



**2026**

# Medicare Guide

Get to know West Virginia's  
ONLY doctor-built plan.

**Enrollment  
materials inside!**



**Brought to you by:**



# Hello, neighbor!

As fellow West Virginians, we want you to have the Medicare plan you deserve. A plan that's good for your health, lifestyle, and budget. Your friends and neighbors love Peak Health — now it's your turn.

Peak Advantage offers West Virginia's only doctor-built Medicare Advantage plans. Our **all-in-one plans start at \$0 a month** and cover everything that Medicare Part A and Part B cover, plus so much more.

And all of our plans include routine **dental, vision, and hearing** exams — plus extras like transportation assistance and telehealth visits.

The information in this guide is provided to help you understand your Medicare options and **choose the best Peak Advantage plan** to meet your needs.

The Medicare plan that's working for West Virginians is ready to work hard for you. We hope you'll join us.

If you have any questions or need help, please contact us.

Sincerely,



Amos Ross  
President  
Peak Health

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# **The doctors you trust made a Medicare plan you'll love**





## Discover a Medicare plan that's better for West Virginians like you.

Created in partnership with two of West Virginia's top health systems — **WVU Medicine** and **Valley Health** — Peak Advantage isn't like other Medicare plans, and that's a good thing.

Doctors from WVU Medicine and Valley Health helped design our plans and regularly make decisions about the care our members receive, which is something you won't find with other traditional insurance companies.

At Peak Health, we're more than just the name on a card. We're family and friends working to make health care in West Virginia better for all of our members.

### **What does this mean for you?**

- ✓ Less red tape
- ✓ Patient-centered care
- ✓ Local service and support
- ✓ Access to local providers you know and trust
- ✓ A better health care experience



# The Mountain State's only doctor-built Medicare plan

**Peak Advantage Medicare plans include big benefits like these, and more.**

- ✓ **\$0** copay for preventive services, screenings & support
- ✓ **\$0** copay for annual routine vision & hearing exams
- ✓ **\$0** copay (Tier 1) at preferred pharmacies
- ✓ **\$0** copay for Telehealth visits
- ✓ **\$0** copay for transportation assistance
- ✓ **Generous** Flexible spending card and Over-the-Counter (OTC) annual allowance

## **PLUS**

- ✓ Gym membership
- ✓ Hearing aid discounts
- ✓ Aging Well Program
- ✓ Worldwide urgent/emergency coverage
- ✓ And so much more!



Starting at

**\$0**

a month



## Have questions? Ready to enroll? Our local experts are here to help.

We're here to help you get the best Medicare coverage available to you. We'll confirm your eligibility, review your needs, and more. Call today to speak to a local expert.



**Call 1-877-478-3344 (TTY: 711)**

8 a.m. to 8 p.m., 7 days a week

Or visit <https://www.peakhealth.org/mapek3> to learn more

### **To enroll in a Peak Advantage Medicare plan, you must:**

- Have both Medicare Part A and Part B
- Live in the plan's service area (refer to county map at right)
- Be a U.S. citizen or lawfully present in the country
- Continue to pay your Medicare Part B premium

### **To confirm eligibility, call**

**1-877-478-3344 (TTY: 711)**

8 a.m. to 8 p.m., 7 days a week

# Understand your Medicare options

## ORIGINAL MEDICARE:

### Watch for the gaps.

Medicare **Part A** is hospital coverage and **Part B** is medical coverage. Together, Part A and Part B are called Original Medicare.

If you choose this option as your only insurance, you have to cover certain costs before Medicare pays anything.

**IMPORTANT!** Medicare only covers about 80% of your medical costs. **You could spend thousands in unexpected medical costs** because Original Medicare has no maximum annual out-of-pocket expense limit.

## MEDICARE SUPPLEMENT PLANS:

### Cover some gaps, but still leave holes.

Medicare Supplements cover some of the out-of-pocket costs that Original Medicare doesn't, like your Part A and Part B deductibles.

But these plans can have **high monthly premiums**, and they don't include essential benefits like prescription drug coverage. (You'd still need to enroll in Medicare Part D for drug coverage.)



Original Medicare and Medicare Supplement plans may NOT cover:

- ⊘ **PRESCRIPTION DRUGS**
- ⊘ **VISION**
- ⊘ **DENTAL**
- ⊘ **HEARING AIDS**



## **MEDICARE ADVANTAGE PLANS:**

# Get more with an all-in-one Peak Advantage Medicare plan.

Medicare Advantage plans (known as Medicare Part C), cover everything that Medicare Part A and Part B cover, and more. They have a maximum annual out-of-pocket health care expense limit so you won't face paying thousands in unexpected medical expenses.

### **Better Medicare starts with better benefits from Peak Advantage plans, including:**

- ✓ Prescription drugs
- ✓ Dental, vision, and hearing
- ✓ Flexible Spending Card
- ✓ Over-the-Counter (OTC) annual allowance
- ✓ And more

## **Your hometown doctor-built advantage**

Local doctors designed Peak Advantage Medicare plans so you get coverage that works harder for you. It's better Medicare, right in the Mountain State.

**Call 1-877-478-3344  
(TTY: 711)**

8 a.m. to 8 p.m., 7 days a week

Or visit <https://www.peakhealth.org/mapek3>  
to learn more

# Compare 2026 plans at a glance

All Peak Advantage Medicare plans were built by local doctors with years of experience caring for people with Medicare.

- ✓ You'll always have access to ALL providers in WVU Medicine — along with thousands more in our network.
- ✓ You're covered both in and out of network with either plan you choose.
- ✓ You don't need any referrals to see specialists.



**Need help choosing the plan that's best for you?**

**Call 1-877-478-3344 (TTY: 711)**

8 a.m. to 8 p.m., 7 days a week

Or visit <https://www.peakhealth.org/mapek3> to learn more

Monthly plan premium

Maximum annual out-of-pocket health care expenses

## **HOSPITAL AND MEDICAL BENEFITS**

Inpatient Hospital (physical)

Primary Care Provider Visit

Specialist Visit

Occupational, Physical & Speech Therapy

Emergency Room/Urgent Care

Routine Foot Care

Outpatient Surgery

Outpatient Lab Work

X-rays

## **PRESCRIPTION DRUG BENEFITS**

Both plans include Part D prescription drug coverage

## **MORE GREAT BENEFITS**

Dental Benefit

Over-the-Counter (OTC) Annual Allowance

Flexible Spending Card



# Peak Advantage

MEDICARE PLANS

PEAK ADVANTAGE VISTA (PPO)	PEAK ADVANTAGE SUMMIT (PPO)
\$0	\$16
\$7,000	\$5,700
\$615 per stay	\$375 per stay
\$0 copay	\$0 copay
\$25 copay (\$35 OON)	\$20 copay (\$30 OON)
\$30 copay	\$20 copay
\$95/\$35 copay	\$90/\$30 copay
\$25 copay	\$20 copay
\$275 copay	\$250 copay
\$25 copay	\$20 copay
\$25 copay	\$20 copay
\$0 deductible \$0 copay (Tier 1) at preferred pharmacies	\$0 deductible \$0 copay (Tier 1) at preferred pharmacies
Up to \$3,000 annually \$0 copay for preventive services; 50% coinsurance for comprehensive services	Up to \$3,500 annually \$0 copay for preventive services; 50% coinsurance for comprehensive services
\$400 (\$100/quarter)	\$480 (\$120/quarter)
\$365 (prepaid debit card)	\$375 (prepaid debit card)



# Don't miss your opportunity to enroll

You can join a Peak Advantage Medicare plan at certain times, called enrollment periods.

COMMON MEDICARE ENROLLMENT PERIODS:	WHAT YOU CAN DO:	COVERAGE STARTS:
<p><b>Initial Enrollment Period</b></p> <ul style="list-style-type: none"> <li>• For those new to Medicare</li> <li>• Starts 3 months before you turn 65, ends 3 months after you turn 65</li> </ul>	<p>Join any Medicare plan</p>	<p>Depends on when you enroll</p>
<p><b>Annual Enrollment Period</b></p> <ul style="list-style-type: none"> <li>• For anyone who's on Medicare</li> <li>• From October 15 – December 7 every year</li> </ul>	<p>Join, drop, or switch Medicare plans</p>	<p>January 1 of the next year</p>
<p><b>Open Enrollment Period</b></p> <ul style="list-style-type: none"> <li>• For those who have a Medicare Advantage plan</li> <li>• From January 1 – March 31 and during the first 3 months of Medicare coverage</li> </ul>	<p>Switch Medicare Advantage plans or drop your Medicare Advantage plan for Original Medicare</p>	<p>First of the month after the plan receives your enrollment forms</p>
<p><b>Special Enrollment Period</b></p> <ul style="list-style-type: none"> <li>• For individuals who experience certain life events, like moving or losing coverage from their current health care plan</li> </ul>	<p>Generally, you can join or switch to a different Medicare plan</p>	<p>Generally, the first of the month after the plan receives your enrollment forms</p>



## Join your neighbors. Enroll in a Peak Advantage Medicare plan today.

We make enrollment easy! Choose the option below that works best for you. If you have questions or need help selecting a plan, we're right here to help.



### **Call 1-877-478-3344 (TTY: 711)**

8 a.m. to 8 p.m., 7 days a week to talk with a local Peak Advantage Medicare expert

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### **In-person assistance**

Call 1-877-478-3344(TTY: 711) to schedule an appointment with a licensed Medicare agent

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### **Online enrollment**

Scan the code now or visit <https://www.peakhealth.org/mapek3> and click on "Enroll Now"

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### **Use enclosed form**

Complete the form on pages 35-39 and mail to:

Peak Medicare Advantage  
1085 Van Voorhis Rd, Suite 300  
Morgantown, WV 26505





# Peak Advantage Vista (PPO)

## 2026 Summary of Benefits

Ready for better Medicare? Join the **\$0 premium plan** that's working harder for West Virginians.



## Premiums and Benefits

Services within this summary of benefits with a <sup>1</sup> may require prior authorization from our plan. Services with a <sup>2</sup> may require a referral from your doctor.

Peak Advantage Vista (PPO) (H8947-001-4)	
<b>Monthly Premium, Deductible and Limits</b>	
<b>Premiums</b> How much do I need to pay monthly?	Part C Premium: You pay \$0 per month Part D Premium: You pay \$0 per month You must continue to pay your Medicare Part B premium
<b>Deductible</b> How much do I need to pay before the plan pays?	This plan does not have a Part C deductible.
<b>Maximum Out-of-Pocket costs</b> What's the limit on how much I will pay for in-network or out-of-network services?	\$7,000 per year for services from in-network providers \$10,500 per year for in and out of network services combined
<b>Hospital</b>	
<b>Inpatient hospital coverage<sub>1</sub></b> How long will my plan cover? How much do I pay?	<b>In-Network:</b> <ul style="list-style-type: none"> <li>\$615 copay per hospital stay of up to 90 days</li> <li>\$800 copay for 60 Lifetime Reserve days</li> </ul> <b>Out-of-Network:</b> 35% of the total cost
<b>Outpatient hospital coverage<sub>1</sub></b>	<b>In-Network:</b> \$275 copay per stay for covered hospital services <b>Out-of-Network:</b> 35% of the total cost
<b>Ambulatory surgery center<sub>1</sub></b>	<b>In-Network:</b> \$225 copay per visit <b>Out-of-Network:</b> 35% of the total cost
<b>Doctor Visits and Preventive Care</b>	
<b>Doctor visits</b> Primary care  Specialists <sub>1</sub>	<b>In-Network:</b> \$0 copay for PCP visits <b>Out-of-Network:</b> 35% of the total cost  <b>In-Network:</b> \$25 copay for each specialist visit <b>Out-of-Network:</b> \$35 copay
<b>Preventive care</b>	<b>In-Network:</b> You pay \$0 <b>Out-of-Network:</b> 35% of the total cost

**Peak Advantage Vista (PPO) (H8947-001-4)**

**Emergency and Urgent Care**

**Emergency care**

You pay \$95 per visit. Your copay is waived if you are admitted to the hospital within 24 hours

**Urgently needed services**

You pay \$35 per visit

**Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs**

**Diagnostic services/labs/imaging<sub>1</sub>**

**In-Network:**

- \$0 copay for diagnostic tests and X-rays at your primary care provider’s office. \$25 copay if provided elsewhere
- \$0 copay for some diagnostic ultrasound, mammography, and diagnostic bone density imaging
- \$225 copay for all other Diagnostic Radiological Services (e.g., CT, MRI)

**Out-of-Network:** 35% of the total cost

**Hearing / Dental / Vision**

**Hearing services**

How much do I pay for Hearing Services or Hearing Aids?

**In-Network:**

- \$20 copay for Medicare-covered exams to diagnose and treat hearing and balance issues
- \$0 copay for routine hearing services

**Hearing aids:**

- \$399 copay for TruHearing Basic models
- \$599 copay for TruHearing Advanced models
- \$899 copay for TruHearing Premium models
- You pay 35% of the total cost for other hearing aids

The plan covers 1 hearing aid per ear each year

**Out-of-Network:** 35% of the total cost

**Dental services**

\$20 copay for Medicare-covered dental benefits

\$0 copay for routine dental services

**In or Out-of-Network:** 50% of the total cost for comprehensive dental services

The plan covers up to \$3,000 in dental services per year

Peak Advantage Vista (PPO) (H8947-001-4)	
<b>Vision services</b>	<p>The plan covers up to \$200 for eyeglasses, frames, lenses, or contacts every year in or out of network</p> <p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• \$20 copay for Medicare-covered vision services</li> <li>• \$0 copay for one routine eye exams</li> <li>• \$0 copay for: <ul style="list-style-type: none"> <li>◦ Eyeglasses per year (lenses and frames)</li> <li>◦ Contact lenses</li> </ul> </li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Mental Health Services</b>	
<b>Inpatient visits</b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• For days 1-3 there will be a \$425 copay per day</li> <li>• \$0 copay per day for days 4-90</li> <li>• \$800 copay for 60 Lifetime Reserve days</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Outpatient visits</b>	<p><b>In-Network:</b> \$40 copay for Medicare-covered individual or group therapy services</p> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Skilled Nursing Facility (SNF)</b>	
<b>Skilled Nursing Facility<sub>1</sub> (SNF)</b>	<p><b>In-Network:</b> We cover up to 100 days in a SNF per benefit period</p> <ul style="list-style-type: none"> <li>• \$0 per day for days 1-20</li> <li>• \$218 per day for days 21-100</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost.</p>

Peak Advantage Vista (PPO) (H8947-001-4)	
<b>Outpatient Rehabilitation Services</b>	
<b>Physical Therapy<sub>1</sub></b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for cardiac (heart) rehab services</li> <li>• \$30 copay for:               <ul style="list-style-type: none"> <li>◦ Occupational therapy</li> <li>◦ Physical therapy</li> <li>◦ Speech and language therapy</li> </ul> </li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Medical Transportation</b>	
<b>Ambulance<sub>1</sub></b>	<p><b>In-Network:</b> \$280 copay for each one-way trip by ground or air</p> <p><b>Out-of-Network:</b> 35% of the total cost</p> <p><b>Prior authorization required for non-emergency services</b></p>
<b>Transportation<sub>1</sub></b>	<p><b>In-Network:</b> \$0 copay for up to 24 one-way trips per year to plan-approved locations</p> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Medicare Part B Drugs</b>	
<b>Medicare Part B Drugs<sub>1</sub></b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• Medicare Part B Covered Drugs 20% of the total cost</li> <li>• Chemotherapy Drugs 20% of the total cost</li> </ul> <p><b>Out-of-Network:</b></p> <ul style="list-style-type: none"> <li>• 35% of the total cost</li> </ul> <p>You will not pay more than \$35 for one-month's supply of insulin.</p> <p>Some rebatable Part B drugs may be subject to a lower coinsurance.</p> <p>There may be a cost for the administration of a Part B drug in addition to the cost for the drug itself.</p>

## Part D Prescription Drugs

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost sharing tier it's on.

Peak Advantage Vista (PPO) (H8947-001-4)		
<b>Stage 1: Deductible</b>	No deductible (Your coverage begins on the effective date of your enrollment).	
<b>Stage 2: Initial coverage</b> You pay the following costs until your total yearly drug costs reach \$2,100		
Standard Retail	30-day supply	90-day supply
Tier 1: Preferred generic drugs	\$15	\$45
Tier 2: Generic drugs	\$20	\$60
Tier 3: Preferred brand drugs	\$47	\$141
Tier 4: Non-preferred drugs	\$100	\$300
Tier 5: Specialty drugs	33%	Retail supply not available for Tier 5
Mail Order	30-day supply	90-day supply
Tier 1: Preferred generic drugs	\$0	\$0
Tier 2: Generic drugs	\$4	\$12
Tier 3: Preferred brand drugs	\$42	\$126
Tier 4: Non-preferred drugs	\$95	\$285
Tier 5: Specialty drugs	Mail order supply not available for Tier 5	
Preferred Retail	30-day supply	90-day supply
Tier 1: Preferred generic drugs	\$0	\$0
Tier 2: Generic drugs	\$4	\$12
Tier 3: Preferred brand drugs	\$42	\$126
Tier 4: Non-preferred drugs	\$95	\$285
Tier 5: Specialty drugs	33%	Preferred Retail supply not available for Tier 5
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$2,100, you pay \$0	

**Additional Benefits**

Services within this summary of benefits with a <sup>1</sup> may require prior authorization from our plan. Services with a <sup>2</sup> may require a referral from your doctor.

Peak Advantage Vista (PPO) (H8947-001-4)	
Additional Benefits	
<b>Acupuncture<sub>1</sub></b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• 20% of the total cost for Medicare-covered services</li> <li>• \$25 copay per visit for up to 20 routine treatments per year</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost for up to 20 routine treatments per year</p>
<b>Chiropractic Care<sub>1</sub></b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• \$15 copay per Medicare-covered service (Spinal Manipulations)</li> <li>• \$25 copay for each routine visit</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Flexible Spending Debit Card</b>	\$365 per year to apply towards approved health-related expenses
<b>Wellness Programs</b>	You pay \$0 for fitness center memberships and classes at participating gyms
<b>Over-the-Counter (OTC)</b> Health and Wellness products	\$100 allowance every quarter for over-the-counter (OTC) health and wellness products, which are available through a mail order catalog service or in a retail setting. Unused allowance may not be carried over from one quarter to the next.
<b>Routine Foot Care<sub>1</sub></b>	<p><b>In-Network:</b> \$25 copay</p> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Worldwide Coverage for Emergency Care</b>	\$95 copay for Emergency care services received outside the U.S.

**Need to Know:**

The amount you pay for prescriptions may change depending on the pharmacy you choose and Part D benefit stage. For more information, please call us or visit [medicare.peakhealth.org](http://medicare.peakhealth.org) to find:

- The Provider & Pharmacy Directories
- The Formulary (list of covered drugs)
- The EOC - a complete list of benefits



# Peak Advantage Summit (PPO)

## 2026 Summary of Benefits

Join West Virginia's only doctor-built Medicare plan.  
You'll see why your neighbors love it and your doctors  
recommend it.

## Premiums and Benefits

Services within this summary of benefits with a <sup>1</sup> may require prior authorization from our plan. Services with a <sup>2</sup> may require a referral from your doctor.

Peak Advantage Summit (PPO) (H8947-002-4)	
<b>Monthly Premium, Deductible and Limits</b>	
<b>Premiums</b> How much do I need to pay monthly?	Part C Premium: You pay \$0 per month Part D Premium: You pay \$16 per month You must continue to pay your Medicare Part B premium
<b>Deductible</b> How much do I need to pay before the plan pays?	This plan does not have a Part C deductible.
<b>Maximum Out-of-Pocket costs</b> What's the limit on how much I will pay for in-network or out-of-network services?	\$5,700 per year for services from in-network providers \$9,000 per year for in and out of network services combined
<b>Hospital</b>	
<b>Inpatient hospital coverage<sub>1</sub></b> How long will my plan cover? How much do I pay?	<b>In-Network:</b> <ul style="list-style-type: none"> <li>\$375 copay per hospital stay of up to 90 days</li> <li>\$800 copay for 60 Lifetime Reserve days</li> </ul> <b>Out-of-Network:</b> 35% of the total cost
<b>Outpatient hospital coverage<sub>1</sub></b>	<b>In-Network:</b> \$250 copay per stay for covered hospital services <b>Out-of-Network:</b> 35% of the total cost
<b>Ambulatory surgery center<sub>1</sub></b>	<b>In-Network:</b> \$200 copay per visit <b>Out-of-Network:</b> 35% of the total cost
<b>Doctor Visits and Preventive Care</b>	
<b>Doctor visits</b> Primary care  Specialists <sub>1</sub>	<b>In-Network:</b> \$0 copay for PCP visits <b>Out-of-Network:</b> 35% of the total cost  <b>In-Network:</b> \$20 copay for each specialist visit <b>Out-of-Network:</b> \$30 copay
<b>Preventive care</b>	<b>In-Network:</b> You pay \$0 <b>Out-of-Network:</b> 35% of the total cost

## Peak Advantage Summit (PPO) (H8947-002-4)

## Emergency and Urgent Care

**Emergency care**

You pay \$90 per visit. Your copay is waived if you are admitted to the hospital within 24 hours

**Urgently needed services**

You pay \$30 per visit

## Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs

**Diagnostic services/labs/imaging<sub>1</sub>****In-Network:**

- \$0 copay for diagnostic tests, lab services, and X-rays at your primary care provider's office. \$20 copay if provided elsewhere
- \$0 copay for some diagnostic ultrasound, mammography, and diagnostic bone density imaging
- \$200 copay for all other Diagnostic Radiological Services (e.g., CT, MRI)

**Out-of-Network:** 35% of the total cost

## Hearing / Dental / Vision

**Hearing services**

How much do I pay for Hearing Services or Hearing Aids?

**In-Network:**

- \$20 copay for Medicare-covered exams to diagnose and treat hearing and balance issues
- \$0 copay for routine hearing services

**Hearing aids:**

- \$399 copay for TruHearing Basic models
- \$599 copay for TruHearing Advanced models
- \$899 copay for TruHearing Premium models
- You pay 35% of the total cost for other hearing aids

The plan covers 1 hearing aid per ear each year

**Out-of-Network:** 35% of the total cost

**Dental services**

\$20 copay for Medicare-covered dental benefits

\$0 copay for routine dental services

**In or Out-of-Network:** 50% of the total cost for comprehensive dental services

The plan covers up to \$3,500 in dental services per year

## Peak Advantage Summit (PPO) (H8947-002-4)

<b>Vision services</b>	<p>The plan covers up to \$200 for eyeglasses, frames, lenses, or contacts every year in or out of network</p> <p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• \$20 copay for Medicare-covered vision services</li> <li>• \$0 copay for one routine eye exams</li> <li>• \$0 copay for: <ul style="list-style-type: none"> <li>◦ Eyeglasses per year (lenses and frames)</li> <li>◦ Contact lenses</li> </ul> </li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Mental Health Services</b>	
<b>Inpatient visits</b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• For days 1-3 there will be a \$425 copay per day</li> <li>• \$0 copay per day for days 4-90</li> <li>• \$800 copay for 60 Lifetime Reserve days</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Outpatient visits</b>	<p><b>In-Network:</b> \$30 copay for Medicare-covered individual or group therapy services</p> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Skilled Nursing Facility (SNF)</b>	
<b>Skilled Nursing Facility<sub>1</sub> (SNF)</b>	<p><b>In-Network:</b> We cover up to 100 days in a SNF per benefit period</p> <ul style="list-style-type: none"> <li>• \$0 per day for days 1-20</li> <li>• \$218 per day for days 21-100</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost.</p>

Peak Advantage Summit (PPO) (H8947-002-4)

**Outpatient Rehabilitation Services**

**Physical Therapy<sub>1</sub>**

**In-Network:**

- \$0 copay for cardiac (heart) rehab services
- \$20 copay for:
  - Occupational therapy
  - Physical therapy
  - Speech and language therapy

**Out-of-Network:** 35% of the total cost

**Medical Transportation**

**Ambulance<sub>1</sub>**

**In-Network:** \$250 copay for each one-way trip by ground or air

**Out-of-Network:** 35% of the total cost

**Prior authorization required for non-emergency services**

**Transportation<sub>1</sub>**

**In-Network:** \$0 copay for up to 36 one-way trips per year to plan-approved locations

**Out-of-Network:** 35% of the total cost

**Medicare Part B Drugs**

**Medicare Part B Drugs<sub>1</sub>**

**In-Network:**

- Medicare Part B Covered Drugs  
20% of the total cost
- Chemotherapy Drugs  
20% of the total cost

**Out-of-Network:**

- 35% of the total cost

You will not pay more than \$35 for one-month's supply of insulin.

Some rebatable Part B drugs may be subject to a lower coinsurance.

There may be a cost for the administration of a Part B drug in addition to the cost for the drug itself.

**Part D Prescription Drugs**

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost sharing tier it's on.

<b>Peak Advantage Summit (PPO) (H8947-002-4)</b>		
<b>Stage 1: Deductible</b>	No deductible (Your coverage begins on the effective date of your enrollment).	
<b>Stage 2: Initial coverage</b> You pay the following costs until your total yearly drug costs reach \$2,100		
<b>Standard Retail</b>	<b>30-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred generic drugs	\$15	\$45
Tier 2: Generic drugs	\$20	\$60
Tier 3: Preferred brand drugs	\$47	\$141
Tier 4: Non-preferred drugs	\$100	\$300
Tier 5: Specialty drugs	33%	Retail supply not available for Tier 5
<b>Mail Order</b>	<b>30-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred generic drugs	\$0	\$0
Tier 2: Generic drugs	\$4	\$12
Tier 3: Preferred brand drugs	\$42	\$126
Tier 4: Non-preferred drugs	\$95	\$285
Tier 5: Specialty drugs	Mail order supply not available for Tier 5	
<b>Preferred Retail</b>	<b>30-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred generic drugs	\$0	\$0
Tier 2: Generic drugs	\$4	\$12
Tier 3: Preferred brand drugs	\$42	\$126
Tier 4: Non-preferred drugs	\$95	\$285
Tier 5: Specialty drugs	33%	Preferred Retail supply not available for Tier 5
<b>Catastrophic Coverage Stage</b>	Once your yearly out-of-pocket drug costs reach \$2,100, you pay \$0	

## Additional Benefits

Services within this summary of benefits with a <sup>1</sup> may require prior authorization from our plan. Services with a <sup>2</sup> may require a referral from your doctor.

Peak Advantage Summit (PPO) (H8947-002-4)	
Additional Benefits	
<b>Acupuncture<sub>1</sub></b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• 20% of the total cost for Medicare-covered services</li> <li>• \$20 copay per visit for up to 20 routine treatments per year</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost for up to 20 routine treatments per year</p>
<b>Chiropractic Care<sub>1</sub></b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• \$15 copay per Medicare-covered service (Spinal Manipulations)</li> <li>• \$20 copay for each routine visit</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Flexible Spending Debit Card</b>	\$375 per year to apply towards approved health-related expenses
<b>Wellness Programs</b>	You pay \$0 for fitness center memberships and classes at participating gyms
<b>Over-the-Counter (OTC)</b> Health and Wellness products	\$120 allowance every quarter for over-the-counter (OTC) health and wellness products, which are available through a mail order catalog service or in a retail setting. Unused allowance may not be carried over from one quarter to the next.
<b>Routine Foot Care<sub>1</sub></b>	<p><b>In-Network:</b> \$20 copay</p> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Worldwide Coverage for Emergency Care</b>	\$95 copay for Emergency care services received outside the U.S.

### Need to Know:

The amount you pay for prescriptions may change depending on the pharmacy you choose and Part D benefit stage. For more information, please call us or visit [medicare.peakhealth.org](https://www.medicare.peakhealth.org) to find:

- The Provider & Pharmacy Directories
- The Formulary (list of covered drugs)
- The EOC - a complete list of benefits

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## CONTACT US

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We are available for phone calls 10/1 - 3/31: 8 am - 8 pm EST, 7 days a week and 4/1 - 9/30: 8 am - 8 pm EST, Monday - Friday.

You can call us toll-free at **1-855-962-7325**. TTY users should call **711**.

This is a summary of what we cover. It doesn't list every service that we cover or list every limitation or exclusion. For a full list of covered services, check the Evidence of Coverage (EOC) at [medicare.peakhealth.org](http://medicare.peakhealth.org) or call us at the number above.

This document may be available in a non-English language. For additional information call us at the number above.

This document is available in other formats such as braille and large print.

Out-of-network/non-contracted providers are under no obligation to treat Peak Advantage Summit (PPO) plan members, except in emergency situations. Please call Member Services or see the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

To find out more about the coverage and costs of Original Medicare, look in the current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

Peak Advantage Summit (PPO) is a PPO with a Medicare contract. Enrollment in Peak Advantage Summit (PPO) depends on contract renewal. Peak Advantage Summit (PPO) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



## Pre-Enrollment Checklist

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Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at 1-855-962-7325.

### 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 [medicare.peakhealth.org](http://medicare.peakhealth.org) or call 1-855-962-7325 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

### Verify Your Eligibility

In order to join Peak Advantage Summit (PPO) you must:

- Have both Medicare Part A and B
- Be a U.S. citizen or lawfully present in the country
- Continue to pay your Medicare Part B premium
- Live in the West Virginia counties of Berkeley, Hampshire, Hardy, Jefferson, Morgan.

## Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face 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 mark beside the type of product(s) you want the agent to discuss.

<b>Medicare Advantage Prescription Drug Plans (Part C)</b>	
<input type="checkbox"/>	Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and includes Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher 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 or future enrollment, or automatically enroll you in a Medicare plan.

<b>Beneficiary or Authorized Representative Signature and Signature Date:</b>	
Signature:	Date:
<b>If you are the authorized representative, please sign above and print below:</b>	
Representative Name:	Your Relationship to the Beneficiary:

<b>To be completed by Agent:</b>	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent Signature:	Date Appointment Completed:
Plan(s) Represented During this Meeting:	
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	

We are not connected with or endorsed by the United States government or the federal Medicare program. We do not offer every plan available in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options. Scope of Appointment (SOA) documentation is subject to CMS record retention requirements. Peak Health Insurance Corporation is a PPO plan with a Medicare Contract. Enrollment in Peak Health Insurance depends on contract renewal.



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

## Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

### To join a plan, you must:

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

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

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

## When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

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

## What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

## Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

## What happens next?

Send your completed and signed form to:  
Peak Advantage  
1085 Van Voorhis Rd  
Suite 300  
Morgantown, WV 26505

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

## How do I get help with this form?

Call Peak Advantage at 1-855-962-7325. 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 Peak Advantage al 1-855-962-7325/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 8 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**

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

Select the plan you want to join:  Peak Advantage Vista PPO (WV and PA) - \$0 per month  
 Peak Advantage Summit PPO (WV) - \$16 per month  
 Peak Advantage Summit PPO (PA) - \$20 per month

FIRST name: \_\_\_\_\_ LAST name: \_\_\_\_\_ [Optional: Middle Initial]: \_\_\_\_\_

Birth date: (MM/DD/YYYY) \_\_\_\_\_ Sex: \_\_\_\_\_ Phone number: \_\_\_\_\_  
( / / )  Male  Female ( )

Permanent Residence street address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.): \_\_\_\_\_

City: \_\_\_\_\_ [Optional: County]: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing address, if different from your permanent address (PO Box allowed):  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Your Medicare information:**

**Medicare Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Answer these important questions:**

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Peak?  Yes  No

Name of other coverage: \_\_\_\_\_ Member number for this coverage: \_\_\_\_\_ Group number for this coverage \_\_\_\_\_

What is your preference for being contacted?  Phone  Email \_\_\_\_\_

**IMPORTANT: Read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Peak Advantage
- By joining this Medicare Advantage, I acknowledge that Peak Advantage 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 Peak Advantage coverage begins, I must get all of my medical and prescription drug benefits from Peak Advantage. Benefits and services provided by Peak Advantage and contained in my Peak Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Peak Advantage 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.

**Signature:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

If you're the authorized representative, sign above and fill out these fields:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to enrollee: \_\_\_\_\_

## Section 2 – All fields in this section 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.

- Authorization of Representative Form
- HIPAA Personal Representative Designation Form
- Member Claim Form
- Member Complaint and Appeal Form

E-mail address: \_\_\_\_\_

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

- Braille
- Large print
- Audio CD
- Data CD

Please contact Peak Advantage at 1-855-962-7325 if you need information in an accessible format other than what's listed above. Our office hours are 10/1-3/31 8am-8pm ET , 7 days a week.

4/1-9/30 Monday - Friday from 8am-8pm ET . TTY users can call 711.

Do you work?  Yes  No

Does your spouse work?  Yes  No

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

### Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by check/mail, automatic payments from your bank account, or by credit/debit 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. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare or the RRB. DON'T pay Peak Health the Part D-IRMAA.

Option A: Pay by check/mail, automatic payments from your bank account, or by credit/debit card  
Upon confirmation of enrollment, Peak Advantage will provide instructions on how to elect the preferred method of payment within this option. Instructions will also be included in the Evidence of Coverage (EOC).

Option B: Have your plan premium automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit  
Upon confirmation of enrollment, Peak Advantage will initiate this payment election on the enrollee's behalf. No further action is needed unless contacted by a Plan Representative.  
(The Social Security/RRB deduction may take two or more months to begin after Social Security or the RRB approves the deduction. Please pay any premium bills prior to your Social Security/Railroad Retirement Board deduction effective date. In most cases, if Social Security/the RRB accepts your request for automatic deduction, the first deduction from your Social Security/RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security/the RRB doesn't approve your request for automatic deduction, we'll send you a paper bill for your monthly premiums.)

You have the option to change your payment preference at any time by contacting Peak Advantage at 1-855-962-7325 if you need information in an accessible format other than what's listed above. Our office hours are 10/1-3/31 8am-8pm ET, 7 days a week. 4/1-9/30 Monday - Friday from 8am-8pm ET. TTY users can call 711.

## Section 3 – Attestation

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

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

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) \_\_\_\_\_
- I recently was released from incarceration. I was released on (insert date) \_\_\_\_\_
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) \_\_\_\_\_
- I recently obtained lawful presence status in the United States. I got this status on (date) \_\_\_\_\_
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) \_\_\_\_\_
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (date) \_\_\_\_\_
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on \_\_\_\_\_
- I recently left a PACE program on (insert date) \_\_\_\_\_
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) \_\_\_\_\_
- I am leaving employer or union coverage on (insert date) \_\_\_\_\_
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) \_\_\_\_\_
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) \_\_\_\_\_
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Peak Health at 1-855-962-7325 (TTY users should call 711) to see if you are eligible to enroll. We are open 8 AM – 8 PM ET 7 days a week 10/1/25 to 3/31/26 and 8 AM to 8 PM ET Monday – Friday 4/1/26 to 9/30/26.

### For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: \_\_\_\_\_ Relationship to enrollee: \_\_\_\_\_  
 Signature: \_\_\_\_\_ National Producer Number (Agents/Brokers only): \_\_\_\_\_

### Office Use Only

Name of staff member/agent/broker (if assisted in enrollment): \_\_\_\_\_

**Plan ID #: H8947-** \_\_\_\_\_ - \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

ICEP/IEP \_\_\_\_\_ AEP \_\_\_\_\_ SEP (type) \_\_\_\_\_ OEP \_\_\_\_\_

*Note to Agents: Paper applications must be sent to [PeakMedicareEnrollment@peakhealth.org](mailto:PeakMedicareEnrollment@peakhealth.org) within 48 hours. You will receive a confirmation email once received by the enrollment team. If you do not receive notice within 48 hours please email [medicare@peakhealth.org](mailto:medicare@peakhealth.org) for follow up.*

Date Application Received by Agent:

Producer NPN

Producer Phone Number:

Producer Email:

I helped the applicant by partially or completely filling out this application:  Yes  No

This app was written in the following setting:  In-Home  Tele-sales  Clinic  Marketing Event  Phone

Producing Agent Signature:

Date:

#### 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.

#### Need to Know:

The amount you pay for prescriptions may change depending on the pharmacy you choose and Part D benefit stage. For more information, please call us or visit [medicare.peakhealth.org](http://medicare.peakhealth.org) to find:

- The Provider & Pharmacy Directories
- The Formulary (list of covered drugs)
- The EOC - a complete list of benefits





## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English:** ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-962-7325 or speak to your provider.

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-962-7325 o hable con su proveedor.

**Chinese:** 注意：如果您使用[插入语言]，我们提供免费的语言协助服务。此外，我们还免费提供相应的辅助工具和服务，以无障碍格式提供信息。请致电 1-855-962-7325 或联系您的服务提供商。

**Arabic:** كما تتوفر وسائل مساعدة وخدمات إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تنبيه: عربية. أو تحدث إلى مقدم الخدمة". 1-855-962-7325 اتصل على الرقم مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-962-7325 hoặc trao đổi với người cung cấp dịch vụ của bạn.

**Korean:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-962-7325 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Japanese:** 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-962-7325 までお電話ください。または、ご利用の事業者にご相談ください

**Tagalog:** PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-962-7325 o makipag-usap sa iyong provider.

**Thai:** หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-855-962-7325 หรือปรึกษาผู้ให้บริการของคุณ

**Nepali:** सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-855-962-7325 मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

**Russian:** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-962-7325 или обратитесь к своему поставщику услуг.

**Italian:** ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-855-962-7325 o parla con il tuo fornitore

**Gujarati:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓકિઝવરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-962-7325 પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો

**Polish:** UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-855-962-7325 lub porozmawiaj ze swoim dostawcą

**French:** ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-962-7325 ou parlez à votre fournisseur.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen 1-855-962-7325 an oder sprechen Sie mit Ihrem Provider.

## Discrimination is Against the Law

Peak Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Peak Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Peak Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Service Phone Number on the front of you Member ID.

If you believe that Peak Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Peak Health  
ATTN: Appeals and Grievances Department  
1085 Van Voorhis Rd, Suite 300  
Morgantown, WV 26505

1.855.962.7325  
TTY Users Call: 711  
Fax: (304) 974-3191

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Service Phone Number on the front of you Member ID.

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>, or by mail or phone at:

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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**Call 1-877-478-3344 (TTY: 711)**

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