CommunityCare™
Senior Health Plan (HMO)



2027
Summary of Benefits

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Your Simple **Guide to Medicare**

The A-B-C's (and D) of Medicare

Medicare Can Be Complicated...

For those on Medicare or those just aging in, we understand this is a lot of new information, and a big decision. Healthcare coverage is extremely important, and we want to ensure our community is taken care of.

Here we will break things down, cover the Medicare A-B-Cs (and Ds), answer some of your questions, and hopefully make things a little more clear.



A Brief History

Signed into law in 1965, Medicare is a federal program that provides healthcare coverage to people 65 and older, as well as select others. This important program is run by the Centers for Medicare and Medicaid Services (CMS), and funded in part by the Social Security and Medicare taxes you pay on your income.

You Have Options!

Once you are eligible for Medicare, there are different ways to access your Medicare benefits and pay for your out-of-pocket healthcare costs.

- **Original Medicare**
  This is the original "fee-for-service" program offered through the federal government. You can also add certain benefits through a private insurer for an additional cost.
- **Medicare Advantage**
  Offered through private insurers like CommunityCare, these plans offer the benefits of Original Medicare, plus additional benefits like prescription drug, dental, and vision coverage.

Original Medicare Is Comprised of Two Parts: Part A & Part B, each of which covers certain medical costs.

PART A
Hospital Insurance



This is the part of Medicare that helps cover inpatient care in a hospital or skilled nursing facility, as well as hospice care and home health care.

- Generally, you pay no premium for Part A.
- There are no penalties to delay your enrollment, but no reason to not enroll as soon as you're eligible.

PART B
Medical Insurance



This is the part of Medicare that helps cover medically necessary doctors' services, outpatient care, home health services, durable medical equipment, mental health services, and other medical services.

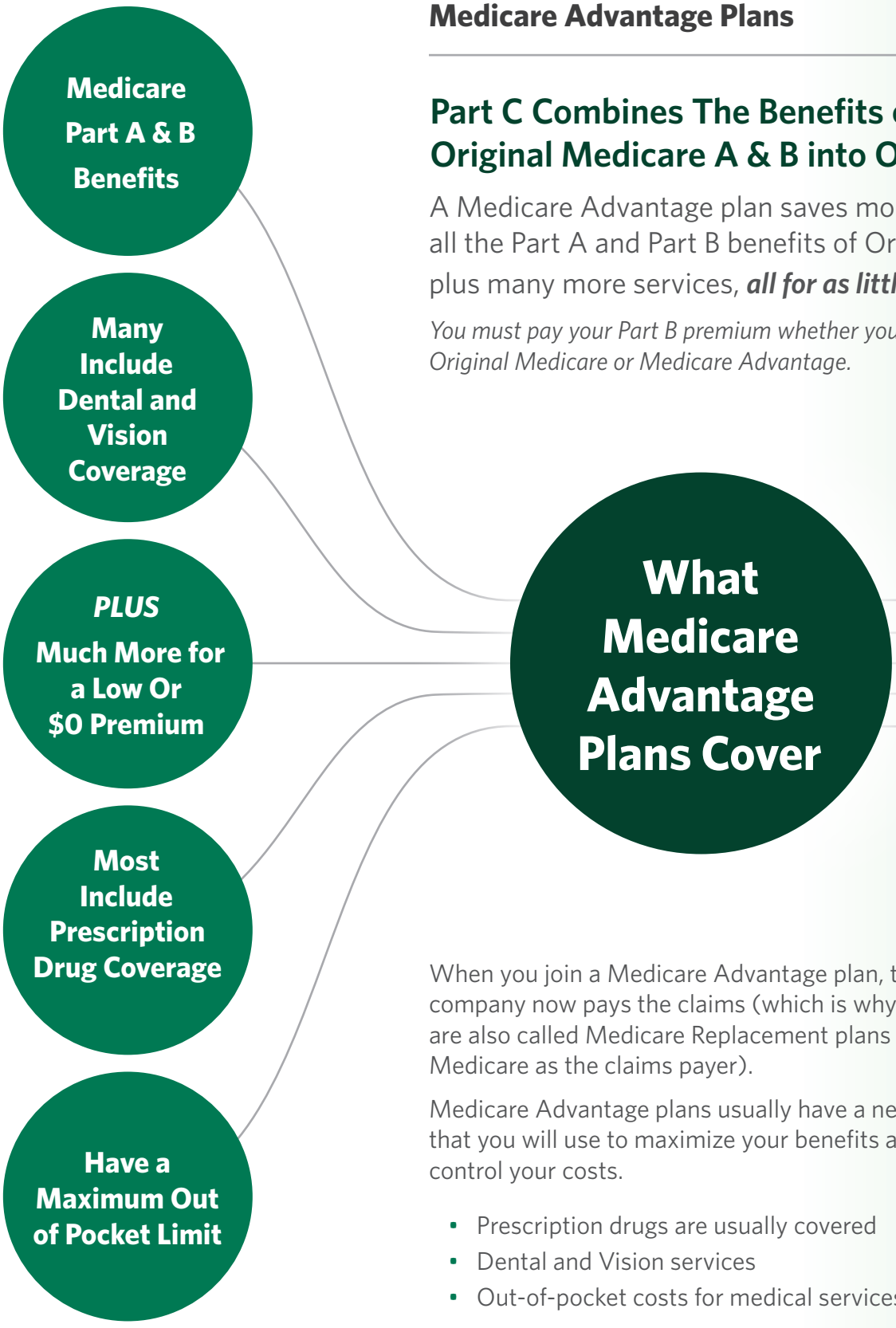
- You do have a monthly premium for Part B (and it is income adjusted for high-income earners).
- **Penalties do apply if you don't enroll in Part B when you're eligible** – see the *When to Enroll* section for more information.

What Original Medicare Does NOT Cover:

- Part A Deductible
- Part B Deductible
- Prescription Drugs
- Dental and Vision Services

And, there is no out-of-pocket protection.

PART C
Medicare Advantage Plans



Part C Combines The Benefits of Original Medicare A & B into One Plan.

A Medicare Advantage plan saves money by providing all the Part A and Part B benefits of Original Medicare plus many more services, ***all for as little as $0 a month***.

You must pay your Part B premium whether you choose Original Medicare or Medicare Advantage.

When you join a Medicare Advantage plan, the insurance company now pays the claims (which is why these plans are also called Medicare Replacement plans – we replace Medicare as the claims payer).

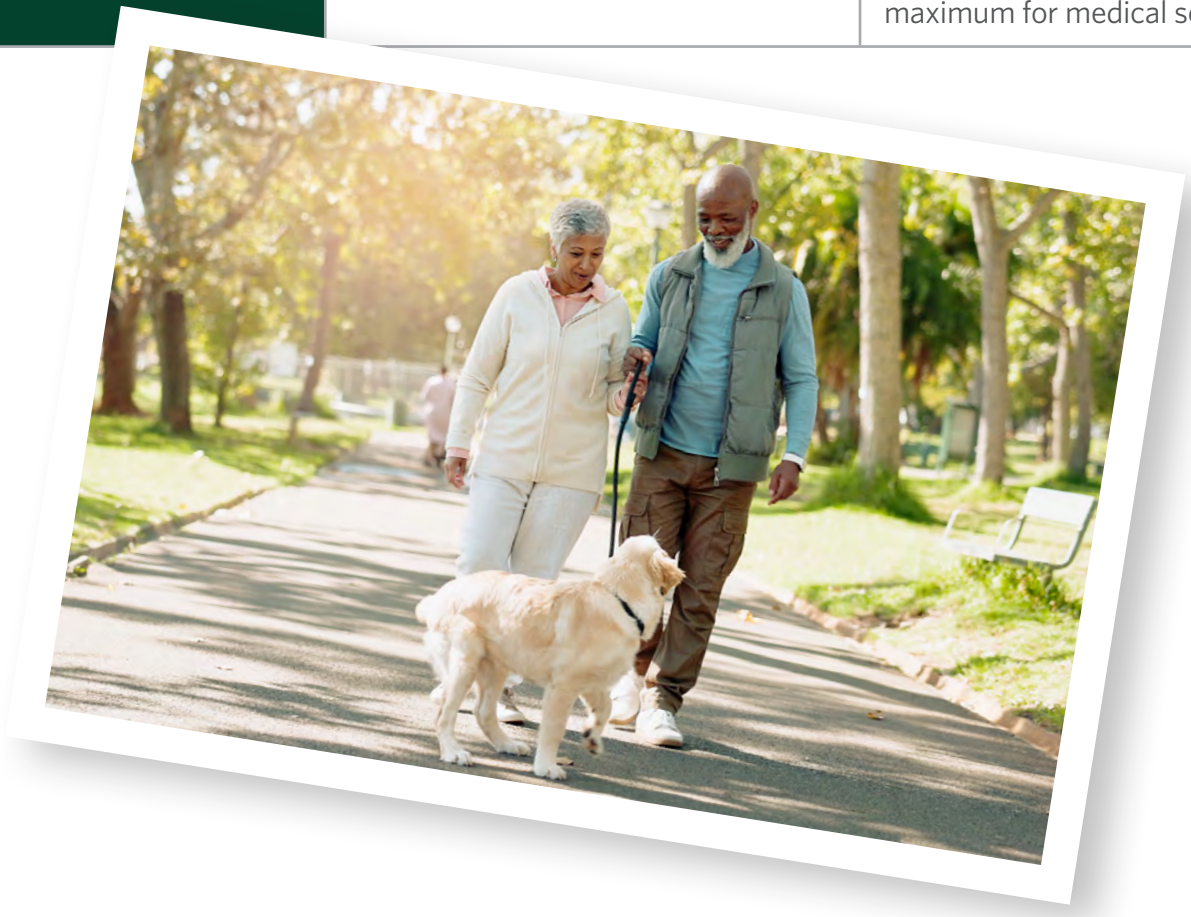
Medicare Advantage plans usually have a network of doctors that you will use to maximize your benefits and help you control your costs.

- Prescription drugs are usually covered
- Dental and Vision services
- Out-of-pocket costs for medical services are capped

Original Medicare vs. Medicare Advantage

To help you decide between these two Medicare options, we've prepared a simple side-by-side comparison:

	Original Medicare Parts A & B	Medicare Advantage
Your Monthly Premium	**You Pay:** • Your Part B premium • Any additional Part D premium for prescription drug coverage • Additional premiums if you want dental and vision coverage	**You Pay:** • Your Part B premium • A low or $0 monthly premium
Prescription Drug Coverage	Not Included	Included in Most Plans
Dental and Vision	Not Included	Included in Some Plans
Transportation Services	Not Included	Included in Some Plans
Worldwide Emergency Care	Generally Not Covered	Covered
Provider Network	Large	Select
Your Out-of-Pocket Costs	Deductibles & generally 20% of the cost with no out-of-pocket maximum	You generally have low or no copays for most services and have an annual out-of-pocket maximum for medical services



PART D

Outpatient Prescription Drug Coverage

Part D can be included with your Medicare Advantage plan	*OR*	Purchased as a stand-alone plan to go with Original Medicare

Part D Stages:

Deductible	***The amount you pay before you begin to pay copays in the Initial Coverage Limit***
Initial Coverage Phase	Your covered drugs are sorted into different tier levels, and your cost will depend on which tier level your drugs are in. Most people stay in this level throughout the plan year, but depending on your total drug costs (what you pay plus what the insurance company pays), you could move to the next level. **Caps out-of-pocket drug costs at $2,400 for Medicare beneficiaries.**
Catastrophic Coverage	After the $2,400 out of pocket limit is reached, drug costs will be covered in conjunction by the Part D plan, drug manufacturer and Medicare- at no additional expense to the beneficiary.



Help With Drug Costs

Part D beneficiaries have the option to spread out of pocket prescription drug costs over the course of the plan year through the Medicare Prescription Payment Plan (M3P program).

- The M3P program can help program participants who face high-cost sharing for prescription drugs manage their drug costs by spreading them out over the course of the plan year.
- While this program is available to anyone with Medicare Part D, enrollees with high cost sharing earlier in the plan year are more likely to benefit from the program.

1) Sign Up for Medicare Part A

Sign up in person at the Social Security office	***OR***	Sign up online at **www.socialsecurity.gov**

If you are already collecting Social Security benefits, you will be automatically enrolled in Medicare A & B.

2) Ready To Retire?

Absolutely!

3) Apply for Medicare Part B

You will need: *Letter of Creditable Coverage / Request for Employer Information Form*

Sign up in person at the Social Security office	***OR***	Sign up online at **www.socialsecurity.gov**

If you are retiring when you turn 65, you can enroll in both Part A and B online.
Applying for Part B when your employer coverage ends is a two-step process. You'll need the *Part B Application* and a *Letter of Creditable Coverage/ Request for Employer Information Form*. This lets Social Security see that you have been continuously covered since turning 65.

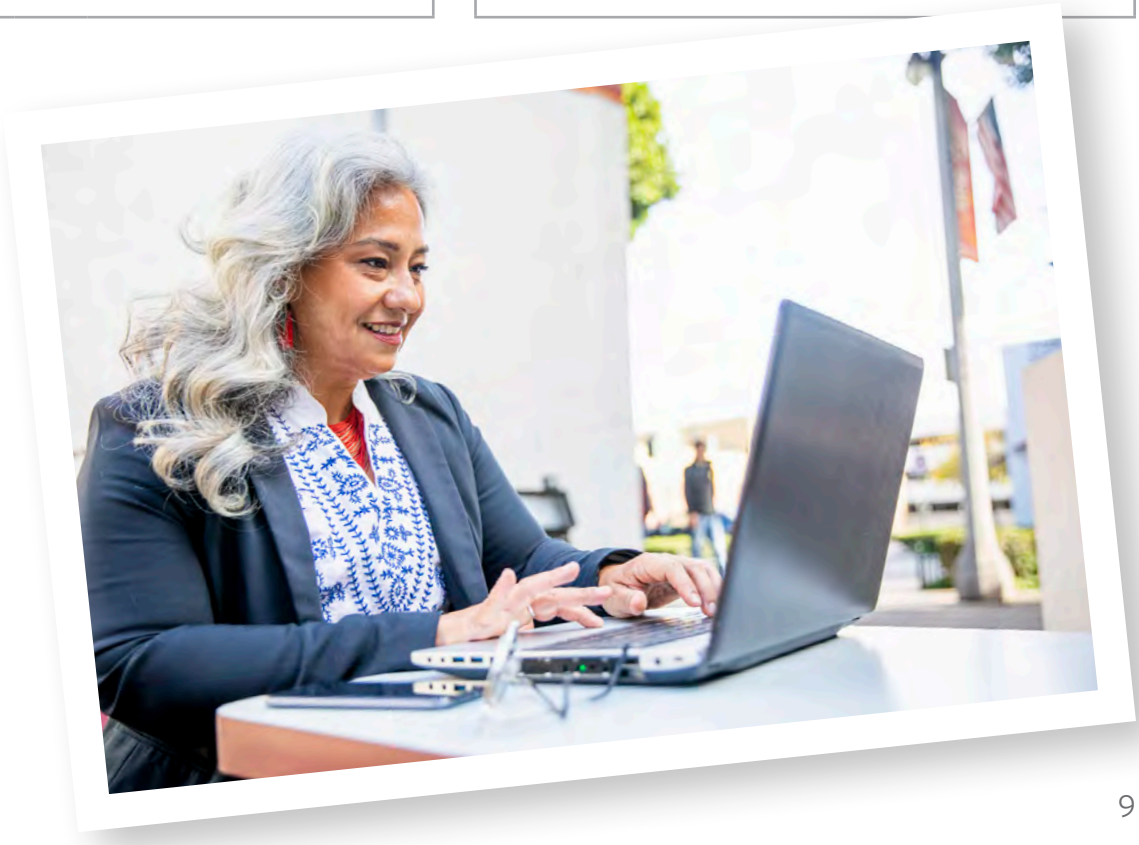
Not Yet...

You're done (for now)! As long as you're covered under an employer plan as an active employee (or the dependent of an active employee), you can delay enrollment in Part B with no penalty.

When you are ready to retire, you will need to enroll in Part B. Don't delay your enrollment – penalties apply if you wait too long!

We recommend you apply for Part B as soon as you know your coverage will end.

You can sign up for Medicare Part A as early as 3 months prior to your 65th birth month. Your Part A will typically become effective on the first day of your birth month.



Additional Medicare Enrollment Periods

If you do not enroll when you are first eligible for Medicare during the Initial Enrollment Period, you have two options:

Special Enrollment Period

If you lose group health coverage, you can enroll in Medicare during the *Special Enrollment Period*. This period begins the month your employment or group health coverage ends (whichever happens first) and lasts 8 months.

General Enrollment Period

The period runs January 1st through March 31st every year. You may have to pay a late enrollment penalty if you do not sign up for Medicare when you are first eligible.

Medicare Advantage Plan Enrollment Periods

New to Medicare

You can apply up to 3 months before your Medicare effective date, the month your Medicare starts, and up to 3 months after. The earliest your plan can begin is on your Medicare effective date.

Special Election Period

If you are retiring, you will apply for Medicare if you have not done so and your plan can start when your employer plan ends. You can also apply if you move into the service area and this is a new plan option for you. *Other circumstances may allow you to make a change as well.*

Annual Election Period

- You have the option to change your plan each year
- From October 15th through December 7th, you can enroll in a different Medicare Advantage Plan
- If you like your plan you do NOT have to re-enroll every year

Medicare Advantage Open Enrollment Period

Each year, beneficiaries who are enrolled in a Medicare Advantage plan as of January 1st will have the opportunity to make a one-time change between January 1st through March 31st.

CommunityCare™
Senior Health Plan (HMO)

For more information about Medicare and plans from CommunityCare, call our Medicare sales team at **(918) 594-5275**, or visit our website at **www.ccokadvantage.com**.

Senior Health Plan is an HMO plan and an HMO D-SNP plan with a Medicare and Medicaid contract. Enrollment in Senior Health Plan depends on contract renewal.

It's All in the Details

Understanding the details of an insurance plan can be confusing. This Summary of Benefits is here to help you. You'll see:

- If you are eligible to enroll
- When you can join the plan
- What doctors & hospitals you can use
- What the plans cover
- Where to get more information

The Summary of Benefits also contains a side-by-side comparison of our plans so you can see the difference in what you pay for services. Not all covered services are listed, and this booklet does not contain every limitation or exclusion. You can see a complete list of covered services, limitations and exclusions in our Evidence of Coverage (EOC). You can view the EOC on our website - **www.ccokadvantage.com** - or call our Customer Service team to request a copy.



If you have full Medicaid or if you are a Qualified Medicare Beneficiary (QMB), you will pay $0 for your Medicare-covered services unless a separate Medicaid cost-share applies, as noted by the cost-sharing in the following chart.

You may qualify for Extra Help from Medicare. Extra Help is a program for people with limited incomes and resources who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call The Social Security Administration at 1-800-772-1213, TTY 711, 1-800-325-0778 or visit ssa.gov, Your state Medicaid office, or visit medicaid.gov.

Visit **www.ccokadvantage.com** for updates. Members with full Medicaid benefits will pay $0 for most Medicare covered benefits. Be sure to show both your Senior Health Plan and Medicaid ID cards when you receive services.

Which Doctors and Hospitals Can I Use?

Senior Health Plan is an HMO with a network of doctors, hospitals, pharmacies and other providers. Our primary provider networks are Ascension St. John, Saint Francis and Hillcrest Health Systems, but other providers are available in our network. You can use the online provider search tool on our website to see if your doctors are included in our network, or you can call us to request a copy of our provider directory.

In general, you must use network providers for your covered services. However, our plans do provide worldwide coverage for both emergency and urgent care. See the benefit grid for more information on covered services.



Other physicians and providers are available in our network.

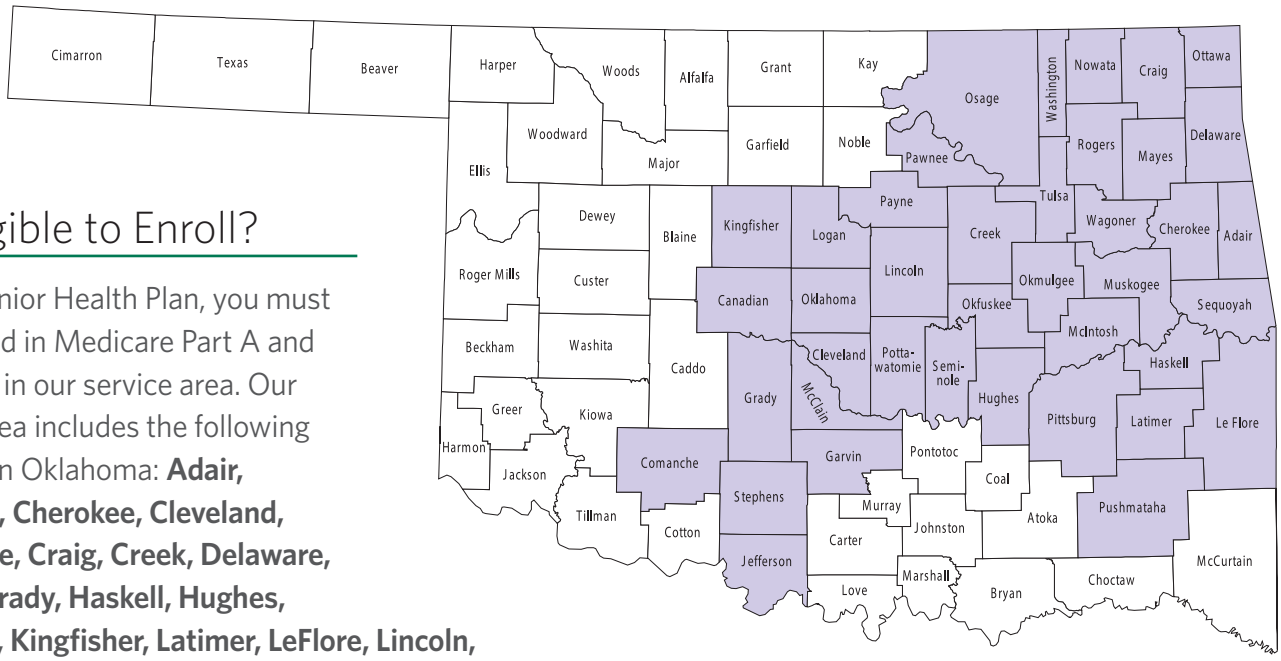
Senior Health Plan

MAPD Plans

These plans include both Medical and Prescription Drug Coverage.

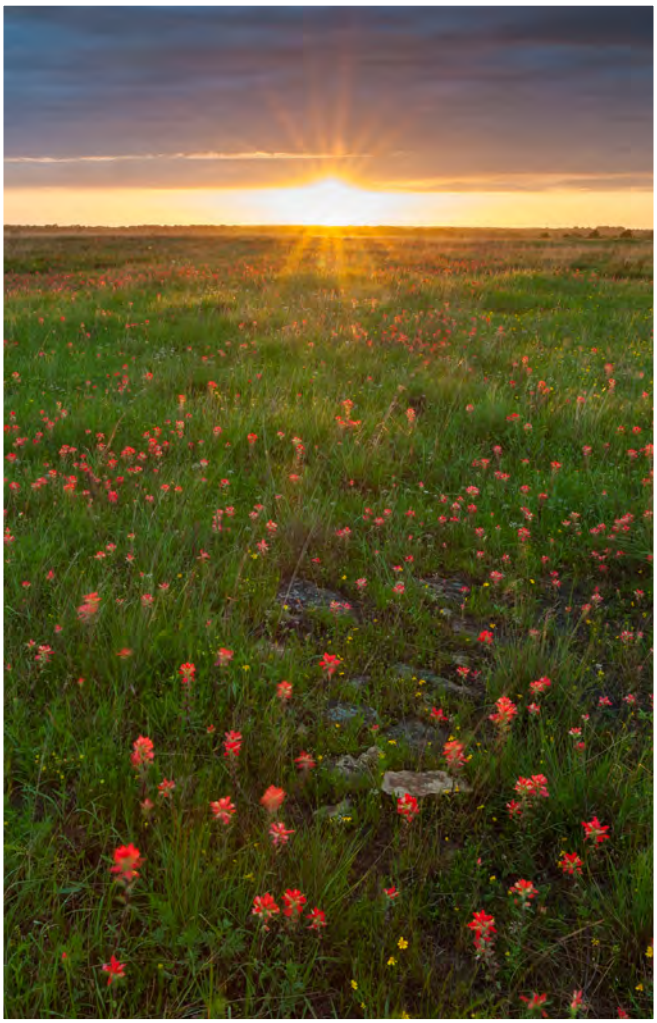


CommunityCare™
Senior Health Plan (HMO)



Am I Eligible to Enroll?

To join Senior Health Plan, you must be enrolled in Medicare Part A and B and live in our service area. Our service area includes the following counties in Oklahoma: **Adair, Canadian, Cherokee, Cleveland, Comanche, Craig, Creek, Delaware, Garvin, Grady, Haskell, Hughes, Jefferson, Kingfisher, Latimer, LeFlore, Lincoln, Logan, Mayes, McClain, McIntosh, Muskogee, Nowata, Okfuskee, Oklahoma, Okmulgee, Osage, Ottawa, Pawnee, Payne, Pittsburg, Pottawatomie, Pushmataha, Rogers, Seminole, Sequoyah, Stephens, Tulsa, Wagoner,** and **Washington**.



Indian Paintbrush in Oklahoma

What Do We Cover?

Senior Health Plan includes the benefits you would receive with Original Medicare and more! All of our plan options include the following:

- Comprehensive Dental benefits
- Routine eye exams and eyewear
- Over-the-counter benefits
- Non-emergency transportation

Review the benefit grids in this booklet for additional information and the Evidence of Coverage available on our website for full plan details.

What About Outpatient Prescription Drugs?

Three of our plans include Part D coverage for outpatient prescription drugs:

- Silver Plus
- Platinum
- Platinum Plus

What you pay for your prescriptions depends on what Tier level the drug is in. You'll want to review the Formulary (Drug List) to make sure your drugs are covered and at what Tier level.

The benefit chart lists the Part D tiers and your out-of-pocket costs for retail and mail order.



Senior Health Plan (HMO)

For Plan Year January 1, 2027 – December 31, 2027

	Silver Plus	Platinum	Platinum Plus
Monthly Plan Premium *You must continue to pay your Medicare Part B premiums.*	$0	$35	$120
Medical Benefits			
Deductible	$0	$0	$0
Maximum Out-of-Pocket Responsibility *(Does not include prescription drugs)*	You pay no more than $6,500 annually.	You pay no more than $4,450 annually.	You pay no more than $5,000 annually.
	Includes copays and other costs for Medicare-covered services for the year. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your share of the cost for your Part D prescription drugs.		
Inpatient Hospital *Prior Authorization required*	You pay $380 per day for days 1-7.	You pay $330 copay per day for days 1-7.	You pay $250 copay per day for days 1-7.
	You pay nothing for days 8 and beyond. Copays apply each admission.		
Outpatient Hospital & Ambulatory Surgical Center *Prior Authorization required*	You pay $380	You pay $330	You pay $275
Doctor Visits - *Some services may require a referral from your doctor*			
Primary Care	You pay $0	You pay $0	You pay $0
Specialists & Medicare-Covered Podiatry Visits *Prior Authorization required for some services*	You pay $50	You pay $35	You pay $25
Preventive Care (e.g., flu vaccine, diabetic screening) *Prior Authorization required for some services*	You pay nothing for Medicare-covered preventive screenings and services. In addition to your Annual Wellness Visit, you are also covered for one routine physical exam conducted by your Primary Care Physician at no cost. Any additional preventive services approved by Medicare during the contract year will be covered.		
Emergency Care *Worldwide coverage*	You pay $130 per visit. Copay is waived if you are admitted as an inpatient within 48 hours.		
Urgently Needed Services *Worldwide coverage*	You pay $50 per visit	You pay $40 per visit	You pay $25 per visit

	Silver Plus	Platinum	Platinum Plus
Diagnostic Services/Labs/Imaging Procedures - *Prior authorization is required for some services*			
Diagnostic Tests & Procedures *Prior Authorization required for some services*	You pay $0-$375 depending on the service.	You pay $0 - $300 depending on the service.	You pay $0 - $155 depending on the service.
	The maximum applies to diagnostic colonoscopy, EGD, and bronchoscopy; the minimum applies to other diagnostic services. For diagnostic radiology, the minimum applies to most services, including ultrasounds, and the maximum applies to CT, MRI, and PET scans. One copay applies per visit.		
Lab Services	You pay nothing	You pay nothing	You pay nothing
X-Rays	You pay nothing	You pay nothing	You pay nothing
Hearing Services			
Routine Hearing Exam	Not covered	You pay nothing for up to one routine exam per year from your PCP.	
Diagnostic Hearing Exam	Not covered	You pay nothing for diagnostic hearing exams.	
Hearing Aids	Not covered	You pay nothing for fitting/evaluation and hearing aids, with a $250 maximum benefit every two years.Hearing aid benefit may be used once every two years. You must use our contracted hearing aid provider for your hearing aid benefit.	
Fitting/Evaluation Exam	Not covered	You pay nothing for hearing aid evaluation/fitting up to one exam every two years. Evaluation and fitting must be provided by our contracted hearing aid provider.	
Dental Services			
Routine Dental Benefits. Preventative & Comprehensive	$1,000 allowance for all covered dental services* $0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns. 50% coinsurance for Prosthodontics/Endodontics/Dentures		
Vision Services			
Medicare-Covered Vision Exams	You pay nothing for Medicare-covered eye exams with a contracted provider.		
Routine Vision Exam	You pay nothing for up to one routine eye exam each year with a contracted provider.		
Eyewear	You pay nothing for eyeglasses (lenses and frames) and/or contact lenses up to the $200 plan benefit limit.	You pay nothing for eyeglasses (lenses and frames) and/or contact lenses up to the $300 plan benefit limit.	You pay nothing for eyeglasses (lenses and frames) and/or contact lenses up to the $200 plan benefit limit.
	Must use contracted providers.		

	Silver Plus	Platinum	Platinum Plus
Mental Health Services			
Inpatient *Prior authorization required*	You pay $335 per day for days 1-7.	You pay $330 per day for days 1-7.	You pay $250 per day for days 1-7.
	You pay nothing for days 8 and beyond. Copays apply each admission.		
Outpatient Visits *Prior authorization required*	You pay $20 per visit, intensive outpatient services are $35	You pay $20 per visit, intensive outpatient services are $35.	You pay $20 per visit, intensive outpatient services are $25
Skilled Nursing Facility *Prior authorization required*	You pay nothing for days 1-20; you pay $221 per day for days 21-100.		You pay nothing for days 1-20; you pay $170 per day for days 21-100.
Outpatient Rehabilitation Services *Prior authorization required*	You pay $25	You pay $20	You pay $20
Ambulance *Prior authorization required for non-emergency ambulance*	You pay $350 for Medicare-covered ground or air ambulance services.		You pay $300 for Medicare-covered ground or air ambulance services.
	Copay is waived if admitted.		
Transportation *Non-emergency transportation benefit is for appointments with participating providers.*	You pay $0 for up to 12 one-way trips each year. Round trip counts as 2 trips. 60-mile one way limit.		
Medicare Part B Drugs *Prior authorization required.*	You pay 0-20% of the cost for chemotherapy drugs and all other Medicare Part B drugs. Certain Medicare Part B rebatable drugs may be subject to a lower coinsurance. You pay $35 for Medicare Part B covered insulin.		

Your Prescription Benefits

The cost sharing table below shows what you will pay for your prescription in the **Initial Coverage Stage**. Once your deductible is met, you stay in the Initial Coverage Stage until your year-to-date total drug costs reach $2,400. Once you reach $2,400 in total drug out of pocket costs, you move to the Catastrophic Coverage stage, where you pay nothing for your covered drugs. You will stay in this stage for the rest of the calendar year.

For more information on how pharmacy coverage stages work, please call our Medicare Health Plan Consultants at **(918) 594-5275**.

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Pharmacy Deductible	You pay the full amount of your tier 3, 4, & 5 Drugs until the full deductible amount has been met.		
	Silver Plus	**Platinum**	**Platinum Plus**
Tier 3, 4, & 5	$650	$500	$450

Initial Coverage Stage	You pay these amounts until your total yearly drug costs reach $2,400. Total yearly drug costs are the total costs paid by both you and our plan. You may get your drugs at network retail or mail order pharmacies.		
30-Day Supply Retail	**Silver Plus**	**Platinum**	**Platinum Plus**
Tier 1: Preferred Generic	You pay $0		
Tier 2: Generic	You pay $10		
Tier 3: Select Insulin	You pay $35		
Tier 3: Preferred Brand	You pay 20% Coinsurance		
Tier 4: Non-Preferred Brand	You pay 25% Coinsurance		
Tier 5: Specialty Tier	You pay 26% coinsurance		You pay 27% coinsurance

Initial Coverage 100-day supply – you can purchase a 100-day supply of your prescriptions at either a retail pharmacy or through mail order. A 100-day supply at a **retail pharmacy** will be 3x the cost of your 30-day supply. However, if you choose to use our **mail order program**, you can receive a discount on your purchase of an extended supply of your prescriptions.

100-Day Supply – Retail	Silver Plus	Platinum	Platinum Plus
Tier 1: Preferred Generic	You pay $0		
Tier 2: Generic	You pay $30		
Tier 3: Select Insulin	You pay $105		
Tier 3: Preferred Brand	You pay 20% Coinsurance		
Tier 4: Non-Preferred Brand	You pay 25% Coinsurance		
Tier 5: Specialty Tier	N/A Specialty Drugs limited to 30 days only		
100-Day Supply – Mail Order	**Silver Plus**	**Platinum**	**Platinum Plus**
Tier 1: Preferred Generic	You pay $0		
Tier 2: Generic	You pay $0		
Tier 3: Select Insulin	You pay $105		
Tier 3: Preferred Brand	You pay 20% Coinsurance		
Tier 4: Non-Preferred Brand	You pay 25% Coinsurance		
Tier 5: Specialty Tier	N/A Specialty Drugs limited to 30 days only		

Stage 3: Catastrophic Coverage	After your yearly out of pocket drug costs reach $2,400 you pay nothing for covered Part D drugs.

Important Message About What You Pay for Vaccines
Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin
You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter which cost-sharing tier it's on.

The formulary and pharmacy network may change at any time. For the most up to date information you can call Customer Service or visit our website at **www.ccokadvantage.com**.

Additional Benefits

	Silver Plus	Platinum	Platinum Plus
Chiropractic	You pay $15 for each Medicare-covered chiropractic visit.		
Diabetes Self-Management Training, Diabetic Services, *and* **Supplies**	You pay nothing for Medicare-covered diabetic monitoring supplies, therapeutic shoes or inserts, and diabetic self-management training.		
Durable Medical Equipment (DME) and Related Supplies *Prior authorization required*	You pay nothing for most Medicare-covered durable medical equipment. You pay 15% of the cost for wheelchairs (manual, portable or power), wheelchair accessories, wheelchair repair, walkers, scooters, hospital beds or hospital bed equipment, or spinal stimulators (Osteogenesis).		
Home Health Agency Care *Prior authorization required*	You pay nothing.		
24-Hour Nurse Line	You pay nothing when you call our 24-Hour Nurse Line.		
Over-the-counter (OTC) Benefits *Now on a card!*	$30 quarterly credit	$50 quarterly credit	$40 quarterly credit
	Benefit applies to the purchase of covered over-the-counter (OTC) items, eligible Items can be purchased at participating retailers, online, or over the phone at any time during the quarter. Items ordered online or by phone will be mailed directly to your home. Unused benefit amounts do not carry over to the next quarter.		
Prosthetic and Orthotic Devices and Related Supplies *Prior authorization required*	You pay 20% of the cost.		
Renal Dialysis *Prior authorization required*	You pay 20% of the cost		
Telehealth/Virtual Visits	You pay nothing for covered Telehealth/Virtual visits with your Primary Care Provider (PCP). You pay the specialist copay for covered Telehealth/Virtual visits with a specialist.		
Home and Bathroom Safety Devices	Your OTC benefit includes Home & Bathroom Safety Devices. Use your OTC benefit to purchase these devices. This does not include the costs for installation of these devices. See Over the Counter Benefit for more information including plan benefit limit.		

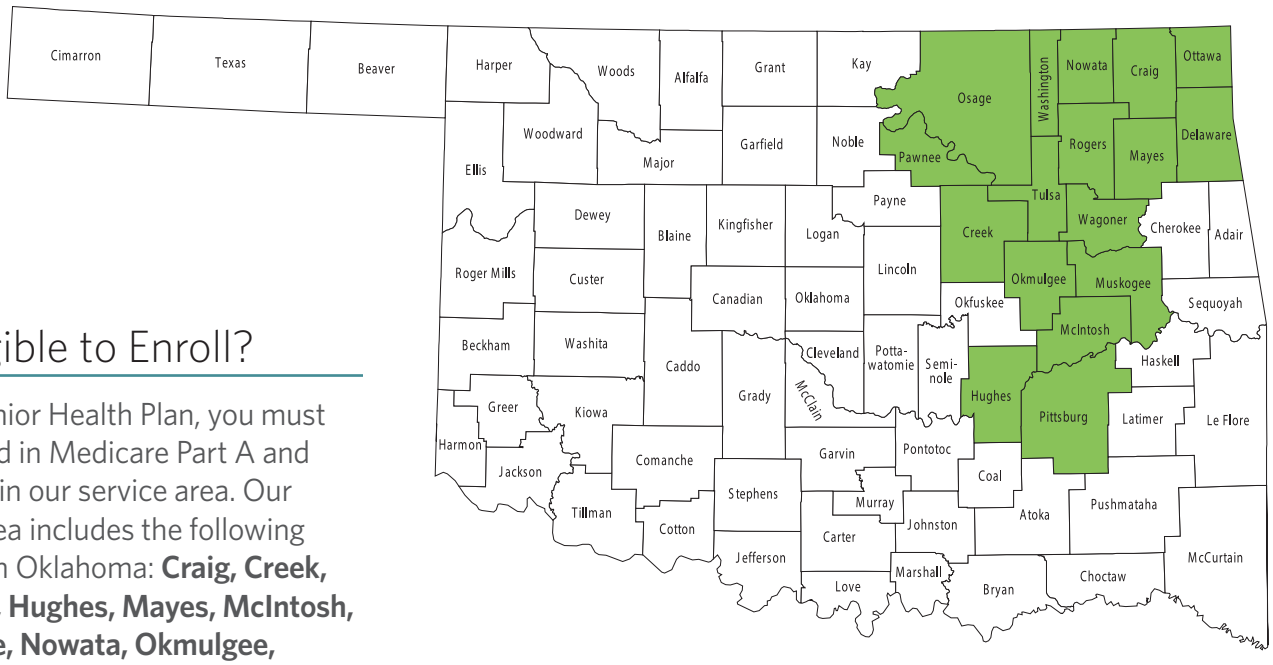
Senior Health Plan

Silver

Medical Only Plan: This plan does not include prescription drug coverage.



CommunityCare™
Senior Health Plan (HMO)



Am I Eligible to Enroll?

To join Senior Health Plan, you must be enrolled in Medicare Part A and B and live in our service area. Our service area includes the following counties in Oklahoma: **Craig, Creek, Delaware, Hughes, Mayes, McIntosh, Muskogee, Nowata, Okmulgee, Osage, Ottawa, Pawnee, Pittsburg, Rogers, Tulsa, Wagoner,** and **Washington.**



Truss Bridge, along Route 66

Senior Health Plan *(HMO) - Medical Only Plan*

For Plan Year January 1, 2027 - December 31, 2027	**Silver**
Monthly Plan Premium *You must continue to pay your Medicare Part B premiums.*	$0
Medical Benefits	
Deductible	$0
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	You pay no more than $3,400 annually. Includes copays other costs for Medicare-covered services for the year. If you reach the limit on out of pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.
Inpatient Hospital *Prior Authorization required*	You pay $25 per day for days 1-7. You pay nothing for days 8 and beyond. Copays apply each admission.
Outpatient Hospital *Prior Authorization required*	You pay $25
Doctor Visits - Some services may require a referral from your doctor	
Primary Care	You pay $0
Specialists & Medicare-Covered Podiatry Visits *Prior Authorization required for some services*	You pay $5
Preventive Care (e.g., flu vaccine, diabetic screening) *Prior Authorization required for some services*	You pay nothing for Medicare-covered preventive screenings and services. In addition to your Annual Wellness Visit, you are also covered for one routine physical exam conducted by your Primary Care Physician at no cost. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care *Worldwide coverage*	You pay $90 per visit. Copay is waived if you are admitted as an inpatient within 48 hours.

	Silver
Urgently Needed Services *Worldwide coverage*	You pay $5 per visit
Diagnostic Services/Labs/Imaging Procedures - *Prior authorization is required for some services*	
Diagnostic Tests & Procedures *Prior Authorization required for some services*	You pay $0 - $75 depending on the service.
	The maximum applies to diagnostic colonoscopy, EGD, and bronchoscopy; the minimum applies to other diagnostic services. For diagnostic radiology, the minimum applies to most services, including ultrasounds, and the maximum applies to CT, MRI, and PET scans. One copay applies per visit.
Lab Services	You pay nothing
X-Rays	You pay nothing
Hearing Services	
Routine Hearing Exam	You pay nothing for up to one routine exam per year from your PCP.
Diagnostic Hearing Exam	You pay nothing for diagnostic hearing exams.
Hearing Aids	You pay nothing for up to 2 hearing aids up to $600 plan benefit limit. Hearing aid benefit may be used once every two years. You must use our contracted hearing aid provider for your hearing aid benefit.
Fitting/Evaluation Exam	You pay nothing for hearing aid evaluation/fitting up to one exam every two years. Evaluation and fitting must be provided by our contracted hearing aid provider.
Dental Services	
Routine Dental Benefits. Preventative & Comprehensive	$1,000 allowance for all covered dental services* $0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns. 50% coinsurance for Prosthodontics/Endodontics/Dentures
Vision Services	
Medicare-Covered Vision Exams	You pay nothing for Medicare-covered eye exams with contracted provider.
Routine Vision Exam	You pay nothing for up to one routine eye exam each year with a contracted provider.
Eyewear	You pay nothing for eyeglasses (lenses and frames) and/or contact lenses up to $650 plan benefit limit. Must use contracted providers.
Mental Health Services	
Inpatient *Prior authorization required*	You pay $25 per day for days 1-7. You pay nothing for days 8 and beyond. Copays apply each admission.
Outpatient Visits	You pay $5 per visit

	Silver
Skilled Nursing Facility *Prior authorization required*	You pay $0 for days 1-20; you pay $25 per day for days 21-100.
Outpatient Rehabilitation Services *Prior authorization required*	Occupational Therapy has a $20 copayment. Speech Therapy and Physical Therapy have a $0 copayment.
Ambulance *Prior authorization required for non-emergency ambulance*	You pay $25 for Medicare-covered ground or air ambulance services. Copay is waived if admitted.
Transportation	You pay $0 for up to 12 one-way trips each year. Round trip transportation counts as 2 trips. You pay $0 whether one-way or round trip to medical appointments with participating providers. 48-hour notice required. 60-mile one way limit.
Medicare Part B Drugs *Prior authorization required.*	You pay 0-20% of the cost for chemotherapy drugs and all other Medicare Part B drugs. Certain Medicare Part B rebatable drugs may be subject to a lower coinsurance. You pay $35 for Medicare Part B covered insulin.



Additional Benefits

	Silver
Chiropractic	You pay $5 for each Medicare-covered visit.
Diabetes Self-Management Training, Diabetic Services, *and* **Supplies**	You pay nothing for Medicare-covered diabetic monitoring supplies, therapeutic shoes or inserts, and diabetic self-management training.
Durable Medical Equipment (DME) and Related Supplies *Prior authorization required*	You pay nothing for most Medicare-covered durable medical equipment. You pay 15% of the cost for wheelchairs (manual, portable or power), wheelchair accessories, wheelchair repair, walkers, scooters, hospital beds or hospital bed equipment, or spinal stimulators (Osteogenesis).
Home Health Agency Care *Prior authorization required*	You pay nothing
Home & Bathroom Safety Devices	Your OTC benefit includes Home & Bathroom Safety Devices. Use your OTC benefit to purchase these devices. This does not include the costs for installation of these devices. See Over the Counter Benefit for more information including plan benefit limit.
24-Hour Nurse Line	You pay nothing when you call our 24-Hour Nurse Line.
Over-the-counter (OTC) Benefits *Now on a card!*	$95 quarterly credit. Benefit applies to the purchase of covered over-the-counter (OTC) items, eligible Items can be purchased at participating retailers, online, or over the phone at any time during the quarter. Items ordered online or by phone will be mailed directly to your home. Unused benefit amounts do not carry over to the next quarter.

	Silver
Prosthetic and Orthotic Devices and Related Supplies *Prior authorization required*	You pay 20% of the cost.
Renal Dialysis *Prior authorization required*	You pay 20% of the cost
Telehealth/Virtual Visits	You pay nothing for covered Telehealth/Virtual visits with your Primary Care Provider (PCP). You pay $5 for a Telehealth/Virtual visit with a specialist.



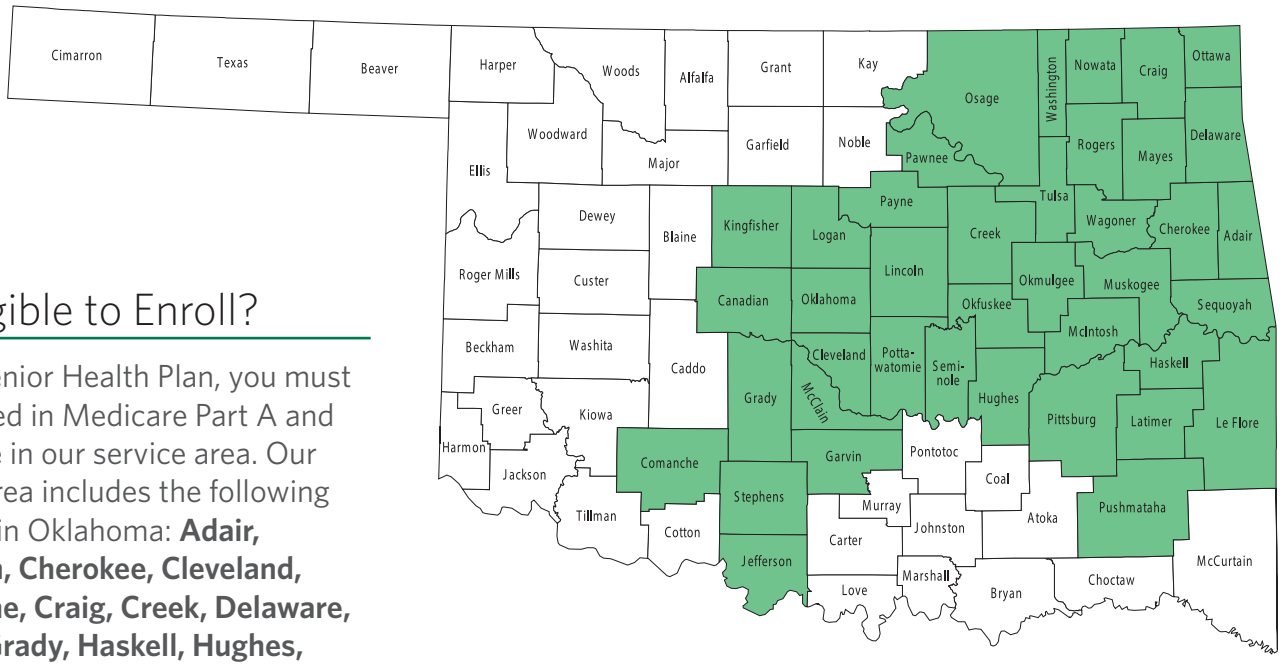
Senior Health Plan

Silver Savings

Medical Only Plan: This plan does not include prescription drug coverage.



CommunityCare™
Senior Health Plan (HMO)



Am I Eligible to Enroll?

To join Senior Health Plan, you must be enrolled in Medicare Part A and B and live in our service area. Our service area includes the following counties in Oklahoma: **Adair, Canadian, Cherokee, Cleveland, Comanche, Craig, Creek, Delaware, Garvin, Grady, Haskell, Hughes, Jefferson, Kingfisher, Latimer, LeFlore, Lincoln, Logan, Mayes, McClain, McIntosh, Muskogee, Nowata, Okfuskee, Oklahoma, Okmulgee, Osage, Ottawa, Pawnee, Payne, Pittsburg, Pottawatomie, Pushmataha, Rogers, Seminole, Sequoyah, Stephens, Tulsa, Wagoner, and Washington.**



Robber's Cave State Park

For Plan Year January 1, 2027 – December 31, 2027	**Silver Savings**
Monthly Plan Premium *You must continue to pay your Medicare Part B premiums.*	$0 **Part B premium reduction:** Your Plan will reduce your monthly Part B premium by up to $100 but by no more than Original Medicare's Part B Premium for 2027
Medical Benefits	
Deductible	$0
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	You pay no more than $4,500 annually. Includes copays other costs for Medicare-covered services for the year. If you reach the limit on out of pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.
Inpatient Hospital *Prior Authorization required*	You pay $250 per day for days 1-5. You pay nothing for days 6 and beyond. Copays apply each admission.
Outpatient Hospital *Prior Authorization required*	You pay $250
Doctor Visits - Some services may require a referral from your doctor	
Primary Care	You pay $0
Specialists & Medicare-Covered Podiatry Visits *Prior Authorization required for some services*	You pay $35
Preventive Care (e.g., flu vaccine, diabetic screening) *Prior Authorization required for some services*	You pay nothing for Medicare-covered preventive screenings and services. In addition to your Annual Wellness Visit, you are also covered for one routine physical exam conducted by your Primary Care Physician at no cost. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care *Worldwide coverage*	You pay $130 per visit. Copay is waived if you are admitted as an inpatient within 48 hours.
Urgently Needed Services *Worldwide coverage*	You pay $40 per visit

	Silver Savings
Diagnostic Services/Labs/Imaging Procedures - Prior authorization is required for some services	
Diagnostic Tests & Procedures *Prior Authorization required for some services*	You pay $0 - $250 depending on the service.
	The maximum applies to diagnostic colonoscopy, EGD, and bronchoscopy; the minimum applies to other diagnostic services. For diagnostic radiology, the minimum applies to most services, including ultrasounds, and the maximum applies to CT, MRI, and PET scans. One copay applies per visit.
Lab Services	You pay nothing
X-Rays	You pay nothing
Hearing Services	
Routine Hearing Exam	You pay nothing for up to one routine exam per year from your PCP.
Diagnostic Hearing Exam	You pay nothing for diagnostic hearing exams.
Hearing Aids	You pay nothing for fitting/evaluation and hearing aids, with a $250 maximum benefit every two years.
Fitting/Evaluation Exam	You pay nothing for hearing aid evaluation/fitting up to one exam every two years. Evaluation and fitting must be provided by our contracted hearing aid provider.
Dental Services	
Routine Dental Benefits. Preventative & Comprehensive	$1,000 allowance for all covered dental services* $0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns. 50% coinsurance for Prosthodontics/Endodontics/Dentures.
Vision Services	
Medicare-Covered Vision Exams	You pay nothing for Medicare-covered eye exams with contracted provider.
Routine Vision Exam	You pay nothing for up to one routine eye exam each year with a contracted provider.
Eyewear	You pay nothing for eyeglasses or contact lenses up to a $200 annual benefit limit. Must use contracted providers.
Mental Health Services	
Inpatient *Prior authorization required*	You pay $250 per day for days 1-5. You pay nothing for days 6 and beyond. Copays apply each admission.
Outpatient Visits *Prior authorization required*	You pay $25 per visit, intensive outpatient services are $40.

	Silver Savings
Skilled Nursing Facility *Prior authorization required*	You pay $0 for days 1-20; you pay $221 per day for days 21-100.
Outpatient Rehabilitation Services *Prior authorization required*	You pay $30 for physical, occupational, and speech-language therapy visits.
Ambulance *Prior authorization required for non-emergency ambulance*	You pay $300 for Medicare-covered ground or air ambulance services. Copay is waived if admitted.
Transportation	You pay $0 for up to 12 one-way trips each year. Round trip transportation counts as 2 trips. You pay $0 whether one-way or round trip to medical appointments with participating providers. 48-hour notice required. 60-mile one way limit.
Medicare Part B Drugs *Prior authorization required.*	You pay 0-20% of the cost for chemotherapy drugs and all other Medicare Part B drugs. Certain Medicare Part B rebatable drugs may be subject to a lower coinsurance. You pay $35 for Medicare Part B covered insulin.



Additional Benefits

	Silver Savings
Chiropractic	You pay $15 for each Medicare-covered chiropractic visit.
Diabetes Self-Management Training, Diabetic Services, *and* **Supplies** *Prior authorization required*	You pay nothing for Medicare-covered diabetic monitoring supplies. You pay nothing for therapeutic shoes or inserts. You pay nothing for diabetic self-management training.
Durable Medical Equipment (DME) and Related Supplies *Prior authorization required*	You pay nothing for most Medicare-covered durable medical equipment. You pay 15% of the cost for wheelchairs (manual, portable or power), wheelchair accessories, wheelchair repair, walkers, scooters, hospital beds or hospital bed equipment, or spinal stimulators (Osteogenesis).
Home Health Agency Care *Prior authorization required*	You pay nothing
Home & Bathroom Safety Devices	Your OTC benefit includes Home & Bathroom Safety Devices. Use your OTC benefit to purchase these devices. This does not include the costs for installation of these devices. See Over the Counter Benefit for more information including plan benefit limit.
24-Hour Nurse Line	You pay nothing when you call our 24-Hour Nurse Line.
Over-the-Counter (OTC) Benefits *Now on a card!*	$30 quarterly credit. Benefit applies to the purchase of covered over-the-counter (OTC) items, eligible Items can be purchased at participating retailers, online, or over the phone at any time during the quarter. Items ordered online or by phone will be mailed directly to your home. Unused benefit amounts do not carry over to the next quarter.

	Silver Savings
Prosthetic and Orthotic Devices and Related Supplies *Prior authorization required*	You pay 20% of the cost.
Renal Dialysis *Prior authorization required*	You pay 20% of the cost
Telehealth/Virtual Visits	You pay nothing for covered Telehealth/Virtual visits with your Primary Care Provider (PCP). You pay $35 for a Telehealth/Virtual visit with a specialist.



Senior Health Plan *(HMO-D-SNP)*

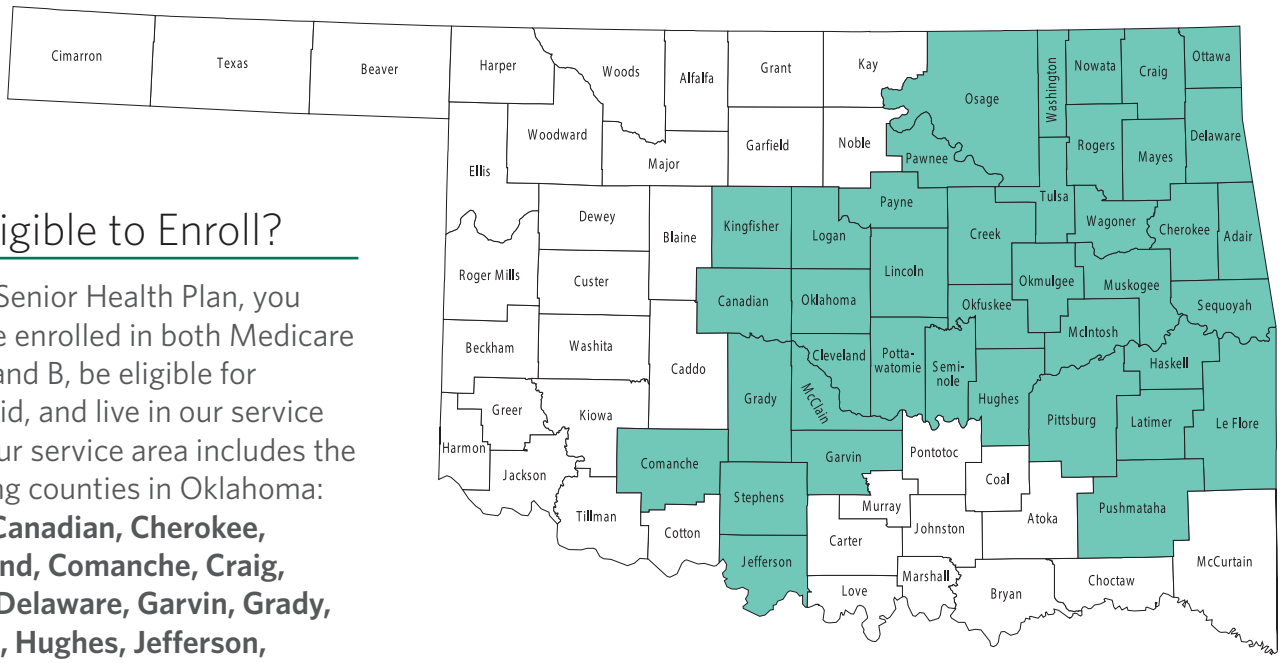
Oklahoma Dual Complete

Must have both Medicare and Medicaid.

This plan includes both Medical and Prescription Drug Coverage.



CommunityCare™
Senior Health Plan (HMO)



Am I Eligible to Enroll?

To join Senior Health Plan, you must be enrolled in both Medicare Part A and B, be eligible for Medicaid, and live in our service area. Our service area includes the following counties in Oklahoma: **Adair, Canadian, Cherokee, Cleveland, Comanche, Craig, Creek, Delaware, Garvin, Grady, Haskell, Hughes, Jefferson, Kingfisher, Latimer, LeFlore, Lincoln, Logan, Mayes, McClain, McIntosh, Muskogee, Nowata, Okfuskee, Oklahoma, Okmulgee, Osage, Ottawa, Pawnee, Payne, Pittsburg, Pottawatomie, Pushmataha, Rogers, Seminole, Sequoyah, Stephens, Tulsa, Wagoner, and Washington.**

When Can I Join Senior Health Plan?

You may be eligible to enroll in Senior Health Plan if:

- You are new to Medicare
- You would like to enroll during the Annual Election Period (AEP), which is every year between October 15 and December 7;
- You are enrolled in a Medicare Advantage plan and want to make a change during the Open Enrollment Period (OEP), which is every year between January 1 and March 31;
- You qualify for a Special Election Period (SEP). Here are a few ways to qualify:
  - You are leaving employer health coverage;
  - You move into our service area and this is a new plan choice for you;
  - You are new to Medicaid or have had a change in your Medicaid eligibility;

There may be other special circumstances that would allow you to enroll. If you have questions, please call us!

What About Outpatient Prescription Drugs?

Our plan includes Part D coverage for outpatient prescription drugs:

- If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay nothing for your prescriptions.
- If you lose Medicaid, you will pay 25% of the cost for some of your outpatient prescription drugs. You'll want to review the Formulary (Drug List) to make sure your drugs are covered.

The benefit chart lists the Part D tiers and your out-of-pocket costs for retail and mail order.

Senior Health Plan *(HMO-D-SNP)*
Medical and Part D (Outpatient Prescription Drug) Coverage

For Plan Year January 1, 2027 – December 31, 2027	**Oklahoma Dual Complete**
Monthly Plan Premium *You must continue to pay your Medicare Part B premiums.*	$11 (If you qualify for full Medicaid benefits, your monthly premium will be $0.)
Medical Benefits	
Deductible	$283 *(this reflects 2026, subject to change for 2027)*
Maximum Out-of-Pocket Responsibility *(Does not include prescription drugs)*	You pay no more than $9,250 annually. Includes copays other costs for Medicare-covered services for the year. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.
Inpatient Hospital *Prior Authorization required*	You pay a $1,736 deductible for the benefit period. You then pay $0 per day for days 1–60, $434 per day for days 61–90, and $868 per day for days 91 and beyond. *(this reflects 2026, subject to change for 2027)*
Outpatient Hospital *Prior Authorization required*	You pay $0 or 20% of the cost, subject to deductible.
Doctor Visits - Some services may require a referral from your doctor.	
Primary Care	You pay $0 or 20% of the cost, subject to deductible.
Specialists	You pay $0 or 20% of the cost, subject to deductible.
Preventive Care (e.g., flu vaccine, diabetic screening) *Prior Authorization required for some services*	You pay nothing for Medicare-covered preventive screenings and services. In addition to your Annual Wellness Visit, you are also covered for one routine physical exam conducted by your Primary Care Physician at no cost. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care *Worldwide coverage*	You pay $0 to $115. Copay is waived if you are admitted as an inpatient within 48 hours.
Urgently Needed Services *Worldwide coverage*	You pay $0 to 20%; up to $40 per visit.

	Oklahoma Dual Complete
Diagnostic Services/Labs/Imaging Procedures - *Prior authorization is required for some services.*	
Diagnostic Tests & Procedures *Prior Authorization required for some services*	You pay $0 – 20% depending on the service. Most services are subject to deductible.
	The maximum applies to diagnostic colonoscopy, EGD, and bronchoscopy; the minimum applies to other diagnostic services. For diagnostic radiology, the minimum applies to most services, including ultrasounds, and the maximum applies to CT, MRI, and PET scans. One copay applies per visit.
Lab Services	You pay $0 or 20%, subject to deductible.
X-Rays	You pay $0 or 20%, subject to deductible.
Hearing Services	
Routine Hearing Exam	You pay $0 or 20%
Diagnostic Hearing Exam	You pay $0 or 20% for diagnostic hearing exams, subject to deductible.
Hearing Aids	You pay nothing for up to 2 hearing aids up to $250 plan benefit limit. Hearing aid benefit may be used once every two years. You must use our contracted hearing aid provider for your hearing aid benefit.
Fitting/Evaluation Exam	You pay nothing for hearing aid evaluation/fitting up to one exam every two years. Evaluation and fitting must be provided by our contracted hearing aid provider.
Dental Services	
Routine Dental Benefits. Preventative & Comprehensive	$1,000 allowance for all covered dental services* $0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns. 50% coinsurance for Prosthodontics/Endodontics/Dentures
Vision Services	
Medicare-Covered Vision Exams	You pay $0 – 20% for Medicare-covered eye exams with a contracted provider. Subject to deductible.
Routine Vision Exam	You pay $0 – 20% for up to one routine eye exam each year with a contracted provider. Exams to evaluate for eye disease are subject to deductible.
Eyewear	$0 copay for Contact Lenses or Eyeglasses up to $300 every year.
Mental Health Services	
Inpatient *Prior authorization required*	You pay a $1,736 deductible for the benefit period. You then pay $0 per day for days 1–60, $434 per day for days 61–90, and $868 per day for days 91 and beyond. *(this reflects 2026, subject to change for 2027)*
Outpatient Visits	You pay $0 or 20% per visit. Mental Health and Substance Abuse services are subject to deductible.

	Oklahoma Dual Complete
Skilled Nursing Facility *Prior authorization required*	You pay $0 for days 1-100 or You pay $0 for days 1-20; you pay $217.00 per day for days 21-100.. *(this reflects 2026, subject to change for 2027)*
Outpatient Rehabilitation Services *Prior authorization required*	You pay $0 or 20%, subject to deductible.
Ambulance *Prior authorization required for non-emergency ambulance*	You pay $0 or 20% for Medicare-covered ground or air ambulance services. Deductible applies for ambulance services.
Transportation	You pay $0 for up to 36 one-way trips each year. Round trip transportation counts as 2 trips. You pay $0 whether one-way or round trip to medical appointments with participating providers. 48-hour notice required. 60-mile one way limit
Medicare Part B Drugs *Prior authorization required*	You pay 0-20% of the cost for chemotherapy drugs and all other Medicare Part B drugs. Certain Medicare Part B rebatable drugs may be subject to a lower coinsurance. You pay $35 for Medicare Part B covered insulin.



Your Prescription Benefits

The cost-sharing table below shows what you will pay for your prescription in the Initial Coverage Stage. In the deductible stage, you pay the full amount of your medications until you reach $700 out of pocket. You stay in the Initial Coverage Stage until your year-to-date total drug costs reach $2,400. Once you reach $2,400 in total drug out-of-pocket costs, you move to the Catastrophic Coverage stage, where you pay nothing for your covered drugs. You will stay in this stage for the rest of the calendar year. For more information on how pharmacy coverage stages work, please call our Medicare Health Plan Consultants at **(918) 594-5275**. If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Pharmacy Deductible	You pay $700 for tier 2, 3, 4, & 5. (You pay $0 if you receive "Extra Help")
Stage 2: Initial Coverage	You pay these amounts until your total yearly drug costs reach $2,400. You may get your drugs at network retail or mail order pharmacies. Members with Extra Help will pay their Low Income Subsidy (LIS) cost share on Tier 2, 3, 4 and 5 drugs. See your LIS rider for your copays. If you lose Extra Help, you will pay the amounts below:

30-Day Supply – Retail	**Oklahoma Dual Complete**
Tier 1: Preferred Generic	You pay $0 (Deductible does not apply)
Tier 2: Generic	You pay 25% Coinsurance
Tier 3: Select Insulin	You pay $35
Tier 3: Preferred Brand	You pay 25% Coinsurance
Tier 4: Non-Preferred Brand	You pay 25% Coinsurance
Tier 5: Specialty Tier	You pay 25% Coinsurance
100-Day Supply – Retail	**Oklahoma Dual Complete**
Tier 1: Preferred Generic	You pay $0 (Deductible does not apply)
Tier 2: Generic	You pay 25% Coinsurance
Tier 3: Select Insulin	You pay $105
Tier 3: Preferred Brand	You pay 25% Coinsurance
Tier 4: Non-Preferred Brand	You pay 25% Coinsurance
Tier 5: Specialty Tier	You pay 25% Coinsurance
100-Day Supply – Mail Order	**Oklahoma Dual Complete**
Tier 1: Preferred Generic	You pay $0 (Deductible does not apply)
Tier 2: Generic	You pay 25% Coinsurance
Tier 3: Select Insulin	You pay $70
Tier 3: Preferred Brand	You pay 25% Coinsurance
Tier 4: Non-Preferred Brand	You pay 25% Coinsurance
Tier 5: Specialty Tier	You pay 25% Coinsurance

Stage 3: Catastrophic Coverage	After your yearly out of pocket drug costs reach $2,400, you pay nothing for covered Part D drugs.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter which cost-sharing tier it's on.

The formulary and pharmacy network may change at any time. For the most up to date information, you can call Customer Service or visit our website at ***www.ccokadvantage.com****.*



Additional Benefits

	Oklahoma Dual Complete
Chiropractic	You pay $0 or 20% for each Medicare-covered visit. Subject to deductible.
Diabetes Self-Management Training, Diabetic Services, *and* **Supplies**	You pay $0 or 20% for Medicare-covered diabetic monitoring supplies. Subject to deductible. You pay $0 or 20% for therapeutic shoes or inserts. Subject to deductible. You pay nothing for diabetic self-management training.
Durable Medical Equipment (DME) and Related Supplies *Prior authorization required*	You pay $0 or 20% for most Medicare-covered durable medical equipment. Subject to deductible.
Home Health Agency Care *Prior authorization required*	You pay nothing for each home health visit. You pay 20% of the cost for medical equipment subject to the deductible.
24-Hour Nurse Line	You pay nothing when you call our 24-Hour Nurse Line.
Over-the-Counter (OTC) Benefits *Now on a card!*	$170 monthly credit. Benefit applies to the purchase of covered over-the-counter (OTC) items, eligible Items can be purchased at participating retailers, online, or over the phone at any time during the quarter. Items ordered online or by phone will be mailed directly to your home. Unused benefit amounts do not carry over to the next quarter.
Prosthetic and Orthotic Devices and Related Supplies *Prior authorization required*	You pay $0 - 20% of the cost, subject to deductible.
Renal Dialysis *Prior authorization required*	You pay $0 - 20% of the cost, subject to deductible.
Meal Benefit - Post Discharge *Prior authorization required*	Post Discharge eligible members will receive 2 meals a day for 14 days. Post discharge meals are limited to no more than 4 times per calendar year.

For more information, please call us at **(918) 594-5275**. TTY/TDD users should call **1-800-722-0353**.





How Do I Get More Information?

By phone:

Sales & Enrollment: (918) 594-5275

Monday through Friday from 8:00 a.m. – 6:00 p.m.

Customer Service: (918) 594-5323

8 a.m. – 8 p.m., seven days a week
from October 1 – March 31

8 a.m. – 8 p.m., Monday – Friday
from April 1 – September 30

TTY: **1-800-722-0353** during the business hours listed above

Come to a seminar: We have seminars throughout the year. Visit our website for upcoming meetings or to watch a recorded seminar. You can also call us to request a seminar schedule.

For accommodations of persons with special needs at meetings, call **(918) 594-5275**, TTY **1-800-722-0353**.

Visit our website: www.ccokadvantage.com

How Do I Get Information on Medicare?

For coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at **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**; 24 hours a day, 7 days a week.

CommunityCare™
Senior Health Plan (HMO)

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 **1-800-843-1887** (TTY users call **1-800-722-0353**).

Understanding The Benefits

- ☐ **The Evidence of Coverage** (EOC) provides a complete list of all coverage and services. Visit **www.ccokadvantage.com** to view a copy of the EOC or call **1-800-843-1887**.
- ☐ **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.
- ☐ **Review the formulary** to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, **you must continue to pay your Medicare Part B premium**. This premium is normally taken out of your Social Security check each month.
- ☐ **Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027**.
- ☐ 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).

Senior Health Plan is an HMO plan and an HMO D-SNP plan with a Medicare and Medicaid contract. Enrollment in Senior Health Plan depends on contract renewal.

CommunityCare™
Senior Health Plan (HMO)

Scope of Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting or scheduled telephone appointment to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative).

Please initial below beside the type of product(s) you want the agent to discuss.

	Stand-alone Medicare Prescription Drug Plans (Part D) Prescription drug coverage plan that can be added to Original Medicare.
	Medicare Advantage Plans (Part C) Plans that provide Original Medicare Part A&B health coverage and may include Part D.

You are under no obligation to enroll. Signing this form will not impact your current or future Medicare enrollment status. Your signature on this form will not automatically enroll you into a plan offered by CommunityCare.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:		Date:	

If signed by an appropriately authorized individual, this signature certifies that: 1) this person is authorized under State law to act on behalf of the Medicare beneficiary and 2) documentation of this authority is available upon request from Medicare.

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

Representative Name:		Relationship:	

To Be Completed by Agent:

Date of Appointment:			
If signed by the beneficiary or representative at the time of appointment, provide explanation why SOA was not documented prior to meeting (i.e., walk in, phone call, etc.):			
Plan(s) the agent represented during meeting:			
Agent Name:		Agent Phone:	
Beneficiary Name:		Beneficiary Phone:	
Agent's Signature:			

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

Request to Enroll in Senior Health Plan Medicare Advantage Plan

Who can use this form?

People with Medicare who want to join a Medicare Advantage plan.

To join a plan, you must:

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

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

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

When do I use this form?

You can join a plan:

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

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

What do I need to complete this form?

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

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

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

CommunityCare Senior Health Plan
PO Box 3327
Tulsa, OK 74101-3327

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

How do I get help with this form?

Call Senior Health Plan at **(918) 594-5323**; TTY users can call 800-722-0353. Monday through Friday, 8 a.m. and 8 p.m.

Or call Medicare at **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

OMB No. 0938-1378
Expires:02/28/2029

CommunityCare™
Senior Health Plan (HMO)

2027 Senior Health Plan Individual Election Form

Senior Health Plan is an HMO plan and an HMO D-SNP plan with a Medicare and Medicaid contract. Enrollment in Senior Health Plan depends on contract renewal.

SECTION 1 – All fields are required unless marked "*optional*".

Effective Date of Coverage:	

Please check which plan you want to enroll in: *These plans include Prescription Drug Coverage.*

☐	**SILVER PLUS** – with Prescription Drug Coverage – **$0 per month**
☐	**PLATINUM** – with Prescription Drug Coverage – **$35 per month**
☐	**PLATINUM PLUS** – with Prescription Drug Coverage – **$120 per month**

Please check which plan you want to enroll in: *These plans DO NOT include Prescription Drug Coverage.*

☐	**SILVER** – Medical Coverage Only – **$0 per month** *This plan does not include Part D coverage.*
☐	**SILVER SAVINGS** – Medical Coverage Only – **$0 per month** ***$100 Buydown >*** *This plan does not include Part D coverage.*

Please check which plan you want to enroll in: *Must have both Medicare and Medicaid.*

☐	**OKLAHOMA DUAL COMPLETE (HMO D-SNP) – $11 per month** Dual Eligible Medicare Advantage Plan – *must have both Medicare and Medicaid to enroll.*

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

Name: *(as it appears on your Medicare card)*					
Medicare Number:			Male ☐	Female ☐	
Social Security #: *(optional)*		Date of Birth:			

Enter Your Contact Information:

Home Phone #:		Alternate Phone #: *(optional)*	
E-mail Address: *(optional)*			
Permanent Residence Street Address: *(P.O. Box is not allowed)*			
City:	County: *(optional)*	State: OK	ZIP Code:
Mailing Address: *(if different from your Permanent Residence Address)*			
City:		State:	ZIP Code:

SECTION 2 – *All fields are required unless marked "optional".*

Please provide an Emergency Contact in case we are unable to reach you: *(optional)*			
Name of Contact:		Phone Number:	
Relationship to the Applicant:			

Will you have other prescription drug coverage (like VA, TRICARE, Indian Health Services) in addition to Senior Health Plan?	Yes		No	
Name of other coverage:				

Select one if you want us to send you information in an accessible format. *(optional)*								
	Large Print		Email		Braille		Audio CD		Data CD
*Please contact Senior Health Plan at **(918) 594-5323** if you need information in an accessible format other than what's listed above.*								

Do you or your spouse work?	**Yes**		**No**	

Primary Care Doctor:	
Please provide the name of your Primary Care Physician (PCP). If you don't have one, a PCP will be selected for you. You can change your PCP at any time.	

Are you an established patient?	**Yes**		**No**	

Are you enrolled in the Oklahoma Medicaid program?	**Yes**		**No**	
If yes, please provide your Medicaid number:				

SECTION 3 – Election Period

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 have Medicare and want to enroll during the annual enrollment period (October 15th - December 7th for a January 1st effective date	
	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:	
	I am leaving employer or union coverage on:	
	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 recently had a change in my *Extra Help* paying for Medicare prescription drug coverage (newly got *Extra Help*, had a change in level of *Extra Help* or lost *Extra Help*) on:	
	I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on:	
	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:	
	I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on:	
	I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on:	
	I recently obtained lawful presence status in the United States. I got this status on:	
	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:	
	I recently left a PACE program on:	
	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:	
	I belong to a pharmacy assistance program provided by my state.	
	I recently was released from incarceration. I was released on:	
	I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state, or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.	

If none of these statements applies to you or you're not sure, please contact Senior Health Plan at **(918) 594-5275**.
Hours of operation are Monday – Friday, 8:00 a.m. – 6:00 p.m.

SECTION 4 – Paying Your Plan Premium

You will receive a bill if you do not select another option.

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 electronically through your member portal each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay Senior Health Plan the Part D-IRMAA.

☐	**Get a bill.** You will receive a monthly invoice. You can pay by check or log into your member portal to pay online.
☐	**Electronic funds transfer (EFT)** from your bank account each month. *Please include a voided check or provide the following:*

Account holder name:			
Bank name:			
Routing number:		Account #:	
Account Type:	☐ Checking	☐ Savings	

☐	**Automatic deduction from your monthly Social Security or Railroad Retirement Board Benefit Check.** *Social Security (or the RRB) must approve this deduction. You will receive a monthly bill until we receive approval.*

I get monthly benefits from:	☐	Social Security	☐	RRB

IMPORTANT: Read and sign below

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Senior Health Plan.
- By joining this Medicare Advantage Plan, I acknowledge that Senior Health Plan will share my information with Medicare who may use it to track my enrollment, to make payments and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one Medicare Advantage plan at a time – and that enrollment in this plan will automatically end my enrollment in another Medicare Advantage plan.
- I understand that when my Senior Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Senior Health Plan. Benefits and services provided by Senior Health Plan and contained in my Senior Health Plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Senior Health Plan will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
    1) This person is authorized under State law to complete this enrollment *and*
    2) Documentation of this authority is available upon request by Medicare.

Signature:		**Today's Date:**	
If you're the authorized representative, sign above and fill out these fields:			
Name:		Address:	
Phone Number:		Relationship to enrollee:	

Name of staff member/agent/broker *(if assisted in enrollment)*:	Agent NPN:

Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR SS 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Office Use Only:

Plan ID:		Effective Date of Coverage:							
	ICEP/IEP		AEP		SEP (type)		Not Eligible		PBP #

Notice of Availability of Language Assistance Services

and Auxiliary Aids and Services

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-642-8065 (TTY/TDD: 1-800-722-0353) or speak to your provider.

Español (Spanish)
ATENCIÓN: Si habla español, puede acceder a servicios gratuitos de ayuda lingüística. También puede recibir, sin costo alguno, servicios y dispositivos auxiliares para obtener información en formatos accesibles. Llame al 1-800-642-8065 (TTY/TDD: 1-800-722-0353) o consulte con su proveedor.

ᏣᎳᎩ (Cherokee)
ᏣᎳᎩ ᎯᏊᎻᏍᎩ ᎠᎩ, ᎠᏍᏍᏏ ᎦᏊᎻᎯᎢᏍᏗᏗ ᏗᎻᏍᎦᎵᏍᏓᏍᏛ ᎤᎾᏓᏅᏎ ᎠᏁᏙᏱ ᏗᏙᎵᎪᏩᏗ ᎠᏎ ᎾᏂᏁᏔᏱ ᎠᏓᏁᎳᏁᏗ ᎠᎾᏓᏃᏍᏱ ᏧᏓᎴᏓ ᎯᎬᏁᏗ ᎠᏍᏏ Ꭰ4Ꮟ ᎾᏂᏁᏔᎵᎢ. ᏩᏓ 1-800-642-8065 ᎠᎴ TTY/TDD 1-800-722-0353, ᎠᎴ ᏍᏏ ᏫᎵᏃᏗ ᏍᎦᎵᏍᏓᏩᎩ.Ꮹ

Việt (Vietnamese)
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-642-8065 (Người khuyết tật: 1-800-722-0353) hoặc trao đổi với người cung cấp dịch vụ của bạn.

中文 (Simplified Chinese)
注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-642-8065（文本电话：1-800-722-0353）或咨询您的服务提供商。

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenz-Angebote zur Verfügung. Auch entsprechende Hilfsmittel und Angebote zur barrierefreien Bereitstellung von Informationen stehen Ihnen kostenlos zur Verfügung. Rufen Sie 1-800-642-8065 (TTY: 1-800-722-0353) an oder wenden Sie sich an Ihren Anbieter.

မြန်မာ (Burmese)
သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရနိုင်ပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ရရှိနိုင်ပါသည်။ 1-800-642-8065 (TTY: 1-800-722-0353) သို့ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဆောင်ရွက်ပေးသူနှင့် စကားပြောပါ။

Lus Hmoob (Hmong)
LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-642-8065 (TTY: 1-800-722-0353) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

العربية (Arabic)

تنبيه: إذا كنت تحدث العربية، فإن خدمات ال مساعدة اللغوية المجانية متاحة لك. كما تتوفر مجانًا وسائل المساعدة والخدمات المساندة المناسبة لتقديم المعلومات بتنسيقات سهلة الوصول. اتصل على (TTY : 1-800-722-0353) 1-800-642-8065 أو تحدث مع مقدم الخدمة الخاص بك.

Français (French)
ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-642-8065 (TTY : 1-800-722-0353) ou parlez à votre prestataire.

Tagalog
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-642-8065 (TTY: 1-800-722-0353) o makipag-usap sa iyong provider.

ILOCANO
PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-800-642-8065 (TTY: 1-800-722-0353) wenno makisarita iti mangipapaay kenka.

한국어 (Korean)

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-642-8065 (TTY: 1-800-722-0353) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Yorùbá
AKIYESI: Ti o ba n sọ Yorùbá, awọn iṣẹ iranlọwọ ede ọfẹ wa fun ọ. Awọn iranlọwọ ti o yẹ ati awọn iṣẹ lati pese alaye ni ilana ti o ṣee ṣamulo naa tun wa lọfẹẹ. Pe 1-800-642-8065 (TTY: 1-800-722-0353) tabi ki o ba olupese rẹ sọrọ.

РУССКИЙ (Russian)
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-642-8065 (TTY: 1-800-722-0353) или обратитесь к своему поставщику услуг.

Kiswahili (Swahili)
MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-800-642-8065 (TTY: 1-800-722-0353) au zungumza na mtoa huduma wako.

CommunityCare Senior Health Plan

P.O. Box 3327
Tulsa, OK 74101-3327

(918) 594-5323 | 1-800-642-8065
TTY/TDD: 1-800-722-0353

Monday – Sunday, 8:00 a.m. – 8:00 p.m.
From April 1 – September 30: Monday – Friday, 8:00 a.m. – 8:00 p.m.

www.ccokadvantage.com

Senior Health Plan is an HMO plan and an HMO D-SNP plan with a Medicare and Medicaid contract.
Enrollment in Senior Health Plan depends on contract renewal.

CommunityCare™
Senior Health Plan (HMO)