

# Pre-Enrollment Checklist



MARTIN'S POINT®

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

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 Member Services representative at 1-866-544-7504 (TTY: 711), 8 am–8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year.

## 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 [MartinsPoint.org/LearnMore](https://MartinsPoint.org/LearnMore) or you can call Member Services at 1-866-544-7504 (TTY: 711) 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 copayments/coinsurance may change on January 1 of each year.

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). See next item for other exceptions.

Our Prime (HMO-POS), Select (LPPO), and Flex (RPPO) plans allow you to see providers outside of our network (noncontracted providers). However, while we will pay for certain covered services provided by a noncontracted provider, the provider must agree to treat you. Except in emergency or urgent situations, noncontracted providers may deny care. In addition, you will pay a higher copay or cost share for most services received by non-contracted providers.

The Focus DC (HMO SNP) plan is a chronic condition special needs plan (C-SNP) designed for people who have been diagnosed with diabetes. Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.