

Soundpath Health Medicare Advantage Plan Information

Thank you for your interest in the Soundpath Health Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Letter" from Soundpath Health within 10 days of CMS confirmation of acceptance.

Enrollment Packet – click links below to download and save documents

[Star Rating](#)

[Download application](#)

Benefit Summary: [Alpine](#) / [Peak, Sound & Charter](#)

[Provider & Pharmacy Directory](#)

[Formulary](#)

[Multi-language Support](#)

Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th. This will give you a January 1st effective date for your new plan.

Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15th and December 7th. ***If they are signed prior to October 15th they will be returned to you with a new application.*** If they are received after December 7th, you will not be able to change plans until the next AEP for January of the following year.

Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470
Secure File Upload: [Click here](#)
Email: cs@cda-insurance.com

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <http://hiwa.us/>



Enrollment Checklist

Avoiding these common mistakes will help us reduce any unnecessary delay of your application and get you enrolled quickly:

- Did you provide your Medicare Part A & B effective dates and number?
- Did you choose a Primary Care Provider (PCP)?
- Did you include information about any other health insurance coverage you have (if applicable)?
- Did you complete the payment options form?
- Did you sign your application?
- Enrollment in a Medicare Advantage plan does not automatically end your enrollment in a Medicare Supplement plan. Did you ask your broker or sales agent whether you need to act to cancel your other coverage?

PO Box 27510
Federal Way, WA 98093

Phone: 1-866-789-7747
Enrollment Fax: 1-253-345-5528
TTY: 711

Call Customer Service at 1-866-789-7747 (TTY users should call 711). Soundpath Health hours of operations are 8 am to 8 pm, Monday – Friday and 8 am to 8 pm, Monday - Sunday, October 1 through February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day. Soundpath Health is licensed as a Health Care Service Contractor in Washington State.



Soundpath Health Enrollment Form

Instructions: We cannot accept this application until you complete all of the following information. You must have Medicare Part A and be enrolled in Medicare Part B to join a Medicare Advantage plan.

Your Medicare Advantage Plan Choice

Please check the plan you want to enroll in:

With Prescription Drug Coverage:

- Charter + Rx (HMO):** \$148 per month
(Available in King, Pierce, Thurston, Whatcom, Chelan, Douglas and Grant Counties)
- Sound + Rx (HMO):** \$47 per month
(Available in King, Pierce, Snohomish, Thurston and Whatcom Counties)
- Peak + Rx (HMO):** \$0 per month
(Available in King, Pierce, Snohomish, Thurston, Whatcom, Chelan, Douglas and Grant Counties)

Without Prescription Drug Coverage:

- Alpine (HMO):** \$47 per month
(Available in King, Pierce, Snohomish, Thurston, Whatcom, Chelan, Douglas and Grant Counties)

Primary Care Provider (PCP) Information

Please choose your PCP (can't be a specialist):

PCP Name: _____

Is this your current primary care provider? Yes No

Personal Information

Please Check <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Last Name (as it appears on Medicare) card	First Name	MI	Sex
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Date of Birth (mm/dd/yyyy)	Home Phone (xxx-xxx-xxxx)	Email
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Permanent Residence Address (P.O. Box not allowed)	City	County	State	Zip
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Mailing Address (if different from permanent address)	City	County	State	Zip
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Please Provide Your Medicare Insurance Information

Name _____	
Medicare Claim Number _____	Sex _____
Is Entitled To:	Effective Date:
<input type="checkbox"/> Hospital (Part A)	____/____/____
<input type="checkbox"/> Medical (Part B)	____/____/____

Please take out your Medicare card to complete this section. Medicare Information: Please fill in these blanks so they match your red, white and blue Medicare card. **You must have Medicare Part A and be enrolled in Medicare Part B to join a Medicare Advantage plan**

OR

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

Please Read and Answer These Important Questions:

1. Do you have End Stage Renal Disease (ESRD)? No Yes

If you answered "yes" to this question and you don't need regular dialysis anymore, or if you have had a successful kidney transplant, **please attach a note or records** from your doctor showing you don't need dialysis or have had a successful kidney transplant. Otherwise, we may need to contact you to obtain additional information.

2. Some individuals may have other medical or prescription drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State pharmaceutical assistance programs. Will you have other coverage in addition to Soundpath Health?

No Yes If "yes," please list your other coverage and your identification (ID) number(s):

	Coverage Name	Coverage ID #:	Coverage Group #:
Medical			
Prescription Drug			

3. Are you a resident in a Long-Term Care Facility, such as a nursing home? No Yes

If "yes", please provide the following information:

Name of Institution:

Address (number and street) of Institution: Phone Number of Institution:

4. Are you enrolled in your State Medicaid program? No Yes If "yes", please provide a copy of your ID Card. Medicaid number:

5. Do you or your spouse work? No Yes If "yes", do you have other coverage?

No Yes If "yes", please list your other coverage above in question two.

If you need information in a large print or other format or in another language, contact Soundpath Health Customer Service at 1-866-789-7747. Our hours of operation are 8 am to 8 pm, Monday - Friday and 8 am to 8 pm, Monday - Sunday, October 1 through February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day. TTY users should call 711.

Our plan is a culturally diverse company. We welcome all eligible individuals into our health programs, regardless of health status. As part of our quality care initiatives, we want to ensure that all members receive access to care, regardless of race or ethnicity. Your response to this question is appreciated (optional):

- White/Caucasian (not Hispanic/Latino) Black/African American American Indian/Alaska Native
- Native Hawaiian/other Pacific Islander Hispanic/Latino Asian Other
- Please check this box if you prefer us to send you information in another language:

Please Read the Important Information that follows BEFORE Signing

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, 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 by Soundpath Health or from Medicare.

Your Signature Date

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

Name: Relationship to Enrollee:

Address: Phone:

Payment Options

Personal Information

Member Name (print):

I hereby authorize Soundpath Health, its affiliates and subsidiaries, to deduct my insurance premium payments as indicated below:

Payment Options

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or 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 do not select a payment option, you will receive a monthly billing statement if applicable.

If your plan has no monthly premium and 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. Please select ONE of the following payment options:

- Electronic Funds Transfer (EFT) from my bank account on the 3rd day of each month. Please enclose a VOIDED check and provide the following:

Account holder name:

Bank routing number: Checking Savings

Bank account number:

- Receive a monthly billing statement.
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. (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 may 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.)

If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), 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 Soundpath Health 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 at 1-800-772-1213. TTY users should call 711. 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.

Print name of plan member:	Signature of bank holder or Social Security beneficiary:	Date:
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STOP**Please Read This Important Information!****STOP**

If you currently have health coverage from an employer or union, joining Soundpath Health could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Soundpath Health. 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 Before Signing

By completing this enrollment application, I agree to the following:

Soundpath Health 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 only be in 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. 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.

Soundpath Health serves a specific area. If I move out of the area that Soundpath Health 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 Soundpath Health, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Soundpath Health 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 Soundpath Health coverage begins, I must get all of my health care from Soundpath Health physicians except for emergency or urgently needed services or out-of-area dialysis services by a Medicare-certified provider. Services authorized by Soundpath Health and other services contained in my Soundpath Health Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **neither Medicare nor Soundpath Health 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 Soundpath Health he/she may be paid based on my enrollment in Soundpath Health.

I understand that by providing my contact information, including phone number and email address, I hereby give Soundpath Health permission to contact me via email and phone.

Release of Information:

By joining this Medicare Advantage plan, I acknowledge that Soundpath Health will release my information to Medicare and other plans as necessary for treatment, payment and health care operations. I also acknowledge that Soundpath Health 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.

Office Use Only

Name of Staff Member/Agent/Broker (If assisted in enrollment)		Broker ID	Receipt Date
Tiffany Jackson		295	
Effective Date of Coverage	ICEP/IEP/IEP2	AEP	SEP (type)



Attestation of Eligibility for an Enrollment Period

Date: Name:

Typically, you may enroll in a Medicare Advantage plan *only* during the Annual Enrollment Period (AEP) from October 15 *through* December 7, of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

- I am making my Annual Enrollment Period Election (October 15 – December 7)
- I am new to Medicare.
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- I recently returned to the U.S. after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.
- I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- I get extra help paying for Medicare prescription drug coverage.
- I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date) _____.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or longer term care facility). I moved/will move into/out of the facility on (insert date) _____.
- I recently was released from incarceration. I was released on (insert date)_____.
- I recently left a PACE program on (insert date) _____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- I am leaving employer or union coverage on (insert date) _____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.

If none of these statements applies to you or you're not sure, please call Customer Service at 1-866-789-7747, TTY 711. Soundpath Health hours of operation are 8 am to 8 pm, Monday - Friday and 8 am to 8 pm, Monday - Sunday, October 1 through February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day.

Soundpath Health is an HMO plan with a Medicare contract. Enrollment in Soundpath Health depends on contract renewal. You must continue to pay your Medicare Part B premium.