care@care
Insurance Company, Inc.

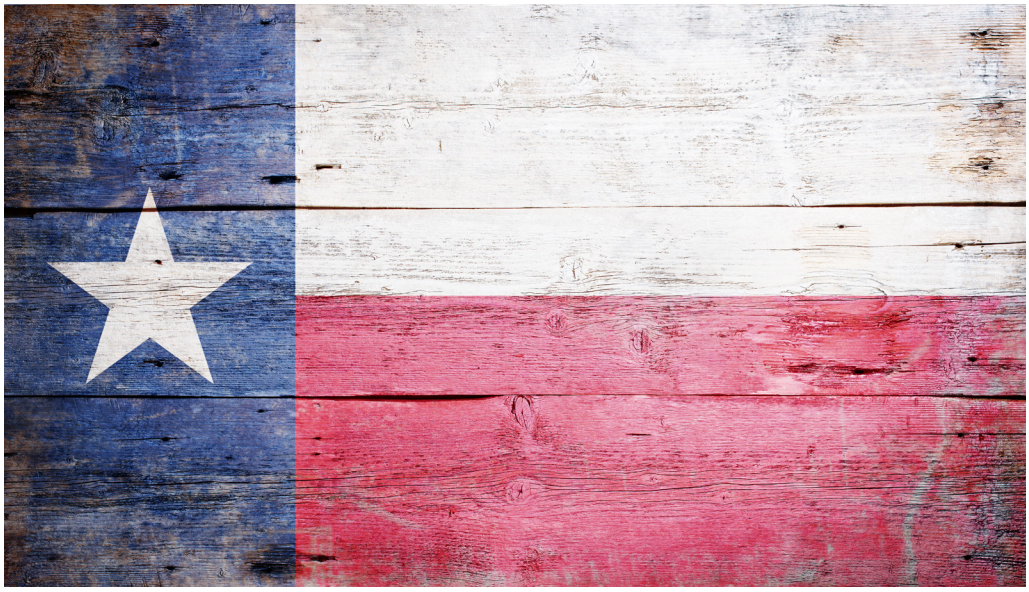
2018

PRODUCT TRAINING

TABLE OF CONTENTS

13. **CMS Marketing Rules**
14. **Agent Compensation**
    1. Like vs New Compensation
15. **Agent Oversight**
    1. Compliance Hotline
    2. Compliance Do's and Don'ts
    3. Complaint Tracking
    4. Termination
    5. Hierarchy
    6. Agent of Record
16. **Miscellaneous**
    1. Medication Therapy Management (MTM)
    2. Surveys
    3. Screenings
    4. New Member ID Cards
    5. Handling Out-Of-Network Medical Claims
17. **Glossary**

1. INTRODUCTION



1.1 About Care N' Care

Located in Fort Worth, Texas, Care N Care is a Medicare Advantage Plan that provides compassionate and personalized service for its members. Formed in 2008 by North Texas Specialty Physicians, Care N' Care was created to fill the niche between restrictive HMO and expensive Medicare supplement plans. Our goal is not to be just another insurance company, but to provide a superior product that allows us to better serve the community.

Our Vision: Care N' Care will be the most loved health plan in the communities we serve.

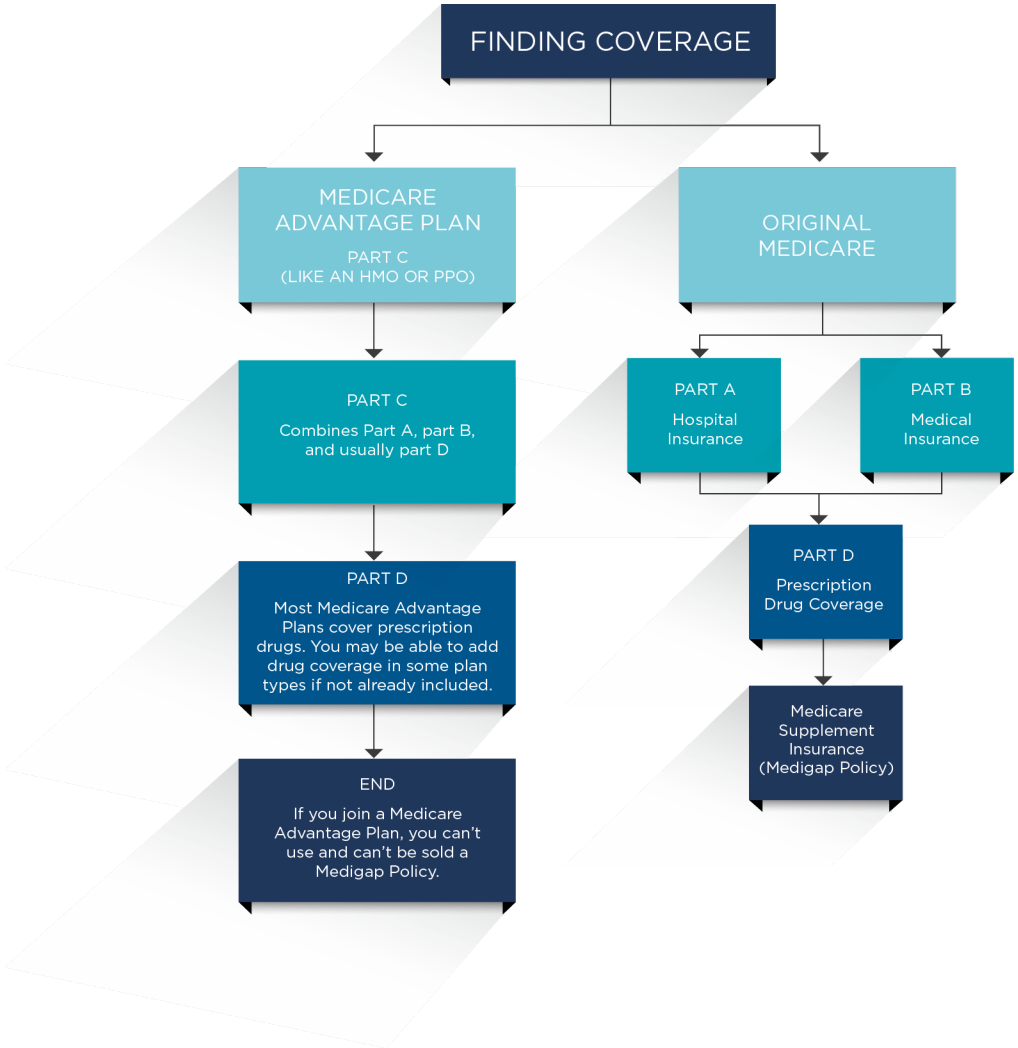
Care N' Care is located in Fort Worth, just north of the Fort Worth Zoo.

Fort Worth
1701 River Run, Suite 402 Fort Worth, TX 76107

Care N' Care Sales Operation Team
Scott Hancock, Vice President of Sales and Operations
Tana Kersten, Senior Manager of Sales
Tom Thai, Telesales and Agent Concierge Supervisor
Sara Carriveau, Sales Event Coordinator

1.2 Medicare Coverage

Care N' Care is a Medicare Advantage (MA) plan. It is Part C of Medicare, which covers Parts A and B. Care N' Care also offers MAPD plans, which include Part D. Please review the chart below for an overview of Original Medicare and Medicare Advantage Plan coverage.



2. CONTRACTING WITH CARE N' CARE

2.1 Online Certification

To become contracted with Care N' Care, agents must complete the online certification process using Gorman Sentinel Elite.

For assistance with the certification process please contact the Agent Concierge team. For assistance with the Gorman Sentinel Elite website interface please contact the Gorman Help Desk.

Agent Concierge
855 547-0345
Agentsupport@cnchealthplan.com

Gorman Help Desk
855-264-9665
salestraining@gormanhealthgroup.com
https://ghg.na2.teamsupport.com

3. PROVIDER NETWORK

3.1 Provider Directory

The most current and up-to-date provider and specialist information can be found on the Care N' Care website at cnchealthplan.com/search.

If a doctor, specialist, or facility does not show up on the website search, it is out of network. To verify if a provider is in or out of the Care N' Care network, members should call their Healthcare Concierge. Agents may contact the Agent Concierge team to verify a provider's network status.

Out-of-network/non-contracted providers are under no obligation to treat Care N' Care members, except in emergency situations. For a decision about whether an out-of-network service will be covered, Care N' Care encourages members or their providers to contact Care N' Care for a pre-service organization determination before they receive the service. See the Care N' Care Evidence of Coverage document for more information, including the cost-sharing that applies to out-of-network services.

3.2 Pharmacy

Care N' Care does not have a preferred network of pharmacies. Care N' Care members may fill their prescriptions at any pharmacy that accepts Care N' Care plans.

Non-Formulary Exceptions

If a medication is deemed non-formulary, a request by the beneficiary's physician may be submitted to have the drug added to the formulary. A one-time 90-day supply of a non-formulary prescription is available if a beneficiary is entering or leaving a long-term care facility.

4. CARE N' CARE PLANS

Care N' Care offers five Medicare Advantage plans. Three PPO plans, one HMO plan, and one PPO MA Only plan.

4.1 Care N' Care PPO Plans

By offering coverage to members who can choose to go in or out of network, Care N' Care PPO plans allow members the greatest amount of freedom in choosing their healthcare provider. Going out of network will result in higher copays for the member.

Care N' Care PPO Plans service area: Collin, Dallas, Denton, Johnson, Parker zip codes (76008, 76020, 76108, and 76126 only), Rockwall and Tarrant Counties.

4.2 Care N' Care HMO Plan

The Care N' Care HMO plan provides members the most cost-effective plan. Under this plan members are only covered for in-network physicians, and prior authorization is required to see a specialist.
Care N Care HMO service area: Collin, Denton and Tarrant County.

For more detailed plan information see the Evidence of Coverage and Summary of Benefits documents, found on the web at http://www.cnchealthplan.com/2018-plan-documents/.

5. DENTAL VISION & HEARING RIDERS

Care N' Care offers two benefit riders for an additional monthly premium: a standalone dental rider for a premium of $20, and a combination dental vision and hearing rider for a premium of $35.

Dental Rider and Combo Riders must be selected at the time of initial enrollment or within 30 days of their effective date. If not selected at that time, they will need to wait until AEP next year. The member is still allowed to cancel at any time with written notification to the plan but they will not be able to rejoin until AEP.
All rider claims, reimbursements, and provider network are administered by Avesis.

5.1 Out-of-Network Rider Benefits

For out-of-network rider benefits, members will be reimbursed the in-network fee that providers are paid for covered services after applicable copay. If an out-of-network provider charges more than the agreed upon fee that in-network providers are paid for a service, the member may be subject to a balanced bill. If a member plans to see an out-of-network provider they should first consult with their Healthcare Concierge to resolve any billing issues beforehand.

For information on locating an in-network dental, vision, or hearing provider visit http://www.cnchealthplan.com/search/.

For information regarding out of network reimbursements for dental, please contact the Agent Concierge team for a fee schedule.

Agent Concierge
855 547-0345
Agentsupport@cnchealthplan.com

6. MEMBER SERVICES

6.1 Healthcare Concierge

At Care N' Care, we work hard to provide our members with customer service that goes above and beyond. After enrolling in the plan, members will have a personal Healthcare Concierge assigned to them. Their concierge will become their personal customer service representative. A member's Healthcare Concierge will work closely with them each time they need assistance, and follow up as needed.
A Care N' Care Healthcare Concierge can help:

- Explain health plan benefits
- Answer questions about member's health plan benefits, pending claims, or account status
- Coordinate healthcare services with an in-network doctor
- Verify health plan coverage with a participating provider
- Contact a healthcare provider on your behalf before your visit to confirm health plan coverage and coordinate the claims and billing process
- Locate doctors or healthcare providers based on your location as well as assist members with scheduling appointments
- And more!

After enrolling all members will receive a Welcome Kit that will contain their personal Healthcare Concierge contact information. If a member would like to change the concierge that has been assigned to them they may do so at any time.

Healthcare Concierge Contact
877- 374-7993
TTY – 711

October 1st - February 14th
8 AM - 8 PM CST
Seven days a week

February 15th – September 30th
8 AM – 8PM CST
Monday - Friday

Welcome Call
As part of Care N' Care's quality assurance process, a Healthcare Concierge will conduct a Welcome Call to all new members. The concierge will go over the information submitted on the enrollment form with the member to ensure accuracy. The Healthcare Concierge will also verify the member's Primary Care Physician selection, monthly premium billing method selected, and emergency contact information. Agents should inform beneficiaries of the welcome call during the enrollment process.

6.2 Agents and the Healthcare Concierge

At Care N' Care, protecting our members' privacy is a top priority. Please note that due to HIPPA restrictions Healthcare Concierges are not permitted to discuss any member information with Agents unless they are listed as the member's HIPPA or hold power of attorney.

If an agent and member are together when calling the Healthcare Concierge, the member must give verbal consent for the Concierge to discuss their information while the Agent is present. Agents may also conduct a conference call between themselves, the Healthcare Concierge, and the member, as long as the member gives verbal permission to the Healthcare Concierge to discuss their information while the agent is present.

6.3 Fitness Benefit – Silver&Fit

All Care N' Care plans offer the Silver&Fit Exercise & Health Aging benefit. This program provides members access to a broad network of participating fitness facilities and instructor-led classes. Members may change their preferred gym once a month.

Members can also exercise in their home using the Home Fitness program. At-home exercise kits may include DVDs, guides, and other items to help members get fit on their own terms.

Silver&Fit gives members:

- Free membership to a participating fitness club or exercise center
- Group classes made for older adults, where offered
- The option to work out at home using up to 2 Home Fitness Kits per year
- Healthy aging materials (online or DVD)

- A Silver&Fit newsletter 4 times a year
- The Silver&Fit Connected program, a fun and easy way to track exercise at a facility or through a wearable fitness device

To find out more about Silver&Fit, please visit www.SilverandFit.com or call toll-free 1-877-427-4788, (TTY 1-877-710-2746) Monday through Friday, 5 a.m. to 6 p.m. (PT).

7. ELIGIBILITY REQUIREMENTS

Medicare beneficiaries are eligible to join a Care N' Care Medicare Advantage Plan if they meet the following requirements:

1. Are entitled to Medicare Part A and enrolled in Medicare Part B
2. Reside within the plan's approved service area
3. Do not have End Stage Renal Disease (ESRD)
4. Beneficiary is a US citizen or lawfully present

7.1 End Stage Renal Disease (ESRD) Exception

An ESRD Exception is available for beneficiaries with ESRD who meet the following conditions:

1. If the beneficiary has recovered normal kidney function and no longer requires a regular course of dialysis to maintain life
2. If the beneficiary has had a successful kidney transplant

If a beneficiary is seeking the ESRD exception, they will be asked to send documentation from their doctor showing they have had a successful kidney transplant and/or they no longer need dialysis. Beneficiaries may fax or mail these records to the following addresses.

Fax: 817 810-5214
Mail: Attn. Enrollment Department
1701 River Run Ste. 402
Fort Worth, TX 76107

7.2 Important Enrollment/Eligibility Dates

October 1 – October 14, 2017
Plans can begin marketing 2018 Benefits, but applications cannot yet be submitted.

October 15 - December 7, 2017
Annual Enrollment Period (AEP)
All eligible beneficiaries may add, drop, or switch plans. Members enrolled during this period become effective January 1, 2018, unless they are using a Special Election Period (SEP).

During AEP, if a member enrolls in a plan, then enrolls into a different plan before the previous plan's effective date, it will cancel out the previous enrollment and they will be enrolled into the second plan. Beneficiaries have until December 7th to make their final AEP plan selections.

January 1 – February 14, 2018
Medicare Annual Disenrollment Period (MADP)
During this period beneficiaries may dis-enroll from their Medicare Advantage Plan and switch back to Original Medicare.

If a member switches to Original Medicare during this period they have until February 14, 2018 to sign up for a prescription drug plan without being penalized. If they do not enroll into a drug plan before February 14, beneficiaries will be subject to a Late Enrollment Penalty.

February 15 - October 14, 2018
Lock-In Period
Enrollment and Disenrollment during this time require a SEP

7.3 Special Election Period

Enrolling a beneficiary during the lock-in period requires that the member be granted a special election period by CMS. Different SEPs are granted different periods of time during which the beneficiary may enroll into a Medicare Advantage Plan. It is important that agents are aware of the various SEPs that are available and their corresponding enrollment periods. Beneficiaries may be entitled to a Special Election Period (SEP) if they answer yes to any of the following questions.

- Recently Moved in or out of the service area
- Currently receiving Extra Help with health care costs
- No longer qualify for Extra Help with health care costs
- Recently left a PACE program (Program of All-inclusive Care for the Elderly)
- Live in a long-term care facility
- Recently retired and lost employer or union coverage
- Moving into a long-term care facility
- Currently receiving Medicaid
- Recently stopped receiving Medicaid
- Loss of credible drug coverage
- Release from jail
- Enrolled in a State Pharmaceutical Assistance Program (SPAP)
- Granted lawful presence in the US (became a citizen)

For more information on Special Enrollment Period requirements please visit www.Medicare.gov or contact Medicare toll free at (800) 633-4227.

7.4 Split Part A and Part B Dates

Recently Medicare has enforced new rules regarding initial enrollment periods for beneficiaries. If the Part A and Part B dates are the same, the beneficiary has three months before, the month of, and three months after these dates to enroll. If a beneficiary's dates are different, or "split", they only have three months before the date, and the month of to enroll.

Example:

Same Dates	**Split Dates**
Part A: 8/1/2016 Part B: 8/1/2016	Part A: 7/1/2011 Part B: 8/1/2016
Initial Enrollment Period: Three months before 8/1, the month of 8/1, and three months after 8/1.	**Initial Enrollment Period:** Three months before 8/1 and must have effective date prior to 8/1/2016.

Please Note: If an enrollee has split dates, they are often coming off of group coverage, which will create another Special Enrollment Period. Make sure to select the appropriate SEP on the Attestation of Eligibility form to eliminate application processing errors by CMS.

8. ENROLLING A MEMBER

8.1 Paper Applications

To submit a paper application, simply send the application in through fax or drop it off at the Care N' Care office. Applications must be received by Care N' Care within two days of the sign date on page 4 of the application.

If you have concerns if the fax went through, please contact the Agent Concierge team to ensure the entire application was received.

Agent Concierge Team
817 547-0345
AgentSupport@cnchealthplan.com

Care N' Care Fax
877-799-5669 (Preferred Fax #)
817 529-9157
844 644-5376
800 418-7716

8.2 Online Applications

Online applications can be submitted through CNC's agent web link that is found at www.cnchealthplan.com under the Agents/Brokers section. In order to be paid commissions, you must use this correct web link. DO NOT USE THE LINK ON THE FRONT PAGE OF THE WEBSITE. If you have any questions regarding this link, please contact Agent Concierge team before using the application.

8.3 Missing or Incomplete Applications

If Care N' Care receives any applications that are missing information or that are incomplete, a member of the Agent Concierge team will attempt to reach out to the agent through email and by phone.
Agents are advised to keep their contact information with Care N' Care as up-to-date as possible to ensure that Agent Concierge communications are received. To update agent contact information simply contact the Agent Concierge team.

Agent Concierge Team
817 547-0345
AgentSupport@cnchealthplan.com

8.4 Application Status Check

Agents can check the status of an application by emailing the Application Status inbox or by contacting the Agent Concierge team.

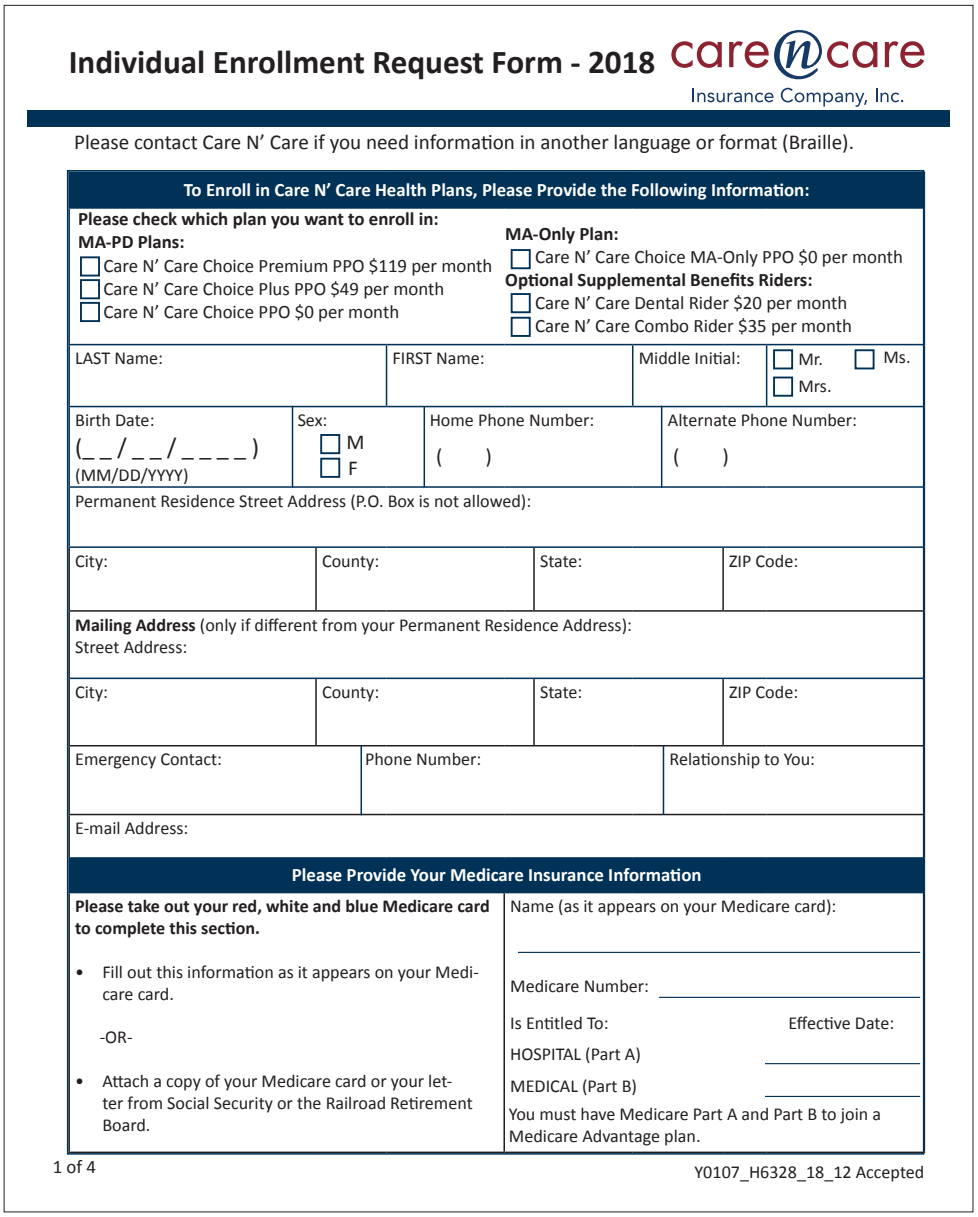
AppStatus@cnchealthplan.com
817-547-0345

9. APPLICATION BREAKDOWN

Below are detailed instructions for each section of the 2018 Care N' Care Enrollment Application. Please review all fields with beneficiaries before submitting the application to ensure the information submitted is accurate and complete. All applicable fields should be filled out.

9.1 Page One

Page one of the Care N' Care enrollment application includes plan selection, contact information, and the information that appears on their Medicare ID Card (Medicare Claim Number, legal name, and Part A and Part B effective dates).



Individual Enrollment Request Form - 2018 care n care Insurance Company, Inc.

Please contact Care N' Care if you need information in another language or format (Braille).

To Enroll in Care N' Care Health Plans, Please Provide the Following Information:

Please check which plan you want to enroll in:

MA-PD Plans:
- ☐ Care N' Care Choice Premium PPO $119 per month
- ☐ Care N' Care Choice Plus PPO $49 per month
- ☐ Care N' Care Choice PPO $0 per month

MA-Only Plan:
- ☐ Care N' Care Choice MA-Only PPO $0 per month

Optional Supplemental Benefits Riders:
- ☐ Care N' Care Dental Rider $20 per month
- ☐ Care N' Care Combo Rider $35 per month

LAST Name:	FIRST Name:	Middle Initial:	☐ Mr. ☐ Ms. ☐ Mrs.

Birth Date: (_ _ / _ _ / _ _ _ _) (MM/DD/YYYY)	Sex: ☐ M ☐ F	Home Phone Number: ( )	Alternate Phone Number: ( )

Permanent Residence Street Address (P.O. Box is not allowed):

City:	County:	State:	ZIP Code:

Mailing Address (only if different from your Permanent Residence Address):
Street Address:

City:	County:	State:	ZIP Code:

Emergency Contact:	Phone Number:	Relationship to You:

E-mail Address:

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

-OR-

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card): _____

Medicare Number: _____

Is Entitled To: Effective Date:

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

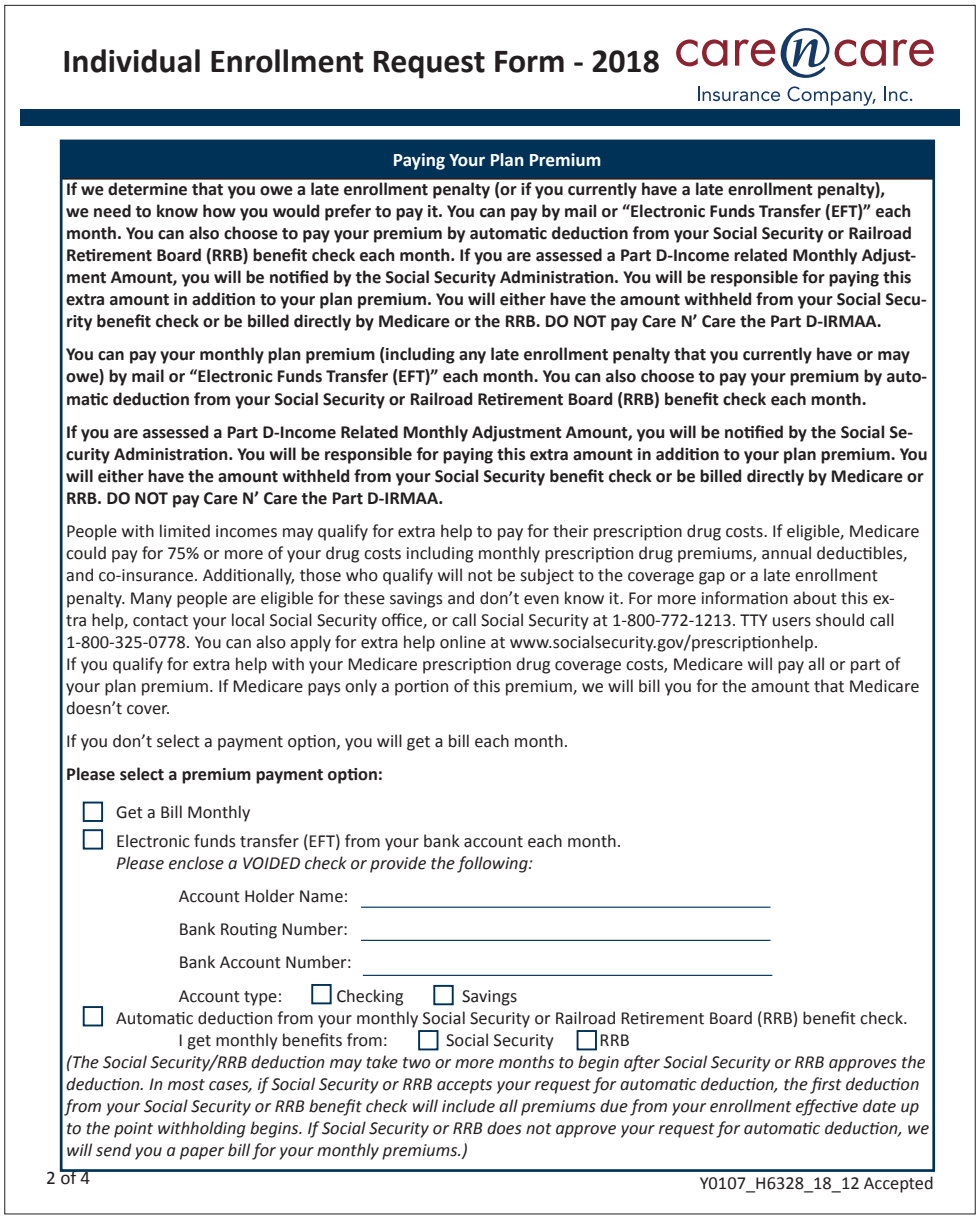
1 of 4

Y0107_H6328_18_12 Accepted

Please Note: A P.O. Box address is not valid for a Permanent Resident Address, but may be used as an alternate address.

9.2 Page Two

Page two includes information on how the member would like to pay their monthly premium. Members may pay their premium by monthly invoice, Electronic funds transfer from a bank account each month, or automatic deduction from their Social Security or Railroad Retirement Board benefit check.



Individual Enrollment Request Form - 2018 care@care Insurance Company, Inc.

Paying Your Plan Premium

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail or "Electronic Funds Transfer (EFT)" each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay Care N' Care the Part D-IRMAA.

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or "Electronic Funds Transfer (EFT)" each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Care N' Care the Part D-IRMAA.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% 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 Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.
If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

☐ Get a Bill Monthly

☐ Electronic funds transfer (EFT) from your bank account each month.
Please enclose a VOIDED check or provide the following:

Account Holder Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account type: ☐ Checking ☐ Savings

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.
I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

2 of 4

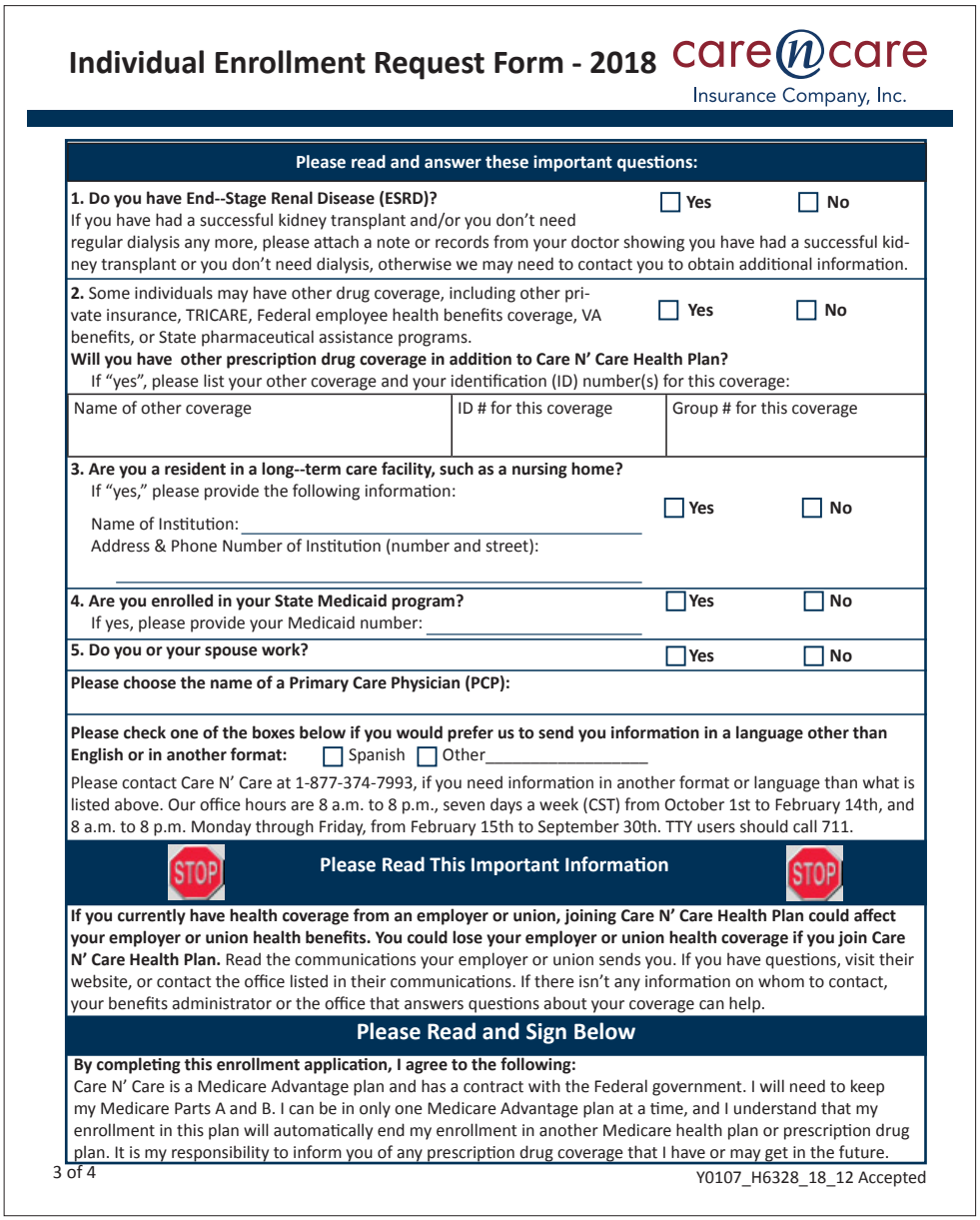
Y0107_H6328_18_12 Accepted

Please note: If a member would like to change their premium payment selection at any time, they may do so by calling their Healthcare Concierge.

SS & RRB Deduction: If Automatic Deduction from SS or RRB is selected, it may take one or two months before the premium is approved and deducted. The deduction will include all premiums due from the enrollment effective date up until the point withholding begins.

9.3 Page Three

Please fill out all fields on page three, including the field in where the member should list their Primary Care Physician. All HMO plans require an In-Network provider to be selected.



Individual Enrollment Request Form - 2018 care n care Insurance Company, Inc.

Please read and answer these important questions:

1. Do you have End--Stage Renal Disease (ESRD)? ☐ Yes ☐ No
If you have had a successful kidney transplant and/or you don't need regular dialysis any more, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs. ☐ Yes ☐ No
Will you have other prescription drug coverage in addition to Care N' Care Health Plan?
If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage	ID # for this coverage	Group # for this coverage

3. Are you a resident in a long--term care facility, such as a nursing home? ☐ Yes ☐ No
If "yes," please provide the following information:
Name of Institution: _____
Address & Phone Number of Institution (number and street):
_____

4. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No
If yes, please provide your Medicaid number: _____

5. Do you or your spouse work? ☐ Yes ☐ No

Please choose the name of a Primary Care Physician (PCP):

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format: ☐ Spanish ☐ Other_____

Please contact Care N' Care at 1-877-374-7993, if you need information in another format or language than what is listed above. Our office hours are 8 a.m. to 8 p.m., seven days a week (CST) from October 1st to February 14th, and 8 a.m. to 8 p.m. Monday through Friday, from February 15th to September 30th. TTY users should call 711.

Please Read This Important Information

If you currently have health coverage from an employer or union, joining Care N' Care Health Plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Care N' Care Health Plan. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign Below

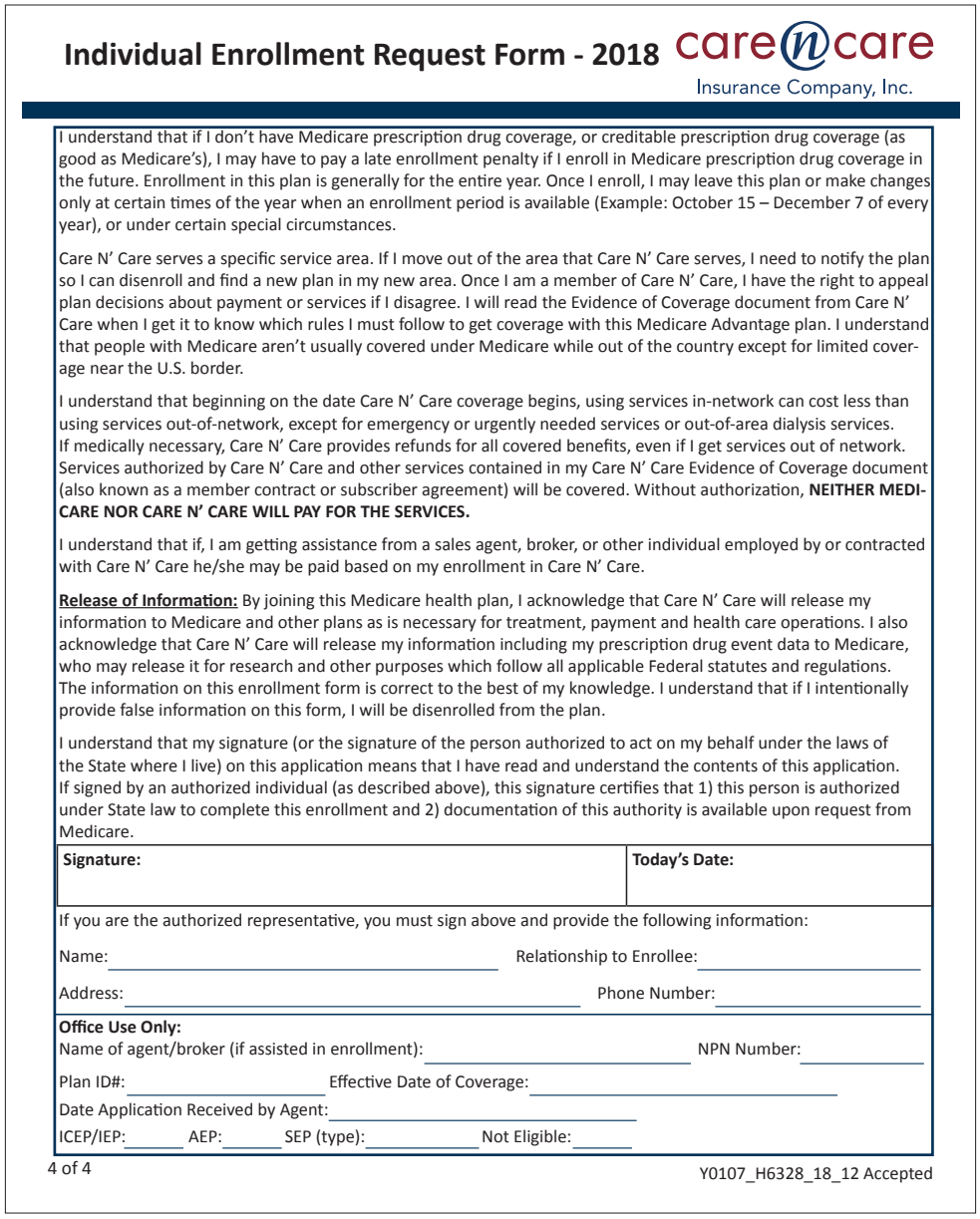
By completing this enrollment application, I agree to the following:
Care N' Care is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future.

3 of 4 Y0107_H6328_18_12 Accepted

9.4 Page Four

Page four requires the signature of the beneficiary to be enrolled. Agents are also required to fill out the "Office Use Only" fields to ensure they are properly listed as the Agent of Record.

Please note: Applications must be submitted to Care N' Care within two days of the signature date on Page 4 of the application.



Individual Enrollment Request Form - 2018

care n care Insurance Company, Inc.

I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Care N' Care serves a specific service area. If I move out of the area that Care N' Care serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Care N' Care, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Care N' Care when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Care N' Care coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Care N' Care provides refunds for all covered benefits, even if I get services out of network. Services authorized by Care N' Care and other services contained in my Care N' Care Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR CARE N' CARE WILL PAY FOR THE SERVICES.**

I understand that if, I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Care N' Care he/she may be paid based on my enrollment in Care N' Care.

Release of Information: By joining this Medicare health plan, I acknowledge that Care N' Care will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Care N' Care will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. 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 authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (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 from Medicare.

Signature:	**Today's Date:**

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

Name:_____ Relationship to Enrollee:_____

Address:_____ Phone Number:_____

Office Use Only:

Name of agent/broker (if assisted in enrollment):_____ NPN Number:_____

Plan ID#:_____ Effective Date of Coverage:_____

Date Application Received by Agent:_____

ICEP/IEP:_____ AEP:_____ SEP (type):_____ Not Eligible:_____

4 of 4

Y0107_H6328_18_12 Accepted

9.5 Application Checklist

In addition to the Enrollment Application, agent and beneficiary must also complete and submit the Application Checklist.

Please Note: If a beneficiary has split Part A and Part B dates and the part B effective date has already past, they MUST be eligible for an SEP to enroll outside of AEP. Make sure to select the appropriate SEP on the Attestation of Eligibility form to eliminate application processing errors by CMS.

9.6 Scope of Sales (SOA)

The "Scope of Sales" is an Appointment Confirmation form that serves to document the scope of what will be discussed at an appointment before the meeting takes place.

Agents must disclose all product types to be discussed while securing the SOA form. The beneficiary must agree on the scope of the appointment prior to the agent scheduling a presentation appointment or meeting, with the exception of scheduled and CMS-approved sales seminars and educational events.

SOA Exceptions: If it is not feasible to obtain the SOA form prior to the appointment, the agent may have the beneficiary sign the form at the beginning of the appointment.

Agent must record in writing and maintain documentation on why they were unable to obtain the SOA in advance. CMS requires that the agent keep record of this documentation.

10. CANCELLATION & DISENROLLMENT

Medicare beneficiaries may cancel or disenroll from a MA or MAPD plan only during certain times of the year. Please see the Section 7.3 Important Eligibility/Enrollment Dates for more information.

A **cancellation** occurs before the date the member's plan becomes effective.
A **disenrollment** occurs after a member has become effective in a plan.

Disenrollment requests must either be submitted in writing (signed and dated) to Care N' Care or by calling 1-800-Medicare. Care N' Care will assign the effective disenrollment date based on the enrollment period. Care N' Care is required by CMS to disenroll a member if:

1. Member moves outside of the service area.
2. Member loses entitlement to Medicare
3. Death

Additionally, Care N' Care may disenroll a member for the following reasons:

1. Monthly premiums are not paid on a timely basis
2. Member engages in disruptive behavior (with CMS approval)
3. Beneficiary provides fraudulent information on the application or permits abuse of a member ID card.

11. TOOLS & RESOURCES

11.1 Agent Concierge

The Agent Concierge team is dedicated to assisting contracted Care N' Care agents throughout the sales and enrollment process. Agent Concierges are happy to assist with application status checks, commission questions, agent onboarding, and more. We are available from 8-5, Monday through Friday.

Agent Concierges do not have access to member billing information or claims. Members should refer to their Healthcare Concierge for assistance.

Agent Concierge Support Line
855-547-0345
AgentSupport@cnchealthplan.com

Fax
877-799-5669 (Preferred Fax #)
817-529-9157
844-644-5376
800-418-7716

11.2 Care N' Care Website

Care N Care's main website (http://www.cnchealthplan.com) can be used to find plan documents, formulary information, in-network providers, and more. For questions or concerns regarding the Care N' Care website please contact the Agent Concierge Team.

11.3 Agent Supplies

During AEP, agents can pick up enrollment kits and other supplies from the Care N' Care office. During Lock-In, agents may order supplies by contacting the Agent Concierge team by phone or email.

Agent Concierge Team
855-547-0345
AgentSupport@cnchealthplan.com

Care N' Care Office
1701 River Run, Suite 402 Fort Worth, TX 76107

12. CMS MARKETING RULES

CMS requires agents contracted with Care N' Care health plan to adhere to strict marketing rules, which are summarized below. The full text is available to download at http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketing Guidelines.html

1. Agents must use only CMS-approved Care N' Care marketing materials, scripts, documents, and sales presentations.
2. Agents must provide beneficiaries with a Pre-Enrollment Sales Kit (must include all required documentation and disclaimers including the Summary of Benefits and information regarding the Appeals and Grievances Process).
3. Agents may not refer to any Care N' Care Medicare Advantage plans as a "supplement", "replacement", "no cost", "free plan", or "zero cost" plan.
4. Agents may not market non-health related products when presenting a Medicare Advantage or Prescription Drug Plan to a consumer.
5. Agents may not make superlative statements about Care N' Care for example that the plan is "the best", "the highest-rated", or "provides much more than any other plan".
6. Agents may not market to beneficiaries through door-to-door solicitation or cold-calling.
7. Agents must make beneficiaries aware of the following information before enrolling them into a Medicare Advantage Plan such as Care N' Care
    a. After enrolling in a Medicare Advantage Plan (Part C) beneficiaries do not lose their entitlement to Medicare Part A and Part B.
    b. After enrolling in Care N' Care, claims will be paid by Care N' Care, not Medicare.
    c. Beneficiaries may not enroll in a Medicare Supplement plan in addition to a Medicare Advantage Plan to cover costs incurred by the MA plan.
    d. Beneficiaries will be automatically disenrolled from Care N' Care if they join another Medicare Advantage plan.
    e. After enrolling in the plan members will receive a welcome call from a Healthcare Concierge.
    f. If a beneficiary enrolls in a MA-Only plan they are prohibited from enrolling in a separate stand-alone drug plan unless the MA-Only plan is PFFS.
    g. After enrolling in the plan members must continue to pay their Medicare Part B Premium to remain a member of Care N' Care.

13. AGENT COMPENSATION

13.1 Like Vs New Compensation

Care N' Care has adopted the CMS Fair Market Value for Commissions.

- $455 for a Cycle Year 1 Sale (New Sale)
- $228 for all other Cycle Years (Like Sale)

Care N' Care has adopted a lifetime renewal policy. Agents must maintain their license and Care N Care annual certification requirements to receive renewals.

Standardized Pay Schedule

	January	February	March	April	May	June
Cycle Year 1	$455.00	$455.00	$455.00	$455.00	$455.00	$455.00
All Others	$228.00	$209.00	$190.00	$171.00	$152.00	$133.00
	July	**August**	**September**	**October**	**November**	**December**
Cycle Year 1	$455.00	$455.00	$455.00	$455.00	$455.00	$455.00
All Others	$114.00	$95.00	$76.00	$57.00	$38.00	$19.00

14. AGENT OVERSIGHT

Care N' Care monitors all Agent marketing and sales activities in an effort to maintain compliant with CMS and Texas Department of Insurance (TDI) standards. Activities that are monitored may include, but are not limited to:

- Enrollments, cancellations, and disenrollments
- Sales presentations
- Agent training and testing
- Annual state licensing and appointment requirements
- Compensation structures

14.1 Compliance Hotline

Nakia Smith, Director of Compliance
Direct Line 817-632-3023
Compliance Hotline – 844-760-5838
Anonymous line to report suspected compliance issues

14.2 Compliance “Dos” and “Don’ts”

DO

- Arrive on time to all events and appointments
- Clearly identify yourself
- State that you do not represent Medicare or any branch of the Federal Government
- Have a signed Scope of Appointment form prior to meetings and presentations
- Discuss only the products identified on the Scope of Appointment
- Only hand out CMS-Approved materials
- Conduct sales activities in common areas (conference rooms, cafeterias, recreational rooms, and pharmacies).

DO NOT

- Discuss any product not on the Scope of Appointment.
- Serve Meals (snacks are OK)
- Give gifts over $15 retail value
- Require attendees of any event to provide contact information
- Insist that attendees of any event sign your sign-in sheet
- Make any absolute statements
- Use high-pressure tactics
- Make inaccurate statements
- Make disparaging remarks about the Federal Government or another Medicare Advantage plan.
- Market or discuss the coming year’s plans prior to October 1st.
- Conduct any sales activities in hospital patient rooms, waiting rooms, dialysis treatment areas, or at pharmacy counters.

14.3 Agent Complaints Tracking

Care N’ Care Agent Concierge Team will keep record of any complaints made by beneficiaries (or their representatives) regarding Agents.

Care N’ Care may be notified of complaints through the CMS Complaints Cracking Module (CTM) in HPMS, the CMS Regional Office, or the Member Service Call Center. After a complaint has been received regarding an agent, the Senior Manager of Sales will contact the agent and request a statement from the agent regarding the incident.

Agent compliance adherence is tracked using a scoring system that increases in value depending on the severity of the complaint. After enough points have been accrued, the agent will be referred to the Agent Oversight Committee.

In response to a complaint, a Corrective Action Plan (CAP) may be developed. Corrective Actions may include focus training, monitoring sessions, re-training or re-testing, or termination. Failure to respond within the appropriate timeframe of any Care N’ Care request can result in suspension or termination of an agent’s ability to market, sell, and receive commissions from Care N’ Care.

14.4 Agent Termination

Care N' Care is required by CMS and the TDI to report the termination of any agent, including the reasons for termination. After termination an agent is prohibited from selling or marketing Care N' Care products. Brokers are expected to maintain the highest level of professionalism at all times when interacting with potential beneficiaries, other agents, FMOs, and all plan employees.

14.5 Hierarchy

Contracted agents may submit hierarchy change requests using the Transfer Release Form. This form must be completed by the agent and submitted to the Care N' Care Senior Manager of Sales. It will then be submitted to the requesting agent's upline representative, who may decide to release the agent immediately. If the upline representative does not release the agent, they will be released after six months. A Transfer Release Form can be provided by a member of the Agent Concierge team.

Agent Concierge Team
855 547-0345
AgentSupport@cnchealthplan.com

14.6 Agent of Record

During any enrollment period, if Care N' Care receives multiple application for one beneficiary, it will recognize the agent listed on the most recent application as the Agent of Record. In the event of a plan-to-plan change, the Agent of Record will remain the same.

15. MISCELLANEOUS

15.1 Medication Therapy Management (MTM)

Care N' Care members who meet the following requirements may be selected to participate in CNC's Medication Therapy Management (MTM) Program.

1. The member must fill at least eight medications per month
2. The member must accumulate at least $991.75 in medication costs in the previous quarter
3. Member must have at least three of the following conditions

- Diabetes
- High Cholesterol
- Osteoporosis
- High Blood Pressure
- Alzheimer's Disease
- Heart Failure

If a member is determined to be eligible for MTM they will be contacted by our Pharmacy Benefit Manager (PBM), Envision. MTM participation is a STAR measure, and is used to calculate the overall STAR rating for Care N' Care. Please encourage eligible members to complete a medication review if contacted by Envision.

15.2 Surveys

CMS requires Care N' Care to administer two member surveys each year. These surveys are factored into Care N' Care's STAR rating. Please encourage members to complete these surveys and return them before the survey deadline.

CAHPS Survey
The Consumer Assessments of Health Plan Satisfaction (CAHPS) Survey queries members on their overall satisfaction with the plan and with their physician. Questions include satisfaction with healthcare quality, customer service, care coordination, and more.

HOS Survey
The Health Outcomes Survey (HOS) asks members about their overall health. Questions include health maintenance, improving physical or mental health, monitoring physical activity, managing risk of falling, and more.

15.3 Screenings
Care N' Care STAR ratings are also effected by how many Care N' Care members receive various medical screenings. During the year, Care N' Care will reach out to members and encourage them to receive these screenings. These may include mammogram, colorectal cancer screening, bone density screening, blood pressure management, and more. Under most Care N' Care plans many of these preventive screenings have a $0 copay. Please encourage members to take advantage of these benefits and receive their yearly screenings.

15.4 Member ID Cards
If enrolling during AEP, members are expected to receive their 2018 member ID cards prior to December 15th, 2017. Please bear in mind that if a member enrolls at the very end of AEP, there may be a delay before the beneficiary receives their card.

After a member enrolls a confirmation of enrollment letter will be mailed to the beneficiary. This letter contains their member ID, and may be used as proof of insurance until their member ID and welcome kit arrive.

If a member has any issues with their member ID cards, i.e. a misprint or name change, they should contact their Healthcare Concierge for assistance.

15.5 Handling Out-Of-Network Medical Claims
It is important for agents and members to be aware that some providers may not be willing to bill to Care N' Care. In rare instances when this occurs, the beneficiary will be responsible for the full cost of any services received during their visit.

Members may then contact their Healthcare Concierge to arrange to be reimbursed the Medicare allowable amount that Care N' Care pays in-network poviders for the same services minus any applicable out-of-network copay. This is known as a balanced bill.

If a member plans on visiting an out-of-network provider they should first notify their Healthcare Concierge so that any potential billing issues may be resolved beforehand. Care N' Care is always willing to work with out-of-network providers to help facilitate the claims and billing process.

GLOSSARY

Agent Concierge – A member of the sales team that can assist contracted agents.

Benefit Highlight Brochures – A tri-fold brochure that contains benefit highlights for Care N' Care plans

CMS – Centers for Medicare & Medicaid Services.

ESRD – End Stage Renal Disease, or kidney failure.

Evidence of Coverage (EOC) - A document that describes in detail the health care benefits covered by the plan.

Formulary – A list of all prescription drugs covered by the plan.

Healthcare Concierge (HCC) – A Care N' Care customer service representative.

HMO – Health Management Organization.

IRMAA – Income Related Monthly Adjustment Amount.

Late Enrollment Penalty – A penalty that may occur when a beneficiary goes without part B (or credible coverage) after they are eligible. It is a lifetime penalty.

Medicare Advantage Plan – Part C of Medicare, covering Parts A, B, and D of Medicare.

Part A – Medicare benefit that covers hospital stays.

Part B – Medicare benefit that covers doctors' visits.

Part D – Medicare benefit that covers prescription drugs.

PPO – Preferred Provider Organization.

PPO MA Only – PPO plan Medical Only. A Medicare Advantage PPO plan that does not cover Part D, the prescription drug benefit of Medicare.

Rider – Coverage that may be purchased in addition to the plan to gain access to extra benefits.

RRB – Railroad Retirement Board.

SEP – Special Enrollment Period.

SS – Social Security.

STAR - A rating system developed by CMS to measure how well Medicare Advantage and prescription drug (Part D) plans perform. Plans are scored in several categories, including quality of care and customer service. Ratings range from 1 to 5 stars, with five being the highest and one being the lowest score.

Summary of Benefits – A document that provides individuals with general benefits covered by the health plan in a standardized format.

care@care

Insurance Company, Inc.

CONTACT INFORMATION

855-547-0345

agentsupport@cnchealthplan.com

cnchealthplan.com/agents-brokers

1701 River Run Ste. 402
Fort Worth, TX 76107
Attn: Sales or Agent Concierge

FOLLOW US

@CareNCare

@CareNCareHealth

@CNCHealthPlan

Care N' Care Insurance Co. Inc.