

## SUBMITTING APPLICATIONS

Electronic submission is preferred. When submitting direct to the carrier, **submit one application at a time and retain your fax confirmation for each application.**

| Carrier                                                                                                           | Carrier Fax # (and email, when applicable)                                                                     |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Aetna / Silverscript</b><br>Medicare Advantage<br>Prescription Drug Plan<br>Medicare Supplement (Accendo, CLI) | 1-866-756-5514<br>1-866-552-6205<br>1-877-380-2777                                                             |
| <b>Allwell – ONLINE SUBMISSION ENCOURAGED</b><br>Medicare Advantage                                               | 1-844-222-3180                                                                                                 |
| <b>Anthem</b><br>MAPD & PDP<br>Medicare Supplement                                                                | 1-800-833-8554<br>1-844-236-7967                                                                               |
| <b>CIGNA/ Cigna HealthSpring</b><br>Medicare Advantage<br>Medicare Supplement                                     | 1-877-818-8163 (Fax Cover Sheet Required)<br>1-877-704-8186                                                    |
| <b>CSI Life</b>                                                                                                   | 1-855-304-2855                                                                                                 |
| <b>Devoted Health</b>                                                                                             | 1-877-264-3859                                                                                                 |
| <b>Florida Blue Medicare</b>                                                                                      | 1-904-997-5715                                                                                                 |
| <b>Gateway (PA Only)</b>                                                                                          | SUBMISSION THROUGH CAVULUS REQUIRED                                                                            |
| <b>GPM Health &amp; Life</b>                                                                                      | 1-866-422-9139                                                                                                 |
| <b>Humana Marketpoint</b><br>Medicare Advantage<br>DSNP                                                           | 1-877-889-9936<br>1-877-889-9923                                                                               |
| <b>Lumico</b>                                                                                                     | 1-833-522-4001                                                                                                 |
| <b>Medical Mutual of Ohio</b><br>Medicare Supplement – online submission preferred<br>Medicare Advantage          | 1-440-878-5993 or <a href="mailto:medicareapps@medmutual.com">medicareapps@medmutual.com</a><br>1-800-542-2583 |
| <b>Medico – OH ONLY</b><br>Medicare Supplement<br>All Other Products                                              | <i>Please contact senior service rep for out of state #'s</i><br>1-844-850-2550<br>1-888-363-3420              |
| <b>MediGold</b>                                                                                                   | 1-614-234-8622                                                                                                 |
| <b>Molina HealthCare</b>                                                                                          | 1-844-541-6848                                                                                                 |
| <b>Mutual of Omaha</b><br>Medicare Supplement<br>Prescription Drug Plan                                           | 1-866-799-9076<br>1-855-867-6711                                                                               |
| <b>SummaCare</b>                                                                                                  | Online Submission Required                                                                                     |
| <b>The HealthPlan</b>                                                                                             | 1-740-699-6164 or <a href="mailto:Medicare_enrollment@healthplan.org">Medicare_enrollment@healthplan.org</a>   |
| <b>TransAmerica (Med Supp Only)</b>                                                                               | 1-866-834-0437                                                                                                 |
| <b>UHC Medicare Solutions</b><br>MAPD & PDP<br>Medicare Supplement                                                | 1-888-950-1170 or <a href="mailto:MandRenrollment@uhc.com">MandRenrollment@uhc.com</a><br>1-888-836-3985       |
| <b>United Commercial Travelers (UCT)</b>                                                                          | 1-800-948-1039                                                                                                 |
| <b>WellCare</b><br>Medicare Advantage<br>Prescription Drug Plan                                                   | 1-866-473-9124<br>1-866-388-1521                                                                               |
| <b>Western United Life/ Manhattan Life</b>                                                                        | 1-713-583-2738                                                                                                 |