



## Statement of Understanding

Please read each statement below carefully. These statements are some of the terms of enrollment into and membership in PHP (HMO SNP). To see all of the terms and rules of membership, please see the Evidence of Coverage publication. Place your initials next to each statement to indicate that you understand each term of enrollment and will abide by it, if applicable, when you become a member of the plan.

- \_\_\_\_\_ I understand I must meet the following eligibility requirements to enroll in PHP: 1) live in the plan's service area; 2) have Medicare Parts A and B; and 3) have been diagnosed with HIV. I understand that if I misrepresent my eligibility to the plan, I may be involuntarily disenrolled.
- \_\_\_\_\_ I understand that PHP is required to verify my eligibility for the plan, including requesting that my primary care provider verify my HIV diagnosis.
- \_\_\_\_\_ I have voluntarily requested to enroll in PHP, a Medicare Advantage Prescription Drug special needs health plan to receive my Medicare-covered health care services.
- \_\_\_\_\_ **I understand that PHP is a health maintenance organization (HMO) and I must use PHP network providers (primary care doctors, specialists, labs, hospitals, etc.) for all of my health care services. I understand that if I go to out-of-network providers for non-emergency or non-urgent care, I may be liable for the cost of the services I receive. Neither the plan nor Medicare will pay for out-of-network services I get in most cases.** (See the Evidence of Coverage for more information about getting care from network providers and the rules for using out-of-network providers.)
- \_\_\_\_\_ I understand that if I go to an out-of-network pharmacy to fill my prescriptions I may have to pay more for my prescriptions than if I go to a PHP network pharmacy.
- \_\_\_\_\_ I understand that PHP has prescription drug coinsurance or copayments and deductibles as listed in the plan's Summary of Benefits. I understand that all of the detailed information, as it relates to these payments, is contained in the plan's Evidence of Coverage (EOC). I understand that Extra Help may be available to me from Medicare to help pay for prescription drug costs and that it is up to me to apply for it. If I have questions about Extra Help, I will call Medicare at 1-800-MEDICARE (TTY 1-877-486-2048), the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778), or my State Medicaid Office.
- \_\_\_\_\_ I understand that I must continue to pay my monthly Part B premium to Medicare to be eligible for PHP.
- \_\_\_\_\_ I understand that Medicare must approve my enrollment before it becomes effective and that I must continue to obtain my health care services under my current plan or Original Medicare until my enrollment has been approved and processed.
- \_\_\_\_\_ I understand that my coverage with PHP is dependent on Medicare's approval and may take up to a week to process. I understand I will be notified in writing by the plan's Member Services Department of the effective date that Medicare approves my enrollment.
- \_\_\_\_\_ I understand that when I become a member of PHP, I will use my PHP member ID card when getting covered medical, dental, vision and hearing services and filling prescriptions. I will carry my member ID card with me at all times. I will put my Medicare card in a secure place for safekeeping and **not** use this card when getting health care services.
- \_\_\_\_\_ I understand that the PHP Evidence of Coverage (EOC) explains 1) how to contact the health plan; 2) how to get health care and fill prescription drugs within the plan and rules for using the plan; 3) the services that are covered under the plan and their costs, if any; 4) my rights and responsibilities as a member of the plan; 5) how to file a complaint or grievance about services or care I receive in the plan; 6) how to appeal a decision the plan makes about my medical care or prescription drug benefit; and 7) how to end my membership in the plan.
- \_\_\_\_\_ I understand that once I enroll in PHP and my enrollment is confirmed by Medicare, I will remain a plan member as long as I retain Medicare Parts A and B eligibility and not voluntarily or involuntarily disenroll from the plan.
- \_\_\_\_\_ I understand that if I move out of PHP's service area, I will be disenrolled from the plan. I understand that I am responsible to tell the plan if I move and provide the plan with my new address.
- \_\_\_\_\_ I understand that if I have or get other health insurance and/or prescription drug coverage, i.e., employer group health insurance, or are or get covered by other liability insurance for an accident, i.e., automobile insurance, workers' compensation, etc., I will tell PHP's Member Services Department about the insurance coverage.

By signing below, you attest that you understand the above terms pertaining to enrollment and membership in PHP.

Applicant Signature

Date

PHP is an HMO plan with a Medicare contract. Enrollment in PHP depends on contract renewal.