



2022 Enrollment Request Form

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

Who can use this form?

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

To join a plan, you must:

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

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

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](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.

Reminders:

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

What happens next?

Send your completed and signed form to:
CoxHealth Medicare*Plus*

P.O. Box 12487

St. Louis, MO 63132

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

How do I get help with this form?

Call CoxHealth Medicare*Plus* at 1-866-509-5399. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a CoxHealth Medicare*Plus* al 1-866-509-5399 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.



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

Paying your plan premiums

Whether you are enrolled in a premium or non-premium plan, you may pay your plan premium and any applicable Late Enrollment Penalty that you have or may owe **by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check.** You may also choose to pay by Electronic Funds Transfer (EFT) from your bank, Credit card, Debit card, or check via mail each month.

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

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

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

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

Please select a premium payment option:

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

I get monthly benefits from: ____ Social Security ____ RRB

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

- Electronic Funds Transfer (EFT) from your bank account each month.

If you choose to have the funds taken directly out of your checking account, this is referred to as Electronic Funds Transfer (EFT). If you elect this method of payment, you will receive a letter from the plan requesting a Voided Check be returned with the letter for account setup. Do not submit a voided check at time of enrollment. Your request will be processed within 60 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 2nd day of the month for the current month's coverage.

- Direct Pay

You will receive a monthly invoice containing payment instructions.

PRIVACY ACT STATEMENT

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

FOR OFFICE USE ONLY								
Confirmation # (Quick Entry or Phone Enroll):			Application Log #:					
Plan ID #:			Effective Date of Coverage:					
Election Periods:	<input type="checkbox"/> ICEP (I)	<input type="checkbox"/> IEP (E)	<input type="checkbox"/> 2 nd IEP (F)	<input type="checkbox"/> AEP (A)	<input type="checkbox"/> OEP (M)	<input type="checkbox"/> OEPI (T)		
Special Election Periods: (Must check all that apply) <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> SEP (S) <input type="checkbox"/> SPAP (38) <input type="checkbox"/> Loss of SNP (35) <input type="checkbox"/> Retro Entitlement (32) <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22) <input type="checkbox"/> Contract/Plan Non-Renewal (12) <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate (11) <input type="checkbox"/> Contract Term – MAO (12) <input type="checkbox"/> Contract Term – CMS (11) <input type="checkbox"/> CMS Sanction (23) <input type="checkbox"/> FEMA/Disaster (01) <input type="checkbox"/> Plan Placed in Receivership (39) <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) <input type="checkbox"/> Accessible Format Delay (21) <input type="checkbox"/> Inv. Dis. – Loss of Part B (25) <input type="checkbox"/> PACE Transition (27) <input type="checkbox"/> Cost Plan Non-Renewal (28) <input type="checkbox"/> Drop Medigap in Trial Period (29) <input type="checkbox"/> Additional Part D IEP Eligibility (31) <input type="checkbox"/> Part B General Enrollment (34) <input type="checkbox"/> Lawfully Present (37) <input type="checkbox"/> COVID-19 Disaster (02) </td> <td style="vertical-align: top; width: 50%;"> SEP (V) <input type="checkbox"/> Permanent Move SEP (W) <input type="checkbox"/> Gain or Loss of Employer Coverage SEP (L) Allowed once per Quarter <input type="checkbox"/> Dual Eligible/Has Medicaid <input type="checkbox"/> Has Non-Dual with LIS SEP (U) <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status <input type="checkbox"/> Gain/Loss/Change of Medicaid <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS SEP (R) <input type="checkbox"/> 5-Star SEP </td> </tr> </table>							SEP (S) <input type="checkbox"/> SPAP (38) <input type="checkbox"/> Loss of SNP (35) <input type="checkbox"/> Retro Entitlement (32) <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22) <input type="checkbox"/> Contract/Plan Non-Renewal (12) <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate (11) <input type="checkbox"/> Contract Term – MAO (12) <input type="checkbox"/> Contract Term – CMS (11) <input type="checkbox"/> CMS Sanction (23) <input type="checkbox"/> FEMA/Disaster (01) <input type="checkbox"/> Plan Placed in Receivership (39) <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) <input type="checkbox"/> Accessible Format Delay (21) <input type="checkbox"/> Inv. Dis. – Loss of Part B (25) <input type="checkbox"/> PACE Transition (27) <input type="checkbox"/> Cost Plan Non-Renewal (28) <input type="checkbox"/> Drop Medigap in Trial Period (29) <input type="checkbox"/> Additional Part D IEP Eligibility (31) <input type="checkbox"/> Part B General Enrollment (34) <input type="checkbox"/> Lawfully Present (37) <input type="checkbox"/> COVID-19 Disaster (02)	SEP (V) <input type="checkbox"/> Permanent Move SEP (W) <input type="checkbox"/> Gain or Loss of Employer Coverage SEP (L) Allowed once per Quarter <input type="checkbox"/> Dual Eligible/Has Medicaid <input type="checkbox"/> Has Non-Dual with LIS SEP (U) <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status <input type="checkbox"/> Gain/Loss/Change of Medicaid <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS SEP (R) <input type="checkbox"/> 5-Star SEP
SEP (S) <input type="checkbox"/> SPAP (38) <input type="checkbox"/> Loss of SNP (35) <input type="checkbox"/> Retro Entitlement (32) <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22) <input type="checkbox"/> Contract/Plan Non-Renewal (12) <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate (11) <input type="checkbox"/> Contract Term – MAO (12) <input type="checkbox"/> Contract Term – CMS (11) <input type="checkbox"/> CMS Sanction (23) <input type="checkbox"/> FEMA/Disaster (01) <input type="checkbox"/> Plan Placed in Receivership (39) <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) <input type="checkbox"/> Accessible Format Delay (21) <input type="checkbox"/> Inv. Dis. – Loss of Part B (25) <input type="checkbox"/> PACE Transition (27) <input type="checkbox"/> Cost Plan Non-Renewal (28) <input type="checkbox"/> Drop Medigap in Trial Period (29) <input type="checkbox"/> Additional Part D IEP Eligibility (31) <input type="checkbox"/> Part B General Enrollment (34) <input type="checkbox"/> Lawfully Present (37) <input type="checkbox"/> COVID-19 Disaster (02)	SEP (V) <input type="checkbox"/> Permanent Move SEP (W) <input type="checkbox"/> Gain or Loss of Employer Coverage SEP (L) Allowed once per Quarter <input type="checkbox"/> Dual Eligible/Has Medicaid <input type="checkbox"/> Has Non-Dual with LIS SEP (U) <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status <input type="checkbox"/> Gain/Loss/Change of Medicaid <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS SEP (R) <input type="checkbox"/> 5-Star SEP							
Producer Name:			Producer NPN:		Application Receipt Date:			



Please return completed application to:

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

Please call 1-866-509-5399 for more information, including free language translation services, regarding your CoxHealth MedicarePlus plan. TTY users call the national relay service toll free at 711. Our telephone lines are open 7 days a week from 8:00 a.m. to 8:00 p.m. You may receive a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. CoxHealth MedicarePlus is an HMO plan with a Medicare contract. Enrollment in CoxHealth MedicarePlus depends on contract renewal. You must continue to pay your Medicare Part B premium.