



Simple. Affordable. Personal.  
*Your Local Health Plan*

# 2016 Enrollment Book



## **Thank You for Your Interest in QualChoice Advantage!**

Our Medicare Advantage plan goes beyond Original Medicare. Because we are local, we know what it takes to ensure that residents in our service area in Arkansas get the care and coverage they need. Our benefits feature predictable costs, low primary care copays, drug coverage, and a \$0 per month plan premium.

### ***Included in this packet:***

- **Choosing the right Medicare Advantage plan**
- **What to expect after becoming a member**
- **Summary of Benefits**
- **Enrollment Form**

Once you've finished reviewing these materials, you may have some questions, so please do not hesitate to call one of our experienced and knowledgeable sales representatives who will be happy to answer any questions and walk you through the enrollment process.

**Questions?** Call QualChoice Advantage at **1-844-822-7838 (TTY 711)**. Our hours of operation are 8:00 am to 8:00 pm Monday - Friday, and 8:00 am to 8:00 pm Monday - Sunday, October 1 - February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day.

# Choosing the right Medicare Advantage plan

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When it comes to your health care, choosing the right Medicare Advantage plan is the most important thing you can do. Your plan should cover what is important to you, so you get the best value for your health care dollar.

## Visit our website

In addition to the information in this packet, there is a wealth of helpful materials and resources on our website at [www.QualChoiceAdvantage.com](http://www.QualChoiceAdvantage.com).

## Four easy steps

Follow our four easy steps to review our Medicare Advantage plan, and you can rest easy knowing you've made an informed decision.

First, please confirm that you live in our coverage area: **Conway, Garland, Lonoke, Perry, and Pulaski counties.**

### STEP 1

#### What benefits are important to you?

You can review plan costs and benefits in the *Summary of Benefits* document. Please note that our plan includes prescription drug coverage.

Remember, if you do not maintain creditable drug coverage, you could be required to pay a late enrollment penalty if you want to add drug coverage at a later date.

### STEP 2

#### Is your physician in our network?

Search our full provider list online at [www.QualChoiceAdvantage.com](http://www.QualChoiceAdvantage.com) or call us to request a *Provider Directory*.

### STEP 3

#### Are your prescriptions covered?

For more information on covered prescriptions, please review our formulary online at [www.QualChoiceAdvantage.com](http://www.QualChoiceAdvantage.com) or call us and speak to one of our friendly sales agents.

## STEP 4

### **Choose the plan that meets your defined needs.**

Turn to the *Enrollment* section at the end of the book and you can fill out a paper application and submit it to your sales representative or mail it to the Plan office. To enroll online, visit us at [www.QualChoiceAdvantage.com](http://www.QualChoiceAdvantage.com). If you have additional questions, call us. We'll be happy to help you find the plan that fits your defined needs.

## What to Expect After Becoming a Member

- After you enroll, you will receive a letter acknowledging that your application has been submitted.
- You can expect to receive your member kit about 10 days after CMS accepts your enrollment, or by the last day of the month prior to your coverage effective date, whichever is later. The member kit includes your *Evidence of Coverage*, directory of providers and pharmacies in your area and an *Abridged Drug Formulary*.
- You can expect to receive your member ID card about 10 days after CMS accepts your enrollment, or by the last day of the month prior to your coverage effective date, whichever is later. This card is your gateway to care. Please keep it with you at all times.
- You will be able to access additional services like routine eye exams, hearing, free fitness programs and more.
- You will receive our member magazine, *Partners in Health* with messages from medical experts dedicated to keeping you healthy. The magazine highlights events, member news, and health and wellness information.
- You can also subscribe to our free e-newsletter *Members Matter*, designed just for our QualChoice Advantage members.

*QualChoice Advantage is an HMO plan with a Medicare contract. Enrollment in QualChoice Advantage depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium. A sales person will be present with information and applications. For accommodation of persons with special needs at sales meetings, please call 1-844-822-7838 (TTY 711). Medicare beneficiaries may also enroll in QualChoice Advantage through the CMS Medicare Online Enrollment Center located at [www.medicare.gov](http://www.medicare.gov).*

# *Summary of Benefits*

*In this section, you can*

» *Review plan benefits*

» *Review plan premium and other cost sharing*

» *Review prescription drug coverage*

## SECTION 1

### Introduction to the Summary of Benefits QualChoice Advantage Classic Plus Rx (HMO)

#### Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

#### You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Classic Plus Rx (HMO)**).

#### Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Classic Plus Rx (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 <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 <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### Sections in this booklet

- Things to Know About **Classic Plus Rx (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug 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 us at 1-844-822-7838 (TTY 711).

## **Things to Know About Classic Plus Rx (HMO)**

### **Hours of Operation**

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

### **Classic Plus Rx (HMO) Phone Numbers and Website**

- If you are a member of this plan, call toll-free 1-844-822-7838 (TTY 711).
- If you are not a member of this plan, call toll-free 1-844-822-7838 (TTY 711).
- Our website: <http://www.QualChoiceAdvantage.com>

### **Who can join?**

To join **Classic Plus Rx (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Arkansas: Conway, Garland, Lonoke, Perry, and Pulaski.

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

**Classic Plus Rx (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (<http://www.qualchoiceadvantage.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.



## 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.

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, <http://www.qualchoiceadvantage.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 five "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.

*QualChoice Advantage is an HMO plan with a Medicare contract. Enrollment in QualChoice Advantage depends on contract renewal.*

## SECTION 2

# Summary of Benefits

January 1, 2016 - December 31, 2016

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

<b>How much is the monthly premium?</b>	<b>\$0 per month.</b> In addition, you must keep paying your Medicare Part B premium.
<b>How much is the deductible?</b>	This plan does not have a deductible.
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"><li>• <b>\$6,500</b> for services you receive from in-network providers.</li></ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will 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>
<b>Is there a limit on how much the plan will pay?</b>	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

## Covered Medical and Hospital Benefits

Note: Services with a <sup>1</sup> may require prior authorization.

<b>Outpatient Care and Services</b>	
<b>Acupuncture</b>	Not covered
<b>Ambulance<sup>1</sup></b>	<p><b>\$235</b> copay</p> <p><i>Copay applies regardless of whether you are admitted to the hospital or not. Prior authorization is required for non-emergent Medicare-covered Ambulance services.</i></p>
<b>Chiropractic Care<sup>1</sup></b>	<p>Manipulation of the spine to correct a subluxation (<i>when 1 or more of the bones of your spine move out of position</i>): <b>\$20</b> copay</p> <p><i>Services must be by a state-licensed chiropractor. Network providers are contracted through American Specialty Health.</i></p>
<b>Dental Services</b>	<p><u>Limited dental services</u> (<i>this does not include services in connection with care, treatment, filling, removal, or replacement of teeth</i>): <b>\$40</b> copay</p> <p><u>Dental services</u>: <b>\$10</b> copay for a single office visit that includes:</p> <ul style="list-style-type: none"> <li>• Cleaning (<i>for up to 1 every six months</i>)</li> <li>• Dental x-ray(s) (<i>for up to 1 every six months</i>)</li> <li>• Fluoride treatment (<i>for up to 1 every six months</i>)</li> <li>• Oral exam (<i>for up to 1 every six months</i>)</li> </ul> <p><i>Preventive dental benefits are available only through the Scion Dental provider network. Any amount you pay for preventive dental services will not accumulate towards your maximum out-of-pocket costs.</i></p>

## Outpatient Care and Services

<p><b>Diabetes Supplies and Services</b></p>	<ul style="list-style-type: none"> <li>• Diabetes monitoring supplies: You pay nothing.</li> <li>• Diabetes self-management training: You pay nothing</li> <li>• Therapeutic shoes or inserts: <b>20%</b> of the cost</li> </ul> <p><i>Coverage for Medicare-covered diabetic supplies obtained at a pharmacy is limited to the Abbott manufactured products of FreeStyle and Precision.</i></p>
<p><b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> (Costs for these services may be different if received in an outpatient surgery setting)<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Diagnostic radiology services (such as MRIs, CT scans): <b>20%</b> of the cost</li> <li>• Diagnostic tests and procedures: <b>20%</b> of the cost</li> <li>• Lab services: <b>\$15</b> copay</li> <li>• Outpatient x-rays: <b>\$20</b> copay</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer): <b>20%</b> of the cost</li> </ul>
<p><b>Doctor's Office Visits</b></p>	<ul style="list-style-type: none"> <li>• Primary care physician visit: <b>\$5</b> copay</li> <li>• Specialist visit: <b>\$40</b> copay</li> </ul>
<p><b>Durable Medical Equipment</b> (wheelchairs, oxygen, etc.)<sup>1</sup></p>	<p><b>20%</b> of the cost</p> <p><i>Prior authorization is required for items \$1,000 and over.</i></p>
<p><b>Emergency Care</b></p>	<p><b>\$75</b> copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p> <p><i>You are covered for emergency care in the US and worldwide.</i></p>
<p><b>Foot Care</b> (podiatry services)</p>	<ul style="list-style-type: none"> <li>• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: <b>\$40</b> copay</li> <li>• Routine foot care (for up to 6 visit(s) every year): <b>\$40</b> copay</li> </ul>

## Outpatient Care and Services

<b>Hearing Services</b>	<ul style="list-style-type: none"> <li>• Exam to diagnose and treat hearing and balance issues: <b>\$0-40</b> copay, depending on the service</li> <li>• Routine hearing exam (<i>for up to 1 every year</i>): <b>\$0-40</b> copay, depending on the service</li> <li>• Hearing aid: <b>\$0</b> copay             <ul style="list-style-type: none"> <li>○ Our plan pays up to \$1,000 every year for hearing aids.</li> </ul> </li> </ul> <p><i>You pay nothing for a routine hearing exam from a Hearing Care Solutions provider. Our plan pays up to \$1,000 a year per ear for hearing aids from a Hearing Care Solutions provider, within the limits of your benefits. Any amount you pay for hearing aids will not accumulate towards your maximum out-of-pocket costs.</i></p>
<b>Home Health Care<sup>1</sup></b>	<p>You pay nothing.</p>
<b>Mental Health Care<sup>1</sup></b>	<p><b>Inpatient visit:</b></p> <ul style="list-style-type: none"> <li>• Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</li> <li>• Our plan covers 90 days for an inpatient hospital stay.             <ul style="list-style-type: none"> <li>○ Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.                 <ul style="list-style-type: none"> <li>▪ <b>\$290</b> copay per day for days 1 through 5</li> <li>▪ You pay nothing per day for days 6 through 90</li> </ul> </li> </ul> </li> <li>• Outpatient group therapy visit: <b>\$40</b> copay</li> <li>• Outpatient individual therapy visit: <b>\$40</b> copay</li> </ul> <p><i>Services provided by a Licensed Mental Health Counselor are not covered.</i></p>

## Outpatient Care and Services

<b>Outpatient Rehabilitation<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services (<i>for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks</i>): <b>\$40</b> copay</li> <li>• Occupational therapy visit: <b>\$40</b> copay</li> <li>• Physical therapy and speech and language therapy visit: <b>\$40</b> copay</li> </ul>
<b>Outpatient Substance Abuse<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Group therapy visit: <b>\$40</b> copay</li> <li>• Individual therapy visit: <b>\$40</b> copay</li> </ul>
<b>Outpatient Surgery<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Ambulatory surgical center: <b>\$190</b> copay</li> <li>• Outpatient hospital: <b>\$40-240</b> copay, depending on the service*</li> </ul> <p><i>In-office minor surgical procedures are subject to the applicable PCP/Specialist copay.</i></p> <p><i>*The lower copay amount is for covered benefits received at Outpatient Clinics. The higher copay amount is for covered benefits received at an Outpatient Hospital Facility.</i></p>
<b>Over-the-Counter Items</b>	<p>Not covered</p>
<b>Prosthetic Devices</b> ( <i>braces, artificial limbs, etc.</i> ) <sup>1</sup>	<ul style="list-style-type: none"> <li>• Prosthetic devices: <b>20%</b> of the cost</li> <li>• Related medical supplies: <b>20%</b> of the cost</li> </ul> <p><i>Prior authorization is required for items \$1,000 and over.</i></p>
<b>Renal Dialysis<sup>1</sup></b>	<p><b>20%</b> of the cost</p> <p><i>Services must be provided by a Medicare-certified facility within the US and its territories.</i></p>
<b>Transportation</b>	<p>Not covered</p> <p><i>See "Ambulance" section of this document for medically-necessary coverage.</i></p>

## Outpatient Care and Services

### Urgently Needed Services

**\$50** copay

### Vision Services

- Exam to diagnose and treat diseases and conditions of the eye (*including yearly glaucoma screening*): **\$0-40** copay, depending on the service
- Routine eye exam (*for up to 1 every year*): **\$0** copay
- Contact lenses: **\$25** copay
- Eyeglasses (frames and lenses) (*for up to 1 every two years*): **\$25** copay
- Eyeglass frames (*for up to 1 every two years*): **\$25** copay
- Eyeglass lenses (*for up to 1 every two years*): **\$25** copay
- Eyeglasses or contact lenses after cataract surgery: **\$0** copay
- Our plan pays up to \$120 every two years for eyewear

*You have no copay for yearly glaucoma screening. One yearly routine eye exam is covered at no copay when using a Vision Service Plan (VSP) network provider. Eyewear copays (frames, lenses, contact lenses) apply when using a VSP network provider. Any amount you pay for routine eyewear will not accumulate towards your maximum out-of-pocket costs.*

## Outpatient Care and Services

### Preventive Care

You pay nothing.

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (*mammogram*)
- Cardiovascular disease (*behavioral therapy*)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (*Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy*)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (*PSA*)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (*counseling for people with no sign of tobacco-related disease*)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (*one-time*)
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered.

*In addition to the yearly "Wellness" visit and the "Welcome to Medicare" preventive visit, an annual physical exam is covered at no cost to you.*



## Outpatient Care and Services

<b>Hospice</b>	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
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## Inpatient Care

<b>Inpatient Hospital Care</b> <sup>1</sup>	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"><li>• <b>\$290</b> copay per day for days 1 through 5</li><li>• You pay nothing per day for days 6 through 90</li><li>• You pay nothing per day for days 91 and beyond</li></ul>
<b>Inpatient Mental Health Care</b>	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
<b>Skilled Nursing Facility (SNF)</b> <sup>1</sup>	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"><li>• You pay nothing per day for days 1 through 20</li><li>• <b>\$160</b> copay per day for days 21 through 61</li><li>• You pay nothing per day for days 62 through 100</li></ul> <p><i>No prior hospital stay is required.</i></p>

## Prescription Drug Benefits

### How much do I pay?

- For Part B drugs such as chemotherapy drugs<sup>1</sup>: **20%** of the cost
- Other Part B drugs<sup>1</sup>: **20%** of the cost

### Initial Coverage

You pay the following until your total yearly drug costs reach **\$3,310**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

#### Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
<b>Tier 1 (Preferred Generic)</b>	\$2 copay	\$4 copay	\$5 copay
<b>Tier 2 (Generic)</b>	\$10 copay	\$20 copay	\$25 copay
<b>Tier 3 (Preferred Brand)</b>	\$38 copay	\$76 copay	\$95 copay
<b>Tier 4 (Non-Preferred Brand)</b>	35% of the cost	35% of the cost	35% of the cost
<b>Tier 5 (Specialty Tier)</b>	33% of the cost	33% of the cost	33% of the cost

## Prescription Drug Benefits

### Initial Coverage (cont'd)

#### Standard Mail Order Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
<b>Tier 1 (Preferred Generic)</b>	\$2 copay	\$4 copay	\$6 copay
<b>Tier 2 (Generic)</b>	\$10 copay	\$20 copay	\$30 copay
<b>Tier 3 (Preferred Brand)</b>	\$38 copay	\$76 copay	\$114 copay
<b>Tier 4 (Non-Preferred Brand)</b>	35% of the cost	35% of the cost	35% of the cost
<b>Tier 5 (Specialty Tier)</b>	33% of the cost	33% of the cost	33% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$3,310**.

After you enter the coverage gap, you pay **45%** of the plan's cost for covered brand name drugs and **58%** of the plan's cost for covered generic drugs until your costs total **\$4,850**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

## Prescription Drug Benefits

### Catastrophic Coverage

After your yearly out-of-pocket drug costs (*including drugs purchased through your retail pharmacy and through mail order*) reach **\$4,850**, you pay the greater of:

- **5%** of the cost, or
- **\$2.95** copay for generic (*including brand drugs treated as generic*) and a **\$7.40** copayment for all other drugs.

# *Enrollment Information*

*In this section, you can*

» *Complete our enrollment form and receipt*

» *Review our Scope of Appointment form*

» *You can also enroll online anytime at [www.QualChoiceAdvantage.com](http://www.QualChoiceAdvantage.com)*



# Enrollment Checklist

Avoiding these common mistakes will help us reduce any unnecessary delay of your application and get you enrolled quickly:

- Did you provide your Medicare Part A & B effective dates and number?
- Did you choose a Primary Care Provider (PCP)?
- Did you include information about any other health insurance coverage you have (if applicable)?
- Did you include a completed payment options form? Did you sign your application?
- Enrollment in a Medicare Advantage plan does not automatically end your enrollment in a Medicare Supplement plan. Did you ask your broker or sales agent whether you need to act to cancel your other coverage?

12615 Chenal Parkway Suite 300  
Little Rock, AR 72211

Phone: 1-844-822-7838  
Fax: 1-844-822-7837  
TTY: 711

Call Customer Service at 1-844-822-7838 (TTY users should call 711). QualChoice Advantage hours of operations are 8 am to 8 pm, Monday – Friday and 8 am to 8 pm, Monday - Sunday, October 1 through February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day.



# QualChoice Advantage Enrollment Form

**Instructions:** We cannot accept this application until you complete all of the following information. You must have Medicare Part A and be enrolled in Medicare Part B to join a Medicare Advantage plan.

## Your Medicare Advantage Plan Choice

Please check the plan you want to enroll in:

- Classic Plus Rx (HMO): \$0 per month (Available in Conway, Garland, Lonoke, Perry, and Pulaski Counties)

## Primary Care Provider (PCP) Information

Please choose your PCP (can't be a specialist):

PCP Name: \_\_\_\_\_

Is this your current primary care provider?  Yes  No

## Personal Information


Please Check <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Last Name as it appears on Medicare card	First Name	MI	Sex
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Date of Birth (mm/dd/yyyy)	Home Phone (xxx-xxx-xxxx)	Email
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Permanent Residence Address (P.O. Box not allowed)	City	County	State	Zip
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Mailing Address (if different from permanent address)	City	County	State	Zip
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## Please Provide Your Medicare Insurance Information

MEDICARE  HEALTH INSURANCE	
SAMPLE ONLY	
Name _____	
Medicare Claim Number _____	Sex _____
Is Entitled To: _____	Effective Date: _____
<input type="checkbox"/> Hospital Insurance (Part A) _____	
<input type="checkbox"/> Medical Insurance (Part B) _____	

Please take out your Medicare card to complete this section. Medicare Information: Please fill in these blanks so they match your red, white and blue Medicare card. **You must have Medicare Part A and be enrolled in Medicare Part B to join a Medicare Advantage plan**

OR

Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

## Office Use Only

Name of Staff Member/Agent/Broker (If assisted in enrollment)	Broker ID	Receipt Date
Effective Date of Coverage	ICEP/IEP	AEP
		SEP (type)



**Please Read and Answer These Important Questions:**

1. Do you have End Stage Renal Disease (ESRD)?  No  Yes

If you answered "yes" to this question and you don't need regular dialysis anymore, or if you have had a successful kidney transplant, **please attach a note or records** from your doctor showing you don't need dialysis or have had a successful kidney transplant. Otherwise, we may need to contact you to obtain additional information.

2. Some individuals may have other medical or prescription drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State pharmaceutical assistance programs. Will you have other coverage in addition to QualChoice Advantage?

No  Yes If "yes," please list your other coverage and your identification (ID) number(s):

	Coverage Name	Coverage ID #:	Coverage Group #:
Medical			
Prescription Drug			

3. Are you a resident in a Long-Term Care Facility, such as a nursing home?  No  Yes

If "yes", please provide the following information:

Name of Institution: .....

Address (number and street) of Institution: ..... Phone Number of Institution: .....

4. Are you enrolled in your State Medicaid program?  No  Yes If "yes", please provide a copy of your ID Card. Medicaid number: .....

5. Do you or your spouse work?  No  Yes If "yes", do you have other coverage?

No  Yes If "yes", please list your other coverage above in question two.

If you need information in a large print format or in another language, contact QualChoice Advantage Customer Service at 1-844-822-7838. Our hours of operation are 8:00 am to 8:00 pm, Monday - Friday and 8:00 am to 8:00 pm, Monday - Sunday, October 1 through February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day. TTY users should call 711.

Our plan is a culturally diverse company. We welcome all eligible individuals into our health programs, regardless of health status. As part of our quality care initiatives, we want to ensure that all members receive access to care, regardless of race or ethnicity. Your response to this question is appreciated (optional):

- White/Caucasian (not Hispanic/Latino)  Black/African American  American Indian/Alaska Native  
 Native Hawaiian/other Pacific Islander  Hispanic/Latino  Asian  Other .....

**Please Read the Important Information that follows BEFORE Signing**

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, 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 QualChoice Advantage or from Medicare.

Your Signature ..... Date .....

If you are the authorized representative, you must sign above and provide the following:

Name: ..... Relationship to Enrollee: .....

Address: ..... Phone: .....

## Payment Options

### Personal Information

Member Name (print): .....

I hereby authorize QualChoice Advantage, its affiliates and subsidiaries, to deduct my insurance premium payments as indicated below:

### Payment Options

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. Please select ONE of the following payment options:

- Electronic Funds Transfer (EFT) from my bank account on the 3rd day of each month. Please enclose a VOIDED check and provide the following:

Account holder name: .....

Bank routing number:   Checking  Savings

Bank account number

- Receive a monthly billing statement.
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. (The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check may include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or EFT each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay QualChoice Advantage 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 at 1-800-772-1213. TTY users should call 711. 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 a payment option, you will receive a monthly billing statement if applicable.

Print name of plan member: ..... Signature of bank holder or Social Security beneficiary: ..... Date: .....

## Please Read This Important Information!

If you currently have health coverage from an employer or union, joining QualChoice Advantage could affect your employer or union health benefits. You could lose your employer or union health coverage if you join QualChoice Advantage. 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.

## Please Read Before Signing

**By completing this enrollment application, I agree to the following:**

QualChoice Advantage is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. **I can only be in one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan.** It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 - December 7 of every year), or under certain special circumstances.

QualChoice Advantage serves a specific area. If I move out of the area that QualChoice Advantage serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of QualChoice Advantage, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from QualChoice Advantage when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date QualChoice Advantage coverage begins, I must get all of my health care from QualChoice Advantage physicians except for emergency or urgently needed services or out-of-area dialysis services by a Medicare-certified provider. Services authorized by QualChoice Advantage and other services contained in my QualChoice Advantage Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **neither Medicare nor QualChoice Advantage will pay for the services.**

I understand that if I am getting assistance from a Sales Agent, Broker, or other individual employed by or contracted with QualChoice Advantage he/she may be paid based on my enrollment in QualChoice Advantage.

I understand that by providing my contact information, including phone number and email address, I hereby give QualChoice Advantage permission to contact me via email and phone.

### **Release of Information:**

By joining this Medicare Advantage plan, I acknowledge that QualChoice Advantage will release my information to Medicare and other plans as necessary for treatment, payment and health care operations. I also acknowledge that QualChoice Advantage will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal Statutes and Regulations. 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.



## Attestation of Eligibility for an Enrollment Period

Date: ..... Name: .....

**Typically, you may enroll in a Medicare Advantage plan *only* during the Annual Enrollment Period (AEP) 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 making my Annual Enrollment Period Election (October 15 – December 7).
- I am new to Medicare.
- 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 returned to the U.S. after living permanently outside of the U.S. I returned to the U.S. on (insert date) \_\_\_\_\_.
- I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- I get extra help paying for Medicare prescription drug coverage.
- I no longer qualify for extra help paying for my Medicare prescription drugs.
- I stopped receiving extra help on (insert date) \_\_\_\_\_.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or longer term care 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 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) \_\_\_\_\_.

If none of these statements applies to you or you're not sure, please call Customer Service at 1-844-822-7838, TTY 711. QualChoice Advantage hours of operation are 8:00 am to 8:00 pm, Monday - Friday and 8:00 am to 8:00 pm, Monday - Sunday, October 1 through February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day.

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

Thank you for Applying for QualChoice Advantage (HMO)



## Enrollment Receipt

### **Please complete and keep this form as a reminder of the plan you selected.**

- ✓ Keep this form for your records until Medicare has confirmed your enrollment and you have received your permanent membership card and other materials.
- ✓ We will send you a letter confirming we have received your enrollment application and that it has been approved by Medicare. Your member ID card will be attached to the letter.
- ✓ Bring your member ID card every time you visit a doctor, hospital or pharmacy.

**Plan Selected:**  Classic Plus Rx (HMO)      **Premium:** \$0

**Date of Application:** \_\_\_/\_\_\_/\_\_\_\_\_

**Broker Name:** (if applicable) \_\_\_\_\_

**Please note:** If applying using a paper Enrollment Form, we will mail you a copy of your completed Enrollment Form.

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## Welcome to Our Plan!

Thank you for enrolling. Medicare requires that we call or send you a letter if your application was submitted by a broker or agent. We will review your plan and answer any questions you might have. Topics that we will cover include:

- Information about our plan. Our plan is an HMO and we will explain what that means to you. We will also confirm your plan premium before adjustments are made for extra help/premium assistance. Your premium may be more if Medicare determines you owe a late enrollment penalty.
- This is an HMO plan. This is not a Medigap or Medicare Supplement plan.
- The importance of showing your plan ID card when seeking medical services from a network provider.
- How you can view the most current provider and/or pharmacy directory online.

*Please take a few moments to review your plan choice information.*

If you have any additional questions, please call Customer Service at 1-844-822-7838 (TTY 711). QualChoice Advantage hours of operation are 8:00 am to 8:00 pm, Monday - Friday and 8:00 am to 8:00 pm, Monday – Sunday, October 1 through February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day.

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# Sales Appointment Confirmation Form

**To be completed by person with Medicare.**

Please initial below in the box beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss a Medicare Supplement policy with you.)

## **Stand-alone Medicare Prescription Drug Plans (Part D)**

**Medicare Prescription Drug Plan (PDP)** - A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

## **Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans**

**Medicare Health Maintenance Organization (HMO)** - A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network except in an emergency.

**Medicare Preferred Provider Organization (PPO) Plan** - A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**Medicare Private Fee-For-Service (PFFS) Plan** - A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment and terms and conditions.

**Medicare Special Needs Plan (SNP)** - A special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** - MSA Plans combine a high deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** - A type of health plan. In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).

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To be completed by Agent:

**By signing this form you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.**

**Signing this form does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.**

**Beneficiary Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact:	
<b>Agent's Signature:</b>	Date: _____
Time: _____	
Plan Use Only:	

# Multi-Language Insert

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-822-7838. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-822-7838. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-822-7838。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-822-7838。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-822-7838. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-822-7838. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-822-7838 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-822-7838. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-822-7838번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.



**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-822-7838. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:**

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-844-822-7838]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-822-7838 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-822-7838. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-822-7838. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-822-7838. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-822-7838. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-822-7838 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

QualChoice Advantage is an HMO plan with a Medicare contract. Enrollment in QualChoice Advantage depends on contract renewal.

## **QualChoice Advantage Customer Service**

### **CALL**

**1-844-822-7838**

**TTY 711**

Calls to these numbers are free.

QualChoice Advantage is an HMO plan with a Medicare contract. Enrollment in QualChoice Advantage depends on contract renewal. QualChoice Advantage hours of operation are 8:00 am to 8:00 pm, Monday - Friday and 8:00 am to 8:00 pm, Monday - Sunday October 1 through February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day. Customer Service also has free language interpreter services available for non-English speakers.

### **FAX**

**1-844-822-7847**

### **WRITE**

QualChoice Advantage  
12615 Chenal Parkway, Suite 300  
Little Rock, AR 72211

### **WEBSITE**

[www.QualChoiceAdvantage.com](http://www.QualChoiceAdvantage.com)

## **Arkansas Senior Health Insurance Information Program (SHIIP)**

### **CALL**

**1-800-224-6330**

**TTY 711**

### **WRITE**

Arkansas Insurance Department  
ATTN: SHIIP Division  
1200 West Third Street  
Little Rock, AR 72201

### **WEBSITE**

[www.insurance.arkansas.gov/shiip.htm](http://www.insurance.arkansas.gov/shiip.htm)