PeakPlus DUAL PLAN



2027 DSNP Enrollment Guide

NEW PeakHealth Dual Special Needs Plan

Enrollment Materials Inside!



Brought to you by:

WVU Medicine

Marshall Health Network

Valley Health

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 Peak Plus DSNP Plan includes everything covered by Medicare Part A and Part B, plus valuable extras designed to help you stay healthy and connected.

If you have both Medicare parts A and B and Medicaid through the state, you will qualify for our Peak Plus $0 premium plan. Your additional benefits will include dental, vision, hearing, prescriptions, fitness and more. In addition, anyone who qualifies with a chronic condition will have the option to use their OTC (Over the Counter) allowance towards groceries, utilities and more.

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 Plus DSNP 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

PeakPlus DUAL PLAN



Table of Contents

Discover Peak Plus Medicare

Why choose Peak Plus 5
Benefit overview 7
Eligibility information 8

Understand Your Medicare Options

Compare plans 9
Peak Plus DSNP Plan at a Glance 11
Medicare enrollment periods 13
How to enroll 14

Review Peak Plus Benefits

Peak Plus Rise (PPO) Summary of Benefits 16

Enroll In Peak Plus Medicare

Pre-enrollment checklist 27
Scope of Appointment Form 29
Enrollment form(s) 31
Multi-Language Interpreter Services 36
Discimination is Against the Law 38

The doctors you trust made a DSNP plan you'll love.

$0
a month



PeakPlus
DUAL PLAN



A DSNP 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 Plus 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

The Mountain State's only doctor-built DSNP plan.

Peak Plus Dual Special Needs plans include big benefits like these, and more.

- **$0 primary care office visits**
- **$2500 in dental benefits**
- **$300 annual eyewear allowance**
- **$0 copay** for two aids, once every three years
- **$200 monthly OTC allowance** (can be used for groceries, utilities, and more for SSBCI **qualified** chronically ill members)

PeakPlus DUAL PLAN



Have questions? Our local experts are here to help.

We're here to help you get the best DSNP coverage available to you. We'll confirm your eligibility, review your needs, and more.

To enroll in a Peak Plus DSNP plan, you must:

- ✔ Have both Medicare Part A and Part B
- ✔ Receive Medicaid
- ✔ Live in the plan's service area
- ✔ Be a U.S. citizen or lawfully present in the country

Call 1-800-215-7488 (TTY:711)

8 a.m. to 8 p.m., 7 days a week
Or visit peakhealth.org/dsnp7.

Original Medicare

vs.

PeakPlus DUAL PLAN



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 1-800-215-7488 (TTY:711)

8 a.m. to 8 p.m., 7 days a week
Or visit peakhealth.org/dsnp7.

Get more with an all-in-one Peak Plus DSNP plan.

Dual Special Needs 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 Plus DSNP plans.

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



Provider led Medicare, right in the Mountain State.

Our local doctors designed Peak Plus Dual Special Needs plans so you get coverage that works harder for you.

PeakPlus DUAL PLAN At A Glance

All Peak Plus DSNP 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, Marshall Health Network, and Valley Health — along with thousands more in our network.
- You don't need any referrals to see specialists.

Call 1-800-215-7488 (TTY:711)

8 a.m. to 8 p.m., 7 days a week
Or visit peakhealth.org/dsnp7.

Benefit	**Peak Plus** Rise (DSNP) H8947-006
Monthly Plan Premium	**$0**
Primary Care Provider	**$0** copay
Specialist Office Visit	**$0** copay
Dental (Preventative and Comprehensive INN + OON)	**$2500** annually
Routine Eye Exam	**$0** copay
Routine Hearing Exam (one hearing aid per year every three years)	**$0** copay
Over-the-Counter Allowance (can be used for groceries, utilities, and more for SSBCI qualified chronically ill members)	**$200** monthly
Prescription Drug Coverage (Tier 1 and Tier 2)	**$0** copay
Chiropractic Services	**$0** copay for 10 visits
Telehealth Services	**$0** copay
Inpatient Hospital	**$0** copay
Urgent Care	**$0** copay
Preventative Services	**$0** copay
Outpatient Surgery	**$0** copay
Outpatient Labwork + X-rays	**$0** copay
Fitness with an expansive national network	**$0** membership
Physical and Speech Therapy	**$0** copay
Worldwide Emergency Care	**$0** copay

Don't miss your opportunity to enroll.

Initial Enrollment Period	Annual Enrollment Period	Open Enrollment Period	Special Enrollment Period
For those new to Medicare	For anyone who's on Medicare	For those who have a Medicare Advantage plan	For those experiencing certain life events
Join any Medicare plan	Join, drop, or switch Medicare plans	Switch or drop Medicare Advantage plans	Join or switch Medicare plans
Starts 3 months before you turn 65 Ends 3 months after you turn 65	Starts October 15 Ends December 7 every year	Starts January 1 Ends March 31 and during the first 3 months of Medicare coverage	Enrollment period will start depending on your life event
When your coverage starts depends on when you enroll	Your coverage will start January 1 of the next year	Your coverage will start on the first of the month after your enrollment forms have been received	Your coverage will start on the first of the month after your enrollment forms have been received

PeakPlus DUAL PLAN



Join your neighbors. Enroll in a Peak Plus DSNP plan today.

Call 1-800-215-7488 (TTY:711)

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

Talk with a local Peak Plus DSNP expert.

In-person assistance

8 a.m. to 4:30 p.m., Monday through Friday

1085 Van Voorhis Road, Suite 140, 1st Floor, Morgantown, WV.

No appointment necessary!

Online enrollment

Scan the QR Code to the left or visit **peakhealth.org/dsnp7** and click on **"Enroll Now."**

Use the enclosed form

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

Peak Plus DSNP
1085 Van Voorhis Rd, Suite 300
Morgantown, WV 26505

Notes:

PeakPlus DUAL PLAN

2027

PeakPlus Rise Summary of Benefits

West Virginia: Berkeley, Cabell, Harrison, Jefferson, Kanawha, Marion, Mercer, Monongalia, Ohio, Wood

H8947.2027.04.0131_C

Brought to you by:

WVU Medicine · Marshall Health Network · ValleyHealth

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.

Note: PeakPlus Rise (PPO D-SNP) requires that you maintain eligibility for both Medicare and Medicaid, if you lose your Medicaid eligibility, your cost-sharing may be higher.

PeakPlus Rise (PPO D-SNP) (H8947-006-000)	
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?	$9,850 per year for services from in-network providers $14,800 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:** $0 per hospital stay **Out-of-Network:** $0 or $1,200 copay per hospital stay Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Outpatient hospital coverage[1] Outpatient surgery Observation services	**In-Network:** • $0 per stay for covered hospital services • $0 per stay for covered observation services **Out-of-Network:** $0 or 30% of the total cost Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Ambulatory surgery center[1]	**In-Network:** $0 per visit **Out-of-Network:** $0 or 30% of the total cost Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

PeakPlus Rise (PPO D-SNP) (H8947-006-000)	
Doctor Visits and Preventive Care	
Doctor visits Primary care Specialists[1]	**In-Network:** $0 for PCP visits **Out-of-Network:** $0 or 30% of the total cost **In-Network:** $0 for each specialist visit **Out-of-Network:** $0 or 30% of the total cost Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Preventive care	You pay $0
Emergency and Urgent Care	
Emergency care	**In-Network:** $0 per visit **Out-of-Network:** $0 or $115 per visit Your copay is waived if you are admitted to the hospital within 24 hours. Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Urgently needed services	**In-Network:** $0 per visit **Out-of-Network:** $0 or $40 per visit Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
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:** $0 for the following services: • Diagnostic tests and procedures • Lab Services • X-rays • Diagnostic ultrasound • Mammograms • Bone density imaging

PeakPlus Rise (PPO D-SNP) (H8947-006-000)	
	• Other diagnostic radiological service (ex. CT or MRI) • Medicare-covered therapeutic radiological services **Out-of-network:** $0 or 30% of the total cost Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Hearing / Dental / Vision	
Hearing services How much do I pay for Hearing Services or Hearing Aids?	**In-Network:** • $0 copay for Medicare-covered exams to diagnose and treat hearing and balance issues • $0 copay for routine hearing services **Hearing aids:** • $0 copay The plan covers 1 hearing aid per ear every three years **Out-of-Network:** • $0 or 30% of the total cost for Medicare-covered exams • $0 copay for routine hearing services Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Dental services	**In-Network:** • $0 copay for Medicare-covered dental benefits • $0 copay for routine and comprehensive dental services **Out-of-Network:** • $0 or 30% of the total cost for Medicare-covered dental benefits • $0 copay for routine and comprehensive dental services The plan covers up to $2,500 in dental services per year. Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

PeakPlus Rise (PPO D-SNP) (H8947-006-000)	
Vision services Diagnostic exam Eyewear after cataract surgery Routine eye exam Routine eyewear	The plan covers up to $300 for eyeglasses, frames, lenses, or contacts every year in or out of network **In-Network:** • $0 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:** $0 or 30% of the total cost Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Mental Health Services	
Inpatient visits	**In-Network:** $0 per hospital stay **Out-of-Network:** $0 or $1,200 copay per hospital stay Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Outpatient visits	**In-Network:** $0 for Medicare-covered individual or group therapy services **Out-of-Network:** $0 or 30% of the total cost Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Skilled Nursing Facility (SNF)	
Skilled Nursing Facility$_1$ (SNF)	We cover up to 100 days in a SNF per benefit period **In-Network:** • $0 per day for days 1-20 • $0 per day for days 21-100 **Out-of-Network:** • $0 per day for days 1-20 • $0 or $221 per day for days 21-100

PeakPlus Rise (PPO D-SNP) (H8947-006-000)	
	Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Outpatient Rehabilitation Services	
Physical Therapy[1] Speech and Language Therapy Occupational Therapy	**In-Network:** $0 for Medicare-covered services **Out-of-Network:** $0 or 30% of the total cost Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Medical Transportation	
Ambulance[1]	**In-Network:** $0 for each one-way trip by ground or air **Out-of-Network:** $0 or 30% of the total cost **Prior authorization required for non-emergency services** Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Medicare Part B Drugs	
Medicare Part B Drugs[1] Chemotherapy drugs Other Part B drugs Insulin	**In-Network:** • $0 copay **Out-of-Network:** • $0 or 20% 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. Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.

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

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, even if you haven't paid your deductible.

If you qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay:

Deductible

- $0

Initial coverage phase

If you receive Extra Help, the amount you pay depends on the level of Extra Help you receive. Please refer to your Low-Income Subsidy (LIS) Rider for your applicable cost-sharing amounts.

- Covered generic drugs (including brand drugs treated as generic): $0, $1.65, or $5.80.
- For all other covered drugs: $0, $5.00, or $14.40.

PeakPlus Rise (PPO D-SNP) (H8947-006-000)		
Stage 1: Deductible	$700, except for covered insulin products and most adult Part D vaccines. During the Deductible Stage, you pay: $0 cost sharing for drugs on Tier 1 and Tier 2. The full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly 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	$0	$0
Tier 2: Generic drugs	$0	$0
Tier 3: Preferred brand drugs	25%	25%
Tier 4: Non-preferred drugs	25%	25%
Tier 5: Specialty drugs	25%	Not available for Tier 5
Mail Order	**30-day supply**	**90-day supply**
Tier 1: Preferred generic drugs	$0	$0
Tier 2: Generic drugs	$0	$0
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	
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.

PeakPlus Rise (PPO D-SNP) (H8947-006-000)	
Additional Benefits	
Acupuncture[1]	**In-Network:** • $0 copay for Medicare-covered services (chronic low-back pain) • $0 copay per visit for up to 20 treatments per year (please refer to your *Evidence of Coverage* for more details) **Out-of-Network:** $0 or 30% of the total cost for up to 20 treatments per year Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Chiropractic Care[1]	**In-Network:** • $0 copay per Medicare-covered service (Spinal Manipulations) • $0 copay for each routine visit (10 visits per year, please refer to your *Evidence of Coverage* for more details) **Out-of-Network:** • $0 or 30% of the total cost per Medicare-covered service • $0 copay for up to 10 routine visits every year Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Wellness Programs	You pay $0 for fitness center memberships and classes at participating gyms
Over-the-Counter (OTC) Health and Wellness products	$200 allowance every month 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 month to the next. For members who meet the criteria for special supplemental benefits for the chronically ill, your OTC allowance will also include groceries, utilities, internet, cellphone, meals, home and bathroom safety items. For more details see special supplemental benefits for the chronically ill of the Medical Benefits Chart.

PeakPlus Rise (PPO D-SNP) (H8947-006-000)	
Routine Foot Care[1]	**In-Network:** • $0 copay for Medicare-covered podiatry services (medical exams, trimming or debridement of nails and treatment of foot complications for diabetes, vascular disease, neuropathy and foot infections) • $0 copay for up to 10 routine foot care visits per year (please refer to your *Evidence of Coverage* for more details) **Out-of-Network:** • $0 or 30% of the total cost for Medicare-covered podiatry services • $0 copay for up to 10 routine foot care visits per year Depending on your level of Medicaid eligibility, you may not be responsible for the copayments, coinsurances, or deductibles for the services listed in this section.
Worldwide Coverage for Emergency Care	$0 copay for Emergency care services received outside the U.S.

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 PeakPlus Rise (PPO D-SNP) 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, Cabell, Harrison, Jefferson, Kanawha, Marion, Mercer, Monongalia, Ohio, Wood.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. This plan may enroll FBDE and QMB.

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 PeakPlus Rise (PPO D-SNP) 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**.

PeakPlus Rise (PPO D-SNP) is a PPO D-SNP with a Medicare contract and a contract with the West Virginia State Medicaid program. Enrollment depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State of West Virginia and Medicare. Benefits, features, premiums, and/or copays vary by plan, county, and your level of West Virginia Medicaid. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. 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 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 PeakPlus Rise (PPO D-SNP) at 1-855-962-7325.

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.

H8947.DSNP.2027.04.0158_C
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 Plus Rise DSNP $0 per month** (Berkeley, Cabell, Harrison, Jefferson, Kanawha, Marion, Mercer, Monongalia, Ohio, Wood)

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:	[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 (Required): _ _ _ _ - _ _ _ - _ _ _ _

Medicaid Number (Required):	**Social Security Number (optional)**

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.

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。

H8947.EG.04.0004_C

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, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation. Peak Health does not exclude people or treat them differently because of their race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

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 against you in another way because of your race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation, you can file a complaint with Peak Health or the WV Human Rights Commission by mail, phone, or fax.

Peak Health
ATTN: Appeals and Grievances Department
1085 Van Voorhis Rd, Suite 300
Morgantown, WV 26505
1.855.962.7325
1.855.962.7325 TTY Users Call: 711
Fax: (304) 974-3191

WV Human Rights Commission
1321 Plaza East, Room 108A
Charleston, WV 25301
304-558-2616
Fax: 304-558-0085
hho.fyi/wv-hrc

If you need help filing a complaint, Peak Health and the WV Human Rights Commission are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, 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.**

PeakPlus
DUAL PLAN

Coverage that connects you to what matters most.

Now's your time to enroll in a better Medicare plan.



Brought to you by:

WVU Medicine | Marshall Health Network | ValleyHealth

Call 1-800-215-7488 (TTY:711)

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

Or visit peakhealth.org/dsnp7

H8947.2026.03.0108_M