

In general, you may only switch your Medicare Prescription Drug Coverage option once a year during the Annual Election Period (November 15 - December 31) for an effective date of January 1 of the following year unless you qualify for a Special Election Period. If you are a health plan only member, you may switch health plan options any time of the year for an effective date of the first day of the following month. If you are a member of Basic Option BRx or Saver Option BRx, you may switch between the Basic and Saver health plan options only any time of the year, as long as you maintain your Basic Prescription Drug Coverage, BRx.

Please check one of the boxes below if you would prefer that we send you information in a language other than English or in another format:

- Other language (specify:

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- Other format (large print)

Please contact 65C Plus at 948-5555 on Oahu or toll-free from the Neighbor Islands & U.S. Mainland at 1 (800) 620-4672 if you need information in another format or language than what is listed above. TTY/TDD users should call 948-6222 on Oahu or toll-free from the Neighbor Islands & U.S. Mainland at 1 (877) 298-4672. Our office hours are 8 a.m. to 8 p.m., 7 days a week. You may also visit your local HMSA office Monday through Friday, 8 a.m. to 4 p.m.

SECTION TWO: Please read this important information

If you currently have drug coverage from an employer or union, joining HMSA's 65C Plus Prescription Drug Coverage could affect your employer or union health benefits. You could lose your employer or union health coverage if you join HMSA's 65C Plus plan. Read the communications your employer or union sends you. If you have questions, visit their web site or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

SECTION THREE: Please Select Your Plan Premium Payment Option

You can pay your monthly plan premium by mail, through automatic withdrawal from your checking or savings account, or in person at one of our offices. You can also choose to pay your premium by automatic deduction from your Social Security check each month.

Check one of the boxes below:

- Direct bill. HMSA will bill you by mail each month.
- Automatic withdrawal from my checking or savings account. Please complete the enclosed form titled, *HMSA Dues Payment Authorization Form*.
- Automatic deduction from your monthly Social Security benefit check. (The Social Security deduction may take two or more months to begin. In most cases, the first deduction from your Social Security benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.) We will contact you about having your premium deducted from your Social Security check.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75 percent of drug costs, including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1 (800) 772-1213. TTY users should call 1 (800) 325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you do not select a payment option, you will receive a bill each month.

I understand that people with Medicare who have Part B only receive 65C Plus Health Plan coverage for Medicare Part B services, which excludes inpatient hospital, skilled nursing facility, and hospice services. I also understand that each health plan and Medicare prescription drug option has its own premium amount that may be more or less than my previous 65C Plus options.

I understand that my coverage under my new 65C Plus health plan option and prescription drug coverage (if applicable) will begin on the first day of the following month after my request is received by HMSA. For example, completed forms received by December 31, 2009, will be processed for a proposed plan effective date of January 1, 2010. Incomplete forms may result in a delay of my proposed plan effective date. I understand that my effective date for this change request may result in different effective dates for my 65C Plus health plan and Prescription Drug Coverage (if applicable) depending upon my change request.

HMSA's 65C Plus is a Medicare health plan and has a contract with the federal government. 65C Plus offers health plan only coverage or health plan with a Medicare-approved prescription drug coverage and is in addition to my Medicare coverage. I must keep my Medicare Part B coverage and continue paying my Medicare Part B premium to Medicare. I understand that I must be a 65C Plus health plan member to join HMSA's 65C Plus Prescription Drug Coverage. It is my responsibility to inform HMSA's 65C Plus of any prescription drug coverage that I have or may get in the future. I understand that I can only be enrolled in one Medicare-contracting health plan and Medicare Prescription Drug Plan at a time. Enrollment in HMSA's 65C Plus Prescription Drug Coverage is generally for the entire calendar year. Once I enroll, I may leave HMSA's 65C Plus Prescription Drug Coverage or make changes if an enrollment period is available, generally during the Annual Election Period (November 15 - December 31), unless I qualify for certain special circumstances. Send a written request to HMSA or call 1 (800) Medicare [1 (800) 633-4227]. TTY users should call (877) 486-2048. I know I may leave HMSA's 65C Plus health plan at anytime by sending a written request to HMSA or by calling 1 (800) Medicare [1 (800) 633-4227]. TTY users should call 1 (877) 486-2048.

I understand that if I leave HMSA's 65C Plus Prescription Drug Coverage and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

HMSA's 65C Plus health plan and Prescription Drug Coverage serves the state of Hawaii. If I move out of state, I need to notify HMSA so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies to access HMSA's 65C Plus Prescription Drug Coverage benefits, except in an emergency when I cannot reasonably use 65C Plus Prescription Drug Coverage network pharmacies. Once I am a member of HMSA's 65C Plus health plan and Prescription Drug Coverage, if applicable, I have the right to appeal plan decisions about payment or services if I disagree. I will read the 65C Plus Evidence of Coverage and Disclosure Information brochure when I receive it to know which rules I must follow to receive coverage under the 65C Plus health plan and Prescription Drug Coverage.

I understand that beginning on the date HMSA's 65C Plus health plan starts, in order for HMSA to fully cover my medical services, except for emergency, urgently-needed services or out-of-area dialysis services, all of my health care must be provided or arranged by HMSA. If I obtain services not provided or arranged by the plan, I will be responsible for all Medicare deductibles and coinsurance, as well as any additional charges as prescribed by the Medicare program. I may also be liable for charges not covered by Medicare.

Medicare beneficiaries are generally not covered under Medicare while out of the country, except for limited coverage in Canada and Mexico. Services authorized by HMSA and other services contained in my 65C Plus Evidence of Coverage brochure (also known as a member contract or subscriber agreement) will be covered.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with HMSA's 65C Plus, he/she may be paid based on my enrollment in HMSA's 65C Plus. Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

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