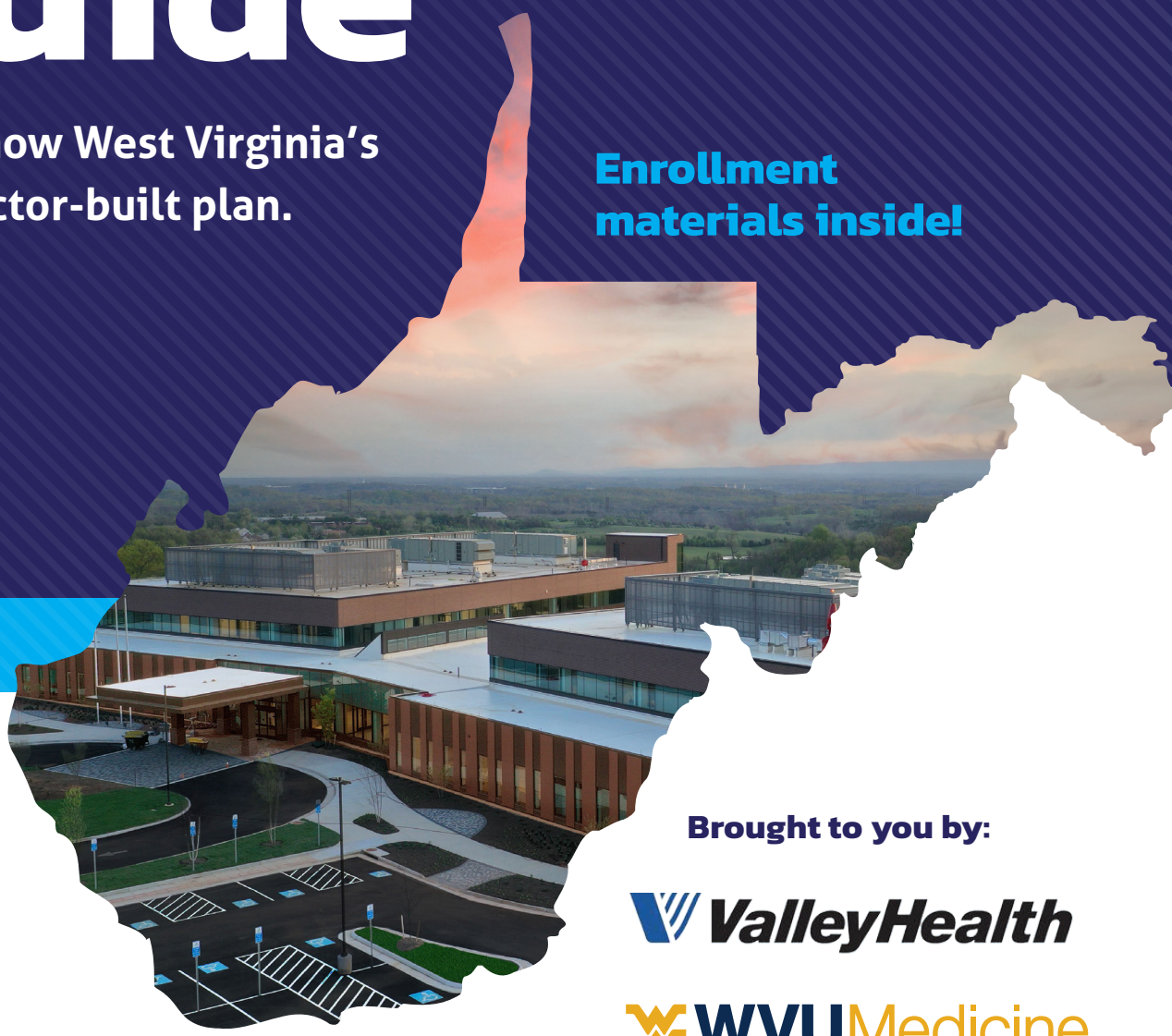
PeakAdvantage
MEDICARE PLANS

2027 Medicare Guide

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

Enrollment materials inside!



Brought to you by:

ValleyHealth

WVU Medicine

Peak Advantage
MEDICARE PLANS

Hello, neighbor!

We know how important it is to have a Medicare plan that fits your health needs, your lifestyle, and your budget. That's why we're proud to offer Medicare plans built by doctors with you in mind.

More and more of your friends and neighbors are choosing Peak Health, and it is easy to see why when you compare our plans with your other options. Our all-in-one Peak Advantage plans start at $0 per month and include everything covered by Medicare Part A and Part B, plus valuable extras designed to help you stay healthy and connected.

In addition to routine dental, vision, and hearing exams, our plans include benefits like transportation assistance and convenient telehealth visits. All supported by local teams who understand our communities, making it easier to get the care you need, when and where you need it.

We created this guide to help you better understand your Medicare options and find the Peak Advantage plan that's right for you. Thank you for taking the time to learn more about Peak Health. We look forward to the opportunity to serve you and support your health journey

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 three of West Virginia's top health systems — **WVU Medicine**, **Marshall Health Network,** and **Valley Health** — Peak Advantage isn't like other Medicare plans, and that's a good thing.

Doctors from WVU Medicine, Marshall Health Network, 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

Peak Advantage
MEDICARE PLANS

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!

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 1-800-230-1236 (TTY: 711)
8 a.m. to 8 p.m., 7 days a week
Or visit **peakhealth.org/madm23** 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
1-800-230-1236 (TTY: 711)
8 a.m. to 8 p.m., 7 days a week

Original Medicare

vs.

PeakAdvantage MEDICARE PLANS

Watch for the gaps.

Medicare Part A is hospital coverage, Medicare Part B is medical coverage, Part A + Part B = 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.

- **Prescription drugs**
- **Vision**
- **Dental**
- **Hearing aids**

Call 1-800-230-1236 (TTY:711)

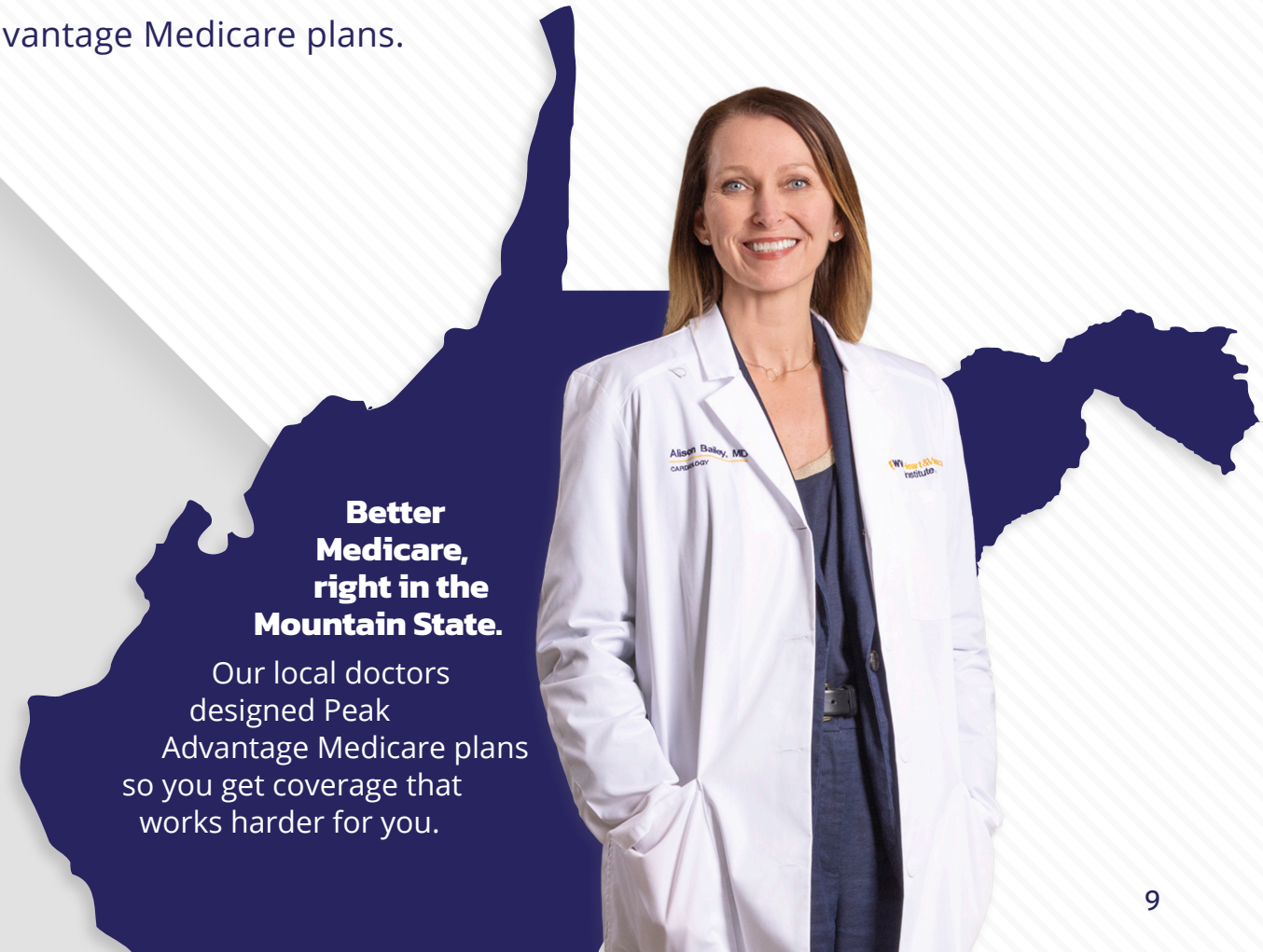
8 a.m. to 8 p.m., 7 days a week

Or visit peakhealth.org/madm23

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

Medicare Advantage plans 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 Medicare plans.

- **Prescription drugs**
- **Vision**
- **Dental**
- **Hearing aids**



Better Medicare, right in the Mountain State.

Our local doctors designed Peak Advantage Medicare plans so you get coverage that works harder for you.

Peak Advantage At A Glance

MEDICARE PLANS

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

- You'll always have access to ALLproviders in WVU Medicine, Marshall Health Network, and Valley Health — along with thousands more in our network.
- You don't need any referrals to see specialists.

Call 1-800-230-1236 (TTY:711)

8 a.m. to 8 p.m., 7 days a week
Or visit peakhealth.org/madm23.

2027 Plan Highlights	Peak Advantage VISTA (PPO) H8947_001_004	Peak Advantage SUMMIT (PPO) H8947_002_004
Monthly Plan Premium	**$0**	**$25**
Maximum Annual Out-of-Pocket Healthcare Expenses	**$7,500**	**$6,750**
HOSPITAL AND MEDICAL BENEFITS		
Inpatient Hospital	**$750**/per stay	**$495**/per stay
Primary Care Provider Visit	**$0** copay	**$0** copay
Specialist Visit	**$25** copay	**$20** copay
Emergency Room/Urgent Care	**$115/$40** copay	**$115/$40** copay
Outpatient Surgery	**$275** copay	**$250** copay
Outpatient Lab Work	**$25** copay	**$20** copay
X-rays	**$25** copay	**$20** copay
PRESCRIPTION DRUG BENEFITS		
Both Plans Include Part D Prescription Drug Coverage	**$0** deductible **$0** copay (Tier 1) at preferred pharmacies	**$0** deductible **$0**copay (Tier 1) at preferred pharmacies
MORE GREAT BENEFITS		
Dental Benefit	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
Over-the-Counter Allowance	**$220** (**$55**/quarter)	**$280** (**$70**/quarter)
Flexible Spending Card	**$400** (prepaid debit card)	**$450** (prepaid debit card)
Vision	**$200** annual allowance	**$200** annual allowance
Hearing	**$0** copay on exams $399, $599, $899 per aid	**$0** copay on exams $399, $599, $899 per aid
Transportation	**$0** copay for up to 24 trips	**$0** copay for up to 36 trips
Fitness Membership	**$0** (Expansive Nationwide Network)	**$0** (Expansive Nationwide Network)

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:
Initial Enrollment Period • For those new to Medicare • Starts 3 months before you turn 65, ends 3 months after you turn 65	Join any Medicare plan	Depends on when you enroll
Annual Enrollment Period • For anyone who's on Medicare • From October 15 – December 7 every year	Join, drop, or switch Medicare plans	January 1 of the next year
Open Enrollment Period • For those who have a Medicare Advantage plan • From January 1 – March 31 and during the first 3 months of Medicare coverage	Switch Medicare Advantage plans or drop your Medicare Advantage plan for Original Medicare	First of the month after the plan receives your enrollment forms
Special Enrollment Period • For individuals who experience certain life events, like moving or losing coverage from their current health care plan	Generally, you can join or switch to a different Medicare plan	Generally, the first of the month after the plan receives your enrollment forms

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 1-800-230-1236 (TTY: 711)

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

In-person assistance

Call 1-800-230-1236 (TTY: 711) to schedule an appointment with a licensed Medicare agent

Online enrollment

Scan the code now or visit **peakhealth.org/madm23** and click on "Enroll Now"

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

Notes:

Peak Advantage
MEDICARE PLANS

Peak Advantage Vista (PPO)

2027 Summary of Benefits

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

ValleyHealth

WVU Medicine

H8947.2027.04.0126_C

Premiums and Benefits

Services within this summary of benefits with a [1] may require prior authorization from our plan.
Services with a [2] may require a referral from your doctor.

Peak Advantage Vista (PPO) (H8947-001-004)	
Monthly Premium, Deductible and Limits	
Premiums How much do I need to pay monthly?	Monthly plan premium: $0 You must continue to pay your Medicare Part B premium
Deductible How much do I need to pay before the plan pays?	This plan does not have a Part C deductible.
Maximum Out-of-Pocket costs What's the limit on how much I will pay for in-network or out-of-network services?	$7,500 per year for services from in-network providers $10,900 per year for in and out of network services combined
Hospital	
Inpatient hospital coverage[1] How long will my plan cover? How much do I pay?	**In-Network:** • $750 copay per hospital stay of up to 90 days • $800 copay for 60 Lifetime Reserve days • $0 copay for 2 additional hospital days if you run out of Lifetime Reserve days **Out-of-Network:** 35% of the total cost
Outpatient hospital coverage[1] Outpatient surgery Observation services	**In-Network:** • $275 copay per stay for covered hospital services • $250 per stay for covered observation services **Out-of-Network:** 35% of the total cost
Ambulatory surgery center[1]	**In-Network:** $225 copay per visit **Out-of-Network:** 35% of the total cost
Doctor Visits and Preventive Care	
Doctor visits Primary care	**In-Network:** $0 copay for PCP visits **Out-of-Network:** 35% of the total cost
Specialists[1]	**In-Network:** $25 copay for each specialist visit **Out-of-Network:** $35 copay

Peak Advantage Vista (PPO) (H8947-001-004)	
Preventive care	**In-Network:** You pay $0 **Out-of-Network:** 35% of the total cost
Emergency and Urgent Care	
Emergency care	You pay $115 per visit. Your copay is waived if you are admitted to the hospital within 24 hours
Urgently needed services	You pay $40 per visit
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs	
Diagnostic services/labs/imaging[1] Diagnostic radiology services (e.g. MRI, CT, PET) Lab services Diagnostic tests and procedures Outpatient X-rays Therapeutic radiology	**In-Network:** $25 copay for the following services when performed or processed at any location other than the PCP's office (if sample is collected at PCP's office, and then sent to an offsite lab, a copay will apply): • Diagnostic tests and procedures, • Lab Services **In-Network:** $25 copay for the following services when performed at any location other than the PCP's office: • X-rays • Diagnostic ultrasound • Mammograms • Bone density imaging **In-Network:** $0 copay for the following services when performed and processed in a PCP's office (examples of lab and diagnostic tests performed and commonly billed from the PCP office are urine tests, rapid strep, finger stick test for hemoglobin (Iron), etc.): • Diagnostic tests and procedures • Lab Services **In-Network:** $0 copay for the following services when performed in a PCP's office: • X-rays • Diagnostic ultrasound

Peak Advantage Vista (PPO) (H8947-001-004)	
	• Mammograms • Bone density imaging **In-Network:** $225 copay for other diagnostic radiological service (ex. CT or MRI) $60 copay for Medicare-covered therapeutic radiological services. $0 copay for blood. **Out-of-Network:** 35% of the total cost. **Prior authorization may be required.**
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	**In-Network** $20 copay for Medicare-covered dental benefits **Out-of-Network:** 35% of the total cost for Medicare-covered dental benefits. **In or Out-of-Network:** $0 copay for routine dental services 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) (H8947-001-004)	

Vision services
Diagnostic exam
Eyewear after cataract surgery
Routine eye exam
Routine eyewear
	The plan covers up to $200 for eyeglasses, frames, lenses, or contacts every year in or out of network
	In-Network:
	• $20 copay for Medicare-covered vision services
	• $0 copay for one routine eye exams
	• $0 copay for:
	  ○ Eyeglasses per year (lenses and frames)
	  ○ Contact lenses
	Out-of-Network: 35% of the total cost

Mental Health Services	
Inpatient visits	**In-Network:** • For days 1-3 there will be a $425 copay per day • $0 copay per day for days 4-90 • $800 copay for 60 Lifetime Reserve days **Out-of-Network:** 35% of the total cost
Outpatient visits	**In-Network:** $40 copay for Medicare-covered individual or group therapy services **Out-of-Network:** 35% of the total cost

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 to find:

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

Peak Advantage Vista (PPO) (H8947-001-004)	
Skilled Nursing Facility (SNF)	
Skilled Nursing Facility[1] (SNF)	**In-Network:** We cover up to 100 days in a SNF per benefit period • $0 per day for days 1-20 • $218 per day for days 21-100 **Out-of-Network:** 35% of the total cost.
Outpatient Rehabilitation Services	
Physical Therapy[1] Speech and Language Therapy Occupational Therapy	**In-Network:** • $0 copay for cardiac (heart) rehab services • $20 copay for physical therapy, speech and language therapy • $30 copay for occupational therapy **Out-of-Network:** 35% of the total cost
Medical Transportation	
Ambulance[1]	**In-Network:** $280 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[1]	**In-Network:** $0 copay for up to 24 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[1] Chemotherapy drugs Other Part B drugs Insulin	**In-Network:** • 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.

Peak Advantage Vista (PPO) (H8947-001-004)		
Stage 1: Deductible	No deductible	
Stage 2: Initial coverage You pay the following costs until your total yearly drug costs reach $2,400		
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	25%	25%
Tier 4: Non-preferred drugs	25%	25%
Tier 5: Specialty drugs	33%	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	25%	25%
Tier 4: Non-preferred drugs	25%	25%
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	25%	25%
Tier 4: Non-preferred drugs	25%	25%
Tier 5: Specialty drugs	33%	Not available for Tier 5
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach $2,400, you pay $0	

Additional Benefits

Services within this summary of benefits with a [1] may require prior authorization from our plan. Services with a [2] may require a referral from your doctor.

Peak Advantage Vista (PPO) (H8947-001-004)	
Additional Benefits	
Acupuncture[1]	**In-Network:** • 20% of the total cost for Medicare-covered services • $25 copay per visit for up to 20 routine treatments per year **Out-of-Network:** 35% of the total cost for up to 20 routine treatments per year
Chiropractic Care[1]	**In-Network:** • $15 copay per Medicare-covered service (Spinal Manipulations) • $25 copay for each routine visit (10 visits per year) **Out-of-Network:** 35% of the total cost
Flexible Spending Debit Card	$400 per year to apply towards approved health-related expenses
Wellness Programs	You pay $0 for fitness center memberships and classes at participating gyms
Over-the-Counter (OTC) Health and Wellness products	$55 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.
Routine Foot Care[1]	**In-Network:** $25 copay (10 visits per year) **Out-of-Network:** 35% of the total cost
Worldwide Coverage for Emergency Care	$115 copay for Emergency care services received outside the U.S.

PeakAdvantage
MEDICARE PLANS

Peak Advantage Summit (PPO)

2027 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.

ValleyHealth

WVU Medicine

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Premiums and Benefits

Services within this summary of benefits with a [1] may require prior authorization from our plan.
Services with a [2] may require a referral from your doctor.

Peak Advantage Summit (PPO) (H8947-002-004)	
Monthly Premium, Deductible and Limits	
Premiums How much do I need to pay monthly?	Monthly plan premium: $25 You must continue to pay your Medicare Part B premium
Deductible How much do I need to pay before the plan pays?	This plan does not have a Part C deductible.
Maximum Out-of-Pocket costs What's the limit on how much I will pay for in-network or out-of-network services?	$6,750 per year for services from in-network providers $10,100 per year for in and out of network services combined
Hospital	
Inpatient hospital coverage[1] How long will my plan cover? How much do I pay?	**In-Network:** • $495 copay per hospital stay of up to 90 days • $800 copay for 60 Lifetime Reserve days • $0 copay for 2 additional hospital days if you run out of Lifetime Reserve days **Out-of-Network:** 35% of the total cost
Outpatient hospital coverage[1] Outpatient surgery Observation services	**In-Network:** • $250 copay per stay for covered hospital services • $250 per stay for covered observation services **Out-of-Network:** 35% of the total cost
Ambulatory surgery center[1]	**In-Network:** $200 copay per visit **Out-of-Network:** 35% of the total cost
Doctor Visits and Preventive Care	
Doctor visits Primary care	**In-Network:** $0 copay for PCP visits **Out-of-Network:** 35% of the total cost
Specialists[1]	**In-Network:** $20 copay for each specialist visit **Out-of-Network:** $30 copay

Peak Advantage Summit (PPO) (H8947-002-004)	
Preventive care	**In-Network:** You pay $0 **Out-of-Network:** 35% of the total cost
Emergency and Urgent Care	
Emergency care	You pay $115 per visit. Your copay is waived if you are admitted to the hospital within 24 hours
Urgently needed services	You pay $40 per visit
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs	
Diagnostic services/labs/imaging[1] Diagnostic radiology services (e.g. MRI, CT, PET) Lab services Diagnostic tests and procedures Outpatient X-rays Therapeutic radiology	**In-Network:** $20 copay for the following services when performed or processed at any location other than the PCP's office (if sample is collected at PCP's office, and then sent to an offsite lab, a copay will apply): • Diagnostic tests and procedures, • Lab Services **In-Network:** $20 copay for the following services when performed at any location other than the PCP's office: • X-rays • Diagnostic ultrasound • Mammograms • Bone density imaging **In-Network:** $0 copay for the following services when performed and processed in a PCP's office (examples of lab and diagnostic tests performed and commonly billed from the PCP office are urine tests, rapid strep, finger stick test for hemoglobin (Iron), etc.): • Diagnostic tests and procedures • Lab Services **In-Network:** $0 copay for the following services when performed in a PCP's office: • X-rays • Diagnostic ultrasound

Peak Advantage Summit (PPO) (H8947-002-004)	
	• Mammograms • Bone density imaging **In-Network:** $200 copay for other diagnostic radiological service (ex. CT or MRI) $50 copay for Medicare-covered therapeutic radiological services. $0 copay for blood. **Out-of-Network:** 35% of the total cost. **Prior authorization may be required.**
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	**In-Network** $20 copay for Medicare-covered dental benefits **Out-of-Network:** 35% of the total cost for Medicare-covered dental benefits. **In or Out-of-Network:** $0 copay for routine dental services 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) (H8947-002-004)	

Vision services
Diagnostic exam
Eyewear after cataract surgery
Routine eye exam
Routine eyewear
	The plan covers up to $200 for eyeglasses, frames, lenses, or contacts every year in or out of network
	In-Network:
	• $20 copay for Medicare-covered vision services
	• $0 copay for one routine eye exams
	• $0 copay for:
	  ◦ Eyeglasses per year (lenses and frames)
	  ◦ Contact lenses
	Out-of-Network: 35% of the total cost

Mental Health Services	
Inpatient visits	**In-Network:** • For days 1-3 there will be a $425 copay per day • $0 copay per day for days 4-90 • $800 copay for 60 Lifetime Reserve days **Out-of-Network:** 35% of the total cost
Outpatient visits	**In-Network:** $30 copay for Medicare-covered individual or group therapy services **Out-of-Network:** 35% of the total cost

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 to find:

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

Peak Advantage Summit (PPO) (H8947-002-004)	
Skilled Nursing Facility (SNF)	
Skilled Nursing Facility[1] (SNF)	**In-Network:** We cover up to 100 days in a SNF per benefit period • $0 per day for days 1-20 • $218 per day for days 21-100 **Out-of-Network:** 35% of the total cost.
Outpatient Rehabilitation Services	
Physical Therapy[1] Speech and Language Therapy Occupational Therapy	**In-Network:** • $0 copay for cardiac (heart) rehab services • $20 copay for physical therapy, speech and language therapy • $20 copay for occupational therapy **Out-of-Network:** 35% of the total cost
Medical Transportation	
Ambulance[1]	**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[1]	**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[1] Chemotherapy drugs Other Part B drugs Insulin	**In-Network:** • 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.

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 Summit (PPO) (H8947-002-004)		
Stage 1: Deductible	No deductible	
Stage 2: Initial coverage You pay the following costs until your total yearly drug costs reach $2,400		
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	25%	25%
Tier 4: Non-preferred drugs	25%	25%
Tier 5: Specialty drugs	33%	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	25%	25%
Tier 4: Non-preferred drugs	25%	25%
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	25%	25%
Tier 4: Non-preferred drugs	25%	25%
Tier 5: Specialty drugs	33%	Not available for Tier 5
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach $2,400, you pay $0	

Additional Benefits

Services within this summary of benefits with a [1] may require prior authorization from our plan. Services with a [2] may require a referral from your doctor.

Peak Advantage Summit (PPO) (H8947-002-004)	
Additional Benefits	
Acupuncture[1]	**In-Network:** • 20% of the total cost for Medicare-covered services • $20 copay per visit for up to 20 routine treatments per year **Out-of-Network:** 35% of the total cost for up to 20 routine treatments per year
Chiropractic Care[1]	**In-Network:** • $15 copay per Medicare-covered service (Spinal Manipulations) • $20 copay for each routine visit (10 visits per year) **Out-of-Network:** 35% of the total cost
Flexible Spending Debit Card	$450 per year to apply towards approved health-related expenses
Wellness Programs	You pay $0 for fitness center memberships and classes at participating gyms
Over-the-Counter (OTC) Health and Wellness products	$70 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.
Routine Foot Care[1]	**In-Network:** $20 copay (10 visits per year) **Out-of-Network:** 35% of the total cost
Worldwide Coverage for Emergency Care	$115 copay for Emergency care services received outside the U.S.

CONTACT US

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 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 Medicare Advantage PPO plan with a Medicare contract and is offered by Peak Health Insurance Corporation. Enrollment in Peak Advantage Summit (PPO) depends on contract renewal. 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 and free language services to people whose primary language is not English. If you need these services, contact Peak Advantage Summit (PPO) at 1-855-962-7325.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member 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 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, 2028.
- ☐ 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 (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 Appointment Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any personal marketing appointment to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss:

_____ **Medicare Advantage PPO Plan (Part C)**
Beneficiary initials

_____ **Dual Special Needs Plan (DSNP)**
Beneficiary initials

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 Relationship to the Beneficiary

Required — to be completed by Agent:

Agent Name:	Agent Phone:
Agent NPN:	Date of Appointment:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (optional):	
Medicare ID Number:	
Initial Method/Location of Contact: ☐ (Indicate here if beneficiary was a walk-in):	
Agent's Signature:	
Plan(s) the Agent Represented During This Meeting:	
Date Appointment Completed:	

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. The person does 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.

MEDICARE ADVANTAGE PPO PLANS & DUAL SPECIAL NEEDS PLANS (PART C)
Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers 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.
Dual Special Needs Plan (DSNP): A special type of Medicare Advantage Plan available to anyone who has both Medicare and Medicaid (full or partial dual eligibility). DSNPs coordinate Medicare and Medicaid benefits and often include extra supplemental benefits tailored to enrollees with significant medical needs or limited income.

Scope of Appointment documentation is subject to CMS record retention requirements.
Agent: Ensure the correct Scope of Appointment form is selected for the beneficiary's plan interest, and discuss only the product(s) initialed above unless a new SOA is obtained for any additional product.

For Agent Use Only:
Submit the completed SOA to Peak Health LLC compliance per your standard submission process (portal upload, email, or fax) and retain a copy per your carrier's record-retention requirements. Completed SOAs must be available to CMS or the plan sponsor upon request.

Scope of Appointment — CY 2027 Update
The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any personal marketing appointment to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his/her authorized representative). **Effective October 1, 2026, CMS eliminated the prior 48-hour waiting-period requirement between SOA signature and the appointment** — an SOA obtained immediately before an appointment (including at a walk-in, inbound call, or educational event) is now compliant.

OMB No. 0938-1378
Expires: 12/31/2027

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.

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.

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) - $25 per month ☐ Peak Advantage Summit PPO (PA) - $25 per month			
FIRST name:	LAST name:	[Optional: Middle Initial]:	
Birth date: (MM/DD/YYYY) (/ /)	Sex: ☐ Male ☐ Female	Phone number: ( )	
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:	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 10/1/26 to 3/31/27 and 8 AM to 8 PM ET Monday – Friday 4/1/27 to 9/30/27.

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): _____

[*optional space for other administrative information needed by plan*]

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 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 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.

H8947.2027.04.0090_C

PeakAdvantage
MEDICARE PLANS

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 [1-855-962-7325]. 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 [1-855-962-7325]. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 [1-855-962-7325]。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 [1-855-962-7325]。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-855-962-7325]. 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 [1-855-962-7325]. 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 [1-855-962-7325] 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 [1-855-962-7325]. 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 [1-855-962-7325]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 [1-855-962-7325]. 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 لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-855-962-7325]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना केबारे में आपकेकिसी भी परश्न केजवाब देने केलिए हमारे पास मुफ्त दुभाषिया सेवाएँउपलब्ध हैं. एक दुभाषिया पराप्त करने केलिए, बस हमें [1-855-962-7325] 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 [1-855-962-7325]. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 [1-855-962-7325]. 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 [1-855-962-7325]. 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 [1-855-962-7325]. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、[1-855-962-7325]にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサ ー ビスです。

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 the Member Service Phone Number on the front of your 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 your 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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