2027

Enrollment Guide

COXHEALTH MEDICARE ADVANTAGE (HMO)



CoxHealth

Medicare Advantage
by Cox HealthPlans

CoxHealth

Medicare Advantage
by Cox HealthPlans

(417) 269-2907 • (855) 752-3795 (TTY: 711) CoxHealthMedicareAdvantage.com

PO Box 5750, Springfield, MO 65801-5750

Your Local Choice

At Cox HealthPlans, we are proud to be your local carrier option for Medicare Advantage. With a long history in the community, and partner of CoxHealth Health System, we offer beneficiaries access to a plan focused on meeting the needs of our neighbors.

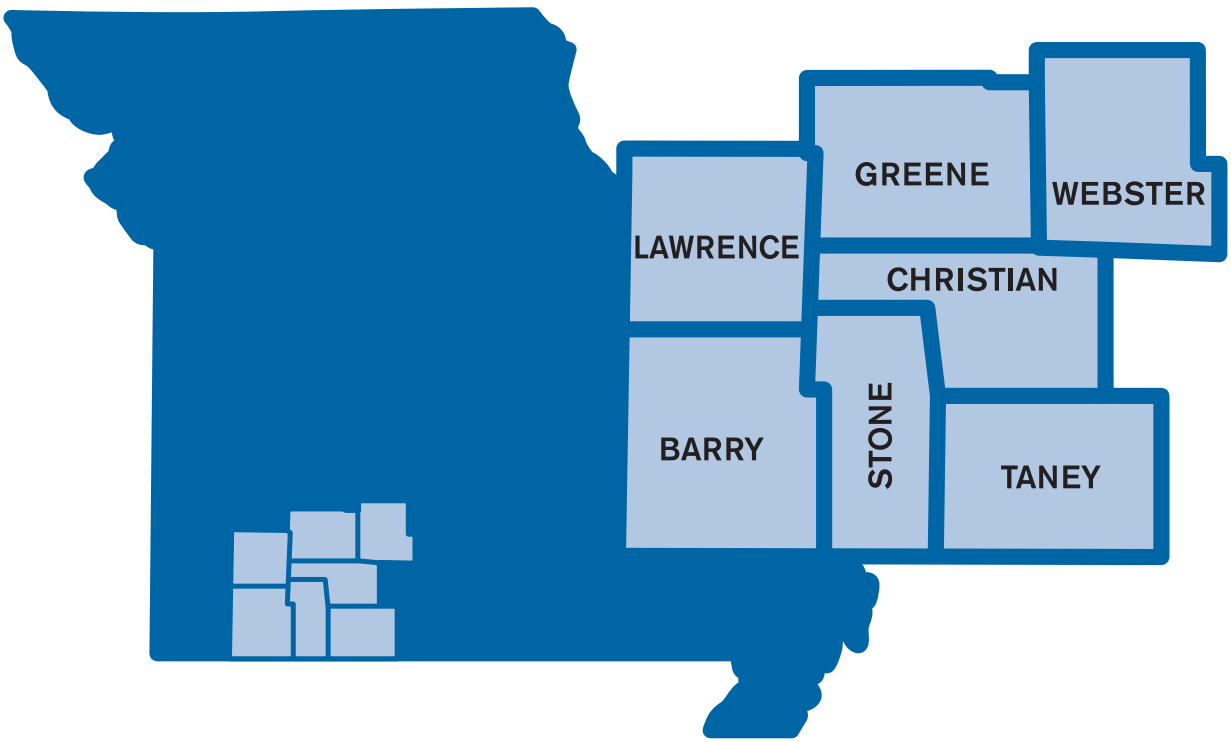
We're local.
Being based in Springfield provides an understanding of the community's needs. Our partnership with CoxHealth Hospital System provides access to CoxHealth providers and facilities.

We're accessible.
You have the option to discuss your questions face to face or contact Customer Service by phone. Calls are answered within 10 seconds! Our Customer Service representatives provide excellent service to beneficiaries for complex issues including prior authorization, medical billing uncertainty, and prescription fulfillment assistance.

We're invested in healthy outcomes.
To verify our plan coverage is meeting the needs of our community we undergo a continuous review of our benefits, processes, and outcomes. This includes working with you to support your health and control out-of-pocket costs to reduce the financial burden for medical and pharmaceutical services.

WE'RE HERE FOR YOU!

Serving the Missouri counties of Barry, Christian, Greene, Lawrence, Stone, Taney and Webster



CoxHealth Medicare Advantage (HMO)

Enrollment

ENROLLMENT PERIODS

Annual Enrollment Period

Occurs October 15 through December 7. This is the time you can enroll or switch plans. This change will be effective January 1.

Initial Enrollment Period

When you are new to Medicare because you turned 65 or qualify for Medicare disability your initial enrollment period occurs. You can sign up for Medicare coverage the three months before your birthday, your birthday month, and up to three months after your birthday.

Open Enrollment Period

Occurs January 1 to March 31. You can switch to Original Medicare or a different Medicare Advantage plan one time during this time period.

Special Enrollment Period

In certain cases you may qualify for a Special Enrollment Period that allows you to begin Medicare coverage or change plans. Some examples include permanent address change that gives you new Medicare coverage options, loss of coverage due to employment change, or becoming eligible for a Low Income Subsidy. To review your eligibility for a Special Enrollment Period speak with a licensed healthcare advisor or visit www.medicare.gov.

HOW TO ENROLL

When you are ready to enroll in a CoxHealth Medicare Advantage plan you have options.

Online

Go to CoxHealthMedicareAdvantage.com to begin your enrollment form.

By Phone

Call our office at 1-855-752-3795 (TTY: 711). You can reach us seven days a week from 8 a.m. to 8 p.m. October 1 through March 31, and Monday through Friday 8 a.m. to 8 p.m. April 1 through September 30.

Licensed Agent or Broker

Your agent or broker can help you review the plan and complete the enclosed enrollment form.

Enroll by Mail

Complete the enclosed enrollment form.

Serving the Missouri counties of Barry, Christian, Greene, Lawrence, Stone, Taney and Webster



ONLINE RESOURCES

Find A Physician

To find a Primary Care Physician, specialist, or hospital visit CoxHealthMedicareAdvantage.com and click on Find a Physician.



Find A Pharmacy

To find a pharmacy in your area visit CoxHealthMedicareAdvantage.com and click on Find a Pharmacy.

Review Covered Drugs

To see what drugs are covered visit CoxHealthMedicareAdvantage.com and click on Prescription Search.

Evidence of Coverage

To view the Evidence of Coverage for plan benefits visit CoxHealthMedicareAdvantage.com and select Member Resources and Member Forms.

You can contact us with questions or to request paper copies at 1-855-752-3795 (TTY: 711), October 1 through March 31 every day 8 a.m. – 8 p.m. and April 1 through September 30, Monday to Friday 8 a.m. – 8 p.m.

WHAT TO EXPECT AFTER ENROLLMENT

Your Enrollment Form is Received

You will receive a letter from us when your paper Enrollment Form is received or a confirmation number of completion if you complete the Enrollment Form online.

Enrollment Complete

When your CoxHealth Medicare Advantage enrollment is complete, a letter will be mailed to you.



ID Card

You will receive an ID card in the mail. This ID should be given to your physicians, pharmacy, and dentist each time you have a visit.

Welcome Packet

Important benefits information, including the Evidence of Coverage, is included in the welcome packet to help you make the most of the plan.

CoxHealth Medicare Advantage (HMO)

Summary of Benefits

January 1, 2027 – December 31, 2027

CoxHealth Medicare Advantage (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

To join CoxHealth Medicare Advantage (HMO) 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 Missouri: Barry, Christian, Greene, Lawrence, Stone, Taney and Webster.

Except in emergency situations, 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 www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

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 call 1-855-752-3796 (TTY: 711) and request the "Evidence of Coverage" or access it online at CoxHealthMedicareAdvantage.com.

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 contact us at 1-855-752-3796 (TTY: 711) to speak with a representative.



This booklet includes:

- *Information about CoxHealth Medicare Advantage*
- *Monthly Premium, Deductible, and Maximum Out-of-Pocket*
- *Covered Medical and Hospital Benefits*
- *Prescription Drug Benefits*
- *Other Covered Benefits*

INFORMATION ABOUT COXHEALTH MEDICARE ADVANTAGE

Phone Number and Website

- If you have questions please call 1-855-752-3796 to speak with a representative.
- Our website is CoxHealthMedicareAdvantage.com

Hours of Operation

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

Who can join?

To join CoxHealth Medicare Advantage, you must have Medicare Part A and 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 Missouri: Barry, Christian, Greene, Lawrence, Stone, Taney, and Webster.

What is a Health Maintenance Organization (HMO)?

An HMO plan requires you to see network doctors, hospitals, and pharmacies for your care except for emergency care, out-of-area urgent care, and out-of-area dialysis. You need to choose a primary care doctor as part of the plan.

Who do I see for care?

CoxHealth Medicare Advantage utilizes the CoxHealth network of doctors and hospitals. You can fill your prescriptions at a local or nationwide provider. You can see our plan's provider directory on our website CoxHealthMedicareAdvantage.com. We can also mail you a copy of the provider directory.

What is covered?

Medicare Advantage is another way to get your Medicare Part A and Part B coverage. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by Medicare-approved private companies. You will still have Medicare but you'll get most of your Part A and Part B coverage from your Medicare Advantage Plan, not Original Medicare.

Our plan members also get more than what is covered by Original Medicare like dental, hearing, and vision. Some of the extra benefits are outlined in this booklet.

What drugs are covered?

All plans must cover a wide range of prescription drugs that people with Medicare take. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website CoxHealthMedicareAdvantage.com. We can also mail you a copy of the formulary.

How to determine drug costs

Your drug coverage costs can vary depending on if the drug is covered on the plan, what tier the drug is on, what drug benefit phase you are in, and what pharmacy you use. You can use our drug formulary to help determine how much the drug will costs you. The formulary is located at CoxHealthMedicareAdvantage.com.

MONTHLY PREMIUM, DEDUCTIBLES, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

	CoxHealth Medicare Advantage (HMO)
Monthly Plan Premium	$0 per month. You must continue to pay your Medicare Part B premium.
Deductible	$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	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. Your yearly limit(s) in this plan: • $3,600 for covered hospital and medical services you receive from in-network providers Includes copays and other costs for medical services for the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

	Covered Medical and Hospital Benefits
Inpatient Hospital and Inpatient Mental Health Coverage	Our plan covers an unlimited number of days for an inpatient hospital or psychiatric stay. • $295 copay per day, per stay: days 1–6 • $0 copay per day, per stay: days 7–90 Prior authorization is required.
Outpatient Hospital Coverage	Outpatient hospital: $395 copay Prior authorization may be required.
Ambulatory Surgical Center	$395 copay
Doctor Visits (Primary Care Providers and Specialists)	Primary care physician (PCP) visit: $0 copay Specialist visit: $40 copay Specialist visits are inclusive except Part B drugs and injectables received during a specialist office visit.

Preventive Care	You pay nothing. Our plan covers many preventive services, including: • 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 and diabetic services • Health and wellness education programs • HIV screening • Immunizations (pneumonia, hepatitis B, COVID-19 and influenza) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • 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) • Vision care • "Welcome to Medicare" preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	$125 copay Cost sharing is waived if admitted as inpatient to the hospital within 24 hours. Worldwide Emergency Care is covered.

Urgently Needed Services	$50 copay within the United States Worldwide Urgently Needed care is covered: $125 copay
Outpatient Diagnostic Services/ Labs/Imaging (Costs for these services may vary based on place of service.)	Lab tests: $0 copay Medicare covered diagnostic procedures and tests: $0 copay Diagnostic radiology services (such as MRI, CT, Ultrasounds, and PET scans): $150 copay Diagnostic mammogram: $0 Therapeutic radiology services (such as radiation treatment for cancer): $60 copay X-rays: $20 copay Other Medicare-covered outpatient services: $395 Prior authorization may be required.
Hearing Services	Medicare-covered exam to diagnose and treat hearing and balance issues: $20 copay Routine hearing exam: $0 copay $1,150 allowance for hearing aids per ear, every two calendar years* One fitting/evaluation for hearing aids every calendar year: $0 copay
Dental Services	$0 copay for exams, cleanings, x-rays, and fluoride $0 copay for basic dental services 40% Coinsurance on major services $3,000 limit on all covered basic and comprehensive dental services annually*
Vision Services	$0 copay for 1 routine eye exam every calendar year $0 for one pair of basic uncoated single, bifocal, or trifocal lenses annually $200 allowance for eyeglass frames, additional lenses, upgraded lenses, lens coatings, or contacts annually*

Mental Health Services	• Outpatient individual visit: $35 copay • Outpatient group visit: $35 copay
Skilled Nursing Facility (SNF)	The plan covers up to 100 days each benefit period. No prior hospital stay is required. • $20 copay per day, per stay: days 1–20 • $221 copay per day, per stay: days 21–100 Prior authorization is required.
Physical Therapy	$20 copay
Ambulance	$250 copay each one-way trip Prior authorization is required for non-emergent transportation by ambulance.
Transportation	No Coverage
Medicare Part B Drugs	0-20% coinsurance for Part B covered chemotherapy drugs 0-20% coinsurance for other Part B covered drugs Prior authorization may be required.
Fitness	SilverSneakers® provides fitness options for a healthier lifestyle.

- **Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

- **Important Message About What You Pay for Insulin** – Covered Part D insulin products will not exceed $35 copay for a one-month supply.

PRESCRIPTION DRUG BENEFIT COSTS

Annual Prescription (Part D) Deductible	$350 Tiers 3-5		
	Preferred Retail (30-day)	**Standard Retail (30-day)**	**Preferred Mail Order (100-day)**
Tier 1: Preferred Generic	$0 copay	$5 copay	$0 copay
Tier 2: Generic	$10 copay	$15 copay	$37.50 copay
Tier 3: Preferred Brand	23% coinsurance	23% coinsurance	23% coinsurance
Tier 4: Non-Preferred Drug	25% coinsurance	25% coinsurance	25% coinsurance
Tier 5: Specialty Tier	29% coinsurance	29% coinsurance	29% coinsurance (1 month supply)
Catastrophic Coverage Stage	$2,400 Maximum Out-of-Pocket Once you have reached the maximum out-of-pocket and entered the Catastrophic Coverage Stage you pay nothing for your covered Part D Drugs filled at an in-network pharmacy.		

OTHER COVERED BENEFITS

	CoxHealth Medicare Advantage (HMO)
Chiropractic Care	Manual manipulation of the spine to correct subluxation: $20 copay for each Medicare covered visit, 26 visits per year.
Diabetes Supplies and Services	Diabetes self-management training: $0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips**): Up to 20% coinsurance Preferred brand Medicare covered diabetes monitoring supplies: $0 Diabetic therapeutic custom-molded shoes or inserts: 0% coinsurance Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). Prior authorization may be required for diabetic supplies. **See Evidence of Coverage for a complete listing.

Durable Medical Equipment (wheelchairs, oxygen, etc.)	20% coinsurance Prior authorization may be required.
Foot Care (podiatry services)	$35 copay
Home Health Agency Care	$0 copay Prior authorization is required.
Hospice	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not CoxHealth Medicare Advantage.
Outpatient Substance Abuse	Individual visit: $35 copay Group visit: $35 copay
Over-the-Counter Coverage (OTC)	$20 credit per quarter to use on approved health products that can be ordered online, by phone, mail, or purchased in person at select retail locations. Leftover allowance does not roll over from quarter to quarter.
Prosthetic Devices	Prosthetic devices: 20% coinsurance Related medical supplies: 20% coinsurance Prior authorization may be required.
Outpatient Rehabilitation Services	Cardiac rehabilitation services: $30 copay per day Occupational, speech and language therapy visits: $20 copay
Telehealth Visits	$0 copay for primary care physician telehealth visits

*Amounts you pay for some services do not count toward your maximum out-of-pocket amount.

Extra Benefits with Value



Dental

- Preventive care, which includes two annual cleanings, a routine exam, and more, is available at no cost to you.
- Members receive comprehensive dental coverage for services such as fillings, extractions, and crowns.
- $3,000 limit on all covered basic and comprehensive dental services.
- You have the option of teledentistry consultations to discuss dental issues from the comfort of your home.
- Locate your dentist at CoxHealthMedicareAdvantage.com, Find a Physician.

Hearing

- Routine Hearing Exam and hearing aid fitting are provided to you at no cost.
- You have a $1,150 allowance per ear for hearing aids every 2 years.
- Use an in-network provider for your hearing needs.

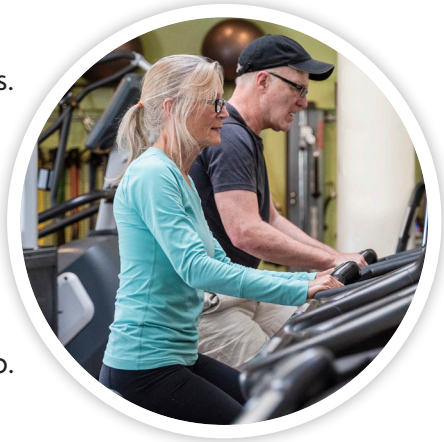


Vision

- Coverage includes $0 copay for one pair of basic uncoated single, bifocal, or trifocal lenses annually. Routine Eye Exams are limited to one visit per year for a $0 copay.
- Members enjoy a $200 allowance for eyeglass frames, additional lenses, lens upgrades, lens coatings, or contacts each year.
- Use an in-network provider for your vision needs.

Over-the-Counter Benefit

- Receive $20 each quarter for over-the-counter health and wellness products without a prescription.
- Choose from hundreds of products such as bandages, allergy medication, decongestants, sleep-aids, denture adhesive and cleaner, and incontinence supplies.
- Ordering is easy! You can order online, by phone, by mail, or visit select retail locations.
- Online shopping even suggests items for you based on your health needs.
- To use the online option, visit CoxHealthMedicareAdvantage.com.



Fitness

- SilverSneakers® gives you fitness options for a healthier lifestyle.
- Choose how you want to work out with access to local fitness locations, virtual classes, on-demand classes, and the SilverSneakers GO mobile app.

Wellness Rewards Program



As a valued CoxHealth Medicare Advantage member you can earn rewards by completing health-related activities that promote your health and well-being. Your rewards allowance can be used to purchase approved items and services using your Flex card.

Your Primary Care Physician will securely send us record of each visit or health screening. When we receive these records, your rewards will be added to your Flex card. You can receive one reward for each service annually.

Annual Wellness Visit - $25 Reward

- Visit your Primary Care Physician annually to discuss your health concerns, update your medical record, and plan for services you will need in the coming year.

Flu Vaccine - $10 Reward

- Your flu vaccine helps protect you from getting the flu or reduce the severity of illness.

Breast Cancer Screening - $20 Reward

- A preventive mammogram is offered annually at no cost to female members.

Colorectal Screening - $20 Reward

- Members are eligible for a colorectal cancer screening as outlined by the U.S. Preventive Services Task Force.



Diabetic Eye Exam - $10 Reward

- Your annual diabetic eye exam is important to track and manage any vision issues.

Diabetic Kidney Function Test - $10 Reward

- Tracking your kidney function is an important part of monitoring your diabetes.

Diabetic HbA1c Test - $10 Reward

- This test provides a snapshot of how your blood sugar levels are impacting your life and what actions can help you live healthier.

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a representative at 1-855-752-3795.



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 CoxHealthMedicareAdvantage.com or call 1-855-752-3795 (TTY: 711) to view a copy of the EOC.
- ❑ Review the provider directory (or ask your physician) to make sure the physicians you see now are in the network. If they are not listed, it means you will likely have to select a new physician.
- ❑ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine 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.



- ❑ Review how enrolling in this Medicare Advantage plan affects your current coverage. Your current coverage may automatically end, need to be canceled, or have a reduction in benefits.

Understanding Important Rules

- ❑ 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 January 1, 2027.
- ❑ Except in emergency or urgent situations, we do not cover services by out-of-network providers (physicians who are not listed in the provider directory).

COX HEALTHPLANS

SCOPE OF APPOINTMENT CONFIRMATION FORM

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any sales meeting to ensure understanding of what will 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 their authorized representative.

By signing this, you are agreeing to a sales meeting with a sales agent to discuss the CoxHealth Medicare Advantage (HMO) plan, CMH Medicare Advantage (HMO), or Phelps Health Medicare Advantge (HMO). The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the federal government, and they may be compensated based on your enrollment in a plan. This form will expire one year from the date signed.

Signing this does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, nor will it automatically enroll you in the plan discussed.

BENEFICIARY NAME: _____

BENEFICIARY SIGNATURE: _____ DATE OF SIGNATURE: _____

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

NAME: _____ RELATIONSHIP: _____

TO BE COMPLETED BY AGENT

AGENT NAME: _____ NPN: _____

AGENT SIGNATURE: _____ DATE OF APPOINTMENT: _____

INITIAL METHOD OF CONTACT: _____

(417) 269-2907 • 1-855-752-3795 (TTY 711) • MASales@coxhealthplans.com
PO Box 5750, Springfield, MO 65801-5750

COX HEALTHPLANS
CoxHealth
THINKING HEALTH FORWARD

PO Box 5750
Springfield, MO 65801-5750

Cox HealthPlans Agent Enrollment Checklist

Agent: _____ Date: _____

Scope of appointment? ❑ Yes ❑ No Pre-Enrollment Checklist Reviewed? ❑ Yes ❑ No

Name of person(s) meeting with: _____

Is there a POA or Legal Representative to make decisions on your behalf? ❑ Yes ❑ No

First Name: _____ M.I.: _____ Last Name: _____

Telephone #: _____ Relationship: _____

❑ You must have both Medicare Parts A & B to enroll in this plan.

❑ You must reside in the plan's service area to enroll and maintain eligibility in this plan.

❑ Per Medicare Guidelines, you may only enroll and disenroll during specific times of the year.

❑ Reviewed how to file a complaint.

❑ Reviewed right to cancel and specific date through which cancellation may occur.

❑ Enrollment into this Medicare Advantage plan is dependent on contract renewal.

❑ Benefits

- Deductible
- PCP Co-pays
- Specialist Co-pays
- Hospital Co-pays
- Other Co-pays
- Referrals to Specialists
- Use of Network Providers
- Use of Network Pharmacies
- PCP Selection
- Pharmacy Co-pays
- Pharmacy Deductibles
- Formulary Tiers
- Pharmacy Out-of-Pocket
- Extra Help Eligibility
- Dental
- Vision
- Hearing
- Over the Counter
- Fitness
- Wellness Rewards
- Coverage outside the U. S.
- DME or Physical Therapy Needs
- Other Specific Healthcare Needs

It has been explained to me that plan members must use plan (network) providers for routine care and that specialty care may require a referral from a network primary care provider.

The person that is discussing plan options with you may be a contracted agent or employee with Cox HealthPlans and may receive compensation on your enrollment into this plan.

By signing this form, you acknowledge that you attest the information listed above has been explained to you.

Beneficiary Signature	**Date**	**Beneficiary Telephone #**
POA / Legal Representative	**Date**	**Agent**

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CoxHealth Medicare Advantage (HMO)

Expires: 07/31/2028

CoxHealth
Medicare Advantage
by Cox HealthPlans

INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)

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)

To join a Medicare Prescription Drug 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 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:

CoxHealth Medicare Advantage
P.O. Box 5750
Springfield, MO 65801-5750

Or fax to: (417) 269-4667

You can also enroll online at:
CoxHealthMedicareAdvantage.com

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

How do I get help with this form?

Call CoxHealth Medicare Advantage at **1-855-752-3795.** TTY users can call **711**. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a **CoxHealth Medicare Advantage** al **1-855-752-3795/711** 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.

CoxHealth Medicare Advantage

Individual Enrollment Request Form-2027

CoxHealth
MedicareAdvantage
by Cox HealthPlans

Section 1 - All fields below are required (unless marked optional).

CoxHealth Medicare Advantage (HMO) $0 per month

Your Medicare Information

Medicare Number: ____ ____ ____ ____ - ____ ____ ____ - ____ ____ ____ ____

Please locate the 11-digit alpha-numeric number on your Medicare Card. Example: 1HG7-DE5-WB72

Effective Date: HOSPITAL (Part A)		MEDICAL (Part B)	
Last name		First name	MI (Optional)
Birthdate (MM/DD/YYYY)	Sex ❑ M ❑ F	Email (Optional)	
Phone number Is this a mobile number? ❑ Yes ❑ No		Alternate phone number Is this a mobile number? ❑ Yes ❑ No	

Permanent residence street address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.)

City	State	ZIP code	County

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

City	State	ZIP code	County

Answer this important question:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to CoxHealth Medicare Advantage?

❑ Yes ❑ No

Name of other coverage:	Member number for this coverage:	Group number for this coverage:

Section 2 - All fields in this section are optional

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

Do you or your spouse have other health insurance that will cover medical services?

❑ Yes ❑ No (Examples: Other employer group coverage, Long-Term Disability (LTD) coverage, Worker's Compensation, Auto Liability, or Veterans Benefits.)

Name of other coverage:	Member number for this coverage:	Group number for this coverage:

Do you or your spouse work? ❑ Yes ❑ No

I want to get the following materials via email. Select one or more.

❑ Evidence of Coverage and Annual Notice of Change which may be available electronically.

E-mail address: _____

Please choose the name of a Primary Care Physician (PCP).

PCP First Name	PCP Last Name

PCP address		

City	State	ZIP code

Paying your plan premium (optional)

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe), by mail or electronic funds transfer (EFT) each month. **You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (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 RRB). DON'T pay Cox HealthPlans the Part D-IRMAA.

Please complete the information below only if you are paying your monthly plan premium, including any late enrollment penalty, by EFT:

Account Type

❑ **Checking** - Enclose a VOIDED check or provide the following information:

❑ **Savings**

Account holder name	Bank name

Bank routing number *(This is the first 9 digits printed on the lower left corner of your check.)*

___ ___ ___ ___ ___ ___ ___ ___ ___

Bank account number

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

- If your enrollment form is approved by CMS, subsequent premium and late enrollment penalty payments will be debited on the 1st of each month.
- The Authorization Agreement will remain in effect until we receive written notification stating your desire to cancel the agreement or the policy terms.
- A monthly statement disclosing your account debit amount will be forwarded to your address.
- All debits will be made on the 1st of each month. If your account has insufficient funds, another attempt will be made to withdraw money from the account.
- Any account changes must be made as soon as possible as it may take up to 10 business days to update account information.
- I hereby authorize Cox Health Systems HMO, Inc. ("Cox") to initiate debit entries, and the Financial Institution named above to debit, my Checking/Savings account in the amount of my monthly premium and/or late enrollment penalty on the 1st of each month, which shall be applied by Cox for the payment of my health insurance premium and late enrollment penalty. I acknowledge and agree that the timely payment is my sole responsibility.
- This authorization to debit my account will remain in full force and effect until Cox and the above-named Financial Institution receive written notice of termination from me, which is effective ten (10) days after receipt or first date on which Cox and the Financial Institution have a reasonable opportunity to act on it, whichever is later.

Deduct from Social Security or Railroad Retirement Board (RRB)

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

❑ Social Security ❑ Railroad Retirement Board (RRB)

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

Section 3 - A Selection is Required

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage (MA) plan only during the Annual Enrollment Period (AEP) between October 15 and December 7 of each year or during the Open Enrollment Period (OEP) between January 1 to March 31. Beneficiaries enrolled in a MA-PD plan may use the OEP to switch to another MA-PD plan; a MA-only plan; or Original Medicare with/without a PDP. Additionally, there are exceptions - i.e., Initial Enrollment Period (IEP/ICEP) and Special Enrollment Periods (SEPs) — that may allow you to enroll in a Medicare Advantage plan outside of these periods.

Please read the following statements carefully and check all of the boxes where there is a statement that 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.

NOTE: At least one option below needs to be selected.

❑ I am enrolling during the Annual Open Enrollment Period from October 15 to December 7. (AEP)

❑ I am new to Medicare. (IEP/ICEP)

❑ I had Medicare before, but I am now turning 65. (IEP2)

❑ I am 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 my 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 was recently 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 the level of Medicaid assistance, or lost Medicaid) on (insert date)_____.

❑ I recently had a change in my Extra Help paying for my 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 Program of All-inclusive Care for the Elderly (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. Employer/Union coverage started on (insert date) _____ and coverage ends on (insert date) _____.
- ❑ I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
- ❑ 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 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.
- ❑ I requested Medicare information in an accessible format. I got less time to make my decision, or I didn't get it in time to make a choice before my enrollment period ended.

*If none of these statements apply to you or you're not sure, please contact CoxHealth Medicare Advantage at 1-855-752-3795 (TTY users should call 711) to see if you are eligible to enroll. Our office hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Section 4 - IMPORTANT: Please read and sign below

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CoxHealth Medicare Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that CoxHealth 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 or Part D plan at a time - and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my CoxHealth Medicare Advantage coverage begins, I must get all of my medical and prescription drug benefits from CoxHealth Medicare Advantage. Benefits and services provided by CoxHealth Medicare Advantage and contained in my CoxHealth Medicare Advantage before "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CoxHealth 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 Required to process your application.	
Applicant signature	Today's date

Authorized Representative Information Only If you're the authorized representative, sign above and fill out these fields.		
First Name	Last Name	
Address		
City	State	Zip code
Phone Number	Relationship to Enrollee	

For individual helping enrollee with completing this form only	
Complete this section if you're an individual (i.e. agents, brokers, SHP counselors, family members, or other third parties) helping an enrollee fill out this form.	
First Name	Last Name
Relationship to Enrollee	
Signature	National Producer Number (Agents/Brokers only)

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

❑ Spanish ❑ Braille ❑ Audio CD ❑ Large Print ❑ Data CD

Please contact CoxHealth Medicare Advantage at 1-855-752-3795 if you need information in an accessible format or language other than what's listed above. Our office hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. TTY users should call 711.

Applicant: Please do not complete the following sections. **Agent/Broker: Please fill in ALL fields.**	
Print First Name	Print Last Name
I helped the applicant fill out this application. ❑ Yes ❑ No	NPN
Scope of Appointment (SOA) Appointment type: ❑ Face-to-face ❑ Telephone ❑ Webcam	
How was the scope of appointment (SOA) collected? ❑ Paper ❑ Electronic ❑ Recorded call (voice recording ID)	
Phone	
Email	
Signature	Application received date

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.

Send your completed and signed form to:

CoxHealth Medicare Advantage
P.O. Box 5750
Springfield, MO 65801-5750

Or fax to: (417) 269-4667

COXHEALTH MEDICARE ADVANTAGE ENROLLMENT RECEIPT



This receipt is proof of your enrollment request until Medicare has confirmed your official enrollment in our plan and you have received your member materials. This receipt is not a guarantee of enrollment as the Centers for Medicaid & Medicare Services must still approve your official enrollment request.

If you have any questions please call CoxHealth Medicare Advantage at 1-855-752-3795 (TTY: 711).

We are available October 1 through March 31 every day 8 a.m. – 8 p.m. and April 1 through September 30, Monday to Friday 8 a.m. – 8 p.m.

Applicant Information

Name: _____

Enrollment Form Date: _____

Requested Effective Date: _____

Confirmation Code: _____

Agent Name: _____

Agent Phone Number: _____

Important Information:

Official U.S. Government Medicare Information

2027 MEDICARE STAR RATINGS

Cox HealthPlans - H2942

For 2027, Cox HealthPlans - H2942 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★★☆
Drug Services Rating:	★★★½☆

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

The number of stars show how well a plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

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

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Cox HealthPlans 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 855-752-3795 (toll-free) or 800-735-2966 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 855-752-3796 (toll-free) or 800-735-2966 (TTY).

NONDISCRIMINATION NOTICE

Cox HealthPlans does not discriminate based on race, ethnicity, national origin, color, religion, sex, gender, age, sexual orientation, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location within the service area. Cox HealthPlans must obey Federal laws against discrimination, including Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, Section 1557 of the Affordable Care Act, all other laws that apply to organizations that get Federal funding, and any other laws and rules that apply for any other reason.

Cox HealthPlans provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, such as braille or large print, free of charge and in a timely manner, when such modifications, aids, and services are necessary to ensure accessibility and an equal opportunity to participate to individuals with disabilities. Cox HealthPlans provides language assistance services, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are a reasonable step to provide meaningful access to an individual with limited English proficiency.

If you have a disability and need help with access to care or would like a copy of our Grievance procedure, please call us at the number on the back of your ID card. If you have a complaint, such as a problem with wheelchair access, please call us at the number on the back of your ID card.

You can also contact Cox HealthPlans Section 1557 Coordinator at compliancesiu@coxhealthplans.com.

If you want more information or have concerns about discrimination or unfair treatment, please call the Department of Health and Human Services' Office for Civil Rights at 1-800-368-1019 (TTY 1-800-537-7697) or your local Office for Civil Rights. You can also review information from the Department of Health and Human Services' Office for Civil Rights at https://www.hhs.gov/ocr/index.

You can find this notice and others on our website.

NOTICE OF LANGUAGE ASSISTANCE

English
You can get an interpreter to talk to your doctor at the time of your appointment or with us. If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member ID card. (TTY: 711).

Spanish
Puede conseguir un intérprete para hablar con su médico en el momento de su cita o con nosotros.
Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos y comunicaciones gratuitas en otros formatos, como letra grande. Llame al número gratuito que figura en su tarjeta de identificación del afiliado. (TTY: 711).

Chinese Mandarin
您可以獲得口譯員服務，以在約診時與您的醫生交談或與我們交談。如果您講國語，我們可以為您提供免費語言協助服務以及其他格式（如大字體）的免費溝通服務。請撥打您會員 ID 卡上的免費電話號碼。(TTY: 711)。

Chinese Cantonese
您預約時，可以找口譯員與您的醫生交談或與我們談話。如果您會說廣東話，則可以獲得免費的語言協助服務和其他格式的免費通訊，例如大字體。請撥打您的會員 ID 卡背面的免費電話號碼。(TTY： 711)。

Vietnamese
Quý vị có thể tìm một phiên dịch viên để nói chuyện với bác sĩ tại buổi hẹn hoặc với chúng tôi. Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí và trao đổi thông tin ở các định dạng khác, chẳng hạn như chữ in cỡ lớn. Gọi số điện thoại miễn phí trên thẻ ID thành viên của quý vị. (TTY: 711).

Serbo-Croatian
Možete dobiti prevodioca koji će razgovarati sa vašim lekarom u vreme vašeg pregleda ili sa nama.
Ako govorite srpsko-hrvatski, na raspolaganju su vam besplatne usluge jezičke pomoći i besplatna komunikacija u drugim formatima, kao što je velika štampa. Pozovite besplatni broj sa vaše članske karte. (TTY: 711).

German
Sie können einen Dolmetscher hinzuziehen, der Sie während Ihres Arzttermins oder bei der Kommunikation mit uns unterstützt. Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste und kostenlose Kommunikationsmittel in anderen Formaten, wie z.ₒB. in Großdruck, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Versichertenkarte an. (TTY: 711).

Arabic
يمكنك الاستعانة بمترجم فوري للتحدث معنا أو مع طبيبك في وقت موعدك. وإذا كنت تتحدث العربية، فتتوفر لك مجانًا خدمات المساعدة اللغوية والمراسلات بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل على الرقم المجاني الموجود على بطاقة عضويتك. (TTY "هاتف النصي للصم وضعاف السمع": 711).

NOTICE OF LANGUAGE ASSISTANCE

Korean
진료 예약 시간에 의사와 상담하거나 저희와 소통할 때 통역사를 이용하실 수 있습니다. 한국어를 구사하는 경우, 무료 언어 지원 서비스와 대형 인쇄물과 같은 다른 형식의 무료 의사소통 지원 서비스를 이용하실 수 있습니다. 회원 ID 카드에 표시된 수신자부담 전화번호로 전화하십시오. (TTY: 711).

Hindi
आप अपनी अपॉइंटमेंट के समय या हमारे साथ बात करते समय दुभाषिया ले सकते हैं, जो आपकी डॉक्टर से बात करने में मदद करेगा। अगर आप हिन्दी में बात करते हैं, तो आपके लिए मुफ़्त भाषा सहायता सेवाएं और अन्य फॉर्मेट्स (जैसे बड़े अक्षरों में प्रिंट) में मुफ़्त संचार सुविधाएं उपलब्ध हैं। अपने सदस्य आईडी कार्ड पर टोल-फ़्री नंबर पर कॉल करें। (TTY: 711)।

French
Vous pouvez demander à un interprète de parler à votre médecin au moment de votre rendez-vous ou avec nous. Si vous parlez français, des services d'assistance linguistique gratuits et des communications gratuites dans d'autres formats, tels que les gros caractères, sont à votre disposition. Appelez le numéro gratuit figurant sur votre carte d'identification. (Télétype$_o$: 711).

Russian
Вы можете пользоваться услугами устного переводчика, чтобы разговаривать со своим врачом во время Вашего приема или с нами. Если Вы говорите на русском языке, Вам доступны бесплатные услуги языкового сопровождения и бесплатное предоставление информации в других форматах, например, напечатанной крупным шрифтом. Позвоните по бесплатному номеру, указанному в Вашей идентификационной карточке участника. (TTY: 711).

Japanese
予約の際、または当院で医師と話す際に通訳をつけることができます。日本語を話す場合は、無料の言語アシスタンス・サービスや、大活字など他のフォーマットでの無料コミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。(TTY: 711)。

Italian
Puoi richiedere un interprete per parlare con il tuo medico al momento dell'appuntamento o con noi. Se parli italiano, sono disponibili servizi di assistenza linguistica e comunicazioni gratuite in altri formati, come la stampa a caratteri grandi. Chiama il numero verde riportato sulla tua carta ID socio. (TTY: 711).

Polish
Możesz skorzystać z pomocy tłumacza podczas wizyty u lekarza lub w naszym ośrodku. Osobom mówiącym po polsku oferujemy bezpłatną pomoc językową oraz materiały w innych formatach, takich jak druk powiększony. Zadzwoń pod bezpłatny numer podany na Twojej karcie członkowskiej. (TTY: 711)

Portuguese
Pode pedir um intérprete para falar com o médico na altura da consulta ou connosco. Se fala português, tem à sua disposição serviços gratuitos de apoio linguístico e comunicações gratuitas noutros formatos, tais como caracteres grandes. Ligue para o número gratuito indicado no seu cartão de ID de membro. (TTY: 711).

For complete details and more information on CoxHealth Medicare Advantage call toll-free at 1-855-752-3795. TTY call 711.

We are able to assist you:

October 1 to March 31 seven days a week from 8 a.m. to 8 p.m.

April 1 to September 30 Monday through Friday from 8 a.m. to 8 p.m.

CoxHealth Medicare Advantage is an HMO plan with a Medicare contract.
Enrollment in CoxHealth Medicare Advantage 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 call 1-855-752-3795 (TTY: 711)
and request the "Evidence of Coverage" or access it online at CoxHealthMedicareAdvantage.com.

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CoxHealth

Medicare Advantage
by Cox HealthPlans

(417) 269-2907 • (855) 752-3795 (TTY: 711) CoxHealthMedicareAdvantage.com

PO Box 5750, Springfield, MO 65801-5750

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