



Sales Appointment Confirmation Form

Please initial below in the box beside the plan type that you want the agent to discuss with you.

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 to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative).

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

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

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:

Signature Date:

If you are the authorized representative, please sign above and print below:

Representative's Name:

Your Relationship to the Beneficiary:

To be completed by Agent:

Agent Name:

Agent Phone:

Beneficiary Name:

Beneficiary Phone:

Beneficiary Address:

Initial Method of Contact:

Agent's Signature:

Date:

[Plan Use Only:]

Astiva Health is an HMO plan with a Medicare contract. Enrollment in Astiva Health depends on contract renewal. **ATTENTION:** If you speak another language, language assistance services, free of charge, are available to you. Call 1-866-688-9021. (TTY: 711) **ATENCIÓN:** Si habla español, los servicios de asistencia lingüística están disponibles sin costo alguno para usted. Llame al 1-866-688-9021 (TTY: 711).

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

H1993_4000SOA_C



Summary of Benefits

**Astiva Health Advantage
Astiva Health Value**

Orange and San Diego Counties

January 1, 2021 – December 31, 2021

To *Love* Life

Astiva Health Advantage (HMO) and Astiva Health Value (HMO) are HMO plans with a Medicare contract. Enrollment in Astiva Health depends on contract renewal. The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage” by calling our Member Services Department at the phone number listed in this document or online at www.astivahealth.com.



Astiva Health Member Services

1-866-688-9021 TTY: 711

Hours of Operation are:

8:00 A.M. to 8:00 P.M. seven days a week

Visit our website: www.astivahealth.com

Astiva Health Benefits 2021

Benefits	Astiva Health Advantage (HMO) Orange County 001	Astiva Health Advantage (HMO) San Diego County 003
Monthly Plan Premium	\$0	\$0
Maximum Out of Pocket (MOOP)	\$1,899	\$3,000
Medicare Part B Premium Rebate	\$7	\$7
Primary Care Physician Visit	\$0 Copay	\$0 Copay
Specialist Physician Visit	\$0 Copay	\$0 Copay
Inpatient Hospital Care	\$0 Copay unlimited days	\$0 days 1 - 4 \$75 days 5 - 9 \$0 days 10 - 90
Outpatient Services / Surgery	\$0 Copay	\$0 Copay
Emergency Room Visit	\$90 Copay; waived if admitted to hospital	\$90 Copay; waived if admitted to hospital
Worldwide Emergency Coverage	\$90 Copay; waived if admitted to hospital \$25,000 limit per year; emergency services only	\$90 Copay; waived if admitted to hospital \$25,000 limit per year; emergency services only
Urgent Care Visit	\$0 Copay	\$0 Copay
Ambulance Services	\$99 Copay	\$99 Copay
Skilled Nursing Facility Stay Care	Days 1 - 20: \$0 Copay per day Days 21 - 100: \$184 Copay per day	Days 1 - 20: \$0 Copay per day Days 21 - 100: \$184 Copay per day
Durable Medical Equipment	\$0 Copay up to \$100; 20% of cost over \$101	\$0 Copay up to \$100; 20% of cost over \$101
Lab Services	\$0 Copay	\$0 Copay
Routine X-rays	\$0 Copay	\$0 Copay
Eyeglasses	\$0 Copay; up to \$200 value every year	\$0 Copay; up to \$200 value every year
Preferred Generic Drugs T1	\$0 Copay 30 - day supply \$0 Copay 90 - day supply	\$0 Copay 30 - day supply \$0 Copay 90 - day supply
Generic Drugs T2	\$0 Copay 30 - day supply \$0 Copay 90 - day supply	\$0 Copay 30 - day supply \$0 Copay 90 - day supply
Preferred Brand Drugs T3	\$32 Copay 30 - day supply \$64 Copay 90 - day Mail Order	\$32 Copay 30 - day supply \$64 Copay 90 - day Mail Order
Non-Preferred Brand Drugs T4	\$95 Copay 30 - day supply \$190 Copay 90 - day Mail Order	\$95 Copay 30 - day supply \$190 Copay 90 - day Mail Order
Specialty Drugs T5	33% of the drug cost to the plan Coinsurance	33% of the drug cost to the plan Coinsurance
Transportation Services	\$0 Copay; 48 one - way trip(s) to plan - approved locations within 25 miles.	\$0 Copay; 48 one - way trip(s) to Plan - approved locations within 25 miles.
Fitness	\$0 Copay	\$0 Copay
Over The Counter (OTC)	\$75 quarterly allowance (no rollover)	\$75 quarterly allowance (no rollover)

Orange County 002 San Diego County 004	Astiva Health Benefits 2021	
	Astiva Health Value (HMO) With Medicare and Full Medi-Cal Eligibility	Astiva Health Value (HMO) With Medicare Only
Monthly Plan Premium	\$0	\$31.50
Maximum Out of Pocket (MOOP)	\$7,550	\$7,550
Primary Care Physician Visit	\$0 Copay	\$0 Copay
Specialist Physician Visit	\$0 Copay	\$0 Copay
Inpatient Hospital Care	\$0 Copay	Medicare fee-for-service costs
Outpatient Services / Surgery	\$0 Copay	20%
Emergency Room Visit	\$0 Copay; waived if admitted to hospital	20%; waived if admitted to hospital
Worldwide Emergency Coverage	\$90 Copay; waived if admitted to hospital \$25,000 limit per year; emergency services only	\$90 Copay; waived if admitted to hospital \$25,000 limit per year; emergency services only
Urgent Care Visit	\$0 Copay	20%
Ambulance Services	\$0 Copay	20%
Skilled Nursing Facility Stay Care	\$0 Copay	Medicare fee-for-service costs
Durable Medical Equipment	\$0 Copay	20%
Lab Services	\$0 Copay	20%
Routine X-rays	\$0 Copay	20%
Eyeglasses	\$0 Copay; up to \$250 value every year	\$0 Copay; up to \$250 value every year
Preferred Generic Drugs T1	\$0 Copay 30 - day supply \$0 Copay 90 - day supply	\$0 Copay 30 - day supply \$0 Copay 90 - day supply
Generic Drugs T2	\$0 Copay 30 - day supply \$0 Copay 90 - day supply	\$0 Copay 30 - day supply \$0 Copay 90 - day supply
Preferred Brand Drugs T3	Generic drugs (including drugs that are treated like a generic): • \$0 or \$1.30 or \$3.70 copay All other drugs: • \$0 or \$4.00 or \$9.20 copay	25% of the total drug cost
Non-Preferred Brand Drugs T4		
Specialty Drugs T5		
Transportation Services	\$0 Unlimited to plan – approved locations within 25 miles.	\$0 Unlimited to plan – approved locations within 25 miles.
Fitness	\$0 Copay	\$0 Copay
Over the Counter (OTC)	\$150 quarterly allowance (no rollover)	\$150 quarterly allowance (no rollover)

H1993_4000BHMAPD2_M



2021 SUMMARY OF BENEFITS

Astiva Health Advantage (HMO)

Orange 001 & San Diego 003

January 1, 2021 - December 31, 2021

Astiva Health is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage” @ www.astivahealth.com.

To join **Astiva Health**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Orange and San Diego.

If you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille or large print.

Have Questions?

For more information, please call us at 1-866-688-9021 (TTY users should call 711), we are open from 8:00 A.M. to 8:00 P.M., seven days a week or visit us at www.astivahealth.com.

Premiums and Benefits	Astiva Health Advantage (HMO) 001 Orange County	Astiva Health Advantage (HMO) 003 San Diego County
Monthly Plan Premium • Part C & Part D	\$0 You must continue to pay your Medicare Part B Premium	\$0 You must continue to pay your Medicare Part B Premium
Medicare Part B Premium Rebate	\$7	\$7
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than \$1,899 annually includes copays and other costs for medical services for the year	You pay no more than \$3,000 annually includes copays and other costs for medical services for the year
Inpatient Hospital	\$0 copay (unlimited days per admission)	\$0 days 1 - 4 \$75 days 5 - 9 \$0 days 10 - 90
Outpatient Hospital • Hospital Services • Observation Services	\$50 copay \$0 copay	\$50 copay \$0 copay
Ambulatory Surgical Center	\$0 copay	\$0 copay
Doctor Visits • Primary • Specialist	\$0 copay \$0 copay (prior authorization is required for specialist visits)	\$0 copay \$0 copay (prior authorization is required for specialist visits)
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0 copay Other preventive services are available. There are some covered services that have a cost.	\$0 copay Other preventive services are available. There are some covered services that have a cost.
Emergency Care	\$90 copay (waived if admitted within 48 hours)	\$90 copay (waived if admitted within 48 hours)

Urgently Needed Services	\$0 copay	\$0 copay
Outpatient Diagnostic <ul style="list-style-type: none"> • Procedures, tests, lab services • X-Ray/Diagnostic • Therapeutic radiology 	\$0 copay \$0 copay 20% coinsurance	\$0 copay \$0 copay 20% coinsurance
Hearing Services <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid 	\$0 copay for exam/fitting/ evaluation (1 per year) \$0 copay for 2 hearing aids (every year) \$1,000 limit (every year) Maximum benefit applies to per aid	\$0 copay for exam/fitting/ evaluation (1 per year) \$0 copay for 2 hearing aids (every year) \$1,000 limit (every year) Maximum benefit applies to per aid
Dental Services <ul style="list-style-type: none"> • Oral exam & cleaning • Fluoride treatment • X-ray 	\$0 copay (1 every six months) \$0 copay (1 every six months) \$0 copay (1 every three years)	\$0 copay (1 every six months) \$0 copay (1 every six months) \$0 copay (1 every three years)
Vision Services <ul style="list-style-type: none"> • Routine exam • Eyewear coverage limit 	\$0 copay (1 per year) \$0 copay for glasses/contacts (per year) \$200 plan coverage limit (per year)	\$0 copay (1 per year) \$0 copay for glasses/contacts (per year) \$200 plan coverage limit (per year)
Mental Health Services <ul style="list-style-type: none"> • Outpatient group therapy • Individual therapy visits 	\$20 copay \$40 copay	\$20 copay \$40 copay
Skilled Nursing Facility	\$0 copay days 1-20 \$184 copay days 21-100 (no prior hospital stay required)	\$0 copay days 1-20 \$184 copay days 21-100 (no prior hospital stay required)
Physical Therapy	\$0 copay	\$0 copay
Ambulance Services	\$99 copay	\$99 copay
Transportation	\$0 copay 48 one-way trips to approved locations within 25 miles	\$0 copay 48 one-way trips to approved locations within 25 miles
Medicare Part B Drugs	20% of the cost for other Part B Drugs	20% of the cost for other Part B Drugs










Outpatient Prescription Drugs	Astiva Health Advantage (HMO) 001 Orange County	Astiva Health Advantage (HMO) 003 San Diego
Part D Deductible	\$0	
Initial Coverage Limit	\$ 4,130	
Part D Out of Pocket Threshold	\$ 6,550	
Initial Coverage <ul style="list-style-type: none"> • Tier 1: Preferred Generic Drugs 	\$0 Copay 30-day supply (\$0 Copay 90-day supply)	
<ul style="list-style-type: none"> • Tier 2: Generic Drugs 	\$0 Copay 30-day supply (\$0 Copay 90-day Mail Order)	
<ul style="list-style-type: none"> • Tier 3: Preferred Brand Drugs 	\$32 Copay 30-day supply (\$64 Copay 90-day Mail Order)	
<ul style="list-style-type: none"> • Tier 4: Non-Preferred Brand Drugs 	\$95 Copay 30-day supply (\$190 Copay 90-day Mail Order)	
<ul style="list-style-type: none"> • Tier 5: Specialty Drugs 	33% of the drug cost to the plan Coinsurance	

Gap Coverage Tiers 1 & 2:	<p>Begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>You pay the same copays as in the Initial Coverage Stage for Tier 1 and Tier 2 drugs. For drugs in other tiers, you pay 25% of the negotiated price (and portion of the dispensing fee) for your brand name drugs and 25% of the cost for your generic drugs.</p>
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs reach \$6,350, you pay the greater of:</p> <ul style="list-style-type: none"> – 5% of the cost, or – \$3.70 copay for generic (including drugs that are treated like a generic) and \$9.20 copay for all other drugs.
Additional Benefits	
Acupuncture	\$0 for 24 treatments per year
Over the Counter (OTC) items	\$75 quarterly allowance (no rollover)
Viagra (Sildenafil)	\$0 Co-Payment Tier 2 Generic Viagra (Sildenafil)
Gym / Fitness	\$0 Home Fitness Kits, Digital Workout Videos or Fitness Centers
Telehealth	\$0 After-hours doctor advice 9:00 P.M. – 9:00 A.M.
Worldwide Coverage	Up to \$25,000 reimbursement for qualifying expenses (urgently needed or emergency services only)
<p>Astiva Health is an HMO plan with a Medicare contract. Enrollment in Astiva Health depends on contract renewal. This information is not a complete description of benefits. Call 1-866-688-9021, our member services hours of operations are from 8:00 A.M. to 8:00 P.M. seven days a week.</p>	

Additional Benefits Beyond Original Medicare

Astiva Health offers you additional benefits beyond what Original Medicare alone provides. We are pleased to be able to provide you value added coverage through these companies we partner with to provide you with exceptional care for your needs.

Supplemental Benefits Offered by Astiva Health

Supplemental Benefits Providers	Type of Benefits	Astiva Health Advantage (HMO) 001 & 003
American Specialty Health 1-800-678-9133 TTY: 1-800-735-2922 Monday – Friday 8 A.M. – 8 P.M. www.ashlink.com/ashastivahealth	Acupuncture 	\$0 Co-Payment 24 treatments
Delta Dental 1-855-370-4206 TTY: 711 Oct. 1 - March 31 8 A.M. - 8 P.M., seven days a week April 1 - September 30 8 A.M. - 8 P.M., Monday - Friday www.deltadentalins.com/astivahealth	Dental Benefits 	Preventative Dental Services \$0 Oral Exam \$0 Cleaning 2 times a year \$0 X-ray once a year
Silver and Fit 1-877-427-4788 TTY/TDD: 711 Monday - Friday 5 A.M. - 6 P.M. PST www.silverandfit.com/	Gym Membership 	\$0 Co-Payment Home Fitness Kits Digital Workout Videos or Fitness Center
Nations Hearing 1-866-289-2278 Monday – Friday 8 A.M. – 8 P.M. www.nationshearing.com/astivahealth	Hearing Aid 	\$0 Co-Payment \$1,000 Allowance per aid per year
Nations OTC 1-866-289-8135 Monday – Friday 8 A.M. – 8 P.M. www.nationsotc.com/astivahealth	Over - The - Counter 	\$75 Quarterly allowance (no roll over)
CareCar 1-844-743-7179 TTY: 711 24 hours a day, seven days a week https://carecar.com/schedule/	Transportation 	\$0 Co-Payment 48 One-way trip
March Vision 1-844-336-2724 TTY: 711 8 A.M. - 8 P.M., Monday - Friday https://www.marchvisioncare.com	Vision 	\$0 Annual Eye Exam \$200 Allowance every year towards frames and lenses or contact lenses
Teladoc 1-800-835-2362 TTY: 1-855-636-1578 www.teladoc.com	Doctor Advice Line 	\$0 Request a visit with a doctor from 9:00 P.M. to 9:00 A.M., seven days a week, by web, phone or mobile app. Consult with a doctor after hours.
Astiva Health 1-866-688-9021	24/7 Nurse Advice Line 	\$0 Co-Payment Talk with Astiva Health Plan Registered Nurse 24 hours a day, seven days a week.



2021 SUMMARY OF BENEFITS

Astiva Health Value (HMO)

Orange 002 & San Diego 004

January 1, 2021 - December 31, 2021.

Astiva Health is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" @ www.astivahealth.com.

To join **Astiva Health**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Orange and San Diego.

If you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille or large print.

Have Questions?

For more information, please call us at 1-866-688-9021 (TTY users should call 711), we are open from 8:00 A.M. to 8:00 P.M., seven days a week or visit us at www.astivahealth.com.

Premiums and Benefits Orange County San Diego County	Astiva Health Value (HMO) With Medicare and Full- Dual Medi-Cal Eligibility	Astiva Health Value (HMO) With Medicare Only
Monthly Plan Premium • Part C & Part D	\$0	\$31.50
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	Limited to \$7,550 per year for medical costs	
Inpatient Hospital	\$0 copay (unlimited days per admission)	\$1,408 deductible \$0 for days 1-60 \$352 per day for days 61-90 ** Cost share may change in 2021
Outpatient Hospital • Hospital Services • Observation Services	\$0 copay \$0 copay	20% coinsurance
Ambulatory Surgical Center	\$0 copay	20% coinsurance
Doctor Visits • Primary • Specialist	\$0 copay \$0 copay (prior authorization is required for specialist visits)	\$0 copay \$0 copay (prior authorization is required for specialist visits)
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0 copay Other preventive services are available. There are some covered services that have a cost.	\$0 copay Other preventive services are available. There are some covered services that have a cost.
Emergency Care	\$0 copay	20% coinsurance (waived if admitted within 48 hours)









Urgently Needed Services	\$0 copay	20% coinsurance
Outpatient Diagnostic <ul style="list-style-type: none"> Procedures, tests, lab services X-Ray/Diagnostic Therapeutic radiology 	\$0 copay \$0 copay \$0 copay	20% coinsurance
Hearing Services <ul style="list-style-type: none"> Routine hearing exam Hearing aid 	\$0 copay for exam/fitting/evaluation (1 per year) \$0 copay for 2 hearing aids (every year) \$1,000 limit (every year) Maximum benefit applies to per aid	\$0 copay for exam/fitting/evaluation (1 per year) \$0 copay for 2 hearing aids (every year) \$1,000 limit (every year) Maximum benefit applies to per aid
Vision Services <ul style="list-style-type: none"> Routine exam Eyewear coverage limit 	\$0 copay (1 per year) \$0 copay for glasses/contacts (per year) \$250 plan coverage limit (per year)	\$0 copay (1 per year) \$0 copay for glasses/contacts (per year) \$250 plan coverage limit (per year)
Mental Health Services <ul style="list-style-type: none"> Outpatient group therapy Individual therapy visits 	\$0 copay \$0 copay	20% coinsurance
Skilled Nursing Facility	\$0 per day up to 100 days per benefit period	\$0 copay days 1-20 \$184 copay days 21-100 (no prior hospital stay required)
Physical Therapy	\$0 copay	20% coinsurance
Ambulance Services	\$0 copay	20% coinsurance
Transportation	\$0 copay Unlimited to plan – approved locations within 25 miles	\$0 copay Unlimited to plan – approved locations within 25 miles
Medicare Part B Drugs	\$0 copay	20% of the cost for other Part B Drugs
Outpatient Prescription Drugs	Astiva Health Value (HMO) 002 Orange County	Astiva Health Value (HMO) 004 San Diego
Part D Deductible	\$445 deductible (waived for Tiers 1-2) No Deductible if you have Full Extra Help	
Initial Coverage Limit	\$ 4,130	
Part D Out of Pocket Threshold	\$ 6,550	
Initial Coverage <ul style="list-style-type: none"> Tier 1: Preferred Generic Drugs 	\$0 Copay 30 - day supply (\$0 Copay 90 - day supply)	
<ul style="list-style-type: none"> Tier 2: Generic Drugs 	\$0 Copay 30 - day supply (\$0 Copay 90 - day Mail Order)	
<ul style="list-style-type: none"> Tier 3: Preferred Brand Drugs 	Depending on your level of Extra Help, you pay: Generic: \$0, \$1.30, or \$3.70 Brand: \$0, \$4.00, or \$9.20	25% coinsurance
<ul style="list-style-type: none"> Tier 4: Non-Preferred Brand Drugs 	Depending on your level of Extra Help, you pay: Generic: \$0, \$1.30, or \$3.70 Brand: \$0, \$4.00, or \$9.20	25% coinsurance

• Tier 5: Specialty Drugs	Depending on your level of Extra Help, you pay: Generic: \$0, \$1.30, or \$3.70 Brand: \$0, \$4.00, or \$9.20	25% coinsurance
Gap Coverage Tiers 1 & 2:	\$0 Copay	
Catastrophic Coverage Stage	\$0 Copay	After your yearly out-of-pocket drug costs reach \$6,350, you pay the greater of: – 5% of the cost, or – \$3.70 copay for generic (including drugs that are treated like a generic) and \$9.20 copay for all other drugs.
Additional Benefits		
Acupuncture	\$0 for 24 treatments per year	
Over the Counter (OCT) items	\$150 quarterly allowance (no rollover)	
Viagra (Sildenafil)	\$0 Co-Payment Tier 2 Generic Viagra (Sildenafil)	
Gym / Fitness	\$0 Home Fitness Kits, Digital Workout Videos or Fitness Centers	
Telehealth	\$0 After hours doctor advice 9:00 P.M. – 9:00 A.M.	
Worldwide Coverage	Up to \$25,000 reimbursement for qualifying expenses (urgently needed or emergency services only)	
Astiva Health is an HMO plan with a Medicare contract. Enrollment in Astiva Health depends on contract renewal. This information is not a complete description of benefits. Call 1-866-688-9021, our member services hours of operations are from 8:00 A.M. to 8:00 P.M. seven days a week.		

Additional Benefits Beyond Original Medicare

Astiva Health offers you additional benefits beyond what Original Medicare alone provides. We are pleased to be able to provide you value added coverage through these companies we partner with to provide you with exceptional care for your needs.

Supplemental Benefits Offered by Astiva Health

Supplemental Benefits Providers	Type of Benefits	Astiva Health Value (HMO) 002 & 004
American Specialty Health 1-800-678-9133 TTY: 1-800-735-2922 Monday – Friday 8 A.M. – 8 P.M. www.ashlink.com/ashastivahealth	Acupuncture 	\$0 Co-Payment 24 treatments
Delta Dental Silver and Fit 1-877-427-4788 TTY/TDD: 711 Monday - Friday 5 A.M. - 6 P.M. PST www.silverandfit.com	Dental Benefits Gym Membership 	Not Covered \$0 Co-Payment Home Fitness Kits Digital Workout Videos or Fitness Center
Nations Hearing 1-866-289-2278 Monday – Friday 8 A.M. – 8 P.M. www.nationshearing/astivahealth	Hearing Aid 	\$0 Co-Payment \$1,000 Allowance per aid per year
Nations OTC 1-866-289-8135 Monday – Friday 8 A.M. – 8 P.M. www.nationsotc/astivahealth	Over-The- Counter 	\$150 Quarterly allowance (no roll over)
CareCar 1-844-743-7179 TTY: 711 24 hours a day, seven days a week https://carecar.com/schedule/	Transportation 	\$0 Co-Payment Unlimited transportation for plan-approved trips
March Vision 1-844-336-2724 TTY: 711 8 A.M. - 8 P.M., Monday - Friday https://www.marchvisioncare.com	Vision 	\$0 Annual Eye Exam \$250 Allowance every year towards frames and lenses or contacts lenses
Teladoc 1-800-835-2362 TTY: 1-855-636-1578 www.teladoc.com	Doctor Advice Line 	\$0 Request a visit with a doctor from 9:00 P.M. to 9:00 A.M., seven days a week, by web, phone or mobile app. Consult with a doctor after hours.
Astiva Health 1-866-688-9021	24/7 Nurse Advice Line 	\$0 Co-Payment Talk with Astiva Health Plan Registered Nurse 24 hours a day seven days a week.

Astiva Health has partnered with CareCar.

Together we will ensure you have constant access to the transportation you rely on for your medical needs. With a people-first approach, CareCar believes in being community-focused and is backed by the highest on-time rates and shortest wait times in the country. Astiva Health and CareCar are excited to share our partnership with you and to serve our shared community together for many years to come.

Scheduling a ride with CareCar is easy!

Call your dedicated Astiva Health Transportation Request Line
Please have your member ID ready when you call-in. Available 24 hours a day 7 days a week.

844-743-7179

You can also Schedule on our website at:

<https://carecar.co/schedule/>
CareCar

1-844-743-7179 TTY: 711
24 hours a day, 7 days a week
<https://carecar.co/schedule/>



How you can use this supplemental benefit.

Schedule your trip 24 hours in advance. While same-day schedules are accommodated as much as possible we ask that you schedule at least 24 hours in advance.

Go to and from approved locations. You may only request transport to plan approved locations, such as, but not limited to, physician offices, medical facilities, and hospitals.

25 Mile Radius of Transport. Depending on the plan you are enrolled in you may have a limit of 48 one-way trips per year with a 25-mile limit. (Transports over 25 miles will be counted as an additional transport for every 25 miles).

Full-Service communication and scheduling. On the day of transportation, a CareCar Partner will call you 10-15 minutes before your scheduled pick-up time to give you your driver details.

Call us anytime to schedule, cancel, or book a return. If you're scheduled for a return "will call" just give us a call and we will send a driver to you. If you scheduled a return time we will send a car at that time. If you are ready sooner give us a call and we will come to pick you up. *Please note that 24-hour advance notice for cancellations is required or you may be deducted a one-way trip from your benefit.

SOMETHING FOR EVERYONE®



Welcome to the Silver&Fit® Healthy Aging and Exercise program where you can get fit in the best way for you!

Enjoy one, some, or all of the following at no cost to you:



1,500+ Digital Workout Videos

Go to **www.SilverandFit.com** or download the Silver&Fit ASHConnect™ mobile app to view yoga, strength, Pilates, walking, cardio, and many other workout videos, perfect for all fitness levels.



Daily Workout Videos

Join daily workout classes on Facebook Live and the Silver&Fit YouTube channel.



www.facebook.com/SilverandFit
www.youtube.com/SilverandFit



Stay Fit Kits

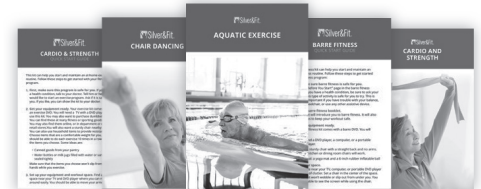
Pick one (1) of the following per benefit year:

- Garmin® or Fitbit® Wearable Fitness Tracker Kit*
- Yoga Kit with a mat
- Beginner, Intermediate, or Advanced Strength Kit with exercise bands and dumbbells



Home Fitness Kits

Pick up to 2 kits per benefit year from our 34 unique options, including Aqua, Tai Chi, Chair-Based Exercise, and more.**



Access to 15,000+ Participating Fitness Centers

Work out at fitness centers including:



Healthy Aging Coaching

Our coaches will help you address your fitness and nutrition goals, and provide guidance in other lifestyle areas during scheduled phone sessions.

Go to **www.SilverandFit.com** to get started today! For questions, call us toll-free at 1.877.427.4788 (TTY/TDD: 711), Monday through Friday, 5 a.m. to 6 p.m. Pacific time.

*The Garmin or Fitbit promotional code cannot be used in combination with any other promotion on the Garmin or Fitbit website. Once selected, Stay Fit Kits cannot be exchanged.

**Members cannot select the same Home Fitness Kit twice in the same benefit year. Once selected, kits cannot be exchanged.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Please talk to a doctor before starting or changing an exercise routine. The people in this piece are not Silver&Fit members. Silver&Fit, Something for Everyone, ASHConnect, and the Silver&Fit logo are trademarks of ASH. Kits are subject to change. Other names or logos may be trademarks of their respective owners. Participating facilities and fitness chains may vary by location and are subject to change.

Astiva Health, Inc. is a HMO plan with a Medicare contract. Enrollment in Astiva Health, Inc. depends on contract renewal.





Your Path to Better Hearing Starts Here

NationsHearing® helps Astiva Health members get tested for hearing loss at no cost and guides them through the process of selecting state of the art hearing aids by applying their benefit for significant savings compared to retail prices.





Getting started is easy.

Members have two convenient ways to access their hearing benefit.

Provider Network

-  **CALL:**
Members can speak with a trained benefits advisor to schedule a hearing test with a local provider.
-  **TEST:**
If the test results show hearing loss, NationsHearing will work with members to select the highest quality hearing aids.
-  **FIT:**
NationsHearing work with our member's provider to comfortably fit their hearing aids.
-  **FOLLOW-UP:**
Members can expect follow-up care to ensure their complete satisfaction.

Digital Hearing Experience

-  **LOGIN:**
Members log into the digital hearing experience to access their hearing benefit.
-  **TEST:**
Members take a digital hearing test and receive immediate and accurate results.
-  **HEARING AIDS:**
Hearing aids are available to order online and shipped at no additional cost.
-  **CONNECT:**
Members can connect to an online representative at any time during the process.

To learn more or to enroll, call 1-866-688-9021 (TTY: 711) today!
You can also visit www.astivahealth.com for more information.

Whether members meet with a local provider or choose the digital hearing experience, NationsHearing has them covered.

Program Features include:

- Annual hearing test with no out-of-pocket cost
- Access to a nationwide network of 8,000+ providers
- Hearing aids available from all major manufacturers
- Low pricing and a 60-day, 100% money-back guarantee
- Concierge services by dedicated Member Experience Advisors
- Three follow-up visits
- 3-year manufacturer's repair warranty
- 3 years of batteries included*
- One-time replacement coverage for lost, stolen or damaged hearing aids**
- 12- and 18-month financing options available with 0% APR, no money down

*Not applicable to the purchase of rechargeable hearing aid models. **Deductibles may apply.



Hearing Hunt is a fun and challenging word search game designed to sharpen your clarity of hearing.

The game uses a multi-themed display with sound clues that ask you to listen and find hidden words while earning rewards and receiving healthy hearing tips. The auditory experience is especially helpful when paired with Bluetooth® hearing aids.

Download Hearing Hunt today!



To learn more or to enroll, call 1-866-688-9021 (TTY: 711) today!
You can also visit www.astivahealth.com for more information.

Astiva Health is an HMO plan with a Medicare contract. Enrollment in Astiva Health depends on contract renewal. ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-866-688-9021. (TTY: 711) ATENCIÓN: Si habla español, los servicios de asistencia lingüística están disponibles sin costo alguno para usted. Llame al 1-866-688-9021 (TTY: 711).

© 2020 Bluetooth SIG, Inc. // Google Play and the Google Play logo are trademarks of Google LLC. // The iPhone® is a registered trademark of Apple Inc.

©2020 NationsBenefits, LLC. All rights reserved. Other marks are the property of their respective owners.
07292020

Ordering Over-The-Counter Products Has Never Been Easier

Astiva Health has partnered with NationsOTC® to offer members a benefit amount towards the purchase of over-the-counter (OTC) medications, health and wellness product and first aid supplies.

How to order:



ONLINE



PHONE



MAIL

NationsOTC will deliver your order to your home at no additional cost.

CATEGORY LIST

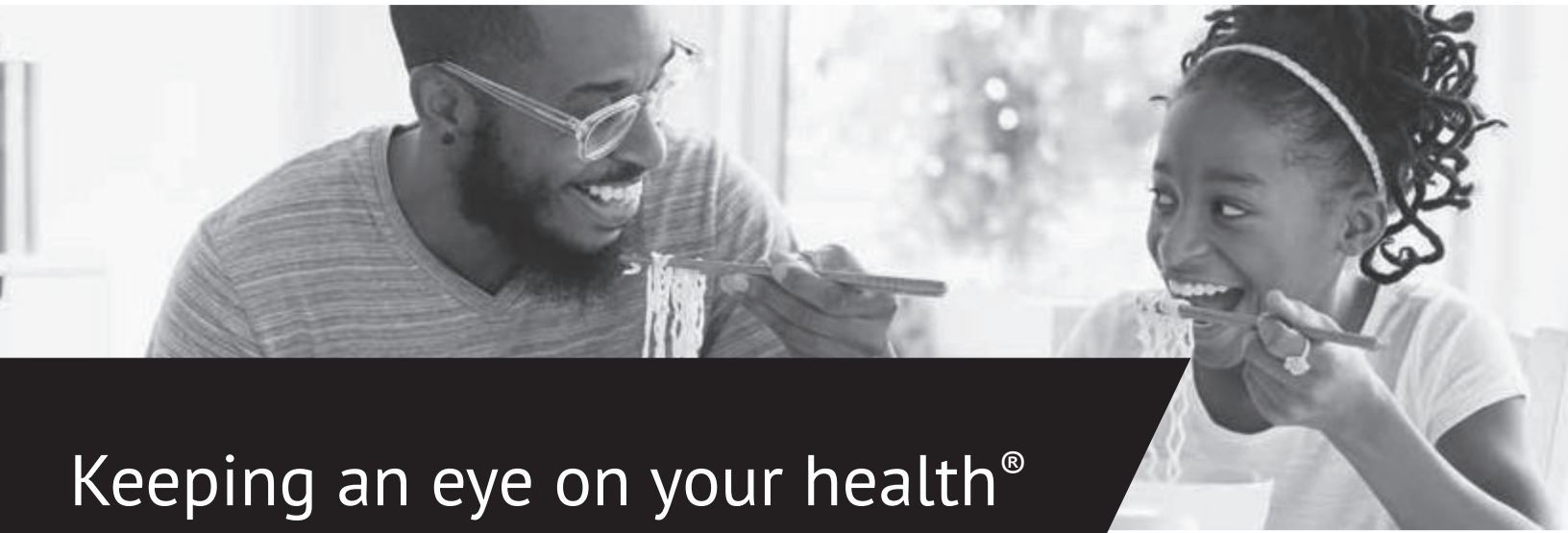
There are hundreds of items available including a large variety of quality brand-name and generic products across all categories:

- | | | |
|-------------------------------------|----------------------------------|----------------------------------|
| • Anticandidal (Yeast) | • Feminine Care | • Pediculicide |
| • Bathroom Safety & Fall Prevention | • First Aid & Medical Supplies | (Lice Treatment) |
| • Cold, Flu & Allergy | • Foot Care | • Skin Care |
| • Dental & Denture Care | • Hemorrhoidal Preparations | • Sleep Aids |
| • Diabetes Care | • Home Diagnostic & Patient Aids | • Smoking Cessation |
| • Digestive Health | • Incontinence Supplies | • Supports & Braces |
| • Eye & Ear Care | • Pain Relief | • Vitamins & Dietary Supplements |

To learn more or to enroll, call 1-866-688-9021 (TTY:711) today.
www.astivahealth.com

This information is not a complete description of benefits. Limitations, copayments, and restrictions may apply.

©2020 NationsOTC, LLC. All rights reserved. Other marks are the property of their respective owners.
0729202



Keeping an eye on your health®

Vision coverage can be an important part of overall health.

A flexible plan option.

Vision benefits from MARCH® Vision Care give you:

- Access to a strong provider network.
- Eye exams to check for serious medical conditions.
- Freedom to choose your doctor and eyewear.

Easier access to providers.

Our network includes plenty of options, with more than 39,000 providers¹ across the country. You can visit marchvisioncare.com to locate a provider or refer a provider.

Your vision benefits.

- **Exam Coverage** - Routine eye exam coverage every year.
- **Eyewear Allowance** - Your allowance gives you the option to purchase frames, lenses or contact lenses of your choice.
- **Additional Services** - You can receive additional services when covered by our plan for post-cataract eyewear, glaucoma screenings, and more. Check with your provider or your health plan at the member services number on the back of your ID card, to confirm coverage.



Vision care is tied to your overall health.

Diabetes, high blood pressure, autoimmune diseases and cancers may be detected during an eye exam.²

Learn More.

Contact your plan's member services department.

1-844-336-2724

MARCH®
Vision Care

¹MARCH Vision Care point-of-service data report, August 2020

²aao.org/eye-health/tips-prevention/diagnosing-systemic-diseases-eye-exams. Accessed June 2018.

Vision coverage provided by or through Astiva Health, Inc. Administrative services provided by MARCH® Vision Care Group, Incorporated, March Vision Care, Inc., or their affiliates. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your plan's member services department.

All trademarks are the property of their respective owners.



Program Summary

Delta Dental & Astiva Health, Inc.

About the Program

Delta Dental, a national dental company has partnered with Astiva Health to provide covered supplemental dental services to Astiva Health Advantage Plan Members. Services are only available when provided by dentists who are part of Delta Dental's Medicare Advantage Network. If members receive care from a dental provider who is not in the Delta Dental Medicare Advantage Network, they must pay for their own care.

Members can find a Delta Dental provider in the area by:

- Searching online – use our dental provider online search tool at www.deltadentalins.com/astivahealth

- Calling Delta Dental Member Services Department

When members call a representative will verify eligibility and search for a network dental provider in their area.

Member Services Contact Information

Delta Dental Insurance Company	
Member Services Phone	1-855-370-4206
Member Services Hours	October 1st – March 31st Monday – Sunday 8 a.m.-8 p.m. Local Time April 1st – September 30th Monday – Friday 8 a.m.-8 p.m. Local Time
Delta Dental Provider Look Up	www.deltadentalins.com/astivahealth

Claims Submission Information

Delta Dental Claims Mailing Address

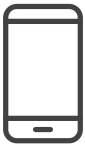
Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

Delta Dental
1-855-370-4206 TTY: 711
Oct 1st – March 31st
8AM-8PM, seven days a week
April 1st – September 30th
8AM-8PM, Monday - Friday
www.deltadentalins.com/astivahealth



You have several ways to enroll with Astiva Health.

Enroll today so you can take advantage of our many benefits and exceptional service. You can enroll by phone, online or through the mail. You can also visit Medicare.gov, the official U.S. government site for Medicare.



Enroll Over the Phone

Enroll over the phone with an Astiva Telesales Representative.

Call us now:

1-866-610-0655 (TTY User: 711)



Online Enrollment

Enroll on www.astivahealth.com



Mail in form or Fax

Mailing Address:

Astiva Health

Attn: Sales and Marketing

3200 Bristol St., Suite 600

Costa Mesa, CA 92626

Fax: 1-949-522-8553



Medicare.gov

You can also enroll in select plans through the Medicare Website at www.medicare.gov

We are happy to assist!
1-866-610-0655 (TTY user: 711)

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-610-0655 (TTY User: 711).

Understanding the Benefits



Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.astivahealth.com or call 1-866-688-9021 to view a copy of the EOC.



Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.



Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

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 co-payments/co-insurance may change on January 1, 2021.



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).



Individual Enrollment Request Form To Enroll In a Medicare Advantage Plan (Part C) Or Medicare Prescription Drug Plan (Part D)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug 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 starting 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.

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:

Astiva Health, Inc.
3200 Bristol Street
Suite 600
Costa Mesa, CA 92626

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

How do I get help with this form?

Call Astiva Health at 1-866-610-0655. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Astiva Health al 1-866-610-0655/711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

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-NEW. 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.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:



- ☐ Astiva Health Advantage - Orange County \$0 per month 001
☐ Astiva Health Advantage – San Diego County \$0 per month 003
☐ Astiva Health Value - Orange County \$31.50 per month 002
☐ Astiva Health Value - San Diego County \$31.50 per month 004

FIRST name:		LAST name:		Middle Initial:	
Birth date: (MM/DD/YYYY) (____/____/____)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone number: (____) ____-____	
Permanent residence street address (Don't enter a PO Box):					
City:		County:		State: ZIP Code:	
Mailing address, if different from your permanent address (PO Box allowed):					
Street address:		City:		State: ZIP Code:	
Your Medicare information:					
Medicare Number: _____ - _____ - _____					
Answer these important questions:					
1. Will you have other prescription drug coverage (like VA, TRICARE) in addition to Astiva Health? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____					
2. Are you enrolled in your State Medicaid program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your Medicaid number _____					
IMPORTANT: Read and sign below:					
<ul style="list-style-type: none"> • I must keep both Hospital (Part A) and Medical (Part B) to stay in Astiva Health. • Part D plans insert: I must keep Hospital (Part A) or Medical (Part B) to stay in Astiva Health. • By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that Astiva Health 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). • Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan. • 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. • I understand that when my Astiva Health coverage begins, I must get all of my medical and prescription drug benefits from Astiva Health. Benefits and services provided by Astiva Health and contained in my Astiva Health "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Astiva Health will pay for benefits or services that are not covered. • 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 on previous page), this signature certifies that: <ol style="list-style-type: none"> 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 and fill out these fields:					
Name:			Address:		
Phone number:			Relationship to enrollee:		

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English. ☐ Spanish ☐ Vietnamese

Select one if you want us to send you information in an accessible format. ☐ Braille ☐ Large print
Please contact Astiva Health at 1-866-688-9021 if you need information in an accessible format other than what's listed above. Our office hours are seven Days a week, 8:00 A.M. -8:00 P.M. TTY users can call TTY 711 number.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

PCP First Name:

PCP Middle Initial:

PCP Last Name:

IPA / Medical Group:

PCP ID#:

Existing Patient?

☐ Yes ☐ No

Emergency Contact:

Relationship:

Phone Number: ()

E-mail address:

Paying your plan premiums

If enrolling in Astiva Health Advantage 001 and 003 with a \$0 monthly 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. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. **DO NOT pay Astiva Health the Part D-IRMAA.**

If enrolling in Astiva Health Value 002 and 004 with a monthly premium: You can pay your monthly plan premium including any late enrollment penalty that you currently have or may owe by mail. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Astiva Health the Part D-IRMAA.

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

Please select a premium payment option:

☐ Get a bill

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

* For Office Use Only

Agent/broker: _____ NPN Number: _____

Agency: _____ Effective Date of Coverage: _____

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

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 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

Attestation of Eligibility For an Enrollment 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 recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.
- ☐ I recently left a PACE program on (insert date) _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Astiva Health at 1-866-688-9021, TTY users should call 711 to see if you are eligible to enroll.

We are open 8:00 A.M. to 8:00 P.M. seven days a week.

What to Expect Next?

After your application has been submitted, we will mail you the following communications:

- 1. Acknowledgment Letter:** We acknowledge that we have received your application and it's submitted to CMS for review.

- 2. Approval Letter:** CMS has approved your enrollment with Astiva Health.

- 3. Astiva Member ID Card:** Your membership card for you to go see your Primary Care Physician, Specialist, Hospital or when you go pick up your medications at a contracted pharmacy.

- 4. Welcome Package:** This will include your mail order form, evidence of coverage, containing important information on how to get the most out of your Astiva Health coverage.

- 5. Welcome Call:** A representative will call you to schedule some time to go over a Health Risk Assessment.



**We look forward to welcoming you to be part of
Astiva Health Family.**

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-688-9021 (TTY:711)

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-688-9021 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-688-9021 (TTY: 711).

繁體中文(Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-688-9021 (TTY: 711)

Tagalog (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-688-9021 (TTY: 711).

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-688-9021 (TTY: 711) 번으로 전화해 주십시오.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-634-2247 (رقم هاتف الصم والبكم: 711).

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-866-688-9021 (TTY (հեռատիպ))՝ 711):

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-866-688-9021 (TTY: 711) पर कॉल करें।

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-688-9021 (TTY: 711).

日本語 (Japanese): 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-688-9021 (TTY: 711) まで、お電話にてご連絡ください。

ខ្មែរ (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្មើស គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ

1-866-688-9021 (TTY: 711)¹

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1-866-688-9021 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با
1-866-688-9021 (TTY: 711) تماس بگیرید.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-688-9021 (телетайп: 711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
1-866-688-9021 (TTY: 711).



Notice of Non-Discrimination

Astiva Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Astiva Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Astiva Health:

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

If you need these services, contact Member Services at 1-866-688-9021 (TTY 711).

If you believe that Astiva Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Astiva Health Compliance Department
3200 Bristol St., Suite 600
Costa Mesa, CA 92626
Phone: 1-866-688-9021, TTY: 711
Email: Compliance@astivahealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Member Services** is available to help you.

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

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.