



Health and Wellness Benefit Option Election Form

Date: _____

Applicant/Member Name: _____
(Please Print First and Last Name)

Applicant/Member Birth Date: _____
(Month/Day/Year)

PHP (HMO SNP) members may select either a gym membership from 24 Hour Fitness **or** up to \$200 a benefit year for over-the-counter (OTC) pharmacy merchandise (non-prescription drug coverage) fulfilled by AHF Pharmacy for no cost. Please make your selection below. Members may only choose one option.

24 Hour Fitness membership

Over-the-counter (OTC) pharmacy merchandise

Limited to \$200 per benefit year. Members who choose the OTC option will order from a list of items such as vitamins, fiber supplements, first aid supplies, sunscreen, tooth brushes and pastes, cold medication, antacids, etc. Members who chose the OTC option will receive merchandise order forms with instructions from the plan. Members may place orders for items any dollar increment through the year up to the annual limit of \$200. Order forms and instructions are available on the plan's website at www.php-ca.org/for-members/otc.

Decline the Health and Wellness Benefit

Declining the benefit will not affect your eligibility for or membership in PHP. If you decline the benefit, you may change your decision anytime. Call Member Services if you want to activate the benefit at (800) 263-0067 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week.

Please read below and initial by each statement to indicate you have read and understand the terms of the program.

_____ I understand that I may choose only one benefit option during the benefit year.

_____ I understand that I may only change my Health and Wellness Benefit option selection once a benefit year from January 1 through January 15.

_____ I understand that it may take 15 to 45 days for the processing of my Health and Wellness Benefit option selection.

_____ I understand that PHP will contact me by mail with instructions or forms to activate the option I choose.

_____ I understand that the Health and Wellness Benefit option that I select is only valid for and can only be used by me.

_____ I understand that if I choose the gym membership option and I disenroll from the plan, my gym membership will terminate on the same day as my disenrollment effective date.

Applicant/Member Signature: _____

Address: _____
(Street Address, City, State, Zip)

Home Phone: _____ Alternate Phone: _____

PHP is an HMO plan with a Medicare contract. Enrollment in PHP depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and copayments may change on January 1 of each year. PHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-263-0067 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-263-0067 (TTY : 711)