



How To Access Care In a Private Fee-For-Service Plan

HealthMarkets Care Assured is a Medicare Advantage plan under contract with the Centers for Medicare and Medicaid Services (CMS). Specifically, it is a Private Fee-For-Service (PFFS) plan which gives you more coverage than Original Medicare and many Medicare supplements. It is also different from other Medicare Advantage plans like HMOs and PPOs because you are not limited to seeing providers from a list.

HealthMarkets Care Assured (referred to as Care Assured hereon in) offers you the freedom to choose your own health care providers. However, it is very important that all of the providers you choose are aware that you are a member of Care Assured before they render services to you. That's because Medicare providers can decide whether or not to accept Care Assured's terms and conditions of payment each time they see you. The best thing to do is notify each provider that you are a member of Care Assured when you make your appointment.

If the provider is willing to accept Care Assured's terms and conditions of payment, simply present your ID card at the time of service and make any applicable copayment. Your provider will then bill Care Assured directly for the balance.

If your provider does not agree to accept Care Assured's terms and conditions of payment, you will need to find another Medicare-eligible provider who is willing to do so. You can always call us at the number listed below for assistance in finding a willing provider.

There is a good chance that many of your chosen providers who currently accept Medicare will accept Care Assured's terms and conditions of payment. You can help us send the necessary information to your chosen providers by filling out the Provider Contact section of the enrollment form. That way, we can send your providers an information packet and let them know how they can contact us if they have any questions. In addition, the other side of this flyer lists information for your providers about serving Care Assured members.

If you have questions about how PFFS plans work, please call: **1-800-892-3351**. TTY/TDD should call **1-800-216-1307**. Hours of operation are: 8 a.m. to 8 p.m. for all time zones, 7 days a week.

HealthMarkets Care Assured is a Medicare Advantage Private Fee-For-Service Plan offered through the Chesapeake Life Insurance Company, a Medicare Advantage Organization that contracts with the Centers for Medicare and Medicaid Services (CMS). Anyone entitled to Medicare Part A and enrolled in Part B may apply. Enrollees in HealthMarkets Care Assured must continue to pay their Medicare Part B monthly premium and live in the Plan's service area. Limitations, copayments and cost-sharing will apply.



What Health Care Providers Should Know About Private Fee-For-Service Plans

HealthMarkets Care Assured is a Medicare Advantage plan under contract with the Centers for Medicare and Medicaid Services (CMS). Specifically, it is a Private Fee-For-Service (PFFS) plan which gives beneficiaries more coverage than Original Medicare and many Medicare supplements. It is also different from other Medicare Advantage plans like HMOs and PPOs because you are not required to sign a contract with HealthMarkets Care Assured (referred to as Care Assured hereon in) to treat our members.

A beneficiary who enrolls in a Medicare Advantage PFFS plan is free to use any provider willing to treat the member and accept our plan's terms and conditions of payment. You can view our terms and conditions of payment by visiting our website at www.HMCareAssured.com or by calling 1-877-219-5460 to request an information packet. Our Provider Services representatives are available Monday to Friday between the hours of 8 a.m. to 8 p.m. for all time zones. Members must inform you prior to obtaining services that they are enrolled in Care Assured. You can then decide whether or not to accept Care Assured's terms and conditions of payment on a patient-by-patient and visit-by-visit basis.

If you are willing to accept Care Assured's terms and conditions of payment, members will present the Care Assured ID card at the time of service and make any applicable copayment. You will then bill Care Assured directly for the balance of the Medicare Allowable Charge.

If you do not agree to accept Care Assured's terms and conditions of payment, you should advise the member to contact Care Assured and we will assist the member in finding another provider who is willing to do so. You should not provide services to Care Assured members except for emergencies.

Care Assured will follow CMS requirements for timely payment of claims. Information on billing requirements can be found on our website at www.HMCareAssured.com or by calling 1-877-219-5460.

We look forward to working with you to serve Care Assured members and appreciate your commitment to affordable, quality health care.