



Debra S.,
BayCarePlus member

2021 Enrollment Kit Medicare Advantage

BayCarePlus Complete (HMO)
BayCarePlus Rewards (HMO)
BayCarePlus Signature (HMO)

Serving
Hillsborough, Pasco
and Polk Counties



Dear Neighbor,

I would like to take a moment to thank you for your interest in **BayCarePlus** Medicare Advantage (HMO).

As you probably know, BayCare isn't your typical Medicare coverage provider. We're part of a well-known health system; we're local; we're not-for-profit, and we're community owned. That means we don't have shareholders on Wall Street that we answer to. We're owned by our community, and you're our shareholder.

We created the **BayCarePlus** plans because we saw a need to improve health care for our Medicare community. Our goal is simple. We want to make Medicare simpler, more accessible and more affordable for you by connecting you directly to your health care provider, eliminating the need for the traditional insurance company. We believe that connecting you directly to those who provide your care will help you and your providers achieve what we all want—better health.

We've created several plan options so you can choose what works best for you. All our plans bundle your medical and hospital coverage with prescription drug coverage, dental, vision and free fitness benefits. We have plans that include extra benefits like meals, transportation, over-the-counter items, massage therapy and acupuncture. We even have a plan that will put money back into your social security check—the **BayCarePlus Rewards (HMO)** plan.

This book has a lot of important information about our plans, and we hope you find it useful. Many people find it helpful to talk one-on-one with an advisor to discuss their specific needs, including physicians and prescription drugs. If you have any questions, I encourage you to call (877) 528-5821 (TTY: 711). Our licensed health care advisors are standing by—eager to help you find the plan that's right for you.

In good health,

A handwritten signature in black ink, appearing to read "Larry J. Costello".

Larry J. Costello
President
BayCare Health Plans

BayCarePlus.org

Toll free: (877) 528-5821 (TTY: 711)

8am to 8pm, seven days a week

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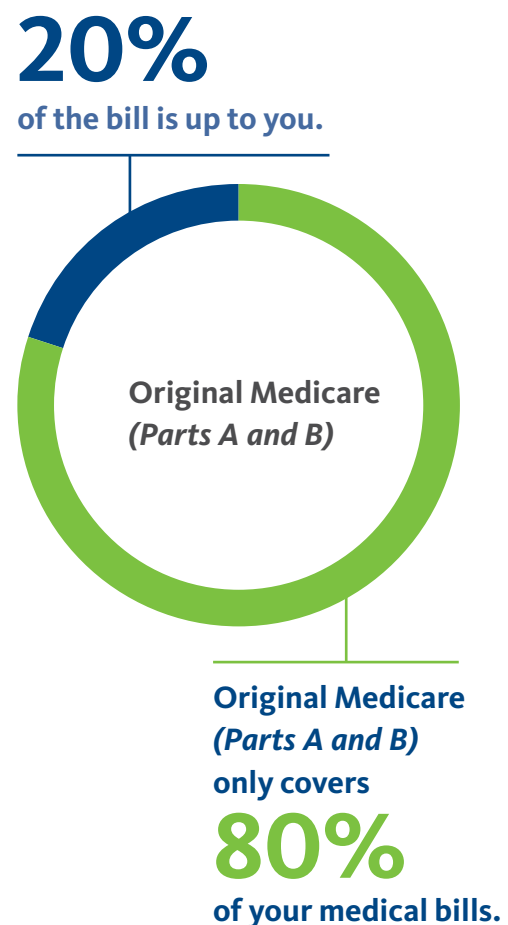
Making Medicare **Simpler,** **Easier and More Affordable**

- ▶ All the benefits of Medicare Parts A and B
- ▶ Monthly premiums as low as \$0
- ▶ \$114 monthly reduction on your Part B premium for the **BayCarePlus Rewards** plan
- ▶ Low or no copays on thousands of brand 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, 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.



OPTION 1: Original Medicare plus 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.



OPTION 2: Original Medicare plus a Medicare Supplement and a Part D Prescription Drug Plan

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, where you pay the same amount every month even if you don't see your doctor or need medical care. It's also important to note that extra benefits like dental, vision, fitness and over-the-counter benefits are not typically covered by Medicare supplement plans.



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 would require more extensive care.** Several 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.



Discover the Many Benefits of a BayCarePlus Medicare Advantage Plan

BayCarePlus is not 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 some reasons to choose **BayCarePlus** for your Medicare coverage:



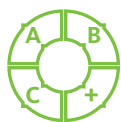
We're local, and we're community owned.

BayCare has been a part of the greater Tampa Bay area for almost 25 years, and we're rooted in this community. We're also not for profit, which means we don't have shareholders on Wall Street to answer to. Our shareholders are our 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, and 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.

BayCarePlus bundles medical, hospital and prescription drug coverage together into one convenient plan. With one insurance card and one number to call, we eliminate the hassle and cost of dealing with multiple insurance companies so you can focus on more important things.



Our network is extensive.

BayCarePlus is the BayCare network plus so much more. All the hospitals located within the four-county area are in our network—plus more than 3,000 providers. We're proud to have providers such as Moffitt Cancer Center, Tampa General, Advent Health and so many more in our network. And we don't restrict where you go within our network. As long as you stay in network, you're covered.



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

Every **BayCarePlus** plan comes with important extra benefits, including dental, vision and even free fitness memberships through the popular SilverSneakers® program for no additional premium. One of our plans even lets you save \$114 per month on your Part B premium—putting that money back into your Social Security. Depending on the plan you choose, you can also get benefits including a quarterly over-the-counter allowance, transportation, massage therapy, 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.

Health Care is Complicated It's Good to Have BayCarePlus in Your Corner

People rely on lawyers when they have legal issues. They rely on accountants for tax questions. Why not rely on your doctor 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 doctor to help you get what you need to manage your health effectively. And that's not all.

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.

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 ...

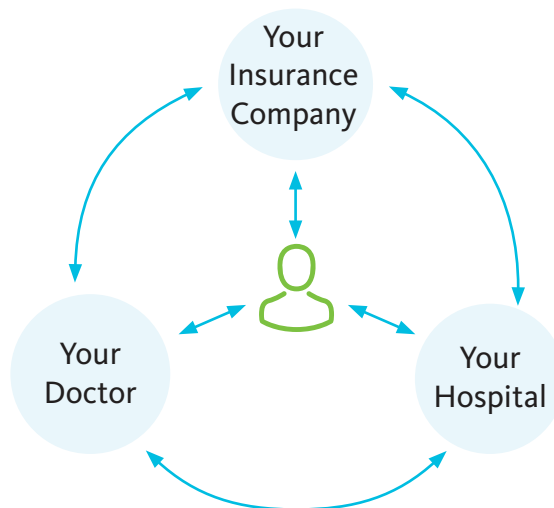
With other Medicare coverage options, you're often left on your own to figure things out. When sick or injured, it's often up to you or a loved one to try and coordinate everything and make sure all those responsible for your care know what the other is doing. This is typically the last thing you want 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.



VS.

... 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 a complete list of all benefits, please 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 Complete (HMO) - H2235-001	BayCarePlus Rewards (HMO) - H2235-002	BayCarePlus Signature (HMO) - H2235-004
Monthly Premium	\$0	\$0	\$28
Part B Premium Reduction	\$0	\$114 Per Month	\$0
Maximum Out-of-Pocket Limit	\$3,500 Per Calendar Year	\$4,500 Per Calendar Year	\$2,800 Per Calendar Year
Annual Deductible	\$0	\$0	\$0
Preventive Care/Screenings	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Physician Visits	\$0 Copay	\$0 Copay	\$0 Copay
Specialist Doctor Visits	\$15 Copay	\$35 Copay	\$10 Copay
Urgent Care	\$35 Copay	\$35 Copay	\$30 Copay
Emergency Care	\$90 Copay	\$90 Copay	\$120 Copay
Lab Services	\$0 Copay	\$0 Copay	\$0 Copay
Home Health Care	100% Coverage	100% Coverage	100% Coverage
Chiropractic Services	\$20 Copay	\$20 Copay	\$10 Copay
Inpatient Hospital Care	\$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 1-6 \$0 Copay per day, per stay: Days 7 and beyond	\$150 Copay per day, per stay: Days 1-5 \$0 Copay per day, per stay: Days 6 and beyond
Outpatient Surgery at a Hospital	\$125 Copay	\$195 Copay	\$95 Copay
Outpatient Surgery at an Ambulatory Surgery Center	\$75 Copay	\$125 Copay	\$50 Copay

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

	BayCarePlus Complete	BayCarePlus Rewards	BayCarePlus Signature
Annual Deductible	\$0	\$0	\$0
Tier 1 - Preferred Generics	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 - Generic	\$4 Copay	\$10 Copay	\$0 Copay
Tier 3 - Preferred Brands	\$35 Copay	\$47 Copay	\$35 Copay
Tier 4 - Non-Preferred Brands	\$85 Copay	\$100 Copay	\$85 Copay
Tier 5 - Specialty Drugs	33% Co-insurance	33% Co-insurance	33% Co-insurance
Mail Order - 90 Day Supply	\$0 / \$0 / \$95 / \$245	\$0 / \$0 / \$125 / \$275	\$0 / \$0 / \$95 / \$245
Initial Coverage Limit	\$4,130	\$4,130	\$4,130

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

	BayCarePlus Complete	BayCarePlus Rewards	BayCarePlus Signature
Vision Care	\$0 Copay for routine eye exam \$0 Copay for a pair of eyeglasses (lenses and frames) or contacts (\$100 max benefit/calendar year)	\$0 Copay for routine eye exam \$0 Copay for a pair of eyeglasses (lenses and frames) or contacts (\$100 max benefit/calendar year)	\$0 Copay for routine eye exam \$0 Copay for a pair of eyeglasses (lenses and frames) or contacts (\$200 max benefit/calendar year)
Preventive Dental Care	\$0 Copay	\$0 Copay	\$0 Copay
Comprehensive Dental Care	See page <x> for information on optional comprehensive dental coverage that can be purchased separately.		
SilverSneakers®	Included at no additional cost	Included at no additional cost	Included at no additional cost
BayCareAnywhere®	\$20 Copay, limited to four visits per calendar year	\$20 Copay, limited to four visits per calendar year	\$20 Copay, limited to four visits per calendar year
Over-the-Counter (OTC) Items	\$70 Per Quarter	No Coverage	\$100 Per Quarter
Hearing	Up to two hearing aids every two calendar years \$699 Or \$999 copay per hearing aid	No Coverage	Up to two hearing aids every two calendar years \$599 Or \$899 copay per hearing aid
Transportation Assistance	\$0 Copay for 16 one-way trips to approved locations per calendar year	No Coverage	\$0 Copay for 24 one-way trips to approved locations per calendar year
Meals	56 Home-delivered, post-discharge meals per calendar year	No Coverage	56 Home-delivered, post-discharge meals per calendar year
Therapeutic Massage	No Coverage	No Coverage	\$20 Copay for up to 30 combined total visits between acupuncture and therapeutic massage, per calendar year
Acupuncture	\$20 Copay for up to 20 visits	\$20 Copay for up to 20 visits	
Travel Benefits	Emergency or urgent care coverage if you're making a trip out of state or country	Emergency or urgent care coverage if you're making a trip out of state or country	Emergency or urgent care coverage if you're making a trip out of state or country

Extra Benefits 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.



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 include preventive dental coverage with every **BayCarePlus** plan for no additional premium. You even have the option to purchase enhanced comprehensive dental coverage if you'd like.



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. This is important coverage not offered by Original Medicare or Medicare supplements.



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. We offer hearing aid coverage options for you to choose from in two of our plans.



SilverSneakers®

We believe staying active can help you live your life to the fullest. That's why we've partnered with SilverSneakers to give you free access to participating health clubs and a host of different classes for any fitness level. You can even access workouts online from the comfort of your home. Whether you're an active gym member or just getting started, 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. Two of our plan options 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 nationwide urgent and emergent care coverage and worldwide emergency care coverage. As always, our goal is to get you the care you need when you need it.



Over-the-Counter Coverage

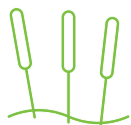
We know that over-the-counter (OTC) items can play an important role in helping you get and stay healthy. Two of our plan options include coverage on OTC products such as nonprescription drugs and health-related items at no additional cost to you. Turn to page 84 to see an excerpt from our catalog.

Extra Benefits for Our Members (continued)



Massage Therapy

Massage therapy can be a powerful tool to support your health holistically. Massage can be used to reduce pain, muscle tension and stress. It can help those suffering from anxiety, headaches, injury and more. Members who choose the **BayCarePlus Signature** plan will be able to choose from a network of licensed massage therapists.



Acupuncture

As an ancient system of medicine, acupuncture has been shown to successfully treat those suffering with chronic pain issues. It's also been used to treat people undergoing chemotherapy as well as those with headaches and migraines. Members who choose the **BayCarePlus Signature** plan benefit from enhanced acupuncture services.



Meals

If you have to go to the hospital, our priority is to help you get better. One component of that is helping you meet your most basic necessity—food. Members who choose the **BayCarePlus Complete** or **BayCarePlus Signature** plan who meet certain criteria will receive two healthy meals per day for 14 days after being discharged from the hospital.



BayCareAnywhere® 24/7 Doctor Visits

Technology has changed the way we do everything, and that includes how we see doctors. If you are too sick to leave the house or just want to practice social distancing, **BayCareAnywhere** allows you to video chat with a board-certified doctor for your urgent care needs anytime of day or night—even on holidays. You can use **BayCareAnywhere** on your computer or on your smartphone.

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, annual deductible (if one applies), co-insurance 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 Signature** plan, you may benefit in many ways:

- Plan premium reduced to as little as \$0 per month
- Possible lower or \$0 copays for all of your essential medical, hospital and prescription drug coverage
- Valuable extras like transportation, meals, over-the-counter allowances, therapeutic massage, acupuncture and more

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.



Includes Dentures

Full Dental Coverage—The Choice Is Yours!

Healthy teeth and gums can play an important role in your overall health, but dental care can be expensive. That's why we're offering optional comprehensive dental coverage for members of our plans. For just a \$14 monthly dental premium, you'll be covered in the event that you need a crown, root canal and/or dentures—services that your preventive benefit alone doesn't cover. Paying a low monthly premium now can help eliminate the worry of big dental bills later.

Additional Monthly Premium	\$14
Yearly Deductible	None
Maximum Benefit Coverage Amount	None
Coverage	\$0 copay Crown - one per year Root canal - one per year Complete or partial dentures - one set once per five years (upper and lower)

Services must be received from an Argus dental provider. See Evidence of Coverage for details.

To add this optional comprehensive dental plan to any of our **BayCarePlus** plans, see the application on page 51.

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.

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.

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.

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. Most likely, your doctor is in our network, but to confirm, you can go to BayCarePlus.org and search our Provider Directory. You can also call us or your insurance representative for assistance.

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 pre-existing condition, and your monthly premium won't increase.

Summary of Benefits

Summary of Benefits

January 1, 2021 – December 31, 2021

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://www.baycareplus.org).

This Summary of Benefits booklet gives you a summary of what **BayCarePlus Complete (HMO)**, **BayCarePlus Rewards (HMO)** and **BayCarePlus Signature (HMO)** 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 should call (877) 486-2048.

Sections in This Booklet

- Things to Know About **BayCarePlus Complete**, **BayCarePlus Rewards** and **BayCarePlus Signature**
- Table of Contents
- 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 Customer Service at (866) 509-5396 (TTY: 711).

Things to Know About BayCarePlus Complete, BayCarePlus Rewards and BayCarePlus Signature

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: (866) 947-5820 (TTY: 711).
- Our website: BayCarePlus.org

Who can join?

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

Which doctors, hospitals and pharmacies can I use?

BayCarePlus plans have a network of doctors, hospitals, pharmacies and other providers. If you use the providers that aren't in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. 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.

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, please 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 Complete (HMO) H2235-001	BayCarePlus Rewards (HMO) H2235-002	BayCarePlus Signature (HMO) H2235-004
Monthly Plan Premium	\$0 Per month. You must continue to pay your Medicare Part B premium.	\$0 Per month. You must continue to pay your Medicare Part B premium.	\$28 Per month. You must continue to pay your Medicare Part B premium.
Part B Premium Reduction	Not covered	\$114 Per month	Not covered
Deductibles	This plan doesn't have a deductible.	This plan doesn't have a deductible.	This plan doesn't have a deductible.
Maximum Out-of-Pocket Responsibility	<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(s) in this plan:</p> <ul style="list-style-type: none"> • \$3,500 For covered hospital and medical services you receive from in-network providers <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we'll pay the full cost for the rest of the year.</p> <p>Please note that you'll still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</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(s) in this plan:</p> <ul style="list-style-type: none"> • \$4,500 For covered hospital and medical services you receive from in-network providers <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we'll pay the full cost for the rest of the year.</p> <p>Please note that you'll still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</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(s) in this plan:</p> <ul style="list-style-type: none"> • \$2,800 For covered hospital and medical services you receive from in-network providers <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we'll pay the full cost for the rest of the year.</p> <p>Please note that you'll still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

Covered Medical and Hospital Benefits

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Inpatient Hospital Coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$175 Copay per day, per stay: days 1-5 • \$0 Copay per day, per stay: days 6 and beyond <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$250 Copay per day, per stay: days 1-6 • \$0 Copay per day, per stay: days 7 and beyond <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$150 Copay per day, per stay: days 1-5 • \$0 Copay per day, per stay: days 6 and beyond <p>Prior authorization is required.</p>

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Outpatient Hospital Coverage	Ambulatory surgical center: \$75 copay Outpatient hospital: \$125 copay Prior authorization is required. A referral is required for outpatient hospital services.	Ambulatory surgical center: \$125 copay Outpatient hospital: \$195 copay Prior authorization is required. A referral is required for outpatient hospital services.	Ambulatory surgical center: \$50 copay Outpatient hospital: \$95 copay Prior authorization is required. A referral is required for outpatient hospital services.
Doctor Visits <i>(primary care providers and specialists)</i>	Primary care provider (PCP) visit: \$0 copay Specialist visit: \$15 copay BayCareAnywhere® virtual visits: \$20 copay, limited to four visits per calendar year A referral is required for specialist visits except for visits with an obstetrician/gynecologist, chiropractor, podiatrist or dermatologist.	Primary care provider (PCP) visit: \$0 copay Specialist visit: \$35 copay BayCareAnywhere® virtual visits: \$20 copay, limited to four visits per calendar year A referral is required for specialist visits except for visits with an obstetrician/gynecologist, chiropractor, podiatrist or dermatologist.	Primary care provider (PCP) visit: \$0 copay Specialist visit: \$10 copay BayCareAnywhere® virtual visits: \$20 copay, limited to four visits per calendar year A referral is required for specialist visits except for visits with an obstetrician/gynecologist, chiropractor, podiatrist or dermatologist.
Preventive Care	You pay nothing. Our plan covers many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training • Health and wellness education programs • HIV screening • Immunizations (pneumonia, hepatitis B and influenza) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) 	You pay nothing. Our plan covers many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training • Health and wellness education programs • HIV screening • Immunizations (pneumonia, hepatitis B and influenza) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) 	You pay nothing. Our plan covers many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training • Health and wellness education programs • HIV screening • Immunizations (pneumonia, hepatitis B and influenza) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP)

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Preventive Care (continued)	<ul style="list-style-type: none"> • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one time) <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one time) <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one time) <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>\$90 Copay</p> <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>This coverage is worldwide.</p>	<p>\$90 Copay</p> <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>This coverage is worldwide.</p>	<p>\$120 Copay</p> <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>This coverage is worldwide.</p>
Urgently Needed Services	<p>\$35 Copay within the United States</p> <p>\$90 Copay outside the United States</p> <p>This coverage is worldwide.</p>	<p>\$35 Copay within the United States</p> <p>\$90 Copay outside the United States</p> <p>This coverage is worldwide.</p>	<p>\$30 Copay within the United States</p> <p>\$120 Copay outside the United States</p> <p>This coverage is worldwide.</p>

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Diagnostic Services/ Labs/ Imaging <i>(Costs for these services may vary based on place of service.)</i>	Lab services: \$0 copay Diagnostic procedures and tests: \$0 copay X-rays: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$0-\$90 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance Some services may require prior authorization or a referral. See Evidence of Coverage for more details and a complete listing. There is no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.	Lab services: \$0 copay Diagnostic procedures and tests: \$100 copay* X-rays: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$0-\$125 copay** Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance Some services may require prior authorization or a referral. See Evidence of Coverage for more details and a complete listing. There is no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service. *Diagnostic colonoscopies are \$0. **Diagnostic mammograms are \$0.	Lab services: \$0 copay Diagnostic procedures and tests: \$0 copay X-rays: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$0-\$90 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance Some services may require prior authorization or a referral. See Evidence of Coverage for more details and a complete listing. There is no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they're ordered as a preventive service.
Hearing Services	Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay Routine hearing exam: \$0 copay (one per calendar year) Hearing aids: up to two every two calendar years (one per ear) Hearing aid copays: \$699 for TruHearing Advanced or \$999 for TruHearing Premium (Copay is per hearing aid.)* Hearing aid fitting: \$0 copay A referral is required for Medicare-covered exams. *Amounts you pay for these services don't count toward your maximum out-of-pocket amount.	Medicare-covered exam to diagnose and treat hearing and balance issues: \$30 copay Routine hearing exam: \$30 copay (one per calendar year) Hearing aids aren't covered. A referral is required for Medicare-covered exams.	Medicare-covered exam to diagnose and treat hearing and balance issues: \$30 copay Routine hearing exam: \$0 copay (one per calendar year) Hearing aids: up to two every two calendar years (one per ear) Hearing aid copays: \$599 for TruHearing Advanced or \$899 for TruHearing Premium (Copay is per hearing aid.)* Hearing aid fitting: \$0 copay A referral is required for Medicare-covered exams. *Amounts you pay for these services don't count toward your maximum out-of-pocket amount.
Dental Services	Preventive dental services: \$0 copay <u>Preventive services include:</u> <ul style="list-style-type: none"> • Periodic oral evaluation (one every six months) • Routine cleaning (one every six months) • Fluoride application (one every six months with routine cleaning) 	Preventive dental services: \$0 copay <u>Preventive services include:</u> <ul style="list-style-type: none"> • Periodic oral evaluation (one every six months) • Routine cleaning (one every six months) • Fluoride application (one every six months with routine cleaning) 	Preventive dental services: \$0 copay <u>Preventive services include:</u> <ul style="list-style-type: none"> • Periodic oral evaluation (one every six months) • Routine cleaning (one every six months) • Fluoride application (one every six months with routine cleaning)

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Dental Services (continued)	<ul style="list-style-type: none"> • Horizontal bitewing X-ray(s) (up to four, once every calendar year) • Intraoral X-ray image of the entire mouth (full-mouth series or panoramic image) (once every three calendar years) <p><u>Comprehensive services include:</u></p> <ul style="list-style-type: none"> • Full-mouth debridement (deep cleaning) (one every three calendar years) • Scaling and root planing—four or more teeth per quad (four quads every three calendar years) • Scaling and root planing—one to three teeth per quad (four quads every three calendar years) <p>See page 39 for information on optional comprehensive dental coverage that can be purchased separately</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 a prior authorization.</p>	<ul style="list-style-type: none"> • Horizontal bitewing X-ray(s) (up to four, once every calendar year) • Intraoral X-ray image of the entire mouth (full-mouth series or panoramic image) (once every three calendar years) <p><u>Comprehensive services include:</u></p> <ul style="list-style-type: none"> • Full-mouth debridement (deep cleaning) (one every three calendar years) • Scaling and root planing—four or more teeth per quad (four quads every three calendar years) • Scaling and root planing—one to three teeth per quad (four quads every three calendar years) <p>See page 39 for information on optional comprehensive dental coverage that can be purchased separately.</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 a prior authorization.</p>	<ul style="list-style-type: none"> • Horizontal bitewing X-ray(s) (up to four, once every calendar year) • Intraoral X-ray image of the entire mouth (full-mouth series or panoramic image) (once every three calendar years) <p><u>Comprehensive services include:</u></p> <ul style="list-style-type: none"> • Full-mouth debridement (deep cleaning) (one every three calendar years) • Scaling and root planing—four or more teeth per quad (four quads every three calendar years) • Scaling and root planing—one to three teeth per quad (four quads every three calendar years) • Fillings (two per calendar year) • Extractions (two per calendar year) <p>See page 39 for information on optional comprehensive dental coverage that can be purchased separately.</p> <p>Medicare-covered dental services: \$10 copay</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services, and those services require a prior authorization.</p>

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Vision Services	<p>Routine vision services: One routine eye exam every calendar year: \$0 copay</p> <p>One pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses), frames or contact lenses (or two six-packs) per calendar year: \$0 copay</p> <p>Our plan pays up to \$100 per calendar year for eyeglasses (lenses and frames) or contact lenses.</p> <p>Upgrades may come at an additional cost.</p> <p>Medicare-covered vision services: 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> <p>One pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular) after cataract surgery: \$0 copay</p> <p>One pair of Medicare-covered eyeglass frames or contact lenses (or two six packs) after each cataract surgery: \$0 copay</p>	<p>Routine vision services: One routine eye exam every calendar year: \$0 copay</p> <p>One pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses), frames or contact lenses (or two six-packs) per calendar year: \$0 copay</p> <p>Our plan pays up to \$100 per calendar year for eyeglasses (lenses and frames) or contact lenses.</p> <p>Upgrades may come at an additional cost.</p> <p>Medicare-covered vision services: Medicare-covered eye exams: \$35 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> <p>One pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular) after cataract surgery: \$0 copay</p> <p>One pair of Medicare-covered eyeglass frames or contact lenses (or two six packs) after each cataract surgery: \$0 copay</p>	<p>Routine vision services: One routine eye exam every calendar year: \$0 copay</p> <p>One pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses), frames or contact lenses (or two six-packs) per calendar year: \$0 copay</p> <p>Our plan pays up to \$200 per calendar year for eyeglasses (lenses and frames) or contact lenses.</p> <p>Upgrades may come at an additional cost.</p> <p>Medicare-covered vision services: Medicare-covered eye exams: \$10 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> <p>One pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular) after cataract surgery: \$0 copay</p> <p>One pair of Medicare-covered eyeglass frames or contact lenses (or two six packs) after each cataract surgery: \$0 copay</p>

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Mental Health Services	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$175 Copay per day, per stay: days 1-5 • \$0 Copay per day, per stay: days 6 and beyond <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 is required.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$250 Copay per day, per stay: days 1-6 • \$0 Copay per day, per stay: days 7 and beyond <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 is required.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$150 Copay per day, per stay: days 1-5 • \$0 Copay per day, per stay: days 6 and beyond <p>Outpatient individual visit: \$10 copay</p> <p>Outpatient group visit: \$5 copay</p> <p>Opioid treatment programs: \$10 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 is required.</p>
Skilled Nursing Facility	<p>The plan covers up to 100 days per admission. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 Copay per day, per stay: days 1–20 • \$150 Copay per day, per stay: days 21–100 <p>Prior authorization is required.</p>	<p>The plan covers up to 100 days per admission. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 Copay per day, per stay: days 1–20 • \$172 Copay per day, per stay: days 21–100 <p>Prior authorization is required.</p>	<p>The plan covers up to 100 days per admission. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 Copay per day, per stay: days 1–20 • \$150 Copay per day, per stay: days 21–100 <p>Prior authorization is required.</p>
Physical Therapy	<p>\$15 Copay A referral is required.</p>	<p>\$35 Copay A referral is required.</p>	<p>\$10 Copay A referral is required.</p>
Ambulance	<p>\$200 Copay</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization may be required for non-emergent transportation by ambulance.</p>	<p>\$250 Copay</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization may be required for non-emergent transportation by ambulance.</p>	<p>\$200 Copay</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization may be required for non-emergent transportation by ambulance.</p>
Transportation	<p>\$0 Copay</p> <p>Limited to 16 one-way trips to plan-approved locations every calendar year</p>	<p>Not covered</p>	<p>\$0 Copay</p> <p>Limited to 24 one-way trips to plan-approved locations every calendar year</p>

Prescription Drug Benefits

	BayCarePlus Complete (HMO)			BayCarePlus Rewards (HMO)			BayCarePlus Signature (HMO)		
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 20% co-insurance Other Part B drugs: 20% co-insurance Prior authorization is required.			For Part B drugs such as chemotherapy drugs: 20% co-insurance Other Part B drugs: 20% co-insurance Prior authorization is required.			For Part B drugs such as chemotherapy drugs: 20% co-insurance Other Part B drugs: 20% co-insurance Prior authorization is required.		
Deductible	This plan doesn't have a deductible.			This plan doesn't have a deductible.			This plan doesn't have a deductible.		
Initial Coverage	You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.			You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.			You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.		
	Standard Retail Cost-Sharing			Standard Retail Cost-Sharing			Standard Retail Cost-Sharing		
Tier	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (preferred generic)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (generic)	\$4 Copay	\$8 Copay	\$12 Copay	\$10 Copay	\$20 Copay	\$30 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 3 (preferred brand)	\$35 Copay	\$70 Copay	\$105 Copay	\$47 Copay	\$94 Copay	\$141 Copay	\$35 Copay	\$70 Copay	\$105 Copay
Tier 4 (non-preferred brand)	\$85 Copay	\$170 Copay	\$255 Copay	\$100 Copay	\$200 Copay	\$300 Copay	\$85 Copay	\$170 Copay	\$255 Copay
Tier 5 (specialty drug)	33% Co-insurance	Not offered	Not offered	33% Co-insurance	Not offered	Not offered	33% Co-insurance	Not offered	Not offered

	BayCarePlus Complete (HMO)			BayCarePlus Rewards (HMO)			BayCarePlus Signature (HMO)		
Initial Coverage (continued)	<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>			<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>			<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>		
	Mail-Order Pharmacy			Mail-Order Pharmacy			Mail-Order Pharmacy		
Tier	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (preferred generic)	Not offered	Not offered	\$0 Copay	Not offered	Not offered	\$0 Copay	Not offered	Not offered	\$0 Copay
Tier 2 (generic)	Not offered	Not offered	\$0 Copay	Not offered	Not offered	\$0 Copay	Not offered	Not offered	\$0 Copay
Tier 3 (preferred brand)	Not offered	Not offered	\$95 Copay	Not offered	Not offered	\$125 Copay	Not offered	Not offered	\$95 Copay
Tier 4 (non-preferred brand)	Not offered	Not offered	\$245 Copay	Not offered	Not offered	\$275 Copay	Not offered	Not offered	\$245 Copay
Tier 5 (specialty drug)	33% Co-insurance	Not offered	Not offered	33% Co-insurance	Not offered	Not offered	33% Co-insurance	Not offered	Not offered
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you’ll pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you’ve paid) reaches \$4,130.</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 costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>			<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you’ll pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you’ve paid) reaches \$4,130.</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 costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>			<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you’ll pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you’ve paid) reaches \$4,130.</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 costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% Co-insurance or • \$3.70 Copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs 	<p>After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% Co-insurance or • \$3.70 Copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs 	<p>After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% Co-insurance or • \$3.70 Copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs

Other Covered Benefits

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Chiropractic Care	Manual manipulation of the spine to correct subluxation: \$20 copay	Manual manipulation of the spine to correct subluxation: \$20 copay	Manual manipulation of the spine to correct subluxation: \$10 copay
Diabetes Supplies and Services	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 10% co-insurance</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% co-insurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters and insulin pumps).</p> <p>*See Evidence of Coverage for a complete listing.</p>	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 10% co-insurance</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% co-insurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters and insulin pumps).</p> <p>*See Evidence of Coverage for a complete listing.</p>	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 10% co-insurance</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% co-insurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters and insulin pumps).</p> <p>*See Evidence of Coverage for a complete listing.</p>

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Durable Medical Equipment (wheelchairs, oxygen, etc.)	20% Co-insurance for Medicare-covered items Prior authorization may be required.	20% Co-insurance for Medicare-covered items Prior authorization may be required.	20% Co-insurance for Medicare-covered items Prior authorization may be required.
Foot Care (podiatry services)	\$15 Copay for each Medicare-covered podiatry visit	\$35 Copay for each Medicare-covered podiatry visit	\$10 Copay for each Medicare-covered podiatry visit
Home Health Care	\$0 Copay A referral is required.	\$0 Copay A referral is required.	\$0 Copay A referral is required.
Hospice	You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.	You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.	You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.
Outpatient Substance Abuse	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: \$10 copay Group visit: \$5 copay Prior authorization is required.
Over-the-Counter Coverage (OTC)	\$70 Credit per quarter to use on approved health products that can be ordered online, by phone or by mail Leftover allowance doesn't roll over from quarter to quarter.	Not covered	\$100 Credit per quarter to use on approved health products that can be ordered online, by phone or by mail Leftover allowance doesn't roll over from quarter to quarter.
Meals	28 Meals (two meals/day for 14 days) delivered directly to the home after each discharge from an inpatient acute hospital stay or skilled nursing facility stay Annual limit of two discharges for a total of 56 meals/ calendar year	Not covered	28 Meals (two meals/day for 14 days) delivered directly to the home after each discharge from an inpatient acute hospital stay or skilled nursing facility stay Annual limit of two discharges for a total of 56 meals/ calendar year

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Prosthetic Devices	Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.	Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.	Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.
Outpatient Rehabilitation Services	Cardiac 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 rehabilitation services: \$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 rehabilitation services: \$30 copay per day Occupational, speech and language therapy visits: \$10 copay A separate copay for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.
Wellness Programs	Health club membership/fitness classes through SilverSneakers®: \$0 copay	Health club membership/fitness classes through SilverSneakers®: \$0 copay	Health club membership/fitness classes through SilverSneakers®: \$0 copay
Acupuncture	Medicare-covered services (chronic low back pain): \$20 copay for up to 12 visits in 90 days* No more than 20 chronic low back pain visits per calendar year Supplemental services: \$20 copay for up to 20 visits per calendar year through American Specialty Health *See Evidence of Coverage for more details	Medicare-covered services (chronic low back pain): \$20 copay for up to 12 visits in 90 days* No more than 20 chronic low back pain visits per calendar year Supplemental services: \$20 copay for up to 20 visits per calendar year through American Specialty Health *See Evidence of Coverage for more details	Medicare-covered services (chronic low back pain): \$20 copay for up to 12 visits in 90 days* No more than 20 chronic low back pain visits per calendar year Supplemental services: \$20 copay for up to 30 visits between acupuncture and therapeutic massage per calendar year through American Specialty Health *See Evidence of Coverage for more details
Therapeutic Massage	Not covered	Not covered	\$20 Copay for up to 30 combined total visits between acupuncture and therapeutic massage per calendar year

Optional Comprehensive Dental Benefits

	BayCarePlus Complete (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Signature (HMO)
Optional Supplemental Benefits	<p>As a member of any BayCarePlus plan, you'll receive preventive and limited comprehensive dental benefits. For an additional monthly premium, you can also choose to add optional comprehensive coverage that provides more benefits.</p> <p>Monthly premium: \$14 Yearly deductible: \$0</p> <p>Comprehensive dental services: \$0 copay</p> <p><u>Comprehensive services include:</u></p> <ul style="list-style-type: none"> • Crown (one per calendar year) • Root canal (one per calendar year) • Complete or partial dentures—one set (upper and lower) (one per five calendar years) <p>Services must be received from an Argus dental provider.</p>	<p>As a member of any BayCarePlus plan, you'll receive preventive and limited comprehensive dental benefits. For an additional monthly premium, you can also choose to add optional comprehensive coverage that provides more benefits.</p> <p>Monthly premium: \$14 Yearly deductible: \$0</p> <p>Comprehensive dental services: \$0 copay</p> <p><u>Comprehensive services include:</u></p> <ul style="list-style-type: none"> • Crown (one per calendar year) • Root canal (one per calendar year) • Complete or partial dentures—one set (upper and lower) (one per five calendar years) <p>Services must be received from an Argus dental provider.</p>	<p>As a member of any BayCarePlus plan, you'll receive preventive and limited comprehensive dental benefits. For an additional monthly premium, you can also choose to add optional comprehensive coverage that provides more benefits.</p> <p>Monthly premium: \$14 Yearly deductible: \$0</p> <p>Comprehensive dental services: \$0 copay</p> <p><u>Comprehensive services include:</u></p> <ul style="list-style-type: none"> • Crown (one per calendar year) • Root canal (one per calendar year) • Complete or partial dentures—one set (upper and lower) (one per five calendar years) <p>Services must be received from an Argus dental provider.</p>

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Pre-Enrollment Checklist

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at (866) 509-5396 (TTY: 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [BayCarePlus.org](https://www.baycareplus.org) or call (866) 509-5396 (TTY: 711) to view a copy of the EOC.
- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they aren't listed, it means you will likely have to select a new doctor.
- ☐ Review the Provider Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy isn't listed, you'll likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ Except in emergency or urgent situations, we don't cover services by out-of-network providers (doctors who aren't listed in the Provider Directory).

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

This information is not a complete description of benefits. Call (866) 509-5396 (TTY: 711) for more information.

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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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 Enrollment Period
Annual Enrollment Period (AEP)	October 15 – December 7	During the Annual Enrollment Period, you can switch, drop or join a different Medicare plan.
Open Enrollment Period (OEP)	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.
Initial Enrollment Period (IEP)	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.
Special Enrollment Period (SEP)	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 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 visit Medicare.gov .

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 agent 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) 528-5821 (TTY: 711), 8am to 8pm, seven days a week.*



Enroll online

Go to BayCarePlus.org and click “Enroll.”



Enroll on your own

Complete the Enrollment Application located in the back of this kit, and mail it in using the postage-paid envelope included. Use the Enrollment Application Checklist on page <xx> to help walk you through filling out your Enrollment Application.

Translation services available upon request

What to Expect After Enrollment

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



Receipt of your completed enrollment application

This confirms you submitted an enrollment application. You'll receive either a copy of the receipt or confirmation number depending on how you enroll.



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, New Member Guide and more.

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 ensure all parts of the application are filled out.[†]

Enrollment Application Checklist		Done
1.	Select a plan. Be sure to choose only one plan name.	<input type="radio"/>
2.	Fill in your: <input type="radio"/> Name <input type="radio"/> Birthdate <input type="radio"/> Phone number <input type="radio"/> Address <input type="radio"/> Mailing address (<i>if different than your permanent residence address</i>) <input type="radio"/> Emergency contact <input type="radio"/> Email address (<i>optional</i>)	<input type="radio"/>
3.	Fill out your Medicare Number.	<input type="radio"/>
4.	Fill out your Medicare Part A and Part B effective dates, located on your Medicare ID card. If you don't have the dates, don't worry. It won't slow down the application process.	<input type="radio"/>
5.	Select a payment option if you chose a plan with a premium. If the plan you selected does not have a premium, skip to the next question.	<input type="radio"/>
6.	Answer the Yes/No questions. If you answer "Yes," to a question, please fill out the additional information necessary.	<input type="radio"/>
7.	Fill in your primary care physician ID# and name. You can find it in the Provider Directory online or by calling the number listed below.	<input type="radio"/>
8.	Read the Statement of Understanding for an explanation of enrollment periods and your rights under this plan.	<input type="radio"/>
9.	Sign the Enrollment Application. You or your authorized representative must sign and date the form.	<input type="radio"/>
10.	Mail your application to the address listed on the Enrollment Application.	<input type="radio"/>

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

Have questions about the Enrollment Application?

We'd be happy to help. Just give us a call: Toll free: (877) 528-5821 (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.

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EXHIBIT 1: MODEL INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C) OR MEDICARE PRESCRIPTION DRUG PLAN (PART D)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug 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 bill for the plan's premium. 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:

BayCare Select Health Plans
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 BayCare Select Health Plans at (866) 947-5820 (TTY: 711).

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

En español: Llame a BayCare Select Health Plans al (866) 947-5820 (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-NEW. 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: Do not 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 will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Please contact BayCare Select Health Plans (HMO) Sales at (866) 947-5820 if you need assistance completing this form. TTY users call the national relay service toll free at 711.

Section 1 - All fields on this page are required (unless marked optional)

Select the plan you want to join:

- ☐ **BayCarePlus Complete (HMO)–001** (Hillsborough, Pasco, Pinellas and Polk counties) \$0 per month
- ☐ **BayCarePlus Rewards (HMO)–002** (Hillsborough, Pasco, Pinellas and Polk counties) \$0 per month
- ☐ **BayCarePlus Premier (HMO)–003** (Pinellas County) \$33 per month
- ☐ **BayCarePlus Signature (HMO)–004** (Hillsborough, Pasco, and Polk counties) \$28 per month

Optional Supplemental Benefits: Comprehensive Dental ☐ Yes ☐ No

You can add optional supplemental benefits (comprehensive dental services) for an additional \$14 per month. The monthly premium for your supplemental benefits will be in addition to your monthly plan premium.

FIRST Name: LAST Name: Optional: Middle Initial:

Birth Date:

(_ _ / _ _ / _ _ _ _)
(M M / D D / Y Y Y Y)

Sex:

☐ Male ☐ Female

Phone Number:

(_ _) _ _ _ _

Permanent Residence street address (Don't enter a PO Box):

Optional: County:

City:

State:

Zip Code:

Mailing Address, if different from your permanent address (PO Box allowed):

Street Address:

City:

State:

Zip Code:

Your Medicare Information

Medicare Number: _ _ _ _ - _ _ _ - _ _ _ _

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to BayCare Select Health Plans>?

☐ Yes ☐ No

If "yes," please 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 BayCare Select Health Plans.
- By joining this Medicare Advantage plan, I acknowledge that BayCare Select Health Plans 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).
- 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 will 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 BayCare Select Health Plans coverage begins, I must get all of my medical and prescription drug benefits from BayCare Select Health Plans. Benefits and services provided by BayCare Select Health Plans and contained in my BayCare Select Health Plans "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor BayCare Select Health Plans will pay for benefits or services that are not covered. I will read the Evidence of Coverage document from BayCare Select Health Plans when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.
- Once I am a member of BayCare Select Health Plans, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that enrollment in BayCare Select Health Plans will automatically disenroll me from any other Medicare health plan and/or prescription drug 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 Conditions of Enrollment: If you checked "Yes" to add the optional supplemental benefits on page 1, please read the information below. By completing this enrollment application:

- I agree to adding the optional supplemental benefits, which includes comprehensive dental for \$14 per month. This amount is in addition to my Medicare premium and BayCare Select Health Plans premiums that may apply.
- I understand the optional supplemental benefits are only available to members enrolled in a BayCare Select Health Plans plan.
- I understand that I must get covered care from in-network providers, except for emergency or urgently needed services. If I receive services from an out-of-network provider, I will be responsible for all costs associated with those services.
- I understand that I may disenroll from the optional supplemental benefits at any time and that disenrollment from the optional supplemental benefits will not disenroll from me from my Medicare Advantage plan with BayCare Select Health Plans. If I disenroll, I won't be eligible to enroll again until the next BayCare Select Health Plans valid optional supplemental benefits enrollment period.
- I understand that my continued enrollment in the optional supplemental benefits is contingent upon continued enrollment in the BayCare Select Health Plans plan. Disenrollment from the BayCare Select Health Plans plan will result in automatic disenrollment from the optional supplemental benefits.

Signature:

Today's Date:

If you are the authorized representative, sign above and fill out these fields:

Name:	Relationship to Enrollee:	Phone Number:	
Address:	City:	State:	Zip Code:

Section 2- All fields on this page are optional

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

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

☐ Spanish ☐ French ☐ Chinese ☐ French Creole ☐ Vietnamese

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large Print

Please contact BayCare Select Health Plans at (866) 947-5820 if you need information in an accessible format or language other than what's listed above. Our office hours are 8am-8pm, seven days a week. You may receive a messaging service on weekends from April 1 through September 30 and holidays. TTY users can call 711.

E-mail address:

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), Clinic or health center:

Primary Care Physician (PCP):

Dr.

(First Name)

(Last Name)

PCP # from 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 BayCare Select Health Plans could affect your employer or union health benefits. You could lose your employer or union health coverage if you join BayCare Select Health Plans. 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 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 BayCare Select Health Plans 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.

☐ 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) 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.

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)						
SEP (S) <ul style="list-style-type: none"> <input type="checkbox"/> SPAP <input type="checkbox"/> Loss of SNP <input type="checkbox"/> Retro Entitlement <input type="checkbox"/> Involuntary Loss/Cred. Coverage <input type="checkbox"/> Contract/Plan Non-Renewal <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate <input type="checkbox"/> Contract Term – MAO <input type="checkbox"/> Contract Term – CMS <input type="checkbox"/> CMS Sanction <input type="checkbox"/> FEMA/Disaster <input type="checkbox"/> Other <input type="checkbox"/> 5-Star SEP <input type="checkbox"/> Plan Placed in Receivership <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan 			SEP (V) <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Move SEP (W) <ul style="list-style-type: none"> <input type="checkbox"/> Gain or Loss of Employer Coverage SEP (L) Allowed once per Quarter <ul style="list-style-type: none"> <input type="checkbox"/> Dual Eligible/Has Medicaid <input type="checkbox"/> Has Non-Dual with LIS SEP (U) <ul style="list-style-type: none"> <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 			
Producer Name:			Producer NPN:		Application Receipt Date:	



Please return completed application to:

BayCare Select Health Plans
P.O. Box 12487
St. Louis, MO 63132

Please call (866) 947-5820 for more information, including free language translation services, regarding your BayCare Select Health Plans plan. 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.

EXHIBIT 1: MODEL INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C) OR MEDICARE PRESCRIPTION DRUG PLAN (PART D)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug 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 bill for the plan's premium. 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:

BayCare Select Health Plans
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 BayCare Select Health Plans at (866) 947-5820 (TTY: 711).

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

En español: Llame a BayCare Select Health Plans al (866) 947-5820 (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-NEW. 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: Do not 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 will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Please contact BayCare Select Health Plans (HMO) Sales at (866) 947-5820 if you need assistance completing this form. TTY users call the national relay service toll free at 711.

Section 1 - All fields on this page are required (unless marked optional)

Select the plan you want to join:

- ☐ **BayCarePlus Complete (HMO)–001** (Hillsborough, Pasco, Pinellas and Polk counties) \$0 per month
- ☐ **BayCarePlus Rewards (HMO)–002** (Hillsborough, Pasco, Pinellas and Polk counties) \$0 per month
- ☐ **BayCarePlus Premier (HMO)–003** (Pinellas County) \$33 per month
- ☐ **BayCarePlus Signature (HMO)–004** (Hillsborough, Pasco, and Polk counties) \$28 per month

Optional Supplemental Benefits: Comprehensive Dental ☐ Yes ☐ No

You can add optional supplemental benefits (comprehensive dental services) for an additional \$14 per month. The monthly premium for your supplemental benefits will be in addition to your monthly plan premium.

FIRST Name: LAST Name: Optional: Middle Initial:

Birth Date:

(_ _ / _ _ / _ _ _ _)
(M M / D D / Y Y Y Y)

Sex:

☐ Male ☐ Female

Phone Number:

(_ _) _ _ _ _

Permanent Residence street address (Don't enter a PO Box):

Optional: County:

City:

State:

Zip Code:

Mailing Address, if different from your permanent address (PO Box allowed):

Street Address:

City:

State:

Zip Code:

Your Medicare Information

Medicare Number: _ _ _ _ - _ _ _ - _ _ _ _

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to BayCare Select Health Plans>?

☐ Yes ☐ No

If "yes," please 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 BayCare Select Health Plans.
- By joining this Medicare Advantage plan, I acknowledge that BayCare Select Health Plans 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).
- 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 will 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 BayCare Select Health Plans coverage begins, I must get all of my medical and prescription drug benefits from BayCare Select Health Plans. Benefits and services provided by BayCare Select Health Plans and contained in my BayCare Select Health Plans "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor BayCare Select Health Plans will pay for benefits or services that are not covered. I will read the Evidence of Coverage document from BayCare Select Health Plans when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.
- Once I am a member of BayCare Select Health Plans, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that enrollment in BayCare Select Health Plans will automatically disenroll me from any other Medicare health plan and/or prescription drug 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 Conditions of Enrollment: If you checked "Yes" to add the optional supplemental benefits on page 1, please read the information below. By completing this enrollment application:

- I agree to adding the optional supplemental benefits, which includes comprehensive dental for \$14 per month. This amount is in addition to my Medicare premium and BayCare Select Health Plans premiums that may apply.
- I understand the optional supplemental benefits are only available to members enrolled in a BayCare Select Health Plans plan.
- I understand that I must get covered care from in-network providers, except for emergency or urgently needed services. If I receive services from an out-of-network provider, I will be responsible for all costs associated with those services.
- I understand that I may disenroll from the optional supplemental benefits at any time and that disenrollment from the optional supplemental benefits will not disenroll from me from my Medicare Advantage plan with BayCare Select Health Plans. If I disenroll, I won't be eligible to enroll again until the next BayCare Select Health Plans valid optional supplemental benefits enrollment period.
- I understand that my continued enrollment in the optional supplemental benefits is contingent upon continued enrollment in the BayCare Select Health Plans plan. Disenrollment from the BayCare Select Health Plans plan will result in automatic disenrollment from the optional supplemental benefits.

Signature:

Today's Date:

If you are the authorized representative, sign above and fill out these fields:

Name:	Relationship to Enrollee:	Phone Number:	
Address:	City:	State:	Zip Code:

Section 2- All fields on this page are optional

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

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

☐ Spanish ☐ French ☐ Chinese ☐ French Creole ☐ Vietnamese

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large Print

Please contact BayCare Select Health Plans at (866) 947-5820 if you need information in an accessible format or language other than what's listed above. Our office hours are 8am-8pm, seven days a week. You may receive a messaging service on weekends from April 1 through September 30 and holidays. TTY users can call 711.

E-mail address:

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), Clinic or health center:

Primary Care Physician (PCP):

Dr.

(First Name)

(Last Name)

PCP # from 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 BayCare Select Health Plans could affect your employer or union health benefits. You could lose your employer or union health coverage if you join BayCare Select Health Plans. 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 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 BayCare Select Health Plans 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.

☐ 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) 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.

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)						
SEP (S) <ul style="list-style-type: none"> <input type="checkbox"/> SPAP <input type="checkbox"/> Loss of SNP <input type="checkbox"/> Retro Entitlement <input type="checkbox"/> Involuntary Loss/Cred. Coverage <input type="checkbox"/> Contract/Plan Non-Renewal <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate <input type="checkbox"/> Contract Term – MAO <input type="checkbox"/> Contract Term – CMS <input type="checkbox"/> CMS Sanction <input type="checkbox"/> FEMA/Disaster <input type="checkbox"/> Other <input type="checkbox"/> 5-Star SEP <input type="checkbox"/> Plan Placed in Receivership <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan 			SEP (V) <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Move SEP (W) <ul style="list-style-type: none"> <input type="checkbox"/> Gain or Loss of Employer Coverage SEP (L) Allowed once per Quarter <ul style="list-style-type: none"> <input type="checkbox"/> Dual Eligible/Has Medicaid <input type="checkbox"/> Has Non-Dual with LIS SEP (U) <ul style="list-style-type: none"> <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 			
Producer Name:			Producer NPN:		Application Receipt Date:	



Please return completed application to:

BayCare Select Health Plans
P.O. Box 12487
St. Louis, MO 63132

Please call (866) 947-5820 for more information, including free language translation services, regarding your BayCare Select Health Plans plan. 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.

Name

Address

City, State Zip

Phone



Attestation of Eligibility for an Enrollment Period

Typically, you may 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 of this period.

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

- ☐ I'm new to Medicare.
- ☐ 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 of the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. 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 (recently 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 paying 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.

If none of these statements applies to you or you're not sure, please contact **BayCarePlus** at (877) 528-5819 (TTY: 711) to see if you're eligible to enroll. We are open from 8am to 8pm, seven days a week. You may reach a messaging service on weekends from April 1 through September 30 and holidays.

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

Name

Address

City, State Zip

Phone



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

2020 Medicare Star Ratings*

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

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

Some of the areas Medicare reviews for these ratings include:

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

For 2020, BayCare Health Plans received the following Overall Star Rating from Medicare.

Plan too new to be measured

We received the following Summary Star Rating for BayCare Health Plans’s health/drug plan services:

Health Plan Services: Plan too new to be measured

Drug Plan Services: Plan too new to be measured

The number of stars shows how well our plan performs.



Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8 a.m. to 8 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 a.m. to 8 p.m. Eastern time.

Current members please call 866-509-5396 (toll-free) or 711 (TTY).

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

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Agent Use Only

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Agent Checklist

Agent: _____

Person(s) Visited: _____

Date: _____

Scope of Appointment YES ☐ NO ☐

Do you currently have a Power of Attorney (POA) or a Legal Representative authorized to make decisions on your behalf?

(Person 1) YES ☐ NO ☐
(Person 2) YES ☐ NO ☐

If YES, please provide the following information for this individual in the section below (please print):

First Name (Person 1)	M.I.	Last Name	Telephone Number	Relationship
_____	_____	_____	_____	_____
First Name (Person 2)	M.I.	Last Name	Telephone Number	Relationship
_____	_____	_____	_____	_____

Getting Started

- ☐ BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal.
- ☐ Members must continue to pay their Medicare Part B premium.
- ☐ Members must reside within our service area.
- ☐ Members must have both Medicare Part A and Part B to enroll.
- ☐ Members can enroll only during specific times of the year.
- ☐ Penalties apply for late enrollment in Parts B and D.

Medical Summary of Benefits

- ☐ PCP Copays
- ☐ Specialist Copays
- ☐ Hospital Copays
- ☐ Other Copays
- ☐ Referrals to Specialists (if applicable)
- ☐ Use of Network Providers
- ☐ Preventive Services/Screenings

Other Benefits

- ☐ SilverSneakers®
- ☐ Preventive Dental
- ☐ Optional Comprehensive Dental (if applicable)
- ☐ Vision
- ☐ Hearing
- ☐ Transportation (if applicable)
- ☐ Over-the-Counter Coverage (if applicable)
- ☐ Acupuncture
- ☐ Therapeutic Massage (if applicable)
- ☐ Post-Discharge Meals (if applicable)

Part D Pharmacy

- ☐ Formulary Tiers
- ☐ Pharmacy Copays
- ☐ Initial Coverage Limit
- ☐ Gap Coverage
- ☐ TrOOP
- ☐ Use of Network Pharmacies
- ☐ Extra Help Eligibility

I understand **BayCarePlus** members must use plan (network) providers for routine care and that—depending on the plan chosen—specialty care requires a referral from a network primary care physician.

(Person 1) Initial here: _____

(Person 2) Initial here: _____

The person who's 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. Your enrollment may be facilitated with an electronic mechanism. By signing this form, you acknowledge and attest that the information listed above has been adequately explained to you.

Beneficiary Signature (Person 1) _____ Date _____

Beneficiary Telephone Number _____

POA/Legal Representative Signature _____ Date _____

Beneficiary Signature (Person 2) _____ Date _____

Beneficiary Telephone Number _____

POA/Legal Representative Signature _____ Date _____

Agent Signature _____ Date _____

Scope of Appointment

The Centers for Medicare and 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 co-insurance 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/co-insurance. 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 co-insurance 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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Scope of Appointment

The Centers for Medicare and 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 co-insurance 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/co-insurance. 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 co-insurance 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.

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

Receipt of Application

Use this form to record the receipt of your signed and completed **BayCarePlus** application form. Make sure to keep this document for your files.

Online Enrollment

Confirmation Code: _____

Paper Enrollment

Agent Name: _____

Date: _____

Agent Phone Number: _____

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

Appendix

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Vendor Information

At **BayCarePlus**, we believe that you deserve the simplicity of having all of 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 vendors and how to contact them if or when the need arises.

Please note that dental, vision and mental or substance abuse services have special requirements.

- When using vision services, you must see a routine vision care provider in the **BayCarePlus** network for routine eye exams and to obtain eyeglasses or contact lenses.
- For dental services, confirm that the dental office participates with Argus and accepts members.
- For mental or substance abuse services, you must be directed and seen by a provider within the **BayCarePlus** network to receive covered services.

Type of Service	Vendor Name	How to Contact
Transportation *Doesn't apply to BayCarePlus Rewards members	MTM Transportation Provider	Toll Free: (833) 729-4604 (TTY: 711) 24 hours a day, seven days a week MTM-Inc.net
Mental Health and Substance Abuse	Mercy Behavioral Health	Toll Free: (833) 729-4604 24 hours a day, seven days a week mbh-eap.com/managed-behavioral/
Dental	Argus	Toll Free: (888) 829-5004 (TTY: 711) 8am to 8pm, seven days a week (October 1 to March 31) and 8am to 8pm, Monday through Friday (April 1 to September 30) ArgusDentalVision.com
Vision	Argus	Toll Free: (888) 829-5004 (TTY: 711) 8am to 8pm, seven days a week (October 1 to March 31) and 8am to 8pm, Monday through Friday (April 1 to September 30) ArgusDentalVision.com

Type of Service	Vendor Name	How to Contact
Hearing Aids *Doesn't apply to BayCarePlus Rewards members	TruHearing	Toll Free: (844) 264-1461 (TTY: 711) 8am to 8pm, Monday through Friday TruHearing.com
Over-the-Counter (OTC) Benefits *Doesn't apply to BayCarePlus Rewards members	NationsOTC	Toll Free: (877) 240-7198 (TTY: 711) 8am to 8pm, Monday through Friday NationsOTC.com/BayCarePlus
Fitness Membership	SilverSneakers Fitness Program	Toll Free: (888) 423-4632 (TTY: 711) 9am to 9pm, Monday through Friday SilverSneakers.com
Massage Therapy/ Acupuncture *Massage therapy doesn't apply to BayCarePlus Rewards or Complete members	American Specialty Health (ASH)	Toll Free: (800) 678-9133 (TTY: 711) 8am to 11pm, Monday through Friday ASHLink.com/ASH/BayCare
Meals *Doesn't apply to BayCarePlus Rewards members	GA Foods	Toll Free: (844) 830-1602 (TTY: (800) 955-1339) 8am to 8pm, Monday through Friday SunMeadow.com

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

- Publix - Walgreens - Costco
- CVS - Walmart - Sam's Club

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

OTC Summary

This is an example of an excerpt from a catalog for participating health plan members. The intent of this sample is to visually represent product offerings and it should not be used for actual product ordering purposes.

Cold, Flu & Allergy



Cetirizine Tablets
Strength: 10 mg.
Count: 30

Item# 5052 \$6.00



Cough & Cold for High Blood Pressure
Count: 16

Item# 5338 \$4.00



Day & Night Cold & Flu Caplets
Count: 20

Item# 5399 \$6.00



Robitussin® DM Syrup, 4 oz.
Count: 1

Item# 5005 \$11.00



Saline Nasal Spray, 1.5 oz.
Count: 1

Item# 5072 \$3.00



Thera-Flu® Multi-Symptom, Lemon
Count: 6

Item# 5007 \$14.00

*† See Page 89

Dental & Denture Care



**Biotene® Dry Mouth
Oral Rinse, 16 oz.**
Count: 1

Item# 5700 **\$13.00**



**Colgate® Toothbrush,
Adult Medium**
Count: 1

Item# 5101 **\$3.00**



Fixodent® Cream, 2.4 oz.
Count: 1

Item# 5379 **\$8.00**



Interdental Flossups
Count: 90

Item# 5200 **\$3.00**



Toothbrush, Rechargeable
Count: 1

Item# 5160 **\$30.00**



**Toothpaste, Sensitive Teeth,
4.3 oz.**
Count: 1

Item# 5421 **\$3.00**

Diabetes Care



Alcohol Pads*
Count: 100

Item# 5295 **\$3.00**



**Diabetic Skin Relief
Foot Cream, 3.4 oz.**
Count: 1

Item# 5812 **\$12.00**

Eye & Ear Care



**Clear Eyes® Eye Drops,
0.2 oz.**
Count: 1

Item# 5487 **\$4.00**



Cotton Swabs
Count: 300

Item# 5385 **\$4.00**

*† See Page 89

First Aid & Medical Supplies



Alcohol Swabs

Count: 3

Item# 5682

\$3.00



Band-Aids®*

Count: 100

Item# 5128

\$12.00



Benadryl® Cream, 1 oz.

Count: 1

Item# 5203

\$8.00



First Aid Kit, 175 Pieces

Count: 1

Item# 5711

\$15.00



Hydrocortisone Cream, 1 oz.

Strength: 1%

Count: 1

Item# 5400

\$3.00



Liquid Bandage

Count: 1

Item# 5045

\$8.00



Neosporin® Ointment, 0.5 oz.

Count: 1

Item# 5059

\$8.00



Petroleum Jelly, 4 oz.

Count: 1

Item# 5437

\$2.00



Rubbing Alcohol, 16 oz.

Strength: 70%

Count: 1

Item# 5541

\$4.00



Vaseline® Jelly, 3.75 oz.

Count: 1

Item# 5127

\$4.00

*† See Page 89

Home Diagnostic & Patient Aids



Night Light
Count: 1

Item# 5639 **\$3.00**



Thermometer, 60 Second
Count: 1

Item# 5149 **\$3.00**

Incontinence Supplies



Disposable Adult Washcloths*
Count: 48

Item# 5447 **\$4.00**



Disposable Bed Underpads*
Count: 5

Item# 5170 **\$5.00**

Pain Relief



Acetaminophen Arthritis
Strength: 650 mg.
Count: 24

Item# 5022 **\$3.00**



Advil® LiquiGels
Strength: 200 mg.
Count: 20

Item# 5054 **\$8.00**



Aspirin Chewables
Strength: 81 mg.
Count: 36

Item# 5073 **\$2.00**



Bayer® Enteric Coated Aspirin
Strength: 81 mg.
Count: 32

Item# 5034 **\$5.00**

*† See Page 89



**Fast Freeze
Pain Relief Spray, 4 oz.**
Count: 1

Item# 5314 **\$9.00**



Cold & Hot Patch
Count: 5

Item# 5080 **\$4.00**



Icy Hot® Patch
Count: 5

Item# 5341 **\$8.00**



Salonpas® Patch
Count: 6

Item# 5383 **\$12.00**

Skin Care



Hand Sanitizer, 8 oz.
Count: 1

Item# 5924 **\$4.00**



Sunscreen SPF 30, 4 oz.
Count: 1

Item# 5665 **\$5.00**

Vitamins & Dietary Supplements



Centrum® Silver Vitamins†
Count: 125

Item# 5001 **\$19.00**



Daily Multivitamin†
Count: 100

Item# 5306 **\$3.00**



**One Daily Women's
Multivitamin†**
Count: 100

Item# 5186 **\$6.00**



Vitamin C†
Strength: 1,000 mg.
Count: 100

Item# 5748 **\$7.00**

*† See Page 89



Vitamin D[‡]
Strength: 1,000 IU
Count: 100

Item# 5183 **\$7.00**



Zinc Tablets[‡]
Strength: 50 mg.
Count: 110

Item# 5274 **\$6.00**

*Under certain circumstances these items may be covered under either Part B or Part D. When an item is covered by Part B or D due to particular circumstances, you would not use your OTC benefit to obtain this item because it is Medicare-covered in those circumstances.

[‡]Dual purpose items are medicines 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 is not a complete description of the benefits.

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) 528-5821

(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 Pinellas County, Florida.

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 routine 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.

