### Optional Benefits

Edit

Would you like to add the Dental and Hearing package to your enrollment? No

### Extra Help Eligibility

Is Eligible for Extra Help? No

### Submit

Edit

I am the person listed on this enrollment form or I am simply helping to complete this enrollment form. SelfEnroll

By clicking the "Enroll Now" button below you are confirming that everything in this application is true and correct to the best of your knowledge. Anyone giving false or misleading statements about a material fact in this electronic application, or causes someone else to do so, may face penalties under the law. By clicking "Enroll Now" you are also electronically signing your completed application and submitting this to the plan. You will no longer be able to change your information once you submit. Once you submit your enrollment application you will be enrolled in this plan (if approved by CMS) and you will receive notice of acceptance or denial following submission of the enrollment to CMS.

Apply Now

# Confirmation Number

AA\_A [Email](#)

## You have completed your enrollment for Regence Medicare Advantage Plus (HMO)

Your confirmation number is: **17292001**

If you would like this confirmation number emailed to you, please click the email button on the top right side of this page. The email address entered on file. It will be used for the sole purpose of sending an enrollment confirmation receipt.

Please keep this number for your records.

If you have any questions about your pending application, please call Regence at the number listed below and have your confirmation number ready for reference.

**Click the Print button below for your confirmation number and a summary of the information entered on the application.**

[Print](#)

*You have the ability to print the Medicare Advantage application summary after submission*

Medicare Advantage  
“Print” will generate a copy of the Confirmation page (with the confirmation number) and the application summary

# Medigap Example

Medicare Supplement  
“Download” will create a PDF copy of the application.

“Print” will generate a copy of the Confirmation page (with the conformation number) and the application.

A\_A\_A [Email](#) [Download PDF](#)

## You have completed your application for Regence Bridge Plan F

Your confirmation number is: **10401701**

If you would like this confirmation number emailed to you, please click the email button on the top right side of this page and enter your email address. NOTE: We will not keep the email address entered on file. It will be used for the sole purpose of sending an enrollment confirmation receipt.

Please keep this number for your records.  
If you have any questions about your pending application, please call Regence at 1-877-802-5241.

**Click the button below for a summary of the information entered on the application.**

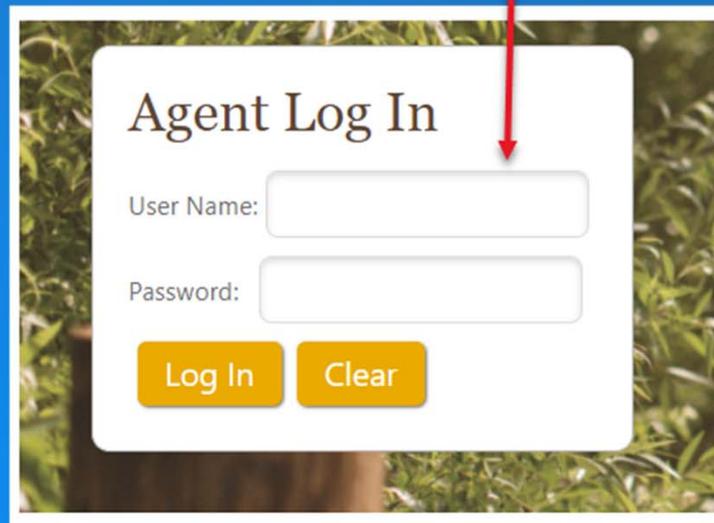
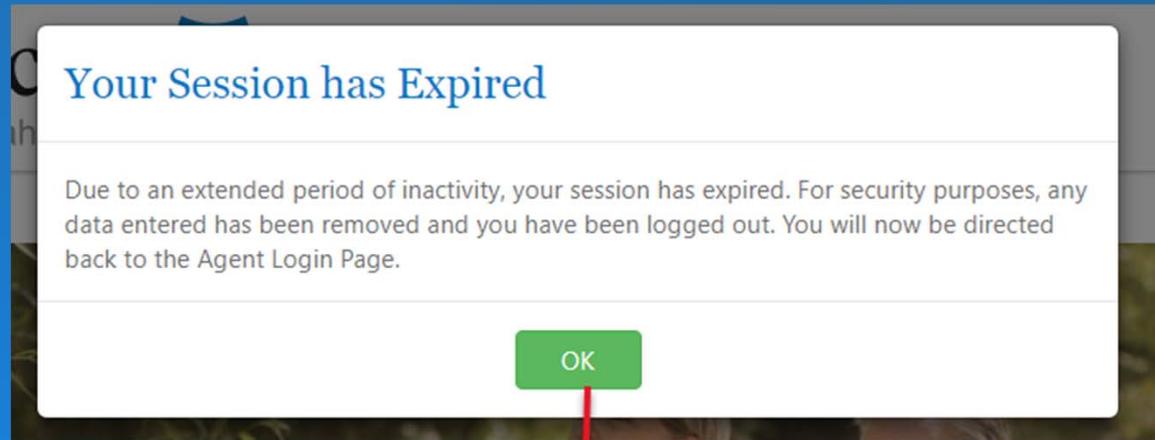
[Print](#)

**Call for more information:**  
1-855-522-8896  
TTY users should call 711

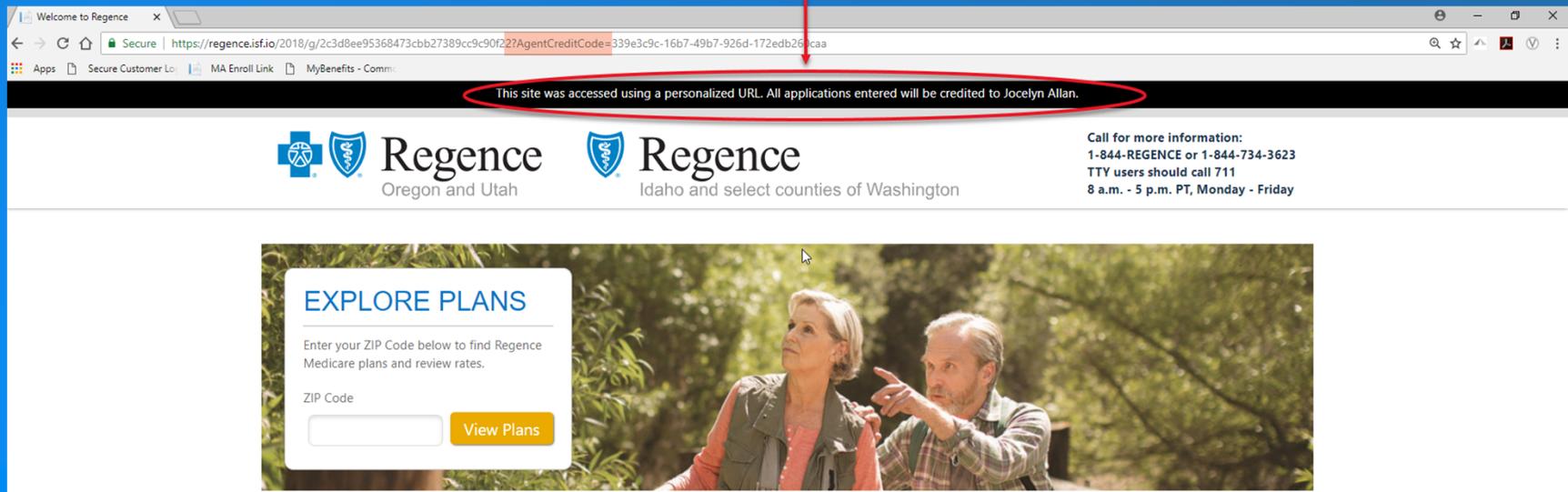
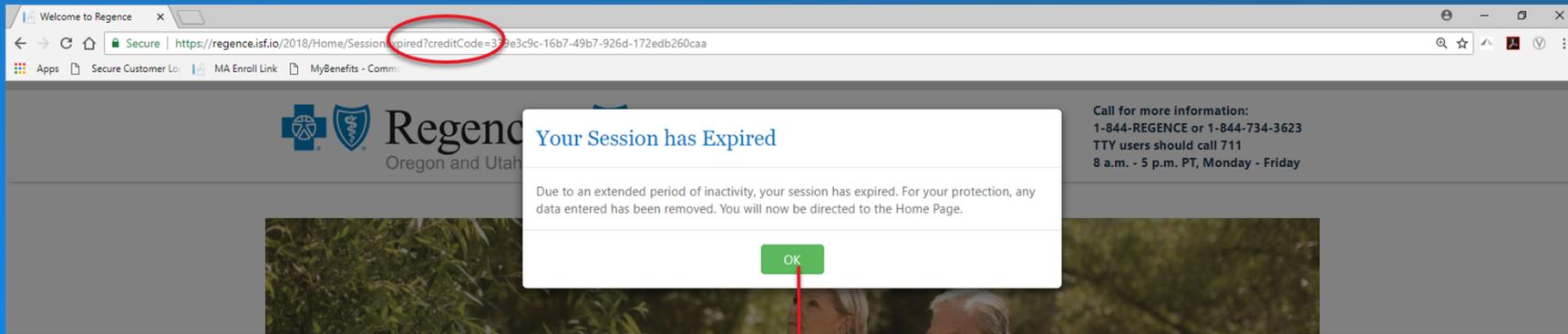
## Important Tip

Session timeout due to inactivity.

When you click ok, it takes you back to the Agent Login (also note that this timeout message will continue to display for as long as the browser is open until users click "ok").



Here is the timeout display for the PURL (again, the timeout message will continue to display for as long as the browser is left open until “ok” is clicked)



# Personal URL

## Personal URL

- Easy to use!
- Email to your clients so they can enroll online
- Add to your CMS approved website
- Use for both Medicare Advantage and Medigap enrollments
- Your PURL is meant for your clients that are applying on their own. Please use Agent Portal (the first part of this training) to enter paper applications

# Log into Agent Portal Using Your Login Credentials

Regence <https://regence.isf.io/2020/agent>

Asuris <https://asuris.isf.io/2020/agent> (separate step required to generate PURL for Asuris) **ONLY WHEN APPOINTED FOR ASURIS**



Call for more information:  
1-844-REGENCE or 1-844-734-3623  
TTY users should call 711  
8 a.m. - 5 p.m. PT, Monday - Friday

Plan Year  
2020



A\_A\_A

# Click on the “View Enrollments” on the Top Right-hand Side of the Screen

Hello jennifer.stark! | [Agent Portal](#) | [Log off](#)  
NPN: 141658

 **Regence**  
Oregon and Utah

 **Regence**  
Idaho and select counties of Washington

Call for more information: 1-844-REGENCE (1-844-734-3623)  
TTY users should call 711  
8 a.m. - 5 p.m. PT, Monday - Friday

Plan Year  
2020

## Explore Plans

Enter your ZIP Code below to find Regence Medicare plans and review rates.

ZIP Code

# Copy and Save Your PURL

## Personal URL (PURL)

Your PURL can be shared with a beneficiary, enabling them to submit an online application which will be credited to you.

<https://regence.isf.io/2020?AgentCreditCode=23073443-3396-4696-9bef-4c0e5663f216>

## Tracking

### Enrollments

Navigation:

Select Fields:

Name <	Address <	Plan <	Plan Year <	Date v	Premium <	Confirmation # <
test test	100 SW Market Street, Portland, Multnomah, OR, 97201	Regence BlueAdvantage HMO Plus (HMO)	2020	11/02/2019	\$34.00	17292001

# Personal URL

<https://regence.isf.io/2020?AgentCreditCode=23073443-3396-4696-9bef-4c0e5663f216>

This site was accessed using a personalized URL. All applications entered will be credited to Jennifer Stark.



Call for more information:  
1-844-REGENCE or 1-844-734-3623  
TTY users should call 711  
8 a.m. - 5 p.m. PT, Monday - Friday

Plan Year

2020

## Explore Plans

Enter your ZIP Code below to find Regence Medicare plans and review rates.

ZIP Code

View Plans



## Change the Year in Your PURL

<https://regence.isf.io/2019?AgentCreditCode....>

<https://regence.isf.io/2020?AgentCreditCode....>

# Important Tips PURL

For clients doing applications back-to-back (i. e., husband and wife), start each application by clicking on PURL instead of starting the next application by clicking HOME from the confirmation page.

**Personal URLs:** Please copy the entire PURL link and store it in an easily accessible place. This link ensures the app will be tied to you for commissioning purposes. It must have the words “AgentCreditCode” followed by a series of numbers, letters, and special characters, which is unique to each agent (**EXAMPLE:**

<https://regence.isf.io/2020?AgentCreditCode=xAB-123-CD-123xxxxxxxxxxxxx>).

**Thank you!**

**For questions please contact your Medicare Sales  
Executive or call Producer Support 1-800-557-0555**