

HOW TO ORDER SALES KITS



1 Log-in to Producer World: www.aetna.com/producer_public

2 Enter log in info for Producer World and choose Log-In.



Producer World® Login

USERNAME

PASSWORD

Login

Forgot your [password](#) or [username](#)?

Why Register?

Aetna's online service center to meet the informational needs of producers, general agents and employees including access to:

- Get quotes
- Find compensation information
- Check license status
- Set up direct deposit
- Get reporting
- And more

3 Click "Individual Medicare"

Producer World Home | Contact us | Log out

Middle Market National, PEO, P&L Group Medicare **Individual Medicare** Joint Ventures


Producer World Home \ Individual Medicare

Individual Medicare

certified to sell 2023 MA/MAPD and PDP products.

to our certification site to begin.

[Get certified](#)



4 Click "Enroll"

to our certification site to begin.

[Get certified](#)

Quick links:

Plans Requirements to sell Learn Share Network **Enroll** Reports Compensation

are you ready to sell our Individual Medicare products?

Plans

MA/MAPD

- FIRST LOOK: 2023 MA/MAPD, DSNP products
- 2023 MA/MAPD plan guides
- 2023 OTC catalogs
- Compare plans and estimate costs

5 Click "Enrollment kits"

The screenshot shows a web interface with a left-hand navigation menu and a main content area. The navigation menu includes: License and appointment, Manage personal & firm profile, Manage access for others, News, and Contact us / Help. The main content area has a purple header with 'Quick links: Select an item' and a secondary navigation bar with 'Plans', 'Requirements to sell', 'Learn', 'Share', 'Network', 'Enroll', and 'Reports'. Below this is the 'Enrollment' section, which contains a list of links: 'Enroll with Think Agent - our virtual sales office app', 'Enrollment kits' (highlighted with an orange circle), 'Enrollment reports', 'Enroll by mail or fax', 'Upload an enrollment application', 'Broker-enrolled health risk assessment', and 'Forms, guidance, instructions'.

6 Click "MA/MAPD order enrollment kits"


The screenshot shows the 'Enrollment kits' page. The left-hand navigation menu is partially visible, showing 'Manage access for others', 'News', and 'Contact us / Help'. The main content area has a purple header with 'Quick links: Select an item' and a secondary navigation bar with 'Plans', 'Requirements to sell', 'Learn', 'Share', 'Network', 'Enroll', and 'Reports'. Below this is the 'Enrollment' section, which contains a list of links: 'Enroll with Think Agent - our virtual sales office app', 'Enrollment kits' (highlighted with a purple bar), and 'Enrollment reports'. The 'Enrollment kits' section is expanded, showing a heading 'You must be appointed, certified and ready to sell in order to order enrollment kits.' followed by a list of items: 'MA/MAPD order enrollment kits' (highlighted with an orange circle), 'SilverScript enrollment kits', and 'Aetna Senior Medicare supplement and ancillary product kits'. The 'SilverScript enrollment kits' item has a sub-list: 'Kits are delivered via UPS to the physical mailing address we have on file.' and 'If you need to order more, access the Agent Portal, select "Resources" and then "E'.

7

Log in using your NPN as both your user name and password when accessing the Aetna ordering portal. Please note the recommended and fully supported browser for the ordering portal is Chrome.

Sign In

Email/User Name*

Password* 


[Forgot password?](#)


[Medicare FAQ](#)

[Commercial FAQ](#)

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Choose the state you are looking for.

USTIN R Need Help 



Medicare Broker Materials

Year

State

Product

2023

and with an insulin (last year, were "SI" at the ary code). and in a "z" re Insulin

9

Click "NEXT"




Worker Materials

State: **NC** Product: **MAPD** Language: **English**

NEXT >





10

Add the materials you need to your cart.





OUR, DUSTIN R Need Help ?   


aetna




Year: **2023** State: **NC** Product: **MAPD** Language: **English**

Item Description	Language	Item Code	Order
NC MA ONLY			
VIEW COUNTIES AND CONTRACT/PBPS	English	23-NC01.1	
NC TRIANGLE EASTERN SANDHILLS			
VIEW COUNTIES AND CONTRACT/PBPS	English	23-NC02.1	
NC CHARLOTTE TRIAD PIEDMONT WESTERN			
VIEW COUNTIES AND CONTRACT/PBPS	English	23-NC03.1	
NC DSNP			
VIEW COUNTIES AND CONTRACT/PBPS	English	23-NCS01.1	
2023 MCARE-PLAN GUIDE-NCS01-NC-DSNP			





11 Click on the cart in the top right.

Need Help    




Year: State: Product: Language: 

Item	Language	Item Code	Order
Y TIES AND CONTRACT/PBPS	English	23-NC01.1	
LE EASTERN SANDHILLS TIES AND CONTRACT/PBPS	English	23-NC02.1	
OTTE TRIAD PIEDMONT WESTERN	English	23-NC03.1	

12 Click "GO TO CART"

Need Help    

Year: State: Product:





Item	Language	Item Code	Order
Y TIES AND CONTRACT/PBPS	English	23-NC01.1	
LE EASTERN SANDHILLS TIES AND CONTRACT/PBPS	English	23-NC02.1	
OTTE TRIAD PIEDMONT WESTERN	English	23-NC03.1	

Name	Quantity
NC MA ONLY	1
NC TRIANGLE EASTERN SANDHILLS	1
NC CHARLOTTE TRIAD PIEDMONT WESTERN	1

[GO TO CART](#)





13 Edit quantities to what you need.

My Shopping Cart Contents







Product	Quantity
 NC MA ONLY	Qty <input type="text" value="1"/>
 NC TRIANGLE EASTERN SANDHILLS	Qty <input type="text" value="1"/> 
<p>Thank you for your interest in Aetna Medicare Products. Your order exceeds the monthly allocation limit for this item. During the checkout process please explain your need for additional supplies and your local sales team will review the order. Thank you!</p>	
 NC CHARLOTTE TRIAD PIEDMONT WESTERN	Qty <input type="text" value="1"/>

[CHECK OUT](#)

14 Click "CHECK OUT"

Welcome, ALIPOUR,DUSTIN R Need Help    

Shopping Cart Contents

Action	Product	Quantity
<input type="checkbox"/> 	 NC MA ONLY	Qty <input type="text" value="10"/>
<input type="checkbox"/> 	 NC TRIANGLE EASTERN SANDHILLS	Qty <input type="text" value="10"/>
<p>Thank you for your interest in Aetna Medicare Products. Your order exceeds the monthly allocation limit for this item. During the checkout process please explain your need for additional supplies and your local sales team will review the order. Thank you!</p>		
<input type="checkbox"/> 	 NC CHARLOTTE TRIAD PIEDMONT WESTERN	Qty <input type="text" value="10"/>

[SAVE ORDER](#) [CHECK OUT](#)

15 Enter your shipping address.

NC CHARLOTTE TRIAD PIEDMONT WESTERN

Shipping Address

First Name *	MI	Last Name *	Phone# - -
Address Line 1 *	Address Line 2		
City	State/Province	Zip/Postal Code *	Country * United States

* is for required fields

Contact Information

Routing justification

16 *LEAVE Contact Information BLANK* Only enter contact information if you want it printed on the back of the book.

Shipping Address						Saved Addresses
First Name *	MI	Last Name *	Phone# - -	Email *		
Address Line 1 *	Address Line 2					
City	State/Province	Zip/Postal Code *	Country * United States			

* is for required fields

Contact Information

Line 1
ALIPOUR, DUSTIN R

Line 2
9194606073:

Routing justification

Thank you for your interest in Aetna Medicare Products. Your ord monthly allocation limit for this item. During the checkout process your need for additional supplies and your local sales team will re Thank you!

Select Reason *



17 Select a reason for needing the products.

Shipping Address Saved Addresses ▾

First Name* MI Last Name* Phone# - - Email*

Address Line 1* Address Line 2

State/Province Zip/Postal Code* Country*

Required fields

Information

First Name

Phone Number

Routing justification

Thank you for your interest in Aetna Medicare Products. Your order exceeds the monthly allocation limit for this item. During the checkout process please explain your need for additional supplies and your local sales team will review the order. Thank you!

Select Reason *

PLACE ORDER

18 Click "Community or large event"

State/Province Zip/Postal Code* Country*

Routing justification

Thank you for your interest in Aetna Medicare Products. Your order exceeds the monthly allocation limit for this item. During the checkout process please explain your need for additional supplies and your local sales team will review the order. Thank you!

Select Reason *

- Select
- Community or large event
- Replenish stock
- Initial stock not received
- Other...

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Click place order.

Zip/Postal Code *

Country *

United States ▼

Routing justification

Thank you for your interest in Aetna Medicare Products. Your order exceeds the monthly allocation limit for this item. During the checkout process please explain your need for additional supplies and your local sales team will review the order.

Thank you!

Select Reason *

Community or large event ▼

PLACE ORDER

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[Terms of Service](#)