

This Medicare Advantage Enrollment Kit is for use in the following counties: Albany, Bronx, Clinton, Essex, Fulton, Hamilton, Montgomery, New York, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Warren, and Washington

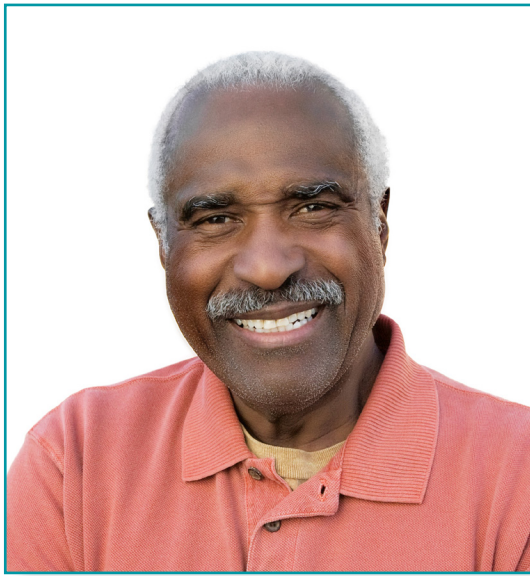
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Table of Contents

About Fidelis Care	2
2020 Medicare Advantage Comparison Chart	4
2020 Medicare Advantage Summary of Benefits	8
Star Ratings	32
Important Information About Your Medicare Coverage	34
Applicant Information	44
For Representative Use Only	46

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About Fidelis Care

Cost-saving benefits and personalized care from a health plan on a mission to care for you, and your family.

We have one mission—to offer quality, affordable, and comprehensive health coverage—provided with dignity and respect.

Fidelis Legacy Plan works closely with top-quality providers to ensure that members have the care and services they need. We believe that regular checkups with your provider are an important part of staying healthy, and that preventive care like flu shots, and breast and colon cancer screenings, is key. We are your health care partner, and are committed to working with you and your providers throughout the year.

If you're considering Fidelis Legacy Plan, or if you'd like to change your coverage, our Licensed Sales Representatives can meet with you at a convenient location or at one of our Community Offices. To find the location closest to you, visit www.fideliscare.org/offices.

We look forward to serving you in the year ahead.

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2020



Medicare Advantage

Comparison Chart



FIDELIS®

LEGACY PLAN

Enrollment Kit: Medicare Advantage Plans



**Medicare Advantage Flex
(HMO-POS Plan 022-Segment 2)
2020 Benefit Highlights**

Benefits	In-Network See a Fidelis Care Doctor	Out-of-Network See Any Doctor who Accepts Medicare+
Monthly Plan Premium	\$22.50	
Flex Benefit	\$400	
PCP Visits	\$10 copay	Not Covered
Specialist Visits	\$40 copay	50% coinsurance
Clinical/Diagnostic Services: Lab Radiation Therapy X-ray MRI/CT Scan/PET Scan	\$20 copay 20% coinsurance \$10 copay 20% coinsurance	Not Covered Not Covered Not Covered Not Covered
Inpatient Hospital - Acute	\$1,600 copay per admission	Not Covered
Inpatient Mental Health	\$1,600 copay per admission	Not Covered
Skilled Nursing Facility	\$0 copay/day, days 1-20 \$175 copay/day, days 21-100	Not Covered
Emergency Room (Worldwide)	\$90 copay	\$90 copay
Urgent Care	\$40 copay	\$30 copay
Ambulance	\$250 copay per trip	\$250 copay per trip
Outpatient Surgery	\$500 copay	Not Covered
Ambulatory Surgery Center	\$500 copay	50% coinsurance
PT/OT/ST	\$40 copay	50% coinsurance
Chiropractor	\$20 copay	50% coinsurance
Routine Eye Exams	\$0 copay	Not Covered
Glasses/Frames/Contacts	Covered under Flex Benefit	Covered under Flex Benefit
Podiatry Visits	\$40 copay	50% coinsurance
Durable Medical Equipment (DME)	20% coinsurance	Not Covered
Prosthetics	20% coinsurance	Not Covered
Dental	\$0 copay 2 Exams & 2 Cleanings & X-rays annually	Not Covered
Diabetic Supplies	\$0 copay	Not Covered
Prescription Drugs: Deductible Initial Coverage Limit Preferred Generic (Tier 1) Non-preferred Generic (Tier 2) Preferred Brand (Tier 3) Non-preferred Brand (Tier 4) Specialty Injectable (Tier 5) Mail Order (90-day supply)	\$435 \$4,020 \$0 copay (Tier 1) \$15 copay (Tier 2) 22% coinsurance (Tier 3) 33% coinsurance (Tier 4) 25% coinsurance (Tier 5) \$0/\$30/18%/29%	

+There is \$10,000 aggregate total allowance for all out-of-network benefits. Once the \$10,000 aggregate total is met, 100% of the cost for out-of-network care is paid by the member. A separate office visit copay may apply in some instances. Fidelis Legacy Plan is an HMO plan with a Medicare contract. Enrollment in Fidelis Legacy Plan depends on contract renewal. Applicants must be entitled to Part A and enrolled in Part B and must continue to pay Medicare Part B monthly premiums. All applicants eligible for Medicare residing in our service area may apply. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan or see our 2020 Summary of Benefits for further details.

Medicare Advantage \$0 Premium (HMO-Plan 024 Segment 2) 2020 Benefit Highlights	Summary of Items Eligible for Reimbursement (\$400 Reimbursement in Medicare Advantage Flex Plan 022 Only)
See a Fidelis Care Doctor	
\$0	
Not Available	
\$30 copay	
\$50 copay	
\$20 copay 20% coinsurance \$10 copay 20% coinsurance	Dental Cleanings, Fluoride Treatments, Crowns, Partial, Extractions, Root Canals, False Teeth, Routine Exams, Fillings and X-rays
\$1,695 copay per admission \$1,695 copay per admission	Durable Medical Equipment Grab Bars, Bath Seat/Shower Seat, Canes or Crutches, Pressure Stockings, Bed Alarms, Incontinence Pads/Supplies, Rib Belts and Braces, Orthopedic Supports (not arch and insole inserts)
\$0 copay/day, days 1-20 \$175 copay/day, days 21-100	Health Club/Fitness Center Fitness Classes (Cardiovascular, strength training, etc.) Health Club/Fitness Center Annual Memberships, Health-related Classes (Pilates, yoga, tai chi, etc.), Health-related Courses (Stress management, etc.), Water Fitness Classes
\$90 copay	
\$50 copay	
\$250 copay per trip	Hearing Aids Analog or Digital Hearing Aids (installed behind-the-ear or in-the-ear), Hearing Aid Batteries
\$500 copay	
\$500 copay	Holistic Programs Acupuncture, Medically Necessary Transportation, Taxi Service, Bus Fare, Subway Fare, and Transportation Vans are covered when traveling to and from: Clinics, Hospitals, Dentists, Medical Centers, Doctor Offices, and Pharmacies
\$50 copay	
\$20 copay	
\$50 copay	
\$50 copay 20% coinsurance 20% coinsurance	Over-the-Counter Medications Acetaminophen, Ear Drops, Allergy Medications, Ear Wax Removal Antacid Liquids and Tablets, Eye Drops, Anti-fungal Medications, Ibuprofen, Aspirin, Laxatives, Athlete's Foot Medications, Nausea Medications, Cough/Cold/Flu Medications, Smoking Cessation Products, Diarrhea Medicine, and Vitamins
Not Covered	
\$0 copay	
\$0 \$3,665 \$5 copay (Tier 1) \$20 copay (Tier 2) \$47 copay (Tier 3) \$100 copay (Tier 4) 33% coinsurance (Tier 5) \$10/\$40/\$94/\$200	Prescription Eye Wear Bifocals or Trifocals, Contact Lenses, Frames, Photo-ray Lenses, and Prescription Glasses Weight Loss Programs Exercise-related Programs (food will not be covered) Other Incontinence Supplies
Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments or coinsurance may change on January 1, 2021. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week or call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778 or your State Medicaid Office. Products not available in all areas. Please check with your Fidelis Legacy Plan representative or visit www.fideliscare.org/medicare for information on products available in your area.	

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2020



Medicare Advantage

Summary of Benefits



FIDELIS®
LEGACY PLAN

Enrollment Kit: Medicare Advantage Plans

**2020 Summary of Benefits
Fidelis Medicare Advantage Flex Plan (HMO-POS),
Fidelis Medicare \$0 Premium Plan (HMO) and
CMS Contract # H3328**

January 1, 2020 – December 31, 2020

Thank you for your interest in Fidelis Medicare Advantage Plans. Our plans are offered by The New York State Catholic Health Plan /Fidelis Legacy Plan, a Medicare Advantage Health Maintenance Organization (HMO), with a point-of-service option (POS) that contracts with the Federal government.

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 our benefits, please call Fidelis Legacy Plan and ask for the "Evidence of Coverage."

You have choices in your health care

One choice is to get your Medicare benefits through Original Medicare (fee-for-service). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medicare health plan, like a Fidelis Medicare Advantage Plan.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Fidelis Medicare Advantage Plans cover 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.

Who might these plans be best suited for?

Fidelis Medicare Advantage Flex Plan – (Low Income Premium Subsidy Target plan) This plan may be the optimal choice for you if you qualify for Part D Low Income Premium Subsidies or the state Pharmacy Assistance Program's Part D premium subsidy (but are not a Full Medicaid Dual Eligible or Qualified Medicare Beneficiary in which case please consider one of our Dual Special Needs Plans); however, it is available to those that do not qualify for premium subsidies and are willing to pay the monthly premium.

Fidelis Medicare \$0 Premium - This plan may be the optimal choice for you if you do not qualify for Part D Low Income Premium Subsidies or for the state Pharmacy Assistance Program's Part D premium subsidy. If you do, please consider the Low Income Premium Subsidy Target plan. This plan offers the convenience of not having to pay an additional monthly premium (other than your normal monthly Part B premium) for those members that do not qualify for Part D premium relief.

Sections in this booklet

- Things to know about Fidelis Medicare Advantage Plans
- Monthly Premium, Deductible, and Limits on how much you pay for covered services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed below.

Este documento puede estar disponible en un idioma que no sea inglés. Para más información, llame a Servicios al Socio al número telefónico antes mencionado.

Things to know about Fidelis Medicare Advantage plans:

Hours of Operation:

- Customer Services Hours for October 1 – March 31. You can call us 7 days a week from, 8:00 a.m. - 8:00 p.m. Eastern Time.
- Customer Services Hours for April 1 – September 30. You can call us Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Time.

Fidelis Medicare phone numbers and website

- If you are a member of this plan, call toll-free (800) 247-1447. (TTY/TDD 711)
- If you are not a member of this plan, call toll-free (800) 860-8707. (TTY/TDD 711)
- Our website: <http://www.fideliscare.org>

Who can join?

You can join Fidelis Medicare Advantage Plans if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, and live in the service area.

The service area for **Fidelis Medicare Advantage Flex** (HMO-POS) Plan 022_002 and **Fidelis Medicare \$0 Premium** (HMO) Plan 024_002 includes: Albany, Bronx, Clinton, Essex, Fulton, Hamilton, Montgomery, New York, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Warren and Washington Counties, NY. You must live in one of these counties to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Member Service for more information.

Which doctors, hospitals and pharmacies can I use?

Fidelis Legacy Plan has a network of doctors, hospitals, pharmacies and other providers. You can use any doctor who is part of our network. For *Fidelis Medicare Advantage Flex*, some services you may use providers that are not in our network but with an increase cost share and a limit on annual benefits.

For *Fidelis Medicare \$0 Premium*, you can only use doctors who are part of our network. If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

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 (www.fideliscare.org). Or, call us and we will send you a copy of the Provider and Pharmacy 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.

We cover Part D drugs, for *Fidelis Medicare Advantage Flex* (HMO-POS) and *Fidelis Medicare \$0 Premium* (HMO). In addition we cover Part B drugs including 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.fideliscare.org>. Or call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Fidelis Medicare Advantage Flex (HMO-POS) and *Fidelis Medicare \$0 Premium* (HMO) cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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 after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

**Summary of Benefits for Fidelis Medicare Advantage Flex and
Fidelis Medicare \$0 Premium For Year 2020**

Benefit Category		Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)
Monthly Plan Premium, including Part C and Part D Premium		<p>\$22.50 per month in addition to your monthly Medicare Part B premium.</p> <p>Members that are fully eligible for low income premium subsidies thru the federal government or EPIC programs will not have to pay the \$22.50 premium.</p>	\$0 per month in addition to your monthly Medicare Part B premium.
Deductibles, including plan level and category level deductible		\$435 per year for Part D prescription drugs.	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility		<p>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 in this plan is \$6,700 for services you receive from in-network providers.</p> <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> <p>Our plan has a coverage limit for certain</p>	<p>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 in this plan is \$6,700 for services you receive from in-network providers.</p> <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>

Benefit Category		Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)		Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)	
		<p>benefits from any provider. Contact us for services that apply.</p> <p>Non emergency out of network provider services will only be covered if described as covered in one of the below sections and is further subject to an annual allowed benefit consideration that will consider gross allowed costs up to \$10,000 but will generally only cover 50% of these allowed costs with some exceptions (generally limited to \$5,000 in paid benefits per year).</p>			
Inpatient Hospital Coverage ¹		<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use the extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network:</p> <p>For Medicare-covered hospital stays:</p> <p>\$1,600 copay per admission</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>		<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use the extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-Network:</p> <p>For Medicare-covered hospital stays:</p> <p>\$1,695 copay per admission</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	

Benefit Category		Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)
Outpatient Hospital Coverage ¹	In-Network:	In-Network:	In-Network:
	\$500 copay for each outpatient surgery.	\$500 copay for each outpatient surgery.	\$500 copay for each outpatient surgery.
	Other in-network outpatient hospital services will be at 20% coinsurance.	Other in-network outpatient hospital services will be at 20% coinsurance.	Other in-network outpatient hospital services will be at 20% coinsurance.
	Out-of-Network: You pay 50% of the cost. Authorization rules may apply.	Out-of-Network: You pay 50% of the cost. Authorization rules may apply.	Authorization rules may apply.
Ambulatory Surgery Center	In-Network:	In-Network:	In-Network:
	\$500 copay for each Medicare-covered ambulatory surgical center visit.	\$500 copay for each Medicare-covered ambulatory surgical center visit.	\$500 copay for each Medicare-covered ambulatory surgical center visit.
	Out-of-Network: You pay 50% of the cost. Authorization rules may apply.	Out-of-Network: You pay 50% of the cost. Authorization rules may apply.	Authorization rules may apply.
Doctor Visits (Primary and Specialists)	In-Network:	In-Network:	In-Network:
	\$10 copay for each Medicare-covered primary care doctor visit.	\$10 copay for each Medicare-covered primary care doctor visit.	\$30 copay for each Medicare-covered primary care doctor visit.
	\$40 copay for each Medicare-covered specialist visit.	\$40 copay for each Medicare-covered specialist visit.	\$50 copay for each Medicare-covered specialist visit.
	Out of Network: 50% of the cost	Out of Network: 50% of the cost	

Benefit Category		Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)		Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)	
Preventive Care		In-Network and Out-of- Network: \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventative services approved by Medicare for zero cost sharing will be covered by the plan at zero cost sharing. If you believe that you have inappropriately been charged cost sharing for a service please contact Member Services.		In-Network: \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventative services approved by Medicare for zero cost sharing will be covered by the plan at zero cost sharing. If you believe that you have inappropriately been charged cost sharing for a service please contact Member Services.	
Emergency Care		\$90 copay for Medicare-covered emergency room visits. If you are admitted to the hospital within 24 hour(s) for the same condition, you do not have to pay your share for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs. Worldwide coverage: The reimbursement for worldwide emergency care is the lesser of negotiated charges or the amount that the service would have paid if rendered in the member's home county of residence at 100% of the Medicare fee schedule less cost sharing. The standard ambulance copay may apply as it would within the United States and its territories. Covered ambulance services include air ambulance (fixed-wing, rotary-wing) and ground ambulance services. Worldwide		\$90 copay for Medicare-covered emergency room visits. If you are admitted to the hospital within 24 hour(s) for the same condition, you do not have to pay your share for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs. Worldwide coverage: The reimbursement for worldwide emergency care is the lesser of negotiated charges or the amount that the service would have paid if rendered in the member's home county of residence at 100% of the Medicare fee schedule less cost sharing. The standard ambulance copay may apply as it would within the United States and its territories. Covered ambulance services include air ambulance (fixed-wing, rotary-wing) and ground ambulance services. Worldwide	

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)		Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)	
	coverage is limited to \$200,000 per benefit year.		coverage is limited to \$200,000 per benefit year.	
Urgently Needed Services	<p>\$40 copay for Medicare-covered urgently-needed-care visits.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>		<p>\$50 copay for Medicare-covered urgently-needed-care visits.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	
Diagnostic Services/ Labs/ Imaging ¹	<p>Diagnostic radiology services (such as MRIs, CT scans)</p> <p>In-Network:</p> <p>\$20 copay for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>\$10 copay for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Out of Network:</p>		<p>Diagnostic radiology services (such as MRIs, CT scans)</p> <p>In-Network:</p> <p>\$20 copay for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>\$10 copay for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Authorization rules may apply.</p>	

Benefit Category		Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)
		50% of the cost, depending on the service Authorization rules may apply.	
Hearing Services		<p>Exam to diagnose and treat hearing and balance issues.</p> <p>In-Network: \$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p> <p>Non Medicare–covered Routine hearing exams and hearing aids are covered up to the annual limit of the Flex Benefit.</p>	<p>Exam to diagnose and treat hearing and balance issues.</p> <p>In-Network: \$0 copay for Medicare-covered diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p>
Dental Services ¹		<p>Limited Dental Services (this does not include services in connection with care, treatment, filing, removal or replacement of teeth)</p> <p>In-Network: \$40 copay for Medicare-covered dental benefits \$0 copay for the following preventive dental benefits: - up to 2 cleaning(s) every year</p>	<p>Limited Dental Services (this does not include services in connection with care, treatment, filing, removal or replacement of teeth)</p> <p>In-Network: \$50 copay for Medicare-covered dental benefits</p>

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)
	<ul style="list-style-type: none"> - up to 1 dental X-ray(s) every year - up to 2 oral exam(s) every year <p>Additional preventive and comprehensive dental services are covered up to the annual limit of the <u>Flex Benefit</u>.</p>	
Vision Services	<p>In-Network:</p> <p>\$0 to \$40 copay, depending on the service.</p> <p>\$40 copay. Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.</p> <p>\$0 copay for:</p> <p>For people who are at high risk of glaucoma, we will cover one glaucoma screening each year. People at high risk of glaucoma include: people with a family history of glaucoma, people with diabetes, African-Americans who are age 50 and older and Hispanic Americans who are 65 or older.</p> <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p> <p>One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. (If you have two separate</p>	<p>In-Network:</p> <p>\$0 to \$50 copay, depending on the service.</p> <p>\$50 copay. Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.</p> <p>\$0 copay for:</p> <p>For people who are at high risk of glaucoma, we will cover one glaucoma screening each year. People at high risk of glaucoma include: people with a family history of glaucoma, people with diabetes, African-Americans who are age 50 and older and Hispanic Americans who are 65 or older.</p> <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p> <p>One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. (If you have two separate</p>

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)		Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)	
		<p>cataract operations, you cannot reserve the benefit after the first surgery and purchase two eyeglasses after the second surgery.) Corrective lenses/frames (and replacements) needed after a cataract removal without a lens implant.</p> <p>\$0 copay for (1) one routine vision exam per year.</p> <p>Non Medicare-covered Eyewear (glasses, contacts, frames, and lenses) is covered up to the annual limit of the <u>Flex Benefit</u>.</p> <p>Vision benefits must be obtained from Davis Vision providers.</p>	<p>cataract operations, you cannot reserve the benefit after the first surgery and purchase two eyeglasses after the second surgery.) Corrective lenses/frames (and replacements) needed after a cataract removal without a lens implant.</p> <p>\$0 copay for (1) one routine vision exam per year.</p> <p>Vision benefits must be obtained from Davis Vision providers.</p>	
Mental Health Services (including inpatient) ¹	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental health services provided in a general hospital.</p> <p>Plan covers 90 days for an inpatient hospital stay.</p> <p>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</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental health services provided in a general hospital.</p> <p>Plan covers 90 days for an inpatient hospital stay.</p> <p>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</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental health services provided in a general hospital.</p> <p>Plan covers 90 days for an inpatient hospital stay.</p> <p>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</p>	

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)		Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)	
	up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.
	In-Network:	In-Network:	In-Network:	In-Network:
	For Medicare-covered hospital stays:	For Medicare-covered hospital stays:	For Medicare-covered hospital stays:	For Medicare-covered hospital stays:
	\$1,600 copay per admission	\$1,600 copay per admission	\$1,695 copay per admission	\$1,695 copay per admission
	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
	Outpatient:	Outpatient:	Outpatient:	Outpatient:
	In-Network:	In-Network:	In-Network:	In-Network:
	\$40 copay for each Medicare-covered individual therapy visit.	\$40 copay for each Medicare-covered individual therapy visit.	\$40 copay for each Medicare-covered individual therapy visit.	\$40 copay for each Medicare-covered individual therapy visit.
	\$40 copay for each Medicare-covered group therapy visit.	\$40 copay for each Medicare-covered group therapy visit.	\$40 copay for each Medicare-covered group therapy visit.	\$40 copay for each Medicare-covered group therapy visit.
	\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.	\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.	\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.	\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.
	\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.	\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.	\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.	\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.
	\$40 copay for Medicare-covered partial hospitalization program services.	\$40 copay for Medicare-covered partial hospitalization program services.	\$40 copay for Medicare-covered partial hospitalization program services.	\$40 copay for Medicare-covered partial hospitalization program services.
	Out of Network:	Out of Network:		Authorization rules may apply.

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)		Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)	
	You pay 50% of the cost. Authorization rules may apply.			
Skilled Nursing Facility (SNF) ¹	<p>Our plan covers up to 100 days in a SNF.</p> <p>In-Network:</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> - Days 1 – 20: \$0 copay per day - Days 21 – 100: \$175 copay per day <p>No prior hospital stay is required.</p> <p>Authorization rules may apply.</p>		<p>Our plan covers up to 100 days in a SNF.</p> <p>In-Network:</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> - Days 1 – 20: \$0 copay per day - Days 21 – 100: \$175 copay per day <p>No prior hospital stay is required.</p> <p>Authorization rules may apply.</p>	
Physical Therapy/ Rehabilitation Services ¹	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). \$40 copay</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>In-Network:</p> <p>\$40 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$40 copay for Medicare-covered Physical Therapy and/or Speech and Language</p>		<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks). \$40 copay</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>In-Network:</p> <p>\$40 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$40 copay for Medicare-covered Physical Therapy and/or Speech and Language</p>	

Benefit Category		Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)
		Pathology visits. Out-of-Network: You pay 50% of the cost. Authorization rules may apply.	Pathology visits. Authorization rules may apply.
Ambulance ¹		\$250 copay for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits. Authorization rules may apply.	\$250 copay for Medicare-covered ambulance benefits. If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits. Authorization rules may apply.
Transportation		In-Network: Transportation is covered up to the annual limit under the Flex benefit. The member pays for the benefit upfront and submits to Fidelis for reimbursement.	Not Covered
Medicare Part B Drugs ¹		Drugs covered under Medicare Part B such as chemotherapy drugs In-Network: 20% of the cost for Medicare Part B drugs.	Drugs covered under Medicare Part B such as chemotherapy drugs In-Network: 20% of the cost for Medicare Part B drugs.
Wellness Programs		\$400 annual Flex Benefit for the purchase of non-Medicare healthcare items.	Not Covered.

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)
	<p>Payment for non-Medicare covered healthcare expenditures including but not limited to:</p> <ul style="list-style-type: none"> - Dental care – preventive and comprehensive - Prescription eyewear - Over-the-counter items - Over-the counter medicines (non-prescription) - Medical services transportation - Health club membership or fitness classes - Weight loss programs - Smoking cessation programs - Hearing aids - Acupuncture services - Durable medical equipment <p>As indicated above for non Medicare covered services, claims may be submitted and covered as flex spend claims. They will be subject to an annual shared paid benefit allowance of \$400. The benefit allowance is for all non Medicare benefits combined and not for each type.</p>	

Benefit Category		Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)		Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)	
		A member obtains the service and submits a form describing the service and the date received to have payment remitted by the plan.			
Prescription Drug Coverage					
Cost sharing for deductible, the initial coverage phase, coverage gap and catastrophic coverage					
Deductible Stage		\$435 per year for Part D prescription drugs. Deductible applies to all tiers.		This plan does not have a deductible.	
Initial Coverage		<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.fideliscare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none">- have limited incomes,- live in long term care facilities, or- have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>The plan may require you to first try one drug to</p>		<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.fideliscare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none">- have limited incomes,- live in long term care facilities, or- have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>The plan may require you to first try one drug to</p>	

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)	Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)
	<p>to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fidelis Medicare Advantage Flex (HMO-POS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Fidelis Medicare Advantage Flex (HMO-POS) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost-sharing for that drug.</p> <p>After you pay your yearly deductible, you pay the following until your total yearly drug costs</p>	<p>treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Fidelis Medicare \$0 Premium (HMO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Fidelis Medicare \$0 Premium (HMO) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost-sharing for that drug.</p> <p>You pay the following until your total yearly drug costs reach \$3,665. Total yearly</p>

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)		Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)	
	reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.		drug costs are the total drug costs paid by both you and our Part D plan.	
	Standard Retail Cost-Sharing:		Standard Retail Cost-Sharing:	
	Tier 1: Preferred Generic		Tier 1: Preferred Generic	
	- \$0 copay for a one-month (30-day) supply of drugs in this tier		- \$5 copay for a one-month (30-day) supply of drugs in this tier	
	- \$0 copay for a three-month (90-day) supply of drugs in this tier		- \$15 copay for a three-month (90-day) supply of drugs in this tier	
	Tier 2: Non-Preferred Generic		Tier 2: Non-Preferred Generic	
	- \$15 copay for a one-month (30-day) supply of drugs in this tier		- \$20 copay for a one-month (30-day) supply of drugs in this tier	
	- \$45 copay for a three-month (90-day) supply of drugs in this tier		- \$60 copay for a three-month (90-day) supply of drugs in this tier	
	Tier 3: Preferred Brand		Tier 3: Preferred Brand	
	- 22% coinsurance for a one-month (30-day) supply of drugs in this tier		- \$47 copay for a one-month (30-day) supply of drugs in this tier	
	- 22% coinsurance for a three-month (90-day) supply of drugs in this tier		- \$141 copay for a three-month (90-day) supply of drugs in this tier	
Tier 4: Non-Preferred Brand		Tier 4: Non-Preferred Brand		
- 33% coinsurance for a one-month (30-day)		- \$100 copay for a one-month (30-day) supply		

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)		Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)	
	supply of drugs in this tier	of drugs in this tier	supply of drugs in this tier	of drugs in this tier
	<ul style="list-style-type: none"> - 33% coinsurance for a three-month (90-day) supply of drugs in this tier 	<ul style="list-style-type: none"> - \$300 copay for a three-month (90-day) supply of drugs in this tier 		
	Tier 5: Specialty Tier		Tier 5: Specialty Tier	
	<ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier 	<ul style="list-style-type: none"> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier 		
	<ul style="list-style-type: none"> - Not offered for a three-month (90-day) supply of drugs in this tier 	<ul style="list-style-type: none"> - Not offered for a three-month (90-day) supply of drugs in this tier 		
	Standard Mail Order Cost-Sharing:		Standard Mail Order Cost-Sharing:	
	Tier 1: Preferred Generic		Tier 1: Preferred Generic	
	<ul style="list-style-type: none"> - 1 month supply not offered. 	<ul style="list-style-type: none"> - 1 month supply not offered. 		
	<ul style="list-style-type: none"> - \$0 copay for a three-month (90-day) supply of drugs in this tier 	<ul style="list-style-type: none"> - \$10 copay for a three-month (90-day) supply of drugs in this tier 		
	Tier 2: Non-Preferred Generic		Tier 2: Non-Preferred Generic	
	<ul style="list-style-type: none"> - 1 month supply not offered. 	<ul style="list-style-type: none"> - 1 month supply not offered. 		
	<ul style="list-style-type: none"> - \$30 copay for a three-month (90-day) supply of drugs in this tier 	<ul style="list-style-type: none"> - \$40 copay for a three-month (90-day) supply of drugs in this tier 		
	Tier 3: Preferred Brand		Tier 3: Preferred Brand	
	<ul style="list-style-type: none"> - 1 month supply not offered. 	<ul style="list-style-type: none"> - 1 month supply not offered. 		
	<ul style="list-style-type: none"> - 18% coinsurance for a three-month (90-day) 	<ul style="list-style-type: none"> - \$94 copay for a three-month (90-day) supply 		

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)		Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)	
	supply of drugs in this tier	of drugs in this tier		
	<p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> - 1 month supply not offered. - 29% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier - 3 month supply not offered for drugs in this tier. <p>Long Term Care Pharmacy:</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more that you pay at an in-network pharmacy.</p>	<p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> - 1 month supply not offered. - \$200 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier - 3 month supply not offered for drugs in this tier. <p>Long Term Care Pharmacy:</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more that you pay at an in-network pharmacy.</p>		
Coverage Gap	<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 costs (including what our plan has paid and what you have paid) reaches \$4,020.</p>	<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 costs (including what our plan has paid and what you have paid) reaches \$3,665.</p>		

Benefit Category	Fidelis Medicare Advantage Flex Plan (HMO-POS) (Plan 022_002)		Fidelis Medicare \$0 Premium Plan (HMO) (Plan 024_002)	
		After you enter the coverage gap, you pay 25% of the plan's costs for the covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,350, which is the end of the coverage cap. Not everyone will enter the coverage gap.	After you enter the coverage gap, you pay 25% of the plan's costs for the covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,350, which is the end of the coverage cap. Not everyone will enter the coverage gap.	
Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or <p>\$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or <p>\$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.</p>	

Additional Notes to the Summary of Benefits for Fidelis Medicare Advantage Plans for Year 2020

A Flexible Reimbursement Account: Additional dollars to help offset the cost of many common items. You must pay for the item up front and submit a copy of the receipt with a Flex Reimbursement Form to Fidelis Legacy Plan to receive reimbursement. If you have purchased an approved item, we will send you a check for the cost, up to the maximum per calendar year as listed below. A list of approved items is included in your pre-enrollment packet and on our website. Items must be purchased in 2020 and must be submitted within ninety (90) days from the receipt date to be eligible for payment.

Fidelis \$0 Premium Plan: No Flexible Reimbursement Account

Fidelis Medicare Advantage Flex: **\$400** maximum per calendar year

My Advocate Program: A unique service designed to connect you to money-saving programs, discounts, and services that may be available to you. These include but are not limited to Medicare Savings Programs, Energy Assistance, Prescription Drug Discounts, Telephone Assistance, Emergency Assistance and Nutritional Assistance. This program is free for members of Fidelis Legacy Plan plans and is offered through a company called (Altegra). To find out what discounts are available to you, simply call 1-866-319-2359 / TTY 1-877-644-3244.

Out-of-Network Benefit - *Fidelis Medicare Advantage Flex* plan has the option available to use out-of-network providers for services. You will pay more to have services rendered by an out-of-network provider. Some out-of-network services must be prior authorized **before** you have the service. There is no out-of-network option with the *Fidelis \$0 Premium* plan. Be sure to ask your provider to call 1-888-FIDELIS (1-888-343-3547) to obtain prior authorization for the service. The services you receive must be covered by Medicare in order to be eligible for reimbursement, according to the schedule of benefits. The chart on the next page shows your costs when you see an out-of-network provider.

Obtaining Services

When you become a member of Fidelis Legacy Plan, show your Fidelis Legacy Plan Identification Card to any provider who is treating you. Your provider will make sure that the bill for services rendered is sent directly to Fidelis Legacy Plan.

As long as you are a member of a Fidelis Legacy Plan, **do not use your red, white, and blue Medicare card** to get covered medical services (with the exception of routine clinical research studies and hospice services). If you get covered medical services using your red, white, and blue Medicare card instead of using your Fidelis Legacy Plan Identification Card while you are a member of Fidelis Legacy Plan, you may have to pay the full cost for the service yourself.

If your Fidelis Legacy Plan Identification Card is damaged, lost, or stolen, call Member Services right away and we will send you a new card.

Online Enrollment Center

If you are interested in enrolling in any Fidelis Medicare Advantage Plan, you may either schedule an appointment with a Fidelis Legacy Plan Licensed Sales Representative and fill out an application, or enroll through the Internet at the Centers for Medicare and Medicaid Services Online Enrollment Center. The website address is www.medicare.gov. You can also enroll using the Fidelis Legacy Plan website at <http://www.fideliscare.org/medicare>. For more information, please call Fidelis Legacy Plan at the number on the back of this booklet.

Fidelis Legacy Plan is an HMO plan with a Medicare contract. Enrollment in Fidelis Legacy Plan depends on contract renewal.

Fidelis Legacy Plan es un plan HMO con un contrato de Medicare. La inscripción en Fidelis Legacy Plan depende de la renovación del contrato.

This information is available for free in other languages. Please contact our Member Services number at 1-800-247-1447 for additional information. (TTY users should call 711). Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1st through March 31st and Monday through Friday, 8:00 a.m. to 8:00 p.m. from April 1st through September 30th. Member Services has free language interpreter services available for non-English speakers.

Esta información está disponible de forma gratuita en otros idiomas. Por favor comuníquese con nuestro número de Servicios al Socio al 1-800-247-1447 para obtener información adicional. Los usuarios con deficiencia auditiva (TTY) deberán llamar al 711. El horario de atención es de 8:00 a.m. a 8:00 p.m. los siete días de la semana desde el 1 de octubre hasta el 31 de marzo, y de lunes a viernes, de 8:00 a.m. hasta las 8:00 p.m. desde el 1 de abril hasta el 30 de setiembre. Servicios al Socio también tiene servicios gratuitos de intérprete disponibles para personas que no hablan inglés.

2020



Star Ratings



FIDELIS®
LEGACY PLAN

Enrollment Kit: Medicare Advantage Plans

Fidelis Legacy Plan - H3328

2019 Medicare Star Ratings*

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

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

Some of the areas Medicare reviews for these ratings include:

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

For 2019, Fidelis Legacy Plan received the following Overall Star Rating from Medicare.

★★★
3 Stars

We received the following Summary Star Rating for Fidelis Legacy Plan's health/drug plan services:

Health Plan Services: ★★★
3 Stars

Drug Plan Services: ★★★½
3.5 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.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 800-247-1447 (toll-free) or 711 (TTY), from October 1 to February 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. Eastern time.

Current members please call 800-247-1447 (toll-free) 711 (TTY).

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

2020



Important Information About Your Medicare Coverage



FIDELIS®
LEGACY PLAN

Enrollment Kit: Medicare Advantage Plans



Important Information About Your Medicare Coverage

Enrollment:

You can enroll in a Fidelis Medicare Advantage or Dual Advantage plan with a Fidelis Legacy Plan Licensed Sales Representative. Please contact us at 1-800-860-8707 (TTY: 711) to set up an appointment.

You can enroll in a Fidelis Medicare Advantage or Dual Advantage plan online at www.fideliscare.org.

Medicare beneficiaries may also enroll in a Fidelis Medicare Advantage or Dual Advantage plan through the Centers for Medicare & Medicaid Services Online Enrollment Center, at www.medicare.gov.

If you would like a paper application to enroll, call 1-800-860-8707. From October 1 to March 31 our office hours are 8:00 a.m. to 8:00 p.m. seven days a week and from April 1 through September 30, our office hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY: 711.

You can also enroll by phone with a Fidelis Legacy Plan Licensed Sales Representative. Call 1-800-860-8707 (TTY: 711).

Enrollment Periods - Individuals may enroll in a plan during specific times of the year. Annual Election Period (AEP) is October 15 through December 7. Open Enrollment Period OEP is January 1 – March 31. Contact our Member Services Department to obtain more information. Medicare beneficiaries who are also eligible for Medicaid can enroll once a quarter during the first nine months of the year.

Fidelis Legacy Plan wants you to have all of the information you need to select the right Medicare Advantage plan. Here are some things you should know:

- **Monthly Medicare Part B Premiums** - You must continue to pay your Medicare Part B premium to Social Security. You have the option to have your monthly plan premium deducted from your Social Security check. If you decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for it take effect and you will ultimately be held responsible for those premiums.

- **Medicare Savings Program (MSP)** – To see if you are eligible to get help paying your Medicare premiums, deductibles, coinsurances, and copayments, call:
 - ✓ 1-800-MEDICARE (1-800-633-4227). TTY: 1-877-486-2048, 24 hours a day/7days a week;
 - ✓ The Social Security Office at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY: 1-800-325-0778; or
 - ✓ Your State Medicaid Office.

Here are the programs you might be eligible for:

- A “Full Benefit Dual Eligible or FBDE” is an individual who is eligible for Medicaid benefits under the New York State Medicaid Plan because the individual falls within a federal mandatory coverage group or an optional coverage group (such as medically needy) but who does not meet the income resource criteria for QMB or SLMB.
- A “Qualified Medicare Beneficiary or QMB is an individual (i) who is entitled to Medicare Part A; (ii) who has income that does not exceed 100% FPL; and (iii) whose resources do not exceed twice the SSI limit. A QMB is eligible for Medicaid payment of Medicare Part A and B premiums, deductibles, co-insurance and co-pays (except for Part D).
- A “QMB-Plus” is an individual who meets all of the eligibility requirements for QMBs and who also meets the criteria for full Medicaid benefits under the New York State Medicaid Plan.
- A “Specific Low Income Medicare Beneficiary” – or SLMB is an individual (i) who is entitled to Medicare Part A benefits; (ii) who has annual income that exceeds 100% FPL but is less than 120% FPL; and (iii) whose resources do not exceed twice the SSI limit. Under the New York State Medicaid Plan, a SLMB is eligible for Medicaid payment of the Medicare Part B premium.
- A “SLMB-Plus” is an individual (i) who meets all the financial criteria for SLMBs and who also meets the financial criteria for full Medicaid benefits under the New York State Medicaid Plan.

If you qualify for any other programs above you will automatically qualify for Extra Help.

- **Extra Help** - You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:
 - ✓ 1-800-MEDICARE (1-800-633-4227). TTY: 1-877-486-2048, 24 hours a day/7days a week;
 - ✓ The Social Security Office at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY: 1-800-325-0778; or
 - ✓ Your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Social Security could pay for 75 percent of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. 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 Extra Help, call your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY: 1-877-486-2048.

- **Fidelis Dual Advantage and Fidelis Dual Advantage Flex** - These plans are available to anyone who has both Medical Assistance from the State and Medicare. Premiums, copays, coinsurance, and deductibles may vary based on the level of help that beneficiaries may receive. Call Fidelis Legacy Plan for more information.

You must use plan providers except in emergent or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor Fidelis Legacy Plan will be responsible for the costs.

- **Pharmacy Network** - Eligible beneficiaries must use pharmacies contracted with Fidelis Legacy Plan, so called "network" pharmacies for their prescription drug benefit, except under non-routine circumstances when they cannot reasonably use network pharmacies, as in an emergency.
- **Types of Pharmacies** - The type of pharmacies included in our network include: retail, long-term care pharmacies, Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies, and home infusion pharmacies.
- **Mail Order Pharmacy Benefit** - For more information about mail-order prescription drug service, call Member Services at 1-800-247-1447. From October 1 to March 31 our office hours are 8:00 a.m. to 8:00 p.m. seven days a week and from April 1 through September 30, our office hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY: 711. Up to a 90-day supply of drugs can be obtained through our mail order pharmacy.
- **Alternate Material Format** – Our material is available in alternate formats or languages. For more information, call Member Services at 1-800-247-1447. TTY: 711. You can also mail us at Fidelis Legacy Plan, 95-25 Queens Boulevard, Rego Park, NY 11374.
- **Grievance, coverage/organization determination (including exceptions) and appeals** - Fidelis Legacy Plan accepts grievances, coverage/organization determinations (including exceptions) and appeals by telephone, fax, or in writing by contacting Member Services. You file a grievance when you want to make a complaint about us or one of our network providers or pharmacies, including a complaint concerning the quality of your care. An organizational determination is filed when Fidelis Legacy Plan or one of our providers makes a decision about whether services are covered or how much you have to pay for covered services and you disagree with that decision. If you disagree with a decision to deny a request for health care services or prescription drugs or payment for services or drugs you already received, you can file an appeal. You may also make an appeal if you disagree with a decision to stop services that you are receiving.

You can obtain aggregate counts of grievances, appeals and exceptions that have been filed with us by calling Member Services at the number above.

- **Contract Termination** - Fidelis Legacy Plan is a health plan with a Medicare contract. Plan sponsors can choose to not renew their contract with CMS and CMS may also refuse to renew the contract, thus resulting in a termination or non-renewal. This may result in termination of the beneficiary's enrollment in the plan. In addition, the plan sponsor may reduce its service area and no longer offer services in the area where the beneficiary resides. Fidelis Legacy Plan has a contract with CMS through December 31, 2020.
- **Advance Directives** - Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means that, *if you want to*, you can fill out a written form to give **someone the legal authority to make medical decisions for you** if you ever become unable to make decisions for yourself. The legal documents that you can use to give your directions in advance in these situations are called "**advance directives**." There are different types of advance directives and different names for them. Documents called "**living will**" and "**power of attorney for health care**" are examples of advance directives.

**This disclaimer will be read to you before
completing the online enrollment application.**

If you currently have health coverage from an employer or union, joining Fidelis Medicare Advantage/Dual Advantage could affect your employer or union health benefits. You could lose your employer or union health coverage if you enroll in a Fidelis Medicare Advantage or Dual Advantage plan. 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.

By completing this enrollment application, you agree to the following:

Fidelis Medicare Advantage/Dual Advantage Plans are Medicare Advantage plans and have a contract with the Federal government. You will need to keep your Medicare Parts A and B. You can only be in one Medicare Advantage plan at a time, and you understand that your enrollment in this plan will automatically end your enrollment in any another Medicare health plan or prescription drug plan. It is your responsibility to inform us of any prescription drug coverage that you have or may get in the future. You understand that if you do not have Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once you enroll, you 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.

Fidelis Medicare Advantage/Dual Advantage serves a specific service area. If you move out of the area that Fidelis Medicare Advantage/Fidelis Dual Advantage serves, you need to notify the plan so you can disenroll and find a new plan in your new area. Once you are a member of Fidelis Medicare Advantage/Dual Advantage, you have the right to appeal plan decisions about payment or services if you disagree. You will read the Evidence of Coverage document from Fidelis Medicare Advantage/Dual Advantage when you get it to know which rules you must follow in order to get coverage with this Medicare Advantage plan. You 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.

You understand that beginning on the date Fidelis Medicare Advantage/Dual Advantage coverage begins, you must get all of your health care from Fidelis Medicare Advantage/Dual Advantage, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Fidelis Medicare Advantage and other services contained in your Fidelis Medicare Advantage/Dual Advantage Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR FIDELIS MEDICARE ADVANTAGE/DUAL ADVANTAGE WILL PAY FOR THE SERVICES.

You understand that if you are getting assistance from a sales agent, broker, or other individual employed by or contracted with Fidelis Medicare Advantage/Dual Advantage, he/she may be paid a commission by Fidelis Care for your enrollment in Fidelis Medicare Advantage/Dual Advantage.

Release of Information: By joining this Medicare health plan, you acknowledge that Fidelis Medicare Advantage/Dual Advantage will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Fidelis Medicare Advantage/Dual Advantage will release your information, including your 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 your knowledge. You understand that if you intentionally provide false information on this form, you will be disenrolled from the plan.

You understand that your signature (or the signature of the person authorized to act on your behalf under the laws of the State where you live) on this application means that you have read and understand the contents of this application. If signed by an authorized individual (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 Fidelis Medicare Advantage/Dual Advantage or by Medicare.

Fidelis Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Fidelis Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Fidelis Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Fidelis Care Member Services Department at 1-800-247-1447 (TTY: 711).

If you believe that Fidelis Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Fidelis Care
Member Services Department - Nondiscrimination
95-25 Queens Boulevard
Rego Park, NY 11374
Phone: 1-800-247-1447 (TTY: 711)
Fax: 1-315-849-3885
Email: nondiscrimination@fideliscare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Fidelis Care Member Services at 1-800-247-1447 (TTY: 711) is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

LANGUAGE ASSISTANCE

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-247-1447 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-247-1447 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-247-1447 (TTY: 711)。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-247-1447 (телетайп: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-247-1447 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-247-1447 (TTY: 711)번으로 전화해 주십시오.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-247-1447 (TTY: 711).

Yiddish: אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופ 1-800-247-1447 (TTY: 711)

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নথিখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-247-1447 (TTY: 711)।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-247-1447 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-247-1447 (رقم هاتف الصم والبكم: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-247-1447 (ATS: 711).

Urdu: 1-800-247-1447 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-247-1447 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-247-1447 (TTY: 711).

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-247-1447 (TTY: 711).

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Applicant Information

Keep this for your records

Applicant Information:

Online Confirmation Number: _____

Plan Enrolled in: _____

Anticipated Start Date: _____

Agent Information

Agent Name: _____

Agent Phone #: _____

Date: _____

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2020



**For Representative
Use Only**



FIDELIS®
LEGACY PLAN

Enrollment Kit: Medicare Advantage Plans

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Agreement for Medicare Product Discussion

Please print

Name: _____

Street Address: _____ City: _____

County: _____ State: _____ Zip: _____ Email: _____

Phone Number: _____

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face 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.

Medicare Advantage Plans (Part C)

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 emergencies).

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.

To foster my understanding of all of the Medicare Advantage products offered by Fidelis Legacy Plan and to obtain information about which plan is right for me, I, the undersigned, agree to have the Fidelis Care Licensed Sales Representative present the following products during our conversation:

- ☐ Fidelis Medicare Advantage without Prescription Drugs (HMO-POS)
- ☐ Fidelis Medicare Advantage Flex (HMO-POS)
- ☐ Fidelis Medicare \$0 Premium (HMO)
- ☐ Fidelis Dual Advantage (HMO-SNP)
- ☐ Fidelis Dual Advantage Flex (HMO-SNP)
- ☐ Fidelis Medicaid Advantage Plus (HMO-SNP)

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 enrollment, or enroll you in a Medicare plan. I also agree to have the Fidelis Legacy Plan Licensed Sales Representative initiate follow-up telephone calls as necessary.

Signature

Date

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

For Representative Use Only:

Rep Name: _____ Rep Phone: _____

Beneficiary Name: _____

Initial Method of Contact (indicate here if beneficiary was a walk-in): _____

Rep Signature: _____

Plan(s) represented during this meeting: _____

Date Appointment Completed: _____

Sale: _____ No Sale: _____ Pending: _____

1-800-860-8707 TTY: 711

Monday-Sunday, 8:00 a.m.-8:00 p.m. from October 1-March 31

Monday-Friday, 8:00 a.m.-8:00 p.m. from April 1-September 30

Scope of Appointment is subject to CMS record retention requirements

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting.

Fidelis Legacy Plan is an HMO plan with a Medicare contract. Enrollment in Fidelis Legacy Plan depends on contract renewal.

Fidelis Legacy Plan is a Coordinated Care plan with a Medicare contract and a contract with the New York State Department of Health Medicaid program. Enrollment in Fidelis Legacy Plan depends on contract renewal.



Medicare Advantage Applicant Education Checklist & Comment Sheet

Medicare Applicant _____ Date: _____

Other Attendees: _____ Location: _____

Enrollee Initials

Premium Cost _____

Out of Network Benefits _____

Enrollment Periods (AEP, OEP, SEP) _____

Cost Sharing In and Out of Network _____

Providers - Participating/Non-Participating Physicians _____

Prescription Drug Formulary, Deductible & Copays _____

Flexible Reimbursement Account, if applicable _____

OTC Card, if applicable (Dual Advantage ONLY) _____

Nurse Care Manager Call (Dual Advantage ONLY) _____

Fidelis Legacy Plan is not Supplemental Coverage _____

Rx Extra Help/LIS & EPIC renewals are the Member's Responsibility _____

Additional Questions/Comments _____

Applicant's Signature

Date

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Online Enrollment Authorization Form

You are about to fill out an online application for a Fidelis Legacy Plan Medicare Advantage Plan. By completing the online application and signing this authorization form, you will be sending an actual enrollment application to Fidelis Legacy Plan. You will be enrolled in your chosen Medicare Advantage Plan, if the enrollment is approved by the Centers for Medicare and Medicaid Services (CMS). Fidelis Legacy Plan will notify you via mail of your acceptance or denial following the submission of the enrollment to CMS.

By signing this Online Enrollment Authorization form, I am authorizing my agent to assist me in enrolling in the Fidelis Medicare Advantage Plan of my choice using the online enrollment system. My agent has advised me of, and I understand the benefits, cost sharing (i.e., copayments, coinsurance, deductibles) and monthly premium for the plan, if applicable. My agent has provided me with a completed copy of this signed Online Enrollment Authorization Form.

All fields below are mandatory and must be completed by enrollee and agent.

Medicare Advantage Applicant Information

Plan Selection:

Name of Medicare Advantage Plan Selected: _____

Proposed Effective Date: _____

Applicant Information:

Name: _____

Address: _____

Contact #: _____ Gender: Female or Male

Medicare Number: _____ Medicaid Number: _____

Part A: _____ Part B: _____ D.O.B: _____

Online Confirmation Number: _____

Note: The Online Confirmation number is provided by the system after the online enrollment is completed.

Applicant or Authorized Representative (please attach Power of Attorney)

Signature: _____ Date: _____

Agent Information (To Be Completed By Agent Assisting With Online Enrollment):

Agent Name: _____

Agent ID Number: _____ Agent Phone #: _____

Agent Signature: _____ Date: _____

