2021

Enrollment Kit

MEDICARE ADVANTAGE

CoxHealth Medicare*Plus* (HMO)

Serving the Missouri counties of Barry, Christian, Greene, Lawrence, Stone, Taney and Webster.

CoxHealth
MedicarePlus
Insured through Essence Healthcare

THANK YOU!

Thank you for your interest in CoxHealth Medicare*Plus* (HMO). This enrollment kit includes important information that will help you determine if a CoxHealth Medicare*Plus* plan is right for you or a loved one. If you have any questions, please feel free to give us a call. We are here to help.

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A PARTNERSHIP BETWEEN TWO MISSOURI HEALTHCARE LEADERS

Established in 1906, CoxHealth serves more than 900,000 people in a 24-county service area in Southwest Missouri and Northwest Arkansas, offering a comprehensive array of primary and specialty care including six hospitals and more than 80 clinics in 25 communities. The health system includes Cox Medical Center South, Cox Medical Center Branson, Cox North Hospital, Cox Barton County Hospital, Meyer Orthopedic and Rehabilitation Hospital, Cox Monett Hospital, CoxHealth at Home, CoxHealth Foundation, Cox College, Cox HealthPlans and more.

Essence Healthcare provides comprehensive and affordable health insurance coverage to people with Medicare. The company was founded in 2004 by a group of St. Louis-area doctors who had grown tired of insurance companies that often made it difficult to provide quality care to their Medicare patients. Instead of trying to change those insurance companies, they created their own. What started as a simple idea has now grown into one of the largest and highest-rated Medicare plans in Missouri.*

Together, these two organizations have formed CoxHealth Medicare*Plus* to offer the advantages of Medicare Advantage to residents of Southwest Missouri.

MAKING MEDICARE *Simpler, Easier & More Affordable*

$0 MONTHLY PREMIUM

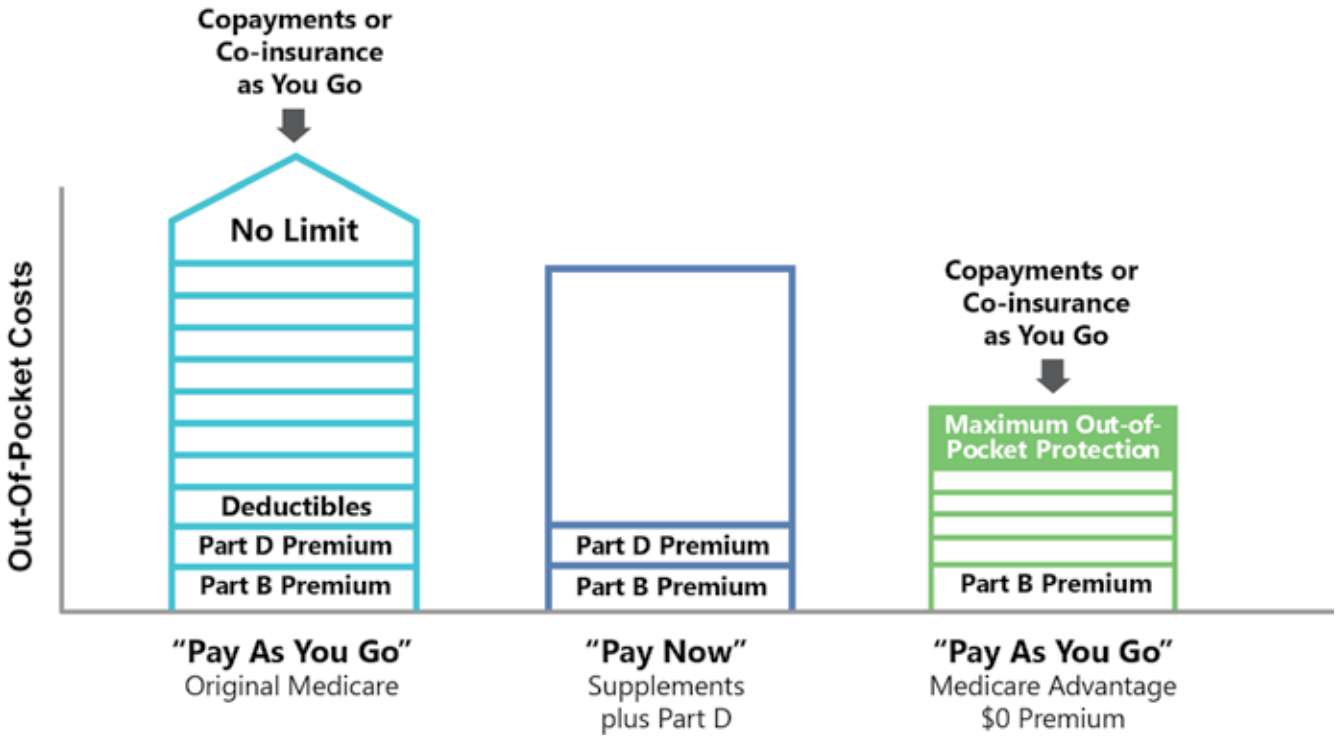
- All the benefits of Medicare Parts A and B
- Low copays on thousands of brand and generic medications
- No medical or prescription drug deductibles
- Access to the highly rated CoxHealth doctors and hospitals
- No referrals for in-network specialists**
- Money-saving extra benefits including dental, vision, fitness club memberships and more
- Coverage when traveling

So much more...

IT'S GOOD TO HAVE OPTIONS

One of the great things about Medicare is that it lets you choose how to get your health and prescription drug coverage by offering you several options.

When reviewing your options, it is important to consider that Original Medicare (Parts A and B) only covers 80 percent of your medical bills. That leaves 20 percent of the bill up to you and makes budgeting for healthcare nearly impossible. In addition, Original Medicare does not include prescription drug coverage. Without added coverage and protection, an unexpected illness or injury could put your savings at risk. That is why most people, after signing up for Parts A and B, get extra coverage and protection by picking one of these three common options.



OPTION 1: Original Medicare plus a Part D Prescription Drug Plan

Some people choose to pair Original Medicare with a separate Part D drug plan. This coverage option will help you with the cost of prescription drugs, but it will not help you with the medical costs that Original Medicare doesn't cover. Part D plans are run by private companies, and also come with premiums that can vary based on how much they cover.

OPTION 2: Original Medicare plus a Medicare Supplement and a Part D Prescription Drug Plan

Some people purchase a separate Part D drug plan and then add a Medicare supplement policy to make up for the things Medicare Parts A and B don't cover. This means that you will be dealing with three companies to get essential coverage. Medicare supplements can also be expensive, and the premiums vary based on the type of policy you choose and your age and health condition when you sign up. Medicare supplements follow the "pay now" payment method, where you pay the same amount every month even if you don't see your doctor or need medical care. It's also important to note that extra benefits like dental and vision are not offered.

OPTION 3: Medicare Advantage Plan

A popular option is to join a Medicare Advantage (MA) plan. These plans cover all the things that Original Medicare covers, as well as the 20 percent it does not. Most plans include Part D prescription drug coverage. **They are also designed to include a built-in "safety net" that puts a limit on the amount you will have to pay out of your own pocket each year. This keeps your savings and retirement safe, even if you would require more extensive care.** Several MA plans offer a $0 premium and operate on a "pay-as-you-go" basis. Often referred to as "all-in-one" plans, MA plans generally offer valuable additional benefits like dental and vision at no extra cost.

THE MANY ADVANTAGES OF MEDICARE ADVANTAGE

As more people in Missouri become familiar with all the benefits of joining a Medicare Advantage plan, this option is becoming very popular. Here are some of the reasons why.

Medicare Advantage plans are provided by private companies that are paid by the government to administer your Medicare benefits. When you join a Medicare Advantage plan, you are still in the Medicare program and have all the same rights and protections of Original Medicare.

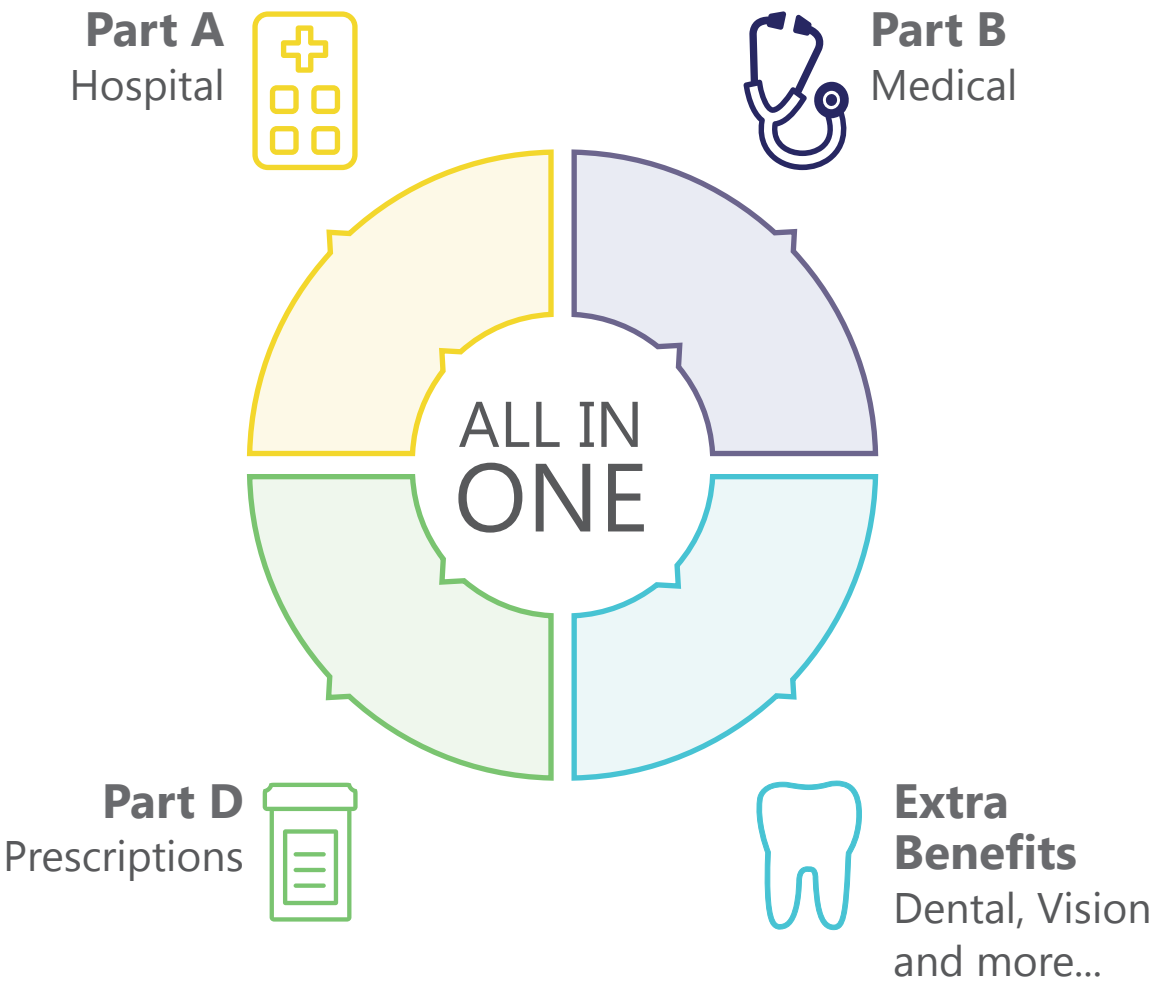
Medicare Advantage plans cover all the things that Original Medicare covers and typically include Part D prescription drug coverage, as well as additional benefits like dental and vision. These "all-in-one" plans are a popular option among those looking for a simpler and more affordable way to get all the coverage they need — without having to pay the expensive premiums found with Medicare supplements and standalone Part D drug plans.

Many people also appreciate the more personal and attentive service they get with Medicare Advantage plans. This level of service is often not available with just Original Medicare or Medicare supplements.

All-in-One Coverage with Medicare Advantage

Most Medicare Advantage plans include medical, hospital and prescription drug coverage, as well as extra benefits not included in Original Medicare or Medicare supplements.

With Medicare Advantage plans, you only pay for the coverage you use as opposed to Medicare supplements where you pay the same amount each month even if you don't use any of your benefits.



DISCOVER WHY SO MANY PEOPLE CHOOSE COXHEALTH MEDICARE*PLUS*

As a company founded by doctors in Missouri, we take great pride in serving our friends and neighbors each and every day. Our unique approach to Medicare insurance has helped us become one of the most popular Medicare plans in Missouri. More importantly, it has earned us the trust of more than 60,000 people and the privilege of helping them live happier and healthier lives.

Here are just some of the many reasons people trust CoxHealth Medicare*Plus* to provide them with their Medicare coverage:

All-In-One Coverage

CoxHealth Medicare*Plus* bundles medical, hospital and prescription drug coverage together into one convenient plan. With one insurance card and one number to call, we eliminate the hassle and cost of dealing with multiple insurance companies so you can focus on more important things.

Money-Saving Extra Benefits

This plan comes with important extra benefits including dental, vision and even free memberships to health clubs through the popular SilverSneakers® program, and coverage on over-the-counter products such as non-prescription drugs and health-related items.

Affordable

At CoxHealth Medicare*Plus*, we not only focus on protecting your health, but also your pocketbook. We are committed to delivering you more value with a plan that has a $0 monthly premium, that has no deductibles and comes with low predictable copays for doctor visits, hospital stays and prescription drugs.

Focus

We are a private company born and bred in Missouri. We focus exclusively on serving the needs of people with Medicare throughout the community. This is all we do, and because of that focus, we like to think we do it well. As a member of CoxHealth Medicare*Plus*, you can be confident in knowing that your health is our one and only priority.

Financial Security

Our plan includes out-of-pocket protection that limits your annual healthcare costs and protects your savings in case of an emergency or unexpected illness. This important protection is not offered by traditional Medicare plans.

Coverage When Traveling

Whether you are making a trip out of state or out of the country, we have you covered. If you ever get sick or injured when away from home, you can rest easy knowing you have emergency or urgent care coverage.

Highly Rated

Essence Healthcare, which insures CoxHealth Medicare*Plus*, is consistently among the highest-rated plans in the nation.* We are also very proud of our A+ rating with the Better Business Bureau.

Service the Way it Should Be

Many people join CoxHealth Medicare*Plus* for the great benefits and stay with us year after year because of our great customer service. If you ever have an issue or question, your call will be promptly answered by one of our friendly representatives located right here in Missouri. There are no complicated phone trees to navigate, and you'll never be endlessly transferred around to get an answer.

Great Doctors

As a member of CoxHealth Medicare*Plus* you can choose among the highly rated professionals of CoxHealth. These providers all share our commitment to delivering high-quality care and personal and attentive service.

Stability

We have been proudly serving our friends and neighbors throughout Missouri since 2004. The overwhelming support of people throughout our community has helped us become one of the area's most popular Medicare plans.

COORDINATED CARE - THE COXHEALTH MEDICARE*PLUS* EXPERIENCE

Healthcare is Complicated; It's Good to Have Help Along the Way.

People often turn to highly trained professionals such as lawyers or accountants to look out for them, work in their best interest and guide them to make sound decisions.

At CoxHealth Medicare*Plus,* we work closely with your doctors to coordinate your care.

We believe healthcare should be no different, and that having a trusted relationship with a primary care physician is one of the most important things when it comes to great healthcare.

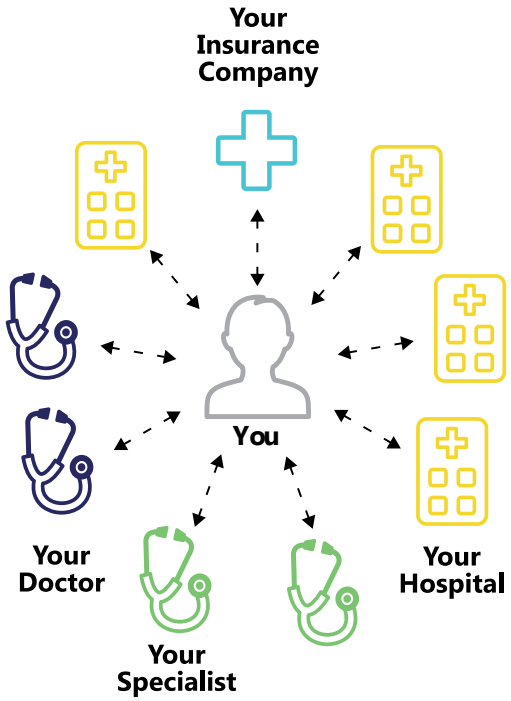
At CoxHealth Medicare*Plus*, we work closely with your doctor providing tools, information and funding that affords your doctor more time to sit and listen to you, help you stay healthy and coordinate your care if you are sick or injured.

Your doctor becomes your "go-to" person when you have a health issue that may require special care or a visit to the hospital. He or she will help you find the best specialist to diagnose or treat you and then work with your specialist to monitor how you are doing and make sure nothing slips through the cracks.

With CoxHealth Medicare*Plus*, you are not alone. You can rest easy knowing you have a local team of doctors, nurses and healthcare professionals who are focused on making sure you get the absolute best medical care.

Uncoordinated Care

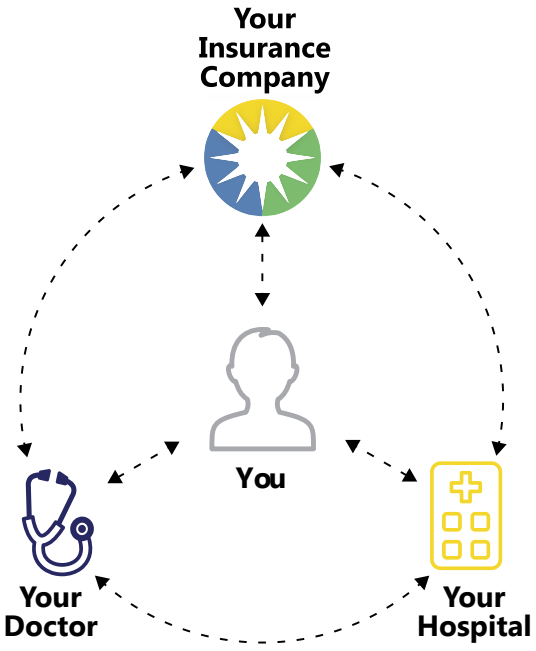
With other Medicare coverage options, you are often left on your own to figure things out. When sick or injured, it is often up to you or a loved one to try and coordinate everything and make sure all those responsible for your care know what the other is doing. This is typically the last thing you want to have to do — especially when you are sick. Unfortunately, this is fairly common in healthcare. If this has ever happened to you or a loved one, you are not alone.



VS.

Coordinated Care

We believe a coordinated approach is better, and that people shouldn't have to go it alone. When you are a CoxHealth Medicare*Plus* member, your doctor and a team of healthcare professionals are there to help. Think of them as an extra set of eyes always looking out for your best interest and making sure you get the care you need.



BENEFITS AT A GLANCE

The following tables highlight just some of the many benefits included in this plan.

For more details and a complete list of all benefits, please review our Summary of Benefits. As always, one of our helpful Medicare experts will be happy to walk through any of the details with you by phone or in person.

Hospital & Medical Coverage

	CoxHealth Medicare*Plus* (HMO)
Monthly Premium	**$0**
Maximum Out-of-Pocket Limit	$3,200 Per Year
Annual Deductible	$0
Preventive Care/ Screenings	$0 Copay
Primary Care Physician Visits	$5 Copay
Specialist Doctor Visits	$35 Copay
Urgent Care	$45 Copay
Emergency Care	$120 Copay
Lab Services	$5 Copay
Home Health Care	100% Coverage
Chiropractic Services	$20 Copay
Inpatient Hospital Care	$295 Per Day for Days 1-6, $0 Per Day for Day 7 and Beyond
Outpatient Surgery at Hospital	$220 Copay
Outpatient Surgery at Ambulatory Surgery Center	$220 Copay

Part D Drug Coverage

Our plan also includes generous prescription drug coverage with low copays for thousands of brand and generic medications. You must get prescription drugs from a pharmacy in our network.

	CoxHealth Medicare*Plus* (HMO)
Annual Deductible	$0
Tier 1 - Preferred Generics	$3 Copay for 30-day supply, $0 Copay for 90-day mail order supply
Tier 2 - Generics	$6 Copay for 30-day supply, $0 Copay for 90-day mail order supply
Tier 3 - Preferred Brands	$47 Copay for 30-day supply, $117.50 Copay for 90-day mail order supply
Tier 4 - Non-Preferred Brands	$100 Copay for 30-day supply, $250 Copay for 90-day mail order supply
Tier 5 - Specialty Drugs	33% Co-insurance (only 30-day supply available for tier 5)
Tier 6 - Insulins	$0 Copay for 30-day supply, $0 Copay for 90-day mail order supply
Initial Coverage Limit	$4,130 Per Year

Extra Benefits

This plan also includes valuable extra benefits for no additional premium. See the following page for more details about these great additional benefits.

	CoxHealth Medicare*Plus* (HMO)
Vision Care	$0 Copay for routine eye exam $0 Copay for a pair of eyeglass frames
Preventive Dental Care	$0 Copay
Over-the-Counter (OTC) Items	$95 Per Quarter
Hearing	$1,000 allowance for up to 2 hearing aids every 2 years (both ears combined)
SilverSneakers®	Included at no additional cost
Travel Benefits	Emergency or urgent care coverage if you are making a trip out of state or country

EXTRA BENEFITS FOR OUR MEMBERS

In addition to comprehensive medical, hospital and Part D prescription drug coverage, CoxHealth Medicare*Plus* also includes many valuable extras not offered by Original Medicare or Medicare supplements at no additional cost to you — just another way of helping you stay healthy while saving you money.

Dental Coverage

Healthy teeth and gums can play an important role in your overall health, but dental care can be expensive. That's why we include preventive dental coverage for no additional premium.

Vision Coverage

The cost for eyeglasses, contacts and eye exams can really add up. To help you manage those costs, we include additional coverage for these items. This is important coverage not offered by Original Medicare or Medicare supplements.

Do You Have Diabetes?

We know that managing diabetes is vital to staying healthy, and we don't ever want cost to get in the way of managing your health and treatment. That's why we offer $0 copay for insulins, diabetic supplies and diabetic eye exams for our members with diabetes.

SilverSneakers®

We believe staying active can help you live your life to the fullest. That's why we have partnered with SilverSneakers to give you free access to participating health clubs and a host of different classes for any fitness level. Whether you're an active gym member or just getting started, we know you will appreciate this great added benefit.

Over-the-Counter Coverage

We know that over-the-counter (OTC) items can play an important role in helping you get and stay healthy. That's why we include coverage on OTC products such as non-prescription drugs and health-related items at no additional cost to you. OTC items include antihistamines, antacids, first aid and medical supplies, vitamins and minerals and many more.

Travel Coverage

If an illness or injury should arise while you're away from home, we have you covered. We offer you the coverage you need by providing nationwide urgent and emergent care coverage and worldwide emergency care coverage. As always, our goal is to get you the care you need when you need it.

Hearing Aids

As we age, we may develop hearing-related needs. Because the cost of hearing aids can be overwhelming, our plan provides additional coverage for hearing aids.

FREQUENTLY ASKED QUESTIONS

Q. How can you offer a plan for $0 premium?

A Medicare pays private insurance companies, like Essence Healthcare, to manage Medicare Advantage plans and better serve people with Medicare. By working cooperatively with doctors and hospitals, eliminating waste and focusing on helping our members stay healthy, we are able to save money. We then pass those savings on to our members in the form of generous benefits, lower copays and $0 premiums.

Q. Does your plan come with a deductible?

A No. As a CoxHealth Medicare*Plus* member, you will not have to meet a deductible. Your coverage begins with the first dollar you spend. Typically, Original Medicare's Part B does come with a deductible, but when you sign up for a CoxHealth Medicare*Plus* plan, we cover that deductible for you so that you can start enjoying the many benefits we offer as soon as you join our plan.

Q. If I join CoxHealth Medicare*Plus*, will I lose my Original Medicare coverage?

A No. When you join CoxHealth Medicare*Plus*, you are still participating in Medicare and still have all the rights and protections you're entitled to as a Medicare beneficiary.

Q. Is this a Medicare supplement?

A No. We are not a Medicare supplement. A Medicare supplement is a private company that charges up-front monthly premiums to help cover what Original Medicare does not. It's important to note that supplements do not include Part D drug coverage or extra benefits like dental and vision. CoxHealth Medicare*Plus* is a Medicare Advantage (MA) plan. Medicare pays companies like Essence to manage MA plans. Because of this, we are able to offer an all-in-one plan that includes hospital, medical and Part D drug coverage, as well as valuable extras like dental and vision benefits for a $0 monthly premium.

Q. How do I find out if my doctors are in the CoxHealth Medicare*Plus* provider network?

A CoxHealth Medicare*Plus* is proud to work with the finest doctors and hospitals in the area. Most likely, your doctor is in our network, but to confirm, you can go to www.CoxHealthMedicarePlus.com and search our Provider Directory. You can also call us or your insurance representative for assistance.

Q. Do I need to meet certain health conditions to be a CoxHealth Medicare*Plus* member?

A You can become a CoxHealth Medicare*Plus* member regardless of your current health. You will be covered even if you have a pre-existing condition, and your monthly premium will not increase.

Q. What is the Maximum Out-of-Pocket limit?

A The maximum out-of-pocket limit, often referred to as the "MOOP," puts a limit on what you have to pay out of your own pocket each year for covered medical expenses. Once you reach your MOOP in a given year, you will no longer have to pay copays or co-insurance for medical or hospital-related services. This is a great feature that protects your savings and makes it easy to budget for your healthcare costs, because you know you will never pay more than the maximum out-of-pocket limit for covered medical expenses.

Q. Am I covered if I travel out of the area or country?

A Whether you are making a trip out of state or out of the country, we have you covered. If you ever get sick or injured when away from home, you can rest easy knowing you have emergency or urgent care coverage.

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SUMMARY OF BENEFITS

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SUMMARY OF BENEFITS

January 1, 2021 – December 31, 2021

This booklet gives you a summary of what we cover and what you pay. It doesn't list every limitation, exclusion or covered service. To get a complete list of services we cover, call us and ask for the Evidence of Coverage, or you can view it on www.CoxHealthMedicarePlus.com.

This Summary of Benefits booklet gives you a summary of what **CoxHealth Medicare*Plus* (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.Medicare.gov.

- If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You Handbook. View it online at www.Medicare.gov, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **CoxHealth Medicare*Plus***
- Table of Contents
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call customer service at 1-866-597-9560 (TTY: 711).

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THINGS TO KNOW ABOUT COXHEALTH MEDICARE*PLUS*

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

CoxHealth MedicarePlus Phone Numbers and Website

- If you have questions, call toll-free 1-866-509-5399 (TTY: 711).
- Our website: www.CoxHealthMedicarePlus.com

Who can join?

To join **CoxHealth Medicare*Plus***, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, a United States citizen or lawfully present in the United States, and live in our service area. Our service area includes the following counties in Missouri: Barry, Christian, Greene, Lawrence, Stone, Taney and Webster.

Which doctors, hospitals and pharmacies can I use?

CoxHealth Medicare*Plus* has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider directory at our website www.CoxHealthMedicarePlus.com. Or, call us, and we will send you a copy of the provider directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers — and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get *more* than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.CoxHealthMedicarePlus.com.
- Or, call us, and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage. If you have questions about the different benefit stages, please contact the plan for more information or access the Evidence of Coverage on our website.

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Monthly Premium, Deductibles, and Limits on How Much You Pay for Covered Services

	CoxHealth Medicare*Plus* (HMO)
Monthly Plan Premium	$0 per month. You must continue to pay your Medicare Part B premium.
Deductibles	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility **(does not include prescription drugs)**	The maximum out-of-pocket amount is the most that you pay out-of-pocket during the calendar year for in-network covered hospital and medical services. Your yearly limit(s) in this plan: • $3,200 for covered hospital and medical services you receive from in-network providers. If you reach the limit on out-of-pocket costs, your hospital and medical services will continue to be covered, and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Covered Medical and Hospital Benefits

	CoxHealth Medicare*Plus* (HMO)
Inpatient Hospital Coverage	Our plan covers an unlimited number of days for an inpatient hospital stay. • $295 copay per day, per stay: days 1–6 • $0 copay per day, per stay: day 7 and beyond Prior authorization is required.
Outpatient Hospital Coverage	Outpatient hospital: $220 copay or 20% co-insurance, depending on the service or visit Prior authorization is required. A referral is required for outpatient hospital services. Ambulatory surgical center: $220 copay
Doctor Visits (Primary Care Providers and Specialists)	PCP visit: $5 copay Specialist visit: $35 copay

	CoxHealth Medicare*Plus* (HMO)
Preventive Care	You pay nothing. Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training, diabetic services and most supplies • Health and wellness education programs • HIV screening • Immunizations (pneumonia, hepatitis B and influenza) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • "Welcome to Medicare" preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	$120 copay If you are admitted to the same hospital within 24 hours for the same condition, you pay $0 for the emergency room visit. See the "Inpatient Hospital Care" section of this booklet for other costs. We provide worldwide coverage.
Urgently Needed Services	$45 copay within the United States $120 copay outside of the United States We provide worldwide coverage.

	CoxHealth Medicare*Plus* (HMO)
Diagnostic Services/Labs/ Imaging *(Costs for these services may vary based on place of service)*	X-rays: $20 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance (not including X-rays) Lab services: $5 copay Diagnostic radiology services (such as MRI, CT and PET scans): 20% co-insurance Diagnostic mammograms: $0 copay Diagnostic procedures and tests: 20% co-insurance (not including X-rays) Diagnostic colonoscopies: $0 copay Prior authorization and a referral may be required. There is no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they are ordered as a preventive service.
Hearing Services	Medicare-covered hearing exam: $20 copay Routine hearing exam: $20 copay One fitting/evaluation for hearing aids every 2 calendar years: $0 copay $1,000 allowance for up to 2 hearing aids every 2 calendar years (both ears combined)
Dental Services	Medicare-covered dental services: $35 copay A visit to an oral surgeon for Medicare-covered services requires prior authorization. Preventive dental services: $0 copay Covered preventive dental services, when provided by a DentaQuest-contracted dental provider, include: • Periodic oral evaluation (2 every calendar year) • Horizontal bitewing X-ray images (up to 4 once every calendar year) • Routine cleaning (2 every calendar year) • Fluoride treatment (1 every calendar year) Services such as fillings, extractions, crowns and dentures are not covered under this routine preventive benefit.

	CoxHealth Medicare*Plus* (HMO)
Vision Services	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: $35 copay Diabetic eye exams performed by a specialist: $0 1 pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: $0 copay 1 pair of Medicare-covered eyeglass frames or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery. Our plan pays up to $200 for eyeglass frames or contact lenses after each cataract surgery. Routine eye exam (limited to 1 per calendar year), refraction covered as part of the exam: $0 copay 1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every 2 calendar years: $0 copay 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) every 2 calendar years. Our plan pays up to $200 every 2 calendar years for eyeglass frames or contact lenses. Upgrades may come at an additional cost.
Mental Health Services	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. • $295 copay per day, per stay: days 1–5 $0 copay per day, per stay: day 6 and beyond Outpatient individual visit: $40 copay Outpatient group visit: $35 copay Prior authorization is required.
Skilled Nursing Facility	The plan covers up to 100 days each benefit period. No prior hospital stay is required. • $0 copay per day, per stay: days 1–20 • $160 copay per day, per stay: days 21–100 Prior authorization is required.
Physical Therapy	$40 copay A referral is required.
Ambulance	$250 copay This copay applies to each one-way trip. Prior authorization may be required for non-emergent transportation by ambulance.
Transportation	Not covered.

Prescription Drug Benefits

	CoxHealth Medicare*Plus* (HMO)		
Medicare Part B Drugs	Part B-covered chemotherapy drugs: 20% co-insurance Other Part B-covered drugs: 20% co-insurance Some Part B drugs may be subject to prior authorization.		
Deductible	This plan does not have a deductible.		
Initial Coverage	You pay the following until your total yearly drug costs reach $4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out-of-network.		
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	$3 copay	$6 copay	$9 copay
Tier 2 (Generic)	$6 copay	$12 copay	$18 copay
Tier 3 (Preferred Brand)	$47 copay	$94 copay	$141 copay
Tier 4 (Non-Preferred Brand)	$100 copay	$200 copay	$300 copay
Tier 5 (Specialty Drug)	33% co-insurance	Not Offered	Not Offered
Tier 6 (Insulins)	$0 copay	$0 copay	$0 copay
Standard Mail Order Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	Not Offered	Not Offered	$0 copay
Tier 2 (Generic)	Not Offered	Not Offered	$0 copay
Tier 3 (Preferred Brand)	Not Offered	Not Offered	$117.50 copay
Tier 4 (Non-Preferred Brand)	Not Offered	Not Offered	$250 copay
Tier 5 (Specialty Drug)	33% co-insurance	Not Offered	Not Offered
Tier 6 (Insulins)	Not Offered	Not Offered	$0 copay

	CoxHealth Medicare*Plus* (HMO)
Coverage Gap	Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what your plan has paid and what you have paid) reaches $4,130. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your out-of-pocket costs total $6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach $6,550, you pay the greater of: • 5% co-insurance, or • $3.70 copay for generic (including brand drugs treated as generic) and a $9.20 for other drugs (one-month supply).

Plan may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Other Covered Benefits

	CoxHealth Medicare*Plus* (HMO)
Chiropractic Care	Manual manipulation of the spine to correct subluxation: $20 copay
Diabetes Supplies and Services	Diabetes self-management training: $0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 0% co-insurance When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products. Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance Prior authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). *See Evidence of Coverage for a complete listing.
Durable Medical Equipment *(wheelchairs, oxygen equipment, etc.)*	20% co-insurance Prior authorization may be required.
Foot Care *(podiatry services)*	$35 copay
Home Health Care	$0 copay A referral from your PCP is required for all visits.

	CoxHealth Medicare*Plus* (HMO)
Hospice	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not CoxHealth Medicare*Plus*.
Outpatient Substance Abuse	Individual visit: $40 copay Group visit: $35 copay Prior authorization is required.
Over-the-Counter Coverage	$95 credit per quarter to use on approved health products that can be ordered online by phone, or by mail. Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.
Prosthetic Devices	Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.
Outpatient Rehabilitation Services	Cardiac rehabilitation services: $30 copay per day Occupational, speech and language therapy visits: $40 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral from your PCP is required.
Virtual/Telehealth Visits	$0-$40 copay You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office. A referral or authorization may be required.
Acupuncture	Medicare-Covered services (chronic low back pain) Copay: $35 Prior authorization is required.
Wellness Programs	Health club membership/fitness classes through SilverSneakers®: $0 copay

INDEX

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-597-9560 (TTY: 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially services for which you routinely see a doctor. Visit www.CoxHealthMedicarePlus.com or call 1-866-597-9560 (TTY: 711) to view a copy of the EOC.

- ☐ Review the provider/pharmacy directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

- ☐ Review the provider/pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.

- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

ENROLLMENT INFORMATION

MEDICARE ENROLLMENT PERIODS

Medicare has different enrollment periods for Medicare beneficiaries. The chart below explains the different enrollment periods, their time frames and requirements for enrolling during that time.

Enrollment Period	Time Frame	About Enrollment Period
Annual Enrollment Period (AEP)	October 15 – December 7	During the Annual Enrollment Period, you can switch, drop or join a different Medicare plan.
Open Enrollment Period (OEP)	January 1 – March 31	This is limited to Medicare Advantage enrollees. You can make a one-time election to leave your plan and switch to another Medicare Advantage plan or Original Medicare. You can also add or drop Part D coverage during this time.
Initial Enrollment Period (IEP)	Three months before to three months after you become eligible for Medicare.	This is limited to those who are turning 65 or qualify as Medicare disabled and, therefore, are becoming eligible for Medicare for the first time.
Special Enrollment Period (SEP)	Year-round	Only in certain cases can those who are eligible for Medicare qualify for an SEP to enroll in a Medicare plan. Examples of when you would be eligible for the SEP include a recent move that made new Medicare options available to you or leaving employer or union coverage. To find out if you are eligible for the Special Enrollment Period, see the Attestation of Eligibility in the back of this booklet, talk to your licensed healthcare advisor or visit www.medicare.gov.

HOW TO ENROLL

Below are ways you can enroll in a CoxHealth Medicare*Plus* plan.

Enroll with your licensed CoxHealth Medicare*Plus* agent or insurance broker

Your agent or broker can help you complete the Enrollment Application.

Enroll over the phone

Simply give us a call and a CoxHealth Medicare*Plus* representative will be happy to enroll you over the phone. Toll-free: 1-866-314-0911 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.

Enroll online

Go to www.CoxHealthMedicarePlus.com and click "Enroll."

Enroll on your own

Complete the Enrollment Application located in the back of this kit and mail it in using the postage-paid envelope included. Use the Enrollment Application Checklist on page 39 to help walk you through filling out your enrollment application.

WHAT TO EXPECT AFTER ENROLLMENT

Within two weeks of your enrollment form being accepted by the Centers for Medicare and Medicaid Services (CMS), you will receive the following from CoxHealth Medicare*Plus*:

Receipt of your completed enrollment application

This confirms you submitted an enrollment application. You will receive either a copy of the receipt or confirmation number depending on how you enroll.

Outbound enrollment and verification letter

This letter is sent to confirm your intent to enroll in a CoxHealth Medicare*Plus* plan and summarize the conditions and terms of becoming a CoxHealth Medicare*Plus* member.

Member ID Card

You will receive two Member ID cards in the mail. Be sure to bring your new Member ID card every time you visit the doctor, hospital, pharmacy or dentist. It's a good idea to keep your ID card in your wallet so it is always there when you need it.

Welcome Kit

This kit includes important plan information such as the Enrollment Letter, Evidence of Coverage, New Member Guide and more.

Altegra Health Assistance Letter

If you qualify, you may receive a letter on how to get extra help with your Medicare premiums and other healthcare costs.

ENROLLMENT APPLICATION CHECKLIST

To get started, you'll need an enrollment application (located in the back of this booklet), your Medicare ID Card and a pen.† Use the Enrollment Application Checklist below to help ensure all parts of the application are filled out.

Enrollment Application Checklist		Done
1.	Select a plan. Be sure to choose only one plan name.	O
2.	Fill in your: O Name O Birthdate O Phone number O Address O Mailing address *(if different than your permanent residence address)* O Emergency contact O Email address *(optional)*	O
3.	Fill out your Medicare Number.	O
4.	Fill out your Medicare Part A and Part B effective dates, located on your Medicare ID card. If you don't have the dates, don't worry. It will not slow down the application process.	O
5.	Select a payment option if you chose a plan with a premium. If the plan you selected does not have a premium, skip to the next question.	O
6.	Answer the Yes/No questions. If you answer "Yes," to a question, please fill out the additional information necessary.	O
7.	Fill in your primary care physician ID# and name. You can find it in the Provider Directory online or by calling the number listed below.	O
8.	Read the Statement of Understanding for an explanation on enrollment periods and your rights under this plan.	O
9.	Sign the Enrollment Application. You or your authorized representative must sign and date the form.	O
10.	Mail your application to the address listed on the Enrollment Application.	O

†*If you are enrolling in Medicare for the first time or changing your Medicare outside of the AEP, fill out the Attestation of Eligibility form.*

Have questions about the Enrollment Application?

We would be happy to help. Just give us a call. Toll-free: 1-866-314-0911 (TTY: 711)

Our telephone lines are open seven days a week from 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.

FOR THE BEST MEDICARE ADVANTAGE PLAN, LOOK TO THE STARS

Each year the Centers for Medicare & Medicaid Services (CMS), the government agency that oversees Medicare, rates how well Medicare Advantage plans perform in many different categories. Ratings are based on surveys of existing health plan members, information collected from doctors, information submitted by the various health plans and results from CMS monitoring.

Star Ratings Scale

★★★★★ = Excellent

★★★★ = Above Average

★★★ = Average

★★ = Below Average

★ = Poor

Why are Star Ratings Important?

Star Ratings give you an unbiased view of a health plan by offering a single summary score that makes it easy for you to compare different plans based on quality and performance. They are a lot like Consumer Reports®, but specific to Medicare plans. It is important to note that Star Ratings are assessed every year and can change from one year to the next. New ratings come each October. You can always find the latest Star Ratings for all the different plans at www.medicare.gov.

Where Does Essence Rank?

Essence Healthcare, which insures CoxHealth Medicare*Plus*, is consistently among the highest-rated plans in the nation. For our latest Star Rating, please see the insert in the back of this kit. You can also visit www.medicare.gov to see how our Star Rating compares to other plans in the area.*

ESSENCE® HEALTHCARE

APPLICATIONS/ FORMS

Page intentionally blank.

EXHIBIT 1: MODEL INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C) OR MEDICARE PRESCRIPTION DRUG PLAN (PART D)

Who can use this form?
People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan.

To join a plan, you must

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area.

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?
You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare Card)
- Your permanent address and phone number.

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?
Send your completed and signed form to:
CoxHealth Medicare*Plus*
P.O. Box 12487
St. Louis, MO 63132
Once they process your request to join, they'll contact you.

How do I get help with this form?
Call CoxHealth Medicare*Plus* at 1-866-509-5399. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a CoxHealth Medicare*Plus* al 1-866-509-5399 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

CoxHealth MedicarePlus
Insured through Essence Healthcare

Please contact CoxHealth Medicare*Plus* (HMO) Sales at 1-866-509-5399 if you need assistance completing this form. TTY users call the national relay service toll free at 711.

Section 1 - All fields on this page are required (unless marked optional)

Select the plan you want to join:

☐ CoxHealth Medicare*Plus* (HMO) 015 – (Southwest Missouri) $0 per month

FIRST Name:	LAST Name:	Optional: Middle Initial:

Birth Date: (__ __ / __ __ / __ __ __ __) (M M / D D / Y Y Y Y)	Sex: ☐ Male ☐ Female	Phone Number: ( )

Permanent Residence street address (Don't enter a PO Box):		Optional: County:
City:	State:	Zip Code:

Mailing Address, if different from your permanent address (PO Box allowed):

Street Address

City:	State:	Zip Code:

Your Medicare Information

Medicare Number: __ __ __ __- __ __ __ - __ __ __ __

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to CoxHealth Medicare*Plus*?

☐ Yes ☐ No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage:	Member number for this coverage:	Group number for this coverage:
_____	_____	_____

IMPORTANT: Read and Sign Below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CoxHealth Medicare*Plus*.
- By joining this Medicare Advantage plan, I acknowledge that CoxHealth Medicare*Plus* will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal Law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my CoxHealth Medicare*Plus* coverage begins, I must get all of my medical and prescription drug benefits from CoxHealth Medicare*Plus*. Benefits and services provided by CoxHealth Medicare*Plus* and contained in my CoxHealth Medicare*Plus* "Evidence of Coverage" document (also known

as a member contract or subscriber agreement) will be covered. Neither Medicare nor CoxHealth Medicare*Plus* will pay for benefits or services that are not covered. I will read the Evidence of Coverage document from CoxHealth Medicare*Plus* when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.

- Once I am a member of CoxHealth Medicare*Plus*, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that enrollment in CoxHealth Medicare*Plus* will automatically disenroll me from any other Medicare health plan and/or prescription drug plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 by Medicare.

Signature:	**Today's Date:**

If you are the authorized representative, sign above and fill out these fields:			
Name:	Relationship to Enrollee:	Phone Number:	
Address:	City:	State:	Zip Code:

Section 2- All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

☐ Spanish ☐ Polish ☐ Chinese ☐ Arabic ☐ Vietnamese

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large Print

Please contact CoxHealth Medicare*Plus* at 1-866-509-5399 if you need information in an accessible format or language other than what's listed above. Our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week. You may receive a messaging service on weekends from April 1 through September 30 and holidays. TTY users can call 711.

E-mail address:

Do you work? □ Yes □ No Does your spouse work? □ Yes □ No

List your Primary Care Physician (PCP), Clinic or health center:

Primary Care Physician (PCP):	PCP # from Provider Directory:	Is this your current physician?
Dr. _____ (First Name) (Last Name)	☐☐☐☐☐☐☐☐☐☐	☐ Yes ☐ No

PLEASE READ THIS IMPORTANT INFORMATION

If you currently have health coverage from an employer or union, joining CoxHealth Medicare*Plus* could affect your employer or union health benefits. You could lose your employer or union health coverage if you join CoxHealth Medicare*Plus*. 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.

Paying your plan premiums

Whether you are enrolled in a premium or non-premium plan, you may pay your plan premium and any applicable Late Enrollment Penalty that you have or may owe **by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check**. You may also choose to pay by Electronic Funds Transfer (EFT) from your bank, Credit card, Debit card, or check via mail each month.

If you have to pay a Part-D Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security Benefit, or you may get a bill from Medicare (or the RBB). DON'T pay CoxHealth Medicare*Plus* 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.

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.

If you do not select one of the payment options below, you will receive a monthly invoice.

Please select a premium payment option:

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ____ Social Security ____ RRB

It can take up to 90 days to receive SSA/RRB withhold acceptance. SSA/RRB will begin deducting on the date of acceptance. Members will receive an invoice for any months prior to the withhold acceptance date by SSA/RRB, which will be their responsibility to pay. In limited circumstances, Medicare may not allow for the SSA/RRB deduction option and may instruct the plan to directly bill the member. If this occurs, you will be notified in writing.

☐ Electronic Funds Transfer (EFT) from your bank account each month.

If you choose to have the funds taken directly out of your checking account this is referred to as Electronic Funds Transfer (EFT). If you elect this method of payment, you will receive a letter from the plan requesting a Voided Check be returned with the letter for account setup. Do not submit a voided check at time of enrollment. Your request will be processed within 60 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 2nd day of the month for the current month's coverage.

☐ Direct Pay

You will receive a monthly invoice containing payment instructions.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

FOR OFFICE USE ONLY						
Confirmation # (Quick Entry or Phone Enroll):			**Application Log #**:			
Plan ID #:			**Effective Date of Coverage**:			
Election Periods:	☐ **ICEP (I)**	☐ **IEP (E)**	☐ **2nd IEP (F)**	☐ **AEP (A)**	☐ **OEP (M)**	☐ **OEPI (T)**

Special Election Periods: (Must check all that apply)

SEP (S)

- ☐ SPAP
- ☐ Loss of SNP
- ☐ Retro Entitlement
- ☐ Involuntary Loss/Cred. Coverage
- ☐ Contract/Plan Non-Renewal
- ☐ Contract Violations
- ☐ Contract Term – Immediate
- ☐ Contract Term – MAO
- ☐ Contract Term – CMS
- ☐ CMS Sanction
- ☐ FEMA/Disaster
- ☐ Other
- ☐ 5-Star SEP
- ☐ Plan Placed in Receivership
- ☐ CMS Identified Consistent Poor Performing Plan

SEP (V)

- ☐ Permanent Move

SEP (W)

- ☐ Gain or Loss of Employer Coverage

SEP (L) Allowed once per Quarter

- ☐ Dual Eligible/Has Medicaid
- ☐ Has Non-Dual with LIS

SEP (U)

- ☐ Gain/Loss/Change in Dual Eligible Status
- ☐ Gain/Loss/Change of Medicaid
- ☐ Gain/Loss/Change in Non-Dual LIS

Producer Name:	**Producer NPN:**	**Application Receipt Date**:

CoxHealth MedicarePlus
Insured through Essence Healthcare

Please return completed application to:
CoxHealth Medicare*Plus*
P.O. Box 12487
St. Louis, MO 63132

Please call 1-866-509-5399 for more information, including free language translation services, regarding your CoxHealth Medicare*Plus* plan. TTY users call the national relay service toll free at 711. Our telephone lines are open 7 days a week from 8:00 a.m. to 8:00 p.m. You may receive a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. CoxHealth Medicare*Plus* is an HMO plan with a Medicare contract. Enrollment in CoxHealth Medicare*Plus* depends on contract renewal. You must continue to pay your Medicare Part B premium.

Page intentionally blank.

EXHIBIT 1: MODEL INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C) OR MEDICARE PRESCRIPTION DRUG PLAN (PART D)

Who can use this form?
People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan.

To join a plan, you must

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area.

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?
You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare Card)
- Your permanent address and phone number.

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?
Send your completed and signed form to:
CoxHealth Medicare*Plus*
P.O. Box 12487
St. Louis, MO 63132
Once they process your request to join, they'll contact you.

How do I get help with this form?
Call CoxHealth Medicare*Plus* at 1-866-509-5399. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a CoxHealth Medicare*Plus* al 1-866-509-5399 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

CoxHealth MedicarePlus
Insured through Essence Healthcare

Please contact CoxHealth Medicare*Plus* (HMO) Sales at 1-866-509-5399 if you need assistance completing this form. TTY users call the national relay service toll free at 711.

Section 1 - All fields on this page are required (unless marked optional)

Select the plan you want to join:

☐ CoxHealth Medicare*Plus* (HMO) 015 – (Southwest Missouri) $0 per month

FIRST Name:	LAST Name:	Optional: Middle Initial:

Birth Date: (__ __ / __ __ / __ __ __ __) (M M / D D / Y Y Y Y)	Sex: ☐ Male ☐ Female	Phone Number: ( )

Permanent Residence street address (Don't enter a PO Box):		Optional: County:
City:	State:	Zip Code:

Mailing Address, if different from your permanent address (PO Box allowed):

Street Address

City:	State:	Zip Code:

Your Medicare Information

Medicare Number: __ __ __ __- __ __ __ - __ __ __ __

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to CoxHealth Medicare*Plus*?

☐ Yes ☐ No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage:	Member number for this coverage:	Group number for this coverage:
_____	_____	_____

IMPORTANT: Read and Sign Below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CoxHealth Medicare*Plus*.
- By joining this Medicare Advantage plan, I acknowledge that CoxHealth Medicare*Plus* will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal Law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my CoxHealth Medicare*Plus* coverage begins, I must get all of my medical and prescription drug benefits from CoxHealth Medicare*Plus*. Benefits and services provided by CoxHealth Medicare*Plus* and contained in my CoxHealth Medicare*Plus* "Evidence of Coverage" document (also known

as a member contract or subscriber agreement) will be covered. Neither Medicare nor CoxHealth Medicare*Plus* will pay for benefits or services that are not covered. I will read the Evidence of Coverage document from CoxHealth Medicare*Plus* when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.

- Once I am a member of CoxHealth Medicare*Plus*, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that enrollment in CoxHealth Medicare*Plus* will automatically disenroll me from any other Medicare health plan and/or prescription drug plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 by Medicare.

Signature:	**Today's Date:**

If you are the authorized representative, sign above and fill out these fields:			
Name:	Relationship to Enrollee:	Phone Number:	
Address:	City:	State:	Zip Code:

Section 2- All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

☐ Spanish ☐ Polish ☐ Chinese ☐ Arabic ☐ Vietnamese

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large Print

Please contact CoxHealth Medicare*Plus* at 1-866-509-5399 if you need information in an accessible format or language other than what's listed above. Our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week. You may receive a messaging service on weekends from April 1 through September 30 and holidays. TTY users can call 711.

E-mail address:

Do you work? □ Yes □ No Does your spouse work? □ Yes □ No

List your Primary Care Physician (PCP), Clinic or health center:

Primary Care Physician (PCP):	PCP # from Provider Directory:	Is this your current physician?
Dr. _____ (First Name) (Last Name)	☐☐☐☐☐☐☐☐☐☐	☐ Yes ☐ No

PLEASE READ THIS IMPORTANT INFORMATION

If you currently have health coverage from an employer or union, joining CoxHealth Medicare*Plus* could affect your employer or union health benefits. You could lose your employer or union health coverage if you join CoxHealth Medicare*Plus*. 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.

Paying your plan premiums

Whether you are enrolled in a premium or non-premium plan, you may pay your plan premium and any applicable Late Enrollment Penalty that you have or may owe **by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check**. You may also choose to pay by Electronic Funds Transfer (EFT) from your bank, Credit card, Debit card, or check via mail each month.

If you have to pay a Part-D Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security Benefit, or you may get a bill from Medicare (or the RBB). DON'T pay CoxHealth Medicare*Plus* 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.

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.

If you do not select one of the payment options below, you will receive a monthly invoice.

Please select a premium payment option:

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ____ Social Security ____ RRB

It can take up to 90 days to receive SSA/RRB withhold acceptance. SSA/RRB will begin deducting on the date of acceptance. Members will receive an invoice for any months prior to the withhold acceptance date by SSA/RRB, which will be their responsibility to pay. In limited circumstances, Medicare may not allow for the SSA/RRB deduction option and may instruct the plan to directly bill the member. If this occurs, you will be notified in writing.

☐ Electronic Funds Transfer (EFT) from your bank account each month.

If you choose to have the funds taken directly out of your checking account this is referred to as Electronic Funds Transfer (EFT). If you elect this method of payment, you will receive a letter from the plan requesting a Voided Check be returned with the letter for account setup. Do not submit a voided check at time of enrollment. Your request will be processed within 60 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 2nd day of the month for the current month's coverage.

☐ Direct Pay

You will receive a monthly invoice containing payment instructions.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

FOR OFFICE USE ONLY						
Confirmation # (Quick Entry or Phone Enroll):			**Application Log #**:			
Plan ID #:			**Effective Date of Coverage**:			
Election Periods:	☐ **ICEP (I)**	☐ **IEP (E)**	☐ **2nd IEP (F)**	☐ **AEP (A)**	☐ **OEP (M)**	☐ **OEPI (T)**

Special Election Periods: (Must check all that apply)

SEP (S)

- ☐ SPAP
- ☐ Loss of SNP
- ☐ Retro Entitlement
- ☐ Involuntary Loss/Cred. Coverage
- ☐ Contract/Plan Non-Renewal
- ☐ Contract Violations
- ☐ Contract Term – Immediate
- ☐ Contract Term – MAO
- ☐ Contract Term – CMS
- ☐ CMS Sanction
- ☐ FEMA/Disaster
- ☐ Other
- ☐ 5-Star SEP
- ☐ Plan Placed in Receivership
- ☐ CMS Identified Consistent Poor Performing Plan

SEP (V)

- ☐ Permanent Move

SEP (W)

- ☐ Gain or Loss of Employer Coverage

SEP (L) Allowed once per Quarter

- ☐ Dual Eligible/Has Medicaid
- ☐ Has Non-Dual with LIS

SEP (U)

- ☐ Gain/Loss/Change in Dual Eligible Status
- ☐ Gain/Loss/Change of Medicaid
- ☐ Gain/Loss/Change in Non-Dual LIS

Producer Name:	**Producer NPN:**	**Application Receipt Date**:

CoxHealth MedicarePlus
Insured through Essence Healthcare

Please return completed application to:
CoxHealth Medicare*Plus*
P.O. Box 12487
St. Louis, MO 63132

Please call 1-866-509-5399 for more information, including free language translation services, regarding your CoxHealth Medicare*Plus* plan. TTY users call the national relay service toll free at 711. Our telephone lines are open 7 days a week from 8:00 a.m. to 8:00 p.m. You may receive a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. CoxHealth Medicare*Plus* is an HMO plan with a Medicare contract. Enrollment in CoxHealth Medicare*Plus* depends on contract renewal. You must continue to pay your Medicare Part B premium.

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Name

Address

City, State, Zip

Phone

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

☐ I am new to Medicare.

☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

☐ 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 moved on (insert date)_____.

☐ I recently was released from incarceration. I was released on (insert date) _____.

☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.

☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date)_____.

☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date)_____.

☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or assisted-living facility). I moved/will move into/out of the facility on (insert date) _____.

☐ I recently left a PACE program on (insert date) _____.

☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.

☐ I am leaving employer or union coverage on (insert date) _____.

☐ I belong to a pharmacy assistance program provided by my state.

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

☐ I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.

☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.

☐ I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact Essence Healthcare at 1-877-709-9168 (TTY users should call 711) to see if you are eligible to enroll. We are open 8:00 AM to 8:00 PM, seven days a week. You may reach a messaging service on weekends from April 1 through September 30 and holidays.

Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal.

Name

Address

City, State, Zip

Phone

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

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☐ I recently was released from incarceration. I was released on (insert date) _____.

☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.

☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date)_____.

☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date)_____.

☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or assisted-living facility). I moved/will move into/out of the facility on (insert date) _____.

☐ I recently left a PACE program on (insert date) _____.

☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.

☐ I am leaving employer or union coverage on (insert date) _____.

☐ I belong to a pharmacy assistance program provided by my state.

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

☐ I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.

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Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal.

AGENT USE ONLY

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Agent Checklist

CoxHealth MedicarePlus
Insured through Essence Healthcare

Agent: _____ Person(s) Visited: _____

Date: _____ Scope of Appointment YES ☐ NO ☐

Do you currently have a Power of Attorney (POA) or a Legal Representative authorized to make decisions on your behalf? (Person 1) YES ☐ NO ☐ (Person 2) YES ☐ NO ☐

If YES, please provide the following information for this individual in the section below (please print):

First Name (Person 1)	M.I.	Last Name	Telephone Number	Relationship
First Name (Person 2)	M.I.	Last Name	Telephone Number	Relationship

Getting Started

- ☐ CoxHealth Medicare*Plus* is an HMO plan with a Medicare contract. Enrollment in CoxHealth Medicare*Plus* depends on contract renewal.
- ☐ Members must continue to pay their Medicare Part B premium.
- ☐ Members must reside within our service area.
- ☐ Members must have both Medicare Part A and Part B to enroll.
- ☐ Members can enroll only during specific times of the year.
- ☐ Penalties apply for late enrollment in Parts B and D.

Medical Summary of Benefits

- ☐ PCP Copays
- ☐ Specialist Copays
- ☐ Hospital Copays
- ☐ Other Copays
- ☐ No referral required to see an in-network specialist. Referrals may be required for other services.
- ☐ Use of Network Providers

Other Benefits

- ☐ SilverSneakers®
- ☐ Preventive Dental
- ☐ Vision
- ☐ Over-the-Counter Coverage

Part D Pharmacy

- ☐ Formulary Tiers
- ☐ Pharmacy Copays
- ☐ Initial Coverage Limit
- ☐ Gap Coverage
- ☐ TrOOP
- ☐ Use of Network Pharmacies
- ☐ Extra Help Eligibility

The person that is discussing plan options with you is either employed by or contracted with Essence Healthcare and may be compensated based on your enrollment in a plan. Your enrollment may be facilitated with an electronic mechanism. By signing this form, you acknowledge and attest that the information listed above has been adequately explained to you.

Beneficiary Signature (Person 1)	Date	Beneficiary Telephone Number
POA/Legal Representative Signature	Date	
Beneficiary Signature (Person 2)	Date	Beneficiary Telephone Number
POA/Legal Representative Signature	Date	Agent Signature Date

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Agent Checklist

CoxHealth MedicarePlus
Insured through Essence Healthcare

Agent: _____ Person(s) Visited: _____

Date: _____ Scope of Appointment YES ☐ NO ☐

Do you currently have a Power of Attorney (POA) or a Legal Representative authorized to make decisions on your behalf? (Person 1) YES ☐ NO ☐ (Person 2) YES ☐ NO ☐

If YES, please provide the following information for this individual in the section below (please print):

First Name (Person 1)	M.I.	Last Name	Telephone Number	Relationship
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Beneficiary Signature (Person 1)	Date	Beneficiary Telephone Number
POA/Legal Representative Signature	Date	
Beneficiary Signature (Person 2)	Date	Beneficiary Telephone Number
POA/Legal Representative Signature	Date	Agent Signature Date

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Scope of Appointment

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.
(Refer to page 2 for product type descriptions)

- ☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
- ☐ **Medicare Advantage Plans (Part C) and Cost Plans**
- ☐ **Dental/Vision/Hearing Products**
- ☐ **Hospital Indemnity Products**
- ☐ **Medicare Supplement (Medigap) Products**

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal Government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:

To be completed by Agent:	
Agent Name:	Agent Phone Number:
Beneficiary Name:	Beneficiary Phone Number:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the Agent Represented During This Meeting:	Date Appointment Completed:

Scope of Appointment documentation is subject to CMS record retention requirements

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Stand-alone Medicare Prescription Drug Plans (Part D)
Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
Medicare Advantage Plans (Part C) and Cost Plans
Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergent or urgent situations).
Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare Private Fee-For-Service (PFFS) Plan: A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Medicare Point of Service (POS) Plan: A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.
Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
Medicare Medical Savings Account (MSA) Plan: MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
Medicare Cost Plan: In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.
Medicare Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.
Dental/Vision/Hearing Products
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
Hospital Indemnity Products
Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.
Medicare Supplement (Medigap) Products
Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Essence Healthcare is an HMO plan with a Medicare contract.
Enrollment in Essence Healthcare depends on contract renewal.

Scope of Appointment

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.
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- ☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
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Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:

To be completed by Agent:	
Agent Name:	Agent Phone Number:
Beneficiary Name:	Beneficiary Phone Number:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
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Plan(s) the Agent Represented During This Meeting:	Date Appointment Completed:

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Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
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Medicare Cost Plan: In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.
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Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
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Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.
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Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Essence Healthcare is an HMO plan with a Medicare contract.
Enrollment in Essence Healthcare depends on contract renewal.

CoxHealth MedicarePlus
Insured through Essence Healthcare

Receipt of Application

Use this form to record the receipt of your signed and completed CoxHealth Medicare*Plus* application form. Make sure to keep this document for your files.

Online Enrollment
Confirmation Code: _____

Paper Enrollment
Agent Name: _____

Date: _____

Agent Phone Number: _____

CoxHealth Medicare*Plus* is an HMO plan with a Medicare contract.
Enrollment in CoxHealth Medicare*Plus* depends on contract renewal.

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CoxHealth MedicarePlus
Insured through Essence Healthcare

Receipt of Application

Use this form to record the receipt of your signed and completed CoxHealth Medicare*Plus* application form. Make sure to keep this document for your files.

Online Enrollment
Confirmation Code: _____

Paper Enrollment
Agent Name: _____

Date: _____

Agent Phone Number: _____

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Essence Healthcare - H2610

2020 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2020, Essence Healthcare received the following Overall Star Rating from Medicare.

 4 Stars

We received the following Summary Star Rating for Essence Healthcare's health/drug plan services:

Health Plan Services:  4 Stars

Drug Plan Services:  4 Stars

The number of stars shows how well our plan performs.

 5 stars - excellent

 4 stars - above average

 3 stars - average

 2 stars - below average

 1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 1-866-509-5398 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

Current members please call 1-866-597-9560 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal.

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NOTES

CoxHealth Medicare*Plus* is an HMO plan with a Medicare contract. Enrollment in CoxHealth Medicare*Plus* depends on contract renewal. CoxHealth Medicare*Plus* includes Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the Missouri counties of Barry, Christian, Greene, Lawrence, Stone, Taney or Webster.

You must continue to pay your Medicare Part B premium. Please note that enrollment is limited to specific times of the year.

Members must use plan providers except in emergency or urgent care situations. If a member obtains routine care from an out-of-network provider without prior approval from Essence Healthcare, neither Medicare nor Essence Healthcare will be responsible for the costs.

Essence Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

*Every year, Medicare evaluates plans based on a 5-star rating system. Based on October 2019 Star Rating data provided by the Centers for Medicare and Medicaid Services.

**Referrals may be required for other services.

CoxHealth
MedicarePlus
Insured through Essence Healthcare

13900 Riverport Drive
Maryland Heights, MO 63043

www.CoxHealthMedicarePlus.com

Toll-free: 1-866-314-0911
TTY users call: 711
8 a.m. to 8 p.m., seven days a week

You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.