KANSAS HEALTH ADVANTAGE

Medicare Prescription Payment Plan participation request form

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January – December). **This payment option may help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get extra help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

Complete all fields unless marked optional

FIRST name: _____ MIDDLE initial (optional): _____ LAST name: _____

Medicare Number: __ __ __ __ - __ __ __ - __ __ __ __

Birth date: (MM/DD/YYYY): ____/____/_____ Phone number: (_____)_____

Permanent residence street address (don't enter a P.O. box unless you're experiencing homelessness):

_____

City: _____ State: _____ ZIP code:_____

Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. Kansas Health Advantage will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the attached terms and conditions.
- **Kansas Health Advantage will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature: _____ **Date:** _____

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name: _____

Address (Street, City, State, ZIP code):_____

Phone number: (_____)_____ Relationship to participant: _____

How to submit this form

Submit your completed form to:
Kansas Health Advantage
201 Jordan Rd, Ste 200
Franklin, TN 37067
Fax: 1-855-417-9171 Email: enrollment@amhealthplans.com

You can also complete the participation request form online at kansashealthadvantage.com or call us at 1-800-399-7524 to submit your request via telephone.

If you have any questions or need help completing this form, call us at 1-800-399-7524, 8:00 A.M. to 8:00 P.M., seven (7) days a week, October 1 through March 31; 8:00 A.M. to 8:00 P.M., Monday to Friday, April 1 to September 30. TTY users can call 1-833-312-0046.

Medicare Prescription Payment Plan Terms and Conditions

- **Cost sharing** - There is no cost to participate in the plan, but enrollees will still pay their plan premium each month.

- **Monthly payments** - Enrollees will receive a monthly bill from Kansas Health Advantage based on their unpaid balance. Monthly payments may fluctuate throughout the year as the unpaid balance increases.

- **Out-of-pocket maximum** - Enrollees will never pay more than the total amount they would have paid out of pocket at the pharmacy if they weren't participating in the plan. In 2025, the out-of-pocket maximum for prescription drugs is $2,000.

- **New prescriptions** - Future payments may increase when enrollees fill a new prescription or refill an existing one.

- **Opting in** - People with Medicare must opt into the Medicare Prescription Payment Plan to use it.

- **Opting out** - To voluntarily optout of the Medicare Prescription Payment Program, contact Kansas Health Advantage toll free at 1-800-399-7524 (TTY at 1-833-312-0046) or send written notification requesting to optout to Kansas Health Advantage, 201 Jordan Rd, Ste 200, Franklin, TN 37067.

- **Dispute process** - For information on the dispute process please contact Kansas Health Advantage toll free at 1-800-399-7524 (TTY at 1-833-312-0046) or send written notification requesting information about the dispute process to Kansas Health Advantage, 201 Jordan Rd, Ste 200, Franklin, TN 37067.

General information about applying for the LIS program

Applying for Extra Help is easy. Just complete the application for Extra Help with Medicare Prescription Drug Plan Costs (Form SSA-1020) using one of these methods below.

- Apply online at www.ssa.gov/medicare/part-d-extrahelp

- Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) to apply over the phone or to request an application.

- Apply at your local Social Security office. After you apply, Social Security will review your application and let you know if you are eligible for Extra Help.

- If you are eligible, you can choose a Medicare prescription drug plan. If you do not select a plan, the Centers for Medicare & Medicaid Services will do it for you. The sooner you join a plan, the sooner you begin receiving benefits. If you aren’t eligible for Extra Help, you can still enroll in a Medicare prescription drug plan.