



## Important information about enrolling in the HNE Medicare Advantage Plans

Once you've looked over the information about our plans, we want to hear from you. We can make an appointment to review these materials with you in person, or we can help you over the phone. You may enroll in an HNE Medicare Advantage plan only during certain times of the year. See the section called, *Enrollment Periods*, on the next page for details.

If you want to enroll in an HNE Medicare Advantage plan:

**Enroll online.** Go to [hne.com/medicare](https://hne.com/medicare) and click Enroll Now. Follow the step-by-step instructions to enroll on our secure website. Medicare beneficiaries also may enroll in HNE Medicare Advantage plans through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center, located at the Medicare website (<https://www.medicare.gov>).

**Mail us your paperwork.** Use the postage paid envelope provided with your enrollment kit and mail your form to: HNE Medicare Advantage, Attn: HNE Medicare Enrollment; One Monarch Place; Springfield, MA 01144. Included in the kit is all of the paperwork needed to enroll:

- Complete the Enrollment Form located at the back of the enrollment kit.
- Be sure to mark which HNE Medicare Advantage plan you would like to enroll in.
- Be sure to choose a Primary Care Physician.

**Call us.** HNE Medicare Advantage can take your enrollment over the telephone. Contact Member Services at one of the numbers listed on the last page and ask to be connected with an enrollment specialist.

### Important Information about Prescription Coverage

When you enroll in a Medicare Advantage HMO plan that offers prescription drug (Part D) coverage, if you are electing prescription coverage, you must get it from the Medicare Advantage HMO plan offering medical coverage. You cannot enroll in an HNE Medicare Advantage plan without prescription coverage and keep a separate prescription drug plan (PDP). Enrollment in an HNE

Medicare Advantage plan will result in your disenrollment from any other Medicare Advantage or Part D prescription drug plan.

### **Premium Payment Options for HNE Medicare Advantage Plans**

If you enroll in an HNE Medicare Advantage plan, your premium will be billed monthly. Our plan premium is due on or before the first of each month. There are three ways you can pay your plan premium:

- 1) You can choose to have the amount automatically withdrawn from your bank account.
- 2) You can choose to pay by check.
- 3) You can choose to have the plan premium taken out of your monthly Social Security check.

**Please Note:** If you choose payment option #3, it could take up to three months from the time you request premium withhold for premiums to be withheld from your Social Security payment. Depending on when we get your enrollment request, premiums might be withheld back to the start of your enrollment in the plan. Other times, premiums aren't withheld until one or two months after you've enrolled. If this is the case, we will bill you via a paper invoice and you'll need to pay us directly for your monthly premium until your Social Security withholding goes into effect. Be sure to check the applicable box on the Enrollment Form to let us know which HNE Medicare Advantage Plan premium payment option you have chosen. Please don't send HNE a check with your Enrollment Form. HNE will bill you at a later date if you've selected that option. Once you are enrolled in an HNE Medicare Advantage plan, you must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.

### **Eligibility Requirements**

You can generally join a Medicare Advantage plan if you are enrolling during a valid election period and:

- You are entitled to Medicare Part A and are enrolled in Medicare Part B.
- You live in our service area: Massachusetts: Hampden, Hampshire, Franklin and Berkshire counties; Connecticut: Hartford and Tolland Counties. (**Note:** There are different plan offerings in MA and CT)
- You do not have End-Stage Renal Disease (ESRD) (permanent kidney failure requiring

dialysis or a kidney transplant), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated. If you had ESRD but no longer require regular dialysis or have had a successful kidney transplant, you would not be considered to have ESRD any longer. In this case, you should send us a doctor’s note or records showing that the ESRD status has changed and you may be eligible for enrollment.

**Enrollment Periods**

*Initial Coverage Election Period.* The initial coverage election period is the seven month period that begins three months before you become eligible for Medicare Part B and ends three months after your month of eligibility. Generally, the initial coverage election period relates to an individual’s 65<sup>th</sup> birthday or 25<sup>th</sup> month of disability. If you enroll during this period, your coverage begins on the first day of the month of entitlement to Medicare Part A and Part B – or – the first day of the month following the month the enrollment request was made if after entitlement has occurred. This means that if you enroll during the period that relates to your 65<sup>th</sup> birthday, your coverage begins as follows;

<b>If you enroll</b>	<b>Your coverage begins</b>
1-3 months before the month you turn age 65	The first day of the month you turn age 65
The month you turn age 65	The first day of the following month
1-3 months after the month you turn age 65	The first day of the following month

*Annual Enrollment Period.* The annual enrollment period is October 15<sup>th</sup> through December 7<sup>th</sup> each year. During this period, you can review your health coverage and your prescription drug coverage. You can choose to keep your current coverage or make changes to your coverage for the next plan year. If you enroll during this period, your coverage will begin on January 1<sup>st</sup>, as long as the plan gets your enrollment request by December 7<sup>th</sup>.

*Medicare Advantage Disenrollment Period.* The disenrollment period is from January 1<sup>st</sup> through February 14<sup>th</sup> each year. During this period, you can cancel Medicare Advantage enrollment and

switch to Original Medicare. If you choose to switch to Original Medicare, you may also choose a separate Medicare prescription drug plan at the same time. Your coverage will begin the first day of the month after the plan gets your enrollment form.

*Special Election Period.* In certain situations, you may be able to join, switch or drop Medicare Advantage plans at other times, such as when you move out of the service area, have both Medicare and Medicaid, qualify for Prescription Advantage or Extra Help, or live in an institution. Call Member Services for other times you may qualify, to find out if you qualify for a Special Election Period, or to find out when coverage would begin.

### **What to Expect After You Submit Your Enrollment Request**

HNE will send you an acknowledgement letter confirming that we have received your enrollment request. We will send your enrollment to Medicare, and they will make the final determination regarding your enrollment. When Medicare finishes its review, we will send you a letter to confirm that your enrollment has been accepted with HNE Medicare Advantage. If HNE requires any additional information to complete your enrollment request, we will communicate this in writing to you. It is important that you respond to that request within the specified time frames or we may need to deny your enrollment until that information can be collected. Additionally, HNE may be calling you to verify your enrollment information and to ensure you understand the plan rules. If we are not able to speak with you on the telephone, we will send you a letter explaining key features of the plan.

### **Other Important Information**

HNE Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in HNE Medicare Advantage depends on contract renewal. If you enroll in one of our Medicare Advantage HMO plans, you may go to any network provider without a referral from your primary care provider. Members enrolled in our HNE Medicare Basic (HMO), HNE Medicare Plus (HMO), HNE Medicare Premium (HMO), HNE Medicare Value (HMO), HNE Medicare Premier 1 (HMO), and HNE Medicare Premier 2 (HMO) plans must use HNE network providers for all routine medical care.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change January 1 of each year. You must continue to pay your Medicare part B premium.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 800-MEDICARE (800.633.4227). TTY/TDD users should call 877.486.2048, 24 hours a day/ 7 days a week
- The Social Security Administration at 800.772.1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY/TDD users should call 800.325.0778.
- Your state Medicaid Office or Prescription Advantage at 800.243.4636 (TTY/TDD 877.610.0241), Monday through Friday, 9:00 a.m. to 5:00 p.m.

You may call our Member Services Department at 413.787.0010 or 877.443.3314. TTY/TDD users call 800.439.2370. A Member Services Representative is available from 8:00 a.m. to 8:00 p.m., Monday through Friday (October 1<sup>st</sup> through February 14<sup>th</sup>: 8:00 a.m. to 8:00 p.m., 7 days a week). For questions regarding your enrollment, or to enroll over the telephone, please contact Member Services at the numbers listed above and ask to speak with a member of the Medicare Enrollment team. A Medicare Enrollment Representative is available Monday through Friday from 8:00a.m. to 5:00 p.m. If you'd like to come to our office and meet with an HNE Medicare Advantage Specialist\*, HNE's office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

For questions related to Prescription Drug coverage, call 800.546.5677, 24 hours a day, 7 days a week. TTY/TDD users should call 866.706.4757.

\*Licensed health insurance sales representative

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