



Health Plans

Dear Health First Health Plans Member:

You are enrolled in a Medicare Advantage plan offered by Health First Health Plans. A snapshot of the 2022 plans can be found on the first page of the attached form.

To make a change in the Medicare Advantage plan you have with Health First Health Plans, fill out the enclosed plan selection form to make your choice. Check off the plan you want and sign the form. Then mail the completed form back to us by **December 7**.

You can change health plans only at certain times during the year. From October 15 – December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 – March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug coverage.

If you join our plan when you first enroll in Medicare, you can switch to another plan or get Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). If you're not happy with your choice in our plan, you can make a change during the first 3 months you have Medicare.

If you select another plan and we receive your completed selection form by December 7th, your new benefit plan will begin in January 2022. Your monthly plan premium will be \$97 for Classic (HMO-POS), \$33 for Value (HMO), \$0 for Rewards (HMO) or \$0 for Secure (HMO) and you may continue to see any Health First Health Plans primary care doctors and specialists.

Complete the attached form only if you wish to change plans.

To help you with your decision, we have also included a 2022 Summary of Benefits for the available options. If you have any questions, please call Health First Health Plans at 1.800.716.7737. TTY users should call 1.800.955.8771. We are open weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 to March 31, we're available seven days a week from 8 a.m. to 8 p.m.

Thank you.



Health Plans

Date: _____

Member name: _____

Member number: _____

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

Please check the appropriate box below:

- | | |
|--|---|
| <p><input type="checkbox"/> Classic (HMO-POS)
Monthly premium: \$97
Inpatient hospital: \$180 per day for days 1-7
Routine dental, hearing, vision
Out of network care: 20%
Out-of-pocket maximum: \$3,750 in-network;
\$10,000 out-of-network
Part D drugs: Yes
Prescription coverage in the gap:
Yes, Tiers 1 & 2</p> | <p><input type="checkbox"/> Rewards (HMO)
Monthly premium: \$0
Inpatient hospital: \$260 per day for days 1-7
Routine Dental, Hearing and Vision
Out of network care: Emergency & Urgent Care
Out-of-pocket maximum: \$5,500
Part D drugs: Yes
Prescription coverage in the gap: Yes, Tier 1</p> |
| <p><input type="checkbox"/> Value (HMO)
Monthly premium: \$33
Inpatient hospital: \$215 per day for days 1-7
Routine Dental, Hearing and Vision
Out of network care: Emergency & Urgent Care
Out-of-pocket maximum: \$4,950
Part D drugs: Yes
Prescription coverage in the gap: Yes, Tier 1</p> | |

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, check, money order, or online payments from your bank account or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board Check each month.

You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail, check, money order, or online payments from your bank account or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board 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 1.800.MEDICARE (1.800.633.4227), 24 hours per day, seven days per week. TTY/TDD users should call 1.877.486.2048.

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

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

Please select a premium payment option:

- Receive 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 or 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.)

Automatic payments from your bank account or credit card each month. Automatic payments may be set up through our online member portal at myHFHP.org/login. For assistance, contact Customer Service at the phone number below.

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: Large print

Please contact Health First Health Plans at 1.800.716.7737 (TTY users should call 1.800.955.8771) if you need information in an accessible format or language other than what is listed above. Our office hours are weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 to March 31, we're available seven days a week from 8 a.m. to 8 p.m.

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: _____

Please mail this form to:

Health First Health Plans P.O Box 62045 Phoenix, AZ 85082

Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

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