



2022 Enrollment Booklet

New Hanover Health Advantage Select HMO-POS
New Hanover Health Advantage Platinum HMO-POS



**New Hanover
Health Advantage**

Medicare Advantage & Prescription Drug Plans

Serving Brunswick, New Hanover and Pender counties.

These plans offered in partnership with

First CarolinaCare
INSURANCE COMPANY

Sponsored by
**New Hanover
Regional Medical Center**



Dear Medicare Beneficiary,

New Hanover Regional Medical Center (NHRMC) has proudly served residents of New Hanover and our surrounding counties for decades with a deep commitment to improve lives in the communities we serve. With the recent Novant Health partnership, we are in an even better position to expand this commitment to the southeastern region of North Carolina.

New Hanover Health Advantage plans are offered in partnership with FirstCarolinaCare Insurance Company demonstrating NHRMC and Novant Health's shared value of providing affordable Medicare Advantage plans with greater benefit coverage to Medicare beneficiaries while ensuring the delivery of high quality, patient-centered care.

As we continue to gather feedback from you, our committed members, we've tailored our 2022 plans with the flexibility in choosing any provider that accepts Medicare and further expanded our supplemental benefits to include prepaid over the counter medication cards and healthy meal deliveries to patients with certain conditions after hospitalization. In addition, we are proud to offer less costly and more flexible prescription drug offerings.

Our network of caring clinicians is a reminder that you've made the right choice choosing New Hanover Health Advantage to work with you in your journey of meeting your healthcare needs. Selecting the right Medicare Advantage plan is vital to empowering you to live your healthiest life now.

This information booklet will help you explore the benefits of becoming our member. If you have questions about anything in this booklet, please do not hesitate to call us locally at 910-667- NHHA (6442) or visit www.NewHanoverHealthAdvantage.com.

Please note that you may enroll in the plan only during specific times of the year, which is explained on the enclosed enrollment form. Benefits and cost sharing may change from year to year.

Beneficiaries with limited income may qualify for Extra Help to pay for their prescription drug costs. You may contact your local Social Security office or call 1 (800) MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

If you choose to enroll in a New Hanover Health Advantage plan, you will receive an enrollment confirmation letter, followed by your new member Welcome Kit. This kit includes materials about your plan and information on how to access our Evidence of Coverage, Prescription Drug Formulary, Provider and Pharmacy directories.

Thank you for entrusting us with the full continuum of your healthcare needs. We look forward to New Hanover Health Advantage being part of your healthy future.

Sincerely,

A handwritten signature in black ink that reads 'Leelee Thames'.

Leelee Thames, MD, MBA

President
New Hanover Health Advantage

Our Partners



Health Plan Sponsor and Major Hospital and Provider Partner

www.nhrmc.org



Licensed Insurance Company

www.FirstCarolinaCare.com

Hours of Operation:

Our Member Services number is 1-855-291-9336 TTY: 711, 8:00 a.m. to 8:00 p.m. Eastern, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern (except holidays) from April 1 through September 30.

Disclaimers:

FirstCarolinaCare Insurance Company is a health plan with a Medicare contract. Enrollment in FirstCarolinaCare depends on contract renewal. You must continue to pay your Medicare Part B premium. Out-of-network/non-contracted providers are under no obligation to treat FirstCarolinaCare members, except in emergency situations. For accommodations of persons with special needs at meetings call 1(855) 291-9336 TTY: 711, 8 a.m. to 8 p.m. local time. Voicemail used on holidays and weekends, April 1 through September 30. Other pharmacies/physicians/ providers are available in our network. This information is not a complete description of benefits. Call 1(855) 291-9336 (TTY: 711) for more information.

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Frequently Asked Questions

<p>What is the difference between Medicare Advantage, Part D and Original Medicare?</p>	<p>Original Medicare (Part A) is hospital coverage that helps cover the costs for inpatient hospital care and skilled nursing facilities (not custodial or long-term care), as well as hospice and home health care.</p> <p>Original Medicare (Part B) covers the costs of doctors' services, other outpatient care, as well as tests and laboratory services.</p> <p>Medicare Advantage (Part C) plans offer all the services covered by original Medicare, in addition to some supplemental benefits not covered by Medicare.</p> <p>Medicare Drug Coverage (Part D) is offered as a separate purchased plan for individuals with Original Medicare. Part D coverage also may be offered with a Medicare Advantage plan for comprehensive coverage. New Hanover Health Advantage (MAPD) plans include Parts A and B coverage, plus Part D prescription drug benefits, in addition to some supplemental benefits.</p>
<p>Are there any restrictions on what providers I may use?</p>	<p>With a point of service (POS) plan, you have an in-network PCP to oversee your care, but you have the freedom to go out-of-network. You'll typically pay more for out-of-network care than for in-network care, though. However, if you have an emergency you will be covered whether the emergency facility is in or outof-network.</p>
<p>I already pay for Medicare – why do I have to pay for a Medicare Advantage plan?</p>	<p>Under original Medicare alone, services are not 100% covered and may require significant out-of-pocket costs. Many people enjoy the security of having a plan that limits their total annual out-of-pocket costs in case they should have a significant medical event. Our members also like the fact that New Hanover Health Advantage includes a prescription drug benefit.</p>
<p>How do I find out more about New Hanover Health Advantage?</p>	<p>If you are considering enrolling, and have questions about benefits, Providers or Pharmacies or need help with the enrollment process, we have knowledgeable licensed sales representatives who can get you the answers and help you need. Call toll-free at 1-888-384-4842. Hearing impaired persons can call TTY 711.</p>
<p>How do I enroll?</p>	<ol style="list-style-type: none"> 1. Enroll by phone at the toll-free number above 2. Enroll online by going to www.NewHanoverHealthAdvantage.com 3. Complete a paper enrollment form 4. Medicare beneficiaries may also enroll in any available plan through the CMS Medicare Online Enrollment Center located at https://www.medicare.gov.

Pre-enrollment Booklet

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New Hanover Health Advantage Select (HMO-POS)

New Hanover Health Advantage Platinum (HMO-POS)

2022 Summary of Benefits

January 1, 2022 – December 31, 2022

Call 888.384.4842 daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

TTY 711

www.FirstCarolinaCare.com/NHHA

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This booklet gives you a summary of what our plans cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. For a complete list of covered services, call us and ask for the Evidence of Coverage.

Options for Getting Medicare Benefits

- Original Medicare (fee-for-service), which is run by the federal government
- Medicare Advantage through a private company, like FirstCarolinaCare

Tips for Comparing Medicare Options

This booklet allows you to compare costs and benefits for our plans.

- If you want to compare our plans with other Medicare Advantage plans, ask other plans for their Summary of Benefits booklets or use the Medicare Plan Finder at [medicare.gov](https://www.medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare and You* handbook. You can find it at [medicare.gov](https://www.medicare.gov). You can also get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Booklet Sections

- Things to Know
- Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Additional Covered Benefits
- About Us

This document is available in other formats, such as Braille and large print. For more information, call 1-855-291-9336 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

THINGS TO KNOW

Hours of Operation

Call daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

Contact Info

- If you're a current member: 1-855-291-9336 (TTY 711)
- If you're not yet a member: 1-888-384-4842 (TTY 711)
- www.FirstCarolinaCare.com/NHHA

Eligibility

To join any of our Medicare Advantage plans, you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area.

Our service area includes these counties in North Carolina: Brunswick, New Hanover and Pender.

Doctors, Hospitals and Pharmacies

Our plans have a large network of doctors, hospitals, pharmacies, and other providers to choose from.

With our POS plans, we recommend having an in-network primary care provider (PCP) to oversee your care and, if applicable, refer you to specialists, but you also have the flexibility to see out-of-network providers. You generally pay less to stay in-network.

You must use network pharmacies to fill your prescriptions in most cases.

You can see our provider directory and pharmacy directory at our website (www.FirstCarolinaCare.com/NHHA). You can call us, and we will send you a copy.

What We Cover

Like all Medicare Advantage plans, we cover everything Original Medicare covers, but we also cover more.

For some benefits, you may pay less in our plan than you would in Original Medicare, and for some, you may pay more. This booklet outlines many of our extra benefits and perks that Original Medicare doesn't cover.

We cover the prescriptions drugs listed in our formulary at www.FirstCarolinaCare.com/NHHA. You can read it online or call us for a copy.

Determining Drug Costs

Each of the drugs we cover is grouped into one of five tiers. The amount you pay depends on the drug's tier and what stage of the benefit you've reached (Initial Coverage, Coverage Gap or Catastrophic Coverage). You can find out what tier your drug is on in our formulary at www.FirstCarolinaCare.com/NHHA, and we discuss the benefit stages later in this booklet.

Pre-Enrollment Checklist

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 888.384.4842.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.FirstCarolinaCare.com/NHHA or call 888.384.4842 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 medicines 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/co-insurance may change on January 1, 2023.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.

	New Hanover Health Advantage Select (HMO-POS)	New Hanover Health Advantage Platinum (HMO-POS)
MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY		
Premium Each Month You must continue to pay your Medicare Part B premium.	\$0	\$45
<i>This plan includes prescription drug coverage. For information on non-Rx plans, contact your broker or New Hanover Health Advantage.</i>		
Medical Deductible	\$0	\$0
Prescription Drugs Deductible	\$150 (Does not apply to Tier 1 and Tier 2 drugs)	\$0
Maximum Out-of-Pocket Each Year The most you pay for copays, coinsurance and other costs for medical services for the year. You still need to pay your monthly premiums.		
In-network providers	\$4,500	\$5,500
In-network and Out-of-network providers	\$11,000	\$10,000
COVERED MEDICAL AND HOSPITAL BENEFITS		
Inpatient Hospital Care <i>(may require prior authorization)</i>		
In-network:	\$300 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90	\$275 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90
Out-of-network:	\$450 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90	\$400 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90
Outpatient Hospital Care <i>(may require prior authorization)</i>		
In-network:	\$300 copay for Outpatient Surgery, 20% of the cost for other Outpatient Hospital Services	\$275 copay for Outpatient Surgery, \$0 copay for other Outpatient Hospital Services
Out-of-network:	\$450 copay	\$350 copay

	New Hanover Health Advantage Select (HMO-POS)	New Hanover Health Advantage Platinum (HMO-POS)
DOCTOR VISITS		
Primary Care Physician Office Visits		
In-network:	\$0 copay	\$0 copay
Out-of-network:	\$20 copay	\$10 copay
Specialist Office Visits		
In-network:	\$50 copay	\$35 copay
Out-of-network:	\$65 copay	\$50 copay
Virtual Visits through FirstHealth on the Go		
Our plan covers visits with a provider by phone or online, 24/7.		
In-network:	\$0 copay	\$0 copay
Out-of-network:	\$0 copay	\$0 copay
Preventive Care		
Our plan covers many preventive services, including but not limited to:		
<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual "Wellness" visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Immunizations, including Flu shots, Hepatitis B shots, Pneumococcal shots • Medical nutrition therapy • Obesity screening and therapy • Prostate cancer screenings (PSA) • Screening and counseling to reduce alcohol misuse • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • "Welcome to Medicare" preventive visit (one-time) 		
In-network:	\$0 copay	\$0 copay
Out-of-network:	\$0 copay	\$0 copay
EMERGENCY SERVICES		
Emergency Care		
If you are you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.		
In-network:	\$90 copay	\$90 copay
Out-of-network:	\$90 copay	\$90 copay
Urgent Care Services		
In-network:	\$35 copay	\$35 copay
Out-of-network:	\$35 copay	\$35 copay

	New Hanover Health Advantage Select (HMO-POS)	New Hanover Health Advantage Platinum (HMO-POS)
DIAGNOSTIC SERVICES		
Costs for these services may vary based on place of service and may require prior authorization.		
Diagnostic Tests, Procedures and Lab Services		
In-network:	20% of the cost	20% of the cost
Out-of-network:	40% of the cost	40% of the cost
Diagnostic Radiology (such as MRIs, CT scans)		
In-network:	20% of the cost	20% of the cost
Out-of-network:	40% of the cost	40% of the cost
Outpatient X-rays (such as x-rays and ultrasounds)		
In-network:	15% of the cost	15% of the cost
Out-of-network:	30% of the cost	30% of the cost
HEARING, DENTAL AND VISION		
Diagnostic Hearing Exam (Exam to diagnose and treat hearing and balance issues)		
In-network:	\$50 copay	\$35 copay
Out-of-network:	\$65 copay	\$50 copay
Medicare-covered Comprehensive Dental Services • Extractions of teeth to prepare jaw for radiation treatment of neoplastic disease • Non-covered procedures or services (e.g. tooth removal) if performed by a dentist incident to and as an integral part of an otherwise Medicare-covered procedure • Dental exams prior to kidney transplantation		
In-network:	\$50 copay	\$40 copay
Out-of-network:	\$65 copay	\$50 copay
Non-Medicare-covered Dental Services These benefit options are included with your plan through New Hanover Health Advantage in partnership with Delta Dental of North Carolina. Benefits Include: oral exam, cleaning, and x-rays. You will be responsible for any cost above the dental services maximum benefit limit.		
	1 Oral Exam, 1 Cleaning per Year, 1 set of x-rays per year: \$0 copay	2 Oral Exams, 2 Cleanings per Year, 1 set of x-rays per year: \$0 copay

	New Hanover Health Advantage Select (HMO-POS)	New Hanover Health Advantage Platinum (HMO-POS)
Non-Medicare-covered Dental Comprehensive Services		
These benefit options are available as buy-up dental options through New Hanover Health Advantage in partnership with Delta Dental of North Carolina for an additional Premium. See benefit information in Delta Dental attached Schedule of Benefits.		
Premium for buy up dental options:	\$26-\$45	\$26-\$45
Medicare Covered Vision Services		
Exam to diagnose and treat diseases and conditions of the eye.		
In-network:	\$0 - \$50 copay	\$0 - \$35 copay
Out-of-network:	\$65 copay	\$50 copay
Eyewear After Cataract Surgery		
One pair of eyeglasses or contact lenses after each cataract surgery.		
In-network:	20% of the cost	20% of the cost
Out-of-network:	20% of the cost	20% of the cost
Eyewear (non-Medicare-covered)	Get access to vision services beyond what Original Medicare covers, including a routine vision exam with an in-network provider. Plus, get a \$150 allowance for eyewear every two years.	
Glaucoma Screening		
In-network:	\$0 copay	\$0 copay
Out-of-network:	\$0 copay	\$0 copay
Routine Eye Exam (1 exam per plan year)		
In-network:	\$0 copay	\$0 copay
Out-of-network:	Not Covered	Not Covered
MENTAL HEALTH CARE		
Outpatient Individual Mental Health Therapy Visit		
In-network:	\$25 copay	\$20 copay
Out-of-network:	\$25 copay	\$20 copay
Outpatient Group Mental Health Therapy Visit		
In-network:	\$15 copay	\$10 copay
Out-of-network:	\$15 copay	\$10 copay

	New Hanover Health Advantage Select (HMO-POS)	New Hanover Health Advantage Platinum (HMO-POS)
Inpatient Mental Health Visit		
Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. (may require prior authorization)		
In-network:	\$160 copay per day for days 1 through 10 \$0 copay per day for days 11 through 90	\$160 copay per day for days 1 through 10 \$0 copay per day for days 11 through 90
Out-of-network	\$285 copay per day for days 1 through 10 \$0 copay per day for days 11 through 90	\$285 copay per day for days 1 through 10 \$0 copay per day for days 11 through 90
SKILLED NURSING FACILITIES		
Skilled Nursing Facility (SNF)		
Our plan covers up to 100 days in an SNF. (may require prior authorization)		
In-network:	\$0 copay per day for days 1 through 20 \$188 copay per day for days 21 through 100	\$0 copay per day for days 1 through 20 \$188 copay per day for days 21 through 60 \$0 copay per day for days 61 through 100
Out-of-network	\$0 copay per day for days 1 through 20 \$188 copay per day for days 21 through 100	\$0 copay per day for days 1 through 20 \$188 copay per day for days 21 through 60 \$0 copay per day for days 61 through 100
PHYSICAL THERAPY		
Outpatient Physical Therapy (may require prior authorization)		
In-network:	\$35 copay	\$35 copay
Out-of-network:	\$35 copay	\$35 copay

	New Hanover Health Advantage Select (HMO-POS)	New Hanover Health Advantage Platinum (HMO-POS)
TRANSPORTATION SERVICES		
<i>Ambulance (Authorization for non-emergency transportation by ambulance is required.)</i>		
In-network:	\$265 copay	\$265 copay
Out-of-network:	\$265 copay	\$265 copay
Transportation <i>(within the U.S and it's territories)</i>	16 one-way health-related trips, 25-miles from your permanent residence to a Plan approved location: \$0 copay	16 one-way health-related trips, 25-miles from your permanent residence to a Plan approved location: \$0 copay
Worldwide Emergency Transportation <i>(\$10,000 lifetime limit for worldwide urgent or emergency coverage, including transportation outside the United States)</i>	\$265 copay	\$265 copay
MEDICARE PART B DRUGS		
Medicare Part B Drugs such as Chemotherapy Drugs <i>(may require prior authorization)</i>		
In-network:	20% of the cost	20% of the cost
Out-of-network:	20% of the cost	20% of the cost
Other Medicare Part B Drugs <i>(may require prior authorization)</i>		
In-network:	20% of the cost	20% of the cost
Out-of-network:	20% of the cost	20% of the cost

**New Hanover Health Advantage
Select (HMO-POS)**
**New Hanover Health Advantage
Platinum (HMO-POS)**
PART D PRESCRIPTION DRUGS

You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. Once you have reached this amount, you will move to the next stage (the Coverage Gap Stage).

Costs may differ based on pharmacy type or status (e.g., mail order, long-term care (LTC) or home infusion, and 30 or 90 day supply).

You may get your drugs at network retail pharmacies and mail-order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Initial Coverage for Standard Retail Cost-Sharing
Tier 1 - Preferred Generic

30-day supply	\$2 copay	\$2 copay
90-day supply	\$6 copay	\$6 copay

Tier 2 - Generic

30-day supply	\$8 copay	\$8 copay
90-day supply	\$24 copay	\$24 copay

Tier 3 – Preferred Brand

30-day supply	\$45 copay (after deductible)	\$45 copay
90-day supply	\$135 copay (after deductible)	\$135 copay

Tier 4 – Non-Preferred Drug

30-day supply	\$100 copay (after deductible)	50% of the cost
90-day supply	\$300 copay (after deductible)	50% of the cost

Tier 5 – Specialty Tier

30-day supply	30% of cost (after deductible)	33% of cost
90-day supply	30% of cost (after deductible)	33% of cost

Initial Coverage for Standard Mail-Order Cost-Sharing
Tier 1 - Preferred Generic

30-day supply	\$3 copay	\$3 copay
90-day supply	\$0 copay	\$0 copay

Tier 2 - Generic

30-day supply	\$10 copay	\$10 copay
90-day supply	\$0 copay	\$0 copay

	New Hanover Health Advantage Select (HMO-POS)	New Hanover Health Advantage Platinum (HMO-POS)
Tier 3 – Preferred Brand		
30-day supply	\$45 copay (after deductible)	\$45 copay
90-day supply	\$112.50 copay (after deductible)	\$112.50 copay
Tier 4 – Non-Preferred Drug		
30-day supply	\$100 copay (after deductible)	50% of the cost
90-day supply	\$250 copay (after deductible)	50% of the cost
Tier 5 – Specialty Tier		
30-day supply	30% of cost (after deductible)	33% of cost
90-day supply	30% of cost (after deductible)	33% of cost
Coverage Gap		
<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.</p> <p>After you enter the coverage gap, for Tier 1, you continue to pay your copay; for Tiers 2-5 you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap.</p> <p>Not everyone will enter the coverage gap.</p>		
Catastrophic Coverage		
<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: 5% of the cost, or \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.</p>		

	New Hanover Health Advantage Select (HMO-POS)	New Hanover Health Advantage Platinum (HMO-POS)
ADDITIONAL BENEFIT		
Chemotherapy For Part B chemotherapy drugs. (may require prior authorization)		
In-network	20% of the cost	20% of the cost
Out-of-network	20% of the cost	20% of the cost
Chiropractic Care Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). (may require prior authorization)		
In-network	\$20 copay	\$20 copay
Out-of-network	\$20 copay	\$20 copay
Durable Medical Equipment Wheelchairs, oxygen, etc. (may require prior authorization)		
In-network	20% of the cost	20% of the cost
Out-of-network	20% of the cost	20% of the cost
Diabetes Monitoring Supplies Manufacturer (Abbott Laboratories) limitations apply only to Blood Glucose Meters and Strips, and these items have a member coinsurance of 0% in-network.		
In-network	0%-20% of the cost, depending on the supplier	0%-20% of the cost, depending on the supplier
Out-of-network	20% of the cost	20% of the cost
Diabetes Self-Management Training		
In-network	\$0 copay	\$0 copay
Out-of-network	\$0 copay	\$0 copay
Foot Care (Podiatry Services) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions		
In-network	\$50 copay	\$35 copay
Out-of-network	\$65 copay	\$50 copay
Home Health Care		
In-network	\$0 copay	\$0 copay
Out-of-network	\$0 copay	\$0 copay
Hospice \$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare. Please contact us for more details.		
In-network	\$0 copay	\$0 copay

	New Hanover Health Advantage Select (HMO-POS)	New Hanover Health Advantage Platinum (HMO-POS)
Outpatient Cardiac Rehabilitation Service For a maximum of two one-hour sessions per day for up to 36 sessions up to 36 weeks.		
In-network	\$15 copay	\$15 copay
Out-of-network	\$15 copay	\$15 copay
Outpatient Occupational Therapy Visit <i>(may require prior authorization)</i>		
In-network	\$35 copay	\$35 copay
Out-of-network	\$35 copay	\$35 copay
Outpatient Speech and Language Therapy Visit <i>(may require prior authorization)</i>		
In-network	\$35 copay	\$35 copay
Out-of-network	\$35 copay	\$35 copay
Outpatient Substance Abuse Group Therapy Visit		
In-network and Out-of-network	\$15 copay	\$10 copay
Outpatient Substance Abuse Individual Therapy Visit		
In-network and Out-of-network	\$25 copay	\$20 copay
Outpatient Surgery at an Ambulatory Surgical Center <i>(may require prior authorization)</i>		
In-network	\$250 copay	\$200 copay
Out-of-network	\$350 copay	\$350 copay
Outpatient Surgery at an Outpatient Hospital <i>(may require prior authorization)</i>		
In-network	\$300 copay	\$275 copay
Out-of-network	\$450 copay	\$350 copay
Over-the-Counter Items		
Our plan covers a quarterly Over-the-Counter (OTC) benefit, which allows you to purchase OTC products. OTC quarterly limits do not carry forward.	\$60 quarterly	\$90 quarterly
Prosthetic Devices and Related Medical Supplies Braces, Artificial Limbs, etc. <i>(may require prior authorization)</i>		
In-network	20% of cost	20% of cost
Out-of-network	20% of cost	20% of cost

	New Hanover Health Advantage Select (HMO-POS)	New Hanover Health Advantage Platinum (HMO-POS)
Renal Dialysis		
In-network	20% of cost	20% of cost
Out-of-network	20% of cost	20% of cost
Therapeutic Shoes or Inserts for Diabetics		
In-network	20% of cost	20% of cost
Out-of-network	20% of cost	20% of cost
WELLNESS PROGRAMS		
<p>Fitness Benefit Reimbursement for gym membership up to \$300/year. Members can submit receipts monthly, quarterly or at the end of the year. Does not apply to out-of-pocket maximum.</p> <p>FirstCarolinaCare Insurance Company’s plans are HMO and PPO plans with a Medicare contract. Enrollment in a FirstCarolinaCare plan depends on contract renewal.</p> <p>Out-of-network/non-contracted providers are under no obligation to treat New Hanover Health Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.</p> <p>Other Pharmacies/Physicians/Providers are available in our network.</p> <p>Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.</p>		

About Us

New Hanover Health Advantage is sponsored by New Hanover Regional Medical Center, southeast North Carolina's leading healthcare network that strives to meet the highest standards for quality care and has been nationally recognized for their focus on continuous improvement.

New Hanover Health Advantage is straightforward and easy to understand, with a local team devoted to helping our members get the most out of their Medicare Advantage plan. Plus, you'll have convenient access to local hospitals and clinics. You can rest easy knowing our network includes the trusted providers and world-class specialists in Brunswick, New Hanover and Pender counties in 2022. That means, with New Hanover Health Advantage plans, members receive excellent care from doctors they already know and trust.

FirstCarolinaCare Insurance Company has served North Carolina for over 20 years. We delight in working for our more than 21,000 members, serving Commercial and Medicare Advantage member needs.

True Service with a Local Touch

When you call, if you are interested in meeting with someone locally, let your representative know and they will arrange a meeting with one of our local New Hanover Health Advantage representatives to discuss your plan options. They know our plans inside and out and can help you with the following:

- Answering questions
- Lead you to information available online at www.FirstCarolinaCare.com/NHHA
- Arranging for someone to meet with you
- Guide you through the enrollment process and options

Our representatives are available weekdays from 8:30 a.m. to 5:00 p.m.

Some of Our Many Extra Perks and Programs

- 24-hour Nurse Advice Line to answer your health-related questions, day or night
- Fitness benefit
- Care coordination to help you deal with chronic conditions
- Over the Counter pre-paid benefit card
- 16 one-way non-emergency medical transportation trips
- Optional Dental buy-up plans

Call 1-888-384-4842 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

Learn More About Your Supplemental Benefits

	<p>Over-the-Counter Medication / Meal Benefit Administrator (877) 212-1469 www.NationsOTC.com/NewHanoverHealthAdvantage</p>
	<p>Pharmacy Benefit Administrator www.optumrx.com</p>
	<p>Dental Benefit Administrator www.deltadental.com</p>
	<p>Vision Benefit Administrator www.cecvision.com</p>
 <p>VitaLine</p>	<p>24 Hour Nurse Line Partner www.nhrmc.org/services/vitaline</p>
	<p>Transportation Vendor Partner (910)382-0344 www.carolinamobiletransport.com</p>
	<p>Transportation Vendor Partner (910) 762-5230</p>

Over-the-Counter Medication Benefits

New Hanover Health Advantage has partnered with NationsOTC® to offer members a benefit allowance to spend on a variety of brand-name and generic health and wellness products.

Over-the-Counter Item Coverage		
Plan	Benefit Allowance	Frequency
New Hanover Health Advantage Select (HMO-POS)	\$60	Quarterly
New Hanover Health Advantage Platinum (HMO-POS)	\$90	Quarterly

Convenient Shopping Options

- Use your pre-paid card at the following retail pharmacies:
 - CVS
 - Harris Teeter
 - Rite Aid
 - Walgreens
 - Walmart
- Online at NationsOTC.com/NewHanoverHealthAdvantage
- By phone at 877-212-1469
- By mail by completing a paper order form

Members also have access to a personalized OTC Member Portal, where you can easily:

- Search by category, price and more
- See product descriptions, images, and related condition information
- View available benefit allowance
- Order health and wellness products
- Track order status in real time

Need help?

Reach out to FirstCarolinaCare Insurance Company Member Services at 1-855-291-9336 TTY: 711.

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Get the most out of your Medicare Advantage plan by expanding your dental benefits!

As a New Hanover Health Advantage Select member, you get a preventive dental cleaning and an exam as part of your Select medical plan. As a New Hanover Health Advantage Platinum member, you get two preventive dental cleanings and two exams as part of your Platinum medical plan.

You can choose from three options*:

- **2022 Preventive Plan:** \$0/month - No deductible, no waiting period, no maximum (included in your New Hanover Health Advantage plan)
- **2022 Buy-Up Silver Plan:** \$26/month - No deductible, no waiting period, \$1,000 maximum
- **2022 Buy-Up Gold Plan:** \$45/month - No deductible, no waiting period, \$2,000 maximum

*Please find detailed plan information on the back of this flier.

If you have questions or would like to enroll, visit www.FirstCarolinaCare.com/NHHA or call (855) 291-9336.

Supplemental buy-up plans offer richer benefits, such as:

- ✓ Oral cancer screenings
- ✓ Panoramic x-rays
- ✓ Oral surgery
- ✓ and more!

FirstCarolinaCare Insurance Company's FirstMedicare Direct plans are HMO and PPO health plans with Medicare contracts. Enrollment in FirstMedicare Direct depends on contract renewal. FirstCarolinaCare Insurance Company's FirstMedicare Direct complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



These coverage levels are only for in-network providers.	2022 Preventive Plan (\$0 per month - No deductible, no waiting period, no maximum)	2022 Buy-Up Silver Plan (\$26 per month - No deductible, no waiting period, \$1,000 maximum)	2022 Buy-Up Gold Plan (\$45 per month - No deductible, no waiting period, \$2,000 maximum)
Diagnostic and Preventive:			
Exam & cleaning	100%	100%	100%
Bitewing Radiographs	100%	100%	100%
Brush Biopsy - to detect oral cancer	Not covered	100%	100%
Emergency Palliative Treatment - to relieve pain	Not covered	100%	100%
Radiographs - full mouth series, periapical or panoramic X-ray, payable once every 5 years	Not covered	100%	100%
Fluoride (one procedure per plan year)	Not covered	Not covered	Not covered
Basic Services:			
Minor Restorative Services - fillings and crown repair	Not covered	50%	70%
Endodontics - root canals	Not covered	50%	50%
Periodontics Services - to treat gum disease	Not covered	50%	50%
Oral Surgery - extractions and dental surgery	Not covered	50%	50%
Other Basic Services - miscellaneous services	Not covered	50%	50%
Fillings - (unlimited per year) amalgam & resin based composite fillings only	Not covered	Not covered	70%
Deep Cleaning - for 4 or more teeth in a mouth quadrant (one procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years)	Not covered	Not covered	50%
Crown or Partial Crown - called inlay and onlay (2 every 5 years)	Not covered	Not covered	50%
Implants - (1 every 5 years)	Not covered	Not covered	50%
Re-cementing a crown that has fallen off (unlimited)	Not covered	Not covered	50%
Surgical drainage of an abscess tooth	Not covered	Not covered	50%
Major Services:			
Complete Upper Denture	Not covered	Not covered	50%
Complete Lower Denture	Not covered	Not covered	50%
Upper Partial Denture	Not covered	Not covered	50%
Lower Partial Denture	Not covered	Not covered	50%
Denture Adjustment - for upper and lower	Not covered	Not covered	50%
Repair or Reline - for upper and lower partial denture	Not covered	Not covered	50%
Part of the bridge that is the fake tooth replacing the missing tooth (the pontic)	Not covered	Not covered	50%
Crowns that are placed on teeth supporting the bridge (retainer crowns)	Not covered	Not covered	50%
Re-cementing a bridge that has fallen off	Not covered	Not covered	50%
Evaluation for sedation or generation anesthesia	Not covered	Not covered	50%
Deep Sedation/General Anesthesia	Not covered	Not covered	50%
IV Sedation	Not covered	Not covered	50%
Adjustment of Occlusal Guard	Not covered	Not covered	50%
Full-Arch Hard Occlusal Guard - top or bottom	Not covered	Not covered	50%

A LOOK AT YOUR CEC VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM DELTA DENTAL — NEW HANOVER HEALTH AND CEC

As a member, you get personalized care from a CEC network doctor at low out-of-pocket costs.

Using Your CEC Benefit is Easy

1. **Create an account at cecvision.com.** Review your personalized benefit information.
2. **Find a network eye doctor who's right for you.**
Visit cecvision.com/search or call 855-492-9028.
3. **At your appointment, tell them you have CEC.** Present your health plan medical ID card to your network doctor.

That's it! We'll handle the rest — there are no claim forms to complete when you see a CEC network doctor.

Importance of an Eye Exam

Your CEC network doctor will help keep you and your eyes healthy with a comprehensive exam that can detect signs of health conditions such as glaucoma, diabetes, and macular degeneration.

Early diagnosis, especially with the rapid growth of pre-diabetes and diabetes, gets you the personalized care you deserve to manage your health and feel your best.

Contact Us

Call 855-492-9028
TTY 800-428-4833
www.cecvision.com

CEC Member Services is available:

Monday - Friday, 8:00 a.m. - 8:00 p.m. EST, Saturday - Sunday, 8:00 a.m. - 8:00 p.m. EST

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A LOOK AT YOUR CEC VISION COVERAGE

Delta Dental – New Hanover Health and CEC provide you with an affordable eyecare plan.

Doctor Network: CEC

Plan Effective Date: 01/01/2022

Benefit	Description	Copay	Frequency
Your Coverage with a CEC Provider			
Eye Exam	Fully covered annual routine eye exam.	\$0	Every 12 months
Eyewear Allowance	A \$150 flexible allowance for eyewear. You can get frames, lenses, contact lenses, lens enhancements and non-prescription eyewear with your allowance.	\$0	Every 24 months
Contact Lens Fitting or Evaluation	Fully covered annual contact lens fitting, refit, or evaluation.	\$0	Every 12 months
Additional Savings Through In-Network Providers	Members who exceed their allowance are eligible for discounts on the coverage - a 20% for glasses and a 10% discount for contact lenses.		
CEC guarantees coverage from CEC network doctors only.			

Contact Us: cecvision.com | 855-492-9028

Nurse Advice Line:

VitaLine:

- \$0 copay
- Call Us: 888-815-5188
- We're here 24 hours a day, seven days a week.
- VitaLine provides free prompt, confidential and personal access to health information all day and all night from experienced registered nurses and other professionally trained staff.

Talk with a Nurse:

If you or a family member are sick or injured, a registered nurse will answer your questions and help you decide what to do.

Physician Referral:

Nurses will give you the name of a physician who accepts your insurance, practices in a specialty you need and is close to your home or business.

Automated Health Information:

If you are uncomfortable talking about your health care concerns and questions, a free, automated health line is available for you. If during a recording you decide you want to talk to someone, a touch of a button will immediately connect you to a registered nurse.



Local Transportation and Worldwide Emergency Health Benefits

Non-Emergency Transportation

Non-emergency transportation is provided through two locally trusted vendors:

Non-Emergency Transportation Vendors	New Hanover	Brunswick	Pender
Carolina Mobile Transport, LLC	Yes	Yes	Yes
Port City Taxi	Yes	No	No

To schedule a ride for your medical appointments, your reservation must be made three-days in advance of your appointment:

- Your ride will arrive within 15 minutes of scheduled pick up time
- 16 one-way trips annually to medical appointment (25-mile one-way limit) per beneficiary

Contact Information

Carolina Mobile Transport, LLC
(910)382-0344
www.carolinamobiletransport.com

Port City Taxi:
910-762-1165

Worldwide Emergency/Urgent Coverage

\$10,000 ANNUAL LIMIT FOR COVERAGE OUTSIDE THE UNITED STATES AND ITS TERRITORIES

Under this benefit, enrollees may obtain only services that would be classified as emergency and urgently needed services had they been covered inside the United States. This coverage also includes ambulance services worldwide.

New Hanover Health Advantage - Fitness Allowance Program

New Hanover Health Advantage offers our members the flexibility of choosing a fitness club of their choice through an allowance program that will reimburse you up to \$300 annually.

Fees will be reimbursed only for commercial, public fitness facilities that have a full complement of supervised fitness activities and equipment. Fees for recreational activities such as golf, bowling, softball, etc. are not reimbursable. Members must request reimbursement on a quarterly basis.

Reimbursement is limited to:

- \$75 per quarter for New Hanover Health Advantage Select (HMO-POS) members
- \$75 per quarter for New Hanover Health Advantage Platinum (HMO-POS) members

NO REIMBURSEMENTS WILL BE PAID IN ADVANCE. A form must be submitted for each quarter, and no later than December 31 to receive reimbursement for that year. Please allow 30 days for processing.

Find the reimbursement form on our website under the "For Members" section:
www.NewHanoverHealthAdvantage.com

Annual Physicals

Annual physicals are covered by both New Hanover Health Advantage plans with no copay, for both in-network and out-of-network providers.

Meals Benefit through NationsBenefits

After a discharge from an inpatient hospital stay, members of the New Hanover Health Advantage Platinum Plan with congestive heart failure (CHF) or diabetes are eligible to receive up to two home-delivered meals per day for ten days (up to 20 meals per discharge). Platinum Plan members can utilize this benefit up to three times per benefit year.

NationsBenefits offers healthy, fresh, prepared meals that meet your nutritional needs. These thoughtfully designed meals are made from scratch, full of flavor, and contain premium ingredients.

Our prepared meals solution contributes to an overall more nutritionally balanced diet, helps with weight control, reduces stress by avoiding last-minute decisions on dining options, and saves time and money. Available chef-prepared menu options include general wellness, diabetic, low-sodium, kosher, and vegetarian options to make it easier and more convenient for you to take the necessary steps towards better health and wellness.

Enrollment Quick Reference Guide

To start your enrollment application, you will need:



Medicare Card

The application requires you to enter your Medicare number and your Part A and Part B effective dates.



List of medications

So you can check the drug lookup tool to make sure your medications are covered by us.



Primary Care Provider's Name

So you can check to make sure your primary care provider participates in our plans



Call toll free at

1-888-384-4842.

Hearing impaired persons call
TTY 711.



By mail- Send a completed
enrollment form to:

**New Hanover Health
Advantage**

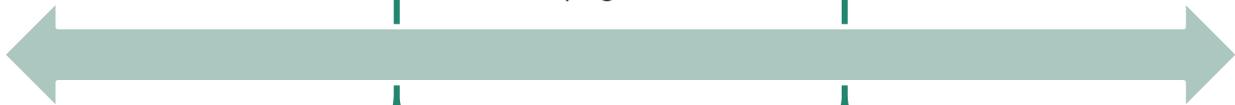
Application Processing Center
3310 Fields South Drive
Champaign, IL 61822



Online:

Go to

NewHanoverHealthAdvantage.com



EVIDENCE OF COVERAGE, PROVIDER AND PHARMACY DIRECTORIES AND FORMULARY/DRUG WEB LOOK UP

New Hanover Health Advantage is **Green!**

Help us reduce paper usage by searching for your 2022 Evidence of Coverage (EOC), network Providers, Pharmacies, or for your Formulary (a list of covered drugs) through our website. When you visit www.NewHanoverHealthAdvantage.com, you have access to a complete listing of plan Providers and Pharmacies, as well as a complete list of covered drugs, and a search tool you can use to find your drug on our formulary list.

What if I need help or would like to receive a printed copy of any of these documents?

- If you need help with these tools, or need help finding a network provider and/or pharmacy, or if you have a question about covered drugs, please call **1-855-291-9336** or visit www.NewHanoverHealthAdvantage.com to access our online searchable directories.
- If you would like an Evidence of Coverage, Provider or Pharmacy Directory or a Formulary mailed to you, you may call the number above, or request one at the website link provided above.

Calls to our Member Services line are free. We are available for phone calls 8:00 a.m.-8:00 p.m. Eastern from October 1- March 31, 7 days a week, and from April 1- September 30, Monday through Friday. Member Services also has free language interpreter services available for non-English speakers. New Hanover Health Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a sales 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 his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please initial below beside the type of product(s) you want the agent to discuss.
(Please turn over for product descriptions.)**

	Stand-Alone Medicare Prescription Drug Plans (Part D)
	Medicare Advantage Plans (Part C) and Cost Plans

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, and does not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature

Date

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

Representative's Name: _____

Your Relationship to Beneficiary: _____

To be completed by agent: Date Appointment Completed: _____

Agent Name and Phone:
Beneficiary Name:
Beneficiary Phone and Address:
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)
Plan(s) the agent represented during this meeting:
Agent's Signature:
If the form was signed by the beneficiary at the appointment, provide an explanation as to why the scope of appointment was not documented prior to meeting:

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

continued on next page

Stand-Alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to the Original Medicare plan, some Medicare cost plans, some Medicare private-fee-for-service plans and Medicare medical savings account plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).

Medicare Point of Service (POS) Plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. Like an HMO, you get care from an in-network primary care provider (PCP), but like a PPO, you can go out-of-network. You will generally pay less for in-network care.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan’s payment, terms and conditions and agrees to treat you—not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage plan that has a benefit package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA plans combine a high-deductible health plan with a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare cost plan, you can go to providers both in- and out-of-network. If you get services outside of the plan’s network, your Medicare-covered services will be paid for under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.

Medicare Supplement Plans

Medicare Supplement plans are offered by private companies to help cover medical expenses Original Medicare doesn’t cover. You must have Original Medicare to purchase a Medicare Supplement plan. With a Medicare Supplement plan, you can see any doctor and go to any hospital that accepts Medicare patients, but these plans don’t include prescription drug coverage.

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Who can use this form?

People with Medicare who want to join a Medicare Advantage 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:

New Hanover Health Advantage
Application Processing Center
3310 Fields South Drive
Champaign, IL 61822

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

How do I get help with this form?

Call New Hanover Health Advantage at <(888) 384-4842> (TTY 711).

Or, call Medicare at (800) MEDICARE (800-633-4227). TTY users can call (877) 486-2048.

En español: Llame a New Hanover Health Advantage al o a Medicare gratis al <(800) 633-4227> y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

FirstCarolinaCare Insurance Company’s FirstCarolinaCare plans are HMO and PPO plans with a Medicare contract. Enrollment in a FirstCarolinaCare plan depends on contract renewal.

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 0938-1378. 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.

<MDMKFC22-NHVenrollfm-0821 • H6306_22_99405_C>



2022 Medicare Advantage Prescription Drug Plan (MAPD) Individual Enrollment Form

Please contact New Hanover Health Advantage if you need information in another language or format (Braille or Large Print).

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

Select the plan you want to join:

- \$45 per month New Hanover Health Advantage Platinum (HMO-POS)
- \$0 per month New Hanover Health Advantage Select (HMO-POS)
- Dental Buy-up (Optional) yes no
- If yes, select one of the following:
- Optional Dental Silver \$26
- Optional Dental Gold \$45

FIRST Name: _____ LAST Name: _____ Middle Initial (Optional): _____

Birth Date: (<u> </u> / <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>) M M D D Y Y Y Y	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number: () -
--	---	------------------------------

Permanent Residence street address (Don't enter a PO Box):

City: _____ County (Optional): _____ 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:

Will you have other prescription drug coverage in addition to New Hanover Health Advantage?
 Yes No If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:
 Name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in New Hanover Health Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that New Hanover Health Advantage 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.

<MDMKFC22-NHVenrollfm-0821 • H6306_22_99405_C>

- I understand that when my New Hanover Health Advantage coverage begins, I must get all of my medical and prescription drug benefits from New Hanover Health Advantage. Benefits and services provided by New Hanover Health Advantage and contained in my New Hanover Health Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor New Hanover Health Advantage 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 above), this signature certifies that:

- 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:

X

Today's Date:

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

Name: _____ **Address:** _____

Phone Number (____) _____ - _____ **Relationship to Enrollee:** _____

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

Select one if you want us to send you information in an accessible format.

Braille Large print Audio CD

Please contact New Hanover Health Advantage at <(888) 384-4842> (TTY 711) if you need information in an accessible format or language other than what is listed above. Our office hours are seven days a week, 8 a.m. to 8 p.m. Voicemail is used on holidays and weekends from April 1 to September 30.

Do you work? Yes No

Does your spouse work? Yes No

List your Primary Care Physician (PCP), clinic, or health center:

I want to get the following materials via email. Select one or more.

Using your coverage

Information and updates about your plan

E-mail address: _____

Paying your plan premiums

You can pay your monthly plan premium by mail, “Electronic Funds Transfer (EFT)”, or credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay New Hanover Health Advantage the Part D-IRMAA.

OFFICE USE ONLY: Plan

Requested Effective Date: Mo. _____ /2022

Date Received: _____

Name of staff
member/agent/broker

(if assisted in enrollment): _____ Agent NPN: _____

ICEP/IEP AEP SEP (type):

Notes:

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 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 Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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Attestation of Eligibility for an Enrollment Period

IMPORTANT: This completed form must accompany your application.

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 haven't had a change.



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