

# 2024 Enrollment Guide

Medicare Advantage



Brad S., BayCarePlus member

**BayCarePlus Rewards** (HMO)

**BayCarePlus Value** (HMO)

**BayCarePlus Complete** (HMO)

**BayCarePlus Premier** (HMO)

**BayCarePlus Freedom** (HMO-POS)

Serving Hillsborough, Pasco, Pinellas and Polk Counties

 **BayCarePlus**<sup>®</sup>  
Medicare Advantage

# Dear Neighbor,

Thank you for considering **BayCarePlus**® Medicare Advantage (HMO). We understand that you have many options, and we're pleased to be part of your health and wellness journey.

The **BayCarePlus** plans were developed to address the basic need to improve health care for our Medicare community. Our goal is clear—we want to make Medicare simpler, more accessible and more affordable for our community by connecting you directly to your health care provider and eliminating the need for a large insurance company. Having a direct relationship with those who provide your care will help you and your providers achieve what we all want—better health.

Health care is local, and so are we. As you probably know, **BayCarePlus** isn't your typical Medicare Advantage insurance plan. We're not for profit and community owned. The **BayCarePlus** network includes our well-known BayCare providers, plus many other local doctors and services, giving you access to over 2,000 health care providers and hundreds of health care facilities.

There are a total of five plan options, including two new plans, to provide you with choices based on your unique health and lifestyle needs. All our plans bundle your medical and hospital coverage with prescription drug coverage, dental, vision, hearing aids and free fitness benefits. Additionally, several **BayCarePlus** plans include extra benefits like meals, transportation, over-the-counter (OTC) items and grocery benefits.

We're also introducing a new incentive program that rewards your healthy lifestyle—when you complete certain healthy tasks, you'll receive an allowance to purchase groceries.

The decision to choose the right coverage is one of the most important decisions you'll make as you become Medicare eligible. I encourage you to contact one of our local licensed health care advisors. They'll offer you personalized services that include reviewing your health needs, preferred doctors and prescription medications. Please reach out and call (877) 549-1741 (TTY: 711) to speak with one of our advisors to learn more about our **BayCarePlus** Medicare plans.

My very best,



**Shawn Armstrong**

*President and CEO, BayCare Health Plans*



**BayCarePlus.org**



**(877) 549-1741 (TTY: 711)**

8am to 8pm, seven days a week\*

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

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# Making Medicare Simpler, Easier and More Affordable

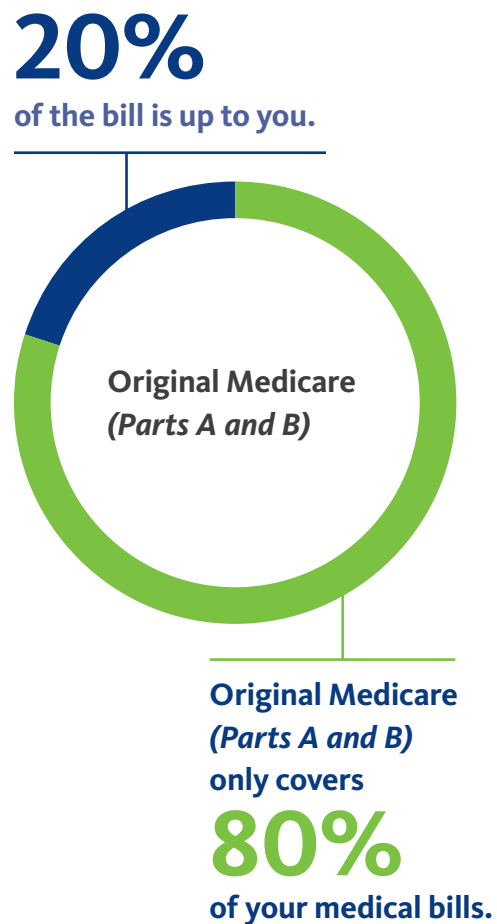
- ✓ All the benefits of Medicare Parts A and B
- ✓ Monthly premiums as low as \$0
- ✓ Save \$134 a month on your Part B premium with the **BayCarePlus Rewards** plan
- ✓ Low or no copays on thousands of brand-name and generic medications
- ✓ No medical or prescription drug deductibles
- ✓ A large network of the Tampa Bay area's doctors and hospitals to choose from
- ✓ Money-saving extra benefits including dental and vision, and fitness club memberships
- ✓ Coverage when traveling
- ✓ So much more ...



# It's Good to Have Options

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

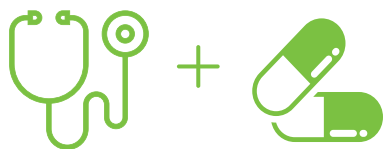
When reviewing your options, it's important to consider that Original Medicare (*Parts A and B*) only covers 80 percent of your medical bills. **That leaves 20 percent of the bill up to you** and makes budgeting for health care nearly impossible. In addition, Original Medicare doesn't include prescription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



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## OPTION 1: Original Medicare + a Part D Prescription Drug Plan

Some people choose to pair Original Medicare with a separate Part D drug plan. This coverage option will help you with the cost of prescription drugs, but it won't help you with the 20 percent of medical costs that Original Medicare doesn't cover. Part D plans are run by private companies and also come with premiums that can vary based on how much they cover.



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## OPTION 2: Original Medicare + a Part D Prescription Drug Plan + a Medicare Supplement

Some people purchase a separate Part D drug plan and then add a Medicare supplement policy (*also called Medigap*) to make up for what Medicare Parts A and B don't cover. This means that you'll be dealing with **three companies** to get essential coverage. Medicare supplements can also be expensive, and the premiums vary based on the type of policy you choose and your age and health condition when you sign up. Medicare supplements follow the "pay now" payment method, in which you pay the same amount every month even if you don't see your doctor or need medical care. These monthly premiums can actually increase every year as you age, so it's important to review them on an annual basis. It's also important to note that extra benefits like dental, vision, fitness and over-the-counter supplies aren't typically covered by Medicare supplement plans.



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## OPTION 3: Medicare Advantage Plan

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



# The Many Advantages of Medicare Advantage

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

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

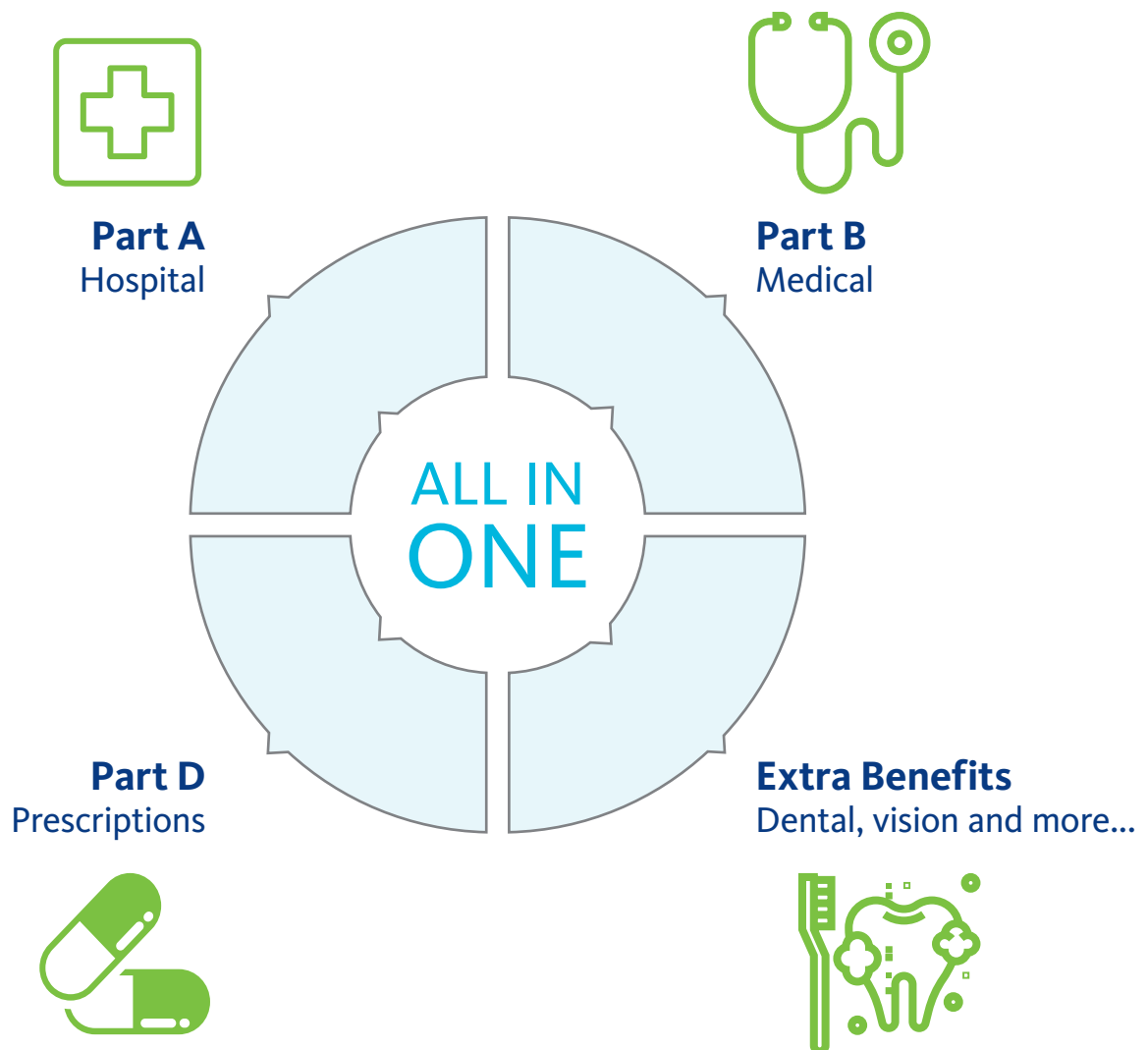
Medicare Advantage plans cover all the things that Original Medicare covers and typically **include Part D prescription drug coverage**, as well as additional benefits like dental and vision. These “all-in-one” plans are a popular option among those looking for a simpler and more affordable way to get all the coverage they need—**without having to pay the expensive premiums** found with Medicare supplements and stand-alone Part D drug plans. Many people also appreciate the more **personal and attentive service** they get with Medicare Advantage plans. This level of service is often not available with just Original Medicare or Medicare supplements.



## All-in-One Coverage with Medicare Advantage

Sometimes called Part C plans, most Medicare Advantage plans include medical, hospital and prescription drug coverage, as well as extra benefits and protections not included in Original Medicare or Medicare supplements.

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# Discover the Many Benefits of a **BayCarePlus** Medicare Advantage Plan

**BayCarePlus** isn't your average Medicare Advantage plan. As a local, not-for-profit, community-owned health system, we look at health care differently than a typical insurance company, and we put your health first in all that we do. Here are just a few reasons to choose **BayCarePlus** for your Medicare coverage.



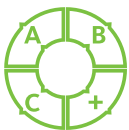
## **We're local and we're community owned.**

BayCare has been part of the greater Tampa Bay area for over 25 years, and we're rooted in this community. We're also not-for-profit, which means we don't have to answer to Wall Street shareholders. Our shareholders are community members, just like you, and we're here to help improve the health of our community, one person at a time.



## **We're not just some insurance company.**

BayCare is hospitals, doctors, labs, imaging, urgent care, home care and so much more. We're the providers who are taking care of you, so who better to help you manage your health care? At **BayCarePlus**, we get rid of the middleman insurance company and connect our members directly to their providers.



## **We simplify your life with all-in-one coverage.**

We make your life easier by bundling medical, hospital and prescription drug coverage together into one convenient plan. Plus, we give you other benefits like free fitness memberships, dental, vision and more, under one great plan, to help you stay healthy.



### **Our network is extensive.**

**BayCarePlus** is the BayCare network plus so much more. Nearly all hospitals located within the four-county area are in our network, plus more than 2,000 doctors. We're proud to have providers such as HCA, Tampa General, AdventHealth and so many more in our network. And, unlike some other insurance plans, we don't restrict where you go within our network. As long as you stay in network, you're covered. One of our plans even lets you go outside the network for care.\*



### **Our extra benefits can save you money and give you added value.**

Every **BayCarePlus** plan comes with important extra benefits, including vision and dental, and even free fitness memberships. We also offer two plan options in which we pay part of your Part B premium. Depending on the plan you choose, you can also get benefits including a quarterly over-the-counter allowance, transportation, meals and more.



### **We'll help protect your pocketbook.**

All our plans include maximum out-of-pocket protection that limits your annual health care costs and protects your savings. This important protection isn't offered by traditional Medicare plans.



### **Like to travel? Rest easy.**

#### **We've got you covered in case of emergency.**

Whether you're making a trip out of state or out of the country (*even on cruises*), we have you covered. If you ever get sick or injured while away, you can rest easy knowing you have emergency or urgent care coverage.



### **Providing excellent service is what we're known for.**

At **BayCarePlus**, we strive to provide extraordinary service to everyone we encounter. We're here to help you, and we do it with a smile. Our customer service team will answer your call promptly, and you won't have to deal with any complicated phone trees or overseas call centers. We're committed to making your experience with our health plan great.

\*Must see a provider who accepts Medicare and who agrees to see you. Out-of-network cost sharing applies. See the Evidence of Coverage.

# More Benefits of a **BayCarePlus** Medicare Advantage Plan:

## A Coordinated, Team Approach to Health Care

People rely on lawyers when they have legal issues. They rely on accountants for tax questions. Why not rely on your physician to help you manage your health care?

**BayCarePlus** puts you at the center of your care and allows you to work directly with your primary care physician to help you get what you need to manage your health effectively. And that's not all.

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**We believe that having an open, trusting and honest relationship with your primary care physician is of the utmost importance, and we work to make it easy for you to connect directly.**

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With **BayCarePlus**, you're backed by a team of medical professionals, including doctors, nurses and care coordinators, all looking out for you to help you get the care you need.

## Uncoordinated Care

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



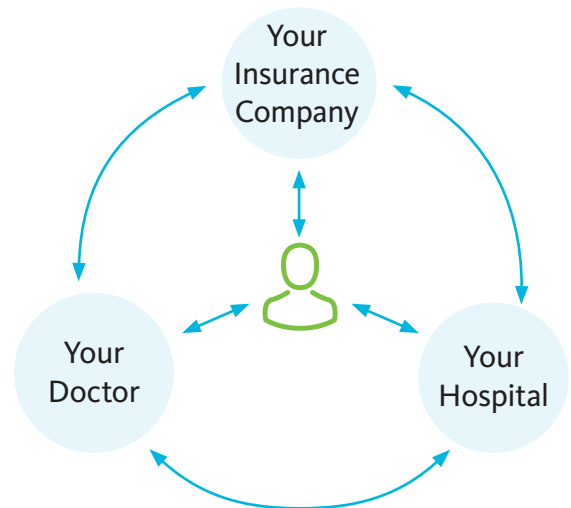
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# VS.

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## Coordinated Care

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



# Benefits at a Glance

The following tables highlight just some of the many benefits included in our plans.

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

## Hospital and Medical Coverage

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001	No Referrals Plan!* BayCarePlus Premier (HMO) H2235-003	NEW! BayCarePlus Freedom (HMO-POS) H2235-006	
					In network	Out of network**
Monthly Premium	\$0	0	\$0	\$42***	\$0	
Part B Premium Reduction	\$134 per month	\$113 per month	Not covered	Not covered	Not covered	
Maximum Out-of-Pocket Limit	\$4,500 per calendar year	\$4,500 per calendar year	\$3,100 per calendar year	\$2,500 per calendar year	\$3,850 per calendar year	\$8,950 per calendar year
Annual Deductible	\$0	\$0	\$0	\$0	\$0	
Preventive Care/ Screenings†	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	45% coinsurance
Primary Care Physician Visits	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$50 copay
Specialist Doctor Visits	\$40 copay	\$40 copay	\$15 copay	\$15 copay	\$35 copay	\$70 copay
Urgent Care	\$35 copay	\$35 copay	\$35 copay	\$30 copay	\$40 copay	
Emergency Care	\$100 copay	\$100 copay	\$90 copay	\$120 copay	\$135 copay	
Lab Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	45% coinsurance
Home Health Care	100% coverage	100% coverage	100% coverage	100% coverage	100% coverage	45% coinsurance
Chiropractic Services	\$20 copay	\$20 copay	\$20 copay	\$15 copay	\$20 copay	\$70 copay



	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001	BayCarePlus Premier (HMO) H2235-003	NEW! BayCarePlus Freedom (HMO-POS) H2235-006	
					In network	Out of network
<b>Inpatient Hospital Care</b>	\$250 copay per day, per stay: days 1–5 \$0 copay per day, per stay: days 6 and beyond	\$250 copay per day, per stay: days 1–5 \$0 copay per day, per stay: days 6 and beyond	\$200 copay per day, per stay: days 1–5 \$0 copay per day, per stay: days 6 and beyond	\$175 copay per day, per stay: days 1–5 \$0 copay per day, per stay: days 6 and beyond	\$250 copay per day, per stay: days 1–5 \$0 copay per day, per stay: days 6 and beyond	45% coinsurance
<b>Outpatient Surgery at a Hospital</b>	\$225 copay	\$225 copay	\$125 copay	\$95 copay	\$125 copay	45% coinsurance
<b>Outpatient Surgery at an Ambulatory Surgery Center</b>	\$125 copay	\$125 copay	\$75 copay	\$50 copay	\$75 copay	45% coinsurance

\*Referrals are required for physical therapy, occupational therapy, speech therapy and home health.

\*\*Must see a provider who accepts Medicare and who agrees to see you. Out-of-network cost sharing applies. See the Evidence of Coverage.

\*\*\*Premium adjustment for low-income subsidy

†Prostate cancer screening, mammogram, Pap test, colonoscopy, etc.

**Extra Benefits** Every BayCarePlus plan also includes valuable extra benefits for no additional premium. See the following pages for more details about these additional benefits.

<b>Vision Care</b>	\$0 copay for routine eye exam  \$0 copay for a pair of eyeglasses ( <i>lenses and frames</i> ) or contacts  \$150 max benefit ( <i>non-Medicare-covered eyewear</i> ) per calendar year	\$0 copay for routine eye exam  \$0 copay for a pair of eyeglasses ( <i>lenses and frames</i> ) or contacts  \$300 max benefit for eyeglasses ( <i>lenses and frames</i> ) or \$350 max benefit for contact lenses
<b>Fitness</b>	As a Silver&Fit® member, all plans include these options available at no cost: Fitness center membership, home fitness kits, Well-Being Club, workout plans, digital workouts, healthy aging coaching, and the Silver&Fit Connected!™ tool.	

For more details and benefits, go to [BayCarePlus.org](https://BayCarePlus.org) to review our Summary of Benefits.

## Benefits at a Glance (Cont.)

Benefits at a Glance (Cont.)	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001	BayCarePlus Premier (HMO) H2235-003	NEW! BayCarePlus Freedom (HMO-POS) H2235-006	
					In network	Out of network*
Dental Care Base Option	\$0 copay for covered preventive dental services including oral exams, X-rays and cleanings \$0 copay for covered comprehensive dental services Annual maximum of \$2,000 for comprehensive dental					
Optional Comprehensive Dental: \$49 per month	See any dentist you want!* \$0 copay for covered preventive dental services including oral exams, X-rays and cleanings \$0 copay for covered comprehensive dental services Annual maximum of \$4,000 for comprehensive dental See page 21 for information on optional comprehensive dental coverage that can be purchased separately.					
Telehealth	All plans offer telehealth video doctor visits with primary care providers or specialists or for urgent needs. See page 36 for more information.					
Over-the-Counter (OTC) Items	Not covered	\$50 per quarter	\$107 per quarter +\$25/quarter for members with diabetes	\$135 per quarter +\$50/quarter for members with diabetes	\$25 per quarter	
Hearing Aids	Up to two hearing aids every calendar year ( <i>one per year</i> )					
	\$599 or \$899 copay per hearing aid		\$699 or \$999 copay per hearing aid	\$599 or \$899 copay per hearing aid	\$699 or \$999 copay per hearing aid	
Transportation Assistance	Not covered	Not covered	\$0 copay for 16 one-way trips to approved locations per calendar year	\$0 copay for 24 one-way trips to approved locations per calendar year	Not covered	
Meals	Not covered	Not covered	56 home-delivered, post-discharge meals per calendar year		Not covered	
Grocery Allowance (Must meet health condition requirements to qualify)***	Not covered	\$50 per quarter			Not covered	
Travel Benefits	Emergency or urgent care coverage if you're making a trip out of state or country					

**Part D Drug Coverage** Each BayCarePlus plan also includes generous prescription drug coverage with low or no copays at all participating pharmacies.

	<b>BayCarePlus Rewards (HMO)</b> H2235-002	<b>NEW! BayCarePlus Value (HMO)</b> H2235-005	<b>BayCarePlus Complete (HMO)</b> H2235-001	<b>BayCarePlus Premier (HMO)</b> H2235-003	<b>NEW! BayCarePlus Freedom (HMO-POS)</b> H2235-006
<b>Annual Deductible</b>	\$0	\$0	\$0	\$0	\$0
<b>Tier 1 Preferred Generic</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2 Generic</b>	\$10 copay	\$10 copay	\$3 copay	\$0 copay	\$3 copay
<b>Tier 3 Preferred Brand</b>	\$47 copay	\$47 copay	\$35 copay	\$30 copay	\$35 copay
<b>Tier 4 Non-Preferred Brand</b>	\$100 copay	\$100 copay	\$85 copay	\$85 copay	\$85 copay
<b>Tier 5 Specialty Drug</b>	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
<b>Mail Order 90-Day Supply</b>	\$0/\$0/\$125/\$275	\$0/\$0/\$125/\$275	\$0/\$0/\$95/\$245	\$0/\$0/\$80/\$245	\$0/\$0/\$95/\$245
<b>Diabetic Insulin (One month supply)</b>	<b>Tier 1:</b> N/A <b>Tier 2:</b> \$10 copay <b>Tier 3:</b> \$35 copay <b>Tier 4:</b> N/A <b>Tier 5:</b> N/A	<b>Tier 1:</b> N/A <b>Tier 2:</b> \$10 copay <b>Tier 3:</b> \$35 copay <b>Tier 4:</b> N/A <b>Tier 5:</b> N/A	<b>Tier 1:</b> N/A <b>Tier 2:</b> \$3 copay <b>Tier 3:</b> \$35 copay <b>Tier 4:</b> N/A <b>Tier 5:</b> N/A	<b>Tier 1:</b> N/A <b>Tier 2:</b> \$0 copay <b>Tier 3:</b> \$30 copay <b>Tier 4:</b> N/A <b>Tier 5:</b> N/A	<b>Tier 1:</b> N/A <b>Tier 2:</b> \$3 copay <b>Tier 3:</b> \$35 copay <b>Tier 4:</b> N/A <b>Tier 5:</b> N/A
<b>Initial Coverage Limit</b>	\$5,030	\$5,030	\$5,030	\$5,030	\$5,030

All copay amounts shown—with the exception of mail order—are for a 30-day supply. Mail order isn't available for a 90-supply of tier 5 prescription drugs.

\*Must see a provider who accepts Medicare and who agrees to see you. Out-of-network cost sharing applies. See the Evidence of Coverage.

\*\*The Delta Dental plan will pay benefits for covered services provided by a non-participating provider. However, a non-participating provider may charge you more than the maximum plan allowance payable under this Medicare Advantage plan and you will be responsible for all cost sharing charges. See the Evidence of Coverage for full details.

\*\*\*Must meet health criteria to receive this benefit. See the Evidence of Coverage for a list of applicable health conditions.

# More Value for Our Members

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

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## Dental Coverage

Healthy teeth and gums can play an important role in your overall health, but dental care can be expensive. That's why we partner with Delta Dental to provide you with all the dental services you might need. All our plans include comprehensive dental services. This includes preventive services like routine cleanings and X-rays as well as crowns, fillings, root canals and more—for no additional premium and a \$0 copay.

## Optional Comprehensive Dental Coverage

You can also choose to purchase enhanced comprehensive dental coverage for a low monthly premium. You'll get double the coverage on your comprehensive dental services and the freedom to see any dentist you choose. For more information, see page 21.



## Vision Coverage

The cost of eyeglasses, contacts and eye exams can really add up. To help you manage those costs, we include additional coverage for these items with all our plans. We partner with EyeMed to offer you this important coverage, which isn't offered by Original Medicare or Medicare supplements. And because we know it's important, we've increased the annual maximum benefit for non-Medicare-covered eyewear on all our plans this year.



## Hearing Aids

As we age, we may develop hearing-related needs, but we don't want you to miss any of life's special moments. In partnership with TruHearing®, one of the nation's largest hearing benefit providers, all our plans offer affordable hearing aid coverage options for you to choose from.



## Fitness

We believe staying active can help you live your life to the fullest. That's why we've partnered with the Silver&Fit program to give you access to participating fitness centers and a host of fitness classes at no cost. You can also enjoy on-demand classes online from the comfort of home. Members can choose from one of several home fitness kits, which can include fitness trackers and equipment for yoga, strength training, aquatic activities and more. Whether you're an active gym member or looking to stay healthy from home, we know you'll appreciate this great added benefit.



## Transportation Assistance

Regular visits to the doctor are extremely important in maintaining your health, so we never want transportation issues to prevent you from seeing your doctor. We're excited to partner with the locally owned and operated Wheelchair Transport Service, which provides medical transportation services to members who do and don't require wheelchair assistance. Two of our plans include transportation assistance to doctors and authorized medical facilities at no additional cost to you.



## Travel Coverage

We want you to enjoy your travels—wherever they take you. **BayCarePlus** offers you the coverage you need by providing worldwide urgent and emergency care coverage. All our members are covered worldwide for emergencies, and **BayCarePlus Freedom** members are covered out of network for routine care at a higher cost share.\* As an added benefit, all our members get access to **BayCareAnywhere®** for urgent care on the go. Using a smartphone, tablet or computer, members can see a doctor 24/7 for up to four visits a year and a \$20 copay. It's a perfect option for mild illness when traveling. As always, our goal is to get you the care you need when you need it.



## Over-the-Counter Coverage

We know that over-the-counter (OTC) items can play an important role in helping you get and stay healthy. Four of our plan options include a generous allowance for OTC products such as nonprescription drugs and health-related items at no additional cost to you. See page 102 for an excerpt from our catalog.

In addition, we've partnered with S3® Healthy Benefits to offer you a new, convenient way to access your OTC benefits. Members will receive a BayCare Bucks debit card to use for all OTC purchases at any participating retailer, including Publix, CVS, Walgreens and Walmart.com. For more information, see page 22.

\*Must see a provider who accepts Medicare and who agrees to see you. Out-of-network cost sharing applies. See the Evidence of Coverage.

# More Value for Our Members (Cont.)



## NEW! Grocery Benefit

Eating healthy foods is important for your overall health, especially when living with a chronic health condition, but we know it can be expensive. New this year, three of our plans offer a quarterly grocery allowance for members with certain health conditions to help offset some of that cost.\* For added convenience, you'll receive a BayCare Bucks debit card with your allowance preloaded, to use at any grocery store. For more information, see page 22.



## Meals

If you have to go to the hospital, our priority is to help you get better. One component of that is helping you with your most basic necessity—food. Members who choose the **BayCarePlus Complete** or **Premier** plan will receive two healthy meals per day for 14 days (*annual limit of two discharges and up to 56 meals per year*) after being discharged from the hospital or a skilled nursing facility.



## Telemedicine: Video Doctor Visits

Technology has changed the way we do everything, and that includes how we see doctors. **BayCarePlus** covers telemedicine visits with your primary care physician and specialists for the same copay as in-person visits. You can also use the **BayCareAnywhere** mobile app to have a video visit with a doctor for urgent care needs any time of day or night—even on holidays. Another option is to visit one of many Walk-In Care Provided by BayCare locations at select Publix Pharmacies throughout Tampa Bay. Walk-In Care features a private room where you can receive non-urgent medical care from a doctor through teleconferencing and medical diagnostic equipment.

\*Must have one of the following health conditions to receive the benefit: Chronic alcohol and other drug dependence, autoimmune disorders, cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, end-stage liver disease, end-stage renal disease (ESRD), severe hematologic disorders; HIV/AIDS, chronic lung disorders, chronic and disabling mental health conditions, neurologic disorders, stroke, osteoporosis



# Optional Comprehensive Dental Coverage—The Choice Is Yours.

We know how important oral health is to your overall health, that's why we include comprehensive dental coverage in all our plans. But you can also choose to purchase enhanced comprehensive dental coverage for a low monthly premium of \$49. You'll get double the maximum coverage amount and the freedom to **choose any dentist you want.**\*\*

<b>Additional Monthly Premium</b>	\$49
<b>Yearly Deductible</b>	None
<b>Maximum Benefit Coverage Amount</b>	\$4,000 per calendar year
<b>Coverage</b>	<p>\$0 copay for covered comprehensive services including:</p> <ul style="list-style-type: none"><li>• One root planing/scaling and planing per quadrant every two calendar years</li><li>• One filling per tooth every two calendar years</li><li>• Two crowns per calendar year</li><li>• Three root canals per calendar year</li><li>• Two extractions per calendar year</li><li>• One denture per arch every five calendar years</li></ul> <p><i>Some limitation apply. For complete benefit details, see the Evidence of Coverage.</i></p>
Purchase of this plan replaces the base plan which has an annual maximum of \$2,000.	

\*\*The Delta Dental plan will pay benefits for covered services provided by a non-participating provider. However, a non-participating provider may charge you more than the maximum plan allowance payable under this Medicare Advantage plan and you will be responsible for all cost-sharing charges. See the Evidence of Coverage for full details.



**To add this optional comprehensive dental plan to any of our BayCarePlus plans, see the application on page 76.**

# NEW! BayCare Bucks Debit Card and Healthy Incentives Program

This year, **BayCarePlus** offers a new, convenient way to access and manage your OTC and grocery allowance money, as well as earn extra money for completing healthy tasks throughout the year. Members who have the OTC or grocery benefits will receive a BayCare Bucks debit card. Your total quarterly allowance will be automatically loaded on your card and will be available at the beginning of each quarter. Remaining OTC or grocery allowance balances will expire at the end of each quarter.



Members with the OTC benefit have the convenience of using the BayCare Bucks debit card to purchase all OTC items, including vitamins, pain relievers, bandages, hygiene items and more. You can purchase items at Publix, CVS, Walgreens, Walmart, online at Walmart.com or from a catalog. Members who qualify for a grocery benefit can use the BayCare Bucks card for grocery purchases from Publix, Walmart, Walmart.com and more.

See page 102 for an excerpt from our OTC catalog.

## Healthy Incentives Program

Our new Healthy Incentives program lets you earn money just by staying healthy. Members with **BayCarePlus Value, Complete or Premier** plans can earn up to \$200 a year on your BayCare Bucks debit card by completing certain healthy tasks like:

- Completing an annual wellness visit with your PCP  
(within six months of effective date): \$50
- Getting your flu shot: \$10
- Getting your colorectal screening (if applicable): \$50
- Getting your breast cancer screening (if applicable): \$50
- Completing an A1C test (as indicated by your PCP): \$15
- Completing a diabetic eye exam: \$25

*All these incentives are limited to once per year. Money earned for completed tasks will be automatically loaded on your BayCare Bucks debit card and can be used toward groceries. This benefit will expire one year from the date of issuance if not used.*

# Medicare Extra Help Program

## Important information about Medicare's Low-Income Subsidy (LIS) program

Medicare beneficiaries who have limited income may qualify for a government program that helps pay for health care costs. Medicare beneficiaries receiving LIS assistance may get help paying their plan premium, Part D premium and deductible (*if they apply*), as well as Part D coinsurance and copayments. LIS individuals may also avoid the coverage gap, which is known as the donut hole.

If you qualify for Extra Help and join the **BayCarePlus Premier** plan, you may get these benefits:

- Reduced plan premium
- Reduced copays for prescription drugs

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**Many people are eligible for Extra Help and don't even know it. We're here to answer any questions you might have about the LIS, applying for Extra Help, or Medicare prescription drug coverage with BayCarePlus.**

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# Additional Programs for People with Diabetes

At **BayCarePlus** Medicare Advantage, we believe our members should be able to have affordable, easy access to benefits that'll help them effectively manage their diabetes and avoid serious illness. The cost of insulin, testing supplies and other necessary items and services for diabetes shouldn't be a barrier to getting the care you need. That's why we've implemented special programs and savings for our members with diabetes.

All **BayCarePlus** members with diabetes are covered for diabetic supplies, insulin, shoes/inserts and self-management training, as they apply to their diagnosis. You won't pay more than \$35 for a one-month supply of each Part D insulin product covered by our plan, no matter your plan choice. **BayCarePlus Complete** and **Premier** plan members with diabetes are entitled to certain extra benefits.

	BayCarePlus Complete (HMO)	BayCarePlus Premier (HMO)
<b>Additional Over-the-Counter (OTC) Dollars</b>	+\$25/quarter	+\$50/quarter
<b>Enhanced Podiatry Benefit</b>	\$0 copay for up to four routine visits/calendar year, which include nail trimmings	\$0 copay for up to six routine visits/calendar year, which include nail trimmings
<b>Extra Nutrition Counseling</b>	\$0 copay for four additional hours/calendar year	\$0 copay for six additional hours/calendar year
<b>Diabetic Eye Exams</b>	\$0 copay	\$0 copay

*The benefits mentioned above are part of a special supplemental program for the chronically ill. Not all members qualify.*

# Frequently Asked Questions

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



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

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## Q. Does your plan come with a deductible?



As a **BayCarePlus** member, you won't have to meet a deductible. Your coverage begins with the first dollar you spend. Typically, Original Medicare's Part B does come with a deductible, but when you sign up for a **BayCarePlus** plan, we cover that deductible for you so that you can start enjoying the many benefits we offer as soon as you join our plan.

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## Q. If I join BayCarePlus, will I lose my Original Medicare coverage?



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

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## Q. How do I find out if my doctors are in the BayCarePlus provider network?



**BayCarePlus** is proud to work with thousands of doctors in the area. Your doctor is most likely in our network, but to confirm, you should go to [BayCarePlus.org](https://BayCarePlus.org) and search under "Find a Doctor." You can also call us or your health care advisor for assistance.

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## Q. Do I need to meet certain health conditions to be a BayCarePlus member?



Your current health doesn't impact whether or not you can join a Medicare Advantage plan. **BayCarePlus** will cover you regardless of a preexisting condition, and your monthly premium won't increase.

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# Summary of Benefits



# Summary of Benefits

January 1, 2024–December 31, 2024

This booklet gives you a summary of what we cover and what you pay. It doesn't list every limitation, exclusion or covered service. To get a complete list of services we cover, call us and ask for the Evidence of Coverage. You can also view it on [BayCarePlus.org](https://BayCarePlus.org).

This Summary of Benefits booklet gives you a summary of what **BayCarePlus® Rewards** (HMO), **BayCarePlus Value** (HMO), **BayCarePlus Complete** (HMO), **BayCarePlus Premier** (HMO) and **BayCarePlus Freedom** (HMO-POS) Plans cover and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on [Medicare.gov](https://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 [Medicare.gov](https://www.Medicare.gov), or get a copy by calling 1-800-Medicare (1-800-633-4227), 24 hours a day, seven days a week. TTY users can call (877) 486-2048.

## Sections in This Booklet

- Things to Know About **BayCarePlus Rewards** (HMO), **BayCarePlus Value** (HMO), **BayCarePlus Complete** (HMO), **BayCarePlus Premier** (HMO) and **BayCarePlus Freedom** (HMO-POS) Plans
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits
- Optional Comprehensive Dental 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 (877) 549-1741 (TTY: 711) to speak with a health care advisor.





Bernadette S.,  
BayCarePlus Member



# Things to Know About BayCarePlus Medicare Advantage (HMO)

## Hours of Operation

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

## Phone Numbers and Website

- If you have questions, call toll-free: (877) 549-1741 (TTY: 711).
- Our website: BayCarePlus.org

## Who can join?

To join **BayCarePlus Rewards**, **BayCarePlus Value**, **BayCarePlus Complete**, **BayCarePlus Premier** and **BayCarePlus Freedom** plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be a United States citizen or lawfully present in the United States and live in our service area. Our service area includes these Florida counties: Hillsborough, Pasco, Pinellas and Polk.

## What's an HMO?

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

## What's an HMO-POS?

An HMO-POS plan is a type of Medicare Advantage plan which is a health maintenance organization (HMO) plan with point of service (POS) benefits. The added POS benefits give you flexibility to see health care providers outside the plan's network for care or services at a higher out-of-pocket cost, if you choose.

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

**BayCarePlus** has a network of doctors, hospitals, pharmacies and other providers. If you use providers that aren't in our network, the plan may not pay for these services. The exception is the

**BayCarePlus Freedom** (HMO-POS) plan which gives you the flexibility to use providers outside the plan's network for an additional cost. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's Provider Directory at BayCarePlus.org or call us and we'll send you a copy.

## What do we cover?

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

- **Our plan members get *all* 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's covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

## What drugs do we cover?

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

- You can see the complete plan formulary (*list of Part D prescription drugs*) and any restrictions at BayCarePlus.org.
- Or, call us and we'll send you a copy of the formulary.

## How will I determine my drug costs?

Our plans group each medication into one of five tiers. You'll need to use your formulary to locate what tier your drug is on to determine how much it'll cost you. The amount you pay depends on the drug's tier and what stage of the benefit you've reached. Later in this document, we discuss the benefit stages that occur: initial coverage, coverage gap and catastrophic coverage. If you have questions about the different benefit stages, contact the plan for more information or access the Evidence of Coverage on our website.

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

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
Monthly Plan Premium	\$0 per month	\$0 per month	\$0 per month
Part B Premium Reduction	\$134 per month	\$113 per month	Not covered
Deductibles	A deductible isn't required for these plans.		
Maximum Out-of-Pocket Responsibility	<div> <div> <p>The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit in this plan:</p> <p><b>\$4,500</b> for covered hospital and medical services you receive from in-network providers</p> </div> <div> <p>The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit in this plan: <b>\$3,100</b> for covered hospital and medical services you receive from in-network providers</p> </div> </div> <div> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we pay the full cost for the rest of the year.</p> <p>You'll still need to pay your monthly premiums and cost sharing for your Part D prescription drugs.</p> </div>		



BayCarePlus Premier (HMO) H2235-003	NEW! BayCarePlus Freedom (HMO-POS) H2235-006	
	In network	Out of network*
\$42 per month	\$0 per month	
You must continue to pay your Medicare Part B premium.		
Not covered	Not covered	
A deductible isn't required for these plans.		
<p>The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit in this plan: <b>\$2,500</b> for covered hospital and medical services you receive from in-network providers</p>	<p>The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit in this plan: <b>\$3,850</b> for covered hospital and medical services you receive from in-network providers</p>	<p>The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for combined in-network and out-of-network covered hospital and medical services.</p> <p>Your yearly limit in this plan: <b>\$8,950</b> for covered hospital and medical services you receive from in-and out-of-network providers</p>
<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we pay the full cost for the rest of the year.</p> <p>You'll still need to pay your monthly premiums and cost sharing for your Part D prescription drugs.</p>		

\*Must see a provider who accepts Medicare and who agrees to see you. Out-of-network cost sharing applies. See the Evidence of Coverage.

## Covered Medical and Hospital Benefits

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
<b>Inpatient Hospital Coverage</b>	<p>This plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$250 copay per day, per stay: days 1-5</p> <p>\$0 copay per day, per stay: day 6 and beyond</p> <p>Prior authorization is required.</p>	<p>This plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$250 copay per day, per stay: days 1-5</p> <p>\$0 copay per day, per stay: day 6 and beyond</p> <p>Prior authorization is required.</p>	<p>This plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$200 copay per day, per stay: days 1-5</p> <p>\$0 copay per day, per stay: day 6 and beyond</p> <p>Prior authorization is required.</p>
<b>Outpatient Hospital Coverage</b>	<p>\$225 copay</p> <p>Prior authorization is required.</p>	<p>\$225 copay</p> <p>Prior authorization is required.</p>	<p>\$125 copay</p> <p>Prior authorization is required.</p>
<b>Ambulatory Surgical Center (ASC)</b>	<p>\$125 copay</p> <p>Prior authorization is required.</p>	<p>\$125 copay</p> <p>Prior authorization is required.</p>	<p>\$75 copay</p> <p>Prior authorization is required.</p>

<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
<p>This plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$175 copay per day, per stay: days 1-5</p> <p>\$0 copay per day, per stay: day 6 and beyond</p> <p>Prior authorization is required.</p>	<p>This plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$250 copay per day, per stay: days 1-5</p> <p>\$0 copay per day, per stay: day 6 and beyond</p> <p>Prior authorization is required.</p>	<p>This plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>45% coinsurance per day, per stay: day 1 and beyond</p>
<p>\$95 copay</p> <p>Prior authorization is required.</p>	<p>\$125 copay</p> <p>Prior authorization is required.</p>	<p>45% coinsurance for all Medicare-covered outpatient hospital services</p>
<p>\$50 copay</p> <p>Prior authorization is required.</p>	<p>\$75 copay</p> <p>Prior authorization is required.</p>	<p>45% coinsurance</p>

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
<b>Doctor Visits</b> <i>(Primary care providers (PCPs) and specialists)</i>	PCP visit: \$0 copay  Specialist visit: \$40 copay  A referral is required for specialist visits except for an obstetrician/gynecologist, chiropractor, podiatrist or dermatologist.  Certain services may require prior authorization.	PCP visit: \$0 copay  Specialist visit: \$40 copay  A referral is required for specialist visits except for an obstetrician/gynecologist, chiropractor, podiatrist or dermatologist.  Certain services may require prior authorization.	PCP visit: \$0 copay  Specialist visit: \$15 copay  A referral is required for specialist visits except for an obstetrician/gynecologist, chiropractor, podiatrist or dermatologist.  Certain services may require prior authorization.
<b>Virtual/Telehealth Visits</b>	<p>Telehealth visits are available with select primary care and specialist physicians as well as for therapy (<i>occupational, physical, speech</i>), mental health, psychiatry and substance use services.</p> <p>Members pay the same copay as if the services were provided at an in-person visit.</p> <p><b>BayCareAnywhere®</b> virtual visits (<i>\$20 copay, up to four per calendar year</i>): For urgent care needs, doctor visits through a smartphone, tablet or computer using the <b>BayCareAnywhere</b> app</p> <p>For non-urgent care needs, doctor visits through a kiosk (<i>located in a private room</i>) via teleconferencing and medical diagnostic equipment. Available through Walk-In Care Provided by BayCare locations at select Publix Pharmacies.</p> <p>Prior authorization may be required for mental health, psychiatry and substance use services.</p> <p>A referral is required for therapy (<i>occupational, physical, speech</i>) or other health care professional services. The same prior authorization requirements and referral requirements for in-person visits apply to virtual/telehealth visits.</p>		

<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
<p>PCP visit: \$0 copay</p> <p>Specialist visit: \$15 copay</p> <p>A referral isn't required to see specialists except for home health, occupational therapy, physical therapy and speech therapy.</p> <p>Certain services may require prior authorization.</p>	<p>PCP visit: \$0 copay</p> <p>Specialist visit: \$35 copay</p> <p>A referral is required for specialist visits except for an obstetrician/gynecologist, chiropractor, podiatrist or dermatologist.</p> <p>Certain services may require prior authorization.</p>	<p>PCP visit: \$50 copay</p> <p>Specialist visit: \$70 copay</p> <p>A referral isn't required for specialist visits.</p> <p>Certain services may require prior authorization.</p>

Telehealth visits are available with select primary care and specialist physicians as well as for therapy (*occupational, physical, speech*), mental health, psychiatry and substance use services.

Members pay the same copay as if the services were provided at an in-person visit.

**BayCareAnywhere** virtual visits (\$20 copay, up to four per calendar year):  
For urgent care needs, doctor visits through a smartphone, tablet or computer using the **BayCareAnywhere** app

For non-urgent care needs, doctor visits through a kiosk  
(*located in a private room*) via teleconferencing and medical diagnostic equipment.  
Available through Walk-In Care Provided by BayCare locations at select Publix Pharmacies.

Prior authorization may be required for mental health, psychiatry and substance use services.

A referral is required for therapy (*occupational, physical, speech*) or other health care professional services. The same prior authorization requirements and referral requirements for in-person visits apply to virtual/telehealth visits.

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
Preventive Care	<p><b>You pay nothing. Our plans cover many preventive services, including:</b></p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training</li> <li>• Health and wellness education programs</li> <li>• HIV screening</li> <li>• Immunizations (<i>COVID-19, pneumonia, hepatitis B and influenza</i>)</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low-dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (<i>counseling to stop smoking or tobacco use</i>)</li> <li>• “Welcome to Medicare” preventive visit (<i>one time</i>)</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>		
Emergency Care	\$100 copay	\$100 copay	\$90 copay
	<p>If you're admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>We provide worldwide coverage.</p>		
Urgently Needed Services	\$35 copay within the U.S.  \$100 copay outside the U.S.	\$35 copay within the U.S.  \$100 copay outside the U.S.	\$35 copay within the U.S.  \$90 copay outside the U.S.
	We provide worldwide coverage.		

BayCarePlus Premier (HMO) H2235-003	NEW! BayCarePlus Freedom (HMO-POS) H2235-006	
	In network	Out of network
<p><b>You pay nothing. Our plans cover many preventive services, including:</b></p> <div><div><ul style="list-style-type: none"><li>• Abdominal aortic aneurysm screening</li><li>• Annual wellness visit</li><li>• Bone mass measurement</li><li>• Breast cancer screening (mammogram)</li><li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li><li>• Cardiovascular disease testing</li><li>• Cervical and vaginal cancer screening</li><li>• Colorectal cancer screening</li><li>• Depression screening</li><li>• Diabetes screening</li><li>• Diabetes self-management training</li><li>• Health and wellness education programs</li><li>• HIV screening</li></ul></div><div><ul style="list-style-type: none"><li>• Immunizations (<i>COVID-19, pneumonia, hepatitis B and influenza</i>)</li><li>• Medical nutrition therapy</li><li>• Medicare Diabetes Prevention Program (MDPP)</li><li>• Obesity screening and therapy to promote sustained weight loss</li><li>• Prostate cancer screening exams</li><li>• Screening and counseling to reduce alcohol misuse</li><li>• Screening for lung cancer with low-dose computed tomography (LDCT)</li><li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li><li>• Smoking and tobacco use cessation (<i>counseling to stop smoking or tobacco use</i>)</li><li>• “Welcome to Medicare” preventive visit (<i>one time</i>)</li></ul></div></div> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>		45% coinsurance for all preventive care services
\$120 copay	\$135 copay	
If you’re admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the “Inpatient Hospital Care” section of this booklet for other costs.		
We provide worldwide coverage.		
\$30 copay within the U.S.	\$40 copay within the U.S.	
\$120 copay outside the U.S.	\$135 copay outside the U.S.	
We provide worldwide coverage.		

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
<b>Diagnostic Services/Labs/Imaging</b>  <i>Costs for these services may vary based on the place of service.</i>	<p>Lab services: \$0 copay</p> <p>Diagnostic procedures and tests: \$100 copay</p> <p>X-rays: \$0 copay</p> <p>MRI, CT and PET scans: \$125 copay</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Therapeutic radiology services (<i>such as radiation treatment for cancer</i>): 20% coinsurance</p> <p>Some services may require prior authorization. See the Evidence of Coverage for more details and a complete list.</p> <p>There's no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.</p>	<p>Lab services: \$0 copay</p> <p>Diagnostic procedures and tests: \$100 copay</p> <p>X-rays: \$0 copay</p> <p>MRI, CT and PET scans: \$125 copay</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Therapeutic radiology services (<i>such as radiation treatment for cancer</i>): 20% coinsurance</p> <p>Some services may require prior authorization. See the Evidence of Coverage for more details and a complete list.</p> <p>There's no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.</p>	<p>Lab services: \$0 copay</p> <p>Diagnostic procedures and tests: \$0 copay</p> <p>X-rays: \$0 copay</p> <p>MRI, CT and PET scans: \$90 copay</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Therapeutic radiology services (<i>such as radiation treatment for cancer</i>): 20% coinsurance</p> <p>Some services may require prior authorization. See the Evidence of Coverage for more details and a complete list.</p> <p>There's no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.</p>



<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
<p>Lab services: \$0 copay</p> <p>Diagnostic procedures and tests: \$0 copay</p> <p>X-rays: \$0 copay</p> <p>MRI, CT and PET scans: \$90 copay</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Therapeutic radiology services (<i>such as radiation treatment for cancer</i>): 20% coinsurance</p> <p>Some services may require prior authorization. See the Evidence of Coverage for more details and a complete list.</p> <p>There's no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.</p>	<p>Lab services: \$0 copay</p> <p>Diagnostic procedures and tests: \$0 copay</p> <p>X-rays: \$0 copay</p> <p>MRI, CT and PET scans: \$90 copay</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Therapeutic radiology services (<i>such as radiation treatment for cancer</i>): 20% coinsurance</p> <p>Some services may require prior authorization. See the Evidence of Coverage for more details and a complete list.</p> <p>There's no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.</p>	<p>Lab services: 45% coinsurance</p> <p>Diagnostic procedures and tests: 45% coinsurance</p> <p>X-rays: 45% coinsurance</p> <p>MRI, CT and PET scans: 45% coinsurance</p> <p>Diagnostic mammograms: 45% coinsurance</p> <p>Diagnostic colonoscopies: 45% coinsurance</p> <p>Therapeutic radiology services (<i>such as radiation treatment for cancer</i>): 45% coinsurance</p> <p>Abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening ordered as a preventive service: 45% coinsurance</p>

	<b>BayCarePlus Rewards (HMO)</b> H2235-002	<b>NEW! BayCarePlus Value (HMO)</b> H2235-005	<b>BayCarePlus Complete (HMO)</b> H2235-001
<b>Hearing Services</b>	<p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$40 copay</p> <p>A referral is required for Medicare-covered exams.</p> <p>Routine hearing exam: \$30 copay (one per calendar year)</p> <p>Up to two hearing aids every calendar year (one per ear)</p> <p>Hearing aid copays: \$599 for TruHearing Advanced or \$899 for TruHearing Premium (copay is per hearing aid*)</p> <p>Rechargeable premium hearing aids are available for an additional \$50 copay per aid.</p> <p>Hearing aid purchase includes post-purchase visits for one year following purchase for fitting, adjustment and education: \$0 copay</p>	<p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$40 copay</p> <p>A referral is required for Medicare-covered exams.</p> <p>Routine hearing exam: \$30 copay (one per calendar year)</p> <p>Up to two hearing aids every calendar year (one per ear)</p> <p>Hearing aid copays: \$599 for TruHearing Advanced or \$899 for TruHearing Premium (copay is per hearing aid*)</p> <p>Rechargeable premium hearing aids are available for an additional \$50 copay per aid.</p> <p>Hearing aid purchase includes post-purchase visits for one year following purchase for fitting, adjustment and education: \$0 copay</p>	<p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$15 copay</p> <p>A referral is required for Medicare-covered exams.</p> <p>Routine hearing exam: \$0 copay (one per calendar year)</p> <p>Up to two hearing aids every calendar year (one per ear)</p> <p>Hearing aid copays: \$699 for TruHearing Advanced or \$999 for TruHearing Premium (copay is per hearing aid*)</p> <p>Rechargeable premium hearing aids are available for an additional \$50 copay per aid.</p> <p>Hearing aid purchase includes post-purchase visits for one year following purchase for fitting, adjustment and education: \$0 copay</p>

<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
<p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$15 copay</p> <p>A referral isn't required for Medicare-covered exams.</p> <p>Routine hearing exam: \$0 copay <i>(one per calendar year)</i></p> <p>Up to two hearing aids every calendar year <i>(one per ear)</i></p> <p>Hearing aid copays: \$599 for TruHearing Advanced or \$899 for TruHearing Premium <i>(copay is per hearing aid*)</i></p> <p>Rechargeable premium hearing aids are available for an additional \$50 copay per aid.</p> <p>Hearing aid purchase includes post-purchase visits for one year following purchase for fitting, adjustment and education: \$0 copay</p>	<p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$35 copay</p> <p>A referral is required for Medicare-covered exams.</p> <p>Routine hearing exam: \$0 copay <i>(one per calendar year)</i></p> <p>Up to two hearing aids every calendar year <i>(one per ear)</i></p> <p>Hearing aid copays: \$699 for TruHearing Advanced or \$999 for TruHearing Premium <i>(copay is per hearing aid*)</i></p> <p>Rechargeable premium hearing aids are available for an additional \$50 copay per aid.</p> <p>Hearing aid purchase includes post-purchase visits for one year following purchase for fitting, adjustment and education: \$0 copay</p>	<p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$70 copay</p> <p>Routine hearing services and hearing aids are not covered out of network.</p>

\*Amount you pay for these services doesn't count toward your maximum out-of-pocket amount.

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
	<p>Medicare-covered dental services: \$40 copay</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services and those services require prior authorization.</p>	<p>Medicare-covered dental services: \$40 copay</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services and those services require prior authorization.</p>	<p>Medicare-covered dental services: \$15 copay</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services and those services require prior authorization.</p>
Dental Services	<p><b>You pay \$0 copay for covered preventive dental services including:</b></p> <p>One comprehensive oral exam every three years per provider or location</p> <p>Two periodic oral evaluations every calendar year</p> <p>Two routine cleanings every calendar year</p> <p>Two fluoride applications every calendar year</p> <p>One bitewing X-ray every calendar year</p> <p>One complete intra-oral series and panoramic film every two calendar years</p> <p>Limited oral evaluations</p> <p><b>You pay \$0 copay for covered comprehensive dental service including:</b></p> <p>One root planing/scaling and planing per quadrant every two years</p> <p>Two fillings every calendar year</p> <p>One crown every calendar year</p> <p>Two root canals per calendar year</p> <p>Two extractions per calendar year</p> <p>One full mouth debridement every two calendar years</p> <p>One denture per arch every five calendar years</p> <p>Two relines per calendar year</p> <p>Annual maximum of \$2,000 for comprehensive dental. The amounts you pay for preventive and comprehensive dental don't apply to your out-of-pocket maximum.</p> <p>Services for preventive and comprehensive dental are only covered when obtained through the Delta Dental Medicare Advantage network.</p> <p>See page 64 for information on optional comprehensive dental coverage that can be purchased separately.</p>		

<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
<p>Medicare-covered dental services: \$15 copay</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services and those services require prior authorization.</p>	<p>Medicare-covered dental services: \$35 copay</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services and those services require prior authorization.</p>	<p>Medicare-covered dental services: \$70 copay</p>
<p><b>You pay \$0 copay for covered preventive dental services including:</b></p> <p>One comprehensive oral exam every three years per provider or location</p> <p>Two periodic oral evaluations every calendar year</p> <p>Two routine cleanings every calendar year</p> <p>Two fluoride applications every calendar year</p> <p>One bitewing X-ray every calendar year</p> <p>One complete intra-oral series and panoramic film every two calendar years</p> <p>Limited oral evaluations</p> <p><b>You pay \$0 copay for covered comprehensive dental service including:</b></p> <p>One root planing/scaling and planing per quadrant every two years</p> <p>Two fillings every calendar year</p> <p>One crown every calendar year</p> <p>Two root canals per calendar year</p> <p>Two extractions per calendar year</p> <p>One full mouth debridement every two calendar years</p> <p>One denture per arch every five calendar years</p> <p>Two relines per calendar year</p> <p>Annual maximum of \$2,000 for comprehensive dental. The amounts you pay for preventive and comprehensive dental don't apply to your out-of-pocket maximum.</p> <p>Services for preventive and comprehensive dental are only covered when obtained through the Delta Dental Medicare Advantage network.</p> <p>See page 64 for information on optional comprehensive dental coverage that can be purchased separately.</p>		

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
Vision Services	<p>Routine vision services are provided by EyeMed (<i>vision care provider</i>):</p> <p>One routine eye exam every calendar year: \$0 copay</p> <p>This plan pays up to \$150 per calendar year for eyeglasses (<i>lenses and frames</i>) and upgrades or contact lenses.</p> <p>Medicare-covered vision services:</p> <p>Medicare-covered eye exams: \$40 copay</p>	<p>Routine vision services are provided by EyeMed (<i>vision care provider</i>):</p> <p>One routine eye exam every calendar year: \$0 copay</p> <p>This plan pays up to \$300 per calendar year for eyeglasses (<i>lenses and frames</i>) and upgrades or \$350 for contact lenses.</p> <p>Medicare-covered vision services:</p> <p>Medicare-covered eye exams: \$40 copay</p>	<p>Routine vision services are provided by EyeMed (<i>vision care provider</i>):</p> <p>One routine eye exam every calendar year: \$0 copay</p> <p>This plan pays up to \$300 per calendar year for eyeglasses (<i>lenses and frames</i>) and upgrades or \$350 for contact lenses.</p> <p>Medicare-covered vision services:</p> <p>Medicare-covered eye exams: \$15 copay</p>
	<p>Diabetic eye exams performed by a specialist such as an ophthalmologist or optometrist: \$0 copay</p> <p>A referral is required for these Medicare-covered visits.</p>		

BayCarePlus Premier (HMO) H2235-003	NEW! BayCarePlus Freedom (HMO-POS) H2235-006	
	In network	Out of network
<p>Routine vision services are provided by EyeMed (<i>vision care provider</i>):</p> <p>One routine eye exam every calendar year: \$0 copay</p> <p>This plan pays up to \$300 per calendar year for eyeglasses (<i>lenses and frames</i>) and upgrades or \$350 for contact lenses.</p> <p>Medicare-covered vision services:</p> <p>Medicare-covered eye exams: \$15 copay</p>	<p>Routine vision services are provided by EyeMed (<i>vision care provider</i>):</p> <p>One routine eye exam every calendar year: \$0 copay</p> <p>This plan pays up to \$300 per calendar year for eyeglasses (<i>lenses and frames</i>) and upgrades or \$350 for contact lenses.</p> <p>Medicare-covered vision services:</p> <p>Medicare-covered eye exams: \$35 copay</p>	<p>Medicare-covered vision services:</p> <p>Medicare-covered eye exams: \$70 copay</p> <p>There's no out-of-network coverage for free diabetic eye exams, routine vision services or post-cataract surgery refractions, glasses or contact lenses.</p>
<p>Diabetic eye exams performed by a specialist such as an ophthalmologist or optometrist: \$0 copay</p> <p>A referral isn't required for these Medicare-covered visits.</p>		

## Post-cataract coverage for all plans (*in network only*):

Post-cataract eye exam: \$0 copay

One pair of Medicare-covered eyeglass lenses (*standard plastic single, bifocal, trifocal or lenticular, frames or contact lenses*) after cataract surgery: \$0 copay

After each cataract surgery, our plan pays up to \$150 per calendar year for eyeglasses (*lenses and frames*) or \$200 per calendar year for contact lenses.

All eyeglasses and contact lenses, including eye refractions, must be obtained through an EyeMed vision care provider.

BayCarePlus Rewards (HMO) H2235-002		NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
Mental Health Services	<b>Inpatient stay: Our plan covers an unlimited number of days for an inpatient hospital stay.</b>		
	\$250 copay per day, per stay: days 1–5	\$250 copay per day, per stay: days 1–5	\$200 copay per day, per stay: days 1–5
	\$0 copay per day, per stay: day 6 and beyond	\$0 copay per day, per stay: day 6 and beyond	\$0 copay per day, per stay: day 6 and beyond
	Outpatient individual visit: \$40 copay	Outpatient individual visit: \$40 copay	Outpatient individual visit: \$15 copay
	Outpatient group visit: \$35 copay	Outpatient group visit: \$35 copay	Outpatient group visit: \$10 copay
	Opioid treatment programs: \$40 copay per visit for Medicare- covered services	Opioid treatment programs: \$40 copay per visit for Medicare- covered services	Opioid treatment programs: \$15 copay per visit for Medicare- covered services
	Partial hospitalization: \$55 copay per day for Medicare-covered partial hospitalization services	Partial hospitalization: \$55 copay per day for Medicare-covered partial hospitalization services	Partial hospitalization: \$55 copay per day for Medicare-covered partial hospitalization services
	Prior authorization may be required.	Prior authorization may be required.	Prior authorization may be required.
Skilled Nursing Facility	<b>The plan covers up to 100 days per admission. No prior hospital stay is required.</b>		
	\$0 copay per day, per stay: days 1-20	\$0 copay per day, per stay: days 1–20	\$0 copay per day, per stay: days 1–20
	\$172 copay per day, per stay: days 21–100	\$172 copay per day, per stay: days 21–100	\$150 copay per day, per stay: days 21–100
	Prior authorization is required.	Prior authorization is required.	Prior authorization is required.



<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
<b>Inpatient stay: Our plan covers an unlimited number of days for an inpatient hospital stay.</b>		
<p>\$175 copay per day, per stay: days 1–5</p> <p>\$0 copay per day, per stay: day 6 and beyond</p> <p>Outpatient individual visit: \$15 copay</p> <p>Outpatient group visit: \$10 copay</p> <p>Opioid treatment programs: \$15 copay per visit for Medicare-covered services</p> <p>Partial hospitalization: \$55 copay per day for Medicare-covered partial hospitalization services</p> <p>Prior authorization may be required.</p>	<p>\$250 copay per day, per stay: days 1–5</p> <p>\$0 copay per day, per stay: day 6 and beyond</p> <p>Outpatient individual visit: \$35 copay</p> <p>Outpatient group visit: \$30 copay</p> <p>Opioid treatment programs: \$35 copay per visit for Medicare-covered services</p> <p>Partial hospitalization: \$55 copay per day for Medicare-covered partial hospitalization services</p> <p>Prior authorization may be required.</p>	<p>45% coinsurance per day, per stay: day 1 and beyond</p> <p>Outpatient individual visit: \$70 copay</p> <p>Outpatient group visit: \$70 copay</p> <p>Opioid treatment programs: \$70 copay per visit for Medicare-covered services</p> <p>Partial hospitalization: 45% coinsurance for Medicare-covered partial hospitalization services</p>
<b>The plan covers up to 100 days per admission. No prior hospital stay is required.</b>		
<p>\$0 copay per day, per stay: days 1–20</p> <p>\$175 copay per day, per stay: days 21–100</p> <p>Prior authorization is required.</p>	<p>\$0 copay per day, per stay: days 1–20</p> <p>\$200 copay per day, per stay: days 21–100</p> <p>Prior authorization is required.</p>	<p>45% coinsurance, days 1–100</p>

	<b>BayCarePlus Rewards (HMO)</b> H2235-002		<b>NEW!</b> <b>BayCarePlus Value (HMO)</b> H2235-005	<b>BayCarePlus Complete (HMO)</b> H2235-001
<b>Physical Therapy</b>	\$40 copay A referral is required.			\$15 copay A referral is required.
<b>Ambulance</b>	\$250 copay  This copay applies to each one-way trip.  Prior authorization is required for non-emergent transportation by ambulance.	\$250 copay  This copay applies to each one-way trip.  Prior authorization is required for non-emergent transportation by ambulance.		\$200 copay  This copay applies to each one-way trip.  Prior authorization is required for non-emergent transportation by ambulance.
<b>Transportation</b>	Not covered			\$0 copay  Limited to 16 one-way trips to plan-approved locations every calendar year
<b>Medicare Part B Drugs</b>	Part B drugs such as chemotherapy drugs: 20% coinsurance  Prior authorization is required for chemotherapy drugs.  Insulin administered via a durable medical equipment insulin pump: 20% coinsurance up to a maximum copay of \$35 for a one-month supply			
	If a Part B prescription drug's price has increased at a rate faster than the rate of inflation, we'll reduce your coinsurance for that drug by a certain amount as directed by the Centers for Medicare & Medicaid Services (CMS).  CMS will tell <b>BayCarePlus</b> what your coinsurance should be for that drug. The amount you pay will never exceed your coinsurance, but it could be lower based on information we receive from CMS.  Amounts you pay for Part B drugs count toward your MOOP; they don't count toward your Part D initial coverage limit or true out-of-pocket cost of \$8,000.			

<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
\$15 copay A referral is required.	\$35 copay A referral is required.	\$70 copay
\$200 copay  This copay applies to each one-way trip.  Prior authorization is required for non-emergent transportation by ambulance.	\$200 copay  This copay applies to each one-way trip.  Prior authorization is required for non-emergent transportation by ambulance.	45% coinsurance
\$0 copay  Limited to 24 one-way trips to plan-approved locations every calendar year	Not covered	Not covered
Part B drugs such as chemotherapy drugs: 20% coinsurance  Prior authorization is required for chemotherapy drugs. Insulin administered via a durable medical equipment insulin pump: 20% coinsurance up to a maximum copay of \$35 for a one-month supply		Part B drugs such as chemotherapy drugs: 45% coinsurance  Prior authorization is required for chemotherapy drugs. Insulin administered via a durable medical equipment insulin pump: 45% coinsurance
<p>If a Part B prescription drug's price has increased at a rate faster than the rate of inflation, we'll reduce your coinsurance for that drug by a certain amount as directed by the Centers for Medicare &amp; Medicaid Services (CMS).</p> <p>CMS will tell <b>BayCarePlus</b> what your coinsurance should be for that drug. The amount you pay will never exceed your coinsurance, but it could be lower based on information we receive from CMS.</p> <p>Amounts you pay for Part B drugs count toward your MOOP; they don't count toward your Part D initial coverage limit or true out-of-pocket cost of \$8,000.</p>		

## Part D Prescription Drug Benefits

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
<b>Deductible</b>	A deductible isn't required for these plans.		
<b>Initial Coverage</b>	<p>You pay the amounts listed in the tables on the following pages until your total yearly drug costs reach \$5,030. For insulins, you won't pay more than \$35 for a one-month supply of each insulin product covered by our plans for all cost-sharing tiers. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out of network.</p>		
<b>Insulin Coverage</b>	You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing tier, the coverage phase or your Extra Help status.		
<b>Coverage Gap</b>	<p>Most Medicare drug plans have a coverage gap (<i>also called the "donut hole"</i>). This means there's a temporary change in what you'll pay for your drugs. The coverage gap begins after the total yearly drug cost (<i>including what our plan has paid and what you've paid</i>) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand-name drugs and 25% of the plan's cost for covered generic drugs until your out-of-pocket costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Important: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan.</p>		
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing.		

<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
A deductible isn't required for these plans.		
<p>You pay the amounts listed in the tables on the following pages until your total yearly drug costs reach \$5,030. For insulins, you won't pay more than \$35 for a one-month supply of each insulin product covered by our plans for all cost-sharing tiers. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out of network.</p>		
You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing tier, the coverage phase or your Extra Help status.		
<p>Most Medicare drug plans have a coverage gap (<i>also called the "donut hole"</i>). This means there's a temporary change in what you'll pay for your drugs. The coverage gap begins after the total yearly drug cost (<i>including what our plan has paid and what you've paid</i>) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand-name drugs and 25% of the plan's cost for covered generic drugs until your out-of-pocket costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Important: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan.</p>		
After your yearly out-of-pocket drug costs reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing.		

## Standard Retail Cost Sharing

	BayCarePlus Rewards (HMO) H2235-002			NEW! BayCarePlus Value (HMO) H2235-005		
	30/60/90-Day Supply					
Tier	30	60	90	30	60	90
Tier 1 (preferred generic)	\$0 copay					
Tier 2 (generic)	\$10 copay	\$20 copay	\$30 copay	\$10 copay	\$20 copay	\$30 copay
Tier 3 (preferred brand)	\$47 copay	\$94 copay	\$141 copay	\$47 copay	\$94 copay	\$141 copay
Insulins	\$35 copay	\$75 copay	\$105 copay	\$35 copay	\$75 copay	\$105 copay
Tier 4 (non-preferred brand)	\$100 copay	\$200 copay	\$300 copay	\$100 copay	\$200 copay	\$300 copay
Tier 5 (specialty drug)	33%*	N/O	N/O	33%*	N/O	N/O
	Mail Order Pharmacy					
Tier	30	60	90	30	60	90
Tier 1 (preferred generic)	N/O	N/O	\$0 copay	N/O	N/O	\$0 copay
Tier 2 (generic)	N/O	N/O	\$0 copay	N/O	N/O	\$0 copay
Tier 3 (preferred brand)	N/O	N/O	\$125 copay	N/O	N/O	\$125 copay
Insulins	N/O	N/O	\$105 copay	N/O	N/O	\$105 copay
Tier 4 (non-preferred brand)	N/O	N/O	\$275 copay	N/O	N/O	\$275 copay
Tier 5 (specialty drug)	33%*	N/O	N/O	33%*	N/O	N/O

BayCarePlus Complete (HMO) H2235-001			BayCarePlus Premier (HMO) H2235-003			NEW! BayCarePlus Freedom (HMO-POS) H2235-006		
30/60/90-Day Supply								
30	60	90	30	60	90	30	60	90
\$0 copay								
\$3 copay	\$6 copay	\$9 copay	\$0 copay			\$3 copay	\$6 copay	\$9 copay
\$35 copay	\$70 copay	\$105 copay	\$30 copay	\$60 copay	\$90 copay	\$35 copay	\$70 copay	\$105 copay
\$35 copay	\$70 copay	\$105 copay	\$30 copay	\$60 copay	\$90 copay	\$35 copay	\$70 copay	\$105 copay
\$85 copay	\$170 copay	\$255 copay	\$85 copay	\$170 copay	\$255 copay	\$85 copay	\$170 copay	\$255 copay
33%*	N/O	N/O	33%*	N/O	N/O	33%*	N/O	N/O
Mail Order Pharmacy								
30	60	90	30	60	90	30	60	90
N/O	N/O	\$0 copay	N/O	N/O	\$0 copay	N/O	N/O	\$0 copay
N/O	N/O	\$0 copay	N/O	N/O	\$0 copay	N/O	N/O	\$0 copay
N/O	N/O	\$95 copay	N/O	N/O	\$80 copay	N/O	N/O	\$95 copay
N/O	N/O	\$95 copay	N/O	N/O	\$80 copay	N/O	N/O	\$95 copay
N/O	N/O	\$245 copay	N/O	N/O	\$245 copay	N/O	N/O	\$245 copay
33%*	N/O	N/O	33%*	N/O	N/O	33%*	N/O	N/O

## Other Covered Benefits

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
Chiropractic Care	Manual manipulation of the spine to correct subluxation: \$20 copay		
Diabetes Supplies and Services	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (<i>including blood glucose monitors, lancets and blood glucose test strips</i>): 10% coinsurance*</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% coinsurance</p> <p>Authorization is required for some items (<i>e.g., diabetic custom-molded shoes and inserts, continuous glucose meters and insulin pumps</i>).</p>	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (<i>including blood glucose monitors, lancets and blood glucose test strips</i>): 10% coinsurance*</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% coinsurance</p> <p>Authorization is required for some items (<i>e.g., diabetic custom-molded shoes and inserts, continuous glucose meters and insulin pumps</i>).</p>	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (<i>including blood glucose monitors, lancets and blood glucose test strips</i>): \$0 copay*</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% coinsurance</p> <p>An additional \$25 credit per quarter to spend on over-the-counter items**</p> <p>Four routine podiatry visits, which include nail trimmings, per calendar year: \$0 copay**</p> <p>Four additional hours of nutrition counseling per calendar year: \$0 copay**</p> <p>Authorization is required for some items (<i>e.g., diabetic custom-molded shoes and inserts, continuous glucose meters and insulin pumps</i>).</p>



<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
Manual manipulation of the spine to correct subluxation: \$15 copay	Manual manipulation of the spine to correct subluxation: \$20 copay	Manual manipulation of the spine to correct subluxation: \$70 copay
<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips): \$0 copay*</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% coinsurance</p> <p>An additional \$50 credit per quarter to spend on over-the-counter items**</p> <p>Six routine podiatry visits, which include nail trimmings, per calendar year: \$0 copay**</p> <p>Six additional hours of nutrition counseling per calendar year: \$0 copay**</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters and insulin pumps).</p>	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips): \$0 copay*</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% coinsurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters and insulin pumps).</p>	<p>Diabetes self-management training: 45% coinsurance</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips): 45% coinsurance*</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 45% coinsurance</p>

\*See the Evidence of Coverage for a complete list.

\*\*The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
<b>Durable Medical Equipment</b> (wheelchairs, oxygen, etc.)	20% coinsurance for Medicare-covered items Prior authorization is required.		
<b>Foot Care</b> (podiatry services)	\$40 copay for each Medicare-covered podiatry visit		\$15 copay for each Medicare-covered podiatry visit  Members with diabetes: \$0 copay for four routine podiatry visits (including nail trimmings) per calendar year*
<b>Home Health Care</b>	\$0 copay A referral is required.		
<b>Hospice</b>	You pay nothing for hospice care from any Medicare-certified hospice program. Contact us for more details.		
<b>Outpatient Substance Abuse</b>	Individual visit: \$40 copay Group visit: \$35 copay Prior authorization is required.		Individual visit: \$15 copay Group visit: \$10 copay Prior authorization is required.

<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
20% coinsurance for Medicare-covered items  Prior authorization is required.		45% coinsurance for Medicare-covered items
\$15 copay for each Medicare-covered podiatry visit  Members with diabetes: \$0 copay for six routine podiatry visits ( <i>including nail trimmings</i> ) per calendar year*	\$35 copay for each Medicare-covered podiatry visit	\$70 copay for each Medicare-covered podiatry visit
\$0 copay  A referral is required.		45% coinsurance for all Medicare-covered home health care.
You pay nothing for hospice care from any Medicare-certified hospice program. Contact us for more details.		
Individual visit: \$15 copay  Group visit: \$10 copay  Prior authorization is required.	Individual visit: \$35 copay  Group visit: \$30 copay  Prior authorization is required.	Individual visit: \$70 copay  Group visit: \$70 copay

\*The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
<b>Over-the-Counter (OTC) Coverage</b>	Not covered	<p>\$50 credit per quarter to use on approved health products that can be ordered online, by phone or by mail</p> <p>Up to two orders per quarter are allowed and the leftover allowance doesn't roll over from quarter to quarter.</p>	<p>\$107 credit per quarter to use on approved health products that can be ordered online, by phone or by mail</p> <p>Members with diabetes will receive an additional \$25 credit per quarter.*</p> <p>Up to two orders per quarter are allowed and the leftover allowance doesn't roll over from quarter to quarter.</p>
<b>Meals</b>	Not covered	Not covered	<p>Twenty-eight meals <i>(two meals/day for 14 days)</i> delivered directly to the home after each discharge from an inpatient acute hospital stay or skilled nursing facility stay</p> <p>Annual limit of two discharges for a total of 56 meals/ calendar year</p>
<b>Grocery Allowance</b>	Not covered	\$50 per quarter*	

\*The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

BayCarePlus Premier (HMO) H2235-003	NEW! BayCarePlus Freedom (HMO-POS) H2235-006	
	In network	Out of network
<p>\$135 credit per quarter to use on approved health products that can be ordered online, by phone or by mail</p> <p>Members with diabetes will receive an additional \$50 credit per quarter.*</p> <p>Up to two orders per quarter are allowed and the leftover allowance doesn't roll over from quarter to quarter.</p>	<p>\$25 credit per quarter to use on approved health products that can be ordered online, by phone or by mail</p> <p>Up to two orders per quarter are allowed and the leftover allowance doesn't roll over from quarter to quarter.</p>	Not covered
<p>Twenty-eight meals (<i>two meals/day for 14 days</i>) delivered directly to the home after each discharge from an inpatient acute hospital stay or skilled nursing facility stay</p> <p>Annual limit of two discharges for a total of 56 meals/ calendar year</p>	Not covered	Not covered
\$50 per quarter*	Not covered	Not covered

	BayCarePlus Rewards (HMO) H2235-002	NEW! BayCarePlus Value (HMO) H2235-005	BayCarePlus Complete (HMO) H2235-001
<b>Prosthetic Devices</b>	Prosthetic devices: 20% coinsurance Related medical supplies: 20% coinsurance Prior authorization is required.		
<b>Outpatient Rehabilitation Services</b>	Cardiac and pulmonary rehabilitation services: \$15 copay per day Occupational, speech and language therapy visits: \$40 copay A separate copay for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.		Cardiac and pulmonary rehabilitation services: \$10 copay per day Occupational, speech and language therapy visits: \$15 copay A separate copay for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.
<b>Wellness Programs</b>	Health club membership/fitness classes through Silver&Fit®: \$0 copay Access to a network of more than 16,500 fitness centers and studios 13,000+ digital workout videos through the website and mobile app digital library including Silver&Fit Signature Series Classes® One home fitness kit per benefit year from a variety of fitness categories		



<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
	Prosthetic devices: 20% coinsurance Related medical supplies: 20% coinsurance Prior authorization is required.	45% coinsurance
Cardiac and pulmonary rehabilitation services: \$30 copay per day  Occupational, speech and language therapy visits: \$15 copay  A separate copay for occupational therapy will apply if other outpatient therapy services are rendered on the same day.  A referral is required.	Cardiac and pulmonary rehabilitation services: \$20–30 copay per day  Occupational, speech and language therapy visits: \$35 copay  A separate copay for occupational therapy will apply if other outpatient therapy services are rendered on the same day.  A referral is required.	Cardiac and pulmonary rehabilitation services: 45% coinsurance  Occupational, speech and language therapy visits: \$70 copay
Health club membership/fitness classes through Silver&Fit: \$0 copay Access to a network of more than 16,500 fitness centers and studios 13,000+ digital workout videos through the website and mobile app digital library including Silver&Fit Signature Series Classes One home fitness kit per benefit year from a variety of fitness categories		

	<b>BayCarePlus Rewards (HMO)</b> H2235-002	<b>NEW!</b> <b>BayCarePlus Value (HMO)</b> H2235-005	<b>BayCarePlus Complete (HMO)</b> H2235-001
<b>Acupuncture</b>	<p>Medicare-covered services (<i>chronic low back pain</i>): \$20 copay for up to 12 visits in 90 days*</p> <p>No more than 20 chronic low back pain visits per calendar year</p>		

\*See your Evidence of Coverage booklet for more details.

## Optional Comprehensive Dental Benefits

<b>Optional Supplemental Benefits</b>	<p>As a member of any <b>BayCarePlus</b> plan, you'll receive select dental benefits for no additional cost (see page 44). For a low monthly premium, you can replace the comprehensive benefits on page 44 with these enhanced comprehensive dental benefits:</p> <p>Monthly premium: \$49</p> <p>Yearly deductible: \$0</p> <p>Maximum benefit: \$4,000 per year*</p> <p>Services can be provided in network through the Delta Dental Medicare Advantage Network or out of network.**</p> <p>You pay \$0 copay for covered comprehensive dental services including:</p> <ul style="list-style-type: none"> <li>One root planing/scaling and planing per quadrant every two years</li> <li>One filling per tooth every calendar year</li> <li>Two crowns every calendar year</li> <li>Three root canals per calendar year</li> <li>Two extractions per calendar year</li> <li>One full mouth debridement every two calendar years</li> <li>One denture per arch every five calendar years</li> <li>Two relines per calendar year</li> </ul> <p>Prior authorization may be required.</p>
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\*The amounts you pay for comprehensive dental services don't apply to your maximum out-of-pocket amount.

<b>BayCarePlus Premier (HMO) H2235-003</b>	<b>NEW! BayCarePlus Freedom (HMO-POS) H2235-006</b>	
	In network	Out of network
Medicare-covered services ( <i>chronic low back pain</i> ): \$20 copay for up to 12 visits in 90 days*  No more than 20 chronic low back pain visits per calendar year	Medicare-covered services ( <i>chronic low back pain</i> ): \$20 copay for up to 12 visits in 90 days*  No more than 20 chronic low back pain visits per calendar year	Medicare-covered services ( <i>chronic low back pain</i> ): \$70 copay for up to 12 visits in 90 days*  No more than 20 chronic low back pain visits per calendar year

\*See your Evidence of Coverage booklet for more details.

As a member of any **BayCarePlus** plan, you'll receive select dental benefits for no additional cost (see page 44). For a low monthly premium, you can replace the comprehensive benefits on page 44 with these enhanced comprehensive dental benefits:

Monthly premium: \$49

Yearly deductible: \$0

Maximum benefit: \$4,000 per year\*

Services can be provided in network through the Delta Dental Medicare Advantage Network or out of network.\*\*

You pay \$0 copay for covered comprehensive dental services including:

One root planing/scaling and planing per quadrant every two years

One filling per tooth every calendar year

Two crowns every calendar year

Three root canals per calendar year

Two extractions per calendar year

One full mouth debridement every two calendar years

One denture per arch every five calendar years

Two relines per calendar year

Prior authorization may be required.

\*\*The Delta Dental plan will pay benefits for covered services provided by a non-participating provider. However, a non-participating provider may charge you more than the maximum plan allowance payable under this Medicare Advantage plan and you'll be responsible for all charges above the maximum plan allowance. Any amount you pay doesn't count toward your maximum out-of-pocket amount.



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# Enrollment Information

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# Medicare Enrollment Periods

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

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

# How to Enroll

Below are ways you can enroll in a **BayCarePlus** plan.



## **Enroll with your licensed BayCarePlus health care advisor or insurance broker.**

Your advisor or broker can help you choose the best plan for you and help you complete the enrollment application.



## **Enroll over the phone.**

Simply give us a call and a **BayCarePlus** representative will be happy to enroll you over the phone. Toll-free: (877) 549-1741 (TTY: 711), 8am to 8pm, seven days a week.\*



## **Enroll online.**

Go to [BayCarePlus.org](http://BayCarePlus.org) and click “Enroll Now.”



## **Enroll using a paper application.**

Complete the enrollment application located in the back of this guide, and mail it in using the postage-paid envelope included. Use the Enrollment Application Checklist on page 73 to help you fill out your enrollment application.

*Translation services available upon request*

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

# What to Expect After Enrollment

Within two weeks of your enrollment form acceptance by the Centers for Medicare & Medicaid Services (CMS), you'll receive the following from **BayCarePlus**:

- **Receipt of your completed enrollment application**

This confirms you submitted the enrollment application. You'll receive either a copy of the receipt or a confirmation number (*not applicable for paper enrollment forms*).

- **Enrollment verification letter**

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

- **Member ID card**

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

- **Welcome Kit**

This kit includes important plan information, such as the Notice to Confirm Enrollment, Evidence of Coverage, Member Guide and more.

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**As a potential BayCarePlus member**, your health is important to us and we're committed to connecting you to quality health care services. Information on key benefits and services you can get through **BayCarePlus** is available on our website in the Evidence of Coverage (EOC). You'll find details on the following:

- Covered and noncovered benefits
- Providers in our network
- Our review process for services and benefits including how to make a preservice, urgent concurrent or postservice request, or file an appeal
- Benefits/Services that require authorization, limitations or restrictions on benefits, and where to receive services
- Pharmaceutical management procedures including how to request exceptions
- Notification of privacy practices, protection of oral, written and electronic information
- How to access your medical records and approve release of health information

Go to [Member.BayCarePlus.org](http://Member.BayCarePlus.org), and under "Benefits," select "VIEW BENEFITS DOCUMENTS SB, EOC, ANOC, ETC." Select one of our plan options to view the EOC for details on the benefit and service information noted above.

# Enrollment Application Checklist

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

Enrollment Application Checklist		Done
1.	Select a plan. Be sure to choose only one plan name. Indicate if you want to add optional supplemental benefits.	<input type="radio"/>
2.	Fill in your: <input type="radio"/> Name <input type="radio"/> Date of birth <input type="radio"/> Sex <input type="radio"/> Phone number <input type="radio"/> Address <input type="radio"/> Mailing address ( <i>if different from your permanent residence address</i> ) <input type="radio"/> Email address ( <i>optional</i> )	<input type="radio"/>
3.	Fill in your Medicare number.	<input type="radio"/>
4.	Answer the Yes/No question in Section 1. If you answer “Yes,” fill out the additional information necessary.	<input type="radio"/>
5.	Read the bulleted section labeled “IMPORTANT” for an explanation of enrollment periods and your rights under this plan.	<input type="radio"/>
6.	Sign the enrollment application. You or your authorized representative must sign and date the form.	<input type="radio"/>
7.	Answer the questions in Section 2. ( <i>Note: All fields are optional and you can't be denied coverage if you decide not to fill them out.</i> )	<input type="radio"/>
8.	Fill in your primary care physician ID number and name. You can find it in the Provider Directory online or by calling the number listed below.	<input type="radio"/>
9.	Mail your application to the address listed on the enrollment application.	<input type="radio"/>

<sup>†</sup>If you're enrolling in Medicare for the first time or changing your Medicare coverage outside the AEP, fill out the Attestation of Eligibility form.

## Have questions about the Enrollment Application?

We're happy to help, just call: (877) 549-1741 (TTY: 711).

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



# Applications and Forms

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## 2024 Enrollment Request Form

**Use the form to enroll in BayCarePlus® Medicare Advantage.**

### Who can use this form?

People with Medicare who want to join a Medicare Advantage plan.

### To join a plan, you must:

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

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

- Medicare Part A (*hospital insurance*)
- Medicare Part B (*medical insurance*)

### When do I use this form?

You can join a plan:

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

Go to [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

### What do I need to complete this form?

- Your Medicare number (*the number on your red, white and blue Medicare card*)
- Your permanent address and phone number

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

**Individuals experiencing homelessness:** If you want to join a plan but have no permanent residence, a post office box, an address of a shelter or clinic or the address where you receive mail (*e.g., Social Security checks*) may be considered your permanent residence address.

### Reminders:

- If you want to join a plan during fall open enrollment (*October 15–December 7*), the plan must get your completed form by December 7.
- Your plan will send you a monthly invoice for the plan's premium and any applicable Late Enrollment Penalty and/or Optional Supplemental Benefit (OSB). You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (*or Railroad Retirement Board*) benefit.

### What happens next?

Send your completed and signed form to:

BayCarePlus Medicare Advantage  
P. O. Box 30764  
Tampa, FL 33630

Once we process your request to join, we'll contact you.

### How do I get help with this form?

Call BayCarePlus Medicare Advantage at (877) 549-1741 (TTY: 711). Or call Medicare at 1-800-Medicare (1-800-633-4227). TTY users can call (877) 486-2048.

**En español:** Llame a BayCarePlus Medicare Advantage al (877) 549-1741 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

**Section 1: All fields on this page are required (unless marked optional).**

Select the plan you want to join:

- ☐ BayCarePlus Complete (HMO) – H2235-001 (Hillsborough, Pasco, Pinellas and Polk counties) \$0 per month
- ☐ BayCarePlus Rewards (HMO) – H2235-002 (Hillsborough, Pasco, Pinellas and Polk counties) \$0 per month
- ☐ BayCarePlus Premier (HMO) – H2235-003 (Hillsborough, Pasco, Pinellas and Polk counties) \$42 per month
- ☐ BayCarePlus Value (HMO) – H2235-005 (Hillsborough, Pasco, Pinellas and Polk counties) \$0 per month
- ☐ BayCarePlus Freedom (HMO-POS) – H2235-006 (Hillsborough, Pasco, Pinellas and Polk counties) \$0 per month

**Optional Supplemental Benefits: Comprehensive Dental** ☐ Yes ☐ No

You can add optional supplemental benefits (*comprehensive dental services*) for an additional \$49 per month. The monthly premium for your supplemental benefits will be in addition to your monthly plan premium and/or Late Enrollment Penalty.

FIRST name:

LAST name:

Middle initial (*optional*):

Birth date:

(\_\_\_\_/\_\_\_\_/\_\_\_\_)  
(MM/DD/YYYY)

Sex:

- ☐ Male  
☐ Female

Phone (*select primary phone number*):

- ☐ Cell: (\_\_\_\_) \_\_\_\_\_  
☐ Home: (\_\_\_\_) \_\_\_\_\_

Permanent residence street address (*don't enter a P.O. box*):

County (*optional*):

City:

State:

Zip:

Mailing address, if different from your permanent address (*P. O. box allowed*):

Street address:

City:

State:

Zip:

Email address (*optional*):

**Your Medicare Information**

Medicare number:

\_\_\_\_-\_\_\_\_-\_\_\_\_

**Answer These Important Questions**

Will you have other prescription drug coverage (*like VA, TRICARE*) in addition to BayCarePlus Medicare Advantage? ☐ Yes ☐ No If "yes," list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage:

Member number for this coverage:

Group number for this coverage:

### IMPORTANT: Read and Sign Below

- I must keep both Hospital (Part A) and Medical (Part B) to stay in BayCarePlus Medicare Advantage.
  - By joining this Medicare Advantage plan, I acknowledge that BayCarePlus Medicare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments and for other purposes allowed by Federal law that authorize the collection of this information (*see Privacy Act Statement below*). I also acknowledge that BayCarePlus Medicare Advantage will share my information with other plans to make payments and for other purposes allowed by Federal law that authorize the collection of this information.
  - Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
  - The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I'll be disenrolled from the plan.
  - I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
  - I understand that when my BayCarePlus coverage begins, I must get all of my medical and prescription drug benefits from BayCarePlus. Benefits and services provided by BayCarePlus and contained in my BayCarePlus "Evidence of Coverage" document (*also known as a member contract or subscriber agreement*) will be covered. Neither Medicare nor BayCarePlus will pay for benefits or services that aren't covered. I'll read the Evidence of Coverage document from BayCarePlus when I get it, to know which rules I must follow to get coverage with this Medicare Advantage plan.
  - Once I'm a member of BayCarePlus, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
  - I understand that I can be enrolled in only one MA or Part D plan at a time, and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan.
  - I understand that my signature (*or the signature of the person legally authorized to act on my behalf*) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (*as described above*), this signature certifies that:
    - 1) This person is authorized under state law to complete this enrollment, and
    - 2) Documentation of this authority is available upon request by Medicare.
- Optional Supplemental Benefits (OSB) Conditions of Enrollment:** If you checked "Yes" to add OSB on page 1, read the information below. By completing this enrollment application:
- I agree to adding the OSB, which includes comprehensive dental for \$49 per month. This amount is in addition to my Medicare premium, BayCarePlus plan premiums and any applicable Late Enrollment Penalty (LEP) that may apply.
  - I understand the OSB is only available to members enrolled in a BayCarePlus plan and that disenrollment from a BayCarePlus plan will result in automatic disenrollment from the optional supplemental benefits.
  - I understand that the Delta Dental plan will pay benefits for covered services provided by a non-participating provider. However, a non-participating provider may charge more than the maximum plan allowance payable under this Medicare Advantage Plan and I'll be responsible for all cost-sharing charges.
  - I understand that if I disenroll from the OSB, I won't be eligible to enroll again until the next BayCarePlus valid OSB enrollment period.
  - I understand that if I fail to pay the monthly premium for the OSB, I'll lose the OSB but will remain enrolled in BayCarePlus.
  - I understand I only have one dental option. The purchase of this plan replaces the base plan, which has an annual maximum of \$2,000.

Signature:		Today's date:
If you're the authorized representative, sign above and fill out these fields:		
Name:	Relationship to enrollee:	Phone: (     )
Address: City:		State: Zip:

**Section 2: All fields in this section are optional.**

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

**Are you Hispanic, Latino/a or of Spanish origin? Select all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a or Spanish origin   | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican                                 | <input type="checkbox"/> Yes, Cuban                                |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a or Spanish origin |  |
| <input type="checkbox"/> I choose not to answer.                           |  |

**What's your race? Select all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| Asian:  | Native Hawaiian and Pacific Islander:              |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian or Chamorro     |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Native Hawaiian           |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Other Pacific Islander    |
| <input type="checkbox"/> Korean                           | <input type="checkbox"/> White                     |
| <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> I choose not to answer    |
| <input type="checkbox"/> Other Asian                      |  |

**Communication Preference Options**

**Select one if your preferred spoken language is a language other than English.**

- |  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic        | <input type="checkbox"/> German   | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Chinese       | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> French        | <input type="checkbox"/> Korean   | <input type="checkbox"/> Tagalog    |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Polish   | <input type="checkbox"/> Vietnamese |

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

- |  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic        | <input type="checkbox"/> German   | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Chinese       | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Spanish    |
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**Select one if you want us to send you information in an accessible format.** ☐ Braille ☐ Large print  
Contact BayCarePlus Medicare Advantage at (877) 549-1741 (TTY: 711), 8am to 8pm, seven days a week\* if you need information in an accessible format or language other than what's listed above, or if your preferred spoken language is a language other than those listed above.

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

Primary care physician (PCP):

Dr. \_\_\_\_\_  
(First name) (Last name)

PCP # from the Provider Directory:

--	--	--	--	--	--	--	--	--	--

Is this your current physician?

☐ Yes ☐ No

## PLEASE READ THIS IMPORTANT INFORMATION

If you currently have health coverage from an employer or union, joining BayCarePlus Medicare Advantage could affect your employer or union health benefits. You could lose your employer or union health coverage if you join BayCarePlus Medicare Advantage. Read the communications your employer or union sends you. If you have questions, go to their website or contact the office listed in their communications. If there isn't any information on who to contact, your benefits administrator or the office that answers questions about your coverage can help.

## Paying Your Plan Premiums

Whether you're enrolled in a premium or non-premium plan, you may pay your plan premium and any applicable Late Enrollment Penalty and/or OSB that you have or may owe **by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check**. You may also choose to pay by electronic funds transfer (EFT) or check via mail each month.

**If you have to pay a Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay BayCarePlus Medicare 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 percent or more of your drug costs, including monthly prescription drug premiums and coinsurance. Additionally, those who qualify won't be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call (800) 325-0778.

You can also apply for Extra Help online at [SocialSecurity.gov/PrescriptionHelp](https://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.

Please select a premium payment option:

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

I get monthly benefits from: ☐ Social Security ☐ RRB

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

☐ **Electronic funds transfer (EFT) from your bank account each month.**

If you choose to have the funds taken directly out of your checking account, this is referred to as electronic funds transfer (EFT). If you elect this method of payment, you'll receive a letter from the plan requesting a voided check be returned with the letter for account setup. Don't submit a voided check at the time of enrollment. Your request will be processed within 60 business days of the receipt of a returned voided check and letter. Premiums are deducted from your bank account on the second day of the month for the current month's coverage. If you select this payment option, you won't receive a monthly invoice.

☐ **Direct Pay**

You'll receive a monthly invoice containing payment instructions.



**Please return completed application to:**

**BayCarePlus Medicare Advantage**  
P. O. Box 30764  
Tampa, FL 33630

\*Call (877) 549-1741 for more information, including free language translation services, regarding your BayCare Select Health Plans. TTY users call the national relay service toll free at 711. Our telephone lines are open 8am–8pm, seven days a week. You may receive a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day. BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal. You must continue to pay your Medicare Part B premium.

#### **PRIVACY ACT STATEMENT**

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

## 2024 Enrollment Request Form

**Use the form to enroll in BayCarePlus® Medicare Advantage.**

### Who can use this form?

People with Medicare who want to join a Medicare Advantage plan.

### To join a plan, you must:

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

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

- Medicare Part A (*hospital insurance*)
- Medicare Part B (*medical insurance*)

### When do I use this form?

You can join a plan:

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

Go to [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

### What do I need to complete this form?

- Your Medicare number (*the number on your red, white and blue Medicare card*)
- Your permanent address and phone number

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

**Individuals experiencing homelessness:** If you want to join a plan but have no permanent residence, a post office box, an address of a shelter or clinic or the address where you receive mail (*e.g., Social Security checks*) may be considered your permanent residence address.

### Reminders:

- If you want to join a plan during fall open enrollment (*October 15–December 7*), the plan must get your completed form by December 7.
- Your plan will send you a monthly invoice for the plan's premium and any applicable Late Enrollment Penalty and/or Optional Supplemental Benefit (OSB). You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (*or Railroad Retirement Board*) benefit.

### What happens next?

Send your completed and signed form to:

BayCarePlus Medicare Advantage  
P. O. Box 30764  
Tampa, FL 33630

Once we process your request to join, we'll contact you.

### How do I get help with this form?

Call BayCarePlus Medicare Advantage at (877) 549-1741 (TTY: 711). Or call Medicare at 1-800-Medicare (1-800-633-4227). TTY users can call (877) 486-2048.

**En español:** Llame a BayCarePlus Medicare Advantage al (877) 549-1741 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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



**Section 1: All fields on this page are required (unless marked optional).**

Select the plan you want to join:

- ☐ **BayCarePlus Complete** (HMO) – H2235-001 (*Hillsborough, Pasco, Pinellas and Polk counties*) \$0 per month
- ☐ **BayCarePlus Rewards** (HMO) – H2235-002 (*Hillsborough, Pasco, Pinellas and Polk counties*) \$0 per month
- ☐ **BayCarePlus Premier** (HMO) – H2235-003 (*Hillsborough, Pasco, Pinellas and Polk counties*) \$42 per month
- ☐ **BayCarePlus Value** (HMO) – H2235-005 (*Hillsborough, Pasco, Pinellas and Polk counties*) \$0 per month
- ☐ **BayCarePlus Freedom** (HMO-POS) – H2235-006 (*Hillsborough, Pasco, Pinellas and Polk counties*) \$0 per month

**Optional Supplemental Benefits: Comprehensive Dental** ☐ Yes ☐ No

You can add optional supplemental benefits (*comprehensive dental services*) for an additional \$49 per month. The monthly premium for your supplemental benefits will be in addition to your monthly plan premium and/or Late Enrollment Penalty.

FIRST name:

LAST name:

Middle initial (*optional*):

Birth date:

(\_\_\_\_/\_\_\_\_/\_\_\_\_)  
(MM/DD/YYYY)

Sex:

- ☐ Male  
☐ Female

Phone (*select primary phone number*):

- ☐ Cell: (\_\_\_\_) \_\_\_\_\_  
☐ Home: (\_\_\_\_) \_\_\_\_\_

Permanent residence street address (*don't enter a P.O. box*):

County (*optional*):

City:

State:

Zip:

Mailing address, if different from your permanent address (*P. O. box allowed*):

Street address:

City:

State:

Zip:

Email address (*optional*):

**Your Medicare Information**

Medicare number:

\_\_\_\_-\_\_\_\_-\_\_\_\_

**Answer These Important Questions**

Will you have other prescription drug coverage (*like VA, TRICARE*) in addition to BayCarePlus Medicare Advantage? ☐ Yes ☐ No If "yes," list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage:

Member number for this coverage:

Group number for this coverage:

**IMPORTANT: Read and Sign Below**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in BayCarePlus Medicare Advantage.
  - By joining this Medicare Advantage plan, I acknowledge that BayCarePlus Medicare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments and for other purposes allowed by Federal law that authorize the collection of this information (*see Privacy Act Statement below*). I also acknowledge that BayCarePlus Medicare Advantage will share my information with other plans to make payments and for other purposes allowed by Federal law that authorize the collection of this information.
  - Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
  - The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I'll be disenrolled from the plan.
  - I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
  - I understand that when my BayCarePlus coverage begins, I must get all of my medical and prescription drug benefits from BayCarePlus. Benefits and services provided by BayCarePlus and contained in my BayCarePlus "Evidence of Coverage" document (*also known as a member contract or subscriber agreement*) will be covered. Neither Medicare nor BayCarePlus will pay for benefits or services that aren't covered. I'll read the Evidence of Coverage document from BayCarePlus when I get it, to know which rules I must follow to get coverage with this Medicare Advantage plan.
  - Once I'm a member of BayCarePlus, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
  - I understand that I can be enrolled in only one MA or Part D plan at a time, and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan.
  - I understand that my signature (*or the signature of the person legally authorized to act on my behalf*) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (*as described above*), this signature certifies that:
    - 1) This person is authorized under state law to complete this enrollment, and
    - 2) Documentation of this authority is available upon request by Medicare.
- Optional Supplemental Benefits (OSB) Conditions of Enrollment:** If you checked "Yes" to add OSB on page 1, read the information below. By completing this enrollment application:
- I agree to adding the OSB, which includes comprehensive dental for \$49 per month. This amount is in addition to my Medicare premium, BayCarePlus plan premiums and any applicable Late Enrollment Penalty (LEP) that may apply.
  - I understand the OSB is only available to members enrolled in a BayCarePlus plan and that disenrollment from a BayCarePlus plan will result in automatic disenrollment from the optional supplemental benefits.
  - I understand that the Delta Dental plan will pay benefits for covered services provided by a non-participating provider. However, a non-participating provider may charge more than the maximum plan allowance payable under this Medicare Advantage Plan and I'll be responsible for all cost-sharing charges.
  - I understand that if I disenroll from the OSB, I won't be eligible to enroll again until the next BayCarePlus valid OSB enrollment period.
  - I understand that if I fail to pay the monthly premium for the OSB, I'll lose the OSB but will remain enrolled in BayCarePlus.
  - I understand I only have one dental option. The purchase of this plan replaces the base plan, which has an annual maximum of \$2,000.

Signature:		Today's date:
If you're the authorized representative, sign above and fill out these fields:		
Name:	Relationship to enrollee:	Phone: (     )
Address: City:		State: Zip:

**Section 2: All fields in this section are optional.**

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

**Are you Hispanic, Latino/a or of Spanish origin? Select all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a or Spanish origin   | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican                                 | <input type="checkbox"/> Yes, Cuban                                |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a or Spanish origin |  |
| <input type="checkbox"/> I choose not to answer.                           |  |

**What's your race? Select all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| Asian:  | Native Hawaiian and Pacific Islander:              |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian or Chamorro     |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Native Hawaiian           |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Other Pacific Islander    |
| <input type="checkbox"/> Korean                           | <input type="checkbox"/> White                     |
| <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> I choose not to answer    |
| <input type="checkbox"/> Other Asian                      |  |

**Communication Preference Options**

**Select one if your preferred spoken language is a language other than English.**

- |  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic        | <input type="checkbox"/> German   | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Chinese       | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> French        | <input type="checkbox"/> Korean   | <input type="checkbox"/> Tagalog    |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Polish   | <input type="checkbox"/> Vietnamese |

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

- |  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic        | <input type="checkbox"/> German   | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Chinese       | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> French        | <input type="checkbox"/> Korean   | <input type="checkbox"/> Tagalog    |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Polish   | <input type="checkbox"/> Vietnamese |

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

Primary care physician (PCP):

Dr. \_\_\_\_\_  
(First name) (Last name)

PCP # from the Provider Directory:

--	--	--	--	--	--	--	--	--	--

Is this your current physician?

☐ Yes ☐ No

## PLEASE READ THIS IMPORTANT INFORMATION

If you currently have health coverage from an employer or union, joining BayCarePlus Medicare Advantage could affect your employer or union health benefits. You could lose your employer or union health coverage if you join BayCarePlus Medicare Advantage. Read the communications your employer or union sends you. If you have questions, go to their website or contact the office listed in their communications. If there isn't any information on who to contact, your benefits administrator or the office that answers questions about your coverage can help.

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

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Please select a premium payment option:

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

I get monthly benefits from: ☐ Social Security ☐ RRB

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

☐ **Electronic funds transfer (EFT) from your bank account each month.**

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**Please return completed application to:**

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P. O. Box 30764  
Tampa, FL 33630

\*Call (877) 549-1741 for more information, including free language translation services, regarding your BayCare Select Health Plans. TTY users call the national relay service toll free at 711. Our telephone lines are open 8am–8pm, seven days a week. You may receive a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day. BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal. You must continue to pay your Medicare Part B premium.

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

23-2959561-0823

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Name

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Address

---

City, State Zip

---

Phone

## Attestation of Eligibility for an Enrollment Period

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

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

- ☐ I'm new to Medicare or I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage plan.
- ☐ I had Medicare prior to now, but I'm now turning 65.
- ☐ I'm new to Medicare and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified of getting Medicare on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I'm enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently was released from incarceration. I was released on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently returned to the U.S. after living permanently outside the U.S. I returned to the U.S. on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently obtained lawful presence status in the U.S. I got this status on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently had a change in my Medicaid *(recently got Medicaid, had a change in level of Medicaid assistance or lost Medicaid)* on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage *(newly got Extra Help, had a change in the level of Extra Help or lost Extra Help)* on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I have both Medicare and Medicaid *(or my state helps pay for my Medicare premiums)*, or I get Extra Help to pay for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I'm moving into, live in or recently moved out of a long-term care facility *(for example, a nursing home or assisted-living facility)*. I moved/will move into/out of the facility on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

- ☐ I recently left a PACE program on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently involuntarily lost my creditable prescription drug coverage *(coverage as good as Medicare's)*.  
I lost my drug coverage on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I'm leaving employer or union coverage on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare *(or my state)*, and I want to choose a different plan. My enrollment in that plan started on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I was enrolled in a Special Needs Plan (SNP), but I've lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- ☐ I'm enrolled in a Medicare Advantage plan offered by a Medicare Advantage organization that was sanctioned by Medicare and the matter that gave rise to the sanction affected me.
- ☐ I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
- ☐ I want to enroll in a Medicare Advantage plan offered by a Medicare Advantage organization with an overall performance rating of five stars.
- ☐ I was adversely affected by having requested, but not received, notices or information in an accessible format to make an enrollment decision within applicable time frames.
- ☐ I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- ☐ I'm in a plan that has had a rating of less than three stars for the last three years. I want to join a plan with a rating of three stars or higher.

**If none of these statements applies to you or you're not sure, contact BayCarePlus at (877) 549-1741 (TTY: 711) to see if you're eligible to enroll. We're open seven days a week, from 8am to 8pm.\***

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

BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal. BayCare Select Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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Name

---

Address

---

City, State Zip

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Phone

## Attestation of Eligibility for an Enrollment Period

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

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

- ☐ I'm new to Medicare or I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage plan.
- ☐ I had Medicare prior to now, but I'm now turning 65.
- ☐ I'm new to Medicare and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified of getting Medicare on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I'm enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently was released from incarceration. I was released on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently returned to the U.S. after living permanently outside the U.S. I returned to the U.S. on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently obtained lawful presence status in the U.S. I got this status on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently had a change in my Medicaid *(recently got Medicaid, had a change in level of Medicaid assistance or lost Medicaid)* on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage *(newly got Extra Help, had a change in the level of Extra Help or lost Extra Help)* on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I have both Medicare and Medicaid *(or my state helps pay for my Medicare premiums)*, or I get Extra Help to pay for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I'm moving into, live in or recently moved out of a long-term care facility *(for example, a nursing home or assisted-living facility)*. I moved/will move into/out of the facility on *(insert date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

- ☐ I recently left a PACE program on *(insert date)*\_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I recently involuntarily lost my creditable prescription drug coverage *(coverage as good as Medicare's)*.  
I lost my drug coverage on *(insert date)*\_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I'm leaving employer or union coverage on *(insert date)*\_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare *(or my state)*, and I want to choose a different plan. My enrollment in that plan started on *(insert date)*\_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I was enrolled in a Special Needs Plan (SNP), but I've lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on *(insert date)*\_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- ☐ I'm enrolled in a Medicare Advantage plan offered by a Medicare Advantage organization that was sanctioned by Medicare and the matter that gave rise to the sanction affected me.
- ☐ I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
- ☐ I want to enroll in a Medicare Advantage plan offered by a Medicare Advantage organization with an overall performance rating of five stars.
- ☐ I was adversely affected by having requested, but not received, notices or information in an accessible format to make an enrollment decision within applicable time frames.
- ☐ I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- ☐ I'm in a plan that has had a rating of less than three stars for the last three years. I want to join a plan with a rating of three stars or higher.

**If none of these statements applies to you or you're not sure, contact BayCarePlus at (877) 549-1741 (TTY: 711) to see if you're eligible to enroll. We're open seven days a week, from 8am to 8pm.\***

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

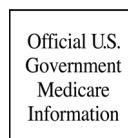
BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal. BayCare Select Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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## IMPORTANT INFORMATION:

### 2023 Medicare Star Ratings



#### BayCare Health Plans - H2235

For 2023, BayCare Health Plans - H2235 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★

**Health Services Rating:** ★★★★★

**Drug Services Rating:** ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact BayCare Health Plans 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 866-947-5820 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 866-509-5396 (toll-free) or 711 (TTY).

BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal.



# Agent Use Only

Pre-Enrollment Checklist	97
Scope of Appointment	99



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Agent's full name

Agent's NPN

---

Prospective member's full name

Do you currently have a power of attorney (POA) or legal representative authorized to make decisions on your behalf? ☐ Yes ☐ No

If "yes," provide their information below.

---

First name

Middle initial

Last name

---

Relationship

Phone

The person discussing plan options with you is either employed by or contracted with BayCare Health Plans and may be compensated based on your enrollment in a plan. By signing this form, you acknowledge that the information listed has been adequately explained to you.

- ☐ My agent explained the premiums, deductibles, copays and coinsurance for the plan I'm interested in.
- ☐ Specifically, my agent reviewed the cost share for these services: Primary care physician (PCP) copay, specialist copay, inpatient hospital copay, urgent care, emergency care and preventive care.
- ☐ I understand that in addition to any plan premium, I'm responsible for paying the Part B premium.
- ☐ My agent reviewed the costs and limitations on dental, vision and hearing.
- ☐ My agent reviewed the coverage for out-of-network providers and services. I understand that the plan doesn't cover out-of-network providers, except in the case of emergency or urgent care situations or for members of the BayCarePlus® Freedom (HMO-POS) plan, which has out-of-network benefits.
- ☐ My agent checked to see if my PCP and specialists are in network. If they aren't in network, my agent showed me how to search the provider directory to find in-network providers.
- ☐ I understand that I must choose an in-network PCP. Otherwise, I'll be required to pay out-of-pocket costs.

- ☐ My agent checked to see if my preferred hospital is in network. If it isn't, I understand that I'll need to choose one that's in network.
- ☐ My agent and I discussed any other preferred health care facilities and determined whether they're in network or not.
- ☐ My agent checked to see if my prescription medications are in the plan's formulary. I understand that if they aren't, I may have to try a new medication and/or pay full price for the prescription.
- ☐ My agent and I discussed my need for dental, vision and hearing coverage.
- ☐ My agent and I discussed my health care needs, including coverage for durable medical equipment and physical therapy.
- ☐ My agent and I discussed any other specific health care needs.
- ☐ My agent and I discussed my right to cancel this enrollment as well as the specific date through which the cancellation must occur.
- ☐ I understand that if I leave the United States, I'll only be covered for emergency care, and I must keep all documentation of my emergency care services to file with the plan upon my return.
- ☐ If I enroll in this plan, I understand what effect it'll have on my current coverage.
- ☐ I understand that this is a full Medicare Advantage plan, which covers medical, hospital and prescription drugs as well as extra benefits like dental, vision and hearing. It isn't a standalone dental, vision and/or hearing plan.
- ☐ I understand that this plan operates on a calendar year basis, so benefits may change on January 1 of the following year.
- ☐ My agent explained what the Evidence of Coverage is and how to access it.
- ☐ My agent explained how to file a complaint.
- ☐ I understand that if I'm currently enrolled in a Medicare Advantage plan, my current Medicare Advantage health care coverage will end once my new Medicare Advantage coverage starts. If I have Tricare, my coverage may be affected once my new Medicare Advantage coverage starts. For more information, contact Tricare. If I have a Medigap plan, once my Medicare Advantage coverage starts, I may want to drop my Medigap policy because I'll be paying for coverage I can't use.

Prospective member's signature	Phone	Date
POA/Legal representative's signature (if applicable)	Phone	Date
Agent's signature	Date	



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

**Please initial below beside the type of product(s) you want the agent to discuss.**

(Refer to the following page for product type descriptions)

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

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who'll discuss the products is either employed or contracted by a Medicare plan. They don't work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form DOESN'T obligate you to enroll in a plan, affect your current or future Medicare enrollment status or automatically enroll you in the plan(s) discussed.

### Beneficiary or Authorized Representative Signature and Signature Date:

Signature:

Signature Date:

### If you're the authorized representative, please sign above and print below.

Representative's Name:

Your Relationship to the Beneficiary:

### To Be Completed by Agent:

Agent Name:

Agent Phone Number:

Beneficiary Name:

Beneficiary Phone Number:

Beneficiary Address:

Initial Method of Contact: (*Indicate here if beneficiary was a walk-in*)

Agent's Signature:

Plan(s) the Agent Represented During This Meeting:

Date Appointment Completed:

*Scope of Appointment documentation is subject to CMS record retention requirements.*

## Stand-Alone Medicare Prescription Drug Plans (Part D)

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

## Medicare Advantage Plans (Part C) and Cost Plans

**Medicare Health Maintenance Organization (HMO):** A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (*except in emergent or urgent situations*).

**Medicare Preferred Provider Organization (PPO) Plan:** A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers—usually at a higher cost.

**Medicare Private Fee-for-Service (PFFS) Plan:** A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you; not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who've agreed to always treat plan members. You'll usually pay more to see out-of-network providers.

**Medicare Point of Service (POS) Plan:** A type of Medicare Advantage Plan available in a local or regional area, which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals and providers outside of the network for an additional cost.

**Medicare Special Needs Plan (SNP):** A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

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

**Medicare Cost Plan:** In a Medicare Cost Plan, you can go to both in- and out-of-network providers. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you'll be responsible for Medicare coinsurance and deductibles.

**Medicare Medicaid Plan (MMP):** An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual-eligible Medicare beneficiaries.

## Dental/Vision/Hearing Products

Plans offer additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans aren't affiliated or connected to Medicare.

## Hospital Indemnity Products

Plans offer additional benefits that are payable to consumers based upon their medical utilization; they are sometimes used to defray copays/coinsurance. These plans aren't affiliated or connected to Medicare.

## Medicare Supplement (Medigap) Products

Plans offer a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services and sometimes covers items and services that aren't covered by Medicare, such as care outside of the country. These plans aren't affiliated or connected to Medicare.

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# Appendix

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# Benefit Partner Information

At **BayCarePlus**, we believe that you deserve the simplicity of having all your health care needs met with one plan. That's why members have access to additional benefits beyond standard medical, hospital and prescription drug coverage. See the list below for our service partners and how to contact them if or when the need arises.

Type of Service	Partner Name	How to Contact
<b>Transportation</b>  *Doesn't apply to BayCarePlus Rewards, Value or Freedom members	Wheelchair Transport Service	(844) 545-1006 (TTY: 711) Monday–Friday, 5am–10pm Saturday, 10am–4pm WheelchairTransport.com
<b>Dental</b>	Delta Dental	(855) 251-8965 (TTY: 711) October 1–February 15: Seven days a week, 8am–8pm February 16–September 30: Monday–Friday, 8am–8pm IVR system: Seven days a week, 24 hours a day www1.DeltaDentalIns.com/BayCarePlus
<b>Vision</b>	EyeMed	(877) 239-3633 (TTY: 711) Monday–Saturday, 8am–11pm Sundays, 11am–8pm Member.EyeMedVisionCare.com/BayCare

Type of Service	Partner Name	How to Contact
Hearing Aids	TruHearing	(844) 264-1461 (TTY: 711) Monday–Friday, 8am–8pm TruHearing.com
Over-the-Counter (OTC) Benefits  *Doesn't apply to BayCarePlus Rewards members	S3 Healthy Benefits	(877) 240-7198 (TTY: 711) Seven days a week, 24 hours a day HealthyBenefitsPlus.com/BayCare
Fitness Membership	Silver&Fit Program	(877) 427-4788 (TTY: 711) Monday–Friday, 8am–9pm SilverAndFit.com
Meals  *Doesn't apply to BayCarePlus Rewards, Value or Freedom members	GA Foods	(844) 830-1602 (TTY: (800) 955-1339) Monday–Friday, 8am–8pm SunMeadow.com



**BayCarePlus network pharmacies include most of the national pharmacy retailers, including but not limited to:**

Costco, CVS, Publix, Sam's Club, The Medicine Shoppe, Walgreens and Walmart.

Our mail-order pharmacy provider is Birdi™. You can order a 90-day supply of most prescription medications to be delivered to your door and save money on copays.

# OTC Summary

This is a sample of some of the product offerings from a catalog for participating health plan members. These items are subject to change and shouldn't be used for actual product ordering purposes.

## Allergy and Sinus

### Afrin

12 Hour Maximum Strength No-Drip Nasal Congestion Spray, 0.5 fl oz

### Allegra

Adult 24 Hour Non-Drowsy Allergy Symptom Relief, 30 Tablets

### Claritin

24 Hour Allergy Medicine, Antihistamine Tablets, 10mg, 30 count

### Equate

24 Hour Allergy, Cetirizine Hydrochloride Tablets, 10mg, 90 count

Nasal Strips for Sensitive Skin, Clear, 30 count

### Flonase

Allergy Relief 24 Hour Non-Drowsy Metered Nasal Spray, 72 sprays

### Vicks

VapoInhaler Portable Nasal Inhaler, Non-Medicated, Two scented sticks

## Cold, Cough and Flu

### Chloraseptic

Sore Throat Spray, Cherry Flavor, 6 fl oz

### Equate Maximum Strength

Non-Drowsy Sinus Congestion PE Medicine, 72 tablets

## Equate Nighttime

Severe Cold, Flu and Cough, Pain Reliever/ Fever Reducer, Nasal Decongestant, Cough Suppressant, Antihistamine, Hot Liquid Therapy for Fast Relief, 6 count

### Halls Relief

Honey Lemon Cough Drops, Economy Pack, 80 drops

### Mucinex

12-Hour Chest Congestion Expectorant Relief Tablets, 80 count

### Tylenol

Cold + Head Congestion Severe Medicine Caplets, 24 count

### Vicks VapoRub

Topical Chest Rub & Analgesic Ointment, Over-the-Counter Medicine, 3.53 oz

### vitafusion

Power Zinc Gummy Vitamins, Strawberry-Tangerine Flavored Immune Support (1), 90 count

## Oral Care

### Colgate

Total Whitening Toothpaste Gel, Mint, 2 pack, 4.8 oz tubes

### Equate

Cold Sore and Fever Blister Treatment Docosanol 10% cream 0.07 oz

Extra Comfort Mint Dental Floss,  
Shred-Resistant, 43.7 Yards, 2 count

Galaxy Pro Sonic Rechargeable Toothbrush,  
Bacteria Defense, Replace-Me Bristles

### **Oral-B**

CrossAction All in One Toothbrushes, Deep  
Plaque Removal, Soft, 4 count

### **Polident**

Overnight Whitening Antibacterial Denture  
Cleanser Tablets, 120 count

### **Sensodyne**

Repair and Protect Whitening Sensitive  
Toothpaste, 3.4 oz, 2 pack

### **Super Poligrip**

Original Denture and Partial Adhesive Cream,  
2.4 oz, 3 pack

### **Waterpik**

Cordless Express Portable Water Flosser Oral  
Irrigator, White

## **Diabetic OTC**

### **Gold Bond Lotion**

Diabetics' Dry Skin Relief, 18 oz bottle

### **MagniLife DB**

Diabetes Pain Relieving Foot Cream for Burning  
and Tingling, 4 oz

### **ReliOn**

Glucose Tablets, Fruit Punch Flavor, 50 count

### **SKINEEZ**

Black l/xl skin-reparative hydrating compression  
socks for women and men 10–20mmhg

## **Digestive Health**

### **Dulcolax**

Laxative Tablets, Reliable Overnight Relief,  
50 count

### **Equate**

Extra Strength Gas Relief Softgels Value Size,  
125 mg, 150 count

### **Imodium A-D**

Anti-Diarrheal Softgels, Loperamide  
Hydrochloride, 24 count

### **Lactaid**

Original Strength Lactose Intolerance Relief  
Caplets, 120 count

### **Pepcid Complete**

Acid Reducer + Antacid Chewable Tablets,  
Mint, 50 count

### **Pepto Bismol**

Liquid, Upset Stomach & Diarrhea Relief,  
Over-the-Counter Medicine, 2x16 oz

### **Tums Smoothies**

Assorted Fruit Extra Strength Chewable  
Antacids, 140 count

## **Eye and Ear Care**

### **Clear Eyes**

Maximum Redness Eye Relief Lubricant Eye  
Drops, 1 fl oz

### **Clinere Ear**

Cleaners for Earwax Removal, 10 count

### **Equate Dry Eye Relief**

Lubricant Eye Drops, 1 fl oz

### **OPTI-FREE**

Replenish Multipurpose Contact Lens  
Disinfecting Solution, twin pack



## First Aid

### Band-Aid Brand

Skin-Flex Adhesive Bandages, Assorted Sizes, 60 count

### Cortizone 10

Intensive Healing Anti Itch Creme (2 oz)

### Equate

3% Hydrogen Peroxide

Liquid Antiseptic, 6 pack, (6 x 32 fl oz)

91% Isopropyl Alcohol Antiseptic

Liquid, 6 pack, (6 x 32 fl oz)

Antibacterial Assorted Bandages Variety Pack, 120 count

Beauty Jumbo Cotton Balls, 400 count

Burn Relief Spray, 4.5 oz

### Neosporin + Pain Relief

Dual Action First Aid Antibiotic Cream, 1 oz

### Q-tips

Cotton Swabs Original, 1,000 count

### Vaseline

Petroleum Jelly Original 13 oz, 2 count

## Incontinence

### Cottonelle

Fresh Care Flushable Wet Wipes, 1 refill pack  
(168 total flushable wipes)

### Depends

Incontinence Guards/Incontinence Pads  
for Men/Bladder Control Pads, Maximum,  
52 count

Underpads/Disposable Incontinence Bed Pads  
for Adults, Kids, and Pets, 12 count

## Poise

Incontinence Pads for Women/Bladder Control  
Pads, Ultimate-Long, 45 count

### The Honest Company

Plant-Based Baby Wipes, Fragrance-Free  
(choose your count)

## Pain Relief and Management

### Advil

Pain and Headache Reliever Ibuprofen, 200 Mg  
Coated Tablets, 200 count

### Aspercreme

Arthritis Pain Relief Gel Anti-Inflammatory 50g

### Aspirin

Regimen Bayer Low Dose Pain Reliever Enteric  
Coated Tablets, 81mg, 300 count

### Bayer

Chewable Aspirin Regimen Low Dose Pain  
Reliever Tablets, 81mg, Orange, 108 count

### Icy Hot

Original Pain Relieving Cream 3 oz. Powerful  
Pain Relief for Muscles & Joints

### Salonpas

Pain Relieving Patch, 8-Hour Pain Relief,  
60 patches

### Tylenol Extra Strength

Acetaminophen Rapid Release Gels, 100 count

## Skin and Sun Care

### Aveeno

Daily Moisturizing Lotion with Oat for Dry Skin  
18.0 fl oz

### Blistex

Moisturizing Long-Lasting Matte Medicated  
Lip Balm, SPF 15, Clear, 5 pack

**CeraVe**

Moisturizing Cream, Face  
and Body Moisturizer, 12 oz

**Eucerin**

Daily Hydration Broad Spectrum SPF 15  
Body Lotion, 16.9 fl oz

**Neutrogena**

Age Shield Face Oil-Free Sunscreen  
SPF 70, 3 fl oz

**Vitamins and Supplements****Centrum Silver**

Multivitamin for Men, Multivitamin/  
Multimineral Supplement, 200 count

Multivitamins for Women Over 50,  
Multimineral Supplement, 200 count

**Equate Calcium**

Citrate + D3 Petites Tablets Dietary  
Supplement, 200 count

**Nature's Bounty**

Fish Oil Rapid Release Softgels, 1200mg,  
120 count

**One A Day**

Men's 50+ Gummies Multivitamin with  
Immunity and Brain Support, 110 count

Women's 50+ Gummies Multivitamin with  
Immunity and Brain Support, 110 count

**Osteo Bi-Flex**

Triple Strength Joint Health Supplements,  
Vitamin D and Glucosamine Chondroitin  
Tablets, 160 count

**Spring Valley**

Flaxseed Oil Dietary Supplement,  
1,200mg, 200 count

Rapid-Release CoQ10, 100mg Softgels,  
120 count

Vitamin D3 Softgels, 125mcg per Softgel,  
5,000 IU, 250 count

Under certain circumstances, these items may be covered under either Part B or Part D. When an item is covered by Part B or Part D due to particular circumstances, you wouldn't use your Part C Supplemental OTC benefit to obtain these items because they're it's Medicare-covered in those circumstances.

Dual-purpose items are medications and products that can be used for either a medical condition or for general health and well-being. These items may be purchased only after discussing the purchase with your personal provider *(or satisfying other requirements your plan may specify)*.

This product list is subject to change. Items, quantities, sizes and values may change depending on availability. This information isn't a complete description of the benefits. Items may vary based on the manufacturer and availability. Items may be added or removed at any time without notice. The brand names of the OTC items are trademarks of each company. Item costs may change from year to year. Review the product labeling and ask your PCP any health or medical questions.

## 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 (866) 509-5396 (TTY: 711). 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 (866) 509-5396 (TTY: 711). 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 (866) 509-5396 (TTY: 711)。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 (866) 509-5396 (TTY: 711)。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 (866) 509-5396 (TTY: 711). 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 (866) 509-5396 (TTY: 711). 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 (866) 509-5396 (TTY: 711) 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 (866) 509-5396 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (866) 509-5396 (TTY: 711)번으로 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 (866) 509-5396 (TTY: 711). 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 (866) 509-5396 (TTY: 711). 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 (866) 509-5396 (TTY: 711) 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 (866) 509-5396 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** 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 (866) 509-5396 (TTY: 711). 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 (866) 509-5396 (TTY: 711). 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 (866) 509-5396 (TTY: 711). 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、(866) 509-5396 (TTY: 711)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。

## NOTES

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## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## BayCare Health Plans

300 Park Place Blvd.  
Suite 170  
Clearwater, FL 33759



**BayCarePlus.org**



**Toll-free: (877) 549-1741 (TTY: 711)**  
8am to 8pm, seven days a week

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

BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal. All BayCare Select Health Plans plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the plan service area.

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

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

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

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Fitness center participation may vary by location and is subject to change. Kits are subject to change.

Other physicians/providers are available in our network.

