



2012 BENEFIT HIGHLIGHTS

Easy Choice Best Plan (HMO) is available for Medicare beneficiaries residing in Orange, Los Angeles, Riverside, or San Bernardino County, CA.

Make it Easy...



- \$0 Preferred Generic Drugs
- \$0 Hospitalization
- \$0 Doctor Office Visits
 - Primary Care or Specialist
- \$0 Dental Plan Premium
- \$0 Diagnostic Radiology (MRI, CT Scan, X-Ray)
- \$0 Outpatient Surgery
- \$0 Durable Medical Equipment
- \$0 Transportation to Network Providers
- \$0 24 Hour Fitness® Annual Membership
- \$25,000 Worldwide Coverage* Annually

Low Cost Coverage for:

- Dental Plan Procedures, Including Dental Implants
- Viagra®, Cialis® and Levitra®
- Preferred Brand Drugs
- Acupuncture (Up to 10 Visits per Year)
- Vision Exams and Eyewear

Rick Plata

888-235-8060

Yes! I want information about Easy Choice Best Plan (HMO).

Name: _____ Street Address: _____

City, State, Zip Code _____

Please call me with more information about Easy Choice Best Plan (HMO). (____) _____ - _____

By signing this form, you agree to a meeting with a sales agent to discuss the product in this brochure. The person that will be discussing plan options with you is either employed or contracted by a Medicare plan. They **do not** work 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. Easy Choice Best Plan (HMO) is a Medicare Advantage Organization with a Medicare contract.

Beneficiary Signature: _____ Date: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Address: _____

Phone Number: _____ Relationship to Beneficiary: _____

*Prior authorization required for non-emergency out-of-area and worldwide coverage. Please see Summary of Benefits and Evidence of Coverage for more information.

Easy Choice Best Plan (HMO) is a Medicare Advantage organization with a Medicare contract. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2013. Limitations, copayments, and restrictions may apply. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

A sales person will be present with information and applications. For accommodation of persons with special needs at sales meetings call 1-866-999-3945 and TTY 1-800-735-2929, 8 a.m. - 8 p.m. Monday -Sunday.

Individuals must have both Part A and Part B to enroll. You must continue to pay your Medicare Part B premium. For some people, this premium maybe paid for in full or in part by Medicaid or another third party.

Beneficiaries must use network pharmacies to access their prescription drug benefit, except in non-routine circumstances, and quantity limitations and restrictions may apply. Other pharmacies/physicians/providers are available in our network. You must receive all routine care from plan providers.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 7a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

This information is available for free in other languages. Please contact our customer service number at 1-866-999-3945 for additional information.

Esta informacion esta a su desposición gratuita en otros idiomas. Por mas informacion de comunicarse al servicio de membresia al telefono 1-866-999-3945.

For more information, visit: www.EasyChoiceHealthPlan.com

This is an advertisement

H5087_2012 Mktg 21

CMS Approved (09/29/2011)

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Street Address: _____

City, State, Zip Code: _____

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Date: _____

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Name: _____

Address: _____

Relationship to Beneficiary: _____

Phone Number: _____

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