



Enrollment Guide

Jan. 1, 2023 — Dec. 31, 2023

MDwise Medicare Inspire (HMO) - H7746-001

MDwise Medicare Inspire Plus (HMO) - H7746-002

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

wise Medicare Inspire Duals (HMO D-SNP) - H7746-004

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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. And there is a \$320 - \$420 (depending on the plan) annual allowance for over-the-counter items you use every day; \$160 for DSNP enrollees. Our network includes exceptional, compassionate care from hospitals such as Community, Eskenazi Health, and Ascension St. Vincent. 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.

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 - Medicare

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

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, Brown, Carroll, Cass, Clinton, Decatur, Fountain, Hamilton, Hancock, Hendricks, Henry, Howard, Jennings, Madison, Marion, Miami, Montgomery, Parke, Pike, Putnam, Randolph, Rush, Shelby, Tipton, Union, Warren, and White counties.

MDwise Medicare plans are available in 27 counties throughout Indiana.

In addition to the eligibility requirements listed above, to be eligible for the DSNP, you must be eligible for Medicare and full Medicaid Benefits and receive “Extra Help” from Medicare to pay for the costs of your Medicare prescription drugs.

DOES MY DOCTOR ACCEPT MDWISE MEDICARE?

You will have access to more than 7,500 in-network provider locations including health systems such as Community, Eskenazi Health, and Ascension St. Vincent.

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

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/medicare, 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.

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.

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.

Plans can help you save money in other ways, too:

- » \$0 premium - saves you money each month
- » Prescription drugs -included with \$0 copay for drugs on Tier 1 and Tier 6
- » Allowance for glasses
- » Hearing aids - covered
- » Routine dental care - covered
- » Fitness memberships - you choose, we reimburse
- » Over-the-counter benefit - generous quarterly allowance

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 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%; DSNP has preventive dental covered at 100%
- » Optional comprehensive dental available for purchase through Delta Dental for non-DSNP plans
- » Vision care with eyewear allowance
- » Hearing care with hearing aid coverage
- » Over-the-counter allowance of \$80 - \$105 (depending on plan) per quarter (\$40 for DSNP) 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 \$4,660.
- » 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 for All Non-DSNP Plans

- » 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.

Coverage for Select Insulins

- » MDwise Medicare Inspire, Inspire Plus and Inspire Flex have additional coverage for Select Insulins in Tiers 2 and 3.
- » For Inspire, Inspire Plus and Inspire Flex:
 - Select Insulins in Tier 2 will be covered in the Initial Coverage and Coverage Gap stages with a \$10 copay.
 - Select Insulins in Tier 3 will be covered in the Initial Coverage and Coverage Gap stages with a \$35 copay.
 - You can find out which drugs are Select Insulins by reviewing the plan's List of Covered Drugs (Formulary) on our website.

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.

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.

WHAT IS A 'DUALS' PLAN?

If you have both Medicaid and Medicare, you could qualify for more benefits with MDwise Medicare Inspire Duals (HMO D-SNP). You keep all your Medicaid benefits and add even more, all for a \$0 plan premium. You get prescription drug coverage, your Medicaid benefits and additional health benefits such as vision, dental, hearing and home-delivered meals after you have been discharged from the hospital. And you get a generous over-the-counter allowance to use each quarter.

SUMMARY OF BENEFITS

Jan. 1, 2023-Dec. 31, 2023

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, HMO-POS and D-SNP plans. 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/medicare.

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, 2023-Dec. 31, 2023**

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/medicare.

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, Brown, Carroll, Cass, Clinton, Decatur, Fountain, Hamilton, Hancock, Hendricks, Henry, Howard, Jennings, Madison, Marion, Miami, Montgomery, Parke, Pike, Putnam, Randolph, Rush, Shelby, Tipton, Union, Warren, 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/noncontracted 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 In addition to your Medicare Part B premium	\$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 This is the most you will pay for copays, coinsurance and other costs for medical services for the calendar year.	\$3,900	\$4,300	\$4,300 INN \$10,000 INN/OON

Covered Medical Benefits

	MDwise Inspire (HMO) H7746-001	MDwise Inspire Plus (HMO) H7746-002	MDwise Inspire Flex (HMO-POS) H7746-003
Inpatient Hospital Coverage We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	\$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
Outpatient Hospital Coverage Prior authorization may be required.	Outpatient Hospital: \$275 copay for each visit Ambulatory Surgical Center: \$250 copay for each visit Observation: \$275 copay for each visit	Outpatient Hospital: \$275 copay for each visit Ambulatory Surgical Center: \$250 copay for each visit Observation: \$275 copay for each visit	In-network Outpatient Hospital: \$275 copay for each visit Ambulatory Surgical Center: \$250 copay for each visit Observation: \$275 copay for each visit Point-of-service 30% of the cost
Doctor Visits No referral required for an in-network specialist visits	Primary Care: \$0 copay per visit Specialist: \$40 copay per visit	Primary Care: \$0 copay per visit Specialist: \$40 copay per visit	In-network Primary Care: \$0 copay per visit Specialist: \$40 copay per visit Point-of-service 30% of the cost
Preventive Care	\$0 copay	\$0 copay	In-network \$0 copay Point-of-service 30% of the cost
Emergency Care Your copay will be waived if you are admitted directly into the hospital.	You pay a \$95 copay per visit in or out of network	You pay a \$95 copay per visit in or out of network	You pay a \$95 copay per visit in or out of network
Urgently Needed Services	You pay a \$50 copay per visit in or out of network	You pay a \$50 copay per visit in or out of network	You pay a \$50 copay per visit in or out of network

Covered Medical Benefits

<p>Outpatient Diagnostic Services/Labs/Imaging</p> <p>Prior authorization required for genetic testing.</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>In-network 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>Point-of-service 30% of the cost</p>
<p>Hearing Services</p> <p>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 2 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 2 years</p>	<p>In-network 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>Point-of-service 30% of the cost</p> <p>Hearing aids: \$699/\$999 copay per hearing aid - one per ear every 2 years</p>
<p>Dental Services</p> <p>In-network preventive dental services are provided by Delta Dental's Medicare Advantage PPO and Premier 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 5 years</p> <p>Simple extractions: 50% coinsurance</p> <p>\$1,500 per person limit per calendar year</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 PPO or Premier network dentists.	\$22.50	\$34.50
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 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 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 style="text-align: center;">Medicare-covered services:</p> <p style="text-align: center;">\$35 copay for each visit \$0 copay for eyeglasses or contact lenses after cataract surgery \$0 copay for glaucoma screening</p> <p style="text-align: center;">Routine vision services:</p> <p style="text-align: center;">\$0 copay for a routine eye exam \$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses or frames) or contact lenses up to \$100</p>	<p style="text-align: center;">Medicare-covered services:</p> <p style="text-align: center;">\$35 copay for each visit \$0 copay for eyeglasses or contact lenses after cataract surgery \$0 copay for glaucoma screening</p> <p style="text-align: center;">Routine vision services:</p> <p style="text-align: center;">\$0 copay for a routine eye exam \$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses or frames) or contact lenses up to \$200</p>	<p style="text-align: center;">In-network Medicare-covered services:</p> <p style="text-align: center;">\$35 copay for each visit \$0 copay for eyeglasses or contact lenses after cataract surgery \$0 copay for glaucoma screening</p> <p style="text-align: center;">Point-of-service 30% of the cost</p> <p style="text-align: center;">Routine vision services:</p> <p style="text-align: center;">\$0 copay for a routine eye exam \$0 copay for non-Medicare-covered routine corrective eyeglasses (lenses or frames) or contact lenses up to \$200</p>
Mental Health Services 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. Prior authorization may be required for inpatient mental health services.	<p style="text-align: center;">Inpatient:</p> <p style="text-align: center;">\$265 copay per day for days 1 through 7 You pay nothing per day for days 8 through 90</p> <p style="text-align: center;">Outpatient therapy (group or individual): \$30 copay per session</p>	<p style="text-align: center;">Inpatient:</p> <p style="text-align: center;">\$265 copay per day for days 1 through 7 You pay nothing per day for days 8 through 90</p> <p style="text-align: center;">Outpatient therapy (group or individual): \$25 copay per session</p>	<p style="text-align: center;">In-network Inpatient:</p> <p style="text-align: center;">\$265 copay per day for days 1 through 7 You pay nothing per day for days 8 through 90</p> <p style="text-align: center;">Outpatient therapy (group or individual): \$25 copay per session</p> <p style="text-align: center;">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>Prior authorization may be required.</p>	<p>You pay nothing per day for days 1 through 20</p> <p>\$196 copay per day for days 21 through 100</p>	<p>You pay nothing per day for days 1 through 20</p> <p>\$196 copay per day for days 21 through 100</p>	<p style="text-align: center;">In-network</p> <p>You pay nothing per day for days 1 through 20</p> <p>\$196 copay per day for days 21 through 100</p> <p style="text-align: center;">Point-of-service</p> <p>30% of the cost</p>
<p>Physical Therapy</p> <p>Prior authorization may be required.</p>	\$40 copay per visit	\$40 copay per visit	<p style="text-align: center;">In-network</p> <p>\$40 copay per visit</p> <p style="text-align: center;">Point-of-service</p> <p>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>50 mile limit one-way</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:</p> <p style="text-align: center;">20% of the cost</p> <p style="text-align: center;">Home Infusion Drugs:</p> <p style="text-align: center;">\$0 copay</p>	<p style="text-align: center;">Chemotherapy and Other Part B Drugs:</p> <p style="text-align: center;">20% of the cost</p> <p style="text-align: center;">Home Infusion Drugs:</p> <p style="text-align: center;">\$0 copay</p>	<p style="text-align: center;">In-network</p> <p style="text-align: center;">Chemotherapy and Other Part B Drugs:</p> <p style="text-align: center;">20% of the cost</p> <p style="text-align: center;">Home Infusion Drugs:</p> <p style="text-align: center;">\$0 copay</p> <p style="text-align: center;">Point-of-service</p> <p style="text-align: center;">30% of the cost</p>

Prescription Drug Benefits

	MDwise Inspire (HMO) H7746-001		MDwise Inspire Plus (HMO) H7746-002		MDwise Inspire Flex (HMO-POS) H7746-003	
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 \$4,660	Retail pharmacy (30-day supply)	Mail-Order pharmacy (90-day supply)	Retail pharmacy (30-day supply)	Mail-Order pharmacy (90-day supply)	Retail pharmacy (30-day supply)	Mail-Order pharmacy (90-day supply)
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic	\$12 Select Insulins: \$10	\$27 Select Insulins: \$23	\$12 Select Insulins: \$10	\$27 Select Insulins: \$23	\$12 Select Insulins: \$10	\$27 Select Insulins: \$23
Tier 3: Preferred Brand	\$47 Select Insulins: \$35	\$105.75 Select Insulins: \$79	\$47 Select Insulins: \$35	\$105.75 Select Insulins: \$79	\$47 Select Insulins: \$35	\$105.75 Select Insulins: \$79
Tier 4: Non-Preferred Brand	\$100	\$225	\$100	\$225	\$100	\$225
Tier 5: Specialty	33%	N/A	33%	N/A	33%	N/A
Tier 6: Select Care Drugs	\$0	\$0	\$0	\$0	\$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 Select Insulins 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 \$7,400.					

Prescription Drug Benefits

	MDwise Inspire (HMO) H7746-001	MDwise Inspire Plus (HMO) H7746-002	MDwise Inspire Flex (HMO-POS) H7746-003
Stage 4: Catastrophic Coverage Stage	<p>In this stage, your cost share for a covered drug will be either a copayment or coinsurance which ever is the larger amount.</p> <ul style="list-style-type: none"> » Copay - \$4.15 for generic drugs and \$10.35 for all other drugs » or Coinsurance - 5% of the cost of the drug <p>Our plan pays the rest 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
Acupuncture Medicare-covered acupuncture for chronic lower back pain.	You pay a \$25 copay per visit	You pay a \$25 copay per visit	In-network You pay a \$25 copay per visit Point-of-service Not covered out-of-network
Annual Physical Exam Comprehensive preventive medical evaluation.	\$0 copay	\$0 copay	In-network \$0 copay Point-of-service 30% of the cost
Chiropractic care	\$20 copay per visit	\$20 copay per visit	In-network \$20 copay per visit Point-of-service 30% of the cost
Durable medical equipment Prior authorization is required for items that cost more than \$1,000, insulin pumps, and bone stimulators.	You pay a 20% coinsurance	You pay a 20% coinsurance	In-network You pay a 20% coinsurance Point-of-service 30% of the cost

Additional Covered Medical Benefits

	MDwise Inspire (HMO) H7746-001	MDwise Inspire Plus (HMO) H7746-002	MDwise Inspire Flex (HMO-POS) H7746-003
Enhanced disease management	<p>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.</p> <p>You pay nothing for enhanced disease management.</p>		
Fitness membership	Our plan will reimburse you for up to a maximum of \$100 annually for your fitness center membership.	Our plan will reimburse you for up to a maximum of \$200 annually for your fitness center membership.	Our plan will reimburse you for up to a maximum of \$200 annually for your fitness center membership.
Meals after discharge	\$0 for 2 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 5 discharges for a total of 140 meals per year.		
Nutritional/dietary benefit	<p>We cover 6 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>You pay nothing for these sessions.</p>		
Over-the-counter items	You are eligible for a \$80 quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products that do not need a prescription. No rollover.	You are eligible for a \$105 quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products that do not need a prescription. No rollover.	You are eligible for a \$105 quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products that do not need a prescription. No rollover.
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;">In-network</p> <p>You pay a 20% coinsurance</p> <p style="text-align: center;">Point-of-service 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
Worldwide Emergency	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 style="text-align: center;">You pay a \$95 copay per visit.</p>	
Worldwide Urgently Needed Care	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 style="text-align: center;">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/medicare.

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

From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. Eastern Time. (except Thanksgiving and Christmas days)

From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern Time.

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

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

H7746_SB2023_M

SUMMARY OF BENEFITS

MDwise Medicare Inspire Duals (HMO D-SNP) H7746-004

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/medicare.

To join **MDwise Medicare Inspire Duals**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, eligible for full Medicaid benefits, qualify for Low Income Subsidy, and live in our service area. Our service area includes the following Indiana counties: Benton, Brown, Carroll, Cass, Clinton, Decatur, Fountain, Hamilton, Hancock, Hendricks, Henry, Howard, Jennings, Madison, Marion, Miami, Montgomery, Parke, Pike, Putnam, Randolph, Rush, Shelby, Tipton, Union, Warren, and White.

MDwise Medicare Inspire Duals 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/noncontracted 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

<p>Your Monthly Plan Premium</p> <p>(in addition to your Medicare Part B premium)</p>	<p>\$0</p>
<p>Deductible</p>	<p>Medical services \$0</p> <p>Prescription drugs - all tiers \$0</p>
<p>Maximum Out-of-Pocket Responsibility</p> <p>This is the most you will pay for copays, coinsurance and other costs for medical services for the calendar year.</p>	<p>\$8,300 annually for Medicare-covered services from in-network providers.</p>
<h3>Covered Medical Benefits</h3>	
<p>Inpatient Hospital Coverage</p>	<p>You pay \$0 per stay. We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.</p>
<p>Outpatient Hospital Coverage</p>	<p>Outpatient Hospital: \$0 copay</p> <p>Ambulatory Surgical Center: \$0 copay</p> <p>Observation: \$0 copay</p> <p>Prior authorization may be required.</p>
<p>Doctor Visits</p>	<p>Primary Care: \$0 copay per visit</p> <p>Specialist: \$0 copay per visit</p>

Covered Medical Benefits

Preventive Care	<p>\$0 copay</p> <p>Preventive care includes:</p> <ul style="list-style-type: none"> » abdominal aortic aneurysm screening » annual wellness visit » bone mass measurement » breast cancer screening » cardiovascular disease risk reduction visit » cardiovascular disease testing » cervical and vaginal cancer screening » colorectal cancer screening » depression screening » diabetes screening » diabetes self-management training » Medicare Diabetes Prevention Program (MDPP) » HIV screening » immunizations (flu, pneumonia, Hepatitis B, COVID) » medical nutrition therapy » 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 STIs and counseling to prevent STIs » smoking and tobacco use cessation (counseling) » Welcome to Medicare preventive visit
Emergency Care	<p>\$0 copay in or out of network</p>
Outpatient Diagnostic Services/Labs/ Imaging	<p>Diagnostic radiology service (CT/MRI): \$0 copay</p> <p>Lab services: \$0 copay</p> <p>Diagnostic tests and procedures: \$0 copay</p> <p>Outpatient X-rays: \$0 copay</p> <p>Prior authorization required for genetic testing.</p>
Hearing Services	<p>Hearing exams:</p> <p>\$0 copay for a Medicare-covered hearing exam \$0 copay for a non-Medicare-covered routine hearing exam</p> <p>Hearing aids:</p> <p>\$0 copay per hearing aid - one per ear every 2 years</p>

Covered Medical Benefits

Dental Services

In-network preventive dental services are provided by Delta Dental's Medicare Advantage PPO network dentists.

Oral exam and cleaning:

\$0 copay for two exams and two cleanings each year

Onlays/crowns and repair:

\$0 copay

Bitewing X-rays:

\$0 copay for one set each year

Full mouth X-rays:

\$0 copay once every 5 years

Periodontal maintenance and periodontal non-surgical procedures:

\$0 copay

Dentures & denture relines/repairs:

\$0 copay

You have a \$1,000, limit on all covered dental services.

Vision Services

Medicare-covered services:

\$0 copay for each Medicare-covered exam to diagnose and treat diseases of the eye

\$0 copay for eyeglasses or contact lenses after cataract surgery

\$0 copay for glaucoma screening

Routine vision services:

\$0 copay for routine eye exam

\$0 copay for up to \$100 annual allowance for non-Medicare-covered corrective eyeglasses (lenses and frames) or contact lenses.

Mental Health Services

Our plan covers up to 190 days in a lifetime for inpatient care in a psychiatric hospital.

Inpatient:

\$0 copay per stay; our plan covers up to 90 days for an inpatient hospital stay

Outpatient therapy (group or individual):

\$0 copay per session

Prior authorization may be required for inpatient mental health services.

Covered Medical Benefits

Skilled Nursing Facility (SNF)	<p>\$0 copay</p> <p>Our plan covers up to 100 days each benefit period in an SNF. A benefit period starts the day you go into an SNF and ends when you go 60 days in a row without SNF care.</p> <p>Prior authorization may be required.</p>
Physical Therapy	<p>\$0 copay per visit</p> <p>Prior authorization may be required.</p>
Ambulance	<p>\$0 copay per one-way transport</p> <p>Prior authorization may be required for Medicare-covered non-emergency transport.</p>
Transportation	<p>You pay nothing for 20 one-way, non-emergency trips per year to plan-approved health-related locations.</p> <p>50 mile limit one-way.</p>
Medicare Part B Drugs	<p>Chemotherapy and Other Part B Drugs:</p> <p>\$0 copay</p> <p>Home Infusion Drugs:</p> <p>\$0 copay</p> <p>Prior authorization may be required.</p>

Additional Covered Medical Benefits

Acupuncture	\$0 copay for Medicare-covered visits for lower back pain
Annual Physical Exam Comprehensive preventive medical evaluation.	\$0 copay
Chiropractic Care	\$0 copay
Durable Medical Equipment	\$0 copay Prior authorization required for DME that costs over \$1,000, insulin pumps, and bone stimulators.
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	Our plan will reimburse you for up to a maximum of \$200 annually for your fitness center membership.
Meals After Discharge	\$0 for 2 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 5 discharges for a total of 140 meals per year.
Nutritional/Dietary Benefit	We cover 6 counseling sessions 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 your physician to see if you would benefit from nutritional counseling. You pay nothing for these sessions.
Over-the-Counter Items	You are eligible for a \$40 quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products that do not need a prescription. No rollover.
Prosthetic Devices and Related Medical Supplies	\$0 copay Prior authorization is required for items that cost more than \$1,000.

Prescription Drug Benefits

Deductible	There is no prescription drug deductible for this plan.
Stage 1: Initial Coverage Stage	<p>During this stage, the plan pays its share of the cost of your drugs and you pay your share. You will pay the following copays until your total out of pocket costs (what you pay) reach \$7,400:</p> <p>Tier 1 Generic: You pay either \$0, \$1.45, or \$4.15 per prescription.</p> <p>Tier 1 Brand: You pay either \$0, \$4.30, or \$10.35 per prescription.</p>
Stage 2: Catastrophic Coverage Stage	\$0 for Low Income Subsidy (LIS) Levels 1 - 3.

Medicaid Benefits

Your covered services are first paid for by Medicare and then by Medicaid. The chart below shows you which benefits are covered by Medicare and which benefits are covered by Medicaid. If a benefit is not covered by Medicare, it may be covered by Medicaid depending on your type of Medicaid coverage.

Outpatient Services

	MDwise Medicare Inspire Duals	Indiana Medicaid
Acupuncture	✓ Some coverage	Not covered
Ambulance	✓	✓
Chiropractic Care	✓ Some coverage	✓ Some coverage
Dental Services	✓	✓ Some coverage
Diabetes Management	✓	✓
Diagnostic Tests, X-rays, Lab Services and Radiology Services	✓	✓
Doctor Visits	✓	✓
Durable Medical Equipment	✓	✓

Outpatient Services		
	MDwise Medicare Inspire Duals	Indiana Medicaid
Emergency Care	✓	✓
Hearing Services	✓	✓
Home Health Services	✓	✓
Mental Health Services	✓	✓
Outpatient Rehabilitation Services (occupational therapy, physical therapy, speech therapy)	✓	✓
Outpatient Services	✓	✓
Outpatient Substance Abuse	✓	✓
Podiatry Services	✓	✓
Preventive Care	✓	✓
Prosthetic Devices	✓	✓
Routine Transportation	✓	✓
Urgent Care	✓	✓
Vision Services	✓	✓ some coverage
Inpatient Services		
Inpatient Hospital Care	✓	✓
Inpatient Mental Health	✓	✓
Skilled Nursing Facility (SNF)	✓	✓

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/medicare.

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

From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. Eastern Time. (except Thanksgiving and Christmas days)

From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern Time.

You can see our plan’s provider/pharmacy directory at our website at: www.mdwise.org/medicare.

MDwise Medicare is a DSNP HMO plan with a Medicare contract and a contract with the State of Indiana Medicaid Program. Enrollment in MDwise Medicare depends on contract renewal.

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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

- » Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.mdwise.org/medicare to view a copy of the EOC or call Member Services at 833-358-2140 (TTY: 711) to request a copy.
- » 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.

Understanding Important Rules

- » In addition to your monthly plan premium (if you choose a plan that has a monthly 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, 2024.
- » Except in emergency or urgent situations, when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which MDwise Medicare authorizes use of out-of-network providers, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- » If you've selected our HMO-POS plan, we will pay for certain covered services provided by a non-contracted provider, however the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- » If you enroll in our Dual Eligible Special Needs Plan (D-SNP), your ability to enroll will be based on verification that you are entitled to both Medicare and full Indiana Medicaid benefits (QMB+) and qualify for Low Income Subsidy.

ENROLLMENT IS EASY!

1. You can enroll online at www.mdwise.org/medicare
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.

Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plan 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.

Medicare Special Needs Plan (SNP) - A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

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:	
[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 and a DSNP HMO with a Medicare contract and a contract with the State of Indiana Medicaid program. Enrollment in MDwise Medicare depends on contract renewal.

MDWISE MEDICARE INDIVIDUAL ENROLLMENT REQUEST FORM

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan

To join a plan, you must:

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

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

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

When do I use this form?

You can join a plan:

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

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

What do I need to complete this form?

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

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

Reminders

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

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

What happens next?

Send your completed and signed form to:

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 1st through September 30th Monday through Friday, 8 a.m. to 8 p.m. or October 1st through March 31st seven days a week (except Thanksgiving and Christmas days), 8 a.m. to 8 p.m.

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
- MDwise Medicare Inspire Duals (DSNP HMO)\$0 per month

Add Optional Supplemental Dental coverage to your plan. This supplemental coverage is available for an **additional monthly premium**. Not available to MDwise Medicare Inspire Duals plan members.

- Delta Dental Option 1 \$22.50 per month
- Delta Dental Option 2 \$34.50 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: _____

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 # for this coverage: _____

Group # for this coverage: _____

2. You must have Medicaid coverage to join the MDwise Medicare Special Needs Plan. If you selected MDwise Medicare Inspire Duals at the beginning of Section 1, are you enrolled in your State Medicaid program?

Yes No

If "yes," please provide your Medicaid Recipient number: _____

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 1st through September 30th Monday through Friday, 8 a.m. to 8 p.m. and October 1st through March 31st 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.

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)

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(Except Thanksgiving and Christmas days)

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*Inspire Plus and Inspire Flex plans only