



Enrollment Guide

Jan. 1, 2024 — Dec. 31, 2024

MDwise Medicare Inspire (HMO) - H7746-001

MDwise Medicare Inspire Plus (HMO) - H7746-002

MDwise Medicare Inspire Flex (HMO-POS) - H7746-003

TABLE OF CONTENTS

Welcome To MDwise Medicare!	3
Medicare Explained	4
Eligibility	5
Does My Doctor Accept MDwise Medicare?	5
Things To Know Before You Enroll.....	6
Saving Money With An MDwise Medicare Plan	6
Am I Covered When I Travel?.....	7
Added Benefits	7
Prescription Coverage	8
Summary of Benefits	9
Pre-Enrollment Checklist.....	22
Enrollment is Easy!.....	23
Scope of Sales Appointment Confirmation Form	24
MDwise Medicare Individual Enrollment Request Form	26
Glossary	33

WELCOME TO MDWISE MEDICARE!

MDWISE MEDICARE

Affordable coverage, quality care and thousands of doctors and providers to choose from – any way you look at it, an MDwise Medicare plan is a smart move. We offer a \$0 premium plan to help you save money. You can get additional benefits, such as dental and hearing. You also get a \$225 quarterly allowance for over-the-counter items you use every day. Our network includes exceptional, compassionate care from hospitals such as Community, Eskenazi Health, Ascension St. Vincent Community, and many more!* You can enroll with our secure online application or talk to a knowledgeable agent to help make your decision. Or call one of our friendly Medicare member services representatives for more information.

*Other hospitals are available in our network.

MDwise Member Services

833-358-2140 (TTY: 711)

April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m.

Oct. 1-March 31: 7 days a week, 8 a.m. to 8 p.m.

(Except Thanksgiving and Christmas days)

MDwise Medicare Sales

833-958-4036

Monday through Friday, 8 a.m. to 8 p.m.

MEDICARE EXPLAINED

Original Medicare

Medicare is health insurance for people 65 or older. You're first eligible to sign up for Medicare 3 months before you turn 65. You may be eligible to get Medicare earlier if you have a disability, End-Stage Renal Disease (ESRD), or ALS (also called Lou Gehrig's disease).

2023 Original Medicare amounts

- » Medicare Part A monthly premium for 2023 is \$0 for most Medicare beneficiaries. If you or a spouse have worked at least 10 years and paid into Medicare you will not pay a Part A premium. If you do not qualify for premium free Part A, you may be able to buy it, you will pay either \$278 or \$506 each month depending how long you or your spouse worked and paid Medicare taxes.
- » Medicare Part A deductible for 2023 is \$1,600
- » Medicare Part B monthly premium for 2023 is \$164.90
- » Medicare Part B deductible for 2023 is \$226

Medicare Part A - Hospital Insurance

Helps cover inpatient hospital stays, skilled nursing facility stays, home health care and hospice care. Most people are automatically enrolled in Part A when they turn age 65. Most won't have to pay a monthly premium for Part A because they paid for it through their payroll deductions.

Medicare Part B - Medical Insurance

Helps cover doctor's services, outpatient care, some preventive services, lab tests and other medical services that Part A doesn't cover. Part B is optional. If you have Part B, you pay a Part B premium each month. Most people pay the standard premium amount. If you don't sign up for Part B when you are first eligible, you may have to pay a late enrollment penalty.

Medicare Part C - Medicare Advantage Part A and Part B

Covers the benefits of Original Medicare and may offer additional benefits. MDwise Medicare plans provide all of the coverage of Medicare Part A and Part B with additional benefits.

Medicare Part D - Medicare Prescription Drug

Medicare prescription drug plans may be purchased as a standalone Prescription Drug Plan (PDP) or as part of a Medicare Advantage Prescription Drug (MAPD) plan. Prescription drugs are provided based on the plan's formulary, which must meet standards set by Medicare. Important: If a Medicare beneficiary does not enroll in a PDP or a Medicare Advantage plan with prescription drug coverage during the Initial Enrollment Period (IEP) of Medicare eligibility for Part A and/or Part B, or does not have other provided creditable prescription coverage, they will be charged a late enrollment penalty (LEP). The LEP amount is 1% of Part D base premium for each full month a beneficiary is without Part D or creditable coverage.

ELIGIBILITY

You can enroll in an MDwise Medicare plan if you are eligible for Medicare Part A and enrolled in Medicare Part B and you live in our service area, which includes the following counties in Indiana:

Benton, Blackford, Boone, Brown, Carroll, Cass, Clay, Clinton, Crawford, Daviess, Decatur, Dubois, Fayette, Fountain, Franklin, Fulton, Greene, Hamilton, Hancock, Hendricks, Henry, Howard, Jackson, Jay, Jefferson, Jennings, Johnson, Knox, Madison, Marion, Martin, Miami, Montgomery, Morgan, Ohio, Orange, Owen, Parke, Perry, Pike, Putnam, Randolph, Ripley, Rush, Shelby, Spencer, Sullivan, Switzerland, Tipton, Union, Warren, Wayne & White.

MDwise Medicare plans are available in 53 counties throughout Indiana.

DOES MY DOCTOR ACCEPT MDWISE MEDICARE?

You will have access to more than 27,000 in-network provider locations including health systems such as Community, Eskenazi Health, Ascension St. Vincent, Adams Memorial, Decatur Memorial, Putnam County Hospital, Sullivan County Hospital and more.

You can check on our website to see participating providers at www.mdwise.org/mdwisemedicare.

Choosing Your Primary Care Physician

When you enroll in an MDwise Medicare plan, you'll select a primary care physician from our network of providers. They will work together with you to help coordinate your care, including all of the specialty care you may need and no referral is needed to see an in-network specialist.

The MDwise Medicare Provider/Pharmacy Directory is available online at www.mdwise.org/mdwisemedicare, or you can call us at **833-358-2140 (TTY: 711)**.

THINGS TO KNOW BEFORE YOU ENROLL

It's important to understand the Medicare plan benefits and rules before you make an enrollment decision. If you need help or have questions, you can speak with our Medicare team at:

MDwise Member Services

833-358-2140 (TTY: 711)

April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m.

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(Except Thanksgiving and Christmas days)

MDwise Medicare Sales

833-958-4036

Monday through Friday, 8 a.m. to 8 p.m.

SAVING MONEY WITH AN MDWISE MEDICARE PLAN

You may be on a fixed income, so every dollar counts. MDwise Medicare plans have a maximum out-of-pocket spending limit per year, which helps you predict your costs.

Our plans also have:

- » Premiums as low as \$0 a month
- » Prescription drugs -included with \$0 copay for drugs on Tier 1 and Tier 6
- » Allowance for glasses
- » Hearing aids - covered
- » Preventive dental care - covered
- » Fitness memberships - allowance on your Benefits Mastercard® Prepaid Card
- » Over-the-counter benefit - generous quarterly allowance, on your Benefits Mastercard® Prepaid Card
- » Transportation to and from medical appointments

AM I COVERED WHEN I TRAVEL?

MDwise Medicare has you covered for emergency care when traveling anywhere in the United States or its territories. This means you don't have to worry about coverage if you get a sudden, serious illness or injury and need emergency or urgent care from a provider outside of the MDwise Medicare network. We even offer Medicare plans that will cover your emergency care when you are traveling overseas, but there are limitations. Please call Member Services if you have questions before you travel.

It makes the most sense to plan ahead and receive routine, non-emergency care prior to traveling. MDwise Medicare does offer MDwise Medicare Inspire Flex, which allows you to receive care from out-of-network providers while traveling outside of the service area for less than six months. You use a point-of-service benefit to receive services from any provider who accepts Medicare; however, you may pay more for these services.

ADDED BENEFITS

Whichever MDwise Medicare plan you choose, you get access to added benefits, including dental, vision and hearing aids, as well as a quarterly over-the-counter benefit.

- » Dental services through Delta Dental - Preventive dental with \$0 copay including coverage for minor restorative services, fillings and crown repair with a 50% coinsurance and perio maintenance covered at 100%
- » Optional comprehensive dental available for purchase through Delta Dental
- » Vision care with eyewear allowance
- » Hearing care with hearing aid coverage
- » Over-the-counter allowance of \$225 per quarter to spend on over-the-counter medicines and products
- » Fitness benefit allowance
- » Virtual care with no cost share through McLarenNow

PRESCRIPTION COVERAGE

All MDwise Medicare plans have prescription drug coverage.

Deductible Stage

- » There is no Part D deductible for any MDwise Medicare plans.

Initial Coverage Stage

- » Member remains in this stage until total amount they have paid, plus what the plan has paid for covered drugs (total drug cost) reaches \$5,030.
- » Premiums and costs for drugs from outside the U.S., non-covered drugs and non-Part D drugs do not count toward the total drug cost.

Coverage Gap Stage or Donut Hole

- » MDwise Inspire, Inspire Plus and Inspire Flex have coverage for Tier 1 and Tier 6 drugs in this stage.
- » Member pays 25% of the cost for all other generic drugs and 25% of the cost and a portion of the dispensing fee for brand-name drugs.

Important Message About What You Pay for Insulin

- » You won't pay more than \$10 for a one-month supply of each insulin product covered by our plan on Tier 2 and no more than \$35 for a one-month supply of each insulin product covered by our plan on Tier 3.

Important Message About What You Pay for Vaccines

- » Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

SUMMARY OF BENEFITS

Jan. 1, 2024-Dec. 31, 2024

This summary of benefits will provide you with information about the Medicare Advantage Prescription Drug plans available through MDwise Medicare. Information in this booklet will show benefits covered and member costs for our HMO and HMO-POS. A complete list of covered benefits and services is included in our Evidence of Coverage (EOC). Contact us for a copy at 833-358-2140 (TTY: 711) or view it on our website at www.mdwise.org/mdwisemedicare.

Understand your Medicare options and review and compare plans.

You have choices about how to receive your Medicare benefits.

- » You can enroll in Original Medicare, a fee-for-service plan run by the federal government. A free “Medicare & You” handbook is available by visiting <https://www.medicare.gov>, or by calling 1-800-MEDICARE (1-800-633-4227), TTY: 877-488-2048, 24 hours a day, 7 days a week.
- » or You can join a private Medicare plan, like the MDwise Medicare plans. Carefully compare plans and benefits before enrolling. You can ask each plan for a “Summary of Benefits” or visit the Medicare Plan Finder at <https://www.medicare.gov>.

SUMMARY OF BENEFITS

MDwise Medicare Inspire (HMO) H7746-001

MDwise Medicare Inspire Plus (HMO) H7746-002

MDwise Medicare Inspire Flex (HMO-POS) H7746-003

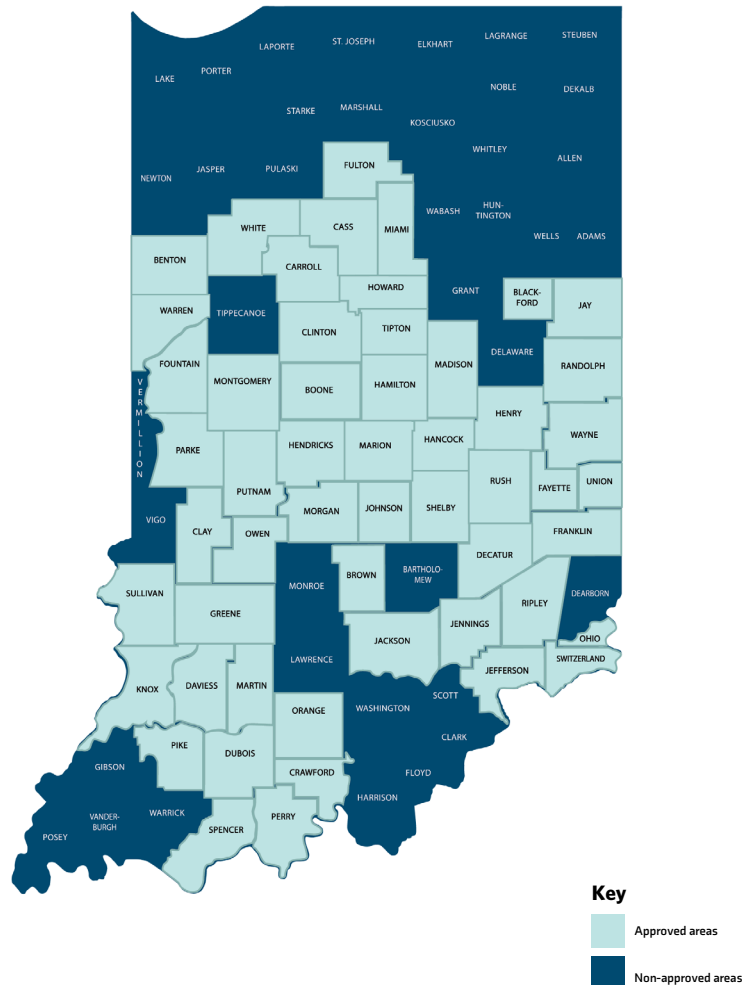
This is a summary of drug and health services covered by MDwise Medicare for **Jan. 1, 2024-Dec. 31, 2024**

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To see a complete list of services we cover, please review the Evidence of Coverage on www.mdwise.org/mdwisemedicare.

To join MDwise Medicare 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 Indiana counties: Benton, Blackford, Boone, Brown, Carroll, Cass, Clay, Clinton, Crawford, Daviess, Decatur, Dubois, Fayette, Fountain, Franklin, Fulton, Greene, Hamilton, Hancock, Hendricks, Henry, Howard, Jackson, Jay, Jefferson, Jennings, Johnson, Knox, Madison, Martin, Marion, Miami, Montgomery, Morgan, Ohio, Orange, Owen, Parke, Perry, Pike, Putnam, Randolph, Ripley, Rush, Shelby, Spencer, Sullivan, Switzerland, Tipton, Union, Warren, Wayne, and White.

MDwise Medicare has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Please call our member service number or review the Evidence of Coverage. For more information, including the cost-sharing that applies to out-of-network services.



Monthly Premium, Deductibles and Coverage Limits

	MDwise Inspire (HMO) H7746-001	MDwise Inspire Plus (HMO) H7746-002	MDwise Inspire Flex (HMO-POS) H7746-003
Your Monthly Plan Premium <small>(You must continue to pay your Medicare Part B premium.)</small>	\$0	\$25	\$49
Deductible	Medical Services \$0 Prescription Drugs All Tiers \$0	Medical Services \$0 Prescription Drugs All Tiers \$0	Medical Services \$0 Prescription Drugs All Tiers \$0
Maximum Out-of-Pocket Responsibility <small>The most you pay for copays, coinsurance and other costs for medical services for the year. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drugs don't count toward the maximum out-of-pocket.</small>	\$3,900 for in-network Medicare-covered benefits	\$4,300 for in-network Medicare-covered benefits	\$4,300 for in-network Medicare-covered benefits \$10,000 for in-network and out-of-network Medicare-covered benefits combined

Covered Medical Benefits

	MDwise Inspire (HMO) H7746-001	MDwise Inspire Plus (HMO) H7746-002	MDwise Inspire Flex (HMO-POS) H7746-003
Inpatient Hospital Coverage <small>We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.</small>	\$295 copay per day for days 1 through 7 You pay nothing per day for days 8 through 90 You pay nothing per day for days 91 and beyond	\$290 copay per day for days 1 through 7 You pay nothing per day for days 8 through 90 You pay nothing per day for days 91 and beyond	In-network \$310 copay per day for days 1 through 7 You pay nothing per day for days 8 through 90 You pay nothing per day for days 91 and beyond Point-of-service 30% of the cost/stay

Covered Medical Benefits

	MDwise Inspire (HMO) H7746-001	MDwise Inspire Plus (HMO) H7746-002	MDwise Inspire Flex (HMO-POS) H7746-003
<p>Outpatient Hospital Coverage</p> <p>Prior authorization may be required.</p>	<p>Outpatient Hospital: \$275 copay for each visit</p> <p>Ambulatory Surgical Center: \$250 copay for each visit</p> <p>Observation: \$275 copay for each visit</p>	<p>Outpatient Hospital: \$275 copay for each visit</p> <p>Ambulatory Surgical Center: \$250 copay for each visit</p> <p>Observation: \$275 copay for each visit</p>	<p><u>In-network</u> Outpatient Hospital: \$275 copay for each visit</p> <p>Ambulatory Surgical Center: \$250 copay for each visit</p> <p>Observation: \$275 copay for each visit</p> <p><u>Point-of-service</u> 30% of the cost</p>
<p>Doctor Visits</p> <p>No referral is required for in-network specialist visits.</p>	<p>Primary Care: \$0 copay per visit</p> <p>Specialist: \$40 copay per visit</p>	<p>Primary Care: \$0 copay per visit</p> <p>Specialist: \$40 copay per visit</p>	<p><u>In-network</u> Primary Care: \$0 copay per visit</p> <p>Specialist: \$40 copay per visit</p> <p><u>Point-of-service</u> 30% of the cost</p>
<p>Preventive Care</p>	<p>\$0 copay</p>	<p>\$0 copay</p>	<p><u>In-network</u> \$0 copay</p> <p><u>Point-of-service</u> 30% of the cost</p>
<p>Emergency Care</p> <p>Your copay will be waived if you are admitted directly into the hospital.</p>	<p>You pay a \$100 copay per visit in or out of network</p>	<p>You pay a \$100 copay per visit in or out of network</p>	<p>You pay a \$100 copay per visit in or out of network</p>
<p>Urgently Needed Services</p>	<p>You pay a \$50 copay per visit in or out of network</p>	<p>You pay a \$50 copay per visit in or out of network</p>	<p>You pay a \$50 copay per visit in or out of network</p>

Covered Medical Benefits

<p>Outpatient Diagnostic Services/Labs/Imaging</p> <p>Prior authorization is required for genetic testing, molecular pathology, Proton beam therapy and high-intensity focused ultrasound.</p>	<p>Diagnostic radiology service (CT/MRI): \$200 copay</p> <p>Lab services: \$0 copay</p> <p>Diagnostic tests and procedures: \$50 copay</p> <p>Outpatient X-rays: \$25 copay</p>	<p>Diagnostic radiology service (CT/MRI): \$150 copay</p> <p>Lab services: \$0 copay</p> <p>Diagnostic tests and procedures: \$30 copay</p> <p>Outpatient X-rays: \$25 copay</p>	<p><u>In-network</u> Diagnostic radiology service (CT/MRI): \$150 copay</p> <p>Lab services: \$0 copay</p> <p>Diagnostic tests and procedures: \$30 copay</p> <p>Outpatient X-rays: \$25 copay</p> <p><u>Point-of-service</u> 30% of the cost</p>
<p>Hearing Services</p> <p>You must use TruHearing providers for all routine hearing exams and hearing aid services.</p>	<p>Hearing exams: You pay a \$35 copay for a Medicare-covered hearing exam</p> <p>You pay a \$0 copay for non-Medicare covered routine hearing exams</p> <p>Hearing aids: \$699/\$999 copay per hearing aid - one per ear every two years</p>	<p>Hearing exams: You pay a \$35 copay for a Medicare-covered hearing exam</p> <p>You pay a \$0 copay for non-Medicare covered routine hearing exams</p> <p>Hearing aids: \$699/\$999 copay per hearing aid - one per ear every two years</p>	<p><u>In-network</u> Hearing exams: You pay a \$35 copay for a Medicare-covered hearing exam</p> <p><u>Point-of-service</u> 30% of the cost</p> <p>You pay a \$0 copay for non-Medicare covered routine hearing exams</p> <p>Hearing aids: \$699/\$999 copay per hearing aid - one per ear every two years</p>
<p>Dental Services</p> <p>In-network preventive dental services are provided by Delta Dental's Medicare Advantage network dentists.</p>	<p>Oral exam and cleaning: \$0 copay for two exams and two cleanings (regular or periodontal) each year</p> <p>Filings and crown repair: 50% coinsurance</p> <p>Bitewing X-rays: \$0 copay for one set each year</p> <p>Full-mouth X-rays: \$0 copay once every five years</p> <p>Simple extractions: 50% coinsurance</p> <p>You have a \$1,500 limit on covered dental services.</p>		

Optional Supplemental Dental Benefits

(can be purchased separately)

	Delta Dental Option 1	Delta Dental Option 2
Premium These optional dental plans can be purchased for an additional monthly premium. For Delta Dental Option 1 and Delta Dental Option 2, services must be provided by Delta Dental's Medicare Advantage network dentists.	\$23.50	\$35.50
Deductible	\$0	\$0
Services	<p>Major restorative services, bridges, dentures and implant services: 75% coinsurance</p> <p>Endodontics, periodontics (surgical), bridge and denture repair, oral surgery and films, anesthesia & tests: 50% coinsurance</p>	<p>Major restorative services, bridges, dentures and implant services: 50% coinsurance</p> <p>Endodontics, periodontics (surgical), bridge and denture repair, oral surgery and films, anesthesia & tests: 20% coinsurance</p>
Maximum Benefit Limit	You will be covered for \$1,000 of dental services per year. Once you reach this limit, you will have to pay all costs for optional supplemental dental services.	You will be covered for \$1,500 of dental services per year. Once you reach this limit, you will have to pay all costs for optional supplemental dental services.

Covered Medical Benefits

	MDwise Inspire (HMO) H7746-001	MDwise Inspire Plus (HMO) H7746-002	MDwise Inspire Flex (HMO-POS) H7746-003
Vision Services	<p>Medicare-covered services:</p> <p>\$35 copay for each visit</p> <p>\$0 copay for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for glaucoma screening</p> <p>Routine vision services:</p> <p>\$0 copay for a routine eye exam</p> <p>\$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses or frames) or contact lenses up to \$200</p>	<p>Medicare-covered services:</p> <p>\$35 copay for each visit</p> <p>\$0 copay for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for glaucoma screening</p> <p>Routine vision services:</p> <p>\$0 copay for a routine eye exam</p> <p>\$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses or frames) or contact lenses up to \$300</p>	<p>In-network Medicare-covered services:</p> <p>\$35 copay for each visit</p> <p>\$0 copay for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for glaucoma screening</p> <p>Routine vision services:</p> <p>\$0 copay for a routine eye exam</p> <p>\$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses or frames) or contact lenses up to \$300</p> <p>Point-of-service 30% of the cost</p>
<p>Mental Health Services</p> <p>Our plan covers up to 190 days in a lifetime for inpatient care in a psychiatric hospital. Our plan covers 90 days for an inpatient hospital stay.</p> <p>Prior authorization may be required for inpatient mental health services.</p>	<p>Inpatient:</p> <p>\$265 copay per day for days 1 through 7</p> <p>You pay nothing per day for days 8 through 90</p> <p>Outpatient therapy (group or individual):</p> <p>\$30 copay per session</p>	<p>Inpatient:</p> <p>\$265 copay per day for days 1 through 7</p> <p>You pay nothing per day for days 8 through 90</p> <p>Outpatient therapy (group or individual):</p> <p>\$25 copay per session</p>	<p>In-network Inpatient:</p> <p>\$265 copay per day for days 1 through 7</p> <p>You pay nothing per day for days 8 through 90</p> <p>Outpatient therapy (group or individual):</p> <p>\$25 copay per session</p> <p>Point-of-service 30% of the cost</p>

Covered Medical Benefits

	MDwise Inspire (HMO) H7746-001	MDwise Inspire Plus (HMO) H7746-002	MDwise Inspire Flex (HMO-POS) H7746-003
<p>Skilled Nursing Facility (SNF)</p> <p>Our plan covers up to 100 days each benefit period in a SNF. A benefit period starts the day you go into a SNF and ends when you go 60 days in a row without SNF care.</p> <p>No prior hospital stay is required.</p> <p>Prior authorization may be required.</p>	<p>You pay nothing per day for days 1 through 20</p> <p>\$203 copay per day for days 21 through 100</p>	<p>You pay nothing per day for days 1 through 20</p> <p>\$203 copay per day for days 21 through 100</p>	<p style="text-align: center;"><u>In-network</u></p> <p>You pay nothing per day for days 1 through 20</p> <p>\$203 copay per day for days 21 through 100</p> <p style="text-align: center;"><u>Point-of-service</u> 30% of the cost</p>
<p>Physical Therapy</p>	\$40 copay per visit	\$40 copay per visit	<p style="text-align: center;"><u>In-network</u> \$40 copay per visit</p> <p style="text-align: center;"><u>Point-of-service</u> 30% of the cost</p>
<p>Ambulance</p> <p>Prior authorization is required for Medicare-covered non-emergency transport.</p>	\$220 copay per one-way transport	\$220 copay per one-way transport	\$220 copay per one-way transport
<p>Transportation</p> <p>Limited to 50 miles per one-way trip.</p>	You pay nothing for 30 one-way, non-emergency trips per year to plan approved health-related locations.	You pay nothing for 30 one-way, non-emergency trips per year to plan approved health-related locations.	You pay nothing for 30 one-way, non-emergency trips per year to plan approved health-related locations.
<p>Medicare Part B Drugs</p> <p>Prior authorization may be required.</p>	<p style="text-align: center;">Chemotherapy and Other Part B Drugs: 20% of the cost</p> <p style="text-align: center;">Home Infusion Drugs: \$0 copay</p>	<p style="text-align: center;">Chemotherapy and Other Part B Drugs: 20% of the cost</p> <p style="text-align: center;">Home Infusion Drugs: \$0 copay</p>	<p style="text-align: center;"><u>In-network</u> Chemotherapy and Other Part B Drugs: 20% of the cost</p> <p style="text-align: center;">Home Infusion Drugs: \$0 copay</p> <p style="text-align: center;"><u>Point-of-service</u> 30% of the cost</p>

Prescription Drug Benefits

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Stage 1: Deductible

Because you have no deductible, you will start in the Initial Coverage Stage when you fill your first prescription of the year.

Stage 2: Initial Coverage Stage

You will pay the copays/coinsurance until you total drug cost reaches \$5,030.

	Retail pharmacy (30-day supply)	Mail-Order pharmacy (90-day supply)
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$12 Insulins: \$10	\$27 Insulins: \$23
Tier 3: Preferred Brand	\$47 Insulins: \$35	\$105.75 Insulins: \$79
Tier 4: Non-Preferred Brand	\$100	\$225
Tier 5: Specialty	33%	N/A
Tier 6: Select Care Drugs	\$0	\$0

Stage 3: Coverage Gap Stage

During this stage, you will continue to have plan coverage for your drugs in Tier 1 and Tier 6. Your out-of-pocket costs for covered insulin product will be \$10-\$35. For all other generic drugs, you will pay 25% of the price. For brand-name drugs, you pay 25% of the price (plus a portion of the dispensing fee). You will remain in this stage until the out-of-pocket costs reach \$8,000.

Stage 4: Catastrophic Coverage Stage

In this stage, our plan pays the full cost for your covered Part D drugs.

Additional Covered Medical Benefits

	MDwise Inspire (HMO) H7746-001	MDwise Inspire Plus (HMO) H7746-002	MDwise Inspire Flex (HMO-POS) H7746-003
Acupuncture Medicare-covered acupuncture for chronic lower back pain.	You pay a \$25 copay per visit	You pay a \$25 copay per visit	<u>In-network</u> You pay a \$25 copay per visit <u>Point-of-service</u> Not covered out-of-network
Annual Physical Exam Comprehensive preventive medical evaluation.	\$0 copay	\$0 copay	<u>In-network</u> \$0 copay <u>Point-of-service</u> 30% of the cost
Chiropractic Care	\$20 copay per visit	\$20 copay per visit	<u>In-network</u> \$20 copay per visit <u>Point-of-service</u> 30% of the cost
Durable Medical Equipment Prior authorization is required for items that cost more than \$1,000, insulin pumps, bone stimulators and neurostimulators.	You pay a 20% coinsurance	You pay a 20% coinsurance	<u>In-network</u> You pay a 20% coinsurance <u>Point-of-service</u> 30% of the cost
Enhanced Disease Management	If you have chronic conditions, you may qualify for one of our enhanced disease management programs. These special education programs promote a deep understanding of the disease process and provide individual teaching and coaching to help you achieve a healthier lifestyle. A care manager is available to those who qualify for these customized programs. You pay nothing for enhanced disease management.		
Fitness Membership	Up to a maximum allowance of \$100 annually for your fitness membership.	Up to a maximum allowance of \$200 annually for your fitness membership.	Up to a maximum allowance of \$200 annually for your fitness membership.

Additional Covered Medical Benefits

	MDwise Inspire (HMO) H7746-001	MDwise Inspire Plus (HMO) H7746-002	MDwise Inspire Flex (HMO-POS) H7746-003
Meals After Discharge	\$0 for two meals per day for 14 days (28 meals), delivered directly to your home after each discharge from an inpatient acute care or skilled nursing facility stay. Annual limit of five discharges for a total of 140 meals per year.		
Nutritional/Dietary Benefit	<p>We cover six counseling session through a registered dietitian or other nutrition professional. We want to help you improve your health and lifestyle by providing tools so you make healthy choices. Talk to our physician to see if you would benefit from nutritional counseling.</p> <p style="text-align: center;">You pay nothing for these sessions.</p>		
Over-the-Counter Items	<p>You are eligible to receive a \$225 quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products that do not need a prescription.</p> <p style="text-align: center;">No rollover.</p>		
Personal Emergency Response System (PERS)	Not covered	Not covered	<p>You are eligible to receive a Mobile Plus personal emergency response system (PERS) device equipped with two-way voice communication, GPS location technology, and the option of auto fall detection with 24/7 monitoring.</p> <p>You pay nothing for this benefit.</p>
Prosthetic Devices and Related Medical Supplies Prior authorization is required for items that cost more than \$1,000.	You pay a 20% coinsurance	You pay a 20% coinsurance	<p style="text-align: center;"><u>In-network</u> You pay a 20% coinsurance</p> <p style="text-align: center;"><u>Point-of-service</u> 30% of the cost</p>

Additional Covered Medical Benefits

	MDwise Inspire (HMO) H7746-001	MDwise Inspire Plus (HMO) H7746-002	MDwise Inspire Flex (HMO-POS) H7746-003
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>Healthy Groceries/ Utilities</p> <p>This benefit is part of a special supplemental program for the chronically ill. Not all members qualify.</p>	Not covered	<p>To be eligible, you must have one or more qualifying comorbid and medically complex chronic conditions, be at high risk for hospitalization or other adverse health outcomes and require intensive care coordination.</p> <p>If you qualify, you will receive a Mastercard® Prepaid Card with a \$100 monthly healthy grocery/utilities allowance to be used to purchase qualifying healthy foods and produce at participating retail locations or online through NationsBenefits with free home delivery and/or to use to help cover the cost of utilities for your home.</p> <p>The monthly allowance does not rollover from month to month.</p> <p>For a complete list of qualifying conditions, please call Member Services.</p>	
<p>Worldwide Emergency</p>	Not covered	<p>You may receive covered emergency and urgent care services anywhere in the world. If you are outside of the United States or its territories, your worldwide emergency and urgent care is limited to \$50,000 per year. All costs over \$50,000 for emergency and urgent care services are your responsibility.</p> <p>You pay a \$100 copay per visit.</p>	
<p>Worldwide Urgently Needed Care</p>	Not covered	<p>You may receive covered emergency and urgent care services anywhere in the world. If you are outside of the United States or its territories, your worldwide emergency and urgent care is limited to \$50,000 per year. All costs over \$50,000 for emergency and urgent care services are your responsibility.</p> <p>You pay a \$50 copay per visit.</p>	

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. This document is available in other formats such as Braille, large print or audio.

For more information, please call us at the phone number below or visit us at www.mdwise.org/mdwisemedicare.

Toll-free: 1-833-358-2140; TTY users should call 711.

Oct. 1-March 31: Seven days a week, 8 a.m. to 8 p.m. ET (except Thanksgiving and Christmas days)

April 1-Sept. 30: Monday-Friday, 8 a.m. to 8 p.m. ET

You can see our plan's provider/pharmacy directory at www.mdwise.org/mdwisemedicare.

MDwise Medicare is an HMO/HMO-POS plan with a Medicare contract. Enrollment in MDwise Medicare depends on contract renewal.

H7746_SB2024_M

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 member services representative at 833-358-2140 (TTY: 711).

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 www.mdwise.org/mdwisemedicare or call 833-358-2140 (TTY: 711) to view a copy of the EOC.
- » Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are 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 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.

Understanding Important Rules

- » In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- » Benefits, premiums and/or copayments/co-insurance may change on Jan. 1, 2025.
- » Effect on Current Coverage: Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- » HMO Plans: Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- » HMO-POS Plans: Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

ENROLLMENT IS EASY!

1. You can enroll online at www.mdwise.org/mdwisemedicare
2. Work with your licensed independent Medicare-certified sales agent
3. Call a licensed MDwise Medicare sales representative at:
833-958-4036 (TTY: 711)
Monday through Friday, 8 a.m. to 8 p.m.
4. Complete and mail your enrollment form to:
MDwise Medicare
Attn: Medicare Sales
PO Box 44092
Indianapolis, IN 46244-0092
5. Enroll online at **Medicare.gov** (through the Centers for Medicare & Medicaid Services Online Enrollment Center)

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face 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 his/her authorized representative.

To be completed by person with Medicare.

Please initial below in the box beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty.

CMS requires 48 hours between when a beneficiary signs a Scope of Appointment and when a beneficiary meets with an agent. CMS does allow exceptions for beneficiary-initiated walk-in appointments and meetings taking place at the end of a valid enrollment period.

Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans and Other Medicare Plans

- Medicare Health Maintenance Organization (HMO) and (HMO/POS)** - A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage. MDwise's Medicare Advantage plans include Part D prescription drug coverage.

In most HMOs, you can get your care only from doctors or hospitals in the plan's network (except in emergencies).

By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you indicated above. The person who 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.

Signing this does NOT obligate you to enroll in a plan or affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan or other Medicare plan.

Beneficiary or Authorized Representative Signature: _____

Signature Date: _____

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

Name: _____ **Relationship to Beneficiary:** _____

Phone Number: _____ **Address:** _____

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Date Appointment Completed:	
If less than 48 hours from form completion to meeting, please provide reason (i.e. Walk-in, etc.)	
[Plan Use Only:]	

*Scope of Appointment documentation is subject to CMS record retention requirements.

MDwise Medicare is an HMO/HMO-POS with a Medicare contract with a Medicare contract. Enrollment in MDwise Medicare depends on contract renewal.

H7746_CY24SOA_C

MDWISE MEDICARE 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)

When do I use this form?

You can join a plan:

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

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

What do I need to complete this form?

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

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders

- » If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.

- » Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

MDwise Medicare

Attn: Medicare Sales

PO Box 44092

Indianapolis IN 46244-0092

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

How do I get help with this form?

Call MDwise Medicare at 833-358-2140.

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 MDwise Medicare al 833-358-2140 (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.

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 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 date)_____ .
- 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, 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.

If none of these statements applies to you or you're not sure, please contact MDwise Medicare at 833-358-2140 (TTY users should call 711) to see if you are eligible to enroll. We are open April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days).

Section 1 - All fields in this section are required (unless marked optional)

Select the plan you want to join:

- MDwise Medicare Inspire (HMO).....\$0 per month
- MDwise Medicare Inspire Plus (HMO) \$25 per month
- MDwise Medicare Inspire Flex (HMO-POS)\$49 per month

Add Optional Supplemental Dental coverage to your plan. This supplemental coverage is available for an **additional monthly premium.**

- Delta Dental Option 1 \$23.50 per month
- Delta Dental Option 2 \$35.50 per month

First Name:

Last Name:

Middle Initial:

Birth Date:

(/ /)
(MM / DD / YYYY)

Sex:

M F

Phone Number:

() - _____

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

Street Address: _____

City: _____ County (optional): _____ State: _____ Zip Code: _____

Mailing Address (only if different from your Permanent Residence Address - PO Box is allowed):

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address (optional): _____

Please Provide Your Medicare Information

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

Please read and answer these important questions:

1. Will you have other prescription drug coverage (like VA, TRICARE) in addition to MDwise Medicare?

Yes No

If "yes," please provide the following information:

Name of other coverage: _____

Member number for this coverage: _____

Group number for this coverage: _____

IMPORTANT: Please Read and Sign Below

- » I must keep both Hospital (Part A) and Medical (Part B) to stay in MDwise Medicare.
- » By joining this Medicare Advantage Plan, I acknowledge that MDwise Medicare 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).
- » I understand that when my MDwise Medicare coverage begins, I must get all of my medical and prescription drug benefits from MDwise Medicare. Benefits and services provided by MDwise Medicare and contained in my MDwise Medicare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor MDwise Medicare will pay for benefits or services that are not covered.
- » 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 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, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: _____ Relationship to Enrollee: _____

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.

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

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

What's your race? Select all that apply.

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

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

- Spanish Other: _____

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

- Braille Audio CD Large Print

Please contact MDwise Medicare at 833-358-2140 if you need information in an accessible format other than what's listed above. Our office hours are April 1 through September 30 Monday through Friday, 8 a.m. to 8 p.m. and October 1 through March 31 seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving and Christmas days). TTY users can call 711.

Do you work? Yes No

Does your spouse work? Yes No

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

Paying your plan premiums

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 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. DON'T pay MDwise Medicare the Part D-IRMAA.

Please select a premium payment option:

- Automatic withdrawal from your bank account each month. Please allow up to 60 days to process your request. **Please pay any premium bill you may receive while your request is processing.** Future monthly premiums will be automatically withdrawn from your specified account on the first day of every month.

Please enclose a VOIDED check or provide the following information:

Account holder name: _____

Bank routing number: _____

(first set of numbers located on left side of check)

Bank account number: _____

(second set of numbers located in the center of check)

Account type: Checking Savings

- Get a bill each month.
- Automatic deduction from your monthly Social Security/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.)

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.

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GLOSSARY

As you're researching information on Medicare, you might come across some unfamiliar terms. Here's a handy list of commonly used words and what they mean for you.

Copayment

Sometimes called a copay, this is the set dollar amount you pay at the time you receive a Medicare-covered service. You may also have a copay when you get a prescription filled.

Coinsurance

Coinsurance is your portion (a percentage) of the cost for medical services or prescriptions included in your plan.

Deductible

The amount you'll pay for most covered in-network medical services before you start paying only copayments or coinsurance and your plan pays the balance.

Out-of-pocket limit

This is your annual maximum cost, or the most you'll pay for Medicare-covered medical services, including copays and coinsurance in one year.

Premium

The amount you pay for your health insurance every month.

Preventive care

Preventive care includes specific health care services that help you avoid potential health problems or find them early when they are most treatable, before you feel sick or have symptoms. Examples of preventive care include annual wellness exams, flu shots and cancer screenings.



Access to thousands of providers in Indiana
Telehealth services with board certified providers through McLarenNow
Vision, dental, and hearing coverage
Over-the-counter medication and product allowance
Worldwide urgent and emergency coverage*

MDwise Member Services

833-358-2140 (TTY: 711)

April 1-Sept. 30: Monday through Friday, 8 a.m. to 8 p.m.

Oct. 1-March 31: 7 days a week, 8 a.m. to 8 p.m.

(Except Thanksgiving and Christmas days)

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*Inspire Plus and Inspire Flex plans only