



Enrollment Book

2024 Medicare Advantage Enrollment Materials

Ascension, East Baton Rouge, East Feliciana, Iberville, Jefferson, Lafourche,
Livingston, Orleans, St. Charles, St. John the Baptist, West Baton Rouge

Ochsner Health Plan Premier (HMO) H9763-003-001
Ochsner Health Plan Freedom (HMO POS) H9763-004-001
Ochsner Health Plan Heroes (HMO POS) H9763-006

Revised October 2023

Thank you for choosing
Ochsner Health Plan!

This booklet contains all the materials and forms you need to enroll in an **Ochsner Health Plan**.

If you have any questions, please call us or visit our website. If you prefer, you can speak to a licensed plan representative.

There is contact information on the back of this booklet.

Confirmation #: _____

**At Ochsner Health Plan,
we have a Medicare plan for your health!**





Scope of Sales Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary.

Medicare Advantage Plans (Part C)

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 HMO Point-of-Service (HMO-POS) - A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products listed above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do not work directly for the federal government.

Agreeing to this appointment will not automatically enroll you in a Medicare Advantage plan. You will not be obligated to enroll and the appointment will not impact your current or future Medicare enrollment.

Signature:	Today's Date:	Date of Appointment:
<p>If you are the authorized representative, you must sign above and provide the following information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone Number: (____) _____</p> <p>Relationship to Enrollee _____</p>		



Scope of Sales Appointment Confirmation Form

Agent Information	
Name of agent/broker if assisted in enrollment:	_____
Agent Phone Number:	_____
NPN Number:	_____
Effective Date of Coverage:	_____ Date Application Received by Agent: _____
ICEP/IEP:	_____ AEP: _____ SEP(type): _____ Not Eligible: _____

Ochsner Health Plan is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

2024

Summary of Benefits



Ascension, East Baton Rouge,
East Feliciana, Iberville, Jefferson,
Lafourche, Livingston, Orleans,
St. Charles, St. John the Baptist,
West Baton Rouge

Ochsner Health Plan Premier (HMO)
H9763-003-001

Ochsner Health Plan Freedom (HMO POS)
H9763-004-001

Ochsner Health Plan Heroes (HMO POS)
H9763-006

Medicare Advantage Plans with Prescription Drugs

Please contact Ochsner Health Plan at 1-833-674-2112. TTY: 711.

Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st
and 8:00 a.m. to 8:00 p.m. Monday through Friday, April 1st to September 30th.

This is a summary of drug and health services covered by

Ochsner Health Plan Premier (HMO) H9763-003-001

Ochsner Health Plan Freedom (HMO POS) H9763-004-001

Ochsner Health Plan Heroes (HMO) H9763-006

January 1, 2024 - December 31, 2024

Ochsner Health Plan is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by calling Member Services toll-free at 1-833-674-2112. Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m. Monday through Friday, April 1st to September 30th (TTY users call 711), or visit our website at www.ochsnerhealthplan.com.

To join an Ochsner Health Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. The service area for Ochsner Health Plan Premier 003-001, Freedom 004-001, and Heroes 006 plans includes the following Louisiana Parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Jefferson, Lafourche, Livingston, Orleans, St. Charles, St. John the Baptist, West Baton Rouge.

Ochsner Health Plan Medicare Advantage plans have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Because Ochsner Health Plan Freedom and Ochsner Health Plan Heroes are HMO-POS plans, you may use Point-of-Service (POS) providers that are outside of our network for an additional cost. Out-of-network/non-contracted providers are under no obligation to treat Ochsner Health Plan Freedom or Ochsner Health Plan Heroes members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
Monthly Plan Premium	You pay \$0 per month	You pay \$0 per month	You pay \$0 per month	You must continue to pay your Medicare Part B premium.
Part B Premium Reduction	\$30 per month	Not applicable.	\$60 per month	
Annual Medical Deductible	\$0	\$0	\$0	There is no medical deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs or out-of-network services)	\$2,900 annually	\$3,700 annually	\$4,900 annually	The most you pay for copays, coinsurance, and other costs for in-network medical services in a year.
Inpatient Hospital	<p>\$65 copay per day for days 1-10 per admission</p> <p>\$0 copay for days 11 and beyond per admission</p> <p>You pay these amounts until you reach the out-of-pocket maximum.</p>	<p>In-network \$65 copay per day for days 1-10 per admission</p> <p>\$0 copay for days 11 and beyond per admission</p> <p>You pay these amounts until you reach the out-of-pocket maximum. Out-of-network 20% per admission</p>	<p>In-network \$175 copay per day for days 1-10 per admission</p> <p>\$0 copay for days 11 and beyond per admission</p> <p>You pay these amounts until you reach the out-of-pocket maximum. Out-of-network 30% per admission</p>	<i>Your provider may need to obtain prior authorization.</i>

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
Outpatient Hospital <ul style="list-style-type: none"> Ambulatory Surgery Center Outpatient Hospital Including Surgery Outpatient Observation Services 	\$100 copay per visit \$0 copay for diagnostic colonoscopy \$100 copay per visit \$0 copay for diagnostic colonoscopy \$0 copay per visit	In-network \$130 copay per visit \$0 copay for diagnostic colonoscopy Out-of-network 20% coinsurance per visit In-network \$130 copay per visit Out-of-network 20% coinsurance per visit \$0 copay for diagnostic colonoscopy In-network \$0 copay per visit Out-of-network 20% coinsurance per visit	In-network \$175 copay per visit \$0 copay for diagnostic colonoscopy Out-of-network 30% coinsurance per visit In-network \$175 copay per visit Out-of-network 30% coinsurance per visit \$0 copay for diagnostic colonoscopy In-network \$0 copay per visit Out-of-network 30% coinsurance per visit	<i>Your provider may need to obtain prior authorization.</i> <i>Your provider may need to obtain prior authorization.</i> <i>Your provider may need to obtain prior authorization.</i>
Doctor Visits <ul style="list-style-type: none"> Primary Care Specialist Care 	\$0 copay per visit \$20 copay per visit	In-network \$0 copay per visit Out-of-network 20% coinsurance per visit In-network \$25 copay per visit Out-of-network 20% coinsurance per visit	In-network \$0 copay per visit Out-of-network 30% coinsurance per visit In-network \$30 copay per visit Out-of-network 30% coinsurance per visit	
Preventive Care (e.g. flu vaccine, COVID-19 vaccine, diabetic screenings)	You pay \$0 copay	In-network \$0 copay per visit Out-of-network Not covered.	In-network \$0 copay per visit Out-of-network Not covered.	Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
Emergency Care (local and world-wide)	\$90 copay per visit (for both in-network and out-of-network)	\$90 copay per visit (for both in-network and out-of-network)	\$90 copay per visit (for both in-network and out-of-network)	If you are admitted to the hospital within 24 hours, the emergency room copay is waived.
Urgently Needed Services (local and world-wide)	\$20 copay per visit (for both in-network and out-of-network)	\$25 copay per visit (for both in-network and out-of-network)	\$30 copay per visit (for both in-network and out-of-network)	
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic Radiology Services (e.g. MRI) • Lab Services • Diagnostic Tests and Procedures • Therapeutic Radiology and Outpatient X-Rays 	\$0 copay for diagnostic mammogram \$20 copay for Medicare-covered radiological diagnostic services \$0 copay for each Medicare-covered lab service \$10 copay \$20 copay	In-network \$0 copay for diagnostic mammogram \$85 copay for Medicare-covered radiological diagnostic services Out-of-network 20% coinsurance In-network \$0 copay for each Medicare-covered lab service Out-of-network 20% coinsurance In-network \$10 copay Out-of-network 20% coinsurance In-network \$35 copay Out-of-network 20% coinsurance	In-network \$0 copay for diagnostic mammogram \$125 copay for Medicare-covered radiological diagnostic services Out-of-network 30% coinsurance In-network \$0 copay for each Medicare-covered lab service Out-of-network 30% coinsurance In-network \$10 copay Out-of-network 30% coinsurance In-network \$50 copay Out-of-network 30% coinsurance	<i>Your provider may need to obtain prior authorization.</i>

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
<p>Hearing Services</p> <ul style="list-style-type: none"> • Medicare-covered diagnostic hearing and balance evaluation exam • Hearing aids • Routine hearing exams • Hearing aid fitting/evaluations 	<p>\$20 copay</p> <p>Member's receive a \$2,000 combined maximum allowance per calendar year for:</p> <ul style="list-style-type: none"> - Hearing aids - Routine hearing exams - Hearing aid fitting/evaluations <p>Members access this allowance through a designated "wallet" on the Ochsner Health Plan Flex Card. See Ochsner Health Plan Flex Card section for more information.</p>	<p>In-network \$20 copay Out-of-network 20% coinsurance</p> <p>Member's receive a \$2,000 combined maximum allowance per calendar year for:</p> <ul style="list-style-type: none"> - Hearing aids - Routine hearing exams - Hearing aid fitting/evaluations <p>Members access this allowance through a designated "wallet" on the Ochsner Health Plan Flex Card. See Ochsner Health Plan Flex Card section for more information.</p>	<p>In-network \$20 copay Out-of-network 30% coinsurance</p> <p>Member's receive a \$1,000 combined maximum allowance per calendar year for:</p> <ul style="list-style-type: none"> - Hearing aids - Routine hearing exams - Hearing aid fitting/evaluations <p>Members access this allowance through a designated "wallet" on the Ochsner Health Plan Flex Card. See Ochsner Health Plan Flex Card section for more information.</p>	<p>The Ochsner Health Plan Flex Card hearing allowance can be used to help cover costs for routine hearing care including, hearing aids, routine hearing exams and hearing aid fitting/evaluations at participating retailers, online and at qualified hearing provider locations.</p> <p>Visit https://flex.ochsnerhealthplan.com/ for more information.</p>

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
<p>Dental Services</p> <ul style="list-style-type: none"> • Preventive Dental • Comprehensive Dental 	<p>\$0 copay per Medicare-covered visit</p> <p>\$3,000 combined maximum allowance per calendar year for preventive and comprehensive dental services.</p> <p>Covered services include: preventive oral exams, cleanings, x-rays, non-Medicare covered comprehensive exams, endodontics, restorative services, periodontics, extractions, prosthetics, other oral/maxillofacial surgery, and other services.</p> <p>Copays vary, please see your Evidence of Coverage for more information.</p>	<p>\$0 copay per Medicare-covered visit</p> <p>\$3,000 combined maximum allowance per calendar year for preventive and comprehensive dental services.</p> <p>Covered services include: preventive oral exams, cleanings, x-rays, non-Medicare covered comprehensive exams, endodontics, restorative services, periodontics, extractions, prosthetics, other oral/maxillofacial surgery, and other services.</p> <p>Copays vary, please see your Evidence of Coverage for more information.</p>	<p>\$0 copay per Medicare-covered visit</p> <p>\$3,000 combined maximum allowance per calendar year for preventive and comprehensive dental services.</p> <p>Covered services include: preventive oral exams, cleanings, x-rays, non-Medicare covered comprehensive exams, endodontics, restorative services, periodontics, extractions, prosthetics, other oral/maxillofacial surgery, and other services.</p> <p>Copays vary, please see your Evidence of Coverage for more information.</p>	<p>Preventive Dental (oral exams and cleanings) each service limited to two (2) treatments per year.</p> <p>Preventive and comprehensive dental services must be obtained from plan specified vendor. Visit www.ochsnerhealthplan.com for more information.</p>

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
<p>Vision Services</p> <ul style="list-style-type: none"> • Medicare-covered eye exam to diagnose and treat conditions and diseases of the eye • Medicare-covered glaucoma screening • Medicare-covered diabetic retinopathy screening • Medicare-covered eyewear (frames and lenses, or contact lenses) post cataract surgery • Routine eye exams • Routine eyewear (frames and lenses or contact lenses) 	<p>\$20 copay per visit</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$20 copay</p> <p>\$400 maximum allowance per calendar year</p>	<p>In-network \$20 copay per visit</p> <p>Out-of-network 20% coinsurance</p> <p>In-network \$0 copay</p> <p>Out-of-network 20% coinsurance</p> <p>In-network \$0 copay Out-of-network Not covered.</p> <p>In-network \$0 copay</p> <p>Out-of-network 20% coinsurance</p> <p>\$20 copay</p> <p>\$400 maximum allowance per calendar year</p> <p>No out-of-network coverage for routine eye exams and routine eyewear.</p>	<p>In-network \$20 copay per visit</p> <p>Out-of-network 30% coinsurance</p> <p>In-network \$0 copay</p> <p>Out-of-network 30% coinsurance</p> <p>In-network \$0 copay Out-of-network Not covered.</p> <p>In-network \$0 copay</p> <p>Out-of-network 30% coinsurance</p> <p>\$20 copay</p> <p>\$300 maximum allowance per calendar year</p> <p>No out-of-network coverage for routine eye exams and routine eyewear.</p>	<p>Routine eye exams are limited to one (1) exam per calendar year.</p> <p>Routine eye exams and routine eyewear services must be obtained from plan specified vendor. Visit www.ochsnerhealthplan.com for more information.</p>

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
<p>Mental Health Services</p> <ul style="list-style-type: none"> Inpatient visit Outpatient Group Therapy Visit Outpatient Individual Therapy Visit 	<p>\$65 copay per day for days 1-10 per admission \$0 copay for days 11-90 per admission You pay these amounts until you reach the out-of-pocket maximum.</p> <p>\$20 copay</p> <p>\$20 copay</p>	<p>In-network \$65 copay per day for days 1-10 per admission \$0 copay for days 11-90 per admission You pay these amounts until you reach the out-of-pocket maximum.</p> <p>Out-of-network 20% coinsurance</p> <p>In-network \$25 copay Out-of-network 20% coinsurance</p> <p>In-network \$25 copay Out-of-network 20% coinsurance</p>	<p>In-network \$175 copay per day for days 1-10 per admission \$0 copay for days 11-90 per admission You pay these amounts until you reach the out-of-pocket maximum.</p> <p>Out-of-network 20% coinsurance</p> <p>In-network \$30 copay Out-of-network 30% coinsurance</p> <p>In-network \$30 copay Out-of-network 30% coinsurance</p>	<p><i>Your provider may need to obtain prior authorization.</i></p>

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
Skilled Nursing Facility (SNF)	\$0 copay per day for days 1-20 per admission \$165 copay for days 21-100 per admission	In-network \$0 copay per day for days 1-20 per admission \$178 copay for days 21-100 per admission Out-of-network 20% per admission	In-network \$0 copay per day for days 1-20 per admission \$178 copay for days 21-100 per admission Out-of-network 30% per admission	Your provider may need to obtain prior authorization. Our plan covers up to 100 days in a SNF. Three (3) consecutive day inpatient hospital stay required prior to SNF admission.
Therapy Services • Occupational Therapy Visit • Physical Therapy Visit • Speech Therapy Visit	\$10 copay per visit \$10 copay per visit \$10 copay per visit	In-network \$20 copay per visit Out-of-network 20% coinsurance per visit	In-network \$20 copay per visit Out-of-network 30% coinsurance per visit	<i>Your provider may need to obtain prior authorization.</i>
Ambulance (local and world-wide)	\$235 copay for ground ambulance 20% coinsurance for air ambulance	In-network \$235 copay for ground ambulance 20% coinsurance for air ambulance Out-of-network 20% coinsurance for ground/air ambulance	In-network \$235 copay for ground ambulance 20% coinsurance for air ambulance Out-of-network 30% coinsurance for ground/air ambulance	<i>Your provider may need to obtain prior authorization for non-emergency transportation.</i>
Transportation	Not Covered	Not Covered	Not Covered	

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
Medicare Part B Drugs	You pay 0% - 20% of the cost for Medicare-covered services	<p>In-network You pay 0% - 20% of the cost for Medicare-covered services</p> <p>Out-of-network 20% coinsurance</p>	<p>In-network You pay 0% - 20% of the cost for Medicare-covered services</p> <p>Out-of-network 30% coinsurance</p>	<p><i>Your provider may need to obtain prior authorization.</i></p> <p>For the administration of these drugs, you will pay the cost-sharing that applies to primary care provider services, specialist services, or the outpatient hospital services (as described under “Physician/ Practitioner Services, including “Doctor’s Office Visits” or “Outpatient Hospital Services” in the Evidence of Coverage) depending on where you receive drug administration or infusion services.</p>
Chiropractic Care	\$20 copay per visit	<p>In-network \$20 copay per visit</p> <p>Out-of-network 20% coinsurance per visit</p>	<p>In-network \$20 copay per visit</p> <p>Out-of-network 30% coinsurance per visit</p>	Manual manipulation of the spine to correct subluxation.

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
<p>Diabetes Management</p> <ul style="list-style-type: none"> • Diabetes Monitoring Supplies • Diabetes Self-Management Training • Medicare-Covered Therapeutic Shoes or Inserts 	<p>\$0 copay for each Medicare-covered diabetic testing supply from a participating pharmacy</p> <p>20% coinsurance for each Medicare-covered diabetic testing supply from a participating DME supplier</p> <p>\$0 copay per item</p> <p>You pay 20% coinsurance</p>	<p>In-network \$0 copay for each Medicare-covered diabetic testing supply from a participating pharmacy</p> <p>20% coinsurance for each Medicare-covered diabetic testing supply from a participating DME supplier</p> <p>Out-of-network 20% coinsurance per item</p> <p>In-network \$0 copay per item</p> <p>Out-of-network 20% coinsurance per item</p> <p>In-network you pay 20% coinsurance</p> <p>Out-of-network 20% coinsurance</p>	<p>In-network \$0 copay for each Medicare-covered diabetic testing supply from a participating pharmacy</p> <p>20% coinsurance for each Medicare-covered diabetic testing supply from a participating DME supplier</p> <p>Out-of-network 30% coinsurance per item</p> <p>In-network \$0 copay per item</p> <p>Out-of-network 30% coinsurance per item</p> <p>In-network you pay 20% coinsurance</p> <p>Out-of-network 30% coinsurance</p>	<p><i>Your provider may need to obtain prior authorization</i></p>

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
Fitness Program	\$0 copay.	In-network \$0 copay. No out-of-network coverage.	In-network \$0 copay. No out-of-network coverage.	Must use network fitness facility. Program includes free Home Fitness Kit.
Foot Care (Podiatry)	\$20 copay per visit	In-network \$25 copay per visit Out-of-network 20% coinsurance per visit	In-network \$30 copay per visit Out-of-network 30% coinsurance per visit	<i>Your provider may need to obtain prior authorization.</i>
Home Health Services	You pay \$0 copay for Medicare-covered services	In-network You pay \$0 copay for Medicare-covered services. Out-of-network 20% coinsurance for Medicare-covered services	In-network You pay \$0 copay for Medicare-covered services. Out-of-network 30% coinsurance for Medicare-covered services	<i>Your provider may need to obtain prior authorization.</i>



Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
Hospice	You pay nothing for hospice care from any Medicare-approved hospice.	You pay nothing for hospice care from any Medicare-approved hospice.	You pay nothing for hospice care from any Medicare-approved hospice.	You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
Meal Benefit	\$0 copay	In-network \$0 copay. No out-of-network coverage.	In-network \$0 copay. No out-of-network coverage.	<i>Your provider may need to obtain prior authorization.</i> Immediately following surgery or inpatient hospital stay. Nutritional need must meet CMS criteria for this benefit. Allowance: 2 meals per day for 7 days per Medicare-covered inpatient discharge. No maximum number of meals per year.



Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g. wheelchairs, oxygen) • Supplies • Prosthetics (e.g. braces, artificial limbs) 	<p>\$0 copay for each Medicare-covered diabetic testing supply from a participating pharmacy. Specific manufacturers covered and other limits may apply.</p> <p>20% coinsurance for each Medicare-covered continuous glucose monitor (CGM) from a participating DME supplier</p> <p>20% coinsurance for each Medicare-covered durable medical equipment</p> <p>20% coinsurance for medical supplies</p> <p>20% coinsurance for prosthetic devices</p>	<p>In-network</p> <p>\$0 copay for each Medicare-covered diabetic testing supply from a participating pharmacy. Specific manufacturers covered and other limits may apply.</p> <p>20% coinsurance for each Medicare-covered continuous glucose monitor (CGM) from a participating DME supplier</p> <p>20% coinsurance for each Medicare-covered durable medical equipment</p> <p>20% coinsurance for medical supplies</p> <p>20% coinsurance for prosthetic devices</p> <p>Out-of-network 20% coinsurance</p>	<p>In-network</p> <p>\$0 copay for each Medicare-covered diabetic testing supply from a participating pharmacy. Specific manufacturers covered and other limits may apply.</p> <p>20% coinsurance for each Medicare-covered continuous glucose monitor (CGM) from a participating DME supplier</p> <p>20% coinsurance for each Medicare-covered durable medical equipment</p> <p>20% coinsurance for medical supplies</p> <p>20% coinsurance for prosthetic devices</p> <p>Out-of-network 30% coinsurance</p>	<p><i>Your provider may need to obtain prior authorization.</i></p>

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
<p>Ochsner Health Plan Flex Card</p>	<p>The Ochsner Health Plan Flex Card provides members access to two (2) separate “wallets” on a Visa debit card for the following benefits:</p> <ul style="list-style-type: none"> - \$105 maximum allowance per calendar quarter for covered over-the-counter (OTC) drugs and health related items. Any funds left on the card at the end of each calendar quarter will expire. These funds will not roll over to the following calendar quarter. - \$2,000 combined maximum allowance per calendar year for routine hearing care. Any funds left on the card at the end of the calendar year will expire. These funds will not roll over to the following calendar year. 	<p>The Ochsner Health Plan Flex Card provides members access to two (2) separate “wallets” on a Visa debit card for the following benefits:</p> <ul style="list-style-type: none"> - \$85 maximum allowance per calendar quarter for covered over-the-counter (OTC) drugs and health related items. Any funds left on the card at the end of each calendar quarter will expire. These funds will not roll over to the following calendar quarter. - \$2,000 combined maximum allowance per calendar year for routine hearing care. Any funds left on the card at the end of the calendar year will expire. These funds will not roll over to the following calendar year. 	<p>The Ochsner Health Plan Flex Card provides members access to two (2) separate “wallets” on a Visa debit card for the following benefits:</p> <ul style="list-style-type: none"> - \$85 maximum allowance per calendar quarter for covered over-the-counter (OTC) drugs and health related items. Any funds left on the card at the end of each calendar quarter will expire. These funds will not roll over to the following calendar quarter. - \$1,000 combined maximum allowance per calendar year for routine hearing care. Any funds left on the card at the end of the calendar year will expire. These funds will not roll over to the following calendar year. 	<p>See Over-the-Counter Benefit in Chapter 4 of the Evidence of Coverage for more information.</p> <p>Visit https://flex.ochsnerhealthplan.com/ for more information.</p> <p>See Hearing Services in Chapter 4 of the Evidence of Coverage for more information.</p> <p>Visit https://flex.ochsnerhealthplan.com/ for more information.</p>

Premiums and Benefits	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)	What You Should Know
Opioid Treatment Services	\$0 copay	In-network \$0 copay Out-of-network 20% coinsurance	In-network \$0 copay Out-of-network 30% coinsurance	<i>Your provider may need to obtain prior authorization</i> Must be provided by a CMS certified Opioid Treatment Services Program.
Outpatient Substance Abuse Treatment – Group or Individual	\$20 copay	In-network \$20 copay Out-of-network 20% coinsurance	In-network \$20 copay Out-of-network 30% coinsurance	<i>Prior authorization required.</i>
Over-the-Counter (OTC) Benefit	\$105 maximum allowance per calendar quarter for over-the-counter (OTC) drugs and health related items. Members access this allowance through a designated “wallet” on the Ochsner Health Plan Flex Card. See Ochsner Health Plan Flex Card for more information.	\$85 maximum allowance per calendar quarter for over-the-counter (OTC) drugs and health related items. Members access this allowance through a designated “wallet” on the Ochsner Health Plan Flex Card. See Ochsner Health Plan Flex Card for more information.	\$85 maximum allowance per calendar quarter for over-the-counter (OTC) drugs and health related items. Members access this allowance through a designated “wallet” on the Ochsner Health Plan Flex Card. See Ochsner Health Plan Flex Card for more information.	The Ochsner Health Plan Flex Card can be used to purchase covered over-the-counter (OTC) drugs and health related items at participating retailers, or by phone, mail, or web order through the Ochsner Health Plan OTC store. Visit https://flex.ochsnerhealthplan.com/ for more information.
Renal dialysis	20% coinsurance	In-network 20% coinsurance Out-of-network 20% coinsurance	In-network 20% coinsurance Out-of-network 30% coinsurance	<i>Prior authorization required.</i>

Prescription Drugs

	Ochsner Health Plan Premier (HMO)			Ochsner Health Plan Freedom (HMO POS)			Ochsner Health Plan Heroes (HMO POS)
Stage 1: Annual Prescription Deductible	Since you have no deductible for Part D drugs, this payment stage does not apply			Since you have no deductible for Part D drugs, this payment stage does not apply			No Part D coverage
Stage 2: Initial Coverage	Retail 30-day supply	Retail 90-day supply	Mail Order 90-day supply	Retail 30-day supply	Retail 90-day supply	Mail Order 90-day supply	No Part D coverage
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	No Part D coverage
Tier 2: Generic Drugs ¹	\$10 copay	\$25 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	No Part D coverage
Tier 3: Preferred Brand Drugs	\$45 copay	\$135 copay	\$135 copay	\$45 copay	\$135 copay	\$135 copay	No Part D coverage
Covered Insulin Drugs ²	\$35 copay	\$105 copay	\$105 copay	\$35 copay	\$105 copay	\$105 copay	No Part D coverage
Tier 4: Non-Preferred Brand Drugs	\$100 copay	\$300 copay	\$300 copay	\$100 copay	\$300 copay	\$300 copay	No Part D coverage
Tier 5: Specialty Tier Drugs ³	33% coinsurance	N/A ³	N/A ³	33% coinsurance	N/A ³	N/A ³	No Part D coverage
Stage 3: Coverage Gap Stage	Tier 1 and Tier 2 Drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$5,030, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap.						

Prescription Drugs

	Ochsner Health Plan Premier (HMO)	Ochsner Health Plan Freedom (HMO POS)	Ochsner Health Plan Heroes (HMO POS)
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay \$0 or 0% of the costs.		No Part D coverage

Other Limitations May Apply

1. Tier includes enhanced drug coverage.
2. You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.
3. Limited to a 30-day supply.



Multi-Language Interpreter Service

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-674-2112. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-674-2112. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-833-674-2112。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-833-674-2112。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-674-2112. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-674-2112. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-674-2112 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-674-2112. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-674-2112번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-674-2112. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Multi-Language Interpreter Service

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول بمساعدتك. هذه سيقوم شخص ما يتحدث العربية 1-833-674-2112 على مترجم فوري، ليس عليك سوى الاتصال بنا على خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-674-2112 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-674-2112. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-674-2112. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-674-2112. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-674-2112. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-674-2112 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

For more information, contact Ochsner Health Plan from 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m. Monday through Friday April 1st to September 30th at 1-833-674-2112(TTY users call 711) or visit www.ochsnerhealthplan.com.

You can access the Ochsner Health Plan provider or pharmacy directory on our website at www.ochsnerhealthplan.com.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Ochsner Health Plan is an HMO with a Medicare contract. Enrollment in Ochsner Health 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 copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

This document is available in alternate formats (braille, large print, etc.) and other languages upon request. Please call Member Services at 1-833-674-2112 (TTY/TDD users call 711) from 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m. Monday through Friday April 1st to September 30th.

The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.



Toll-free: 1-833-674-2112 (TTY/TDD users should call 711)

**Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st
and 8:00 a.m. to 8:00 p.m. Monday through Friday, April 1st to September 30th.**

ochsnerhealthplan.com



**Ochsner Health Plan
1450 Poydras St., Suite 110
New Orleans, LA 70112
Member Services 1-833-674-2112
www.ochsnerhealthplan.com**

*Ochsner Health Plan is an HMO with a Medicare contract.
Enrollment in Ochsner Health Plan depends on contract renewal.*



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 member service representative at 1-855-431-3377.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.ochsnerhealthplan.com or call 1-855-431-3377 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- 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, 2025.
- Except in emergency or urgent situations, HMO plans do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Ochsner Health Plan Freedom and Ochsner Health Plan Heroes allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.



INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)

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](https://www.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:
Ochsner Health Plan
Sales
1450 Poydras St. Suite 110
New Orleans, LA 70112

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

How do I get help with this form?

Call Ochsner Health Plan at (855) 431-3495. TTY users can call 711.

Or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Ochsner Health Plan al (855) 431-3495/TTY: 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

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.



IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in **Ochsner Health Plan**.
- By joining this Medicare Advantage Plan, I acknowledge that **Ochsner Health Plan** 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.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- 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 when my **Ochsner Health Plan** coverage begins, I must get all of my medical and prescription drug benefits from **Ochsner Health Plan**. Benefits and services provided by **Ochsner Health Plan** and contained in my **Ochsner Health Plan** “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor **Ochsner Health Plan** 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:	Today's date:
If you're the authorized representative, sign above and fill out these fields:	
Name:	Address:
Phone number:	Relationship to enrollee:



Section 2 - All fields on this page optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, another Hispanic, Latino/a, or Spanish origin
- Yes, Cuban
- I choose not to answer.**

What's your race? Select all that apply.

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- I choose not to answer.**

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

- Braille
- Large print
- Audio CD

Please contact **Ochsner Health Plan** at (855) 431-3495 if you need information in an accessible format or language other than what is listed above. Our office hours are 8 a.m. to 8 p.m. seven days a week from October 1st to March 31st and 8 a.m. to 8 p.m. Monday through Friday April 1st to September 30th. TTY users should call 711.

Do you work? Yes No

Does your spouse work? Yes No

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

Are you a current patient of this Primary Care Physician (PCP)? Yes No

E-mail address:



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.

Agent Information	
Name of agent/broker if assisted in enrollment:	_____
NPN Number:	_____
Effective Date of Coverage:	_____ Date Application Received by Agent: _____
ICEP/IEP:	_____ AEP: _____ SEP (type): _____ Not Eligible: _____



ATTESTATION OF ELIGIBILITY FOR AN ENROLLMENT PERIOD

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 I haven't had a change.



I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date)

_____.

I recently left a PACE program on (insert date) _____.

I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.

I am leaving employer or union coverage on (insert date) _____.

I belong to a pharmacy assistance program provided by my state.

My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.

I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)

_____.

I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state, or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact, please contact **Ochsner Health Plan** at (855) 431-3495. (TTY users should call 711) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m. seven days a week from October 1st to March 31st and 8 a.m. to 8 p.m. Monday through Friday April 1st to September 30th.



IMPORTANT INFORMATION:

2024 Medicare Star Ratings



Ochsner Health Plan - H9763

For 2024, Ochsner Health Plan - H9763 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
Health Services Rating: ★★★★★☆
Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Ochsner Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 855-431-3377 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 833-674-2112 (toll-free) or 711 (TTY).



**1450 Poydras St., Suite 110
New Orleans, LA 70112
1-833-674-2112 Member Services
www.ochsnerhealthplan.com**

For more information or to get help enrolling, please call:

1-855-431-3544 (TTY: 711)

**Hours are 8:00 a.m. to 8:00 p.m. seven days a week
from October 1st to March 31st and 8:00 a.m. to 8:00 p.m.
Monday through Friday, April 1st to September 30th.**



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