

A Healthy Tomorrow Starts Today



# Enrollment Kit

MEDICARE ADVANTAGE | 2022

CoxHealth MedicarePlus (HMO)

CoxHealth  
**MedicarePlus**  
Insured through Essence Healthcare

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



# A Healthy Tomorrow Starts Today

There's no time like the present when it comes to your health. Investments you make in yourself today will benefit your health and well-being into the future. At **CoxHealth MedicarePlus**, we work hard today—and every day—to help you live your healthiest life so you can continue to pursue the things you love surrounded by the people you love. We start by making sure you have access to **great doctors** that share our commitment to delivering high-quality, **well-coordinated healthcare**. We then provide a complete suite of health benefits, prescription drug coverage and valuable **extra benefits** that protect your health and your pocketbook. And because we all know that healthcare can get complicated sometimes, our dedicated team of experts are there to support you along the way if you need help, guidance or a quick answer.

We hope you find this material informative and helpful as you research your Medicare coverage options. We believe we have a great plan for you to consider and look forward to the opportunity to serve you as a valued CoxHealth MedicarePlus member.

**–The CoxHealth MedicarePlus Team**



## 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 five 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 2003 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 MedicarePlus to offer the advantages of Medicare Advantage to residents of Southwest Missouri.*

\*Every year, Medicare evaluates plans based on a 5-star rating system. Based on October 2020 Star rating data provided by the Centers for Medicare & Medicaid Services.



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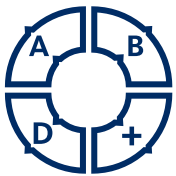
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# What Makes CoxHealth MedicarePlus Different

One of the key differences between CoxHealth MedicarePlus and other health plans is how we work with and support the doctors who care for you. As a Medicare plan founded by doctors, we understand what your doctors need to make sure you are well taken care of. At CoxHealth MedicarePlus, it's truly a team approach when it comes to you and your health.

We believe that teamwork results in quite a few things that you'll find important and, frankly, refreshing. Here are just a couple:



## More Benefits for Less

There's quite a bit of waste and inefficiency in healthcare—wasted time and money spent on things that don't help you get healthy or stay healthy, and that can drive up costs for everyone. At CoxHealth MedicarePlus, by working as a team with your doctors, we eliminate a lot of that waste, which saves money. Those savings get passed on to you in the form of better benefits, a \$0 premium, lower out-of-pocket costs and valuable extra coverage such as dental, vision and other benefits not available with traditional Medicare plans.

**A Health Plan Created by Doctors for Patients**

CoxHealth MedicarePlus is brought to you by Essence Healthcare, which was founded in 2003 by a group of doctors who wanted to create a new and better Medicare plan for their patients.



## A Better Healthcare Experience

If you or a loved one has ever been sick or injured or currently deal with a chronic condition or two, you know how complicated healthcare can get. Communication often breaks down, and you're left in the middle to sort things out and make sure everyone is on the same page. At CoxHealth MedicarePlus, we do things differently. It starts with how we work with and support your primary care physician. We work closely with your physician—providing them tools, information and funding that allows them to spend more time to focus on you, help you manage your health and better coordinate your care. As a CoxHealth MedicarePlus member, you're not alone. You can rest easy knowing that you have a team of people who are focused on getting you the medical care you need and making sure that nothing slips through the cracks.



*"I go to my primary care doctor every four months ... it's great, it's a relief. At this age and at this time in my life, the less stress I need to go through, I feel like the better I am and the happier I am."*

**-Joan H., Current Member**



# Getting Coverage Is Simple and Easy

## All the Benefits You Want in One Plan

CoxHealth MedicarePlus provides all the coverage you need in one easy-to-use plan. Our plan includes comprehensive coverage for hospital stays, doctor visits and prescription drugs as well as valuable extra benefits such as dental, vision and more—all for a \$0 monthly premium. We make it easy to budget for your healthcare with low, predictable copays and out-of-pocket limits that protect you from unexpected medical costs. With CoxHealth MedicarePlus, you can have peace of mind knowing that we've got you covered from head to toe.

### The CoxHealth MedicarePlus Advantage

Everything you want and need in one convenient, affordable plan

#### Extra Benefits

Money-saving extras designed to make life easier and keep you at the top of your game



Dental Coverage



Vision Coverage



Hearing Aid Coverage



Over-the-Counter Coverage



Fitness Club Memberships/  
SilverSneakers®



Coverage when Traveling

**Original Medicare**  
Includes Medicare Part A (hospital coverage) and Part B (medical coverage)

**Hospital Coverage**  
(Part A)

**Medical Coverage**  
(Part B)

**Prescription Drug Coverage**  
Helps cover the cost of prescription drugs and protects against higher costs

(Part D)



## It's Seamless

You have many options when it comes to your Medicare coverage. Some people may just enroll in Parts A and B (Original Medicare). Many people may also add a prescription drug plan to their coverage. Others might choose to pay an additional premium for a Medicare supplement to cover some of the costs that Original Medicare doesn't cover. When you add it all up, it can get expensive and complicated. With a plan from CoxHealth MedicarePlus, things get a lot simpler and much more affordable.



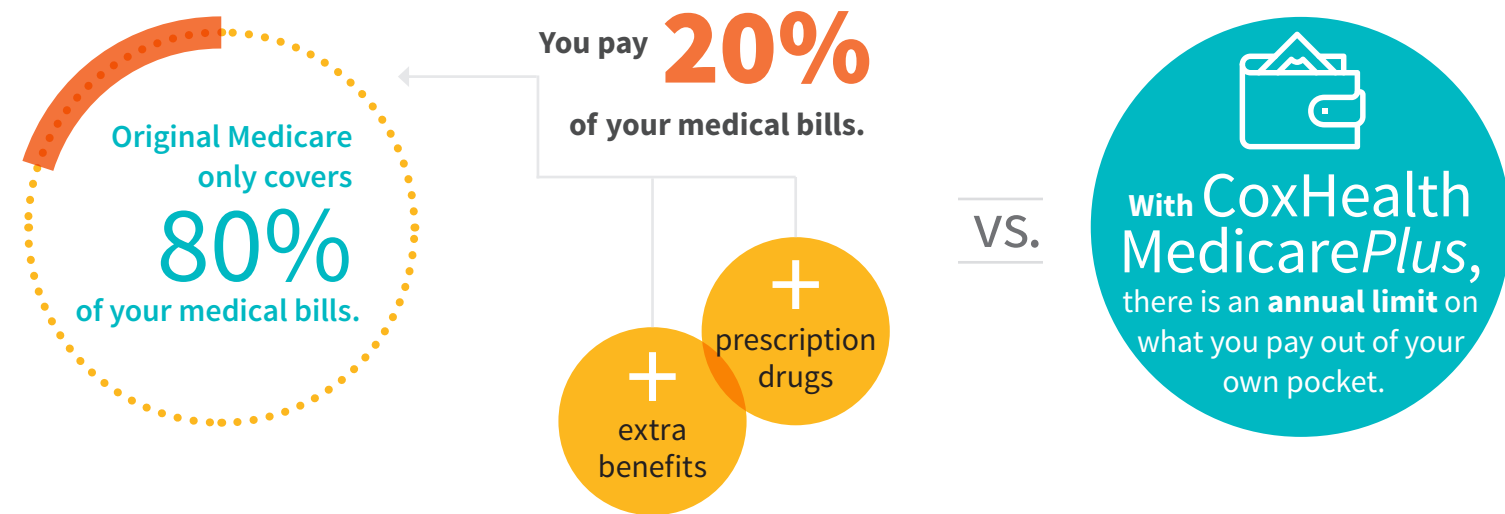
# The CoxHealth MedicarePlus Benefit: Hospital and Medical Coverage

## All the Basics—Covered

CoxHealth MedicarePlus provides all the Hospital (Part A) and Medical (Part B) coverage you find with Original Medicare, but there are some key differences that we think you'll like.

If you're familiar with Original Medicare, you may know that you're responsible for 20 percent of your costs. The issue with this is that you don't know what your actual out-of-pocket costs will be, and there's no limit to what you may have to pay each year. This makes it hard to budget for healthcare expenses and leaves your savings and retirement at risk in the case of an unexpected illness or injury.

With Original Medicare, there's **no limit** to your expenses.



With CoxHealth MedicarePlus, you'll pay a low copay for the majority of your hospital and medical services and, in some instances, no copay at all. We also don't include any annoying deductibles in our plans, which means we start covering you on day one.

*Unlike Original Medicare, we put a limit on what you pay out of your own pocket each year for any hospital and medical services.*

This limit is referred to as maximum out-of-pocket protection (MOOP). No matter what happens, you'll never pay more than the MOOP limit. At CoxHealth MedicarePlus, we like to set our limits low to give you the most financial protection possible.

### Did You Know?

Your maximum out-of-pocket limit is different than a deductible. A MOOP limit is the total amount that you're required to pay annually for covered hospital and medical services. Once you meet this limit, you won't have to pay any more money for covered services during that year. Note that there are some services that don't count toward your MOOP limit, such as certain eyewear or dental work. A deductible is the amount that you must pay out of pocket before a plan starts paying their share of a covered service. With CoxHealth MedicarePlus, you won't have a deductible.



# The CoxHealth MedicarePlus Benefit: Prescription Drug Coverage

## Saving You More On Your Prescriptions

Regularly taking medications can be an important part of maintaining your health and wellness. Unfortunately, the cost for those medications can really add up. At CoxHealth MedicarePlus, we never want the cost of your medications to get in the way. That's why our plan includes generous Part D prescription drug coverage for thousands of generic and brand-name medications, and no annual deductible is required.

### *New for 2022!*

While you have thousands of pharmacies to choose from nationwide, with CoxHealth MedicarePlus you can save even more when you fill your prescriptions at one of our preferred pharmacies, which include **CVS, Walmart and Pharmax**. If you fill your prescription at any of these pharmacies, you're entitled to lower copays, including **\$0 copays** on all preferred generic medications and reduced copays for other generic and brand-name medications.

We also offer additional ways to save. If you use our mail-order pharmacy, you can save even more on your prescriptions and have them delivered right to your door.



### **Special Savings for People with Diabetes**

If you have diabetes and take insulin, then you know how costly it can be. That's why we offer a special program for our members with diabetes. With the CoxHealth MedicarePlus plan, you can receive your insulins for a \$0 copay.



*"Most of our medications are free of charge, so that's a big plus."*

**-Robert G., Current Member**





## The CoxHealth MedicarePlus Benefit: Dental Coverage

### Another Reason to Smile

It's easy to put on a smile. It's not always easy—or affordable—to make sure your smile is healthy and pain free. At CoxHealth MedicarePlus, we want to make sure that anything that affects your health is covered and that also means your teeth. Issues with your teeth can really wear on you both physically and financially, so that's why our plan includes dental coverage for no additional premium.

Whether you simply need coverage for preventive dental services such as exams, X-rays and fluoride treatments, or you want more comprehensive coverage for things like fillings, extractions, deep cleanings and more, we have the plan for you.

#### Did You Know?

Your oral health is more important than you might realize. Problems in your mouth can affect the rest of your body. Oral bacteria and the inflammation associated with a severe form of gum disease might play a role in some diseases such as endocarditis, cardiovascular disease and pneumonia. Conditions like diabetes and osteoporosis can affect your oral health. Taking care of your oral health is an investment in your overall health.



## Seeing Is Believing

The quality of your vision and your eye health are so important to your overall health and well-being. If you need correction for your vision, the CoxHealth MedicarePlus plan includes generous allowances for frames, lenses and contacts, but our vision coverage doesn't end there.

*Because an eye exam can tell your doctors so much about your overall health, we also include coverage for routine checkups and visits with vision specialists to make sure your eyes (and the rest of you) are healthy.*

In addition to eyewear and routine checkups, we also cover vision services such as eye surgery, diabetic retinopathy screenings and screenings for people at high risk for glaucoma.

### Did You Know?

Optometrists can spot many health conditions and vision problems just by taking a glance into your eyes. During an eye exam, doctors can often detect serious medical problems such as high blood pressure, diabetes, some cancers, autoimmune diseases, thyroid issues and high cholesterol.

Also, early treatment is key in preventing some common eye diseases from causing permanent vision loss or blindness.



## The CoxHealth MedicarePlus Benefit: Vision Coverage



## The CoxHealth MedicarePlus Benefit: Hearing Coverage

### From Hearing Aids to Exams

Hearing loss is a lot more common than most people realize. According to the Hearing Health Foundation, nearly one out of every three adults between the ages of 65 and 74 has experienced some level of hearing loss, and that number grows to nearly half of all adults after the age of 75.

All of our senses are important, but being able to hear clearly is especially critical to overall health, happiness, personal safety and the safety of others. Our plan covers important hearing exams and screenings, and because hearing aids can get expensive, our plan also includes generous allowances to help with the cost.

#### Did You Know?

Hearing is one of your most important senses. Hearing loss can be connected to stress, anger, depression, loneliness, memory loss and many other problems. Hearing problems can get worse or become permanent if you ignore them—so get help early.

If needed, hearing aids can improve your overall quality of life in addition to reducing brain decline and the risk for developing dementia.



# The CoxHealth MedicarePlus Benefit: Over-the-Counter Coverage

## Your Doorstep Drugstore

Think of all the money you've spent on things like pain relievers, vitamins, first aid products and other over-the-counter (OTC) supplies. Now imagine your health plan giving you an allowance to help purchase them in the future.

CoxHealth MedicarePlus includes a \$93 quarterly allowance you can use to order a wide range of health-related products that you'd typically find at your corner drugstore. As a CoxHealth MedicarePlus member, you'll receive a catalog filled with hundreds of items to choose from, and ordering is quick and easy. You can call, mail in your order or place your order online, and your OTC items will be delivered right to your door.



### Here's just a small list of the types of available items:\*

- Allergy Relief
- Antacids and Acid Reducers
- Antidiarrheal, Laxatives and Digestive Health Aids
- Cold and Flu Medications
- Dental and Denture Care
- Eye, Ear and Foot Care
- First Aid Items
- Incontinence Supplies
- Pain Relief Aids (creams, heating pads, ice packs, etc.)
- Pain Relievers and Fever Reducers
- Skin and Sun Care Creams
- Sleep Aids
- Supports and Braces
- Vitamins and Minerals

*\*View our OTC catalog for a complete list of items.*

### Did You Know?

OTC items can be an expensive part of your healthcare. Also, without these items, it's likely you would seek professional medical treatment for minor ailments. An OTC allowance will help save you money and possibly reduce the number of visits with your medical provider.



## The CoxHealth MedicarePlus Benefit: SilverSneakers

### Stay Active. Stay Healthy.

Staying active can help you live your life to the fullest. That's why we've partnered with **SilverSneakers** to give you free access to participating gyms, health clubs and a host of different classes for any fitness level.

Whether you want to work out at the gym, at home or outside, it's all possible with SilverSneakers. If you want structure and guidance, in-person classes are available and include a range of options from classic strength-training workouts to yoga, swimming, dance and more.

*And if the gym isn't your thing, you can take advantage of live workouts and on-demand options at home, or join one of the SilverSneakers small group exercise classes outside of the gym in your community. Sometimes all it takes to get moving are the right options.*

From national gyms to local community centers, there are over 15,000 fitness locations nationwide to choose from. And that's good to know because you can use your SilverSneakers membership at any participating fitness center anywhere in the country—just another perk of being a CoxHealth MedicarePlus member.



*"We've always been active people in one way or another. We're dancers. We're runners. We're walkers. So with the SilverSneakers program, it allows us a way to stay as active as we can."*

**—Johnnie H., Current Member**

# Plan Benefit Highlights:

For more details and benefits, please see the **Summary of Benefits** starting on page 30.

|                                       |   |
|---------------------------------------|---|
| <b>Monthly Premium</b>                | <b>\$0</b>  |
| <b>Maximum Out-of-Pocket Limit</b>    | <b>\$3,200</b> Per calendar year  |
| <b>Annual Deductible</b>              | <b>\$0</b> Per calendar year  |
| <b>Preventive Care/Screenings</b>     | <b>\$0</b> Copay  |
| <b>Primary Care Physician Visit</b>   | <b>\$0</b> Copay  |
| <b>Specialist Doctor Visits</b>       | <b>\$35</b> Copay   |
| <b>Telehealth Visits</b>              | Same copay as an in-office visit  |
| <b>Chiropractic Care</b>              | <b>\$20</b> Copay for manual manipulation of the spine to correct subluxation |
| <b>Inpatient Hospital Care</b>        | <b>\$295</b> Days 1-6<br><b>\$0</b> Days 7 and beyond                         |
| <b>Outpatient Surgery at Hospital</b> | <b>\$220</b> Copay  |
| <b>Emergency Care</b>                 | <b>\$120</b> Copay  |
| <b>Urgent Care</b>                    | <b>\$45</b> Copay   |

## Part D Drug Coverage

### Preferred Pharmacy Benefits

30-Day Supply

| Tier 1<br>Preferred<br>Generics | Tier 2<br>Generics  | Tier 3<br>Preferred<br>Brands | Tier 4<br>Non-<br>Preferred<br>Brands | Tier 5<br>Specialty<br>Drugs | Tier 6<br>Insulins  |
|---------------------------------|---------------------|-------------------------------|---------------------------------------|------------------------------|---------------------|
| <b>\$0</b><br>Copay             | <b>\$5</b><br>Copay | <b>\$42</b><br>Copay          | <b>\$95</b><br>Copay                  | <b>33%</b><br>Co-insurance   | <b>\$0</b><br>Copay |

### Non-Preferred Pharmacy Benefits

30-Day Supply

| Tier 1<br>Preferred<br>Generics | Tier 2<br>Generics   | Tier 3<br>Preferred<br>Brands | Tier 4<br>Non-<br>Preferred<br>Brands | Tier 5<br>Specialty<br>Drugs | Tier 6<br>Insulins  |
|---------------------------------|----------------------|-------------------------------|---------------------------------------|------------------------------|---------------------|
| <b>\$5</b><br>Copay             | <b>\$10</b><br>Copay | <b>\$47</b><br>Copay          | <b>\$100</b><br>Copay                 | <b>33%</b><br>Co-insurance   | <b>\$0</b><br>Copay |

## Extra Benefit Coverage

|                               |  |
|-------------------------------|--|
| <b>Dental</b>                 | <p><b>\$0</b> Copay for preventive dental, such as cleanings, exams, X-rays and more</p> <p><b>\$1,250</b> Annual allowance for dental services, such as fillings, extractions, deep cleanings and more. Allowance applies to combined comprehensive and preventive services.</p> <p><b>\$35</b> Copay for Medicare-covered comprehensive dental</p> |
| <b>Hearing</b>                | <p><b>\$1,000</b> Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined)</p> <p><b>\$0</b> Copay for hearing aid fitting/evaluation (covered once every 2 calendar years)</p> <p><b>\$20</b> Copay for routine hearing exam</p>  |
| <b>Vision</b>                 | <p><b>\$0</b> Copay for routine eye exam</p> <p><b>\$0</b> Copay for eyewear (eyeglass frames and lenses or contact lenses), \$200 allowance for frames or contacts every 2 calendar years</p>   |
| <b>OTC Allowance</b>          | <b>\$93</b> Allowance per quarter (up to 2 orders per quarter)   |
| <b>Fitness/Gym Membership</b> | SilverSneakers included at no additional cost  |

# Frequently Asked Questions

Part of making sure you're getting the best coverage for your unique needs is having no unanswered questions. Listed below are some of the most common questions we hear from Medicare shoppers. If you have additional questions, one of our customer service team members is ready and waiting to help; just give us a call at 1-866-597-9560 (TTY: 711).



## How can you offer a plan for a \$0 premium?

Medicare pays private insurance companies, like CoxHealth MedicarePlus, 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 a \$0 monthly plan premium.

## Does your plan come with a deductible?

As a CoxHealth MedicarePlus member, you won't have to meet medical or pharmacy deductibles. 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 MedicarePlus 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.

## What is the maximum out-of-pocket limit?

Sometimes, people think that maximum out-of-pocket protection, often referred to as MOOP, is the same thing as a deductible. The MOOP amount 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 limit in a given

year, you'll 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'll never pay more than the maximum out-of-pocket limit for covered medical expenses.

## If I join CoxHealth MedicarePlus, will I lose my Original Medicare coverage?

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

## Is this a Medicare supplement?

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 prescription drug coverage or extra benefits like dental and vision. CoxHealth MedicarePlus is a Medicare Advantage (MA) plan. Medicare pays companies like CoxHealth MedicarePlus to manage MA plans. Because of this, we're able to offer an all-in-one plan that includes hospital, medical and Part D prescription drug coverage as well as valuable extras like dental and vision benefits for a \$0 monthly premium.

*"There's no monthly premiums, but I still get the same coverage I had when I was working and when you're retired, that's very important."*

**–Mike V., Current Member**



*"I don't feel like a number, I feel like a real person. I feel like they answer my questions immediately and honestly, and give me options for things, got to have options."*

**–Anita K., Current Member**



## Summary of Benefits



## Summary of Benefits

### January 1, 2022 – December 31, 2022

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](http://www.CoxHealthMedicarePlus.com).

This Summary of Benefits booklet gives you a summary of what **CoxHealth MedicarePlus (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](http://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](http://www.Medicare.gov), or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

### Sections in this booklet

- Things to Know About **CoxHealth MedicarePlus**
- 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 1-877-709-9168 (TTY: 711) to speak with a sales representative.

# Things to Know About CoxHealth MedicarePlus

## Hours of Operation

- From October 1 to March 31, you can call us seven 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 Number and Website

- If you have questions, call 1-877-709-9168 (TTY: 711) to speak with a sales representative.
- Our website: [www.CoxHealthMedicarePlus.com](http://www.CoxHealthMedicarePlus.com)

## Who can join?

To join **CoxHealth MedicarePlus**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be a United States citizen or are 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.

## What is an HMO?

An HMO, or Health Maintenance Organization, is a type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage.

## Which doctors, hospitals and pharmacies can I use?

**CoxHealth MedicarePlus** has a network of doctors, hospitals, pharmacies and other providers. If you use 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. Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies. You can see our plan's provider directory on our website [www.CoxHealthMedicarePlus.com](http://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](http://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.

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

|   | CoxHealth MedicarePlus (HMO)  |
|---|---|
| <b>Monthly Plan Premium</b>   | \$0 per month. You must continue to pay your Medicare Part B premium.   |
| <b>Deductible</b>   | This plan does not have a deductible.   |
| <b>Maximum Out-of-Pocket Responsibility</b><br><i>(does not include prescription drugs)</i> | 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: <ul style="list-style-type: none"> <li>• \$3,200 for covered hospital and medical services you receive from in-network providers</li> </ul> <p>If you reach the limit on out-of-pocket costs, hospital and medical services are still covered, and we pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> |

# Covered Medical and Hospital Benefits

|   | CoxHealth MedicarePlus (HMO)   |
|---|--|
| <b>Inpatient Hospital Coverage</b>                                      | Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> <li>• \$295 copay per day, per stay: days 1–6</li> <li>• \$0 copay per day, per stay: day 7 and beyond</li> </ul> <p>Prior authorization is required.</p> |
| <b>Outpatient Hospital Coverage</b>                                     | Ambulatory surgical center: \$220 copay<br>Outpatient hospital: \$220 copay or 20% co-insurance, depending on the service or visit<br><p>Prior authorization may be required.</p>  |
| <b>Doctor Visits</b><br><i>(Primary Care Providers and Specialists)</i> | Primary care physician (PCP) visit: \$0 copay<br>Specialist visit: \$35 copay  |

| CoxHealth MedicarePlus (HMO)    |  |
|---------------------------------|--|
| <b>Preventive Care</b>          | <p>You pay nothing. Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training and diabetic services</li> <li>• Health and wellness education programs</li> <li>• HIV screening</li> <li>• Immunizations (pneumonia, hepatitis B, COVID-19 and influenza)</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low-dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• Vision care</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> |
| <b>Emergency Care</b>           | <p>\$120 copay</p> <p>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.</p> <p>We provide worldwide coverage.</p>  |
| <b>Urgently Needed Services</b> | <p>\$45 copay within the United States</p> <p>\$120 copay outside of the United States</p> <p>We provide worldwide coverage.</p>   |

| CoxHealth MedicarePlus (HMO)  |  |
|---|--|
| <b>Diagnostic Services/<br/>Labs/Imaging</b><br><i>(Costs for these services may vary based on place of service.)</i> | <p>Lab services: \$5 copay</p> <p>Diagnostic procedures and tests: 20% co-insurance</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Diagnostic radiology services (such as MRI, CT and PET scans): 20% co-insurance</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance</p> <p>X-rays: \$20 copay</p> <p>Prior authorization may be required.</p>   |
| <b>Hearing Services</b>   | <p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay</p> <p>Routine hearing exam: \$20 copay</p> <p>\$1,000 allowance for up to 2 hearing aids every 2 calendar years (both ears combined)</p> <p>One fitting/evaluation for hearing aids every 2 calendar years: \$0 copay</p>   |
| <b>Dental Services</b>  | <p>Preventive dental services: \$0 copay</p> <p><u>Preventive services include:</u></p> <ul style="list-style-type: none"> <li>• Periodic oral evaluation (2 every calendar year)</li> <li>• Routine cleaning (2 every calendar year)</li> <li>• Fluoride treatment (2 every calendar year)</li> <li>• Horizontal bitewing X-ray(s) (up to 4, once every calendar year)</li> </ul> <p>Medicare-covered comprehensive dental services: \$35 copay</p> <p>A prior authorization may be required for Medicare-covered services.</p> <p><u>Comprehensive services include (but are not limited to):*</u></p> <p>Restorative services (amalgam/resin fillings): \$0 copay</p> <p>Periodontics (periodontal surgery, scaling and root planning, full mouth debridement): \$0 copay</p> <p>Extractions (simple extractions/surgical extractions): \$0 copay</p> <p>Yearly maximum benefit for preventive and comprehensive services: \$1,250</p> <p>*See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.</p> |

### CoxHealth MedicarePlus (HMO)

|                                       |   |
|---------------------------------------|---|
| <b>Vision Services</b>                | <p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$35 copay</p> <p>Diabetic eye exams performed by a contracted specialist: \$0 copay</p> <p>1 pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: \$0 copay</p> <p>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: \$0 copay</p> <p>1 routine eye exam every calendar year: \$0 copay</p> <p>Refraction covered as part of exam</p> <p>1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every 2 calendar years: \$0 copay</p> <p>Our plan pays up to \$200 for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs), every 2 calendar years: \$0 copay</p> <p>Upgrades may be available at an additional cost.</p> |
| <b>Mental Health Services</b>         | <p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$295 copay per day, per stay: days 1-5</li> <li>• \$0 copay per day, per stay: day 6 and beyond</li> </ul> <p>Outpatient individual visit: \$40 copay</p> <p>Outpatient group visit: \$35 copay</p> <p>Prior authorization may be required.</p>  |
| <b>Skilled Nursing Facility (SNF)</b> | <p>The plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, per stay: days 1-20</li> <li>• \$160 copay per day, per stay: days 21-100</li> </ul> <p>Prior authorization is required.</p> <p>Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.</p>  |
| <b>Physical Therapy</b>               | <p>\$40 copay</p> <p>A referral is required.</p>  |
| <b>Ambulance</b>                      | <p>\$250 copay</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization is required for non-emergent transportation by ambulance.</p>   |
| <b>Transportation</b>                 | No Coverage   |

## Prescription Drug Benefits

### CoxHealth MedicarePlus (HMO)

|                              |   |
|------------------------------|---|
| <b>Medicare Part B Drugs</b> | <p>For Part B drugs such as chemotherapy drugs: 20% co-insurance</p> <p>Other Part B drugs: 20% co-insurance</p> <p>Prior authorization may be required.</p>  |
| <b>Deductible</b>            | This plan does not have a deductible.   |
| <b>Initial Coverage</b>      | <p>You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and your Part D plan.</p> <p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>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.</p> |

| Preferred Retail Cost Sharing       | 30-Day Supply    | 60-Day Supply | 90-Day Supply |
|-------------------------------------|------------------|---------------|---------------|
| <b>Tier 1 (Preferred Generic)</b>   | \$0 copay        | \$0 copay     | \$0 copay     |
| <b>Tier 2 (Generic)</b>             | \$5 copay        | \$10 copay    | \$15 copay    |
| <b>Tier 3 (Preferred Brand)</b>     | \$42 copay       | \$84 copay    | \$126 copay   |
| <b>Tier 4 (Non-Preferred Brand)</b> | \$95 copay       | \$190 copay   | \$285 copay   |
| <b>Tier 5 (Specialty Drug)</b>      | 33% co-insurance | Not Offered   | Not Offered   |
| <b>Tier 6 (Insulins)</b>            | \$0 copay        | \$0 copay     | \$0 copay     |

| Standard Retail Cost Sharing        | 30-Day Supply    | 60-Day Supply | 90-Day Supply |
|-------------------------------------|------------------|---------------|---------------|
| <b>Tier 1 (Preferred Generic)</b>   | \$5 copay        | \$10 copay    | \$15 copay    |
| <b>Tier 2 (Generic)</b>             | \$10 copay       | \$20 copay    | \$30 copay    |
| <b>Tier 3 (Preferred Brand)</b>     | \$47 copay       | \$94 copay    | \$141 copay   |
| <b>Tier 4 (Non-Preferred Brand)</b> | \$100 copay      | \$200 copay   | \$300 copay   |
| <b>Tier 5 (Specialty Drug)</b>      | 33% co-insurance | Not Offered   | Not Offered   |
| <b>Tier 6 (Insulins)</b>            | \$0 copay        | \$0 copay     | \$0 copay     |

| CoxHealth MedicarePlus (HMO)        |  |               |                |
|-------------------------------------|--|---------------|----------------|
| Standard Mail Order Cost Sharing    | 30-Day Supply  | 60-Day Supply | 90-Day Supply  |
| <b>Tier 1</b> (Preferred Generic)   | Not Offered  | Not Offered   | \$0 copay      |
| <b>Tier 2</b> (Generic)             | Not Offered  | Not Offered   | \$12.50 copay  |
| <b>Tier 3</b> (Preferred Brand)     | Not Offered  | Not Offered   | \$105 copay    |
| <b>Tier 4</b> (Non-Preferred Brand) | Not Offered  | Not Offered   | \$237.50 copay |
| <b>Tier 5</b> (Specialty Drug)      | 33% co-insurance   | Not Offered   | Not Offered    |
| <b>Tier 6</b> (Insulins)            | Not Offered  | Not Offered   | \$0 copay      |
| <b>Coverage Gap</b>                 | <p>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 \$4,430.</p> <p>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 \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> |               |                |
| <b>Catastrophic Coverage</b>        | <p>After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% co-insurance or</li> <li>• \$3.95 copay for generic (including brand name drugs treated as generic) and a \$9.85 copay for other drugs (one month supply)</li> </ul>  |               |                |

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

## Other Covered Benefits

| CoxHealth MedicarePlus (HMO) |   |
|------------------------------|---|
| <b>Chiropractic Care</b>     | Manual manipulation of the spine to correct subluxation: \$20 copay |

| CoxHealth MedicarePlus (HMO)                                 |   |
|--|---|
| <b>Diabetes Supplies and Services</b>                        | <p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 0% co-insurance</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).</p> <p>*See Evidence of Coverage for a complete listing.</p> |
| <b>Durable Medical Equipment</b> (wheelchairs, oxygen, etc.) | <p>20% co-insurance</p> <p>Prior authorization may be required.</p>   |
| <b>Foot Care</b> (podiatry services)                         | \$35 copay  |
| <b>Home Healthcare</b>                                       | <p>\$0 copay</p> <p>A referral is required.</p>   |
| <b>Hospice</b>   | 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 Essence Healthcare.  |
| <b>Outpatient Substance Abuse</b>                            | <p>Individual visit: \$40 copay</p> <p>Group visit: \$35 copay</p> <p>Prior authorization is required.</p>  |
| <b>Over-the-Counter Coverage (OTC)</b>                       | <p>\$93 credit per quarter to use on approved health products that can be ordered online, by phone or by mail.</p> <p>Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.</p>  |
| <b>Prosthetic Devices</b>                                    | <p>Prosthetic devices: 20% co-insurance</p> <p>Related medical supplies: 20% co-insurance</p> <p>Prior authorization may be required.</p>   |
| <b>Outpatient Rehabilitation Services</b>                    | <p>Cardiac rehabilitation services: \$30 copay per day</p> <p>Occupational, speech and language therapy visits: \$40 copay</p> <p>A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p> <p>A referral is required.</p>  |
| <b>Virtual/Telehealth Visits</b>                             | <p>\$0-\$40 copay</p> <p>You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider’s office.</p> <p>A referral or authorization may be required.</p>  |
| <b>Wellness Programs</b>                                     | Health club membership/fitness classes through SilverSneakers®: \$0 copay   |
| <b>Acupuncture</b>   | Medicare-covered services (chronic low back pain): \$35 copay   |

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# 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 sales representative at 1-877-709-9168 (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](http://www.CoxHealthMedicarePlus.com) or call 1-877-709-9168 (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

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premium and/or copayments/co-insurance may change on January 1, 2023.
- 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

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# Medicare Enrollment Periods

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

| Enrollment Period                      | Time Frame   | About Enrollment Period   |
|--|--|---|
| <b>Initial Enrollment Period (IEP)</b> | 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.  |
| <b>Annual Enrollment Period (AEP)</b>  | October 15–December 7  | During the Annual Enrollment Period, you can switch, drop or join a different Medicare plan.  |
| <b>Open Enrollment Period (OEP)</b>    | 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.   |
| <b>Special Enrollment Period (SEP)</b> | 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're 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 <a href="http://www.Medicare.gov">www.Medicare.gov</a> . |

# How to Enroll

Below are ways you can enroll in our CoxHealth MedicarePlus plan.



**Enroll with your licensed CoxHealth MedicarePlus agent or insurance broker.**  
Your agent or broker can help you complete the Enrollment Application.



**Enroll online.**  
Go to [www.CoxHealthMedicarePlus.com](http://www.CoxHealthMedicarePlus.com) and click “Enroll Now.”



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



**Enroll by mail.**  
Complete the Enrollment Application located in the back of this kit and mail it in using the postage-paid envelope included.



# 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.<sup>†</sup> Use the Enrollment Application Checklist below to help ensure all parts of the application are filled out.

## Enrollment Application Checklist

1. Select a plan.

---

2. Fill in your:
  - Name  Birth date  Phone number  Address
  - Mailing address (if different than your permanent residence address)
  - Email address (optional)

---

3. Fill in your Medicare number.

---

4. Answer the Yes/No questions. If you answer "Yes" to a question, please fill out the additional information necessary.

---

5. Sign the Enrollment Application. You or your authorized representative must sign and date the form.

---

6. Read the Statement of Understanding for an explanation on enrollment periods and your rights under this plan.

---

7. Fill in your primary care physician ID number and name. You can find it in the Provider Directory online or by calling the number listed below.

---

8. Mail your application to the address listed on the Enrollment Application.

<sup>†</sup>If you are enrolling in Medicare for the first time or changing your Medicare coverage outside of the AEP, fill out the Attestation of Eligibility form (located on page 65).

### Have questions about the Enrollment Application?

We would be happy to help. Just give us a call toll free at 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.

# What to Expect After Enrollment

Enrolling in the CoxHealth MedicarePlus plan is the beginning of many things: benefits designed to get and keep you healthy during any stage of life, having a healthcare team who works hard for you from the minute you sign up and it's the start of a plan that eliminates roadblocks and increases financial security so you can focus on your health. We hope you're as excited as we are for this new journey. Here's a list of items to expect after you enroll.



## Receipt of Your Completed Enrollment Application

This confirms you submitted the Enrollment Application. You'll receive either a copy of the receipt or confirmation number depending on how you enroll.



## Enrollment Verification Letter

This letter is sent to confirm your intent to enroll in CoxHealth MedicarePlus and summarizes the conditions and terms of becoming a CoxHealth MedicarePlus member.



## Member ID Card

You'll 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's 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.



## Financial Assistance Letter

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

# Star Ratings Explained

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.

## The 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're a lot like Consumer Reports® but specific to Medicare plans. It's 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](http://www.Medicare.gov).



### Where Does Essence Healthcare Rank?

Essence Healthcare 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](http://www.Medicare.gov) to see how our Star rating compares to other plans in the area.\*



# Apps and Forms

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\*Every year, Medicare evaluates plans based on a 5-star rating system. Based on October 2020 Star rating data provided by the Centers for Medicare & Medicaid Services.



**2022 Enrollment Request Form**

**Use this form to enroll in a CoxHealth Medicare *Plus* plan**

**Who can use this form?**

People with Medicare who want to join a Medicare Advantage 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 monthly invoice for the plan's premium and any applicable Late Enrollment Penalty. 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 MedicarePlus  
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 MedicarePlus 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 MedicarePlus 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.

Please contact CoxHealth MedicarePlus (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 MedicarePlus (HMO) 015 – (Southwest Missouri) \$0 per month

FIRST Name:                      LAST Name:                      Middle Initial (Optional):

|   |  |   |
|---|--|---|
| Birth Date:<br>( ____/ ____/ _____ )<br>( M M / D D / Y Y Y Y ) | Sex:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Phone Number (select primary phone number):<br><input type="checkbox"/> Mobile: (     )<br><input type="checkbox"/> Home: (     ) |
|---|--|---|

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

City:                      State:                      Zip Code:

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

Street Address

City:                      State:                      Zip Code:

E-mail address (Optional):

**Your Medicare Information**

**Medicare Number:**                      -                      -                      \_\_\_\_\_

**Answer these important questions:**

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

- 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 MedicarePlus.
- By joining this Medicare Advantage plan, I acknowledge that CoxHealth MedicarePlus will share my information with Medicare, who may use it to track my enrollment, and with other plans 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 MedicarePlus coverage begins, I must get all of my medical and prescription drug benefits from CoxHealth MedicarePlus. Benefits and services provided by CoxHealth MedicarePlus and contained in my CoxHealth MedicarePlus "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CoxHealth MedicarePlus will pay for benefits or services that are not covered. I will read the Evidence of Coverage document from CoxHealth MedicarePlus 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 MedicarePlus, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that enrollment in CoxHealth MedicarePlus 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:
  - This person is authorized under State law to complete this enrollment, and
  - Documentation of this authority is available upon request by Medicare.

|                   |                      |
|-------------------|----------------------|
| <b>Signature:</b> | <b>Today's Date:</b> |
|-------------------|----------------------|

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 section 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 MedicarePlus 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.

**List your primary care physician (PCP), clinic or health center:**

|   |  |   |
|---|--|---|
| Primary Care Physician (PCP):<br>Dr. _____<br>(First Name)                      (Last Name) | PCP # from Provider Directory:<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | Is this your current physician?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|



**PLEASE READ THIS IMPORTANT INFORMATION**



**If you currently have health coverage from an employer or union, joining CoxHealth MedicarePlus could affect your employer or union health benefits. You could lose your employer or union health coverage if you join CoxHealth MedicarePlus.** 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 RRB). DON'T pay CoxHealth MedicarePlus the Part D-IRMAA.

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

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

**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 2<sup>nd</sup> 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) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 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**

|  |                                   |                                    |   |                                  |                                  |                                   |
|--|-----------------------------------|------------------------------------|---|----------------------------------|----------------------------------|-----------------------------------|
| <b>Confirmation #</b> (Quick Entry or Phone Enroll):                         |                                   | <b>Application Log #:</b>          |   |                                  |                                  |                                   |
| <b>Plan ID #:</b>  |                                   | <b>Effective Date of Coverage:</b> |   |                                  |                                  |                                   |
| <b>Election Periods:</b>   | <input type="checkbox"/> ICEP (I) | <input type="checkbox"/> IEP (E)   | <input type="checkbox"/> 2 <sup>nd</sup> IEP (F)                  | <input type="checkbox"/> AEP (A) | <input type="checkbox"/> OEP (M) | <input type="checkbox"/> OEPI (T) |
| <b>Special Election Periods:</b> (Must check all that apply)                 |                                   |                                    |   |                                  |                                  |                                   |
| <b>SEP (S)</b>   |                                   |                                    | <b>SEP (V)</b>  |                                  |                                  |                                   |
| <input type="checkbox"/> SPAP (38)   |                                   |                                    | <input type="checkbox"/> Permanent Move                           |                                  |                                  |                                   |
| <input type="checkbox"/> Loss of SNP (35)                                    |                                   |                                    |   |                                  |                                  |                                   |
| <input type="checkbox"/> Retro Entitlement (32)                              |                                   |                                    | <b>SEP (W)</b>  |                                  |                                  |                                   |
| <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22)                |                                   |                                    | <input type="checkbox"/> Gain or Loss of Employer Coverage        |                                  |                                  |                                   |
| <input type="checkbox"/> Contract/Plan Non-Renewal (12)                      |                                   |                                    |   |                                  |                                  |                                   |
| <input type="checkbox"/> Contract Violations                                 |                                   |                                    | <b>SEP (L) Allowed once per Quarter</b>                           |                                  |                                  |                                   |
| <input type="checkbox"/> Contract Term – Immediate (11)                      |                                   |                                    | <input type="checkbox"/> Dual Eligible/Has Medicaid               |                                  |                                  |                                   |
| <input type="checkbox"/> Contract Term – MAO (12)                            |                                   |                                    | <input type="checkbox"/> Has Non-Dual with LIS                    |                                  |                                  |                                   |
| <input type="checkbox"/> Contract Term – CMS (11)                            |                                   |                                    | <b>SEP (U)</b>  |                                  |                                  |                                   |
| <input type="checkbox"/> CMS Sanction (23)                                   |                                   |                                    | <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status |                                  |                                  |                                   |
| <input type="checkbox"/> FEMA/Disaster (01)                                  |                                   |                                    | <input type="checkbox"/> Gain/Loss/Change of Medicaid             |                                  |                                  |                                   |
| <input type="checkbox"/> Plan Placed in Receivership (39)                    |                                   |                                    | <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS         |                                  |                                  |                                   |
| <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) |                                   |                                    |   |                                  |                                  |                                   |
| <input type="checkbox"/> Accessible Format Delay (21)                        |                                   |                                    |   |                                  |                                  |                                   |
| <input type="checkbox"/> Inv. Dis. – Loss of Part B (25)                     |                                   |                                    |   |                                  |                                  |                                   |
| <input type="checkbox"/> PACE Transition (27)                                |                                   |                                    |   |                                  |                                  |                                   |
| <input type="checkbox"/> Cost Plan Non-Renewal (28)                          |                                   |                                    |   |                                  |                                  |                                   |
| <input type="checkbox"/> Drop Medigap in Trial Period (29)                   |                                   |                                    |   |                                  |                                  |                                   |
| <input type="checkbox"/> Additional Part D IEP Eligibility (31)              |                                   |                                    |   |                                  |                                  |                                   |
| <input type="checkbox"/> Part B General Enrollment (34)                      |                                   |                                    |   |                                  |                                  |                                   |
| <input type="checkbox"/> Lawfully Present (37)                               |                                   |                                    |   |                                  |                                  |                                   |
| <input type="checkbox"/> COVID-19 Disaster (02)                              |                                   |                                    |   |                                  |                                  |                                   |
| <b>Producer Name:</b>  |                                   |                                    | <b>Producer NPN:</b>  |                                  | <b>Application Receipt Date:</b> |                                   |



**Please return completed application to:**

CoxHealth MedicarePlus  
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 MedicarePlus 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 MedicarePlus is an HMO plan with a Medicare contract. Enrollment in CoxHealth MedicarePlus depends on contract renewal. You must continue to pay your Medicare Part B premium.



**2022 Enrollment Request Form**

**Use this form to enroll in a CoxHealth MedicarePlus plan**

**Who can use this form?**

People with Medicare who want to join a Medicare Advantage 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 monthly invoice for the plan’s premium and any applicable Late Enrollment Penalty. 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 MedicarePlus  
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 MedicarePlus 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 MedicarePlus 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.



Please contact CoxHealth MedicarePlus (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 MedicarePlus (HMO) 015 – (Southwest Missouri) \$0 per month

FIRST Name: LAST Name: Middle Initial (Optional):

Birth Date: (\_\_\_\_/\_\_\_\_/\_\_\_\_) Sex:  Male  Female Phone Number (select primary phone number):  
 (M M / D D / Y Y Y Y)  Mobile: ( )  Home: ( )

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

City: State: Zip Code:

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

Street Address

City: State: Zip Code:

E-mail address (Optional):

**Your Medicare Information**

**Medicare Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Answer these important questions:**

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

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 MedicarePlus.
- By joining this Medicare Advantage plan, I acknowledge that CoxHealth MedicarePlus will share my information with Medicare, who may use it to track my enrollment, and with other plans 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 MedicarePlus coverage begins, I must get all of my medical and prescription drug benefits from CoxHealth MedicarePlus. Benefits and services provided by CoxHealth MedicarePlus and contained in my CoxHealth MedicarePlus "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CoxHealth MedicarePlus will pay for benefits or services that are not covered. I will read the Evidence of Coverage document from CoxHealth MedicarePlus 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 MedicarePlus, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that enrollment in CoxHealth MedicarePlus 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 section 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

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Braille  Large Print

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**List your primary care physician (PCP), clinic or health center:**

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



**PLEASE READ THIS IMPORTANT INFORMATION**



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

**Please select a premium payment option:**

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I get monthly benefits from: \_\_\_\_ Social Security \_\_\_\_ RRB

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- 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 2<sup>nd</sup> day of the month for the current month's coverage.

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**FOR OFFICE USE ONLY**

|  |  |   |   |   |   |  |
|--|--|---|---|---|---|--|
| <b>Confirmation #</b> (Quick Entry or Phone Enroll):                         |  | <b>Application Log #:</b>               |   |   |   |  |
| <b>Plan ID #:</b>  |  | <b>Effective Date of Coverage:</b>      |   |   |   |  |
| <b>Election Periods:</b>   | <input type="checkbox"/> <b>ICEP (I)</b> | <input type="checkbox"/> <b>IEP (E)</b> | <input type="checkbox"/> <b>2<sup>nd</sup> IEP (F)</b>            | <input type="checkbox"/> <b>AEP (A)</b> | <input type="checkbox"/> <b>OEP (M)</b> | <input type="checkbox"/> <b>OEPI (T)</b> |
| <b>Special Election Periods:</b> (Must check all that apply)                 |  |   |   |   |   |  |
| <b>SEP (S)</b>   |  |   | <b>SEP (V)</b>  |   |   |  |
| <input type="checkbox"/> SPAP (38)   |  |   | <input type="checkbox"/> Permanent Move                           |   |   |  |
| <input type="checkbox"/> Loss of SNP (35)                                    |  |   |   |   |   |  |
| <input type="checkbox"/> Retro Entitlement (32)                              |  |   | <b>SEP (W)</b>  |   |   |  |
| <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22)                |  |   | <input type="checkbox"/> Gain or Loss of Employer Coverage        |   |   |  |
| <input type="checkbox"/> Contract/Plan Non-Renewal (12)                      |  |   |   |   |   |  |
| <input type="checkbox"/> Contract Violations                                 |  |   | <b>SEP (L) Allowed once per Quarter</b>                           |   |   |  |
| <input type="checkbox"/> Contract Term – Immediate (11)                      |  |   | <input type="checkbox"/> Dual Eligible/Has Medicaid               |   |   |  |
| <input type="checkbox"/> Contract Term – MAO (12)                            |  |   | <input type="checkbox"/> Has Non-Dual with LIS                    |   |   |  |
| <input type="checkbox"/> Contract Term – CMS (11)                            |  |   | <b>SEP (U)</b>  |   |   |  |
| <input type="checkbox"/> CMS Sanction (23)                                   |  |   | <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status |   |   |  |
| <input type="checkbox"/> FEMA/Disaster (01)                                  |  |   | <input type="checkbox"/> Gain/Loss/Change of Medicaid             |   |   |  |
| <input type="checkbox"/> Plan Placed in Receivership (39)                    |  |   | <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS         |   |   |  |
| <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) |  |   |   |   |   |  |
| <input type="checkbox"/> Accessible Format Delay (21)                        |  |   |   |   |   |  |
| <input type="checkbox"/> Inv. Dis. – Loss of Part B (25)                     |  |   |   |   |   |  |
| <input type="checkbox"/> PACE Transition (27)                                |  |   |   |   |   |  |
| <input type="checkbox"/> Cost Plan Non-Renewal (28)                          |  |   |   |   |   |  |
| <input type="checkbox"/> Drop Medigap in Trial Period (29)                   |  |   |   |   |   |  |
| <input type="checkbox"/> Additional Part D IEP Eligibility (31)              |  |   |   |   |   |  |
| <input type="checkbox"/> Part B General Enrollment (34)                      |  |   |   |   |   |  |
| <input type="checkbox"/> Lawfully Present (37)                               |  |   |   |   |   |  |
| <input type="checkbox"/> COVID-19 Disaster (02)                              |  |   |   |   |   |  |
| <b>Producer Name:</b>  |  |   | <b>Producer NPN:</b>  |   | <b>Application Receipt Date:</b>        |  |



**Please return completed application to:**

CoxHealth MedicarePlus  
P.O. Box 12487  
St. Louis, MO 63132

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# Attestation of Eligibility for an Enrollment Period

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**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 already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage plan.
- I had Medicare prior to now, but I am now turning 65.
- I am new to Medicare and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified of getting Medicare on (insert date) \_\_\_\_\_.
- 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 (recently 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): \_\_\_/\_\_\_/\_\_\_\_\_.

# Attestation of Eligibility for an Enrollment Period

- 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.
- I am enrolled in a Medicare Advantage plan offered by a Medicare Advantage organization that was sanctioned by Medicare and the matter that gave rise to the sanction affected me.
- I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
- I want to enroll in a Medicare Advantage plan offered by a Medicare Advantage organization with an overall performance rating of five stars.
- I was adversely affected by having requested, but not received, notices or information in an accessible format to make an enrollment decision within applicable time frames.
- I am in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- I am in a plan that has had a Star rating of less than three stars for the last three years. I want to join a plan with a Star rating of three stars or higher.

If none of these statements applies to you or you're not sure, please contact CoxHealth MedicarePlus at 1-877-709-9168 (TTY users should call 711) to see if you are eligible to enroll. We are open 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.

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

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Phone

**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 already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage plan.
- I had Medicare prior to now, but I am now turning 65.
- I am new to Medicare and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified of getting Medicare on (insert date) \_\_\_\_\_.
- 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 (recently 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.
- I am enrolled in a Medicare Advantage plan offered by a Medicare Advantage organization that was sanctioned by Medicare and the matter that gave rise to the sanction affected me.
- I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
- I want to enroll in a Medicare Advantage plan offered by a Medicare Advantage organization with an overall performance rating of five stars.
- I was adversely affected by having requested, but not received, notices or information in an accessible format to make an enrollment decision within applicable time frames.
- I am in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- I am in a plan that has had a Star rating of less than three stars for the last three years. I want to join a plan with a Star rating of three stars or higher.

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## Notes

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## Agent Use

|                        |    |
|------------------------|----|
| Agent Checklist        | 73 |
| Scope of Appointment   | 77 |
| Receipt of Application | 81 |



# Agent Checklist



Date: / / Agent: Scope of Appointment YES  NO

Person(s) Visited: \_\_\_\_\_

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):*

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

### Getting Started

- CoxHealth MedicarePlus is an HMO plan with a Medicare contract. Enrollment in CoxHealth MedicarePlus 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.

### Other Benefits

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

### 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

### 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 CoxHealth MedicarePlus 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                         |



# Agent Checklist

Date: / / Agent: Scope of Appointment YES  NO

Person(s) Visited:

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):*

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

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

### Getting Started

- CoxHealth MedicarePlus is an HMO plan with a Medicare contract. Enrollment in CoxHealth MedicarePlus depends on contract renewal.
- Members must continue to pay their Medicare Part B premium.
- Members must reside within our service area.
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### Other Benefits

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- Formulary Tiers
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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



# 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: | 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

## 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.

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Medicare Advantage Plans (Part C) and Cost Plans

Dental/Vision/Hearing Products

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## Beneficiary or Authorized Representative Signature and Signature Date:

|            |       |
|------------|-------|
| 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: |
|--|-----------------------------|

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

# Receipt of Application

Use this form to record the receipt of your signed and completed CoxHealth MedicarePlus application form.

Make sure to keep this document for your files.

## Online Enrollment

Confirmation Code

## Paper Enrollment

Agent Name

Date

Agent Phone Number

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



# Receipt of Application



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

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Confirmation Code

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Agent Name

Date

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### Essence Healthcare - H2610 2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. 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 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 2021, Essence Healthcare received the following Overall Star Rating from Medicare.

★★★★☆  
4.5 Stars

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

Health Plan Services: ★★★★★  
4 Stars

Drug Plan Services: ★★★★★  
4.5 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](http://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 866-509-5399 (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 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.

My Tomorrow Starts Today. A Healthy Tomorrow Starts Today. A Healthy Tomorrow Starts Today. A Healthy Tomo



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# Notes

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# Notes

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CoxHealth Medicare*Plus* is an HMO plan with a Medicare contract. Enrollment in CoxHealth Medicare*Plus* depends on contract renewal. All Essence plans include 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 CoxHealth Medicare*Plus*, neither Medicare nor CoxHealth Medicare*Plus* will be responsible for the costs.

**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.

CoxHealth  
**Medicare*Plus***

**Corporate Headquarters**  
13900 Riverport Drive  
Maryland Heights, MO 63043  
[www.CoxHealthMedicarePlus.com](http://www.CoxHealthMedicarePlus.com)