2018 Medicare Enrollment Packet

(San Luis Valley)

Contact Dessa Pottberg
Medicare Coordinator
700 Main Street, Suite 100
Alamosa, CO 81101
Phone: 719-589-3696
Fax: 719-589-4901
Toll Free: 800-475-8466
Dessa.pottberg@fridayhealthplans.com

READY TO ENROLL?

Completing and returning the enclosed Application is your first step in becoming a Friday Health Plans Medicare (Cost) Member. **Please read the Summary of Benefits to determine which plan is right for you.** If you and your spouse are both applying, please fill out one Application for yourself and a separate one for your spouse.

Completing the Application Materials

- **Friday Health Plans' Medicare Plans (Cost) Application:** read & complete all required information
  - ✓ Please complete pages 1 & 2 in its entirety – ***be sure to provide your Medicare Card information on page 1***
  - ✓ Carefully read the disclaimers on page 3
  - ✓ Sign and date page 3

We recommend that you make a copy of this Application for your records.

- **Premium Payment Option:** choose one of the three payment options you wish to utilize for the payment of your monthly premium
  - ✓ Please be sure to initial your payment option, sign & date the form (if you choose to have your premiums taken from one of your bank accounts ***please complete, sign & date the section titled "AUTHORIZATION FOR AUTOMATIC TRANSFER OF FUNDS" and return with a copy of a voided check***).

- **First Month Premium:** Friday Health Plans (Cost) is a prepaid program; payment for your first month premium is required to be submitted with your Application.
  - ✓ Please include a check or money order in the amount of your first month's premium

Mailing the Application Materials

Please mail the following materials to Friday Health Plans:

- ✓ Completed **Application**
- ✓ Completed **Premium Payment Option form** (including voided check, if applicable)
- ✓ Check or money order for your **first month's premium**

Mail to:

Friday Health Plans
Attn: Medicare Enrollment
700 Main Street, Suite 100
Alamosa, CO 81101

Contact our Enrollment Specialist if you would like further assistance in completing these forms.

This information is available for free in other languages. Please contact our customer service number at 1-800-475-8466 / TTY 1-800-659-2656, 8:00 a.m. to 8:00 p.m., 7 days a week, Oct 1 – Feb 14, and 8:00 am to 8:00 pm, Monday through Friday, Feb 15 – Sep 30.
Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de servicio al ciente al 1-800-475-8466, TTY 1-800-659-2656 de 8:00 am a 8:00 pm, los 7 días de la semana, Oct 1 – Feb 14, y 8:00 am a 8:00 pm, de Lunes a Viernes, Feb 15 – Sep 30.

Friday Health Plans is a Cost plan with a Medicare contract. Enrollment in Friday Health Plans' Medicare cost plan depends on contract renewal.

friday health plans

To Enroll in FRIDAY HEALTH PLANS SV PLANS (COST),
Please Provide the Following Information:

Please check which plan you want to enroll in:

_____ Friday Health Plans Silver SV Plan (Cost) Premium: $30 per month*

_____ Friday Health Plans Gold SV Plan (Cost) Premium: $50 per month*

_____ Friday Health Plans Platinum SV Plan (Cost) Premium: $80 per month*

*You must continue to pay your Part B premiums

Please indicate your requested enrollment effective date: _____

LAST Name: FIRST Name: Middle Initial		☐ Mr. ☐ Mrs. ☐ Ms.
Birth Date: (__ __/__ __/__ __ __ __) (M M/ D D / Y Y Y Y)	Gender: ☐ M ☐ F	Phone Number: ( )
Permanent Residence Street Address:		
City:	State:	ZIP Code:

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

Street Address: City: State: ZIP Code:

Emergency contact: _____
Phone Number:_____
Relationship to You _____

Please Provide Your Medicare Insurance Information

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

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

-OR-

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

Name (as it appears on your Medicare card):

_____

Medicare Number: _____
Is entitled to: Effective Date:
HOSPITAL (Part A) _____

MEDICAL (Part B) _____
You must have Medicare Part B to join a Medicare cost plan.

Your Plan Premium Payment Options

You can pay your monthly plan premium by mail, Electronic Funds Transfer (EFT), each month. You can also choose to pay your premium by automatic deduction from your Social Security Check each month.

If you don't select a payment option, you will receive a coupon book.

Please select a premium payment option:

☐ Receive a coupon book annually
☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:
Account holder name: _____
Bank routing number: _ _ _ _ _ _ _ _ _ Bank account number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Account type: ☐ Checking ☐ Saving
Automatic deduction from your monthly *Social Security or Railroad Retirement Board (*RRB) benefit check.
I get monthly benefits from: ☐ *Social Security* ☐ *RRB*
(The *Social Security/RRB* deduction may take two or more months to begin after Social Security *or* RRB approves the deduction. In most cases, if Social Security *or* RRB accepts your request for automatic deduction, the first deduction from your *Social Security or* RRB benefit check will not include all premiums due from your enrollment effective date up to the point withholding begins. We will send you a coupon book for those months before deduction from your Social Security/RRB check starts. If Social Security *or* RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please read and answer these important questions:

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

If you answered "yes" to this question and you do not need regular dialysis any more, or have had a successful kidney transplant, **please attach a note or records** from your doctor showing you do not need dialysis or have had a successful kidney transplant.

2. Do you or your spouse work? ☐ Yes ☐ No
Do you have health coverage through you or your spouse's current or former employer? ☐ Yes ☐ No
If "yes" please provide the following information:
Employer Name; _____ Employer Address: _____
Policy Holder Name: _____ Policy Number: _____

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

Please choose the name of a Primary Care Physician (PCP), clinic or health center (if required):
_____

Please check one of the boxes below if you would prefer us to send you information in a language other than English:
_____ Spanish
_____ Other: _____

Please Read and Sign Below:

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

Friday Health Plans (Cost) is a Medicare health plan and I will need to keep my Medicare Part B. I can be in only one Medicare Health plan at a time. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I know I may disenroll from this plan at any time by sending a written request to Friday Health Plans or by calling 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Friday Health Plans (Cost) serves a specific service area. If I move out of the area that Friday Health Plans (Cost) serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Friday Health Plans (Cost), I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Friday Health Plans (Cost) when I receive it to know which rules I must follow in order to receive coverage with this Medicare health plan.

I understand that beginning on the date Friday Health Plans (Cost) coverage starts, in order for Friday Health Plans (Cost) to fully cover my medical services (except for emergency or ugently-needed services), all of my health care must be provided or arranged by Friday Health Plans (Cost). If I obtain services not provided or arranged by the plan, I will be responsible for all Medicare deductibles and coinsurance, as well as any additional charges as prescribed by the Medicare program. I may also be liable for charges not covered by Medicare.

Medicare beneficiaries are generally not covered under Medicare while out of the country except for limited coverage in Canada and Mexico. Services authorized by Friday Health Plans (Cost) and other services contained in my Friday Health Plans (Cost) Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered.

Release of Information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on *my* behalf under State law where *I live*) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Friday Health Plans (Cost) or by Medicare.

Your Signature:	**Today's Date:**

If you are the authorized representative, you must provide the following information:
Name: _____
Address: _____
Phone Number: (___) ____-_____
Relationship to Enrollee: _____

Office Use Only:
Name of staff member (if assisted in enrollment): _____
Plan ID#: _____

[Enrollment Period when applicable] IEP: _____ AEP: _____ SEP (type): _____

Friday Health Plans is a Cost plan with a Medicare contract. Enrollment in Friday Health Plans' Medicare Cost Plan depends on contract renewal.
You must continue to pay your Medicare Part B premium.
The provider network may change at any time. You will receive notice when necessary.
This information is available for free in other languages. Please call our customer service number at 1-800-475-8466, TTY 1-800-659-2656, from 8:00 am to 8:00 pm, 7 days a week, Oct 1 – Feb 14 and 8:00 am to 8:00 pm, Monday through Friday, Feb 15 – Sep 30.
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FRIDAY HEALTH PLANS
PREMIUM PAYMENT OPTIONS

700 Main Street, Suite 100, Alamosa, CO 81101

There are 3 ways you can pay your plan premium. Please initial the line for the premium payment option you wish to utilize

_____ **Option 1: You can pay by check, cash or money order.**
You may decide to pay your monthly plan premium directly to our Plan. You will receive a coupon book that contains monthly coupons that should accompany your payment in the form of check, money order, or cash. Friday Health Plans Medicare Plans (Cost) are prepaid health plans, so your monthly premium is due no later than the 15th of the preceding month (For example, January premium is due prior to December 15th).

_____ **Option 2: You may use automatic withdrawal**
You can have your monthly plan premium automatically withdrawn from your bank account. With this option, no invoice is mailed and you do not have to worry about mailing your payment on time. Simply complete the Account Deduction Authorization form and attach a voided check. Colorado Choice will automatically withdraw the monthly plan premium on the 15th of each month.

_____ **Option 3: You can have the plan premium taken out of our monthly Social Security check**
You can have your plan premium taken out of your monthly Social Security check. Our Customer Service will contact you to set-up paying your monthly plan premium this way.

AUTHORIZATION FOR AUTOMATIC TRANSFER OF FUNDS

By signing below, I authorize Colorado Choice Health Plans to instruct my financial institution to deduct my premium payments from the account designated below. I authorize the financial institution to debit the amount of my premium from my designated account. This authorization is to remain in full force and in effect until Friday Health Plans has received written notification from the individual member of their termination in such time and in such manner as to afford Friday Health Plans and the Financial Institution a reasonable opportunity to act on it.

Member Name _____ Bank Name _____

Date of Monthly Automatic Transfer: *between the 10th and 15th of each month*

Routing # _____ Checking # _____ or Savings # _____

Authorized Signature _____ Date _____

Changing the way you pay your premium

Please contact Customer Service, if you decide to change the way you pay your premium, it can take up to three months for your new payment method to take effect. While we are processing your request for a new payment method, you are responsible for making sure that your plan premium is paid on time.

For any questions, please contact our Customer Service Department.
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Friday Health Plans - H0657

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, Friday Health Plans received the following Overall Star Rating from Medicare.

★★★
3 Stars

We received the following Summary Star Rating for Friday Health Plans's health/drug plan services:

Health Plan Services:	★★★ 3 Stars
Drug Plan Services:	Not Offered

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Mountain time at 800-475-8466 (toll-free) or 800-659-2656 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Mountain time.

Current members please call 800-475-8466 (toll-free) or 800-659-2656 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Friday Health Plans - H0657

Calificaciones por estrellas Medicare 2018*

El Programa Medicare evalúa anualmente todos los planes de salud y medicamentos según la calidad y el rendimiento del plan. La calificación por estrellas de Medicare le ayuda a saber cómo se desempeña nuestro plan de salud. Usted puede utilizar estas calificaciones por estrellas para comparar el rendimiento de nuestro plan con los demás planes. Los dos tipos principales de calificaciones por estrellas son los siguientes:

1. Una calificación general por estrellas que combina los puntajes de nuestro plan.

2. Una calificación resumida por estrellas que se concentra en nuestros servicios médicos ó de medicamentos recetados.

Algunas de las áreas que el Programa Medicare analiza para estas calificaciones incluyen:

- Cómo nuestros miembros evalúan los servicios del plan de salud y de atención médica;
- Qué tan bien nuestros médicos detectan enfermedades y mantiene a nuestros miembros saludables;
- Qué tan bueno es nuestro plan en ayudar a los miembros a utilizar medicamentos recetados recomendados y seguros.

Para el año 2018, Friday Health Plans recibió la siguiente calificación general por estrellas de Medicare.

★★★
3 estrellas

Recibimos la siguiente calificación resumida por estrellas para los servicios de salud ó de medicamentos de Friday Health Plans

Servicios de Planes de Salud:	★★★ 3 estrellas
Servicios de Planes de Medicamentos:	El beneficio no es ofrecido por el plan

El número de estrellas muestra que tan bien se desempeña nuestro plan.

★★★★★	5 estrellas - excelente
★★★★	4 estrellas - por encima del promedio
★★★	3 estrellas - promedio
★★	2 estrellas - por debajo del promedio
★	1 estrella - malo

Conozca más sobre nuestro plan y cómo somos distintos a otros planes de salud, visitando el sitio web www.medicare.gov.

Usted nos puede contactar de 7 días a la semana de 8:00 a.m. a 8:00 p.m. hora de la Montaña al 800-475-8466 (libre de cargo) ó al 800-659-2656 (teléfono de texto) del 1 de octubre al 14 de febrero. Nuestro horario de atención para el resto del año es de 15 febrero al 30 septiembre lunes a viernes de 8:00 a.m. a 8:00 p.m. hora de la Montaña.

Miembros actuales por favor llamar al 800-475-8466 (libre de cargo) o al 800-659-2656 (teléfono de texto).

*Las calificaciones por estrellas están basadas en 5 estrellas. Las calificaciones por estrellas son evaluadas cada año y pueden cambiar de un año al otro.