

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

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| <p><input type="checkbox"/> I am new to Medicare.</p> <p><input type="checkbox"/> I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)
_____.</p> <p><input type="checkbox"/> I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)
_____.</p> <p><input type="checkbox"/> I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.</p> <p><input type="checkbox"/> I get extra help paying for Medicare prescription drug coverage.</p> <p><input type="checkbox"/> I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date)
_____.</p> <p><input type="checkbox"/> I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/ will move into/out of the facility on (insert date)
_____.</p> | <p><input type="checkbox"/> I recently left a PACE program on (insert date)
_____.</p> <p><input type="checkbox"/> I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)
_____.</p> <p><input type="checkbox"/> I am leaving employer or union coverage on (insert date)
_____.</p> <p><input type="checkbox"/> I belong to a pharmacy assistance program provided by my state.</p> <p><input type="checkbox"/> My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.</p> <p><input type="checkbox"/> I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)
_____.</p> |
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If none of these statements applies to you or you're not sure, please contact Premier Health Advantage at 855-572-2157 (TTY users should call 855-250-5604) to see if you are eligible to enroll. We are open October 1 through February 14, from 8 a.m. to 8 p. m., seven days a week. From February 15 through September 30, you can call us from 8 a.m. to 8 p.m.

Premier Health Advantage (HMO) and Premier Health Advantage VIP (HMO SNP) have contracts with Medicare. Premier Health Advantage VIP also has a contract with the Ohio Medicaid program. Enrollment in Premier Health Advantage depends on contract renewal. Premier Health Advantage VIP is available to anyone who has both Medicaid from the State and Medicare.

