

## **Disclaimers**

### Disclaimer A: Lock-in Statement/Access Information

HMO plans only: If you obtain routine care from out-of-network plan providers neither Medicare nor our plan will be responsible for the costs.

PPO and POS plans: Use of non-plan providers is allowed, but there may be an additional out-of-pocket cost.

### Disclaimer B: Enrollment Limitations

You may enroll in Medicare Advantage and Prescription Drug Plans only during specific times of the year. To learn more about all of the possible enrollment periods, [contact](#) our Member Services department seven days a week from 8 a.m. to 8 p.m.

### Disclaimer C: Benefit Changes in Marketing Materials

Benefits, formulary, pharmacy, network premium and/or copayments/coinsurance, summary of benefits, evidence of coverage information may change on January 1 each year. Please [contact](#) our Member Services department seven days a week from 8 a.m. to 8 p.m.

### Disclaimer D: Eligibility Requirements

An individual is eligible to enroll in the plan if the individual:

- Is entitled to Medicare benefits under Part A and/or enrolled in Part B.
- Resides in the service area of our plan.

Also,

- Our Medicare Prescription Drug benefit is only available to members of our MA-PD plan(MA-PD only).
- If a beneficiary is already enrolled in a MA-PD plan, the enrollee must receive their Medicare Prescription Drug benefits through the plan.
- Beneficiaries may be enrolled in only one Part D plan at a time (PDP only).
- If enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, the enrollee may not enroll in a PDP unless they disenroll from the HMO, PPO, or MA PFFS plan.
- Enrollees in a private-fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP.

### Disclaimer E: Network Limitations and Prescription Drug Services

You must use network pharmacies to access your prescription drug benefit, except under non-routine circumstances when you cannot reasonably use network pharmacies. Our pharmacy network includes more than 56,000 network pharmacies including retail, mail order, long-term care, home infusion and I/T/U (Indian Health Service, Tribes or Urban Indian) pharmacy network. If you need to have your prescription filled at a pharmacy that is not in our network, you will need to fill out a claim form and you may not get the same level of discounts as you would through a

network pharmacy. For more information, [contact](#) our Member Services department seven days a week at 8 a.m. to 8 p.m.

Disclaimer F: Contracting Statement

Our plans have a Medicare contract.

Disclaimer G: Premiums

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.

Disclaimer H: Availability of Medicare Subsidy Information

You may be able to get extra help to pay for your prescription drug premium and costs.

To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD machine users should call 1-877-486-2048, 24 hours a day/7 days a week);
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call, 1-800-325-0778; or
- Your State Medicaid Office.