Missouri Medicare Select

Please contact Missouri Medicare Select if you need information in another language or format (Braille).

To Enroll in Missouri Medicare Select, Please Provide the Following Information:

Please check which plan you want to enroll in:

____ Missouri Medicare Select (HMO SNP) ($32.10 per month)

LAST name:	FIRST Name:	Middle Initial:	☐Mr. ☐ Mrs.☐ Ms.

Birth Date: (_____/_____/_____) (M M / D D / Y Y Y Y)	Sex: ☐ M ☐ F	Home Phone Number: ( )	Alternate Phone Number:

Permanent Residence Street Address (P.O. Box is not allowed):

City:	County:	State:	ZIP Code:

Mailing Address (only if different from your Permanent Residence Address):

Street Address:_____

City:_____State:_____ZIP Code:_____

Emergency contact: _____

Phone Number:_____ **Relationship to You:**_____

E-mail Address:_____

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

  -OR-

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

_____

Medicare Number: _____

Is Entitled to: Effective Date:

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

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

Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe)] by mail 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 are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Missouri Medicare Select the Part D-IRMAA.

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

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

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

☐ Get a bill each month

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

I get monthly benefits from: ☐ Social Security ☐ RRB

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

Missouri Medicare Select

Please read and answer these important questions:

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

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

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to Missouri Medicare Select:

☐ Yes ☐ No

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

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

_____ _____ _____

3. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No
If yes, please provide the following information:

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

4. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No
If yes, please provide your Medicaid number: _____

5. Do you or your spouse work? ☐ Yes ☐ No

6. Have you been a resident in a long term-care facility, such as a nursing home, in the Missouri Medicare Select network for more than 90 days? ☐ Yes ☐ No

7. Please choose the name of a Primary Care Physician (PCP), clinic or health center:
Physician Name: _____
Is this your current physician? ☐ Yes ☐ No

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:

___ Spanish

___ Audio Tape or Large Print

Please contact Missouri Medicare Select at 1-844-228-7934 and if you need information in an *accessible* format or language *other* than what is listed above. Our office hours are 8:00 a.m. to 8:00 p.m. Seven days a week (except Thanksgiving and Christmas) from October 1 through March 31. Monday to Friday (except holidays) from April 1 through September 30. TTY users should call 711.

Missouri Medicare Select

Please Read This Important Information

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

Please Read and Sign Below

By completing this enrollment application, I agree to the following:

Missouri Medicare Select is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Missouri Medicare Select serves a specific service area. If I move out of the area that Missouri Medicare Select serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Missouri Medicare Select, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Missouri Medicare Select when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Missouri Medicare Select coverage begins, I must get all of my health care from Missouri Medicare Select except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Missouri Medicare Select and other services contained in my Missouri Medicare Select Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered.

Without authorization, **NEITHER MEDICARE NOR MISSOURI MEDICARE SELECT WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Missouri Medicare Select, he/she may be paid based on my enrollment in Missouri Medicare Select.

Missouri Medicare Select

Release of Information:

By joining this Medicare health plan, I acknowledge that Missouri Medicare Select will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Missouri Medicare Select will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. 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 my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (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 from Medicare.

Missouri Medicare Select
Missouri Medicare Select is an HMO SNP with a Medicare contract. Enrollment in Missouri Medicare Select depends on contract renewal. Missouri Medicare Select complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Missouri Medicare Select cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Missouri Medicare Select 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-228-7934 TTY: 711**
.**注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-228-7934 TTY：711**

Signature:	**Today's Date:**

If you are the authorized representative, you must 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: _____