



TRS-CARE MEDICARE ADVANTAGE ENROLLMENT OPPORTUNITY APPLICATION

ENROLLMENT PERIOD

October 15, 2016 - December 7, 2016

EFFECTIVE DATE

January 1, 2017

Read all information provided in the packet and the 700MA Instructions before completing this application.

Name: _____ Primary Phone #: _____
 Address: _____ E-mail Address: _____
 SSN: _____ Date of Birth: _____

Please provide your physical residential address if the mailing address above is a PO Box.

 Street Address City State Zip Code

SECTION 1 Please check the box below if you want to enroll in the TRS-Care Medicare Advantage medical plan.

TRS-CARE MEDICARE ADVANTAGE MEDICAL PLAN
Must have Medicare A and B to be eligible for this plan

SECTION 2 Please use your current red, white, and blue Medicare card to complete this section.

Medicare Claim #: _____

Medicare A effective date: _____ Medicare B effective date: _____

Yes No Do you have Medicare due to End Stage Renal Disease (ESRD)?

If Yes, give first date of dialysis: _____

SECTION 3 Acknowledgement and Acceptance

I acknowledge receipt of the instructions for completing this form. I certify that the information on this form is true and complete to the best of my knowledge. I understand that giving false information on this form may result in loss of coverage.

I acknowledge that confidential information regarding me may be disclosed to third parties in connection with plan administration.

Signature

Date

SECTION 1

TRS-Care Medicare Advantage Acknowledgement Form
(The following information must be completed and signed.)

Name:

Medicare Claim #:

DISCLOSURES Read this section carefully

By completing this enrollment application, I agree to the following: The Humana Medicare Advantage Preferred Provider Organization (PPO) with an Extended Service Area (ESA) Plan for TRS-Care is a Medicare Advantage contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. If I am enrolling in a Medicare Advantage plan without prescription drug coverage (medical benefits only), I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in a Medicare prescription drug plan in the future. I understand that the TRS-Care 2 and TRS-Care 3 Express Scripts Medicare (PDP) plans are considered creditable coverage under Medicare. Creditable coverage means that on average, the standard TRS-Care prescription coverage is equal to or better than the Medicare Part D coverage provided directly from Medicare. Having creditable coverage allows me to enroll in a Medicare Part D plan during future annual Medicare Part D plan enrollments without penalty (higher premium).

Enrollment in this Humana Medicare Advantage PPO ESA plan is generally for the entire year. However, once I enroll, I may leave this plan at any time and return to the standard TRS-Care medical plan.

The Humana Medicare Advantage PPO ESA plan services a specific service area. If I move out of the Humana Medicare Advantage PPO ESA plan service area, I need to notify Humana. Once I am a participant of the Humana Medicare Advantage PPO ESA plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Humana when I get it to know which rules I must follow to get coverage with this Humana Medicare Advantage PPO ESA plan. I understand that people with an Original Medicare Advantage plan aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border. I may also be dis-enrolled if I do not pay any applicable plan premiums within the grace period. The effective date of disenrollment is in accordance with Federal requirements.

Humana Medicare Advantage PPO ESA plan for TRS-Care – I understand that beginning on the date Humana Medicare Advantage PPO ESA plan coverage begins, using services in network can cost less than using services out of network, except for emergency or urgently needed services or out of area dialysis services. I understand that I can go to doctors, specialists, or hospitals in or out of network. I understand that providers must be licensed and eligible to receive payment under the Federal Medicare program and agree to accept the Humana Medicare Advantage PPO ESA plan. I also understand that I may have to pay more for services that I receive out of network when the provider is not licensed and not eligible to receive payment under the Federal Medicare program. Services authorized by the Humana Medicare Advantage PPO ESA plan and other services contained in my Humana Medicare Advantage PPO ESA plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization, when required by Humana, **NEITHER MEDICARE NOR THE HUMANA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES.**

I have been advised not to cancel or drop any supplemental insurance I currently have until I receive written notification of my confirmed effective date from Humana.

I understand that the providers in the Humana network are independent contractors in private practice and are neither employees nor agents of the Humana or its affiliates.

I understand that if I am getting assistance for a sales agent, broker, or other individual employed by or contracted with Humana's Medicare Advantage plan, he/she may be paid based on my enrollment in the Medicare Advantage plan.

Release of information: By joining this Humana Medicare Advantage PPO ESA health plan, I acknowledge that Humana or its affiliates will release my information to Medicare and others as is necessary for treatment, payment of claims and health care operations. I also acknowledge that Humana Medicare Advantage PPO ESA will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.

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 dis-enrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, this certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Long Term Care Facility

Yes No Are you a resident in a long-term care facility, such as a nursing home?

If Yes, provide the following information:

Name of Institution: _____ Phone number: _____

Address: _____ State: _____ ZIP: _____

End Stage Renal Disease

Yes No Do you have Medicare due to End Stage Renal Disease? If you have had a successful kidney transplant and/or you don't need regular dialysis any more, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis. Otherwise we may need to contact you to obtain additional information.

If Yes, what is the date of your first dialysis treatment?

Date: _____

Yes No Did you become eligible for Medicare because of ESRD and has it been less than 30 months since you became eligible? If so, Medicare Advantage coverage will be your secondary coverage for the first 30 months of coordination period.

If Yes, please provide prior commercial coverage: Carrier's name _____

Member number: _____ Effective date: _____

Medicaid Program

Yes No Are you enrolled in your state Medicaid program?

If Yes, provide your Medicaid number: _____

**Signature of Retiree, Spouse, Dependent Child
(if 18 or older) or Authorized Representative:**

Date:

If you are the authorized representative, you must sign above and provide the following information.

Representative's name:

Address:

Phone number:

Relationship to enrollee:

Humana is a Medicare Advantage PPO organization plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change each year. You must continue to pay your Part B premium.

Make a copy for your record and return to the address below.

Return completed form to:
TRS Health and Insurance Benefits Department
Teacher Retirement System of Texas
1000 Red River Street, Austin, Texas 78701-2698
Telephone 1-888-237-6762
Fax (512) 542-6575
www.trs.texas.gov

ENROLLMENT INFORMATION

Enclosed in this packet is your TRS-Care Medicare Advantage Enrollment Opportunity Application (TRS 700MAO) to change from your current standard TRS-Care medical plan to a TRS-Care Medicare Advantage medical plan. If you are enrolled in the standard TRS-Care 2 or the standard TRS-Care 3 medical plan, you may select to enroll in a TRS-Care Medicare Advantage medical plan if you meet the Medicare eligibility criteria. *If you want to change from your standard TRS-Care medical plan to a TRS-Care Medicare Advantage medical plan, you must complete the TRS-Care Medicare Advantage Enrollment Opportunity Application (TRS 700MAO) and return it to: TRS-Care, 1000 Red River Street, Austin, TX 78701-2698.* If you do not want to enroll in a TRS-Care Medicare Advantage medical plan, no action is necessary.

TIMING OF ENROLLMENT IN THE MEDICARE ADVANTAGE PLAN

If you change to a TRS-Care Medicare Advantage plan, you will be enrolled in the plan on January 1, 2017, or the first day of the earliest month allowed under law, which is determined, in part, by the approval of your eligibility by the Centers of Medicare and Medicaid Services (CMS). You will remain enrolled in the standard TRS-Care medical plan until your enrollment in the Medicare plan takes effect.

INSTRUCTIONS for COMPLETING FORM TRS 700MAO

You must complete all identifying information, telephone number, email address, date of birth and different physical residential address (if applicable).

Section 1: Select the TRS-Care Medicare Advantage medical plan.

Section 2: Use your current Medicare card to complete the Medicare section.

Section 3: Please review and ensure you understand your coverage selection as described in the welcome kit Humana sent you in the mail. If you do not have it, you can visit Humana.com/trscaremedicareadvantage. Sign and date the Acknowledgement and Acceptance section. By signing this form, you are stating you understand and agree to the Acknowledgement and Acceptance of the application.

Section 4: Please read the disclosure information carefully and complete the sections that apply. Sign and date the TRS-Care Medicare Advantage Acknowledgement Form.