



CHAMPION
HEALTH PLAN



Enrollment Book *2024*

Plan 001

Champion Advantage

Plan 002

Champion Connect

Plan 003

Champion Select

For Fresno, Los Angeles, Madera, Orange, Riverside, San Bernardino
and San Diego Counties

Which Plan is *Right for You?*

There are three different health insurance benefit plans inside this book.

Champion Advantage

A Medicare Advantage Prescription Drug (MAPD) HMO Chronic Special Needs (C-SNP) best suited for individuals with end stage renal disease who qualify for Medicare but who do not qualify for Medicaid¹.

Champion Connect

A Medicare Advantage Prescription Drug (MAPD) HMO Chronic Special Needs (C-SNP) best suited for individuals with end stage renal disease Who qualify for Medicare and Medicaid¹.

Champion Select

A Medicare Advantage Prescription Drug (MAPD) HMO Chronic Special Needs (C-SNP) best suited for individuals with end stage renal disease who do not qualify for Medicaid¹ but do qualify for Medicare and Extra Help for Prescription Drugs also known as Low Income Subsidy (LIS).

¹ In California, the Medicaid Program is referred to as Medi-Cal.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their 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 you want the agent to discuss.

Medicare Advantage Plans (Part C)

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with end stage renal disease. Examples of the specific groups served include people who have Medicare or Medicare and Medicaid, or receive extra help for paying for prescription drugs.

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. They do not work directly for the Federal Government. This individual may also be paid based on your enrollment in a plan.

Signing this form 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 and Signature Date:

Signature:

Signature Date:

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

Representative's Name:

Your Relationship to the Beneficiary:

To be completed by Agent:

Agent Name:

Agent Phone:

Beneficiary Name:

Beneficiary Phone:

Beneficiary Address: *(optional)*

Initial Method of Contact:

(Indicate here if candidate was a walk-in)

Agent Signature:

Date Appt. Completed:

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Summary of *Benefits*

Champion Health Plan
(HMO C-SNP) H6170-001, H6170-002, H6170-003

For Fresno, Los Angeles, Madera, Orange, Riverside,
San Bernardino and San Diego counties

2024 Summary of Benefits

Champion Health Plan H6170-001, H6170-002, H6170-003

January 1, 2024 - December 31, 2024

Champion Health Plan is a Medicare Advantage HMO C-SNP with a Medicare contract. Enrollment in Champion Health Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you can expect to pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services, we cover, please access the "Evidence of Coverage" booklet at www.championhmo.com.

To join **Champion Advantage H6170-001 (HMO C-SNP), Champion Connect H6170-002 (HMO C-SNP), or Champion Select (HMO C-SNP) H6170-003**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area live in our service area, and have ESRD requiring dialysis (any mode of dialysis). Our service area includes the following counties in California: Fresno, Los Angeles, Madera, Orange, Riverside, San Bernardino and San Diego.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View online at www.medicare.gov or receive a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week, including some federal holidays. TTY users should call 1-877-486-2048. This document is available in other formats such as Braille, large print or audio.

For more information, please call us toll free 1-800-885-8000 from October 1 - March 31, 7 days a week from 8 am to 8 pm pacific standard time (PST) and from April 1 - September 30, Monday through Friday from 8 am to 8 pm PST. You can also visit us at www.championhmo.com.

Plan Details	Champion Advantage	Champion Connect	Champion Select
Monthly Premium	\$0	\$41	\$41
Annual Plan Deductible	No Deductible	No Deductible	No Deductible
Annual Maximum Out of Pocket (MOOP)	\$5,495	\$8,300	\$4,495

Plan Details	Champion Advantage	Champion Connect	Champion Select
Inpatient Hospital	<p>\$0 Copay</p> <p>Services may require authorization and a referral.</p>	<p>20% of the Cost of Part B provider services</p> <p>\$1,600* deductible per benefit period</p> <p>\$0* for days 1 through 60</p> <p>\$400* copay per day for days 61 through 90</p> <p>\$800* copay per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime)</p> <p>100% of all costs beyond the lifetime reserve days</p> <p>*These are 2023 cost-sharing amounts and may change for 2024. Champion Health Plan will provide updated rates as soon as they are released.</p> <p>Services may require authorization and a referral.</p>	<p>\$0 Copay</p> <p>Services may require authorization and a referral.</p>
Outpatient Hospital and Ambulatory Surgery Centers (ASC)	<p>\$100 Copay for outpatient hospital services</p> <p>\$0 Copay for surgery in an Ambulatory Surgery Center</p> <p>\$0 Copay for outpatient hospital observation</p> <p>Services may require authorization and a referral.</p>	<p>20% of the Cost</p> <p>Services may require authorization and a referral.</p>	<p>\$100 Copay for outpatient hospital services</p> <p>\$0 Copay for surgery in an Ambulatory Surgery Center</p> <p>\$0 Copay for outpatient hospital observation</p> <p>Services may require authorization and a referral.</p>

Plan Details	Champion Advantage	Champion Connect	Champion Select
Primary Care Providers	\$0 Copay	\$0 Copay	\$0 Copay
Specialists	\$0 Copay Authorization may be required for all services except nephrology.	\$0 Copay Authorization may be required for all services except nephrology.	\$0 Copay Authorization may be required for all services except nephrology.
Preventive Services (Medicare Covered Screenings)	\$0 Copay	\$0 Copay	\$0 Copay
Emergency Care (Hospital Emergency Department)	\$100 Copay Copay is waived if admitted to hospital within 24 hours for related health event	\$95 Copay Copay is waived if admitted to hospital within 24 hours for related health event	\$100 Copay Copay is waived if admitted to hospital within 24 hours for related health event
Urgent Care Services (Non-hospital Urgent Care Center)	\$0 Copay	\$0 Copay	\$0 Copay
Diagnostic Services/ Labs/Imaging <ul style="list-style-type: none"> Diagnostic tests and procedures X-Rays Lab Services Diagnostic radiology services (such as MRI, CT Scans) Therapeutic radiology services (such as radiation treatment for cancer) 	\$0 Copay Diagnostic tests and procedures and lab services may require authorization and a referral.	\$0 Copay for lab services and X-Rays 20% of the Cost for all other services Diagnostic tests and procedures and lab services may require authorization and a referral.	\$0 Copay Diagnostic tests and procedures and lab services may require authorization and a referral.
Hearing Services <ul style="list-style-type: none"> Medicare-covered services Routine hearing Exam Fitting/Evaluation for Hearing Aid Hearing Aid 	\$0 Copay for Medicare-covered services every year \$0 Copay for one routine exam and one fitting/evaluation for hearing aids every year \$149 Copay per hearing aid (all models) up to 2 aids every 3 years	\$0 Copay for Medicare-covered services every year \$0 Copay for one routine exam and one fitting/evaluation for hearing aids every year \$150 Copay per hearing aid (all models) up to 2 aids every 3 years	\$0 Copay for Medicare-covered services every year \$0 Copay for one routine exam and one fitting/evaluation for hearing aids every year \$150 Copay per hearing aid (all models) up to 2 aids every 3 years

Plan Details	Champion Advantage	Champion Connect	Champion Select
Dental Services	<p>\$0 Copay for Preventive Dental Services and Medicare-covered dental services</p> <p>20% to 40% of the Cost for Comprehensive Dental Services with a \$3,000 yearly benefit coverage limit</p> <p>\$3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined</p> <p>Comprehensive dental services may require authorization and a referral</p>	<p>\$0 Copay for Preventive Dental Services and Medicare-covered dental services</p> <p>20% to 40% of the Cost for Comprehensive Dental Services with a \$3,000 yearly benefit coverage limit</p> <p>\$3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined</p> <p>Comprehensive dental services may require authorization and a referral</p>	<p>\$0 Copay for Preventive Dental Services and Medicare-covered dental services</p> <p>20% to 40% of the Cost for Comprehensive Dental Services with a \$3,000 yearly benefit coverage limit</p> <p>\$3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined</p> <p>Comprehensive dental services may require authorization and a referral</p>
Vision Services <ul style="list-style-type: none"> • Medicare covered eye exam • Medicare covered frames and lenses or contacts • Routine eye exam • Frames and lenses, or contacts 	<p>\$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p> <p>\$0 Copay for (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery</p> <p>\$0 Copay for (1) routine eye exam, refraction up to (1) per year</p> <p>\$335 Allowance for frames and lenses and upgrades every year</p>	<p>\$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p> <p>\$0 Copay for (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery</p> <p>\$0 Copay for (1) routine eye exam, refraction up to (1) per year</p> <p>\$500 Allowance for frames and lenses and upgrades every year</p>	<p>\$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p> <p>\$0 Copay for (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery</p> <p>\$0 Copay for (1) routine eye exam, refraction up to (1) per year</p> <p>\$335 Allowance for frames and lenses and upgrades every year</p>

Plan Details	Champion Advantage	Champion Connect	Champion Select
Mental Health Inpatient	\$100 Copay for days 1-10 \$0 Copay for days 11-60 \$329 Copay for days 61-90 Services may require authorization and a referral.	20% of the Cost of Part B provider services \$1,600* deductible per benefit period \$0* for days 1 through 60 \$400* copay per day for days 61 through 90 \$800* copay per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime) 100% of all costs beyond the lifetime reserve days *These are 2023 cost-sharing amounts and may change for 2024. Champion Health Plan will provide updated rates as soon as they are released. Services may require authorization and a referral.	\$100 Copay for days 1-10 \$0 Copay for days 11-60 \$329 Copay for days 61-90 Services may require authorization and a referral.
Mental Health Outpatient (Medicare-covered individual and group sessions)	\$0 Copay Services may require authorization and a referral.	\$0 Copay Services may require authorization and a referral.	\$0 Copay Services may require authorization and a referral.
Skilled Nursing Facility	\$0 Copay for days 1-100 Services may require authorization and a referral.	\$0 Copay for days 1-100 Services may require authorization and a referral.	\$0 Copay for days 1-20 \$196 Copay per day for days 21-100 Services may require authorization and a referral.
Outpatient Rehabilitation <ul style="list-style-type: none"> • Physical Therapy • Speech Therapy • Occupational Therapy 	\$0 Copay Services may require authorization and a referral.	\$0 Copay Services may require authorization and a referral.	\$0 Copay Services may require authorization and a referral.

Plan Details	Champion Advantage	Champion Connect	Champion Select
Ambulance Services	<p>0% or 20% of the Cost for Medicare-covered air ambulance services</p> <p>\$0 or \$125 of the Cost for Medicare-covered ground ambulance services</p> <p>Minimum cost share applies to non-emergency air and ground ambulance transport</p> <p>Authorization may be required for non-emergency services.</p>	<p>20% of the Cost</p> <p>Authorization may be required for non-emergency services.</p>	<p>0% or 20% of the Cost for Medicare-covered air ambulance services</p> <p>\$0 or \$125 of the Cost for Medicare-covered ground ambulance services</p> <p>Minimum cost share applies to non-emergency air and ground ambulance transport</p> <p>Authorization may be required for non-emergency services.</p>
Transportation	<p>\$0 Copay</p> <p>100 one-way plan-approved trips</p> <p>If transportation is not used and you are privately transported to dialysis service, the private driver is reimbursed at 0.60 per mile.</p>	<p>\$0 Copay</p> <p>Unlimited one-way plan-approved trips</p> <p>If transportation is not used and you are privately transported to dialysis service, the private driver is reimbursed at 0.60 per mile.</p>	<p>\$0 Copay</p> <p>100 one-way plan-approved trips</p> <p>If transportation is not used and you are privately transported to dialysis service, the private driver is reimbursed at 0.60 per mile.</p>
Medicare Part B Drugs	0% - 20% of the Cost	0% - 20% of the Cost	0% - 20% of the Cost
Dialysis	\$30 Copay	20% of the Cost	\$20 Copay
Dialysis Assistance Program <ul style="list-style-type: none"> Start Dialysis Treatment The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify. Respite Care Support for Home Dialysis 	<p>\$0 Copay Members receive a visit from a trained caregiver to perform fistula or graft cannulation and machine setup at the beginning of home hemodialysis treatments.</p> <p>\$0 Copay for up to 12 days per year of at-home dialysis administration to replace the primary caregiver assisting in home dialysis treatments.</p>	<p>\$0 Copay Members receive a visit from a trained caregiver to perform fistula or graft cannulation and machine setup at the beginning of home hemodialysis treatments.</p> <p>\$0 Copay for up to 12 days per year of at-home dialysis administration to replace the primary caregiver assisting in home dialysis treatments.</p>	<p>\$0 Copay Members receive a visit from a trained caregiver to perform fistula or graft cannulation and machine setup at the beginning of home hemodialysis treatments.</p> <p>\$0 Copay for up to 12 days per year of at-home dialysis administration to replace the primary caregiver assisting in home dialysis treatments.</p>

Plan Details	Champion Advantage	Champion Connect	Champion Select
DME	DME, Prosthetics, & Medical Supplies: \$0 for items \$100 or less 20% of the Cost for items over \$100 Services may require authorization.	20% of the Cost Services may require authorization.	DME, Prosthetics, & Medical Supplies: \$0 for items \$100 or less 20% of the Cost for items over \$100 Services may require authorization.
Over-The-Counter Items	\$90 Allowance every (3) three months \$0 Copay for weight scale and blood pressure cuff or members with diabetes, ESRD, cardiovascular disorders or chronic heart failure	\$200 Allowance every (3) three months \$0 Copay for weight scale and blood pressure cuff or members with diabetes, ESRD, cardiovascular disorders or chronic heart failure	\$50 Allowance every (6) six months \$0 Copay for weight scale and blood pressure cuff or members with diabetes, ESRD, cardiovascular disorders or chronic heart failure
Healthy Food Benefit	Not Covered	Members participating in the care management program will receive up to \$50 per month for produce/groceries. Services may require authorization.	Members participating in the care management program will receive up to \$50 per month for produce/groceries. Services may require authorization.
Acupuncture and Chiropractic (Medicare-covered services only)	\$0 Copay	\$0 Copay	\$0 Copay
Podiatry Services (Medicare-covered services only)	\$0 Copay Services may require authorization and a referral.	\$0 Copay Services may require authorization and a referral.	\$0 Copay Services may require authorization and a referral.
Hospice	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare
Personal Emergency Response System (PERS)	\$0 Copay	\$0 Copay	\$0 Copay

Prescription Drug Coverage

Plan Details	Champion Advantage		Champion Connect		Champion Select	
Part D Deductible	No Deductible	No Deductible	\$545 deductible (does not apply to Tier 1 and Tier 6)	\$545 deductible (does not apply to Tier 1 and Tier 6)	No Deductible	No Deductible
	Participating Retail Pharmacy	Mail Order	Participating Retail Pharmacy	Mail Order	Participating Retail Pharmacy	Mail Order
Initial Coverage	Up to a 30-day supply	100-day supply	Up to a 30-day supply	100-day supply	Up to a 30-day supply	100-day supply
Tier 1: Preferred Generic	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2: Generic	\$8 Copay	\$16 Copay	25% of the Cost	25% of the Cost	25% of the Cost	25% of the Cost
Tier 3: Preferred Brand	\$47 Copay	\$94 Copay	25% of the Cost	25% of the Cost	25% of the Cost	25% of the Cost
Tier 4: Non-Preferred Brand	\$100 Copay	\$200 Copay	25% of the Cost	25% of the Cost	25% of the Cost	25% of the Cost
Tier 5: Specialty Tier	33% of the Cost	A 100-day supply is not available in Tier 5	25% of the Cost	A 100-day supply is not available in Tier 5	25% of the Cost	A 100-day supply is not available in Tier 5
Tier 6: Select Care Drugs	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
	During this stage, you pay \$0 for drugs in Tier 1 and Tier 6 and 25% of the cost for generic drugs and brand name drugs (plus a portion of the dispensing fee) for drugs in Tier 2, Tier 3, Tier 4, and Tier 5.					
Catastrophic Coverage (after you or others on your behalf pay \$8,000)	During this stage, the plan pays the full cost for your covered Part D drugs.					
Important Message About What You Pay for Insulin	You won't pay more than \$20 for a one-month supply or \$60 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.		You won't pay more than \$20 for a one-month supply or \$60 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.		You won't pay more than \$20 for a one-month supply or \$60 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.	
Important Message About What You Pay for Vaccines	Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.		Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.		Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.	

Resources for *Additional Benefits*

Beyond Original Medicare



Vision

Get routine vision care including exams and glasses through EyeMed.



Dental

Coverage through Paramount Dental to keep you and your teeth healthy.



Transportation

Find out how to make the most of your transportation benefit.



Over-the-Counter

Choose from products in the over-the-counter catalog that were especially select by nephrologist to help you.



Healthy Foods

You are eligible for healthy food delivery with participation in a care management program.



Telehealth

Champion Health Plan lets you connect with a doctor 24/7; a great option for urgent care, connecting with specialists and more.



Hearing

Most plans offer hearing exams and hearing aids through TruHearing.



Personal Alert

A Personal Emergency Response System provides help at the push of a button.

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 1-800-885-8000, TTY 711.

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 championhmo.com/member/plan-documents or call 1-800-885-8000, TTY 711 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

- 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, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.

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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.
- Any month in which and individual meets the eligibility requirements for the ESRD C-SNP.

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.

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Individual Enrollment Request Form To Enroll In A Medicare Advantage Plan (Part C) Continued

What happens next?

Send your completed and signed form to:

Champion Health Plan

PO Box 15337

Long Beach, CA 90815-9995

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

How do I get help with this form?

Call Champion Health Plan at 1-800-885-8000. 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 Champion Health Plan al 1-800-885-8000. 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.

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.

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.

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

SELECT THE PLAN YOU WANT TO JOIN:

Champion Advantage (HMO C-SNP) 001

\$0 per month

Champion Connect (HMO C-SNP) 002

\$41 per month

Champion Select (HMO C-SNP) 003

\$41 per month

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FIRST Name **LAST Name** **M.I. (Optional)**

Birth Date (MM/DD/YYYY) / / **Sex** Male Female **Phone Number**

Permanent Residence Street Address (Don't enter PO Box) **County (Optional)**

City **State** **Zip Code**

Mailing Address if different from your Permanent Address (PO Box Allowed)

Street Address **City** **State** **Zip Code**

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Your Medicare Information

Medicare Number: _____ - _____ - _____

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Answer these important questions:

1) Will you have other prescription drug coverage (like VA, TRICARE) Yes No
in addition to Champion Health Plan?

Name Of Other Coverage

Member Number For This Coverage

Group Number For This Coverage

Enrollment in any of the plans listed above requires that you have certain chronic conditions.

Do you require Dialysis services? Yes No

Dialysis Center Name

Dialysis Center Address

Phone Number

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IMPORTANT: Read and sign below

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Champion Health Plan
- By joining this Medicare Advantage, I acknowledge that Champion 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).
- I understand that when my Champion Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Champion Health Plan. Benefits and services provided by Champion Health Plan and contained in my Champion Health Plan “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Champion Health Plan will pay for benefits or services that are not covered.
- 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 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.

Enrollee Signature

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

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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.

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

- | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> I choose not to answer. |

What's your race? Select all that apply.

- | | | |
|-----------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input type="checkbox"/> I choose not to answer. |

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 Champion Health Plan at 1-800-885-8000 if you need information in an accessible format other than what's listed above. Our office hours are 8 am to 8 pm, 7 days a week from October 1 - March 31 and 8 am to 8 pm, Monday through Friday from April 1 - September 30. TTY users can call 711.

Do you work? Yes No **Does your spouse work?** Yes No

List your Primary Care Physician (PCP)

Primary Treating Physician (Nephrologist)

FOLD - HOLD - TEAR

FOLD - HOLD - TEAR

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.

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

Evidence of Coverage (EOC)

Provider/Pharmacy Directory

Formulary

Email address: _____

PAYING YOUR PLAN PREMIUMS

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or 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. DON'T pay Champion Health Plan the Part D-IRMAA.

Office Use Only:

Name of staff member/broker (if assisted in enrollment): _____

Agent NPN: _____

Plan ID#: _____ Effective Date of Coverage: _____

AEP: _____ ICEP: _____ SEP (type): _____ Agent received date: _____

Licensed Sales Agent Signature (required): _____

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 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.

FOLD - HOLD - TEAR

FOLD - HOLD - TEAR

What To Expect *Next?*

You've submitted your Champion Health Plan Enrollment Form — so now what happens?



Enrollment Forms Received

Your enrollment is sent to Champion Health Plan by phone, mail, fax, agent, or via the internet. We will begin processing your application immediately.



Outbound Enrollment Verification (OEV) Letter

This letter is to confirm your enrollment into the Plan. It will have information like your Member ID number and Part D Prescription information.



Your Champion Health Plan Member ID Card

You will receive your Champion Health Plan Member ID in the mail. Make sure to place this card somewhere handy! You will need it when you visit your doctor, pharmacy, or hospital. Your Dental Plan card will be sent separately.



Welcome Packet

You will receive a package containing important information on how to get the most out of your Champion Health Plan coverage.



Welcome Call or Visit

A representative will call you to schedule some time to go over your Welcome Packet.



Help with Your Medicare Costs

You may qualify for federal financial assistance, “Extra Help”. Many people qualify even if they do not have low income. To apply for this financial assistance with your medication cost, call Social Security at 1-800-772-1213, TTY 1-800-325-0778 or apply online at [SSA.gov](https://www.SSA.gov).



Nondiscrimination Notice

Champion Health Plans-USA (Champion) and its subsidiaries, including Champion Health Plan of California, Inc.; Renal Payer Solutions, Inc.; Champion Payer Solutions, LLC. all comply with applicable federal civil rights laws. Champion Health Plan does not exclude individuals, deny benefits, or treat them differently on the basis of, or because of, race, color, national origin, age, disability, gender identity, or religion.

Champion Health Plan provides free aids and services to individuals with disabilities to assist them in communicating effectively with the health plan. Such services may include but are not limited to qualified sign language interpreters, and written information in various formats such as: large print, audio, accessible electronic formats, and others.

Champion Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services or believe that Champion Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender identity, contact **Champion Health Plan Member Services at:**

By Telephone: **Dial 1-800-885-8000**
By TTY: Dial "711"
By US Mail: **Champion Health Plan Grievance Department**
PO Box 15337
Long Beach, CA 90815-9995

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, or an appeal, Champion Health Plan Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

By Telephone: 1-800-368-1019 (TTY: 1-800-537-7697)
By Mail: U.S. Department of Health and Human Services,
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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 1-800-885-8000. Someone who speaks English/Language 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 1-800-885-8000. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我們提供免費的翻譯服務，幫助解答關於健康或藥物保險的任何疑問。如果需要此翻譯服務，請致電 1-800-885-8000。我們的中文工作人員很樂意提供幫助。這是一項免費服務。

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 1-800-885-8000。我們講中文的人員將樂意提供幫助。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-885-8000. 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 1-800-885-8000. 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 1-800-885-8000 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 1-800-885-8000. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-885-8000 번으로 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 1-800-885-8000. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: لودج وأةحصللابقلعتتقلئسأي أنع ةباجاللةيناجملا يروفلا مجرتملا تامدخ مدقن اننا 1-800-885-8000. ىلع انب لاصتالا ىوس كىل ع سىل، يروف مجرتم ىلع لوصحلل. انيدل ةيودألا ةيناجم ةمدخ هذه. كتدعاسمب ةيبرعلا شدحتي ام صخش موقيس.

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 1-800-885-8000 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 1-800-885-8000. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-800-885-8000. 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 1-800-885-8000. 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 1-800-885-8000. Ta usługa jest bezpłatna.

Japanese: 社の健康 健康保と品方プランにすること質問にお答えするために、無料の通サービスがあります。通をご用命になるには、1-800-885-8000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 Questions *Call Toll-Free*

1-800-885-8000, TTY 711

April 1 - September 30:
Monday - Friday 8 am - 8 pm

October 1 - March 31:
Monday - Sunday 8 am - 8 pm

www.championhmo.com