

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 customer service representative at 800-964-4525 (TTY: 711).

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.thpmedicare.org/michigan/for-members/plan-documents or call 800-964-4525 (TTY: 711) 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 new doctors.
- ☐ 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

- ☐ In addition to your monthly plan premium, 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/coinsurance may change on January 1, 2028.
- ☐ [For HMO and other plans that do not offer out-of-network coverage] Except in an emergency or urgent situation, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).

- ❑ [For PPO and other plans that offer out-of-network coverage] 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.

- ❑ **Effect on Current Coverage:** Your current health care coverage will end once your new Medicare coverage starts.

What Happens Next

Congratulations! Your application to join Trinity Health Plan of Michigan (HMO) has been submitted. Thank you for choosing us as your Medicare Advantage plan and for putting your trust in us. We are committed to improving your health with more compassion, convenience and personal care that will always be focused on you.

As a new member of Trinity Health Plan of Michigan, you will want to know what to expect in the coming weeks. Please see below for important information regarding your Trinity Health Plan of Michigan membership.

1. Trinity Health Plan of Michigan must confirm your eligibility with Medicare. Once we confirm your eligibility, we will send you an approval letter by mail. **You should not disenroll from any plan you currently have until you receive your approval letter.**
2. You will receive a Trinity Health Plan of Michigan Welcome Kit in the mail within two weeks of approval. This kit will contain:
 - a. A comprehensive Member Guide;
 - b. Over-the-Counter catalog;
 - c. Electronic Funds Transfer enrollment form;
 - d. CVS Caremark mail order pharmacy order form

3. Next, you will receive a call from a Trinity Health Plan of Michigan representative who will make sure you have received your Welcome Kit and answer any questions you may have.
4. Lastly, you will receive your Trinity Health Plan of Michigan Member ID Card seven to 10 days after applying for enrollment. Similarly, you will receive your Dental/Vision membership cards within seven to 10 days of enrollment in our plan, subject to eligibility approval. Upon approval, you will no longer need your red, white and blue Medicare Card for health-related activities, but should hold onto it for safekeeping. Should Medicare deny your application request, you will need to destroy your Trinity Health Plan of Michigan Member ID, Flexible Benefit and Dental/Vision cards.

We're Here for You

If you have any questions about your Trinity Health Plan of Michigan benefits, we are a phone call or click away. You can reach us at 800-240-3851 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week. On certain holidays, your call will be handled by our automated phone system. You may also visit our website, www.thpmedicare.org/michigan. Medicare is also available at 1-800-MEDICARE, 24 hours a day, 7 days a week.

We look forward to serving you!

Trinity Health Plan of Michigan (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment in Trinity Health Plan of Michigan depends on contract renewal. Benefits vary by county.