



2020 Enrollment Guide

FirstCare

Advantage Dual SNP (HMO SNP)

FirstCare[™]

HEALTH PLANS

PART OF BAYLOR SCOTT & WHITE HEALTH

A healthier you. That's what we do.

Medicare Advantage Dual Eligible Special Needs Plan

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FirstCare Health Plans

Customer Service

1-866-229-4969 (TTY: 711)

October 1 – March 31 · 8 a.m. – 8 p.m. Central Time (CT) · 7 days a week

April 1 – September 30 · 8 a.m. – 8 p.m. Central Time (CT) · Monday through Friday

Fax for Enrollment Applications

512-257-6027

Address for Enrollment Applications

FirstCare Advantage Dual SNP

Attention: Enrollment Department

12940 N. Hwy 183

Austin, TX 78750

[FirstCare.com/DualSNP](https://www.firstcare.com/DualSNP)

FirstCare Advantage Dual SNP (HMO SNP) is a health plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in FirstCare Advantage Dual SNP (HMO SNP) depends on contract renewal.

Right care. Right health plan. Right here in Texas.

FirstCare was founded in Amarillo in 1985 and has specialized in Texas health insurance plans for over 30 years. We are owned by Texas-based Scott and White Health Plan—part of Baylor Scott & White Health—and are trusted by more than 140,000 members in West Texas.

At FirstCare, we believe our communities should be healthy and that healthcare should be accessible to all of our friends and neighbors. Our deep commitment to our communities is fundamental to what we do. It helps us do a better job of connecting you with exceptional quality of care from some of the best hospitals, doctors, and health services in our community. And when you call FirstCare, you're talking to a real person, right here, who can provide real answers, right away. Because caring comes first.

What is a Dual SNP plan?

There are different types of Medicare health plans. FirstCare Advantage Dual SNP is a specialized Medicare Advantage Plan (a Medicare “Special Needs Plan”), which means its benefits are designed for people with special healthcare needs. FirstCare Advantage Dual SNP is designed specifically for “*dual eligibles*”—people like you who have Medicare and who are entitled to assistance from Medicaid.

With a Medicare plan like FirstCare Advantage Dual SNP, you will be covered by both Medicare and Medicaid:

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with end-stage renal disease (kidney failure).

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources.

Questions? Call 1-866-229-4969 (TTY: 711) or visit [FirstCare.com/DualSNP](https://www.FirstCare.com/DualSNP) for more information.



Get the Advantage: **FirstCare Advantage Dual SNP**

With FirstCare Advantage Dual SNP, we've got you covered from wellness to acute care and all types of care and services in between.

How the Plan Works

Because you get assistance from Medicaid with your Medicare Part A and B cost-sharing (deductibles, copayments, and coinsurance), you may pay nothing for your Medicare healthcare services. Medicaid may also provide other benefits to you by covering healthcare services such as long-term support services and home- and community-based waiver services that are not usually covered under Medicare. You will also receive "Extra Help" from Medicare to pay for the costs of your Medicare prescription drugs.

Except for urgent and emergency care, you must get your care and services from a network provider. In most cases, care you receive from an out-of-network provider (a provider who is not part of our plan's network) will not be covered.

Is a primary care provider (PCP) required to direct care?

Yes. As a member of our plan, you must choose a network PCP to provide and oversee your healthcare. Your PCP can assist you with access to specialists, review your medications, and consult with you on treatment options. There are no referrals required. Your PCP will help to coordinate needed services such as lab work, radiology, and durable medical equipment/prosthetics, particularly if services are needed out-of-network and an authorization would be required. You will generally see your PCP for most of your routine healthcare needs.

How do you find a PCP or network provider?

You can choose a PCP by reviewing the list of network providers in the provider and pharmacy directories. If you don't have a copy of the provider and pharmacy directories, you can request a copy from FirstCare Customer Service. You can also see the directories at **FirstCare.com/DualSNP**. You can list the PCP on your initial enrollment request form (application) or contact FirstCare Customer Service at 1-866-229-4969 to designate a physician or obtain further assistance.



How Medicare Works

Medicare Part A	Generally helps cover services provided by hospitals (for inpatient services, skilled nursing facilities, or home health agencies).
Medicare Part B	For most other medical services (such as physician’s services and other outpatient services) and certain items (such as durable medical equipment and supplies).
Medicare Part C	Medicare Advantage plans, like FirstCare Advantage Dual SNP, are Medicare-approved private health insurance plans for individuals enrolled in Original Medicare Part A and Part B. Medicare Advantage plans feature additional benefits that Original Medicare doesn’t cover, such as vision care.
Medicare Part D	The part of Medicare that provides outpatient prescription drug coverage. FirstCare Advantage Dual SNP includes Part D prescription drug coverage.

Medicare’s “Extra Help” Program

There is Extra Help available for people with limited income and resources to pay for prescription drugs. To get this help you must live in the United States, meet the income and resource requirements, and be enrolled in Medicare.

If you qualify, Medicare could pay up to 75 percent or more of your drug costs including monthly premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don’t even know it. To find out if you qualify, contact one of these agencies:

Medicare: 1-800-633-4227 (TTY 1-877-486-2048); 24 hours a day, 7 days a week

The Social Security Office: 1-800-772-1213 (TTY 1-800-325-0778);
7am – 7pm, Monday – Friday

Your State Medicaid Office

Your local Area Agency on Aging

Applying for Medicaid Benefits

To be eligible to enroll in FirstCare Advantage Dual SNP, you must also have Medicaid. If you don’t already have Medicaid and want to print an application from your computer or have one mailed to you:

- Go to YourTexasBenefits.com. Click on “Get a Paper Form” at the bottom of the page. Click “Download” to print or click “Send by Mail” for forms you want mailed to you.
- Or, call toll-free 2-1-1 or 877-541-7905. After you pick a language, press 2. Staff can help you Monday to Friday, 8 a.m. to 6 p.m. CT.

Plan Year 2020	HMO DSNP Member Responsibility	
Monthly Premium <i>(You must continue to pay your Medicare Part B premium—unless paid for by a third party, such as Medicaid. The amount of Extra Help you get to help pay your Medicare prescription drug plan costs will determine your monthly plan premium; most dual-eligible beneficiaries do not owe a premium.)</i>	Level of Extra Help	Monthly Premium
	100%	\$0
	75%	\$5.20
	50%	\$10.40
	25%	\$15.60
Deductible	\$0	
Out-of-Pocket Maximum <i>(annually; does not include prescription drugs)</i>	\$6,700	
Inpatient Hospital	\$0 copay	
Outpatient Surgery <i>(facility)</i>	\$0 copay	
Primary Care Provider (PCP) Office Visit (or Virtual Care Visit)	\$0 copay	
Specialist Office Visit	\$0 copay	
Preventive Care	\$0 copay	
Emergency <i>(U.S. only)</i>	\$0 copay	
Urgently Needed Services	\$0 copay	
Diagnostic Tests, X-rays, Lab Services	\$0 copay	
Hearing Services	\$0 copay	
Inpatient Mental Health	\$0 copay	
Outpatient Mental Healthcare <i>(per visit; group or individual therapy)</i>	\$0 copay	
Outpatient Substance Use Disorder <i>(per visit; group or individual therapy)</i>	\$0 copay	
Skilled Nursing Facility (SNF)/Home Healthcare/ Hospice	\$0 copay	
Physical/Occupational/Speech Therapy <i>(per visit)</i>	\$0 copay	
Ambulance	\$0 copay	
Durable Medical Equipment /Orthotic and Prosthetic Devices	\$0 copay	
Diabetic Supplies <i>(test strips, lancets)</i>	\$0 copay	
Prescription Drug Benefits		
Initial Coverage Amount	\$4,020	
Deductible	\$0	
Copays vary based on your level of Extra Help	Generic (including brand drugs treated as generic)	All Other Drugs
LIS 1	\$3.60 copay	\$8.95 copay
LIS 2	\$1.30 copay	\$3.90 copay
LIS 3	\$0 copay	\$0 copay
LIS 4	15% coinsurance	15% coinsurance
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$6,350	

For additional details on any of the benefits mentioned in these pages, please see the Summary of Benefits included in this book and the Evidence of Coverage available at FirstCare.com/DualSNP.

Affordable Prescriptions

Prescription drug benefits are included with the FirstCare Advantage Dual SNP plan. When you need to fill a prescription, simply present your member ID card at a network pharmacy for a 30-day supply. You will need to pay the pharmacy your share of the cost when you pick up your prescription.

For certain kinds of drugs, you can use the plan's network mail-order services. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Our plan's mail-order service requires you to order at least a 30-day supply of the drug and no more than a 90-day supply.

Your drugs need to be on the plan's "Drug List" (Formulary) to be covered by the health plan. To find out if a specific drug is on the Drug List, visit the plan's website [FirstCare.com/DualSNP](https://www.firstcare.com/DualSNP). The Drug List on the website is always the most current. You may also call FirstCare Customer Service to find out if a particular drug is on the plan's Drug List or to ask for a copy of the list.

For your health and safety, Medicare Dual SNP plans may have additional requirements or limits on prescription drug coverage, including:

Prior authorization: FirstCare Advantage Dual SNP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the health plan before you fill your prescriptions.

Quantity limits: Some drugs have limits on how much you can get at one time.



Extra Benefits

Original Medicare benefits may not be enough to meet your healthcare needs. FirstCare Advantage Dual SNP not only gives you all the benefits of Original Medicare, like access to doctors and hospitals, but it also includes some extra benefits to help reduce your out-of-pocket expenses.

FirstCare Advantage Dual SNP includes vision services for no additional premium.

Extra Benefits	Your Cost
Routine Eye Exam (<i>one per year</i>)	\$0 copay
Eyewear (<i>annual allowance toward purchase of non-Medicare covered eyewear including contacts, glasses, lenses, and frames</i>)	\$75 annual allowance toward purchase

Programs for Qualified Members

FirstCare Advantage Dual SNP offers many no-cost programs to make our care and services even better. These include:

- **Case Management:** In an effort to keep you as healthy as possible, case managers assist in coordinating services for members who have chronic diseases and/or conditions. They help direct you through the healthcare system and assist with referrals and authorizations to help meet your care needs.
- **Disease Management:** This voluntary program provides education and support to members who have certain chronic conditions, such as diabetes, congestive heart failure and many others.
- **Medication Therapy Management:** This program connects you to a pharmacist who will help you manage your medicines.
- **Utilization Management:** This program helps control costs and ensures the medical need for medicines, surgeries, and hospital stays.
- **Health and Wellness Education Programs:** These are programs focused on health conditions such as high blood pressure, cholesterol, asthma, and those that require special diets. Programs designed to enrich your health and lifestyle include weight management, fitness, and stress management.
- **Nurse Line:** This free phone service allows you to talk with a nurse about your health concerns. A nurse answers the call 24 hours a day, seven days a week.

We are where you need us to be: Local and ready to help

At FirstCare, we care about you, no matter your age or your health. We want you to get the care you need and be satisfied with your care experience, whether from a network provider, Customer Service, or your local case manager.

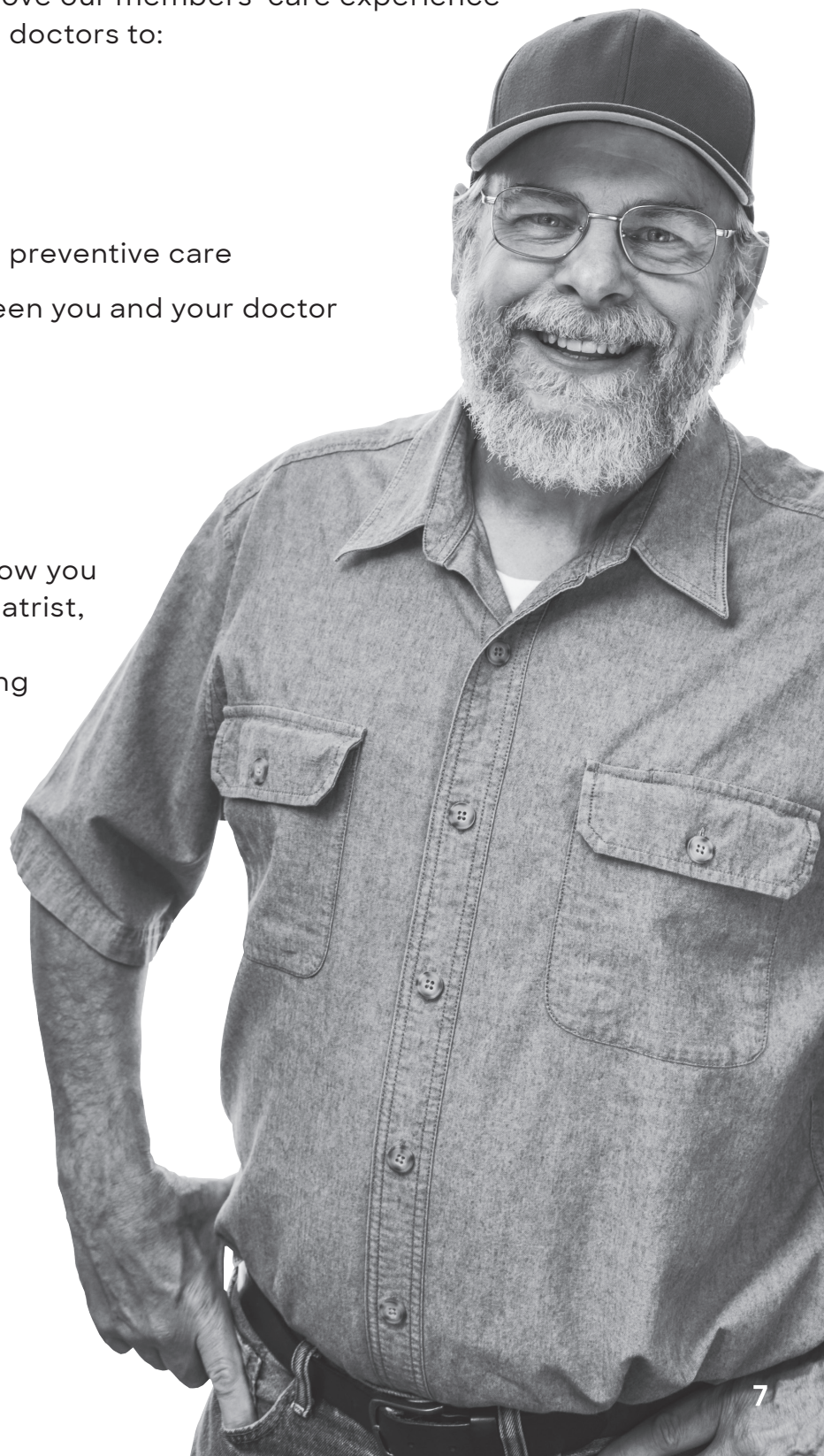
We continually look for ways to improve our members' care experience and work closely with members and doctors to:

- improve the quality of care
- reduce wait times
- simplify appointment-making
- make sure you get vaccines and preventive care
- encourage conversations between you and your doctor
- and more

FirstCare Virtual Care

We've teamed up with MDLIVE to allow you to visit a doctor, counselor or psychiatrist, using your smartphone, tablet or desktop computer. Instead of getting in the car and going to the doctor's office, you can stay home and visit the doctor with your phone or computer. This telehealth service is provided for \$0 copay as a member of the FirstCare Advantage Dual SNP plan.

Questions? Call 1-866-229-4969
(TTY: 711) or visit
FirstCare.com/DualSNP
for more information.



How to Enroll

Make Sure You Are Eligible

You are eligible for membership in FirstCare Advantage Dual SNP as long as:

- You have both Medicare Part A and Medicare Part B.
- You live in our geographic service area, which includes the following Texas counties: Carson, Crosby, Deaf Smith, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter, Randall, Swisher, and Terry.
- You are a United States citizen or are lawfully present in the United States.
- You do not have End-Stage Renal Disease (ESRD) at the time of enrollment.
- You are eligible for both Medicare and Medicaid.



Enroll by Phone

Call **1-866-229-4969** (TTY: 711).



Or, Complete and Submit an Enrollment Form (included within this guide)

Complete all pages of the form. Be sure to sign and date the enrollment form. Your signature on the form indicates that you have read and understand the enrollment process. We cannot process your enrollment form without your signature.



Mail each page of the completed and signed enrollment form to:

FirstCare Advantage Dual SNP
Attention: Enrollment Department
12940 N. Hwy 183
Austin, TX 78750

Or fax your enrollment form to Medicare Enrollment: 512-257-6027.

We will process your application and then send you a welcome kit with information on how to access your Evidence of Coverage document. Your FirstCare Advantage Dual SNP member ID card will be sent in a separate envelope. For questions about your enrollment, please call 1-866-229-4969 (TTY: 711).

Questions? Call 1-866-229-4969 (TTY: 711)
or visit **FirstCare.com/DualSNP** for more information.



2020 Summary of Benefits

FirstCare

Advantage Dual SNP (HMO SNP)

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A healthier you. That's what we do.

This is a summary of drug and health services covered in the FirstCare Advantage Dual SNP (HMO SNP) plan, offered by FirstCare Health Plans.

Summary of Benefits

January 1, 2020 - December 31, 2020

This booklet gives you 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 get a complete list of services we cover, refer to the *Evidence of Coverage*, available on our website at firstcare.com/dualsnp by October 15, 2019.

FirstCare Advantage Dual SNP (HMO SNP) is a health plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in FirstCare Advantage Dual SNP is dependent on contract renewal.

Tips for comparing your Medicare choices

This Summary of Benefits gives you a summary of what FirstCare Advantage Dual SNP covers and what you pay.

- If you want to compare our plan with other Medicare plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- 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 <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Things to know about FirstCare Advantage Dual SNP

- You can call us October 1 – March 31, 8 a.m. to 8 p.m., daily; April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday.
- Call toll free at 1-866-229-4969 or TTY 711.
- Our website: firstcare.com/dualsnp.

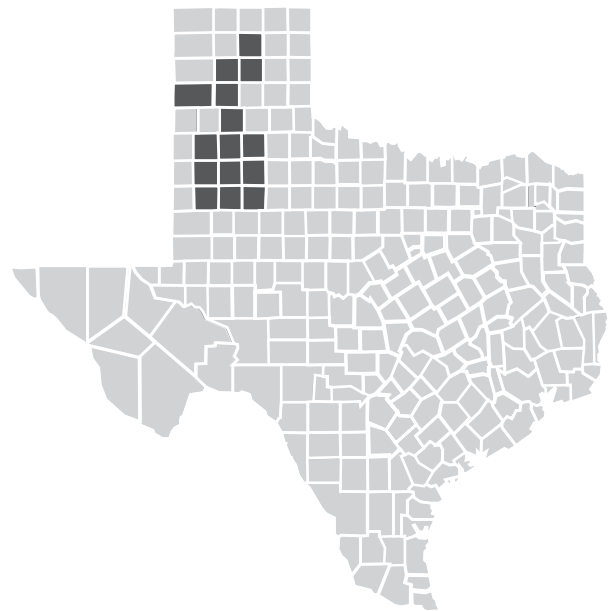
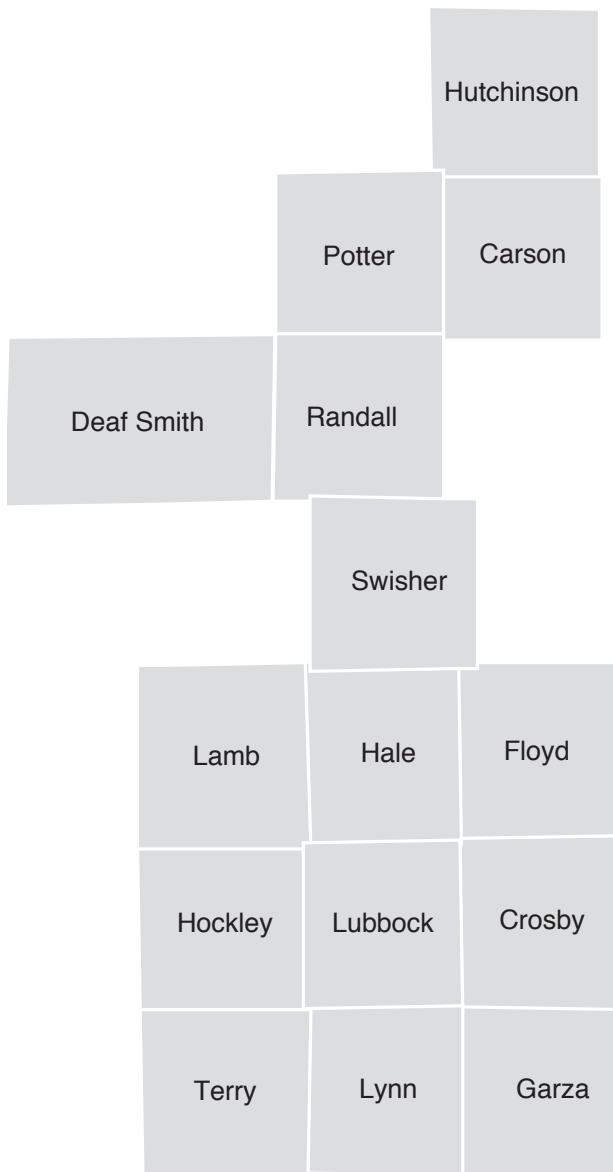
This document is available in other formats such as large print. The document may be available in a non-English language.

Who can join?

To join FirstCare Advantage Dual SNP, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Texas Medicaid program, not have End-Stage Renal Disease (ESRD) and live in our service area.

Our service area includes these counties in Texas: Carson, Crosby, Deaf Smith, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter, Randall, Swisher, and Terry.

What is the service area for **FirstCare Advantage Dual SNP (HMO SNP)?**



The counties in the service area are listed below:

Carson, Crosby, Deaf Smith, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter, Randall, Swisher, and Terry

Which doctors, hospitals, and pharmacies can I use?

FirstCare Advantage Dual SNP has a network directory of doctors, hospitals, pharmacies, and other providers that can be found on our website at firstcare.com/dualsnp. You must use network providers and pharmacies for covered services, unless authorized by the Plan.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- Our plan members get all of the benefits covered by Original Medicare.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

FirstCare Advantage Dual SNP covers Medicare Part B and Part D drugs. Certain limitations may apply.

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, at firstcare.com/dualsnp.

Premiums and Benefits	FirstCare Advantage Dual SNP (HMO SNP)
Monthly Plan Premium	<p>\$0 – \$20.80 per month.</p> <p>Low income subsidy recipients generally do not have a premium.</p>
Deductible	<p>This plan has deductibles for some hospital and medical services. You pay \$0.</p> <p>\$0 or inpatient service deductible per year for in-network services, depending on your level of Medicaid eligibility.</p> <p>\$0 to \$89 per year for Part D prescription drugs depending on your level of low income subsidy.</p> <p>Low income subsidy recipients generally do not have a Part D deductible.</p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>\$6,700.</p> <p>Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>
Inpatient Hospital Coverage	<p>\$0 copay for each Medicare-covered hospital stay.</p>
Outpatient Hospital Coverage Ambulatory Surgery Center Outpatient Hospital Services	<p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p>
Doctor Visits Primary Care Providers Specialists	<p>You pay \$0 copay per visit.</p> <p>You pay \$0 copay per visit.</p>
Preventive Care	<p>You pay \$0 copay.</p>

Premiums and Benefits	FirstCare Advantage Dual SNP (HMO SNP)
Emergency Care	You pay \$0 copay per visit.
Urgently Needed Services	You pay \$0 copay per visit.
Diagnostic Services/Labs/Imaging Diagnostic Tests and Procedures Lab Services Diagnostic Radiology Services (e.g. MRI, CAT Scan) Outpatient X-rays	You pay \$0 copay. You pay \$0 copay. You pay \$0 copay. You pay \$0 copay.
Hearing Services Medicare-covered Hearing Exam Routine Hearing Exam Hearing Aids	You pay \$0 copay for Medicare-covered hearing exam. Not covered. Not covered.
Dental Services	You pay \$0 copay. Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).
Vision Services Eyewear Routine Eye Exam Medicare-Covered Eye Exam	\$75 allowance toward the purchase of eyewear every year. You pay \$0 copay for one routine eye exam per year. You pay \$0 copay for Medicare-covered eye exam.

Premiums and Benefits	FirstCare Advantage Dual SNP (HMO SNP)
<p>Mental Health Services</p> <p>Inpatient Visit</p> <p>Outpatient Individual or Group Therapy Visit</p>	<p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p>
<p>Skilled Nursing Facility (SNF) Care</p>	<p>You pay \$0 copay.</p>
<p>Physical Therapy</p> <p>Occupational therapy visit</p> <p>Physical therapy and speech and language therapy visit</p>	<p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p>
<p>Ambulance Services</p> <p>Ground Ambulance</p> <p>Air Ambulance</p>	<p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p>

Premiums and Benefits	FirstCare Advantage Dual SNP (HMO SNP)
Transportation (additional routine)	Not covered.
Medicare Part B Prescription Drugs Chemotherapy Drugs Other Part B Drugs	You pay \$0 copay. You pay \$0 copay.
Home Health Care	You pay \$0 copay.
Foot Care (Podiatry Services) Medicare-covered foot exams and treatment	You pay \$0 copay for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.
Telehealth Services – Primary Care Visit	You pay \$0 copay.
Opioid Treatment Service	You pay \$0 copay.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Referrals and Authorizations

Referrals from your primary provider for services are not required; however, many services require prior authorization. For complete details, refer to the *Evidence of Coverage*, available on our website at firstcare.com/dualsnp by October 15, 2019.

Outpatient Prescription Drugs		
Deductible	You pay \$0 or \$89 depending on your low-income subsidy*. If your deductible is \$0: This payment stage does not apply to you. If you do not receive Extra Help, your deductible is \$435. You pay the full cost for all of your drugs until you have paid \$435.	
Initial Coverage (after you pay your deductible, if applicable)	You stay in this stage until your yearly drug costs total \$4,020. Total yearly drug costs are the total drug costs paid by both you and your Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies. Costs may differ based on pharmacy type or status (e.g., mail order, long-term care (LTC) or home infusion, and 30 or 90 day supply).	
	Standard Retail 30-Day Supply	Mail Order 90-Day Supply
Generic – including brand drugs treated as generic	You pay: \$0 copay or \$1.30 copay or \$3.60 copay or 15% coinsurance. Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.	You pay: \$0 copay or \$1.30 copay or \$3.60 copay or 15% coinsurance. Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.
All Other Drugs	You pay: \$0 copay or \$3.90 copay or \$8.95 copay or 15% coinsurance. Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.	You pay: \$0 copay or \$3.90 copay or \$8.95 copay or 15% coinsurance. Or if you do not have “Extra Help” you pay the following: 25% of the cost of the drug.
Cost sharing	Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit. Look at the separate insert, the “LIS Rider,” for your deductible amount.	

Information on Your Prescription Benefit

We encourage you to let us know right away, if after becoming a member you have questions, concerns, or problems related to your prescription benefits. For assistance, call our Customer Service Department at 1-866-229-4969, October 1 – March 31, 8 a.m. to 8 p.m., daily; April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday.

Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online.

Covered Medical and Hospital Benefits

Below is a comparison between Medicaid benefits and FirstCare Advantage Dual SNP (HMO SNP) benefits.

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Ambulance Services (Medically necessary ambulance services)	Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	\$0 copay.
Assistive Communication Devices (Also known as Augmentative Communication Device (ACD) System)	For Members who meet the criteria, Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Not covered.
Bone Mass Measurement (For people with Medicare who are at risk)	Bone density screening is a benefit of Texas Medicaid. For Members who meet the criteria, Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	\$0 copay.
Cardiac Rehabilitation	Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Cardiac (heart) rehab services: \$0 copay. Occupational therapy visit: \$0 copay. Physical therapy and speech and language therapy visit: \$0 copay.
Chiropractic Services	Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid.	Manipulation of the spine to correct a subluxation: \$0 copay.

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Chiropractic Services (continued)	Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	
Colorectal Screening Exams (For people aged 50 and older)	Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	\$0 copay.
Dental Services (For people who are 20 years of age or younger; or 21 years of age or older in an ICF-MR)	For Members who meet the criteria, Medicaid pays for this service if it Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	\$0 copay. Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).
Diabetes Supplies (Includes coverage for test strips, lancets, and screening tests)	Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Diabetes monitoring supplies: \$0 copay. Diabetes self-management training: \$0 copay. Therapeutic shoes or inserts: \$0 copay.
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Medicaid pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Diagnostic tests and procedures: \$0 copay. Lab services: \$0 copay. Outpatient X-rays: \$0 copay. Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay.
Doctor and Hospital Choice	Members should follow Medicare guidelines related to hospital and doctor choice.	You must use in-network providers.

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Doctor Office Visits	<p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Primary care physician visit: \$0 copay.</p> <p>Specialist visit: \$0 copay.</p>
Durable Medical Equipment (Includes wheelchairs, oxygen)	<p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	\$0 copay.
Emergency Care (Any emergency room visit if the member reasonably believes he or she needs emergency care)	<p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>\$0 copay.</p> <p>Copayment is waived if you are admitted to a hospital within 3 days for the same condition.</p>
End-Stage Renal Disease (ESRD)	<p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	\$0 copay.
Health/Wellness Education (Nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam)	<p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	\$0 copay.
Hearing Services	<p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Exam to diagnose and treat hearing and balance issues: \$0 copay.</p>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
<p>Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services)</p>	<p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>\$0 copay.</p>
<p>Hospice</p>	<p>Medicaid pays for this service for certain Waiver Members if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> <p>Note: When adult clients elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.</p>	<p>Hospice care from a Medicare-certified hospice: \$0 copay.</p> <p>You may have to pay part of the cost for drugs and respite care.</p>
<p>Immunizations</p>	<p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>For Flu, Pneumonia and Hepatitis B vaccines: \$0 copay.</p>
<p>Inpatient Hospital Care</p>	<p>Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, copayments and deductibles for Medicare-covered services. Members should follow Medicare guidelines related to hospital choice.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>The copays for hospital benefits are based on benefit periods. A benefit period begins the day you are admitted as an inpatient and ends when you have not received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period.</p> <p>There are no limit to the number of benefit periods.</p>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
<p>Inpatient Hospital Care (continued)</p>		<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” We cover these “extra” days. If your hospital stay is longer than 90 days, you can use these extra days. However, once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>
<p>Inpatient Mental Health Care</p>	<p>Inpatient psychiatric hospital stays are covered for children and adults 65 years of age and older. Inpatient hospital stays for acute psychiatric treatment are a covered benefit for adults 21 through 64 years of age, although Medicaid MCOs may choose to cover stays at psychiatric facilities in lieu of acute care hospitals. Medicaid pays coinsurance, copayments and deductibles for Medicare-covered services. Members should follow Medicare guidelines related to hospital choice.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Inpatient visit:</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you are admitted as an inpatient and ends when you have not received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period.</p> <p>There is no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” We cover these “extra” days. If your hospital stay is longer than 90 days, you can use these extra days. However, once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental</p>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Inpatient Mental Health Care (continued)		health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.
Mammograms (Annual screening)	<p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	\$0 copay.
Monthly Premium	<p>Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.</p>	<p>\$0 - \$20.80 per month, depending on your level of low income subsidy.</p> <p>You must continue to pay your Medicare Part B premium— unless paid by a third party, such as Medicaid.</p>
Orthotic and Prosthetic Devices	<p>For Members birth through age 20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>Medicaid pays for breast prostheses for Members of all ages Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Prosthetic devices: \$0 copay.</p> <p>Related durable medical equipment supplies: \$0 copay.</p>
Outpatient Mental Health Care	<p>Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p>	<p>Outpatient group therapy visit: \$0 copay.</p> <p>Outpatient individual therapy visit: \$0 copay.</p>
Outpatient Rehabilitation Services	<p>For Members birth through age 20, Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted.</p>	<p>Cardiac (heart) rehab services: \$0 copay.</p> <p>Occupational therapy visit: \$0 copay.</p>

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Outpatient Rehabilitation Services (continued)	\$0 copay for Medicaid-covered services.	Physical therapy and speech and language therapy visit: \$0 copay.
Outpatient Services/ Surgery	Medicaid pays for certain surgical services if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Ambulatory surgery center: \$0 copay. Outpatient hospital: \$0 copay.
Outpatient Substance Use Disorder (Assessment, ambulatory treatment/ detox, and Medication Assistance Therapy (MAT))	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Group therapy visit: \$0 copay. Individual therapy visit: \$0 copay.
Pap Smears and Pelvic Exams (For women)	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	\$0 copay.
Podiatry Services (Foot care)	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$0 copay.
Prescription Drugs	\$0 copayment for Medicaid covered prescription drugs not covered by Medicare Part D. Note: Medicaid will not cover any Medicare Part D drug.	For Part B drugs such as chemotherapy drugs: \$0 copay. Other Part B drugs: \$0 copay. Depending on your income and institutional status, you pay the following:

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Prescription Drugs (continued)		<p>For generic drugs (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.30 copay; or • \$3.60 copay; or • 15% coinsurance. <p>For all other drugs:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.90 copay; or • \$8.95 copay; or • 15% coinsurance. <p>NOTE: Some drugs may have limitations, such as step therapy, quantity level limits, or prior authorization requirements. Consult our Formulary for details.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p> <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and mail order) reach \$6,350, you pay nothing for all drugs.</p>
Prostate Cancer Screening Exams	Medicaid managed care pays for this service, if Medicare does not cover it or when the Medicare benefit is exhausted.	\$0 copay.

Benefit Category	Texas Medicaid	FirstCare Advantage Dual SNP (HMO SNP)
Prostate Cancer Screening Exams (continued)	\$0 copay for Medicaid-covered services.	
Skilled Nursing Facility (SNF) (In a Medicare-certified Skilled Nursing Facility)	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	\$0 copay. Our plan covers up to 100 days in a SNF.
Telemedicine Services	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	Certain types of telemedicine visits are covered.
Transportation (Routine)	The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare. \$0 copay for Medicaid-covered services.	Not covered.
Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area)	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.	\$0 copay.
Vision Services	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services. Note: Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses.	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay. Routine eye exam (up to 1 every year): \$0 copay. Eyeglasses or contact lenses after cataract surgery: \$0 copay. Our plan pays up to \$75 every year for eyewear.

Home and Community Based Waiver Services

Those who meet Qualified Medicare Beneficiary (QMB) requirements, and also meet the financial criteria for full Medicaid coverage, may be eligible to receive all Medicaid services not covered by Medicare, including Medicaid waiver services. Waiver services are limited to individuals who meet additional Medicaid waiver eligibility criteria.

Home and Community Based Waiver Services	
Community Based Alternatives (CBA) Waiver	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS) at 1-855-937-2372 (TTY: 711) or https://hhs.texas.gov/services/aging . Texas Health and Human Services Commission Mail Code W358 P.O. Box 149030 Austin, Texas 78714-9030
Community Living Assistance and Support Services (CLASS) Waiver	For information on waiver services and eligibility for this waiver, contact DADS.
Consolidated Waiver Program (CWP) (Bexar County/San Antonio only)	For information on waiver services and eligibility for this waiver, contact DADS.
Deaf Blind with Multiple Disabilities Waiver (DB-MD)	For information on waiver services and eligibility for this waiver, contact DADS.
Home and Community Services (HCS) Waiver	For information on waiver services and eligibility for this waiver, contact DADS.
Medically Dependent Children Program (MDCP)	For information on waiver services and eligibility for this waiver, contact DADS.
STAR+PLUS Program (Operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)	For information on waiver services and eligibility for this waiver, contact DADS.
Texas Home Living Waiver (TxHmL)	For information on waiver services and eligibility for this waiver, contact DADS.

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 customer service representative at 1-866-229-4969 (TTY: 711) October 1 – March 31, 8 a.m. to 8 p.m., daily; April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday.

Understand 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 firstcare.com/dualsnp or call 1-866-229-4969 (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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understand Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2020.
- 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).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-884-4901 (TTY: 711).

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-884-4901 (TTY: 711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-884-4901 (TTY: 711).

Chinese:

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-884-4901 (TTY: 711)。

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-884-4901 (TTY: 711) 번으로 전화해 주십시오.

Arabic:

يرجى الانتباه: إذا كنت تتكلم اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك مجاناً. اتصل بالرقم 1-800-884-4901 (رقم الهاتف المخصص للسمع وضعاف السمع: 711).

Urdu:

کریں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-884-4901 (TTY: 711) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-884-4901 (TTY: 711)۔

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-884-4901 (TTY: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-884-4901 (ATS : 711).

Hindi:

ध्यान दे: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-884-4901 (TTY: 711) पर कॉल करें।

Persian:

فراهم می باشد. با 1-800-884-4901 (TTY: 711) تماس بگیرید. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-884-4901 (TTY: 711) تماس بگیرید.

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-884-4901 (TTY: 711).

Gujarati:

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-884-4901 (TTY: 711).

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-884-4901 (телетайп: 711).

Japanese:

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-884-4901 (TTY: 711) まで、お電話にてご連絡ください。

Laotian:

ໄປດຊາບ: ຖ້າ ງ່ວ ເ ງ ທ ງ າ ນ ເ ວ ັ າ ພ າ ສ າ ລ າ ວ, ກ າ ນ ບ ັ ລ ື ກ າ ນ ຊ ັ ວ ຍ ທ າ ອ ັ ອ ດ ັ າ ນ ພ າ ສ າ, ໂດຍ ບ ັ ລ ື ບ ັ ລ ື ອ ັ າ, ແມ ັ ນ ມ ັ ພ ັ ອ ມ ັ ທ ັ ທ ັ າ ນ. ໂທ ອ 1-800-884-4901 (TTY: 711).

Southwest Life & Health Insurance Company is a wholly owned subsidiary of SHA, LLC d/b/a FirstCare Health Plans (a wholly owned subsidiary of Scott and White Health Plan). PPO plans are offered by Southwest Life & Health Insurance Company. HMO, Medicaid and Medicare plans are offered by SHA, LLC.



Nondiscrimination Notice

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-884-4901 (TTY: 711).

SHA, LLC d/b/a FirstCare Health Plans and Southwest Life & Health Insurance Company comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. FirstCare Health Plans and Southwest Life & Health Insurance Company do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

FirstCare Health Plans and Southwest Life & Health Insurance Company:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print and accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Compliance Officer at 1-214-820-8888 or send an email to SWHPComplianceDepartment@BSWHealth.org.

If you believe that FirstCare Health Plans and Southwest Life & Health Insurance Company have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or <https://app.mycompliancereport.com/report.aspx?cid=swhp>.

You can file a grievance in person or by mail, online, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509E, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

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FC_NondiscriminationNotice08/2019

2020 Summary of Benefits

FirstCare

Advantage Dual SNP (HMO SNP)



FirstCare Advantage Dual SNP (HMO SNP) is a health plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in FirstCare Advantage Dual SNP (HMO SNP) depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat FirstCare Advantage Dual SNP members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You must continue to pay your Medicare Part B premium unless otherwise paid by a third party.

Other pharmacies, physicians and providers are available in our network.

FirstCare Advantage Dual SNP has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until December 31, 2021 based on a review of FirstCare Advantage Dual SNP Model of Care.

FirstCare Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FirstCare Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. FirstCare Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Scope of Sales Appointment Confirmation Form

To be completed by person with Medicare.

Please initial 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. (Please note that an agent may also discuss a Medicare Supplement policy with you.)

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

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

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network except in an emergency.

Medicare Preferred Provider Organization (PPO) Plan — A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Private Fee-For-Service (PFFS) Plan — A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment and terms and conditions.

Medicare Special Needs Plan (SNP) — A special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — A type of health plan. In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).

FirstCare Advantage Dual SNP (HMO SNP) is a Health plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in FirstCare Advantage Dual SNP (HMO SNP) depends on contract renewal.



By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

Signing this does NOT: 1) affect your current/future Medicare enrollment status; 2) obligate you to enroll; and 3) nor will it automatically enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Beneficiary Signature: _____

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

Name: _____

Address: _____ Phone number: _____

Relationship to Beneficiary: _____

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.)	
Date of Appointment:	Product Type(s) Discussed:
Agent's Signature:	
[Plan Use Only:]	

This information is available for free in other languages. Please contact our Customer Experience number at 1-866-229-4969 for additional information.

Esta información es disponible en otras lenguas. Por favor llame al servicios de cliente al 1-866-229-4969 para más información.

Scope of Sales Appointment Confirmation Form

To be completed by person with Medicare.

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

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network except in an emergency.

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Beneficiary Signature: _____

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

Name: _____
 Address: _____ Phone number: _____
 Relationship to Beneficiary: _____

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.)	
Date of Appointment:	Product Type(s) Discussed:
Agent's Signature:	
[Plan Use Only:]	

This information is available for free in other languages. Please contact our Customer Experience number at 1-866-229-4969 for additional information.

Esta información es disponible en otras lenguas. Por favor llame al servicios de cliente al 1-866-229-4969 para más información.



Enrollment Application

FirstCare Advantage Dual SNP (HMO SNP)

Contact FirstCare Health Plans if you need information in another language or format (Braille).

To enroll in FirstCare Advantage Dual SNP (HMO SNP), please provide the following information:

Please verify the plan you want to enroll in: FirstCare Advantage Dual SNP (HMO SNP)
\$0 - \$20.80 per month

LAST Name: _____ FIRST Name: _____ Middle Initial: Mr. Mrs. Ms.

Birth Date: (__ / __ / ____) Sex: M F Home Phone Number: _____ Alternate Phone Number: _____

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

City: _____ County: _____ State: _____ Zip Code: _____

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

Street Address: _____

City: _____ State: _____ ZIP Code: _____

E-mail Address: _____

Please provide your Medicare insurance information:

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

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

-OR-

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

Name (as it appears on your Medicare card):

Medicare number: _____

Is Entitled to: **Effective Date:**
HOSPITAL (Part A) _____
MEDICAL (Part B) _____

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

Paying your plan premium:

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT), or credit card each month or quarterly. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. **DO NOT pay FirstCare Advantage Dual SNP the Part D-IRMAA.**

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

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

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

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

Please select a premium payment option:

- Get a bill.
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.
I get monthly benefits from: Social Security RRB

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

Please read and answer these important questions:	
1. Do you have End Stage Renal Disease (ESRD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have had a successful kidney transplant and/or you don't need regular dialysis any more, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.	
2. Are you a resident in a long-term care facility, such as a nursing home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please provide the following information: Name of Institution: _____ Address & Phone Number of Institution (number and street): _____	
3. Are you enrolled in your State Medicaid program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please provide your Medicaid number: _____	
4. Do you or your spouse work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please choose the name of a Primary Care Physician (PCP), clinic or health center: _____	
Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:	
<input type="checkbox"/> Spanish <input type="checkbox"/> Large Print	
Please contact FirstCare Advantage Dual SNP (HMO SNP) at 1-866-229-4969 if you need information in an accessible format or language other than what is listed above. Our office hours are October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week; April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday. TTY users should call 711.	

Please read this important information:

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

Please read and sign below:

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

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

FirstCare Advantage Dual SNP serves a specific service area. If I move out of the area that FirstCare Advantage Dual SNP 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 FirstCare Advantage Dual SNP, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Member Handbook and/or Evidence of Coverage document from FirstCare Advantage Dual SNP when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date FirstCare Advantage Dual SNP coverage begins, I must get all of my health care from FirstCare Advantage Dual SNP, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by FirstCare Advantage Dual SNP and other services contained in my FirstCare Advantage Dual SNP Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR FIRSTCARE ADVANTAGE DUAL SNP WILL PAY FOR THE SERVICES.**

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

Release of Information: By joining this Medicare health plan, I acknowledge that FirstCare Advantage Dual SNP (HMO SNP) will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that FirstCare Advantage Dual SNP will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

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

Signature: _____	Today's Date: _____
If you are the authorized representative, you must sign above and provide the following information:	
Name: _____	
Address: _____	
Phone Number: (_____) _____ — _____	
Relationship to Enrollee: _____	

Office Use Only	
Name of staff member/agent/broker (if assisted in enrollment): _____	
Plan ID #: _____	
Effective Date of Coverage: _____	
ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____	

You must continue to pay your Part B premium.

FirstCare Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FirstCare Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. FirstCare Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Name: _____ **Date:** _____

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 get extra help paying for Medicare prescription drug coverage.
- I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date)_____.
- 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 a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact FirstCare Health Plans at 1-866-229-4969 (TTY users should call 711) to see if you are eligible to enroll. We are open Monday through Friday, 8 a.m. - 8 p.m.

Contact FirstCare Health Plans if you need information in another language or format (Braille).

To enroll in FirstCare Advantage Dual SNP (HMO SNP), please provide the following information:

Please verify the plan you want to enroll in: FirstCare Advantage Dual SNP (HMO SNP)
\$0 - \$20.80 per month

LAST Name: _____ FIRST Name: _____ Middle Initial: Mr. Mrs. Ms.

Birth Date: (__/__/____)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: _____	Alternate Phone Number: _____
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Permanent Residence Street Address (P.O. Box is not allowed):

City: _____ County: _____ State: _____ Zip Code: _____

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

Street Address: _____

City: _____ State: _____ ZIP Code: _____

E-mail Address: _____

Please provide your Medicare insurance information:

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

- Fill out this information as it appears on your Medicare card.
- OR-
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare number: _____

Is Entitled to: HOSPITAL (Part A) MEDICAL (Part B)	Effective Date: _____ _____
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NOTE: You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Paying your plan premium:

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT), or credit card each month or quarterly. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay FirstCare Advantage Dual SNP the Part D-IRMAA.

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

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

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

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

Please select a premium payment option:

- Get a bill.
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.
I get monthly benefits from: Social Security RRB

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

Please read and answer these important questions:

1. Do you have End Stage Renal Disease (ESRD)? Yes No
 If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2. Are you a resident in a long-term care facility, such as a nursing home? Yes No
 If "yes," please provide the following information:
 Name of Institution: _____
 Address & Phone Number of Institution (number and street): _____

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

4. Do you or your spouse work? Yes No

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

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:

Spanish Large Print

Please contact FirstCare Advantage Dual SNP (HMO SNP) at 1-866-229-4969 if you need information in an accessible format or language other than what is listed above. Our office hours are October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week; April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday. TTY users should call 711.

Please read this important information:

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

Please read and sign below:

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

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

FirstCare Advantage Dual SNP serves a specific service area. If I move out of the area that FirstCare Advantage Dual SNP 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 FirstCare Advantage Dual SNP, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Member Handbook and/or Evidence of Coverage document from FirstCare Advantage Dual SNP when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date FirstCare Advantage Dual SNP coverage begins, I must get all of my health care from FirstCare Advantage Dual SNP, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by FirstCare Advantage Dual SNP and other services contained in my FirstCare Advantage Dual SNP Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR FIRSTCARE ADVANTAGE DUAL SNP WILL PAY FOR THE SERVICES.**

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

Release of Information: By joining this Medicare health plan, I acknowledge that FirstCare Advantage Dual SNP (HMO SNP) will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that FirstCare Advantage Dual SNP will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

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

Signature: _____ **Today's Date:** _____

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

Name: _____

Address: _____

Phone Number: (_____) _____ — _____

Relationship to Enrollee: _____

Office Use Only

Name of staff member/agent/broker (if assisted in enrollment): _____

Plan ID #: _____

Effective Date of Coverage: _____

ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____

You must continue to pay your Part B premium.

FirstCare Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FirstCare Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. FirstCare Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Name: _____ **Date:** _____

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 get extra help paying for Medicare prescription drug coverage.
- I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date) _____.
- 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 a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact FirstCare Health Plans at 1-866-229-4969 (TTY users should call 711) to see if you are eligible to enroll. We are open Monday through Friday, 8 a.m. - 8 p.m.

2020 Star Ratings

FirstCare Advantage - H5742

2020 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 2020, FirstCare Advantage received the following Overall Star Rating from Medicare.

Plan too new to be measured

We received the following Summary Star Rating for FirstCare Advantage's health/drug plan services:

Health Plan Services: Plan too new to be measured

Drug Plan Services: Plan too new to be measured

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. Central time at 866-229-4969 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

Current members please call 866-229-4969 (toll-free) or 711 (TTY).

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

FirstCare Advantage Dual SNP (HMO SNP) is a Health plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in FirstCare Advantage Dual SNP (HMO SNP) depends on contract renewal.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-229-4969 (TTY: 711). **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-229-4969 (TTY: 711). **CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-229-4969 (TTY: 711).

FirstCare Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FirstCare Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. FirstCare Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

2020 Enrollment Guide

FirstCare

Advantage Dual SNP (HMO SNP)



FirstCare Advantage Dual SNP (HMO SNP) is a health plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in FirstCare Advantage Dual SNP (HMO SNP) depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat FirstCare Advantage Dual SNP members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You must continue to pay your Medicare Part B premium unless otherwise paid by a third party.

Other pharmacies, physicians and providers are available in our network.

FirstCare Advantage Dual SNP has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until December 31, 2021 based on a review of FirstCare Advantage Dual SNP Model of Care.

FirstCare Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FirstCare Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. FirstCare Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.