



**Farm Bureau
HEALTH PLANS**

Tennessee

Medicare Advantage Enrollment Kit

Farm Bureau Health Plans is an HMO with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal. H4863_FBTNMK24000SK_C



Let's talk about Farm Bureau Advantage!

Dear Neighbor,

We're glad you've chosen to learn more about Farm Bureau Health Plans' new Medicare Advantage HMO plan: *Farm Bureau Advantage*.

In case you're not familiar with Farm Bureau Health Plans, we are a service company of the Tennessee Farm Bureau and have been protecting the health of Tennesseans for 75 years. We've been serving members' Medicare needs since 1966 with a wide range of plan options – including Medicare Supplements and Part D plans.

If you already have one of our Medicare plans, you know of our dedication to ensuring members are matched with a plan that meets their health care needs and budget. You also know we listen to our members when they tell us about new or changing needs where their health coverage is concerned. *Farm Bureau Advantage* is the direct result of those types of conversations; we created this new Medicare product offering with members in mind.

With *Farm Bureau Advantage*, your medical, hospital and prescription drug coverage are combined into one affordable plan. You'll have access to cost-saving extras not covered by Original Medicare like dental, vision, hearing, a fitness program and expanded telehealth benefits. And as a member of the Farm Bureau Health Plans family, you'll enjoy reliable support from our helpful customer service team right here in Columbia.

We invite you to review this booklet to see how *Farm Bureau Advantage* can help you manage your Medicare experience. Then give us a call or stop by your local Farm Bureau office to schedule an appointment to speak with one of our licensed Medicare sales specialists.

Farm Bureau Health Plans is committed to the mission of the Tennessee Farm Bureau – improving quality of life for all Tennesseans. And we believe *Farm Bureau Advantage* is another way we can continue to deliver on that mission.

We look forward to talking with you!

Respectfully,

A handwritten signature in black ink that reads "Anthony C. Kimbrough".

Anthony C. Kimbrough
Chief Executive Officer

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2024 Farm Bureau Advantage HMO

Summary of Benefits

This is a summary of drug and health services covered by Farm Bureau Advantage HMO, January 1, 2024 through December 31, 2024. The benefit information is a summary of what we will cover and what you will pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the Evidence of Coverage from Farm Bureau Health Plans at the number listed below. You can also visit our website at www.fbhp.com/medicare-advantage.

Who can join?

To join Farm Bureau Advantage (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in the Farm Bureau Advantage HMO service area. Our service area includes the following counties in Tennessee:

Central:

- | | | |
|--------------|--------------|--------------|
| • Bedford | • Hickman | • Putnam |
| • Benton | • Houston | • Robertson |
| • Bledsoe | • Humphreys | • Rutherford |
| • Cannon | • Jackson | • Smith |
| • Cheatham | • Lawrence | • Stewart |
| • Clay | • Lewis | • Sumner |
| • Coffee | • Lincoln | • Trousdale |
| • Cumberland | • Macon | • Van Buren |
| • Davidson | • Marshall | • Warren |
| • DeKalb | • Maury | • Wayne |
| • Dickson | • Montgomery | • White |
| • Fentress | • Moore | • Williamson |
| • Franklin | • Overton | • Wilson |
| • Giles | • Perry | |
| • Grundy | • Pickett | |

Tri-Cities:

- | | | |
|-----------|------------|--------------|
| • Carter | • Hawkins | • Unicoi |
| • Greene | • Johnson | • Washington |
| • Hancock | • Sullivan | |

Knoxville:

- | | | |
|-------------|-------------|----------|
| • Anderson | • Grainger | • Monroe |
| • Blount | • Hamblen | • Morgan |
| • Campbell | • Jefferson | • Scott |
| • Claiborne | • Knox | • Sevier |
| • Cocke | • Loudon | • Union |

Which doctors, hospitals and pharmacies can I use?

We have a Health Maintenance Organization (HMO) network of doctors, hospitals, and pharmacies. You can select a Primary Care Physician (PCP) during the enrollment process, or prior to your coverage effective date. This is the provider that will grant you access to important medical services and prescription drug benefits. Except in an emergency, you must use HMO network providers and pharmacies. This plan will not pay for services if you use a provider that is not in our HMO network. You can review the Farm Bureau Advantage HMO Provider and Pharmacy Directory's on our website at www.fbhp.com/medicare-advantage. You can also contact Farm Bureau Health Plans at the number below and request a printed copy of the Provider and/or Pharmacy directory's in your area to be mailed to you. Please note that the provider network and/or the pharmacy network can change at any time.

1-833-999-0103 (TTY/TDD: 711)

8 a.m. through 8 p.m. local time, seven days a week, October 1 through March 31.

8 a.m. through 8 p.m. local time, Monday through Friday, April 1 through September 30.

Visit us online

www.fbhp.com/medicare-advantage

If you want to know more about the coverage and costs of Original Medicare, look in your 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, 7 days a week. TTY users should call 1-877-486-2048.

Farm Bureau Health Plans is a HMO plan with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.

| Benefit | Central Tennessee H4863-001 | Tri-Cities Tennessee H4863-003 | Knoxville Tennessee H4863-005 |
|--|--|---|--|
| | What you pay | What you pay | What you pay |
| Monthly Plan Premium | \$0 | \$0 | \$0 |
| Annual Medical Deductible | \$0 | \$0 | \$0 |
| Maximum Out of Pocket | \$5,300 annually | \$3,200 annually | \$3,200 annually |
| Inpatient Hospital Coverage¹ | | | |
| Inpatient Hospital Coverage | \$300 days 1 - 5, \$0 days 6-90 | | |
| Outpatient Hospital Coverage¹ | | | |
| – Ambulatory Surgery Center | \$225 | \$175 | \$175 |
| – Outpatient Surgery (Hospital) | \$250 | \$250 | \$250 |
| Doctor visits | | | |
| – Primary Care Provider | \$0 | \$0 | \$0 |
| – Specialist ¹ | \$30 | \$25 | \$30 |
| Preventative Care | \$0 | \$0 | \$0 |
| Emergency Care | \$100 | \$100 | \$100 |
| Urgently Needed Services | \$30 | \$30 | \$30 |
| Worldwide Emergency Coverage ² | \$100 | \$100 | \$100 |
| Telehealth Services | | | |
| – Primary Care Provider | \$0 | \$0 | \$0 |
| – Specialist ¹ | \$30 | \$25 | \$30 |
| Diagnostic Tests and Procedures¹ | | | |
| – Primary Care Provider | \$0 | \$0 | \$0 |
| – Specialist | \$20 | \$25 | \$30 |
| – Hospital | \$100 | \$100 | \$100 |
| Laboratory Services¹ | | | |
| – Primary Care Provider | \$0 | \$0 | \$0 |
| – Specialist | \$0 | \$0 | \$0 |
| – Freestanding Laboratory | \$0 | \$0 | \$0 |
| – Urgent Care | \$30 | \$30 | \$30 |
| – Hospital | \$30 | \$30 | \$30 |
| X-rays¹ | | | |
| – Primary Care Provider | \$0 | \$0 | \$0 |
| – Specialist | \$30 | \$25 | \$30 |
| – Hospital | \$50 | \$50 | \$50 |

1. Services require a Prior Authorization and may require a Primary Care Physician (PCP) Referral.

2. Does not count toward your out of pocket maximum.

3. Medicare Covered Benefits only. Routine care and other chiropractic services not covered.

4. Most DMEs require Prior Authorization and a Referral from you PCP.

5. Diabetic supplies are limited to specific manufacturers. Test strips and monitors: One Touch, Accu-Check. Continuous glucose monitors available from Freestyle Libre or Dexcom after completing a prior authorization.

6. Amounts do not roll over to next 3 month period.

| Benefit | Central Tennessee H4863-001 | Tri-Cities Tennessee H4863-003 | Knoxville Tennessee H4863-005 |
|--|---|---|--|
| | What you pay | What you pay | What you pay |
| Advanced Imaging Services¹ | | | |
| – Primary Care Provider | \$75 | \$75 | \$75 |
| – Specialist | \$75 | \$75 | \$75 |
| – Freestanding Facility | \$75 | \$75 | \$75 |
| – Hospital | \$200 | \$200 | \$200 |
| Therapeutic Radiological Services | \$50 | \$50 | \$50 |
| Hearing Services² | | | |
| – Routine Hearing Exam one visit per year | \$0 | \$0 | \$0 |
| – Hearing Aids | \$599 - \$899 cost sharing per aid | | |
| Dental Services² | | | |
| – Preventative two prophylaxis yearly | \$0 | \$0 | \$0 |
| – Comprehensive | 20% - 50% coinsurance | | |
| – Benefit limit | \$3,500 | \$3,500 | \$3,500 |
| Vision Services² | | | |
| – Routine Eye Exam | 1 per year \$0 | | |
| – Eyewear | \$200 allowance | \$200 allowance | \$200 allowance |
| Mental Health Services¹ | | | |
| – Inpatient Care | \$300 days 1 - 5, \$0 days 6 - 90 | | |
| – Individual Sessions | \$30 | \$30 | \$30 |
| – Group Sessions | \$20 | \$20 | \$20 |
| Ambulance¹ | | | |
| – Air | 20% copayment | 20% copayment | 20% copayment |
| – Ground | \$270 per one way trip | \$270 per one way trip | \$270 per one way trip |
| Skilled Nursing Facility¹ | \$0 days 1 - 20, \$203 days 21 - 100 | | |
| Physical, Occupational and Speech Therapy¹ | \$30 | \$30 | \$30 |
| Medicare Part B Drugs | 20% coinsurance | | |
| Over The Counter (OTC) Drug Card⁶ | \$150 per quarter | \$150 per quarter | \$150 per quarter |
| Chiropractic Services – Medicare covered³ | \$20 | \$20 | \$20 |
| Durable Medical Equipment (DME)⁴ | 20% coinsurance | | |
| Diabetic Supplies⁵ | \$0 | \$0 | \$0 |
| Fitness Club Membership | \$10 home fitness kit, \$25 annual fitness membership | | |
| Podiatry Services¹ | \$30 | \$30 | \$30 |
| Transportation | Non-covered | Non-covered | Non-covered |

1. Services require a Prior Authorization and may require a Primary Care Physician (PCP) Referral.

2. Does not count toward your out of pocket maximum.

3. Medicare Covered Benefits only. Routine care and other chiropractic services not covered.

4. Most DMEs require Prior Authorization and a Referral from you PCP.

5. Diabetic supplies are limited to specific manufacturers. Test strips and monitors: One Touch, Accu-Check. Continuous glucose monitors available from Freestyle Libre or Dexcom after completing a prior authorization.

6. Amounts do not roll over to next 3 month period.

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Prescription Drug Coverage

| Benefit | Central Tennessee H4863-001 | Tri-Cities Tennessee H4863-003 | Knoxville Tennessee H4863-005 |
|---|--|-----------------------------------|----------------------------------|
| | What you pay | What you pay | What you pay |
| Part D Deductible | \$0 | \$0 | \$0 |
| Tier 1: Preferred Generic | \$0 | \$0 | \$0 |
| Tier 2: Generic | \$7 | \$5 | \$5 |
| Tier 3: Preferred Brand | \$47 | \$47 | \$47 |
| Tier 4: Non-Preferred Drug | \$100 | \$100 | \$100 |
| Tier 5: Specialty Tier | 33% | 33% | 33% |
| Mail Order 100 Day Supply: Tier 1 Preferred Generic | \$0 | \$0 | \$0 |
| Mail Order 100 Day Supply: Tier 2 Generic | \$0 | \$0 | \$0 |
| Mail Order 100 Day Supply: Tier 3 Preferred Brand | \$141 | \$141 | \$141 |
| Mail Order 100 Day Supply: Tier 4 Non-Preferred Drug | \$300 | \$300 | \$300 |
| Mail Order 100 Day Supply: Tier 5 Specialty Tier | not covered | | |
| Insulins - 30 days | \$35 | \$35 | \$35 |
| Initial Coverage Limit (ICL) | Initial Coverage Limit is \$5,030.00. During the Initial Coverage state, the plan pays its share of the cost of your covered prescriptions and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. Please review the Evidence of Coverage online for more information on the phases of the benefit. | | |
| Coverage Gap | <p>You stay in this stage until your out of pocket costs reach a total of \$8,000.00. When you are in the Coverage Gap Stage, the Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. You pay 25% of the negotiated price and a portion of the dispensing fees for brand name drugs. Please review the Evidence of Coverage online for more information on the Coverage Gap Stage.</p> <p>Coverage Gap Stage coinsurance requirements do not apply to Part D covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines. You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</p> | | |
| Catastrophic Coverage Stage | Catastrophic Coverage Limit is \$8,000.00. Catastrophic coverage begins after your total yearly drug cost reaches \$8,000.00. During this time, the plan pays most of the cost for your drugs. Please reference the Evidence of Coverage, available online, for complete information regarding the Catastrophic Coverage Stage. | | |

Insulin is covered at no more than \$35 per month or 30 day supply regardless of coverage tier. Insulin drugs are covered under Tier 3 and Tier 4.



Let's start at the beginning with original Medicare

What is Original Medicare?

Original Medicare combines two coverage parts into one benefit plan:

Part A covers higher level of care services such as: inpatient hospital, rehabilitation facility care, including x-rays, surgeries, radiation treatment, as well as skilled nursing facility, hospice and home health care. There is no premium for Original Medicare Part A coverage.

Part B covers lower level of care services such as: routine doctor and preventative services, as well as ambulance services, outpatient hospital and home health care. Some people are required to pay a premium for Part B coverage based on income. Most people elect to have their Part B premiums deducted from their Social Security payments.

Together Part A and Part B make up what is known as Original Medicare. Original Medicare is offered and administrated by the federal government and is available to individuals 3 months prior to their 65th birthday. Coverage is not effective until the first month in which you turn 65 years of age.

Other types of Medicare Coverage **What is a Medicare Prescription Drug plan?**

Medicare Prescription Drug plans are referred to as Medicare Part D Prescription Drug (PDP) plans. These plans are offered by insurance companies to individuals who qualify for Original Medicare and need the additional coverage for their prescription drugs. Original Medicare does not cover most the prescription drugs an individual needs. Original Medicare only covers

Let's start at the beginning with original Medicare (cont'd)

select prescription drugs that qualify under Part B such as Durable Medical Equipment, and some select prescriptions related to diabetes.

Part D prescription drug coverage is offered by Farm Bureau Health Plans as a stand-alone Rx coverage to be combined with Original Medicare or as an imbedded coverage in our Farm Bureau Advantage HMO plan.

Typically, the Part D Prescription Drug standalone coverage requires a separate premium outside of Part B Original Medicare premiums. However, the Part D Prescription Drug coverage provided with our Medicare Advantage Plan has no additional costs for coverage. (We'll talk more about this plan next).

What is a Medicare Advantage Plan?

Medicare Advantage is a Medicare approved plan provided through an insurance company which can combine Original Medicare and Prescription Drug coverage also known as Medicare Advantage Prescription Drug Plan (MAPD). That is all three Medicare Parts we've discussed: Part A/Part B, and Part D Medicare plans combined into what they call a Part C Medicare Plan aka Medicare Advantage Prescription Drug Plan.

Farm Bureau Health Plans is contracted with Medicare to offer you our Farm Bureau Advantage HMO plan. This is a Medicare Advantage Part C plan with Part D prescription drug coverage built in. Farm Bureau Advantage HMO also includes other benefits such as Dental, Vision, Hearing and an Over The Counter (OTC) drug card.

You will have to continue to pay any Original Medicare Part B premium.

What is an HMO plan?

Medicare Advantage plans can be developed by each insurance company differently. Farm Bureau Advantage HMO plan is considered a Health Maintenance Organization (HMO) plan type. Which means that our network of health providers and pharmacies are contracted with Farm Bureau to provide services exclusively to our members. Non-Medicare covered benefits included in your plan may require you to use in-network providers.

This means that services and treatment provided by our in-network doctors and pharmacies are covered under the plan. As a member of Farm Bureau Advantage HMO you will need to identify a Primary Care Physician (PCP) at or close to the time of enrollment. Your PCP will be the provider that approves and oversees your level of care, known as Quality of Care, and identifies services and benefits you need. We also have several Specialists and other health care professionals that are in network. (See our Provider Directory for a complete list of in-network physicians).

As with most insurance plans some benefits and services require a prior authorization from us. This is typical for some Medicare covered benefits and other more complex treatment plans. Many services and benefits require a referral from your PCP prior to seeing a specialist or other health professional outside of our network. Your PCP should provide referrals to our in-network physicians and specialists first. Keep in mind, that services rendered by physicians or specialists outside of our network may not be paid for by Farm Bureau and you may incur additional costs. For these reasons we encourage you to review our Provider Directory prior to enrollment on our website at www.fbhp.com/medicare-advantage to ensure that your team of doctors are in our network.

Am I eligible for Medicare?

You are eligible for Medicare if you

Are age 65 or older

Are under 65 and have certain disabilities

Have end stage renal (kidney) disease

Do I have to apply for Parts A and B?

You don't have to apply if you already get Social Security benefits or railroad retirement checks when you first become eligible for Medicare.

If you don't get either one, contact Social Security about three months before your 65th birthday to sign up for Medicare. You can sign up even if you don't plan to retire at 65.

If you are working and have medical coverage through your employer, ask them if you should sign up for Part B when you are first eligible for Medicare.

Ready to enroll? Choose the enrollment method that works for you!

Visit a Farm Bureau Office

You know and trust your local Farm Bureau office staff. Call and set up an appointment with a Medicare Advisor to discuss Farm Bureau Advantage.

By phone

Call us to enroll over the phone. You can reach us at 1-833-999-0092 (TTY/TDD: 711).

Our hours of operation are October 1 - March 31, 8 a.m. – 8 p.m., 7 days/week local time, April 1 - September 30, 8 a.m. – 8 p.m., Monday - Friday local time.

Online

Go to www.fbhp.com/medicare-advantage to enroll. You may also go to Medicare.gov to enroll in our plans through the Centers for Medicare and Medicaid Services website.

By mail

Complete the enclosed enrollment form in this kit and mail to:

Farm Bureau Advantage HMO

ATTN: Enrollment

P.O. Box 240

Columbia, TN 38402

DON'T let your enrollment be delayed!

We will reach out to you if we have a question regarding your enrollment information. If we call and cannot reach you, we will leave a message. We will also send you a letter outlining the information we need. Please be sure to get in touch with us. Then we can complete your enrollment.

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 Member Services at 1-833-999-0103.

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 www.fbhp.com/medicare-advantage or call Member Services at 1-833-999-0103 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 most 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.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.



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](https://www.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:

Farm Bureau Advantage HMO
P.O. Box 240
Columbia, TN 38402

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

How do I get help with this form?

Call Farm Bureau Advantage HMO at 1-833-999-0092. 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 Farm Bureau Advantage HMO al 1-833-999-0092/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

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 in this section are required (unless marked optional)

Select the plan you want to join:

Farm Bureau Advantage HMO: - \$0.00 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): _____

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: _____ - _____ - _____

Hospital (Part A) Effective Date: _____

Medical (Part B) Effective Date: _____

Information is located on your red, white and blue Medicare card.

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Farm Bureau Advantage HMO?

Yes No

If yes, name of other coverage: _____

Member number for this coverage: _____

Group/Policy number for this coverage: _____

Effective date for this coverage: _____

Do you work? Yes No

If yes, do you have other health care coverage from your employer? Yes No

If yes, name of other coverage: _____

Member number for this coverage: _____

Group/Policy number for this coverage: _____

Effective date for this coverage: _____

Does your spouse work? Yes No

If yes, do you have other health care coverage from your employer? Yes No

If yes, name of other coverage: _____

Member number for this coverage: _____

Group/Policy number for this coverage: _____

Effective date for this coverage: _____

IMPORTANT: Read and sign below:

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

Broker Information

Broker/Agent name:

Broker/Agent ID number:

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.

List your Primary Care Physician (PCP):

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin
- I choose not to answer.

What's your race? Select all that apply.

- American Indian or Alaska Native
- Black or African American
- Asian:
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian
- Pacific Islander:
 - Guamanian or Chamorro
 - Native Hawaiian
 - Samoan
 - Other Pacific Islander
- White
- I choose not to answer.

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

- Braille
- Large print
- Audio CD

Please contact Farm Bureau Advantage HMO at 1-833-999-0092 if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m. local time, 7 days a week October 1 - March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas day. April 1 - September 30 our hours are 8 a.m. to 8 p.m. Monday - Friday. Our automated phone system may answer your call on weekends and federal holidays. TTY users can call 711.

Additional Contact Information

Email Address: _____

Alternate Phone Number: _____

Paying your plan premiums

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay Farm Bureau Health Plans the Part D-IRMAA.

Office Use Only:

SEP Type: _____

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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Attestation of Eligibility for an Enrollment Period

PO Box 240
Columbia, TN 38402

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 (insert 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 (insert 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 (insert date)_____.
- 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 an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state, or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact Farm Bureau Advantage HMO at 1-833-999-0092 (TTY users should call 711) to see if you are eligible to enroll. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week October 1 – March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas day. April 1 – September 30 our hours are 8 a.m. to 8 p.m., Monday – Friday. Our automated phone system may answer your call on weekends and federal holidays. TTY user should call 711.

You are a Farm Bureau Advantage HMO Member! What's next?

Here is a quick recap of the things you should expect from Farm Bureau after you enroll. If we don't have any questions about your enrollment form, you'll hear from us within 14 days of your acceptance into the plan.

1

Plan confirmation and acceptance letter

You will receive a letter acknowledging your enrollment into Farm Bureau Advantage HMO within 14 days of your enrollment.

2

Plan member ID card

Farm Bureau Advantage HMO will send out your member identification card or ID Card close to the effective date of your coverage. If you are enrolling during Annual Election Period your card will be sent to you no later than December. If you have not received your ID Card by January 1, 2024, or your coverage effective date please contact Member Services at 1-833-999-0103. Our hours of operation are October 1 - March 31, 8 a.m. – 8 p.m., 7 days/week local time, and April 1 - September 30, 8 a.m. – 8 p.m., Monday - Friday local time. We will provide you with a replacement ID Card.

Remember, use your Farm Bureau Advantage HMO card for all services and benefits, including medical, dental, vision, hearing and prescriptions. Do NOT use your Medicare Card for these benefits.

3

Other important information

Evidence of Coverage (EOC) is a complete description of coverage under your Farm Bureau Advantage HMO plan and also includes your rights as a member. You can access this document on our website at www.fbhp.com/medicare-advantage or you can call Member Services at the number listed above for a copy to be mailed to you.



Your EOC and other important plan documents will be available on our website in October 2023.

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Farm Bureau Advantage HMO complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, disability, age, sex, gender identity, sexual orientation, health status, marital status, arrest or conviction record, or military participation in the administration of the plan, including enrollment and benefit determinations.

Farm Bureau Advantage (HMO):

- 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 any of these services, contact Member Services at 1-833-999-0103 (TTY 711). Our hours of operation are Oct. 1 - March 31, 8 a.m. – 8 p.m. 7 days/week local time, and April 1 - Sept. 30, 8 a.m. – 8 p.m., Monday - Friday local time.

If you believe Farm Bureau Advantage HMO has failed to provide these services or has discriminated in another way based on race, color, national origin, age, disability, or sex, health status, marital status, arrest or conviction record, or military participation, you can file a complaint or grievance with us. You can mail your grievance to:

Farm Bureau Advantage HMO
ATTN: Grievances
P.O. Box 240
Columbia, TN 38402

If you need assistance filing a complaint or grievance, please call Member Services at the phone number listed above.

You can also file a Civil Rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically or 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
1-800-537-7697 (TDD)

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

Multi-Language Insert

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 1-833-999-0103. 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 1-833-999-0103. 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 1-833-999-0103。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 1-833-999-0103。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 1-833-999-0103. 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 1-833-999-0103. 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 quý vị cần thông dịch viên xin gọi 1-833-999-0103 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-999-0103. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-999-0103 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 1-833-999-0103. 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 1-833-999-0103. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-999-0103 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 1-833-999-0103. 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 1-833-999-0103. 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 1-833-999-0103. 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 1-833-999-0103. 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。通訳をご用命になるには、1-833-999-0103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。



**Farm Bureau
HEALTH PLANS**

Tennessee



Click, call or visit.



www.fbhp.com/medicare-advantage



1-833-999-0103



200+ offices

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

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