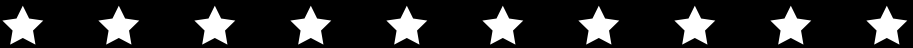




5-Star Special Enrollment Guide:

**Get the Best out of
Your Medicare Coverage**



Choosing a Medicare plan is one of the most important decisions you'll make. Medicare is earned, has taken many years of work to gain and will help you protect your health in the coming years. That's why choosing the highest-quality plan is so important.

If you've decided that an all-in-one Medicare Advantage plan is right for you, you should know about a special opportunity to enroll in the highest-rated Medicare Advantage plan in your area by taking advantage of the 5-Star Special Enrollment Period.



What's the 5-Star Special Enrollment Period?

Each year, in October, the Centers for Medicare & Medicaid Services (CMS) releases Medicare Advantage plan ratings. When a plan receives the highest possible rating—5 stars—enrollment for that plan is allowed throughout the year instead of only during standard periods. CMS created the 5-star Special Enrollment Period to ensure that Medicare beneficiaries have an opportunity to benefit from the exceptional services and benefits offered by a 5-star plan.

During the 5-Star Special Enrollment Period, you can:

- ✓ Join a 5-star Medicare Advantage plan for the first time
- ✓ Switch from another health plan to a 5-star Medicare Advantage plan



How Does the 5-Star Special Enrollment Period Benefit You?

When you join a 5-star plan, you'll benefit not only from the excellent service and experience it provides, but also the extensive coverage and benefits it includes. You might also find it helpful for the following reasons:

- If you missed the deadline for your Initial Enrollment Period or for the Annual Enrollment Period, this special opportunity gives you a chance to receive coverage from a highly rated plan outside of those time periods.

- If you're unhappy with your current coverage or benefits, you'll have the chance to receive the benefits and savings associated with a 5-star plan.

- You'll have access to a new set of benefit allowances, which could allow for additional services related to dental, vision, hearing and more.



Using Star Ratings to Get the Best Plan

You can use Star ratings as a tool when choosing Medicare plans, but, if you want a plan that focuses on what's important to you, it's helpful to understand what factors contribute to a plan's rating.

To give Medicare beneficiaries an impartial view of the Medicare Advantage plans in their area, CMS assigns ratings to each plan. These ratings are based on more than 50 quality measures that fall into five categories: staying healthy, managing chronic conditions, member experience, member complaints and appeals, and customer service.

Certain ratings come from plan research and data while ratings for other categories are based on actual member feedback. Each plan is also given an Overall Plan Rating using each individual quality measure. A plan's overall rating can range from 1 to 5 stars—each with a different meaning.

- ★ ★ ★ ★ ★ = **Excellent**
- ★ ★ ★ ★ = **Above Average**
- ★ ★ ★ = **Average**
- ★ ★ = **Below Average**
- ★ = **Poor**



What Makes a 5-Star Plan Special?

A 5-star plan offers the best service and experience possible in each of the following main ratings categories.

Staying healthy and managing chronic conditions:

CMS ratings data show that 5-star plans tend to have more healthy members. This means that these plans take actions to better the health of their members and keep it that way. They also excel in helping members manage chronic health conditions by reducing barriers to getting important treatments and tests.

Member experience and complaints:

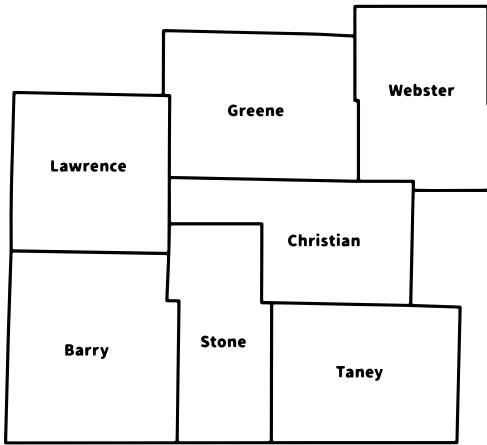
These categories are based on actual member feedback. A 5-star plan has positive survey responses from members, in which they report being highly satisfied with their plan. CMS also examines the number of member complaints and how many people leave the plan. A 5-star plan has few complaints and tends to keep its members year after year.

Customer service:

A 5-star plan handles customer requests in a timely, thorough manner and leaves members satisfied with their customer service experience. Having a friendly, knowledgeable customer service team is essential to ranking well in this area.



Your Opportunity for a 5-Star Plan Starts Now



If you live in the Springfield area, **CMS HAS GRANTED YOU A SPECIAL ENROLLMENT PERIOD** because CoxHealth MedicarePlus (HMO), is a 5-star plan in 2022.

CoxHealth MedicarePlus has become one of the most popular Medicare plans in the region—offering affordable, comprehensive coverage to thousands of Medicare beneficiaries. This local plan is brought to you by Essence Healthcare, which was founded in 2003 by a group of St. Louis area doctors who wanted to create a better Medicare plan for their patients. CoxHealth MedicarePlus credits their success and 5-star rating to their teamwork approach—both with doctors and members. This allows them to eliminate waste and offer more benefits, better savings and an exceptional healthcare experience.

To learn more about the CoxHealth MedicarePlus Medicare Advantage plan:



Call 1-877-603-0736
from 8 a.m. to 8 p.m., seven days a week*



Visit www.CoxHealthMedicarePlus.com



*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.

Every year, Medicare evaluates plans based on a 5-star rating system. CoxHealth Medicare*Plus* is an HMO plan with a Medicare contract. Enrollment in CoxHealth Medicare*Plus* depends on contract renewal. Essence Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.