



Please contact Essence Healthcare (HMO) Sales at 1-866-509-5399 if you need assistance completing this form. TTY users call the national relay service toll free at 711.

TO ENROLL IN An Essence Healthcare (HMO) PLAN, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Please check which plan you want to enroll in:

- Essence Healthcare *Advantage*® (HMO) (St. Louis Area) \$0 per month
- Essence Healthcare *Advantage Plus*® (HMO) (St. Louis Area) \$73 per month
- Essence Healthcare *Advantage*® (HMO) (Boone County) \$0 per month
- Essence Healthcare *Advantage*® Select (HMO) (St. Louis Area) \$0 per month

| | | | | | |
|---|--|---|-----------------------------|-----------------|---|
| Last Name: | | First Name: | | Middle Initial: | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. |
| Birth Date: (__ __ / __ __ / __ __ __ __) (M M / D D / Y Y Y Y) | | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Home Phone Number: () | | Alternate Phone Number: () |
| Permanent Residence Street Address(P.O. Box is not allowed): | | | | | County: |
| City: | | | State: | Zip Code: | |
| Mailing Street Address (only if different from your Permanent Residence Address): | | | | | |
| City: | | | State: | Zip: | |
| E-mail Address (optional): | | | | | |
| Emergency Contact: | | | | Phone Number: | |

Relationship to You:

PLEASE PROVIDE YOUR MEDICARE INSURANCE INFORMATION

| | | | | | | | |
|--|---|-----------------------|------------------------|-------------------|-----------------|------------------|-----------------|
| <p>Please take out your red, white, and blue Medicare card to complete this section:</p> <ul style="list-style-type: none"> • Fill out the information as it appears on your Medicare card. -OR- • Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. <p>You must have Medicare Part A and Part B to join a Medicare Advantage plan.</p> | <p>Name (as it appears on your Medicare card): _____</p> <p>Medicare Number: _____</p> <table style="width: 100%;"> <tr> <td>Is Entitled To</td> <td>Effective Date:</td> </tr> <tr> <td>Hospital (Part A)</td> <td>__ / __ / _____</td> </tr> <tr> <td>Medical (Part B)</td> <td>__ / __ / _____</td> </tr> </table> | Is Entitled To | Effective Date: | Hospital (Part A) | __ / __ / _____ | Medical (Part B) | __ / __ / _____ |
| Is Entitled To | Effective Date: | | | | | | |
| Hospital (Part A) | __ / __ / _____ | | | | | | |
| Medical (Part B) | __ / __ / _____ | | | | | | |

PAYING YOUR PLAN PREMIUM

If you enroll in a zero-premium plan: If we determine that you owe a late enrollment penalty, (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check, Electronic Funds Transfer (EFT) from your bank, Credit card, Debit card, or check via mail. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by SSA. You will be responsible for paying this extra amount in addition to your monthly charges. You will either have the amount withheld from your SSA benefit check or be billed directly by Medicare or the RRB. DO NOT pay Essence Healthcare the Part D-IRMAA.

If you enroll in a plan with a premium: You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month.

You can also choose to pay your premium by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check, each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Essence Healthcare> 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 don't select a payment option, you will get a bill each month.

Please select a premium payment option:

- Get a Monthly Bill [and pay by credit card]
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.
I get monthly benefits from : ___Social Security ___RRB

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

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

Deduction will occur on the 9th day of the month. If the 9th day of the month falls on a non-business day, deduction will occur the following business day. If your EFT rejects two months in a row, your payment option will be changed to Direct Pay and you will begin receiving invoices.

PLEASE READ AND ANSWER THESE IMPORTANT QUESTIONS

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

If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

- 2 Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to <Essence Healthcare>? Yes No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____

- 3 Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes," please provide the following information:

Name of Institution: _____

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

- 4 Are you enrolled in your State Medicaid program? Yes No

If "yes," please provide your Medicaid number: _____

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

| | | | |
|----------|---------------------------|---------------|------|
| Name: | Relationship to Enrollee: | Phone Number: | |
| Address: | City: | State: | Zip: |

FOR OFFICE USE ONLY

Confirmation # (Quick Entry or Phone Enroll):

Plan ID#:

Effective Date of Coverage:

Election Periods: **ICEP (I)** **IEP (E)** **2nd IEP (F)** **AEP (A)** **OEP** **OEPI (T)**

Special Election Periods: (Check all that apply)

SEP (S)

- SPAP
- Loss of SNP
- Retro Entitlement
- Involuntary Loss/Cred. Coverage
- Contract/Plan Non-Renewal
- [Contract Violations]
- Contract Term – Immediate
- Contract Term – MAO
- Contract Term – CMS
- CMS Sanction
- Not informed/Cred. Coverage
- Error/Fed Employee
- 5-Star SEP

SEP (V)

- Permanent Move

SEP (W)

- Gain or Loss of Employer Coverage

SEP (U)

- Dual Eligible
- Medicaid Loss
- Non-Dual with LIS
- Non-Dual LIS loss/Redeeming
- Non-Dual LIS loss/Determining

Not Eligible

Producer Name:

Producer NPN:

Application Receipt Date:



Please return completed application to:

Essence Healthcare
P.O. Box 12487
St. Louis, MO 63132

Please call 1-866-509-5399 for more information, including free language translation services, regarding your Essence Healthcare 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. Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare part B premium.