CHAMPION HEALTH PLAN

Enrollment Book *2025*

Champion Advantage Plan (HMO POS C-SNP) H6474-001
Champion Connect Plan (HMO POS C-SNP) H6474-002
Champion Select Plan (HMO POS C-SNP) H6474-003

For Carson City, Churchill, Clark and Washoe Counties

CHAMPION HEALTH PLAN

Which Plan is *Right for You?*

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

Champion Advantage (HMO POS C-SNP)
A Medicare Advantage Prescription Drug Health Maintenance Organization Point of Service Chronic Special Needs Plan (HMO POS C-SNP) best suited for individuals with end stage renal disease who qualify for Medicare but who do not qualify for Medicaid.

Champion Connect (HMO POS C-SNP)
A Medicare Advantage Prescription Drug Health Maintenance Organization Point of Service Chronic Special Needs Plan (HMO POS C-SNP) best suited for individuals with end stage renal disease who qualify for Medicare and Medicaid.

Champion Select (HMO POS C-SNP)
A Medicare Advantage Prescription Drug Health Maintenance Organization Point of Service Chronic Special Needs Plan (HMO POS C-SNP) best suited for individuals with end stage renal disease who do not qualify for Medicaid but do qualify for Medicare and Extra Help for Prescription Drugs also known as Low Income Subsidy (LIS).

CHAMPION HEALTH PLAN

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.

FOLD - HOLD - TEAR

Please initial below beside the type of product you want the agent to discuss. **Medicare Advantage Plans (Part C)**
☐ **Medicare Special Needs Point of Service Plan (SNP POS):** 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. The POS is a type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

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:	

FOLD - HOLD - TEAR

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:

FOLD - HOLD - TEAR

FOLD - HOLD - TEAR

CHAMPION HEALTH PLAN

Summary of *Benefits*

Champion Advantage Plan
(HMO POS C-SNP) H6474-001

For Carson City, Churchill, Clark, and Washoe Counties

H6474_SB001NV2025_M

2025 Summary of *Benefits*

CHAMPION HEALTH PLAN

Champion Health Plan
January 1, 2025 - December 31, 2025

A Medicare Advantage Prescription Drug Health Maintenance Organization Point of Service Chronic Special Needs Plan (HMO POS C-SNP) with a Medicare Contract.

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 **championhmo.com**.

To join **Champion Advantage (HMO POS C-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and have ESRD requiring dialysis (any mode of dialysis). Our service area includes the following counties in Nevada: Carson City, Churchill, Clark, and Washoe.

As a Point-of-Service (POS) plan, you can use providers outside of the plan's network but you may have an additional cost. If you use a out-of-network provider that is not participating in Medicare, neither Medicare nor Champion Advantage (HMO POS C-SNP) will pay for those services. Make sure your provider participates in Medicare.

For coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View online at **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 **championhmo.com**.

Champion Advantage Plan (HMO POS C-SNP) H6474-001

Plan Details	In-Network	Out-of-Network
Monthly Premium	$0	$0
Annual Plan Deductible	No deductible	No deductible
Annual Maximum Out of Pocket (MOOP)	$499	$499

Champion Advantage Plan (HMO POS C-SNP) H6474-001

Plan Details	In-Network	Out-of-Network
Inpatient Hospital	$0 Copay Services may require authorization and a referral.	Not covered
Outpatient Hospital and Ambulatory Surgery Centers (ASC)	$100 Copay per visit outpatient hospital services $0 Copay for surgery in an ambulatory Surgery Center $0 Copay for outpatient hospital observation Services may require authorization and a referral.	$100 Copay per visit outpatient hospital services $0 Copay for surgery in an ambulatory Surgery Center $0 Copay for outpatient hospital observation Services may require authorization and a referral.
Primary Care Providers	$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.
Preventive Services (Medicare covered screenings)	$0 Copay	$0 Copay
Emergency Care (Hospital emergency department)	$140 Copay Copay is waived if admitted to hospital within 24 hours for related health event	$140 Copay Copay is waived if admitted to hospital within 24 hours for related health event
Worldwide Emergency Care	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Urgently Needed Care.	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Urgently Needed Care.
Urgent Care Services (Non-hospital urgent care center)	$0 Copay	$0 Copay
Worldwide Urgently Needed Care	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Emergency Care.	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Emergency Care.

Champion Advantage Plan (HMO POS C-SNP) H6474-001

Plan Details	In-Network	Out-of-Network
Diagnostic Services/Labs/ Imaging • 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 Diagnostic tests and procedures and lab services may require authorization and a referral.
Hearing Services		
• Medicare-covered services	$0 Copay for Medicare-covered services every year	$0 Copay for Medicare-covered services every year
• Routine hearing exam • Fitting/evaluation for hearing aid	$0 Copay for one routine exam and one fitting/evaluation for hearing aids every year	Not covered
• Hearing aid	$149 Copay per hearing aid (all models) up to 2 aids every 3 years	Not covered
Dental Services	$0 Copay for Preventive Dental Services and Medicare-covered dental services 20% to 40% of the cost for Comprehensive Dental Services $3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined Comprehensive Dental Services may require authorization and a referral	$0 Copay for Medicare-covered services 20% coinsurance for Preventive Dental Services 30% to 50% of the cost for Comprehensive Dental Services $3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined Comprehensive Dental Services may require authorization and a referral

Champion Advantage Plan (HMO POS C-SNP) H6474-001

Plan Details	In-Network	Out-of-Network
Vision Services		
• Medicare-covered eye exam	$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)
• Medicare-covered frames and lenses or contacts	$0 Copay for (1) pair of Medicare-covered eyewear (eyeglasses or contact lenses) after a cataract surgery	Not covered
• Routine eye exam	$0 Copay for (1) routine eye exam, refraction up to (1) per year	Not covered
• Frames and lenses, or contacts	$335 Allowance for frames and lenses and upgrades every year	Not covered
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.	Not covered
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.
Skilled Nursing Facility	$0 Copay for days 1-20 $214 Copay for days 21-100 Services may require authorization and a referral.	Not covered
Outpatient Rehabilitation		
• Physical therapy • Speech therapy • Occupational therapy	$0 Copay Services may require authorization and a referral.	$0 Copay Services may require authorization and a referral.

Champion Advantage Plan (HMO POS C-SNP) H6474-001

Plan Details	In-Network	Out-of-Network
Ambulance Services	0% or 20% of the Cost for Medicare-covered air ambulance services $0 or $125 of the cost for Medicare-covered ground ambulance services Minimum cost share applies to non-emergency air and ground ambulance transport Authorization may be required for non-emergency services.	0% or 20% of the Cost for Medicare-covered air ambulance services $0 or $125 of the cost for Medicare-covered ground ambulance services Minimum cost share applies to non-emergency air and ground ambulance transport Authorization may be required for non-emergency services.
Transportation	$0 Copay 100 one-way plan-approved trips If transportation is not used and you are privately transported to dialysis service, the private driver is reimbursed at 0.60 per mile.	Not covered
Medicare Part B Drugs	0% - 20% of the cost	0% - 20% of the cost
Dialysis	$0 Copay	$0 Copay You are eligible for reimbursement at 80% of the Medicare rate up to a maximum allowance of $25,000 per year for dialysis services received in Mexico.
Dialysis Assistance Program		
• Venipuncture for Home Dialysis Treatments. The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.	$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	$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
• Support for Caregivers	$0 Copay for up to 12 days per year of at-home dialysis treatments or 12, 4-hour respite care periods of coverage per year	$0 Copay for up to 12 days per year of at-home dialysis treatments or 12, 4-hour respite care periods of coverage per year

Champion Advantage Plan (HMO POS C-SNP) H6474-001

Plan Details	In-Network	Out-of-Network
DME	DME, prosthetics, and medical supplies: $0 for items $100 or less 20% of the cost for items over $100 Services may require authorization.	DME, prosthetics, and medical supplies: $0 for items $100 or less 20% of the cost for items over $100 Services may require authorization.
Over-The-Counter Items and Healthy Foods	$300 Allowance every (3) three months $0 Copay for weight scale and blood pressure cuff for members with diabetes, ESRD, cardiovascular disorders or chronic heart failure	Not covered
Acupuncture and Chiropractic (Medicare-covered services only)	$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.
Hospice	Covered by Original Medicare	Covered by Original Medicare
Personal Emergency Response System (PERS)	$0 Copay	Not covered
Fitness	$0 Copay You are reimbursed for up to $35 per month for gym memberships or fitness classes (such as yoga)	Not covered
Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)	$0 Copay You have access to a 24/7 specialized nephrology call center staffed by licensed nephrologists designed to assist members with ESRD-related issues that may require diagnosis and treatment, questions, concerns and other resources relating to their ESRD dialysis care	Not covered
Annual Physical Exam	$0 Copay for one (1) annual exam	Not covered
Home and Bathroom Safety Devices and Modifications	$0 Copay for the provision of a shower chair	Not covered
Health Education	$0 Copay for in-person or virtual interactive educational sessions with health professionals	Not covered

Champion Advantage Plan (HMO POS C-SNP) H6474-001

Prescription Drug Coverage		
Plan Details	**In-Network**	
Part D Deductible	No deductible	No deductible
	Participating Retail Pharmacy	**Mail Order**
Initial Coverage	Up to a 30-day supply	100-day supply
Tier 1: Preferred Generic	$0 Copay	$0 Copay
Tier 2: Generic	$3 Copay	$6 Copay
Tier 3: Preferred Brand	$47 Copay	$94 Copay
Tier 4: Non-Preferred Brand	$100 Copay	$200 Copay
Tier 5: Specialty Tier	33% of the cost	A 100-day supply is not available in Tier 5
Tier 6: Select Care Drugs	$0 Copay	$0 Copay
Catastrophic Coverage (after you or others on your behalf pay $2,000)	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.	
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.	

CHAMPION HEALTH PLAN

Summary of *Benefits*

Champion Connect Plan
(HMO POS C-SNP) H6474-002

For Carson City, Churchill, Clark and Washoe Counties

H6474_SB002NV2025_M

2025 Summary of *Benefits*

CHAMPION HEALTH PLAN

Champion Health Plan
January 1, 2025 - December 31, 2025

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Champion Connect Plan (HMO POS C-SNP) H6474-002

Plan Details	In-Network	Out-of-Network	Your cost with Medicare and Medicaid
Monthly Premium	$21.30	$21.30	$0 (with Extra Help)
Annual Plan Deductible	No Deductible	No Deductible	No Deductible
Annual Maximum Out of Pocket (MOOP)	$9,350	$9,350	$0

Champion Connect Plan (HMO POS C-SNP) H6474-002

Plan Details	In-Network	Out-of-Network	Your cost with Medicare and Medicaid
Inpatient Hospital	$1,752† deductible per Medicare-covered benefit period $0 Copay per benefit period $0 Copay per lifetime reserve days 1-60 Cost-sharing is charged per admission or stay. If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost sharing you would pay at a network hospital. Services may require authorization and a referral.	Not covered	$0 †if you have full Medicaid benefits, you may pay $0 for your Medicare-covered services Services may require authorization and a referral
Outpatient Hospital and Ambulatory Surgery Centers (ASC)	$125† Copay per Medicare-covered visit $0 Copay for ASC services Services may require authorization and a referral.	$125† Copay per Medicare-covered visit $0 Copay for ASC services Services may require authorization and a referral.	$0 Copay †if you have full Medicaid benefits, you may pay $0 for your Medicare-covered services Services may require authorization and a referral.
Primary Care Providers	$0 Copay	$0 Copay	$0 Copay
Specialists	$0 Copay 20%† Coinsurance for specialist visit in a facility Authorization may be required for all services except nephrology.	$0 Copay 20%† Coinsurance for specialist visit in a facility Authorization may be required for all services except nephrology.	$0 Copay †if you have full Medicaid benefits, you may pay $0 for your Medicare-covered services Authorization may be required for all services except nephrology.
Preventive Services (Medicare covered screenings)	$0 Copay	$0 Copay	$0 Copay

Champion Connect Plan (HMO POS C-SNP) H6474-002

Plan Details	In-Network	Out-of-Network	Your cost with Medicare and Medicaid
Emergency Care (Hospital emergency department)	$110† Copay Copay is waived if admitted to hospital within 24 hours for related health event	$110† Copay Copay is waived if admitted to hospital within 24 hours for related health event	$0 Copay Copay is waived if admitted to hospital within 24 hours for related health event †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services
Worldwide Emergency Care	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Urgently Needed Care.	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Urgently Needed Care.	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Urgently Needed Care.
Urgent Care Services (Non-hospital urgent care center)	$0 Copay	$0 Copay	$0 Copay
Worldwide Urgently Needed Care	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Emergency Care.	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Emergency Care.	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Emergency Care.
Diagnostic Services/ Labs/Imaging			
• Diagnostic tests and procedures • X-rays • Lab services	$0 Copay for lab services and X-rays 20%† of the cost for all other services	$0 Copay for lab services and X-rays 20%† of the cost for all other services	$0 Copay for lab services and X-rays $0 Copay for all other services †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services
• Diagnostic radiology services (such as MRI, CT scans) • Therapeutic radiology services (such as radiation treatment for cancer)	Diagnostic tests and procedures and lab services may require authorization and a referral.	Diagnostic tests and procedures and lab services may require authorization and a referral.	Diagnostic tests and procedures and lab services may require authorization and a referral.

Champion Connect Plan (HMO POS C-SNP) H6474-002

Plan Details	In-Network	Out-of-Network	Your cost with Medicare and Medicaid
Hearing Services			
• Medicare-covered services	$0 Copay for Medicare-covered services every year	$0 Copay for Medicare-covered services every year	$0 Copay for Medicare-covered services every year
• Routine hearing exam • Fitting/evaluation for hearing aid	$0 Copay for one routine exam and one fitting/evaluation for hearing aids every year	Not covered	$0 Copay for one routine exam and one fitting/evaluation for hearing aids every year
Hearing aid	$149 Copay per hearing aid (all models) up to 2 aids every 3 years	Not covered	$149 Copay per hearing aid (all models) up to 2 aids every 3 years
Dental Services	$0 for Medicare-covered and Preventive Dental Services 20% to 40% of the cost for Comprehensive Dental Services $3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined Comprehensive dental services may require authorization and a referral	$0 for Medicare-covered and Preventive Dental Services 20% of the cost for Preventive Dental Services 30% to 50% of the cost for Comprehensive Dental Services $3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined Comprehensive dental services may require authorization and a referral	$0 for Medicare-covered and Preventive Dental Services 20% to 40% of the cost for Comprehensive Dental Services $3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined Comprehensive dental services may require authorization and a referral

Champion Connect Plan (HMO POS C-SNP) H6474-002

Plan Details	In-Network	Out-of-Network	Your cost with Medicare and Medicaid
Vision Services			
• Medicare-covered eye exam	$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)
• Medicare-covered frames and lenses or contacts	$0 Copay for (1) pair of Medicare-covered eyewear (eyeglasses or contact lenses) after a cataract surgery	Not covered	$0 Copay for (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery
• Routine eye exam	$0 Copay for (1) routine eye exam, refraction up to (1) per year	Not covered	$0 Copay for (1) routine eye exam, refraction up to (1) per year
• Frames and lenses, or contacts	$500 Allowance for frames and lenses and upgrades every year	Not covered	$500 Allowance for frames and lenses and upgrades every year
Mental Health Inpatient	$1,712† deductible per Medicare-covered benefit period $0 Copay per benefit period Services may require authorization and a referral.	Not covered	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services 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 1-20 $214† Copay for days 21-100 Services may require authorization and a referral.	Not covered	$0 Copay for days 1-100 †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services Services may require authorization and a referral.

Champion Connect Plan (HMO POS C-SNP) H6474-002

Plan Details	In-Network	Out-of-Network	Your cost with Medicare and Medicaid
Outpatient Rehabilitation • 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.
Ambulance Services	$0 Copay for non-emergency ground ambulance transport 20%† of the cost for Medicare-covered ground and air ambulance services Authorization may be required for non-emergency services.	20%† of the cost for non-emergency ground ambulance transport and for Medicare-covered ground and air ambulance services Authorization may be required for non-emergency services.	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services Authorization may be required for non-emergency services.
Transportation	$0 Copay Unlimited one-way plan approved trips If transportation is not used and you are privately transported to dialysis service, the private driver is reimbursed at 0.60 per mile.	Not covered	$0 Copay If transportation is not used and you are privately transported to dialysis service, the private driver is reimbursed at 0.60 per mile.
Medicare Part B Drugs	0% - 20%† of the cost	0% - 20%† of the cost	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services
Dialysis	20%† of the cost	20%† of the cost	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services

Champion Connect Plan (HMO POS C-SNP) H6474-002

Plan Details	In-Network	Out-of-Network	Your cost with Medicare and Medicaid
Dialysis Assistance Program			
• Venipuncture for Home dialysis treatment The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.	$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.	$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.	$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.
• Support for Caregivers	$0 Copay for up to 12 days per year of at-home dialysis treatments or 12, 4-hour respite care periods of coverage per year.	$0 Copay for up to 12 days per year of at-home dialysis treatments or 12, 4-hour respite care periods of coverage per year.	$0 Copay for up to 12 days per year of at-home dialysis treatments or 12, 4-hour respite care periods of coverage per year.
DME	20%† of the cost Services may require authorization.	20%† of the cost Services may require authorization.	$0 Copay †If you have full Medicaid benefits, you may pay $0 for your Medicare-covered services Services may require authorization.
Over-The-Counter Items and Healthy Foods	$500 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	Not covered	$500 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
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.

Champion Connect Plan (HMO POS C-SNP) H6474-002

Plan Details	In-Network	Out-of-Network	Your cost with Medicare and Medicaid
Hospice	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare
Personal Emergency Response System (PERS)	$0 Copay	Not covered	
Fitness	$0 Copay You are reimbursed for up to $35 per month for gym memberships or fitness classes (such as yoga)	Not covered	
Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)	$0 Copay You have access to a 24/7 specialized nephrology call center staffed by licensed nephrologists designed to assist members with ESRD-related issues that may require diagnosis and treatment, questions, concerns and other resources relating to their ESRD dialysis care	Not covered	
Annual Physical Exam	$0 Copay for one (1) annual exam	Not covered	
Home and Bathroom Safety Devices and Modifications	$0 Copay for the provision of a shower chair	Not covered	
Health Education	$0 Copay for in-person or virtual interactive educational sessions with health professionals	Not covered	

Champion Connect Plan (HMO POS C-SNP) H6474-002

Prescription Drug Coverage				
Plan Details	**In-Network**		**Your cost with the Extra Help Program (for low-income subsidy)***	
Part D Deductible	$545 deductible (does not apply to Tier 1 and Tier 6)	$545 deductible (does not apply to Tier 1 and Tier 6)	$0 Copay	
	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
Tier 1: Preferred Generic	$0 Copay	$0 Copay	$0 Copay	
Tier 2: Generic	25% of the cost	25% of the cost	$0 Copay	
Tier 3: Preferred Brand	25% of the cost	25% of the cost	$0 or $4.80 or $12.15 Copay	
Tier 4: Non-Preferred Brand	25% of the cost	25% of the cost	Generics: $0 or $1.60 or $4.90 Copay Brands: $0 or $4.80 or $12.15 Copay	
Tier 5: Specialty Tier	25% of the cost	A 100-day supply is not available in Tier 5	Generics: $0 or $1.60 or $4.90 Copay Brands: $0 or $4.80 or $12.15 Copay	A 100-day supply is not available in Tier 5
Tier 6: Select Care Drugs	$0 Copay	$0 Copay	$0 Copay	
Catastrophic Coverage (after you or others on your behalf pay $2,000)	During this stage, the plan pays the full cost for your covered Part D drugs.			

Champion Connect Plan (HMO POS C-SNP) H6474-002

Prescription Drug Coverage		
Plan Details	**In-Network**	**Your cost with Medicare and Medicaid**
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, 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, even if you haven't paid your deductible.
Important message about what you pay for vaccines	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, even if you haven't paid your deductible. Call Member Services for more information.
*Extra Help Program	N/A	If you have Medicaid, you qualify for the Extra Help program that assists individuals with Part D cost shares, including deductibles. You may pay $0 for your Part D premium, deductible and no more than the low-income subsidy amounts for all of your Part D drugs.

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CHAMPION HEALTH PLAN

Summary of *Benefits*

Champion Select Plan
(HMO POS C-SNP) H6474-003

For Carson City, Churchill, Clark and Washoe Counties

H6474_SB003NV2025_M

2025 Summary of *Benefits*

CHAMPION HEALTH PLAN

Champion Health Plan
January 1, 2025 - December 31, 2025

A Medicare Advantage Prescription Drug Health Maintenance Organization Point of Service Chronic Special Needs Plan (HMO POS C-SNP) with a Medicare Contract.

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 **championhmo.com**.

To join **Champion Select (HMO POS C-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and have ESRD requiring dialysis (any mode of dialysis). Our service area includes the following counties in Nevada: Carson City, Churchill, Clark, and Washoe.

As a Point-of-Service (POS) plan, you can use providers outside of the plan's network but you may have an additional cost. If you use a out-of-network provider that is not participating in Medicare, neither Medicare nor Champion Advantage (HMO POS C-SNP) will pay for those services. Make sure your provider participates in Medicare.

For coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View online at **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 **championhmo.com**.

Champion Select Plan (HMO POS C-SNP) H6474-003

Plan Details	In-Network	Out-of-Network
Monthly Premium	$16.10	$16.10
Annual Plan Deductible	No Deductible	No Deductible
Annual Maximum Out of Pocket (MOOP)	$499	$499

Champion Select Plan (HMO POS C-SNP) H6474-003

Plan Details	In-Network	Out-of-Network
Inpatient Hospital	$0 Copay Services may require authorization and a referral.	Not covered
Outpatient Hospital and Ambulatory Surgery Centers (ASC)	$140 Copay per visit outpatient hospital services $0 Copay for surgery in an Ambulatory Surgery Center $0 Copay for outpatient hospital observation Services may require authorization and a referral.	$140 Copay per visit outpatient hospital services $0 Copay for surgery in an Ambulatory Surgery Center $0 Copay for outpatient hospital observation Services may require authorization and a referral.
Primary Care Providers	$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.
Preventive Services (Medicare covered screenings)	$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	$100 Copay Copay is waived if admitted to hospital within 24 hours for related health event
Worldwide Emergency Care	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Urgently Needed Care.	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Urgently Needed Care.
Urgent Care Services (Non-hospital urgent care center)	$0 Copay	$0 Copay
Worldwide Urgently Needed Care	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Emergency Care.	$0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan. Combined with Worldwide Emergency Care

Champion Select Plan (HMO POS C-SNP) H6474-003

Plan Details	In-Network	Out-of-Network
Diagnostic Services/Labs/ Imaging • 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 Diagnostic tests and procedures and lab services may require authorization and a referral.
Hearing Services • 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
Dental Services	$0 Copay for Preventive Dental Services and Medicare-covered dental services 20% to 40% of the cost for Comprehensive Dental Services $3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined Comprehensive dental services may require authorization and a referral	$0 Copay for Medicare-covered dental services 20% coinsurance for Preventive Dental Services 30% to 50% of the cost for Comprehensive Dental Services $3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined Comprehensive dental services may require authorization and a referral

Champion Select Plan (HMO POS C-SNP) H6474-003

Plan Details	In-Network	Out-of-Network
Vision Services		
• Medicare-covered eye exam	$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)
• Medicare-covered frames and lenses or contacts	$0 Copay for (1) pair of Medicare-covered eyewear (eyeglasses or contact lenses) after a cataract surgery	Not covered
• Routine eye exam	$0 Copay for (1) routine eye exam, refraction up to (1) per year	Not covered
• Frames and lenses, or contacts	$335 Allowance for frames and lenses and upgrades every year	Not covered
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.	Not covered
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.
Skilled Nursing Facility	$0 Copay for days 1-20 $196 Copay per day for days 21-100 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		
• Physical Therapy • Speech Therapy • Occupational Therapy	$0 Copay Services may require authorization and a referral.	$0 Copay Services may require authorization and a referral.

Champion Select Plan (HMO POS C-SNP) H6474-003

Plan Details	In-Network	Out-of-Network
Ambulance Services	0% or 20% of the cost for Medicare-covered air ambulance services $0 or $125 of the cost for Medicare-covered ground ambulance services Minimum cost share applies to non-emergency air and ground ambulance transport Authorization may be required for non-emergency services.	0% or 20% of the cost for Medicare-covered air ambulance services $0 or $125 of the cost for Medicare-covered ground ambulance services Minimum cost share applies to non-emergency air and ground ambulance transport Authorization may be required for non-emergency services.
Transportation	$0 Copay 100 one-way plan-approved trips If transportation is not used and you are privately transported to dialysis service, the private driver is reimbursed at 0.60 per mile.	Not covered
Medicare Part B Drugs	0% - 20% of the cost	0% - 20% of the cost
Dialysis	$0 Copay	$0 Copay You are eligible for reimbursement at 80% of the Medicare rate up to a maximum allowance of $25,000 per year for dialysis services received in Mexico.
Dialysis Assistance Program		
• Venipuncture for Home Dialysis Treatments. The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.	$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.	$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.
• Support for Caregivers	$0 Copay for up to 12 days per year of at-home dialysis treatments or 12, 4-hour respite care periods of coverage per year.	$0 Copay for up to 12 days per year of at-home dialysis treatments or 12, 4-hour respite care periods of coverage per year.

Champion Select Plan (HMO POS C-SNP) H6474-003

Plan Details	In-Network	Out-of-Network
DME	DME, prosthetics, and medical supplies: $0 for items $100 or less 20% of the cost for items over $100 Services may require authorization.	DME, prosthetics, and medical supplies: $0 for items $100 or less 20% of the cost for items over $100 Services may require authorization.
Over-The-Counter Items and Healthy Foods	$400 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	Not covered
Acupuncture and Chiropractic (Medicare-covered services only)	$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.
Hospice	Covered by Original Medicare	Covered by Original Medicare
Personal Emergency Response System (PERS)	$0 Copay	Not covered
Fitness	$0 Copay You are reimbursed for up to $35 per month for gym memberships or fitness classes (such as yoga)	Not covered
Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)	$0 Copay You have access to a 24/7 specialized nephrology call center staffed by licensed nephrologists designed to assist members with ESRD-related issues that may require diagnosis and treatment, questions, concerns and other resources relating to their ESRD dialysis care	
Annual Physical Exam	$0 Copay for one (1) annual exam	Not covered
Home and Bathroom Safety Devices and Modifications	$0 Copay for the provision of a shower chair	Not covered
Health Education	$0 Copay for in-person or virtual interactive educational sessions with health professionals	Not covered

Champion Select Plan (HMO POS C-SNP) H6474-003

Prescription Drug Coverage		
Plan Details	**In-Network**	
Part D Deductible	No deductible	No deductible
	Participating Retail Pharmacy	**Mail Order**
Initial Coverage	Up to a 30-day supply	100-day supply
Tier 1: Preferred Generic	$0 Copay	$0 Copay
Tier 2: Generic	25% of the cost If you receive assistance under the Extra Help Program*, your cost will be $0 or $1.60 or $4.90 Copay.	25% of the cost If you receive assistance under the Extra Help Program*, your cost will be $0 or $1.60 or $4.90 Copay.
Tier 3: Preferred Brand	25% of the cost If you receive assistance under the Extra Help Program*, your cost will be $0 or $4.80 or $12.15 Copay.	25% of the cost If you receive assistance under the Extra Help Program*, your cost will be $0 or $4.80 or $12.15 Copay.
Tier 4: Non-Preferred Brand	25% of the cost If you receive assistance under the Extra Help Program*, your cost will be: Generics: $0 or $1.60 or $4.90 Copay Brands: $0 or $4.80 or $12.15 Copay	25% of the cost If you receive assistance under the Extra Help Program*, your cost will be: Generics: $0 or $1.60 or $4.90 Copay Brands: $0 or $4.80 or $12.15 Copay
Tier 5: Specialty Tier	25% of the cost If you receive assistance under the Extra Help Program*, your cost will be: Generics: $0 or $1.60 or $4.90 Copay Brands: $0 or $4.80 or $12.15 Copay	A 100-day supply is not available in Tier 5
Tier 6: Select Care Drugs	$0 Copay	$0 Copay

Champion Select Plan (HMO POS C-SNP) H6474-003

Prescription Drug Coverage	
Plan Details	**In-Network**
Catastrophic Coverage (after you or others on your behalf pay $2,000)	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.
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.
*Extra Help Program	If you have Medicaid, you qualify for the Extra Help program that assists individuals with Part D cost shares, including deductibles. You may pay $0 for your Part D premium, deductible and no more than the low- income subsidy amounts for all of your Part D drugs.

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 selected by nephrologists to help you.

Healthy Foods
You are eligible for healthy foods 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.

CHAMPION
HEALTH PLAN

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.

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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, 2026.
- [ ] 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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OMB No. 0938-1378
Expires: 7/31/2024

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

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Who can use this form?
People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area.

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance).
- Medicare Part B (Medical Insurance).

When do I use this form?
You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1).
- Within 3 months of first getting Medicare.
- In certain situations where you're allowed to join or switch plans.
- Any month in which and individual meets the eligibility requirements for the ESRD C-SNP.

Visit Medicare.gov to learn more about when you can sign up for a plan.

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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

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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.

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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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.

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CHAMPION HEALTH PLAN

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 Select (HMO C-SNP) 003

☐ **$32 per month**

Champion Connect (HMO C-SNP) 002

☐ **$32 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) in addition to Champion Health Plan? ☐ Yes ☐ No

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.

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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.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Puerto Rican
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ 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 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)

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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.

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

☐ Evidence of Coverage (EOC) ☐ Provider/Pharmacy Directory ☐ Formulary

Email address: _____

_____

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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):_____

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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.

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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.

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, sexual orientation, 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┌提供免┌的翻┌服┌，┌助┌解答┌于健康或┌物保┌的任何疑┌。如果┌需要此翻┌服┌，┌致┌1-800-885-8000。我┌的中文工作人┌很┌意┌助┌。┌是一┌免┌服┌。

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 panggamot. 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 quí vị cần thông dịch viên xin gọi 1-800-885-8000 sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لديناً. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-885-8000.** سيقوم شخص ما يتحدث العربية بمساعدتك. هذه 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 1-800-885-8000 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.

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 1-800-885-8000. 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┌するご質問にお答えするため に、無料の通┌サ┌ビスがありますございます。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┌ビスです。

Notes

CHAMPION HEALTH PLAN

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

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championhmo.com