

2023

# Medicare Advantage enrollment kit

*Eastern Oregon: Baker, Gilliam, Grant, Harney,  
Lake, Malheur, Morrow, Sherman, Umatilla,  
Union, Wallowa and Wheeler counties*



**SUMMIT**  
HEALTH

**Doctors you know and trust, health insurance you can count on.**

## **Get more out of Medicare**

Summit Health has partnered with local doctors and hospitals to bring better health to your community. This way, you get to see the doctors you already know and trust while we help ensure you get the care you need.

You work hard for others. We're here to work hard for you. Together, we can find a Medicare Advantage plan that works for you.

*Let's explore your Medicare Advantage plan options...*

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Why choose Summit Health

## Care that feels like home

With our Medicare Advantage plans, you'll enjoy choosing from a local network of quality healthcare providers, hospitals and specialists. Your Summit Health Medicare Advantage plan also gives you access to our expert health coaches and caring customer service. We are a dedicated team, here to support you.

Our local partners include:

- Moda Partners, Inc.
- Greater Oregon Behavioral Health, Inc. (GOBHI)
- Good Shepherd Health Care System
- Grande Ronde Hospital, Inc.
- Saint Alphonsus Health System, Inc.
- CHI St. Anthony Hospital
- Eastern Oregon IPA (Independent Physicians Association)
- Yakima Valley Farm Workers Clinic



*\*Other providers are available in our network*

### Our Medicare Advantage plans

Summit Health's Medicare Advantage plans come with and without pharmacy benefits. If you choose a plan with pharmacy coverage, you won't have a copay for vaccines! Our Medicare Advantage plans include:

- \$0 medical deductible
- \$0 copay preventive dental services plus a combined \$750 for other dental services for the Summit Health Core and Summit health Value + Rx plans, or a combined \$1,000 for other dental services for the Summit Health Standard + Rx and Summit Health Premier + Rx plans.
- \$0 copay routine hearing and vision exams
- \$0 copay fitness benefit

### Pharmacy mail order

Did you know that you can obtain up to a 90-day supply of non-specialty medication at your local pharmacy or through our mail order program? When you get a 90 days supply your copay will now be for two and a half months instead of for three, saving you money. Call Customer Service at 844-827-2355 for more information (TTY users, call 711).





Why choose Summit Health

## Added benefits

When you choose a Summit Health Medicare Advantage plan, you get more benefits. These added benefits include gym membership and wellness resources.



### Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day. Call for guidance on:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit your doctor



### Vision

Get a routine vision exam and eyewear through the VSP Advantage Elements plan, and coverage through VSP's Advantage provider network. All routine vision exams and eyewear claims are administered by VSP. You can learn more about VSP at [vsp.com](http://vsp.com). If you have questions, please call VSP toll-free at 844-820-8723.



### Text a doctor

Enjoy fast and private access to a dedicated doctor in under a minute — at no cost to you. With the CirrusMD app, all you need is internet access to:

- Connect with a doctor via text, 24/7, without appointments or time limits
- Ask urgent or general health questions
- Message, share photos or video chat
- Get peace of mind any time of the day, even at 2 a.m.
- Continue conversations or follow up as often as you'd like



### Dental

Two no-cost preventive visits through the Delta Dental of Oregon Medicare Advantage network with a total maximum benefit of \$750 for the Summit Health Core and Summit Health Value + Rx plans, or \$1,000 for the Summit Health Standard + Rx and Summit Health Premier + Rx plans for all routine preventive and comprehensive dental services.



### Hearing

Receive a no-cost routine hearing aid exam and hearing aid coverage through TruHearing. Hearing aids are costly. This benefit makes them much more affordable. You can learn more at [truhearing.com](http://truhearing.com).



### Gym membership

Enjoy gym membership and wellness resources from Silver&Fit®. This benefit includes:

- Access to a fitness center or YMCA
- Group classes designed for older adults, where offered without an additional fee
- The option to work out at home with a fitness kit (limit one per year)
- Healthy aging classes that you can take online or by mail
- A fitness tracker

Your fitness center must be participating in Silver&Fit for this benefit to apply. You can learn more at [silverandfit.com](http://silverandfit.com).

If you have questions, please call 1-877-427-4788.



### Alternative care

Enjoy up to \$500 every year for alternative care services, including routine chiropractic services, acupuncture, and naturopathic services.

Why choose Summit Health

## Find the Medicare plan that works for you

To continue working hard for others, it's important to find a Medicare Advantage plan that works hard for you. We offer four plans for you to choose from:

- Summit Health Core (HMO-POS)**
- Summit Health Value + Rx (HMO)**
- Summit Health Standard + Rx (HMO-POS)**
- Summit Health Premier + Rx (HMO-POS)**

- \$0 medical deductible
- \$0 copay preventive dental services plus a combined \$750 for other dental services for the Summit Health Core and Summit Health Value + Rx plans, or a combined \$1,000 for the Summit Health Standard + Rx and Summit Health Premier + Rx plans.
- \$0 copay routine hearing and vision exams
- \$0 copay fitness benefit

Compare your plan options side by side on the following pages or the 2023 Summary of Benefits. This is a summary of drug and health services covered by Summit Health Medicare Advantage plans for January 1, 2023 – December 31, 2023.

Summit Health Plan, Inc. is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage".

To join a Summit Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Oregon: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler.

If you use providers that are not in our network, we may not pay for these services.

For 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). TTY users should call 1-877-486-2048.

This document is available in other formats such as large print or Spanish.



## Medical benefits

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

	Summit Health Core (HMO-POS) H2765-001		Summit Health Value + Rx (HMO) H2765-002		Summit Health Standard + Rx (HMO-POS) H2765-003		Summit Health Premier + Rx (HMO-POS) H2765-004	
Monthly Premium	\$19		\$59		\$89		\$139	
Medical Deductible	\$0		\$0		\$0		\$0	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Maximum out-of-pocket responsibility <i>(Does not include prescription drugs)</i>	\$4,990	\$4,990	\$6,990	N/A	\$5,880	\$8,990	\$4,850	\$7,990
		Combined In and Out of Network				Combined In and Out of Network		Combined In and Out of Network
Inpatient hospital coverage <i>(Copay per day 1-5) (Authorization rules may apply)</i>	\$350	30%	\$374	Not covered	\$350	50%	\$325	30%
Outpatient hospital coverage (Observation) <i>(Authorization rules may apply)</i>	\$350	30%	\$374	Not covered	\$350	50%	\$325	30%
Ambulatory surgical center <i>(Authorization rules may apply)</i>	\$350	30%	\$374	Not covered	\$350	50%	\$325	30%
Outpatient surgery <i>(Authorization rules may apply)</i>	\$350	30%	\$374	Not covered	\$350	50%	\$325	30%
Doctor Visits Primary care provider (PCP)	\$10	30%	\$0	Not covered	\$0	50%	\$0	30%
Specialists	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Preventive care	\$0	30%	\$0	Not covered	\$0	50%	\$0	30%
Emergency care	\$95		\$95		\$95		\$95	
Urgently needed services	\$35		\$40		\$35		\$35	
<b>Diagnostic services/labs/imaging</b> <i>(Authorization rules may apply)</i>								
Diagnostic radiology services <i>(e.g. MRIs, CT scans)</i>	20%	30%	20%	Not covered	20%	50%	20%	30%
Lab services	\$5	30%	\$6	Not covered	\$5	50%	\$5	30%
Outpatient x-rays	20%	30%	20%	Not covered	20%	50%	20%	30%

## Medical benefits (continued)

	Summit Health Core (HMO-POS) H2765-001		Summit Health Value + Rx (HMO) H2765-002		Summit Health Standard + Rx (HMO-POS) H2765-003		Summit Health Premier + Rx (HMO-POS) H2765-004	
	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
<b>Hearing services</b>								
Exams to diagnose and treat hearing and balance issues	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Routine hearing exam for hearing aids	\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered
Hearing aids (Copay per each aid)	\$699 - \$999	Not covered	\$699 - \$999	Not covered	\$599-\$899	Not covered	\$599-\$899	Not covered
<b>Dental services</b>								
Medicare-covered	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Preventive and comprehensive dental (Total allowance amount is combined for in and out of network services)	\$0 preventive 20% comprehensive \$750 allowance	50% up to \$750 allowance	\$0 preventive 20% comprehensive \$750 allowance	50% up to \$750 allowance	\$0 preventive 20% comprehensive \$1,000 allowance	50% up to \$1,000 allowance	\$0 preventive 20% comprehensive \$1,000 allowance	50% up to \$1,000 allowance
<b>Vision services</b>								
Medical eye exam (Medicare-covered)	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Routine vision services (Annual exam & glasses every 2 years)	\$0	50%	\$0	50%	\$0	50%	\$0	50%
<b>Alternative Care</b>								
Acupuncture for chronic low back pain (Medicare-covered)	\$10 (by a PCP) \$35 (by Specialist)		\$0 (by a PCP) \$40 (by Specialist)		\$0 (by a PCP) \$35 (by Specialist)		\$0 (by a PCP) \$35 (by Specialist)	
Chiropractic services (Medicare-covered manipulation of the spine to correct a vertebral subluxation)	\$20	30%	\$20	Not covered	\$20	50%	\$20	30%
Other Alternative Care (Embedded Supplemental benefit includes Chiropractic, Acupuncture, and Naturopathic Services up to a combined \$500 allowance)	50%	50%	50%	50%	50%	50%	50%	50%
	\$500 allowance		\$500 allowance		\$500 allowance		\$500 allowance	



## Medical benefits (continued)

	Summit Health Core (HMO-POS) H2765-001		Summit Health Value + Rx (HMO) H2765-002		Summit Health Standard + Rx (HMO-POS) H2765-003		Summit Health Premier + Rx (HMO-POS) H2765-004	
	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
<b>Additional services</b>								
Mental health services	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Skilled nursing facility (SNF) <i>(Copay per day 21-100 (Authorization rules may apply))</i>	\$175	30%	\$185	Not covered	\$175	50%	\$170	30%
Physical therapy	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
Ambulance <i>(Authorization rules may apply)</i>	\$300		\$325		\$300		\$275	
Transportation	Not covered		Not covered		Not covered		Not covered	
Medicare Part B Drugs <i>(Authorization rules may apply)</i>	20%	30%	20%	Not covered	20%	50%	20%	30%
Durable medical equipment (DME)	20%	30%	20%	Not covered	20%	50%	20%	30%
Diabetic monitoring supplies <i>(Authorization rules may apply)</i>	\$0-20%	30%	\$0-20%	Not covered	\$0-20%	50%	\$0-20%	30%
<b>Outpatient prescription drugs</b>								
Prescription drug deductible			\$235 (waived on tiers 1, 2, & 7)		\$185 (waived on tiers 1, 2, & 7)		\$135 (waived on tiers 1, 2, & 7)	
Initial coverage Stage			30-day supply	90-day supply (retail and mail order)	30-day supply	90-day supply (retail and mail order)	30-day supply	90-day supply (retail and mail order)
Tier 1 (preferred generic)			\$4	\$10	\$4	\$10	\$4	\$10
Tier 2 (generic)			\$10	\$25	\$10	\$25	\$10	\$25
Tier 3 (preferred brand)			\$45	\$113	\$45	\$113	\$45	\$113
Tier 4 (non-preferred brand)			\$100	\$250	\$100	\$250	\$100	\$250
Tier 5 (preferred specialty)			24%	N/A	25%	N/A	25%	N/A
Tier 6 (specialty)			29%	N/A	30%	N/A	30%	N/A
Tier 7 (vaccine)			\$0	N/A	\$0	N/A	\$0	N/A



## Part D prescription drug coverage (continued)

### Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

### Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

### Cost sharing changes when you enter another stage of the Part D benefit

You begin in the deductible stage when you fill your first prescription of the year. During this stage, you pay the full cost of your drugs until you have paid the Part D deductible (waived on Tier 1, Tier 2 and Tier 7) for your drugs. Cost sharing amounts are the same when received from network retail, mail-order, and home infusion pharmacies as well as if you reside in a long-term care facility. You may get up to a 31-day supply of drugs from an out-of-network pharmacy, but you will pay more than you pay at a network pharmacy.

During the coverage gap stage, you pay 25% of the cost for generic or brand name drugs. During the catastrophic coverage stage, you pay the greater of 5% or \$4.15 copay for generic drugs and \$10.35 copay for all other drugs.

For more information on the different stages, please access your Evidence of Coverage online at [yoursummithealth.com](http://yoursummithealth.com) or contact Pharmacy Customer Service at 844-827-2355, 7 am to 8 pm Pacific Time, seven days a week from October 1 through March 31, with the exception of Thanksgiving Day and Christmas Day. (After March 31, your call will be handled by our automated phone systems Saturdays, Sundays, and holidays.)

### Additional information

This information is not a complete description of benefits. Call Customer Service at 1-844-827-2355 for more information (TTY users, call 711). Or, visit us at [www.yoursummithealth.com](http://www.yoursummithealth.com).

Our Customer Service team is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from Oct. 1 to March 31, with the exception of Thanksgiving Day and Christmas Day. After March 31, your call will be handled by our automated phone system on weekends and holidays.

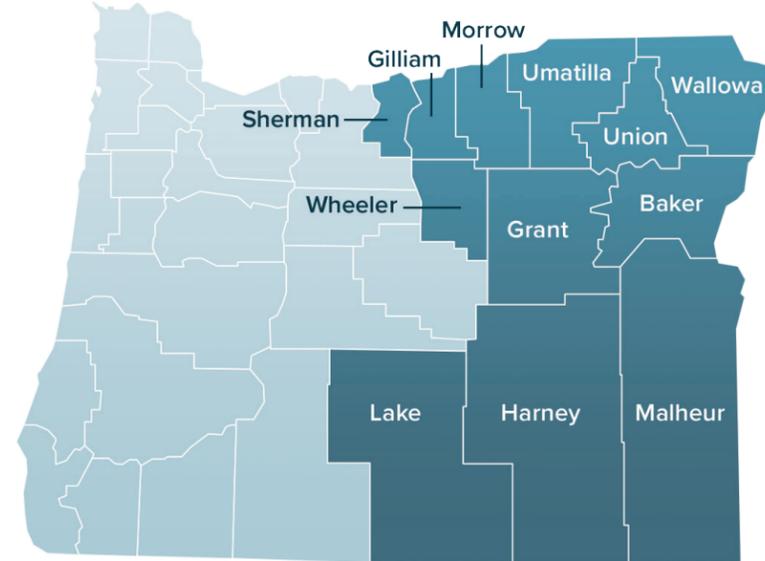


Additional information

## Service area and eligibility requirements:

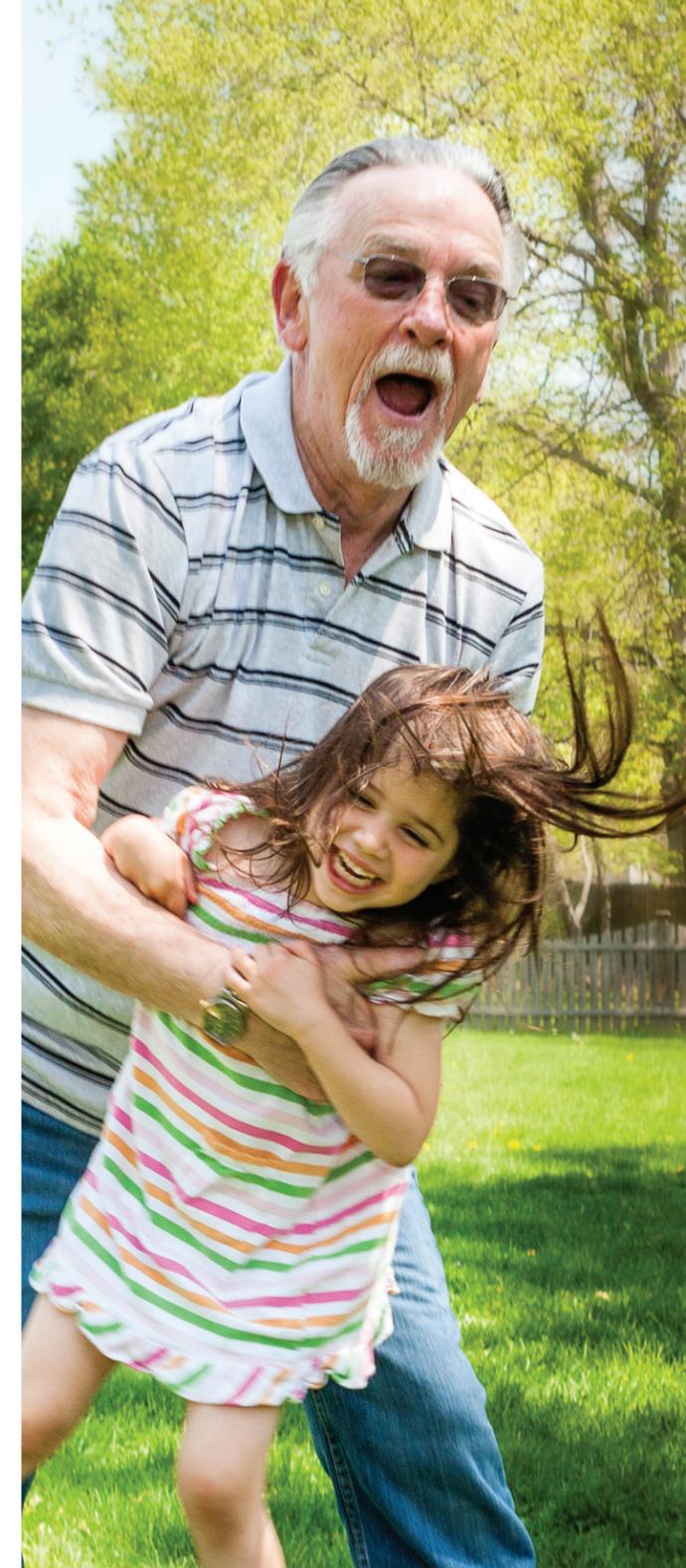
Summit Health Medicare Advantage plans are HMO plans with a Medicare contract. To join a Summit Health Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The Summit Health HMO plan service area includes the following counties in Eastern Oregon: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler.

Out-of-network /non-contracted Medicare providers are under no obligation to treat Summit Health Medicare Advantage members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.



### How to obtain additional materials

You can search our online provider and pharmacy directory by clicking on the “Find a provider” link on our website, [yoursummithealth.com](http://yoursummithealth.com). Or, call us and we will send you a copy of the provider and pharmacy directories. To view the drugs covered by Summit Health Medicare Advantage plans, you can find our formulary on our website at [yoursummithealth.com](http://yoursummithealth.com). Or call us and we will send you a copy of the formulary.



## Low Income Subsidy premium

### Summit Health Value + Rx (HMO) Summit Health Standard + Rx (HMO-POS) Summit Health Premier +Rx (HMO-POS)

Monthly plan premium for people who get Extra Help from Medicare to help pay for their prescription drug costs.

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get Extra Help.

Your level of extra help	Monthly Premium for Summit Health Value + Rx (HMO) H2765-002*	Monthly Premium for Summit Health Standard + Rx (HMO-POS) H2765-003*	Monthly Premium for Summit Health Premier + Rx (HMO-POS) H2765-004*
100%	\$18.00	\$48.00	\$98.00
75%	\$28.20	\$58.20	\$108.20
50%	\$38.50	\$68.50	\$118.50
25%	\$48.70	\$78.70	\$128.70

\*This does not include any Medicare Part B premium you may have to pay.

Summit Health Value + Rx (HMO), Summit Health Standard + Rx (HMO-POS), and Summit Health Premier + Rx (HMO-POS) premiums include coverage for both medical services and prescription drug coverage.

If you aren't getting Extra Help, you can see if you qualify by calling:

- 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

Please call our customer service team at 844-827-2355 (TTY users, please call 711). Our customer service team is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from Oct. 1 through March 31, with the exception of Thanksgiving Day and Christmas Day. After March 31, your call will be handled by our automated phone systems on weekends and holidays.

*Summit Health Plan, Inc. is an HMO with a Medicare contract. Enrollment in Summit Health Plan, Inc. depends on contract renewal.*

## Pre-enrollment checklist

### Summit Health Medicare Advantage plans

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions or need assistance, please call us to speak to a customer service representative at 844-827-2355.

### Understanding the benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit YourSummitHealth.com or call 844-827-2355 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're not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

### 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/coinsurance may change on Jan. 1, 2024.
- Generally an HMO plan does not cover services performed by out-of-network providers. For your HMO-POS plans you may use out-of-network providers to get some of your covered services. However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay/coinsurance for services received by non-contracted providers.

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How to enroll

## Ready to enroll?

Read on to learn how. Remember, we are here to help. Please contact us at 1-844-931-1782 if you need assistance. Choose and complete the application for the plan you want. Application forms are enclosed. You can also enroll online at [YourSummitHealth.com](https://www.yoursummithealth.com)

### Scan your completed application, and then fax or mail it to:

**Fax:** 1-833-949-1891

**Mail:** Summit Health Plan, Inc.

Attn: Medicare Membership Accounting  
601 SW 2nd Ave  
Portland, OR 97204-9748

If you would like help, we can work with you to find a Summit Health-contracted agent or broker near you. You can also enroll at [www.yoursummithealth.com](https://www.yoursummithealth.com). Please keep a copy of your application for your records.

### What happens after you enroll?

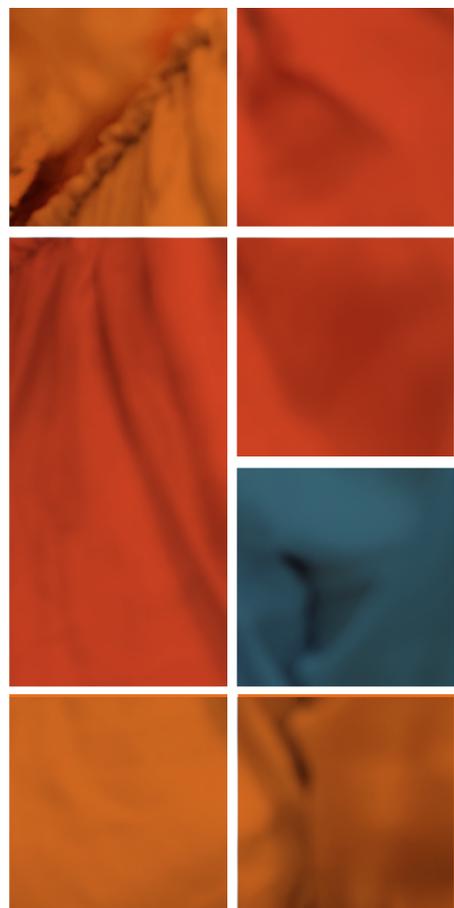
1. You will receive a letter in the mail acknowledging that you are enrolled in our plan.
2. You will receive your member ID card and a Welcome Packet.
3. You can expect to receive a Welcome Call from Summit Health to ensure you received and understand your plan information and benefits.
4. We encourage you to create an account on your personalized Member Dashboard where you will have access to your claims, additional benefits and discounts for being a member of Summit Health. You can also watch our webinar to understand your health coverage and get the most out of your 2023 benefits.



# Tools for your health journey

All our plans come with programs, care teams, tools and resources designed to help you manage your well-being. Using your personal Member Dashboard, you can find dentists or pharmacies, get medical advice from health professionals, work with health coaches, compare medication prices, view your explanation of benefits and more.

Once you are an active member, use these care resources to help you get well sooner and stay well longer. Simply log in to our Member Dashboard at [yoursummithealth.com](http://yoursummithealth.com) to get started.



## Prescription price check

See prescription medication costs and how much you would pay by medication tier at an in-network pharmacy.

This tool makes it easy. Simply log in to your Member Dashboard at [www.yoursummithealth.com](http://www.yoursummithealth.com) to find medication cost estimates and generic options.



## Quitting tobacco

We cover two smoking or chewing tobacco counseling quit attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.

If you use tobacco, but do not have signs or symptoms of tobacco-related disease, there is no coinsurance, copayment, or deductible for the Medicare covered smoking and tobacco use cessation preventive benefits.

If you use tobacco and have been diagnosed with a tobacco-related disease or are taking medicine that may be affected by tobacco, you will pay the applicable inpatient or outpatient cost-sharing.



## Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll give you support — so you can focus on healing.

We can help you:

- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



## Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best.



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 844-827-2355. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 844-827-2355. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 844-827-2355。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 844-827-2355。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 844-827-2355. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 844-827-2355. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 844-827-2355 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 844-827-2355. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 844-827-2355 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 844-827-2355. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.



**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية 844-827-2355 فوري، ليس عليك سوى الاتصال بنا على

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 844-827-2355 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 844-827-2355. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 844-827-2355. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 844-827-2355. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 844-827-2355. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、844-827-2355 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

## Questions? We're here to help.

Contact a Summit Health agent or call us at 844-827-2355 (TTY users, please call 711). Our customer service team is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from Oct. 1 through March 31, with the exception of Thanksgiving Day and Christmas Day. (After March 31, your call will be handled by our automated phone system Saturdays, Sundays and holidays.)



Summit Health  
601 S.W. Second Ave.  
Portland, OR 97204-3154

[YourSummitHealth.com](http://YourSummitHealth.com)



## Summit Health Medicare Advantage Plans

### Individual enrollment election form

#### Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

#### To join a plan, you must:

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

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

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

#### When do I use this form?

You can join a plan:

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

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

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

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

**Note:** You must complete all items unless labeled as optional. If an item is labeled optional, you cannot be denied coverage for not filling it 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:

Summit Health Plan, Inc.  
Attn: Medicare Membership Accounting  
601 SW 2nd Ave  
Portland, OR 97204-9748

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

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

Call Summit Health Medicare Advantage at 844-931-1782. TTY users can call 711.

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

**En español:** Llame a Summit Health Medicare Advantage al 844-931-1782/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.

#### Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

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

**IMPORTANT:** 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.



## Summit Health Medicare Advantage Plans

Individual enrollment election form

Summit Health Plan, Inc.  
 Attn: Medicare Membership Accounting  
 601 SW 2nd Ave | Portland, OR 97204-9748  
 541-663-2721 | 844-827-2355  
 TTY: 711 | Fax: 833-949-1891

To enroll in a Summit Health Medicare Advantage plan, please provide the following information:

Please check which plan you want to enroll in:

<input type="checkbox"/> Summit Health Core (HMO-POS) \$19.00 per month H2765-001 <i>This plan does not include Part D prescription drug coverage</i>	<input type="checkbox"/> Summit Health Value + Rx (HMO) \$59.00 per month H2765-002	<input type="checkbox"/> Summit Health Standard + Rx (HMO-POS) \$89.00 per month H2765-003	<input type="checkbox"/> Summit Health Premier + Rx (HMO-POS) \$139.00 per month H2765-004
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Last name	First name	Middle initial (optional)
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Birth date (mm/dd/yyyy) ____ / ____ / ____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone number ( ____ ) _____	Alternate telephone number (optional) ( ____ ) _____
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Permanent residence street address (P.O. Box is not allowed)

City	County (optional)	State	ZIP code
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Mailing address (only if different from your permanent residence address)

Street address

City	State	ZIP code
------	-------	----------

Email address (optional):

**Please provide your Medicare insurance information**

Medicare Number: \_\_\_\_\_

Hospital Part A effective date (optional): \_\_\_\_\_

Medical Part B effective date (optional): \_\_\_\_\_

Prescription Part D effective date (optional): \_\_\_\_\_

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

**How to pay your plan premium (Optional. You can decide now or later.)**

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, eBill or “Electronic Funds Transfer” (EFT) each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit 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 Summit Health Plan, Inc. the Part D-IRMAA. If you don't select a payment option now, you will get a bill each month.

Please select a premium payment option:

Get a monthly bill

Electronic funds transfer (EFT) from your bank account each month. Please enclose a **VOIDED** check or provide the following:

Account holder name: \_\_\_\_\_

Bank routing number: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Account type:     Checking     Savings

eBill, online premium payment

*eBill is an online premium payment tool. When you receive your Summit Health member ID number, visit [yoursummithealth.com](http://yoursummithealth.com) and create your Member Dashboard. Once your Member Dashboard is created, click on the eBill tab to view and pay your monthly premium.*

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

I get monthly benefits from:     Social Security     RRB

*(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. How premium is collected for months prior to the start of withholding depends on when your application is received and the effective date of enrollment. In some cases, Social Security/RRB deducts for those months once withholding begins. It's important to note that this means premium for multiple months may be deducted from a single benefit check. In other cases, you will receive paper bills and be responsible to pay us directly for months prior to the start of withholding. If Social Security or RRB does not approve your request for automatic deduction, we will send you paper bills for your monthly premiums on an ongoing basis.)*

**Please read and answer these important questions:**

1. Some individuals may have other coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State pharmaceutical assistance programs. Will you have other coverage in addition to a Summit Health Medicare Advantage plan?  
 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: \_\_\_\_\_  
Check all that apply:  
 Medical  Prescription  
 Dental  Vision
2. Are you enrolled in your State Medicaid program (optional)?  Yes  No  
*If "yes," please provide your Medicaid number: \_\_\_\_\_*
3. Do you or your spouse work (optional)?  Yes  No

Please choose the name of a Primary Care Provider (PCP), clinic or health center (optional):  
\_\_\_\_\_

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.  
(optional):

- No, not of Hispanic, Latino/a or Spanish origin  Yes, Puerto Rican  
 Yes, Another Hispanic, Latino/a or Spanish origin  Yes, Mexican, Mexican American, Chicano/a  
 Yes, Cuban  I choose not to answer

What's your race? Select all that apply.  
(optional):

- American Indian or Alaska Native  Chinese  Japanese  Other Asian  Vietnamese  
 Asian Indian  Filipino  Korean  Other Pacific Islander  White  Black or African American  
 Guamanian or Chamorro  Native Hawaiian  Samoan  I choose not to answer

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format (optional):  LARGE PRINT  Spanish  Braille  Audio CD

Please contact Summit Health Medicare Advantage at 844-827-2355 if you need information in an accessible format or language other than what is listed above. Customer Service is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from Oct 1 through March 31, with the exception of Thanksgiving Day and Christmas Day. (After March 31, your call will be handled by our automated phone system Saturdays, Sundays and holidays.)

**IMPORTANT: Please read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in a Summit Health Medicare Advantage Plan.
- By joining this Medicare Advantage Plan, I acknowledge that Summit Health Medicare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- 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 when my Summit Health Medicare Advantage coverage begins, I must get all of my medical and prescription drug benefits from Summit Health Medicare Advantage. Benefits and services provided by Summit Health Medicare Advantage and contained in my Summit Health Medicare Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Summit Health Medicare Advantage will pay for benefits or services that are not covered.
- 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.

Signature: \_\_\_\_\_ Today’s date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship to enrollee: \_\_\_\_\_

**Office use only:**

Name of staff member/agent/broker (if assisted in enrollment): \_\_\_\_\_

Plan ID #: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ICEP/IEP: \_\_\_\_\_ AEP: \_\_\_\_\_ SEP (type): \_\_\_\_\_ Not Eligible: \_\_\_\_\_

*If you are an agent contracted with Summit Health Plan, Inc. you must provide the following,*

Agency: \_\_\_\_\_ Date enrollment form received by agent: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephonic enrollment intake by: \_\_\_\_\_

**PRIVACY ACT STATEMENT**

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



## Summit Health Medicare Advantage

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 am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I am enrolling during the Annual Election Period (AEP), which takes place from October 15 to December 7 of each year.
- 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 (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert effective date of change) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help ) on (insert date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care 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 am 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 on (insert date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.
- Medicare is ending its contract with my plan on (insert date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.
- 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 have 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 Summit Health Medicare Advantage at 844-827-2355 (TTY users should call 711) to see if you are eligible to enroll.