Welcome

Select (LPPO) Plan Members



Inside

you'll find important

FORMS

INFORMATION

—and don't miss the important New Member actions on page 7!

MARTIN'S POINT®

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

MAINE: Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, and York Counties; NEW HAMPSHIRE: Cheshire, Coos, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan Counties

H1365-004-001, H1356-001 Y0044_2023_286_M Accepted: 11/30/2022



What's Inside:

Welcome from Member Services

Getting Off to a Great Start

- Where to find important information
- What to expect from us regarding communication
- **Important actions for you to take within the first two weeks**

Coverage Information

- Prescription/Vaccine Information
- Foodsmart™
- Over-the-Counter Items
- Hearing Aids
- Wellness Wallet
- Eyewear

Important Forms/Information

- Permission to Discuss My Health Care/Payments with My Designated Representative
- Request for and Authorization to Release Health Information from the VA
- Notice of Privacy Practices

Additional Enclosed Materials:

- Evidence of Coverage
- Prescription Drug Formulary
- CVS Caremark Mail-Order Form
- Wellness Wallet Reimbursement Form
- **Your member ID card will mail separately**

MARTIN'S POINT®

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

Welcome to Martin's Point Generations Advantage!

Congratulations on making an excellent choice for your Medicare coverage. As you'll soon experience, your Generations Advantage plan is designed to support your best health and wellness—with many valuable extra benefits and a local service team that truly cares about you and your health!

Please take a few moments to review the enclosed information about your new plan and don't hesitate to call us if you have any questions at all.

We are here to help you make the most of your coverage.

1-866-544-7504 (TTY: 711)
Member Services

Find even more helpful information online at MartinsPoint.org/GAWelcome

First Things First!

Where to find important items

Member ID Cards: Your Generations Advantage Member Identification Card will arrive by mail separately. If there is an issue with your card, please call Member Services at 1-866-544-7504 (TTY: 711). Always keep this card with you and present only this card at the doctor's office, hospital, and pharmacy. (You will not need to use your red, white, and blue Medicare card.)

Plan Documents: For your convenience, plan documents and information are always available online at **MartinsPoint.org/MedicareMembers**. Enclosed in this packet, you'll also find the following plan materials:

- **Evidence of Coverage**
  This booklet includes your plan's covered services and benefits, our obligations, and your rights and responsibilities. We urge you to read it soon to better understand your health plan.
- **Prescription Drug List (Formulary)**
  This is a list of the medications covered by your plan. For the most up-to-date list throughout the year, please visit **MartinsPoint.org/GAPharmacy**.

In-Network Provider List: You can find the most up-to-date list of health care providers and facilities who participate in your plan's network on our website at **https://MartinsPoint.org/Shop-Medicare-Plans/Find-A-Provider** For help finding an in-network provider, you can always call Member Services.

Getting Off to a Great Start

Keeping communication lines open

We understand that open communication is especially important when it comes to your health. We are committed to providing you with the information you need to take full advantage of your benefits and we welcome your feedback and questions.

What to Expect from Us

Within the first few weeks of enrollment, you'll receive the following communications from us:

- A letter to ensure you are enrolled in the plan you requested.
- A letter asking to verify other/ prior health insurance coverage.
- A welcome call from Member Services introducing you to your new plan.

Ongoing throughout your membership, we'll keep you up to date about your benefits and share information by mail, email, phone, and online:

- Our team of health care professionals, made up of nurses, social workers and pharmacists, may be in touch with you with the goal of supporting your health and well-being.
- Please open all Martin's Point communications marked "Important Plan Information" and respond to requests in a timely manner.
- Watch for our quarterly member newsletter, *The Advantage,* for health and benefit information including helpful preventive care checklists, medication trackers, and more.

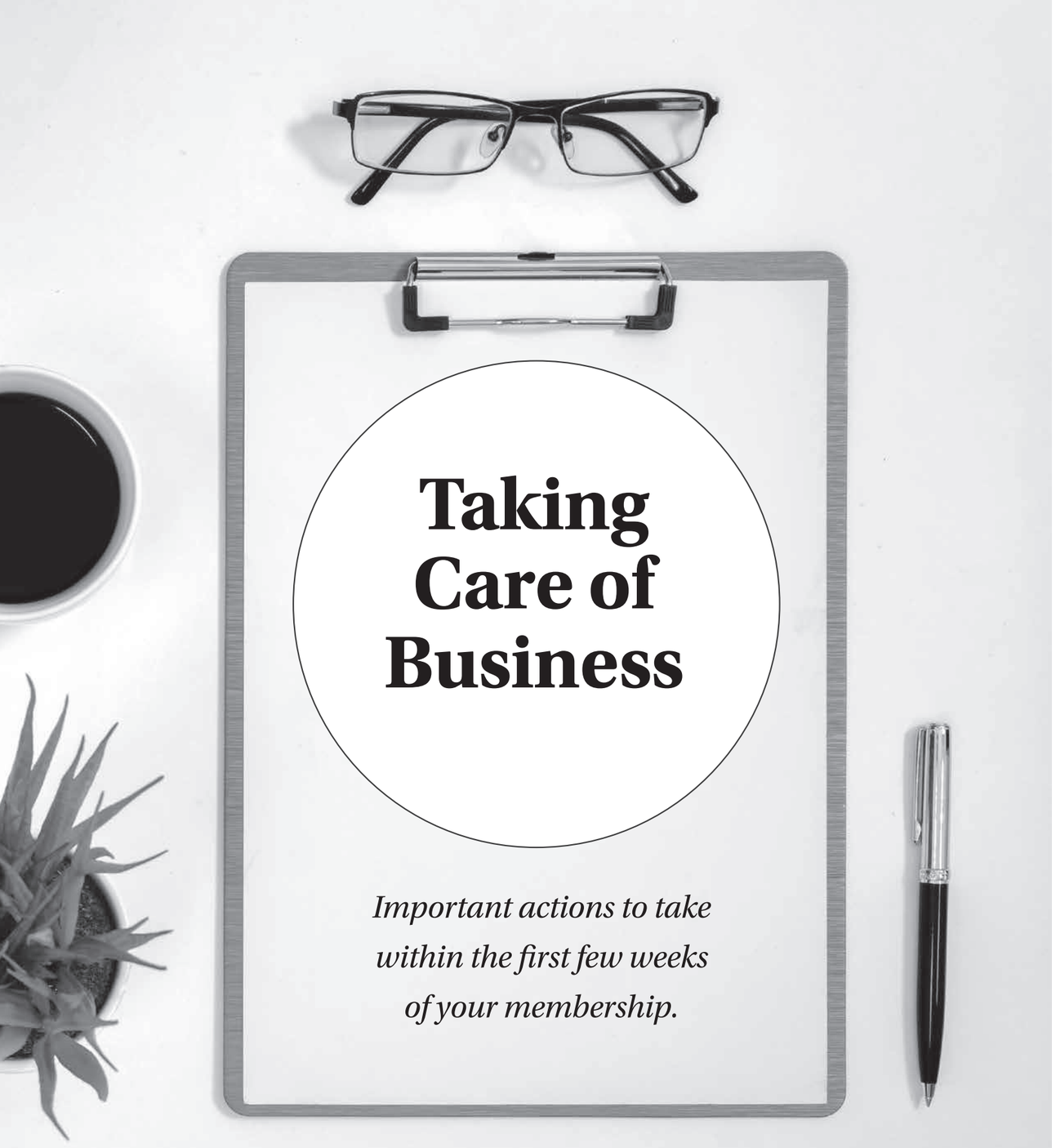
Tell us how we're doing!

We invite you to use our online survey to provide important feedback about your experience with us. You can find the survey at **MartinsPoint.org/Survey**

Member Services

Our team is here to answer your questions and offer help when you need it. Please don't hesitate to call! We are available 8 am–8 pm, seven days a week, from October 1 to March 31; and Monday through Friday the rest of the year.

1-866-544-7504 (TTY: 711)



Taking Care of Business

Important actions to take within the first few weeks of your membership.

Please Complete These Actions

There are several steps you can take to ensure you have the best experience interacting with your health plan. We've listed the most important ones below and encourage you to take a few minutes to complete each one. If you have questions, please call Member Services and we will be happy to help!

- ☐ **PERMISSION TO SPEAK WITH OTHERS:** To allow us to speak with designated family member(s), friend(s), or others about your health care, please fill out the form on page 11 and return it to us in the enclosed green envelope as soon as possible.
- ☐ **PREMIUM AUTOPAY:** If your plan has a monthly premium, set up convenient and secure automatic payments. See details on page 9.
- ☐ **MEMBER ONLINE PORTAL:** Register for a Generations Advantage member portal account for 24/7 access to review plan materials, make updates to personal information, download forms, pay premiums, and more. See details on page 10.
- ☐ **MAIL-ORDER PRESCRIPTIONS:** If you would like to receive your prescription by mail, please fill out the enclosed CVS Caremark Mail-Order form and mail to CVS using the enclosed envelope.
- ☐ **OTHER HEALTH INSURANCE:** If you have other health insurance, please respond to the letter we send or call Member Services as soon as possible so we can coordinate your benefits correctly.
- ☐ **VA HEALTH COVERAGE:** If you also receive health benefits through the Veterans Administration, please fill out and sign the enclosed VA Record Release form on pages 17–18 and return to us in the enclosed green envelope.
- ☐ **HEALTH RISK ASSESSMENT:** Fill out this online questionnaire to help you understand your health and health risks. See details on page 10.
- ☐ **PREVENTIVE HEALTH VISITS:** Schedule your yearly physical exam and Annual Wellness Visit with your PCP today to protect your health. See details on page 8.
- ☐ **ELECTRONIC PART D PHARMACY EXPLANATION OF BENEFITS (EOB):** If you would like to receive your Part D Prescription Drug EOB documents electronically, go to CAREMARK.com/Paperless to register for an account, and follow directions on how to sign up for electronic EOBs.

Comprehensive Visit



Martin's Point Generations Advantage covers both your **Medicare Annual Wellness Visit** and **Annual Physical Exam** at $0 copays when you see an in-network provider.

It's very important to **schedule both services each year** because they offer different kinds of preventive care (see details below) and can help you prevent or manage chronic conditions.

For your convenience, your doctor may be able to schedule your Medicare Annual Wellness Visit and your Annual Physical Exam on the same day in one comprehensive visit.

We urge you to use your $0 preventive care benefits in 2023!

Schedule your annual preventive services today.

WHAT TO EXPECT WITH EACH KIND OF PREVENTIVE SERVICE:

Annual Physical Exam

A hands-on examination where your doctor will normally do the following:

- Check your height, weight, blood pressure, and body mass index (BMI)
- Examine your skin, heart, lungs, etc.
- Review your medical history/risk factors

Medicare Wellness Visit

A conversation with your doctor to discuss your health goals, including:

- Preventive services you may need
- Your current medications
- How much activity is right for you
- Managing urinary incontinence
- How to prevent falls

IMPORTANT NOTE: Your $0 copay covers the preventive services listed above. Separate copays may apply if additional services are provided during your visit.

If you have questions about these visits or your Martin's Point Generations Advantage benefits, please call **Member Services** at 1-866-544-7504 (TTY: 711).

Scan the QR code and download our handy **Preventive Care Checklist** (located under Additional Forms and Documents) to keep track of your care!

Sign up today for secure automatic plan premium payments!

It's easy!

You'll save time, stamps, and paper.

What are the automatic payment options?

There are several ways you can make automatic payments for your monthly plan premium and/or your Part D late enrollment penalty (if applicable). You can have your payments automatically processed four ways:

1. **Automatic Monthly Deduction from Your Social Security or Railroad Retirement Board check.** To deduct your plan premium from your monthly Social Security check, call Member Services for assistance or information. We will be happy to help you set this up.
   - Social Security will send you a letter confirming your new payment method. Setup can take up to three months before the deductions begin. During this period, you must continue to pay your plan premium from the paper invoices we will continue to mail to you.
   - If moving to a different county or switching to a different Martin's Point Generations Advantage plan, you must reapply to have your premium deducted from your Social Security (again taking up to three months to begin). This is a Medicare/Social Security process.
2. **Automatic Monthly Fund Transfer from Your Bank Account.*** To transfer your monthly payment automatically from your bank account, call Member Services for assistance or information.
3. **Automatic Monthly Credit Card Charge.*** To charge your monthly payment to your credit or debit card, complete the Automatic Payment Options form available on our website, MartinsPoint.org/MedicareMembers. You can also request the form or information from Member Services.
4. **One-Time Online Premium Payment Using a Credit Card.** Go to our website at MartinsPoint.org/GAPayment and follow the instructions for using our secure payment vendor to make a one-time (not recurring) premium payment with your credit card.

*Withdrawals/charges occur in the first week, but never before the third day, of the month.

For more information and forms:

Go to the Member Resources section at MartinsPoint.org/MedicareMembers or call Member Services at 1-866-544-7504 (TTY: 711).

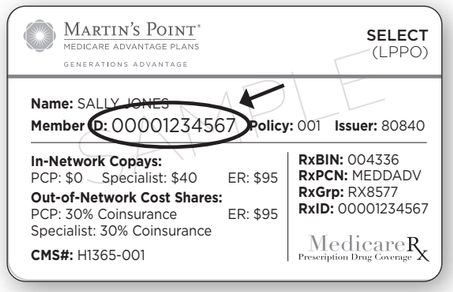
Health Risk Assessment

Take Your Online Health Risk Assessment to Better Understand Your Health!

Do you ever wonder if you are doing the right things to stay healthy? As a member of the Martin's Point Generations Advantage plan, it's simple to find out! Take your online Health Risk Assessment—a questionnaire to help you understand your health and health risks. Understanding your risks can help guide you toward being as healthy as possible.

To take the Assessment (at no additional charge to you):

You can find the Health Risk Assessment at MartinsPoint.org/HRA. Log in using your username and password or click "Register" if this is your first time logging in online as a member. When prompted, enter your Generations Advantage member ID number and follow the instructions to the end of the survey. This website will allow you—and only you—to see your results anytime.



If you don't have internet access, a Generations Advantage care manager can assist you. Call any time at 1-877-659-2403 (TTY: 711) and leave a message. We will return your call within two business days.

Take advantage of this tool TODAY to help you stay as healthy as you can be!

Create Your Online Account

With an online account, Generations Advantage members can do the following:

- Receive **communications** and some **plan materials** electronically
- Pay **plan premiums** online
- View **claims**, **authorizations**, and access **CVS Caremark medication explanations of benefits (EOBs)**
- Request an **ID card**
- Update **Primary Care Provider (PCP)** or **personal information**
- Send **secure messages**
  Please note: We will not send confidential personal health information via email; you will continue to receive those materials through regular mail.

To sign up, please go to MartinsPoint.org/MyAccount **after your effective date.**

Please note: You are not required to consent to electronic mailings. If you choose to receive materials via email, you may opt out and receive paper materials again upon request. To change your delivery preferences, log into your account or call Member Services. We will protect your email address and delivery information under the same guidelines as outlined in the Notice of Privacy Practices. To receive an updated Notice, please contact our Privacy hotline at 1-800-297-8616 (TTY: 711).

Permission to Discuss My Health Care or Payment with My Designated Representative

Martin's Point Health Care

Please detach, complete, and mail to Martin's Point in the enclosed green envelope.

By signing this form, I authorize Martin's Point to discuss certain aspects of my health care and payment with a person of my choosing, known as my Designated Representative. This agreement lasts until further notice unless I request a specific time frame for this authorization to start and end. I have the right to change or end this agreement at any time. I understand that by allowing release of this information, certain aspects of my medical condition may be disclosed. I also understand that this authorization does not allow the Designated Representative to perform actions on my behalf, such as file an appeal or grievance.

☐ **I authorize Martin's Point to discuss ALL of the information (including sensitive information such as HIV/AIDS, mental health and/or substance use) below with my Designated Representative.**

☐ **I authorize Martin's Point to discuss with my Designated Representative ONLY the types of information I select below:**

- ☐ Appeal
- ☐ Benefits/Coverage/Authorizations
- ☐ Claim Status
- ☐ Copayment/Coinsurance Information
- ☐ Demographic Information Changes (like address, phone number)
- ☐ Grievance/Complaint
- ☐ HIV/AIDS
- ☐ Medical Care and Treatment
- ☐ Mental Health Treatment
- ☐ Pharmacy Benefit Information
- ☐ Premium/Payment Information
- ☐ Primary Care Provider Changes
- ☐ Provider Information
- ☐ Substance Use Treatment

DESIGNATED REPRESENTATIVE'S NAME:	**RELATIONSHIP TO ME:**
ADDRESS:	

DATE(S) THIS AUTHORIZATION IS VALID:

- ☐ No end date
- ☐ One year from signed date
- ☐ Six months from signed date
- ☐ Specific date range:
  from _____ to _____

MEMBER NAME (Please print.):	**DATE OF BIRTH:**	**MEMBER ID#**
MEMBER SIGNATURE:		**DATE SIGNED:**

For Internal Office Use Only:				
Phone Verbal Auth:	Date of Call:	Time of Call:	Scanning:	MS Initials:
Copy Provided on:				

The purpose of this form is to document an individual's agreement to allow Martin's Point to discuss their health care with a Designated Representative. To obtain paper copies of medical or other records you must complete an Authorization to Release Protected Health Information (PHI), which can be obtained from Member Services. Last updated April 2019.



Ask the Experts

As a Generations Advantage member, we invite you to call Member Services with any questions you may have.

Here are answers to some common questions about release forms, prescriptions, insurance terms, help with costs, and more!

Q: I usually have a family member or someone with power of attorney handle my health care benefits. Can someone else call and ask questions about my benefits, claims, or payments?

A: Yes, you are allowed to authorize someone to speak on your behalf. The best way to appoint a Designated Representative is for you to sign the "Permission to Discuss My Health Care and Payment with My Designated Representative" form and mail it back to us.

The purpose of this form is to document an individual's agreement to allow Martin's Point to discuss their health care with a Designated Representative. To obtain paper copies of medical or other records you must complete an Authorization to Release Protected Health Information (PHI), both forms can be obtained from Member Services or on our website at MartinsPoint.org/MedicareMember If you already have a designated power of attorney, please send that documentation to Member Services, as well.

Q: My friend told me Generations Advantage plans only offer coverage while I am in Maine and New Hampshire. Is that true?

A: No! All of our plans offer urgent and emergency care anywhere in the US with limited coverage worldwide, and several of our plans offer additional coverage outside of Maine and New Hampshire. For more information on what your specific plan covers, please see the enclosed *Evidence of Coverage* or call Member Services at 1-866-544-7504 (TTY: 711).

Q: Where should I get my prescriptions filled?

A: You can get your prescriptions filled at any network pharmacy.

To find a list of network pharmacies go to our website MartinsPoint.org/GAPharmacy and select "Find a Pharmacy" or call Member Services for a list.

We also have some pharmacies in our network that offer cost savings on Tier 1, Tier 2, Tier 3, and Tier 4 drugs. These are our pharmacies with preferred cost-sharing. Hannaford Pharmacy is our largest pharmacy with preferred cost-sharing.

Pharmacy network and benefits may change on January 1 each year. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Q: What's the difference between a premium, deductible, copayment, and coinsurance?

A: These insurance terms can be confusing! They are all amounts that you may be responsible for, depending on your health plan benefits:

Premium: The dollar amount you pay to the health plan to be a member each month. (You also need to continue to pay your Medicare Part B premium, as well.)

Deductible: The amount you pay for services or supplies before the health plan starts paying. Generations Advantage plans do not have a deductible for medical services and most plans do not have a deductible for prescription drugs (Part D). Please refer to the *Evidence of Coverage* or call Member Services if you have questions about deductible costs.

Copayment: For some benefits you pay a set dollar amount when you get a covered health care service, drug, or supply.

Coinsurance: For some benefits you pay a percentage of the Medicare-covered cost of a service, drug, or supply.

You'll find a list of covered benefits and their copayment and coinsurance amounts in the enclosed *Evidence of Coverage*.

Q: How do I know if I qualify for help to pay for my health care costs?

A: Our partner, My Advocate™, works with plan members to see if they qualify for a Medicare Savings Program or Medicare Part D Extra Help. If you qualify, My Advocate can help you sign up for the programs. There is no cost to you. You can contact My Advocate directly at 1-866-274-0369 (TTY: 1-855-368-9643). They're available Monday through Friday, 9 am–6 pm. Or you can visit their website at **www.MyAdvocateHelps.com.**



Save Money On Prescriptions!

You can get your prescriptions filled at any network pharmacy. **To find a list of network pharmacies** go to our website MartinsPoint.org/GAPharmacy and select "Find a Pharmacy." Please call Member Services if you would like to have a list mailed to you.

*Preferred Cost Sharing!**

We also have some network pharmacies—**including Hannaford Pharmacies**—that offer cost savings on Tier 1, Tier 2, Tier 3, and Tier 4 drugs. These are called our "pharmacies with preferred cost sharing." Ask your Hannaford pharmacist about the MedSync program, also known as **Refills Made Simple**, to arrange to have all your refills available for pickup the same day.

Below are some examples of brand-name medications that have a generic version which you may be able to take to help reduce your drug costs. **If you're taking any of these brand-name medications, you should talk to your doctor about whether you should try the generic alternative:**

If you are taking **Proair HFA or Ventolin HFA** to treat asthma or chronic obstructive pulmonary disease, talk to your doctor about this preferred generic drug: **albuterol 90mcg HFA.**

If you are taking **Synthroid®** to treat hypothyroidism, talk to your doctor about this preferred generic drug: **levothyroxine.**



Visit our website or check your formulary to learn which drugs have preferred generic pricing

$0*

2023 Preferred Generic Drugs

Your Generations Advantage plan covers certain generic drugs for many common medical conditions at a **$0 copay when you fill them at a pharmacy with preferred cost sharing.**

Examples of the conditions these medications treat include:

- High Cholesterol
- Diabetes
- Osteoporosis
- Pain Relief (NSAIDs)
- High Blood Pressure
- Behavioral Health
- Acid Reflux/Stomach

The formulary may change at any time. You will receive notice when necessary. For a complete list of drugs covered by the plan, please call 1-866-544-7504 (TTY: 711) or visit **MartinsPoint.org/GAPharmacy**.

**Martin's Point Generation Advantage's pharmacy network includes limited lower-cost, preferred pharmacies in suburban areas in Maine and New Hampshire. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-544-7504 (TTY: 711) or consult the online pharmacy directory at* MartinsPoint.org/GAPharmacy.



VA Coverage

Are you eligible for benefits through the Veterans Administration? Do you use the VA for some or all of your health care?

We ask our members who are eligible for health services through the Department of Veterans Affairs (VA) to sign a release form that allows the VA to share your health records with us.

Having your medical records from the VA helps us understand what tests and services you've received. It also allows us to provide you the best care and service.

Please fill out, sign, and return the enclosed VA Record Release form.

Signing this form will **not affect your coverage** with Martin's Point Generations Advantage or the Department of Veterans Affairs benefits that you have earned.

Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT AND PAPERWORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless is displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition the provision of treatment, payment, enrollment in the VA Health Care Program, or eligibility for benefits on the signing of an authorization, except for research-related treatment where an authorization for the use or disclosure of individually-identifiable health information for such research is required. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10A7 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify Veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS *(Name and Location of the VA Health Care Facility)*

LAST NAME- FIRST NAME- MIDDLE NAME

DATE OF BIRTH *(mm/dd/yyyy)*

PATIENT'S MAILING ADDRESS (*including City, State and Zip Code*)

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Martin's Point Generations Advantage
PO Box 9746, Portland, ME 04104

PURPOSE(S) OR NEED: Information is to be used by the requestor for:

☒ TREATMENT ☐ BENEFITS ☐ LEGAL ☐ EMPLOYMENT ☒ OTHER *(Please specify below):*

Plan Operations

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

- ☒ HEALTH SUMMARY *(Prior 2 Years)*
- ☒ PATIENT MEDICAL RECORDS *(Dates)*:
- ☒ INPATIENT DISCHARGE SUMMARY *(Dates)*:
- ☒ PROGRESS NOTES:
  - ☒ SPECIFIC CLINICS *(Name & Date Range)*:
  - ☒ SPECIFIC PROVIDERS *(Name & Date Range)*:
  - ☒ DATE RANGE:
- ☒ OPERATIVE/CLINICAL PROCEDURES *(Name & Date)*:
- ☒ LAB RESULTS:
  - ☒ SPECIFIC TESTS *(Name & Date)*:
  - ☒ DATE RANGE:
- ☒ RADIOLOGY REPORTS *(Name & Date)*:
- ☒ LIST OF ACTIVE MEDICATIONS:
- ☒ VACCINATION *(Dose, Lot Number, Date & Location)*:
- ☐ ADMINISTRATIVE RECORDS:
- ☐ OTHER *(Describe)*:

VA FORM JUL 2021 **10-5345**

Page 1 of 2

LAST NAME- FIRST NAME- MIDDLE NAME	DATE OF BIRTH *(mm/dd/yyyy)*

SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.

I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization.

☐ DRUG ABUSE ☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ SICKLE CELL ANEMIA

☐ HUMAN IMMUNODEFICIENCY VIRUS *(HIV)*

I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked unless I indicate by checking the box below that I do not want this information released for this specific disclosure.

☐ **I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.**

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.

I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

EXPIRATION: Without my express revocation, the authorization will automatically expire *(select one of the following)*:

☐ AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED

☐ ON *(mm/dd/yyyy)* _____ *(enter a future date other than date signed by patient)*

☒ UNDER THE FOLLOWING CONDITION(S): Authorization will expire if I choose to leave the plan.

PATIENT SIGNATURE *(Sign in ink)*	DATE *(mm/dd/yyyy)*
LEGAL REPRESENTATIVE SIGNATURE *(if applicable) (Sign in ink)*	DATE *(mm/dd/yyyy)*
PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT

FOR VA USE ONLY

TYPE AND EXTENT OF MATERIAL RELEASED

DATE RELEASED *(mm/dd/yyyy)*	RELEASED BY:

VA FORM 10-5345, JUL 2021

Page 2 of 2



Vaccine Costs: Did You Know?

Vaccines may be covered under your Medicare Part D Prescription Drug coverage or Part B (your medical coverage). Your plan covers most Part D vaccines at no cost to you even if you haven't paid any applicable Part D deductible.

Getting a vaccine at your doctor's office: *You may be charged an office visit copay, if applicable.* You may also have to pay upfront for the vaccine and submit for reimbursement for the vaccine.

Getting the vaccine at a pharmacy: Some vaccines require a prescription from your doctor and/or a coverage determination from CVS Caremark (for example, tetanus vaccine). We recommend you check with your pharmacy to see if you need to schedule an appointment. Please see details below.

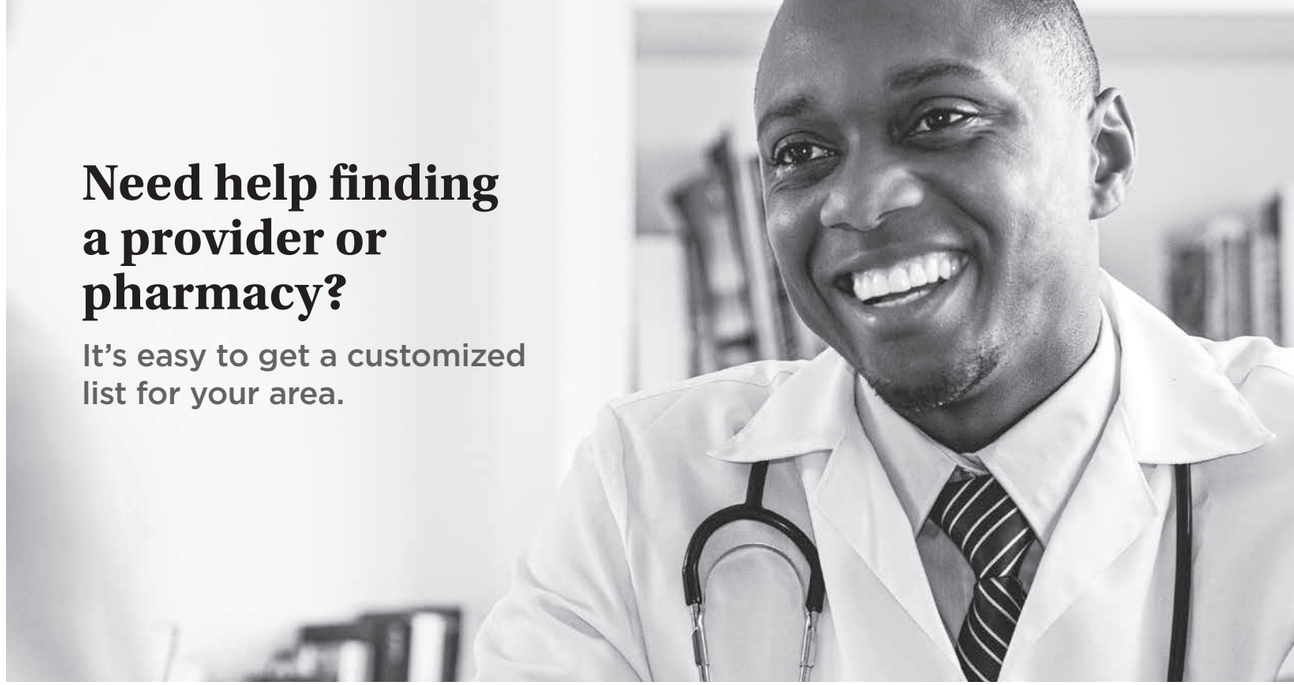
Common Vaccines Covered under Medicare Part B or D

Vaccine	Name/ Type	Your Cost at Doctor's Office*	Your Cost at a Pharmacy
COVID-19 Medicare Part B	All COVID-19 Vaccines	Medicare covers COVID-19 vaccines for members with no out-of-pocket costs. Visit your state's CDC website for vaccine locations.	
Flu (influenza) Medicare Part B	Quadrivalent Trivalent Intradermal High Dose	You pay $0 for the vaccine.	
Pneumonia Medicare Part B	Pneumovax® Prevnar 13® Prevnar 20®	You pay $0 for the vaccine.	You pay $0. You must bring a prescription to pharmacy.
Shingles Medicare Part D	Shingrix®	You may have to pay full cost and submit to plan for 100% reimbursement for vaccine. Shingrix® requires two shots and two payments/reimbursements.	You pay $0. You must bring a prescription to pharmacy.
TDAP Medicare Part D	Adacel® Boostrix®	You may have to pay full cost and submit to plan for 100% reimbursement for vaccine.	You pay $0. You must bring a prescription to pharmacy.

***IMPORTANT:* before you get any tetanus vaccine, your doctor or pharmacist must call CVS Caremark for a coverage determination.**

Tetanus *(preventive, NOT treatment of wound—Medicare Part D)*	You may have to pay full cost and submit to plan for 100% reimbursement for vaccine. Coverage determination is required for reimbursement.	You pay $0. You must bring a prescription to pharmacy. Coverage determination is required.
Tetanus *(treatment of wound—Medicare Part B)*	You pay 20% of the cost of the vaccine.	Not available at a pharmacy.

*You will also pay any applicable office visit copay when you get your vaccine from your doctor.



Need help finding a provider or pharmacy?

It's easy to get a customized list for your area.

Use our **Online Search Tool** at MartinsPoint.org/MedicareMembers

You'll find:

- A directory of participating doctors, hospitals, and facilities, as well as up-to-date information about whether providers are accepting new patients
- A directory of participating pharmacies with standard and preferred cost sharing
- A prescription drug lookup

Call **Member Services**

1-866-544-7504 (TTY: 711)

Our Member Services team will create a customized list that includes primary and specialty care providers and pharmacies available in your area. They will send you the list via email or regular mail.

Member Services can also help you find pricing information about your prescription drugs.

Our Member Services team is available 8 am–8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year.

If you would like a *Provider and Pharmacy Directory* mailed to you, you may call Member Services at the number above, or request one by sending a Secure Message at MartinsPoint.org/Requests. You will need an online account to submit this request. To create an online account, go to MartinsPoint.org/MyAccount.

Foodsmart™ Personal Nutrition Benefit

Martin's Point Health Care has teamed up with Foodsmart™ to provide you with free, unlimited phone or online chats with a registered dietitian—plus much more—to support healthy eating. The Foodsmart program is tailored to your individual needs and preferences—from nutrition tips for managing a medical condition, to simply wanting to eat healthier, or just trying to save on groceries. Your Foodsmart dietitian and other resources can make healthy eating easier and more affordable. To get started, call Foodsmart at 1-888-837-5325 to schedule an online appointment with a registered dietitian, or visit MartinsPoint.Zipongo.com to sign up.

Over-the-Counter (OTC) Benefit

You receive a quarterly amount of $50 to purchase from a selection of over 350 CVS-brand, over-the-counter items such as toothpaste, allergy medications, bandages, and much more. You may make purchases in-person at participating CVS locations, over the phone by calling OTC Health Solutions at 1-888-628-2770 (TTY: 711), or online. Please visit our website at MartinsPoint.org/OTC for a list of covered products and participating locations.

Hearing Aids

Benefit includes hearing aids, batteries, fittings, and more. Members are eligible to receive two hearing aids (one per ear) per year. Members will pay one copay per hearing aid device. Copays vary based on the type of hearing aid selected. Hearing aid devices are limited to the devices available through the Martin's Point-Amplifon program. Call Amplifon at 1-855-533-7486 (TTY: 711) for more information and to receive a formal referral to a participating provider.

amplifon Hearing Health Care.

Eyewear Reimbursement

Benefit includes up to $150 per year reimbursement for prescription lenses, frames, and contact lenses. Use the eyewear reimbursement form available on our website at MartinsPoint.org/GAResources.

Use Your Wellness Wallet to Stay Fit and Well!

A reimbursement for fitness and wellness services and equipment.

Annual Reimbursement Amount: Select—$300

Reimbursable

Membership Fees and Day/Season Passes

- Bowling
- Cycling club
- Fitness club
- Golf
- Gym
- Sport club
- Sport league
- Personal trainer at a facility
- Weight Watchers (food not reimbursable)
- Pool or YMCA
- Skiing
- Squash club

Classes/Lessons

- Dance
- Martial arts
- Tennis
- Yoga
- Online fitness
- Kayak lessons
- Ski lessons
- Workout videos,

Equipment

- Bicycles (standard and power-assist)
- Bicycle helmet
- Fitness sneakers
- Kayak/canoe
- Crampons for footwear (microspikes, Yaktrax, etc.)
- Pickleball
- Skis
- Stair climbers
- Stationary bikes
- Treadmills
- Walking/hiking poles
- Wearable fitness tracker (including Apple Watch. Fitbit and other smart watches)
- Weights and weight storage

Supplies

- Bicycle repair
- Braces worn while working out (back, wrist, ankle)
- Repair of exercise equipment

Anticipating a Wellness Wallet reimbursement check? Be on the look out for this envelope in your mailbox.



applications, subscriptions or streaming classes

Not Reimbursable

- Prescription eyewear (plan includes a separate eyewear reimbursement benefit)
- Personal trainer within the home
- Cell phones
- Gift cards
- EKGs
- TENS units
- Exercise clothes (i.e. t-shirts, shorts, etc.)
- Massage therapy
- Inversion tables
- Food/meal programs
- Home pools/ cleaning services

PLEASE NOTE: THIS IS NOT A COMPLETE LIST. If you have any questions about coverage for an item or service not listed, before making a purchase we encourage you to call Generations Advantage Member Services at 1-866-544-7504 (TTY: 711).

Instructions for Requesting a Wellness Wallet Reimbursement

Need a form? A Wellness Wallet Reimbursement request form is included in this Welcome Kit. Get additional forms on our website at **MartinsPoint.org/WellnessWallet.**

Important:

- Before filling out the reimbursement form, please read instructions below. **Incomplete information may result in a delay or denial of your claim.** If your claim is denied due to incomplete information, you will need to resubmit your reimbursement request.
- You may submit more than one purchased item or service on a form. Please provide receipts for each item. You may submit for reimbursement immediately after your purchase, you do not need to wait until the end of the year.
- We will need to see **WHAT** you purchased, **HOW MUCH** it cost, and **HOW YOU PAID** for it. Provide **COPIES** of documents only, please keep your originals.
- If you are not sure if your purchase is eligible for reimbursement, please call Martin's Point Generations Advantage Member Services at 1-866-544-7504 (TTY: 711).
- Submission of a reimbursement request is not a guarantee of coverage. A final determination is made at the time of claim processing.
- Notification of approval or denial of your request for a Wellness Wallet reimbursement will appear on your Explanation of Benefits (EOB) document which will be mailed to you.

Please visit MartinsPoint.org/WellnessWallet or call Member Services for additional details.

Instructions

NOTE: To be eligible for reimbursement, the date of service or purchase must be within your period of enrollment in a Generations Advantage plan in 2023 and you must submit your claim by March 31, 2024. Please note: We will reimburse in full (up to the 2023 Wellness Wallet limit) if your fitness/gym membership extends into the 2024 calendar year.

1. **Please fill in all fields on the form.** Be sure to sign the form. Incomplete information may result in a delay or denial of your claim. If denied due to incomplete information, you will need to resubmit your reimbursement request.
2. **Provide copies only of itemized receipt and proof of payment** (e.g. bank or credit card statement/receipt, etc.). Do NOT send originals, please.
3. **Upon completion return to:**
   Martin's Point Generations Advantage Claims Department
   PO Box 11410
   Portland, ME 04104-9863

If request is complete and item is eligible for reimbursement, you should receive a check *within four to six weeks*.

Notice of Privacy Practices

We Care About Your Privacy

This notice describes how health information about you may be used and disclosed and how you can get access to this information Please review it carefully.

1. Our Pledge Regarding Your Health Information

The health care centers and health plans covered by this Notice are committed to protecting the privacy of health information we create or obtain about you. The privacy of your medical information is important to us. This Notice tells you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information. We are required by law to: (i) make sure your health information is protected; (ii) give you this Notice describing our legal duties and privacy practices with respect to your health information; (iii) follow the terms of the Notice that is currently in effect. Before we make an important change in our privacy practices, we will change this Notice and make the new Notice available upon request and on our website at **www.martinspoint.org.**

2. Use and Disclosure of Your Protected Health Information (PHI)

The following section describes different ways that we may use and disclose your health information. We abide by all applicable laws related to the protection of this information. Please know that we will not use or disclose your health information for any purpose not listed in this Notice without your authorization. All the ways that we are permitted to use and disclose information will fall within one of the following categories:

Treatment

We may use and disclose your health information for treatment purposes. For example, a doctor treating you for a particular condition may need to obtain information from us about prior treatment of a similar or different condition, including the identity of the health care provider who treated you previously. We may disclose health information about you to doctors, nurses, technicians, medical students or other people who are taking care of you.

Payment

We may use and disclose your health information for purposes related to payment for health care services. For example, we may use your health information to settle claims, to reimburse health care providers for services provided to you or give it to another health plan or provider to coordinate benefits. Payment activities also include work we do to determine eligibility, claims processing, risk adjustment, assessing medical necessity and utilization review.

Health Care Operations

We may use, access, and disclose your health information for health care operations. For example, we may use or disclose your health information for quality assessment and improvement activities, case management and care coordination, to comply with law and regulation, accreditation purposes, claims, grievances or lawsuits, health care contracting relating to our operations, legal or auditing activities, business planning and development, business management and general administration, underwriting, obtaining reinsurance and other insurance activities, to operate the health plan.

Health Information Exchange

We may share information that we obtain or create about you with other health care entities, such as your health care providers, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your participation in a care management program may be shared with your treating provider for care coordination purposes if they participate in the HIE as well. Exchange of health information can provide you with faster access and better coordination of care and assist entities in making more informed decisions. We may use or disclose your health information for quality assessment, case management and care coordination, evaluating a practitioner and provider performance, credentialing activities, underwriting and enrollment activities, medical review, legal services and auditing functions, or business management and general administrative activities.

Business Associates

Martin's Point may contract with other organizations called "business associates" to provide services on our or your behalf. We enter into agreements with business associates that explicitly set forth the requirements associated with the protection and safeguarding of your PHI as required under HIPAA.

Family and Friends

We may disclose your PHI to a friend or family member that is involved in your care, or who assists in your care taking; provided that such disclosures will be limited to your PHI that is relevant to their involvement in your care or the payment for your care. If you are present, your PHI will be disclosed to a friend or family member: if we obtain your consent, if we provide you with an opportunity to object and you do not object, or if we reasonably assume that you do not object. If you are not present or you do not have an opportunity to agree or object because of incapacity or emergency, we may make disclosures that, in our professional judgement, are in your best interest.

Parents as Personal Representative of Minors

In most cases, your minor child's PHI may be disclosed to you. However, we may be required by law to protect a minor's health information for certain diagnoses or treatment that involves sensitive health information, such as information about sexually transmitted diseases, family planning, abortion, substance abuse, or mental health services.

Please also know that the use or disclosure of certain sensitive health information may be further limited by applicable state or federal law. Sensitive health information may include certain information related to mental health treatment, HIV test results, alcohol and drug abuse treatment, and genetic testing and test results. Martin's Point will comply with the stricter provisions when they apply, and we will request an authorization from you for any use or disclosure that requires your express authorization.

Revocation of Authorization

If you have given an authorization for a use or disclosure of your PHI, you may revoke your authorization at any time by providing us with a written notification of revocation. Please be aware that a revocation will not affect certain disclosures, such as those made in reliance of your authorization before your revocation was communicated.

ADDITIONAL USES AND DISCLOSURE OF YOUR HEALTH INFORMATION

Appointment Reminders and Treatment Options

We may use and disclose your PHI to contact you to remind you of an appointment or to inform you of potential treatment options or alternatives. Your appointment reminder may be automated in order to improve our operations.

Health Plan Sponsor

We may disclose certain health and payment information about you to the Plan sponsor to obtain premium bids for the Plan or to modify, amend or terminate the Plan. We may release other health information about you to the Plan sponsor for purposes of Plan administration, but only if certain provisions have been added to the Plan to protect the privacy of your health information, and the sponsor agrees to comply with the provisions.

Workers' Compensation

Your PHI may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Public Health Activities

Your PHI may be used or disclosed for public health activities, such as to assist public health authorities to prevent or control disease, injury, or disability, or to report child abuse or neglect.

Research

We may use and disclose your PHI for research purposes in certain limited circumstances. Any research that includes the use of PHI is required to undergo additional review for compliance with the HIPAA requirements for uses and disclosures of PHI for research purposes.

Legal Proceedings

Your PHI may be disclosed in the course of a legal proceeding, in response to an order of a court or an administrative tribunal and, in certain cases, in response to a subpoena, discovery request, or other lawful process.

Health Oversight

Your PHI may be disclosed to a government agency authorized to oversee the health care system or government programs or its contractors, such as the U.S. Department of Health and Human Services, a state insurance or health department or the U.S. Department of Labor, for activities authorized by law, such as audits, examinations, investigations, inspections, and licensure activity.

Fundraising

Martin's Point Health Care is a not-for-profit organization, and we may engage in fundraising efforts to support our mission. We may use and disclose your PHI to contact you regarding our fundraising efforts. You have the right to opt out of receiving future fundraising communications by following the opt-out instructions on the communication you receive or by contacting our Privacy Officer and making a request to opt out of receiving fundraising communications.

De-Identified Information

We may use your PHI to create de-identified information, or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. Once de-identified, the information will not identify you or be able to be used to identify you.

Limited Data Set

We may use and disclose a limited data set that does not contain specific, readily identifiable information about you for research, public health, and health care operations.

To Avert Serious Threat

We may use or disclose your PHI to prevent or reduce a serious and imminent threat to the health or safety of yourself, another person, or the public.

As Required by Law

We may use and disclose information about you as required by law. For example, we may disclose information to make a report related to victims of abuse, neglect, or domestic violence or to assist law enforcement officials in performing their duties.

Government Functions

We may also disclose your PHI to authorized federal officials for national security purposes. For example, we may disclose the PHI of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We also may disclose your PHI to certain federal officials for lawful intelligence, counterintelligence, and other national security activities.

Inmates

If you are an inmate, your PHI may be disclosed to a correctional institution or a law enforcement official having lawful custody for certain permitted purposes, such as if the provision of such information is necessary to provide you with health care, protect your or another's health and safety, or maintain the safety and security of the correctional institution.

Decedents

PHI may be disclosed to funeral directors, coroners, and medical examiners to enable them to carry out their lawful duties.

Organ, Eye, and Tissue Donation

Your PHI may be used or disclosed to organ procurement organizations to facilitate cadaveric organ, eye, or tissue donation and transplantation purposes.

USES AND DISCLOSURES OF PHI THAT MAY REQUIRE YOUR AUTHORIZATION INCLUDE THE FOLLOWING:

Marketing Communications

We may use your health information to send you certain types of communications that do not require your authorization, such as communications for treatment, including case management, care coordination, or recommended alternative treatments, providers, or settings of care. We may also communicate with you to inform or update you about health-related products or services provided by Martin's Point. In most other circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes.

Psychotherapy Notes

Most uses and disclosures of psychotherapy notes require your authorization. However, there are certain limited circumstances under which we may use or disclose psychotherapy notes without your authorization, such as to defend ourselves in a legal action brought by you or for certain oversight activities.

Genetic Information

We will not use your genetic information to make determinations about whether to provide you with coverage and the price of that coverage.

3. Your Rights Regarding Your Health Information

Access and Receive Copies of Your Health Information

With certain exceptions, you have the right to inspect and/or receive a copy of your health information that is maintained by us or for us in enrollment, payment, claims settlement and case- or medical-management record systems, or that is part of a set of records that is otherwise used by us to make a decision about you. You have the right to request that we send a copy of your record to a third party.

You are required to submit your request in writing. We may charge you a reasonable fee for providing you a copy of your records. We may deny access, under certain circumstances. You may request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

Amend Your PHI

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for enrollment, payment, claims settlement and case- or medical-management records systems, or that is part of a set of records that is otherwise used by us to make a decision about you. You are required to submit your request in writing, as explained at the end of this Notice, with an explanation as to why the amendment is needed. If we accept your request, we will tell you we agree and we will amend your records. We cannot change what is in the record. We add the supplemental information by an addendum. With your assistance, we will notify others who have the incorrect or incomplete health information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights.

We may deny your request if the health information: (i) was not created by the Plan (unless the person or entity that created the health information is no longer available to respond to your request); (ii) is not part of the enrollment, payment, claims settlement and case- or medical-management record systems maintained by or for us, or part of a set of records that we otherwise use to make decisions about you; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is determined by us to be accurate and complete.

Request Confidential Communications

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. If you want us to communicate with you in a special way, you will need to give us details about how to contact you. You will need to give us information as to how payment will be handled. We may ask you to explain how disclosure of all or part of your health information could put you in danger. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

Request Restrictions on Uses and Disclosures of Your PHI

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. To request a restriction, you must submit a written request. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we inform you that we plan to do so.

Accounting of Disclosures of PHI

You have the right to receive an accounting of certain instances in which we disclosed your PHI. An accounting will not include disclosures made for treatment, payment, or health care operations, unless such disclosures were made through an electronic health record, in which case you have the right to an accounting of such disclosures for treatment, payment, or health care operations made within the last three years. An accounting will also not include certain other disclosures, such as disclosures made directly to you or persons involved in your care, disclosures made pursuant to an authorization, or disclosures made as part of a limited data set. You are required to submit your request in writing, as explained at the end of this Notice. You must state the time period for which you want to receive the accounting. The first accounting you request in a 12-month period will be free, and we may charge you for additional requests in that same period.

Receive Notice of Privacy Practices

You have the right to a paper copy of this Notice. You may ask us to provide you a copy of this Notice at any time. Copies of this Notice

are available from Martin's Point Health Care, LLC or by contacting the Privacy Officer as explained at the end of this Notice. You may also obtain an electronic copy at **www.martinspoint.org**.

Future Changes to Martin's Point Health Care Privacy Practices

We may make a change to this Notice and our privacy practices at any time and make the change effective for all PHI that we maintain, as long as the change is consistent with our current privacy policies, and state or federal law. If we make an important change to our policies, we will promptly provide members/patients with the new notice by mail and post it on our website:

- **https://martinspoint.org/for-members-and-patients/for-us-family-health-plan-members/privacy-notices**
- **https://martinspoint.org/for-members-and-patients/for-medicare-advantage-members/privacy-notice**
- **https://martinspoint.org/-/media/Files/Documents-and-Forms/Customer-and-Member-Facing-Forms/Patient-Forms/Notices-Polices-and-Forms/Notice-of-Privacy-Practices-Martins-Point-Health-Care-Centers.ashx**

Plans/Entities that will follow this Notice include the following:

- Martin's Point Generations Advantage
- Martin's Point US Family Health Plan
- Martin's Point Health Care Centers

Breach Notification

We will notify you if your health information has been "breached," which means that your health information has been used or disclosed in a way that is inconsistent with law and results in it being compromised. We are required to comply with all applicable breach notification requirements under HIPAA.

Non-Discrimination Notice

Martin's Point Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Questions and Complaints

If you have any questions about this Notice, please let Member Services know you would like to speak to our Privacy Officer.

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer at:

Martin's Point Privacy Officer

c/o Compliance and Legal Affairs Department
331 Veranda Street

PO Box 9746
Portland, ME 04104
Phone: (207) 791-3848

You may also notify the Secretary of the Department of Health and Human Services by sending your complaint to: Centralized Case Management Operations, U. S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, D.C., 20201. You may also send the information by email to OCRComplaint@hhs.gov or file a complaint online through the Office for Civil Rights Complaint Portal at **https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf.**

Martin's Point Health Care will not take retaliatory action against you if you file a complaint.

Revision dates:

November 2011
September 23, 2013
September 29, 2014
November 15, 2018
July 1, 2022

MARTIN'S POINT
HEALTH CARE

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

Martin's Point Health Care:

- 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, audio, 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 the Martin's Point Generations Advantage Member Services Team.

If you believe that Martin's Point Health Care 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 Member Services: Member Services, Martin's Point Generations Advantage, PO Box 9746, Portland, ME 04104, 1-866-544-7504, TTY: 711, Fax: 207-828-7847. (We're available 8 am–8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year.) You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, the Martin's Point Generations Advantage Member Services Team 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 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 (TDD: 1-800-537-7697)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



24-Hour Nurse Line

Do you need to speak to a nurse about a health problem? The free 24-hour nurse line is available to you at all times. Call **1-800-530-1021 (TTY: 711)**

For help or information, please call Member Services or go to our plan website at **MartinsPoint.org/GAWelcome.**

1-866-544-7504 (TTY: 711)

We are available 8 am–8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year.

How Are We Doing?

Please go to **MartinsPoint.org/Survey** and use our survey to tell us about your Martin's Point experience. Thank you!

Have a friend who *deserves the great benefits you have?*

Refer them! If you're pleased with your Generations Advantage plan, we hope you won't keep it a secret. Please let your friends and family know they, too, can enjoy the highest-quality Medicare benefits and service available in Maine and New Hampshire. Ask them to call **1-866-544-7502 (TTY: 711)** They will thank you, and so will we!

Martin's Point Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.