



2023

PHP MEDICARE ADVANTAGE

HANDBOOK



IMPORTANT INFORMATION:

2023 Medicare Star Ratings



PHP Medicare - H7646

For 2023, PHP Medicare - H7646 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact PHP Medicare 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 844-529-3826 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 844-529-3757 (toll-free) or 711 (TTY).

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

TABLE OF CONTENTS

3	Who Is PHP Medicare?
4	Our Commitment
5	Medicare Readiness Guide
7	The Parts of Medicare
8	Benefits Overview Chart
11	Supplemental Benefits Overview
12	Service Area Map
13	Participating Hospitals
17	Worldwide Travel Benefit
18	Star Rating Sheet
19	Summary of Benefits
39	How to Enroll or Disenroll
40	Enrollment Form
45	Attestation
47	Contact Information
48	Multi-Language Insert
50	Disclaimers

Who is PHP Medicare?

**WE'RE YOUR FRIENDS. YOUR NEIGHBORS.
YOUR LOCAL ALLIES.**

40 years ago, Physicians Health Plan was founded by leading physicians to ensure the people of Michigan – people like you – would receive exceptional care. PHP Medicare is owned by top health systems in Michigan – Sparrow Health System, University of Michigan Health, and Covenant HealthCare. Our Medicare Advantage plans bear their names—names you know and trust.



Why choose PHP Medicare?

YOU CAN TRUST US TO BE THERE.



PHP Medicare is here to ensure you receive high-quality care that's close to home. We also want to make sure you're covered when you're on the road, out of state, or traveling abroad. Wherever life takes you, we're here for you.

More than 93% of our members stay with PHP Medicare.*

We're proud that we've earned the trust of our members. And we'd be honored to serve you. When you choose PHP Medicare, we promise to provide affordable coverage, local support, and far-reaching benefits. At the end of the day, PHP Medicare is everything a health plan should be: 100% focused on you.



*CMS 2021 disenrollment data, August 2022.

PHP MEDICARE IS 100% FOCUSED ON SERVING YOU BETTER.



Your call is promptly answered by friendly and knowledgeable experts, with an average wait time of just 8 seconds¹



No complicated phone trees to navigate



You won't be transferred from person to person to person to get an answer



Calls are answered right here in the Midwest

Our commitment doesn't go unnoticed.

| 93% who enroll in one of our plans stay with PHP Medicare²

In 2022, **1 in 4 Medicare** enrollees chose a PHP Medicare (HMO-POS) plan over every other plan in our service area.³

PHP Medicare is the **2nd fastest growing** new provider-sponsored plan in the country.⁴

1 Q1 2022 CMS Call Center Monitoring Metrics Report, Health Plan Management System (HPMS) Jan. 28, 2022.

2 CMS 2021 disenrollment data, August 2022.

3 Based on net growth for HMO/HMO-POS and PPO plans for Bay, Calhoun, Clinton, Eaton, Gratiot, Ingham, Ionia, Jackson, Kalamazoo, Livingston, Montcalm, Saginaw, Shiawassee, Tuscola, and Washtenaw counties from CMS enrollment data published January 2022 compared to December 2021 enrollment data (CMS.gov). Data set excluded employer group (EGWP) and special needs plans (SNP) enrollment.

4 CMS enrollment data (CMS.gov) and AIS Health Data, 2018-2021, for individual market share in respective markets. Data set excluded employer group (EGWP) enrollment.

Feeling a little anxious about your Medicare options?

We understand. And we're here to help. At PHP Medicare, we believe that some simple guidance can go a long way in helping you get the coverage that meets your needs.

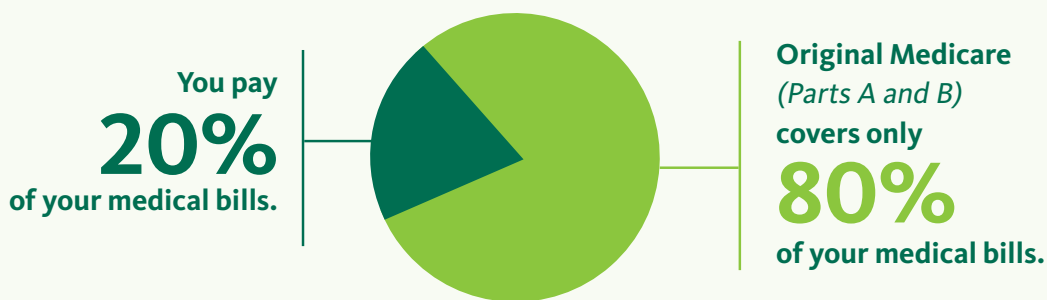
THESE FIVE SIMPLE QUESTIONS WILL HELP YOU SELECT COVERAGE THAT MEETS YOUR NEEDS.

1. Which offers me the most coverage, Original Medicare or a PHP Medicare Advantage plan?

Original Medicare is provided by the government and only includes Part A (Hospital Insurance) and Part B (Medical Insurance).

PHP Medicare offers Medicare Advantage plans, also known as Part C. These plans are offered through private insurance companies as alternatives to Original Medicare. PHP Medicare Advantage plans include Part A, Part B, and Part D (Prescription Drug Coverage). These all-in-one plans also include many extra benefits not offered through Original Medicare.

Original Medicare covers some of your healthcare costs.



2. How much will I pay in monthly premiums, deductibles, and other out-of-pocket costs?

With Original Medicare, you'll pay a monthly premium and you'll have a deductible, which means you'll have to pay a certain amount before your coverage begins.

PHP's Medicare Advantage plan premiums are as low as \$0 per month and include no deductibles. That means your coverage starts on day one, and there is no minimum amount you have to pay before your coverage kicks in.

Plus, Original Medicare only covers 80% of your medical expenses, leaving you responsible for the remaining 20%. And there's no limit to your out-of-pocket costs. An unexpected illness or injury could put your savings at risk.

Unlike Original Medicare, PHP Medicare Advantage plans offer maximum out-of-pocket (MOOP) protection by setting a low annual limit on what you pay out-of-pocket. This limit protects you from excessive costs. After reaching your MOOP, your PHP Medicare Advantage plan covers all further eligible healthcare expenses for that year.

3. Does my plan include access to extra benefits?

PHP Medicare Advantage plans also provide access to extra care, including dental, vision, and hearing benefits. Our plans also include over-the-counter allowances, transportation benefits, meal benefits, gym memberships, and more! These benefits are not offered through Original Medicare.

4. Does my plan protect me when I travel worldwide?

It's important to know that Original Medicare may offer limited protection for members traveling internationally. Members on Original Medicare needing foreign travel emergency coverage may have to enroll in additional supplemental policies for an added monthly premium.

However, all PHP Medicare Advantage plans include access to worldwide urgent and emergent care whenever and wherever you are.

5. Does my plan have an extensive network of providers?

Like Original Medicare, many Medicare Advantage plans also have large networks of providers and hospitals where you can receive care. However, PHP Medicare's network of providers and hospitals has been specially selected for our members. This allows us to pass along additional cost savings while delivering the highest quality of care. Plus, our HMO-POS Medicare Advantage plans allow you to seek care outside of the network.

The Parts of Medicare

MEDICARE COMPARISON CHART: PARTS A, B, C & D

	Original Medicare		PHP Medicare's All-in-One Medicare Advantage Plans	Prescription Drug Plans	Medicare Supplement Plans
	Medicare Part A (Hospital Insurance)	Medicare Part B (Medical Insurance)	Medicare Part C (and includes Medicare Part D)	(Part D)	
Will I have a premium?	Part A: \$0 ¹ per month	Part B: \$164.90 ¹ per month (or more, depending on your income)	As low as \$0 per month You must continue to pay your Part B premium.	Average premium is \$31.50 ² per month. You must continue to pay your Part B premium.	Depends on the plan. You must continue to pay your Part B premium.
Will I have a deductible?	Part A: \$1,600 ¹	Part B: \$226 ¹	\$0 deductibles for medical and prescription drugs	As much as \$505 ³ per year	Depends on the plan
Will I have prescription drug coverage?	No; you must enroll in a separate Part D Prescription Drug Plan.		Yes; includes Part D prescription drug coverage	Yes	No; you must enroll in a separate Part D Prescription Drug plan.
Will I have access to extra benefits, like dental, vision, hearing, fitness and over-the-counter allowances?	No	No	Yes, and so much more	No	No
Does the plan offer me out-of-pocket protection?	No	No	Yes; We set an annual limit on your out-of-pocket costs	No	Depends on the plan
Does my plan cover emergency and urgent care globally?	No	No	Yes; we offer worldwide urgent and emergency coverage	No	Depends on the plan

¹ Costs noted are for plan year 2023; <https://www.medicare.gov/basics/costs/medicare-costs>

² Projected cost for 2023; <https://www.cms.gov/newsroom/news-alert/cms-releases-2023-projected-medicare-basic-part-d-average-premium>

³ Costs noted are for plan year 2023; <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/yearly-deductible-for-drug-plans>

2023 Benefits Overview Chart

HOSPITAL & MEDICAL COVERAGE*

	PHP Medicare Advantage Plans	PHP Medicare Advantage Plus Plans
Monthly Premium	\$0	\$25
Maximum Out-of-Pocket Limit	\$3,600 Per Year (Sparrow Advantage/Plus, Covenant Advantage/Plus, PHP Advantage/Plus) \$2,900 Per Year (University of Michigan Health Advantage/Plus)	
Annual Deductible	\$0	
Preventive Care/ Screenings	\$0 Copay	
Primary Care Physician Visits	\$0 Copay	
Specialist Doctor Visits	\$30 Copay	
Urgent Care	\$60 Copay	
Emergency Care	\$90 Copay	
Lab Services	\$10 Copay	
Diabetic Supplies	0% Co-insurance**	
Inpatient Hospital Care	\$200 Per Day for Days 1-7, \$0 Per Day for Day 8 and Beyond	
Outpatient Surgery at Hospital	\$150 Copay	
Outpatient Surgery at Ambulatory Surgery Center	\$100 Copay	

*See complete Summary of Benefits for out-of-network costs.

**Limited to certain Abbott/LifeScan products if obtained at pharmacies.

2023 Benefits Overview Chart

EXTRA BENEFITS

	PHP Medicare Advantage Plans	PHP Medicare Advantage Plus Plans
Vision Care (EyeMed®)	\$0 Copay for routine eye exam \$0 Copay for eyeglass frames \$200 allowance for eyeglass frames and lenses	\$0 Copay for routine eye exam \$0 Copay for eyeglass frames \$400 allowance for eyeglass frames and lenses
Preventive Dental Care (Delta Dental®)	\$0 Copay	\$0 Copay
Comprehensive Dental Care (Delta Dental®)	\$30 Copay for Medicare-covered services*	\$30 Copay for Medicare-covered services* \$100 Deductible \$1,750 Maximum Benefit Per Year
Over-the-Counter (OTC) Items	\$64 Per Quarter	\$89 Per Quarter
Hearing	\$1,000 allowance for up to 2 hearing aids every 2 years (both ears combined)	\$1,500 allowance for up to 2 hearing aids every 2 years (both ears combined)
Transportation Assistance	\$0 Copay for 20 one-way trips to approved locations per year	\$0 Copay for 30 one-way trips to approved locations per year
SilverSneakers®	Included at no additional cost	
Travel Benefits	Emergency or urgent care coverage if you are making a trip out of state or country	
Meal Benefit	28 meals, (2 meals/day for 14 days) delivered to the home after each discharge - (limited to 2 discharges annually)	

*Medicare-covered services are deemed to be medically necessary. These can include services and/or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms.

2023 Benefits Overview Chart

PART D DRUG COVERAGE

Copay and co-insurance amounts based on a 30-day supply except where noted for Mail Order.

	All PHP Medicare Advantage Plans
	Preferred Pharmacies*
Annual Deductible	\$0
Tier 1 - Preferred Generics	\$0 Copay
Tier 2 - Generics	\$0 Copay
Tier 3 - Preferred Brands	\$40 Copay
Tier 4 - Non-Preferred Brands	\$90 Copay
Tier 5 - Specialty Drugs	33% Co-insurance
Mail Order - 90-Day Supply	\$0/\$0/\$112.50/\$237.50
Initial Coverage Limit	\$4,660
Insulin Savings Program	Members with diabetes will have low, predictable copays on select insulins, and those copays extend through the coverage gap.**

*All counties - Medicare Preferred Network (MPN) with Walgreens as anchor. Other pharmacies are available in our network.

**Select Insulins are those that are part of the Insulin Savings Program and therefore will incur low, consistent copays through the coverage gap. For information regarding which insulins are Select Insulins under the plan's benefit, refer to the plan's Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information.

2023 Supplemental Benefits Overview

VALUABLE EXTRA BENEFITS FROM PHP MEDICARE

Partners in Health

An all-in-one alternative to Original Medicare, PHP Medicare Advantage plans provide access to extra benefits at no extra cost to you. The extra benefits below are just one more example of how PHP Medicare is focused on you.



Dental Coverage (Delta Dental®)

Dental care is vital to your overall health. That's why we're proud to partner with Delta Dental—which has the largest network of dentists nationwide.



Vision Coverage (EyeMed®)

Our partnership with EyeMed includes in-network and out-of-network coverage. That means you can rest easy knowing that you'll have access to the vision providers of your choice.



Hearing Coverage

Hearing loss is often a natural part of aging, so we're going to help you cover the expense of hearing aids.



SilverSneakers® Program

Staying active improves your mental and physical health, so we'll cover your membership at a participating health club at no additional charge to you.



Over-the-Counter Coverage

Need bandages? Aspirin? Some relief for indigestion? We offer a quarterly over-the-counter allowance to help cover the costs of those healthcare supplies you need day in and day out.



Meal Benefit

When you're discharged from the hospital, you may not be ready to start cooking meals right away. Don't worry. We'll have meals delivered to help you get back on your feet.



Insulin Savings Program

Diabetes can be a serious and costly disease. To help protect your health and your wallet, we offer low copays on select insulins.

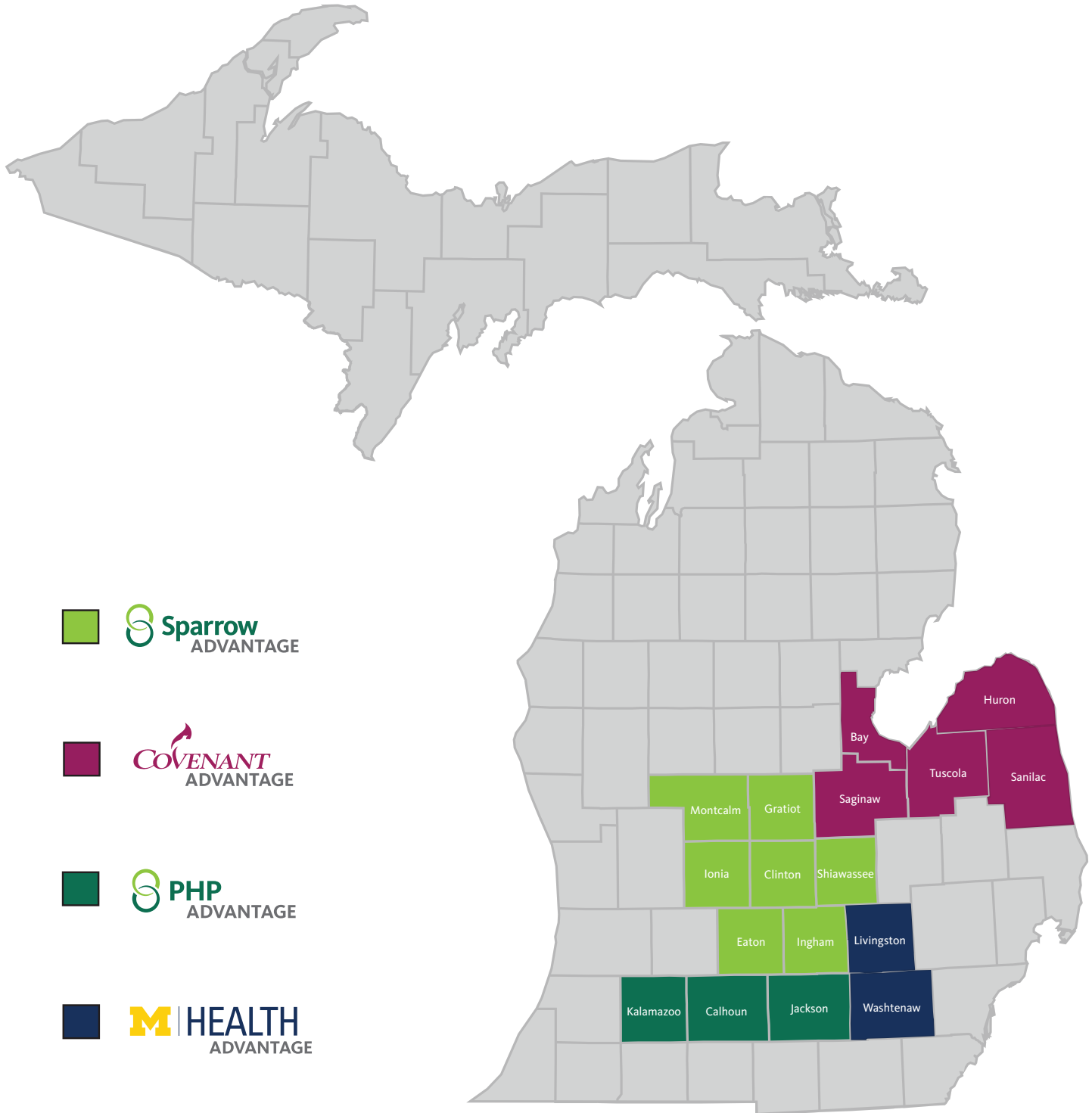


Transportation Assistance

Doctor visits are critical to your health and well-being, so we'll cover as much as 30 one-way trips to your in-network providers.

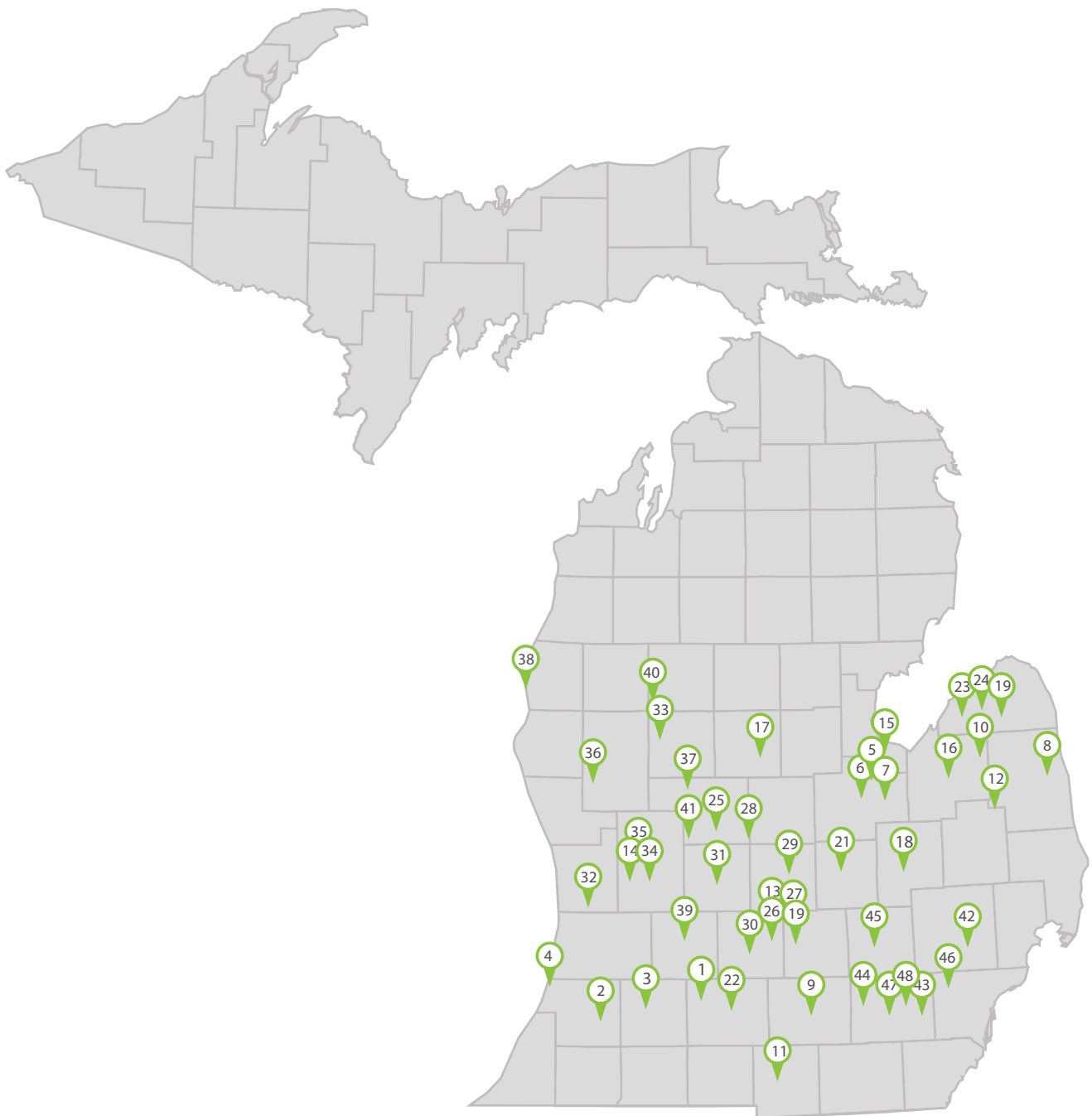
Service Area Map

Rooted in community, PHP Medicare offers four plans across 17 counties, with a network of more than 12,000 providers and nearly 50 hospitals, and benefits that travel with you.



Participating Hospitals: Quick Reference Guide

Regardless of where you live, PHP Medicare Advantage plans provide access to Michigan's top health systems to ensure you receive quality care.



Participating Hospitals: Quick Reference Guide

	Participating Hospital	Provider Address	Provider City	Provider State	Provider ZIP Code	Provider County	Provider Phone Number
1	Bronson Battle Creek Hospital	300 North Ave	Battle Creek	MI	49017-3307	Calhoun	269.245.8000
2	Bronson Lakeview Hospital	408 Hazen St	Paw Paw	MI	49079-1019	Van Buren	269.657.3141
3	Bronson Methodist Hospital	601 John St	Kalamazoo	MI	49007-5341	Kalamazoo	269.341.7654
4	Bronson South Haven Hospital	955 S Bailey Ave	South Haven	MI	49090-6743	Van Buren	269.637.5271
5	Covenant Medical Center	1447 N Harrison St	Saginaw	MI	48602-4727	Saginaw	989.583.0000
6	Covenant Medical Center Cooper	700 Cooper Ave	Saginaw	MI	48602-5383	Saginaw	989.583.0000
7	Covenant Medical Center Michigan	515 N Michigan Ave	Saginaw	MI	48602-4316	Saginaw	989.583.0000
8	Deckerville Community Hospital Inc	3559 Pine St	Deckerville	MI	48427-7703	Sanilac	810.376.2835
9	Henry Ford Allegiance	205 N East Ave.	Jackson	MI	49201-1753	Jackson	517.205.4800
10	Hills & Dales General Hospital Inc.	4675 Hill St	Cass City	MI	48726-1008	Tuscola	989.872.2121
11	Hillsdale Community Health Center	168 S Howell St	Hillsdale	MI	49242-2040	Hillsdale	517.437.4451
12	Marlette Regional Hospital	2770 Main St	Marlette	MI	48453-1141	Sanilac	989.635.4000
13	Mary Free Bed Hospital & Rehab - Lansing	1215 E Michigan Ave #6	Lansing	MI	48912-1811	Ingham	514.364.1000
14	Mary Free Bed Hospital & Rehab - Grand Rapids	235 Wealthy St SE	Grand Rapids	MI	49503-5247	Kent	616.840.8000
15	McLaren Bay Region	1900 Columbus Ave	Bay City	MI	48708-6831	Bay	989.894.3000
16	McLaren Caro Region	401 N Hooper St	Caro	MI	48723-1476	Tuscola	989.673.3141

Effective July 1, 2022

For the most up-to-date provider and facility listing, please visit Member.PHPMedicare.com, select “Providers”, then select “Find a Provider, Hospital or Pharmacy.”

Participating Hospitals: Quick Reference Guide

	Participating Hospital	Provider Address	Provider City	Provider State	Provider ZIP Code	Provider County	Provider Phone Number
17	McLaren Central Michigan	1221 South Dr	Mount Pleasant	MI	48858-3257	Isabella	800.671.1453
18	McLaren Flint	401 S Ballenger Hwy	Flint	MI	48532-3638	Genesee	810.342.2000
19	McLaren Greater Lansing	2900 Collins Rd	Lansing	MI	48910-8394	Ingham	517.975.6000
20	McLaren Thumb Region	1100 S Van Dyke Rd	Bad Axe	MI	48413-9615	Huron	989.269.9521
21	Memorial Healthcare	826 W King St	Owosso	MI	48867-2120	Shiawassee	989.723.5211
22	Oaklawn Hospital	200 N Madison St	Marshall	MI	49068-1143	Calhoun	269.781.4271
23	Scheurer Hospital	170 N Caseville Rd	Pigeon	MI	48755-9704	Huron	989.453.3223
24	Scheurer Swing Bed	170 N Caseville Rd	Pigeon	MI	48755-9704	Huron	989.453.3223
25	Sheridan Community Hospital	301 N Main St	Sheridan	MI	48884-9235	Montcalm	989.291.3261
26	Sparrow Health System - St. Lawrence Campus	1210 W Saginaw	Lansing	MI	48915-1927	Ingham	517.364.1000
27	Sparrow Health System - Lansing	1215 E Michigan Ave	Lansing	MI	48912-1811	Ingham	517.364.1000
28	Sparrow Carson Hospital	406 E Elm St	Carson City	MI	48811-9693	Montcalm	989.584.3131
29	Sparrow Clinton Hospital	805 S Oakland St	Saint Johns	MI	48879-2253	Clinton	989.224.6881
30	Sparrow Eaton Hospital	321 E Harris St	Charlotte	MI	48813-1629	Eaton	517.543.1050
31	Sparrow Ionia Hospital	3565 S State Rd	Ionia	MI	48846-9416	Ionia	616.523.1400
32	Spectrum Health Zeeland Community Hospital	8333 Felch St	Zeeland	MI	49464-2608	Ottawa	616.772.4644

Effective July 1, 2022

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Participating Hospitals: Quick Reference Guide

	Participating Hospital	Provider Address	Provider City	Provider State	Provider ZIP Code	Provider County	Provider Phone Number
33	Spectrum Health Big Rapids Hospital	605 Oak St	Big Rapids	MI	49307-2048	Mecosta	231.796.8691
34	Spectrum Health Blodgett Hospital	1840 Wealthy St SE	Grand Rapids	MI	49506-2921	Kent	616.774.7444
35	Spectrum Health Butterworth Hospital	100 Michigan St SE	Grand Rapids	MI	49503-2560	Kent	616.391.1774
36	Spectrum Health Gerber Memorial	212 S Sullivan Ave	Fremont	MI	49412-1548	Newaygo	231.924.3300
37	Spectrum Health Kelsey Hospital	418 Washington St	Lakeview	MI	48850-7102	Montcalm	989.352.7211
38	Spectrum Health Ludington Hospital	1 N Atkinson Dr	Ludington	MI	49431-1906	Mason	231.843.2591
39	Spectrum Health Pennock Hospital	1009 W Green St	Hastings	MI	49058-1710	Barry	269.945.3451
40	Spectrum Health Reed City Hospital	300 N Patterson Rd	Reed City	MI	49677-8041	Osceola	231.832.2371
41	Spectrum Health United Hospital	615 S Bower St	Greenville	MI	48838-2614	Montcalm	616.754.4691
42	Trinity Health Oakland Hospital	44405 Woodward	Pontiac	MI	48341-5023	Oakland	248.858.3000
43	Trinity Health Ann Arbor Hospital	5301 McAuley Dr	Ypsilanti	MI	48197-1051	Washtenaw	734.712.3456
44	Trinity Health Chelsea Hospital	775 S Main St	Chelsea	MI	48118-1383	Washtenaw	734.593.6000
45	Trinity Health Livingston Hospital	620 Byron Rd	Howell	MI	48843-1002	Livingston	517.545.6000
46	Trinity Health Livonia Hospital	36475 Five Mile Rd	Livonia	MI	48154-1971	Wayne	734.655.4800
47	University of Michigan Health System	1500 E Medical Center Dr	Ann Arbor	MI	48109-5000	Washtenaw	734.936.4000
48	Von Voigtlander Women's Hospital	1500 E Medical Center Dr	Ann Arbor	MI	48109-5000	Washtenaw	734.936.4000

Effective July 1, 2022

For the most up-to-date provider and facility listing, please visit Member.PHPMedicare.com, select "Providers", then select "Find a Provider, Hospital or Pharmacy."

Worldwide Travel Benefit

WINTERING IN FLORIDA? PLANNING A TRIP TO EUROPE? PHP MEDICARE HAS YOU COVERED.

Let's face it. As much as we hope nothing bad happens when you're out and about living life, stuff happens. And because we care about you, whether you're in town or not, we want to make sure you're taken care of if you get injured or sick.

Your PHP Medicare Advantage plan includes out-of-network flexibility and urgent/emergency care wherever you go. Let's say there's an unexpected swell while you're reeling in the big one out on the Atlantic, and you fall and throw your back out. Or you think you have an appendicitis attack while at a London pub. What do you do? You give us a call. Because if you ever get sick or injured when you're away from home, PHP Medicare has you covered.

Your friends at PHP Medicare are always focused on you—wherever your adventures take you.



Star Rating Sheet

IS IT A GOOD PLAN OR A BAD PLAN?

THE STAR RATING SYSTEM PROVIDES A QUICK POINT OF REFERENCE.

Most of us are familiar with star ratings for products and services. The higher the star rating, the better the overall quality. In this instance, Medicare uses a rating of one to five stars. This Star Rating System is used to measure the performance of Medicare Advantage and Part D plans in several categories, including quality of care and customer service.

Medicare Advantage plans are rated on their quality of performance in five different categories:

- Helping members stay healthy: screenings, tests, and vaccines
- Managing chronic (long-term) conditions
- Plan responsiveness and care
- Member complaints, problems getting services, and choosing to leave the plan
- Health plan customer service

Part D plans are rated on how well they perform in four different categories:

- Drug plan customer service
- Member complaints, problems getting services, and choosing to leave the plan
- Member experience with the drug plan
- Drug pricing and patient safety

Star ratings are important, but they're not the only criteria for choosing a plan. You also want to make sure the plan's coverage, network of providers, pharmacies, and costs are right for you.

The enclosed star rating sheet shows you how well PHP Medicare Advantage plans perform.

SUMMARY OF BENEFITS

Jan. 1, 2023 – Dec. 31, 2023

This booklet provides a summary of what we cover and what you pay. It doesn't list every limitation, exclusion, or covered service. To get a complete list of services we cover, call us to request a copy of the Evidence of Coverage. It is also available on **PHPMedicare.com**.

- To compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on Medicare.gov.
- To know more about the coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. Find it online at Medicare.gov or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week. TTY users should call 877.486.2048.

Sections in this booklet

- Things to Know About **PHP Medicare (HMO-POS)** Plans
 - Sparrow Advantage and Sparrow Advantage Plus
 - Covenant Advantage and Covenant Advantage Plus
 - PHP Advantage and PHP Advantage Plus
 - University of Michigan Health Advantage and University of Michigan Health Advantage Plus
- Table of Contents
- Monthly Premium, Deductibles, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call 844.925.0182 (TTY: 711) to speak with a Customer Service representative.*

Things to Know About PHP Medicare (HMO-POS) Plans

Hours of Operation

- From Oct. 1 through March 31, you can call us seven days a week from 8 a.m. to 8 p.m. E.T.
- From April 1 through Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. E.T.

PHP Medicare Phone Numbers and Website

- If you have questions, call toll-free 844.925.0182 (TTY: 711).
- Our website: PHPMedicare.com

Who can join?

To join a **PHP Medicare** plan, you must be entitled to Medicare Part A, enrolled in Medicare Part B, a United States citizen or are lawfully present in the United States, and live in our service area. Our service area includes the following counties in Michigan: Bay, Calhoun, Clinton, Eaton, Gratiot, Huron, Ingham, Ionia, Jackson, Kalamazoo, Livingston, Montcalm, Saginaw, Sanilac, Shiawasee, Tuscola, and Washtenaw.

What is an HMO-POS?

An HMO-POS is a Medicare Advantage Plan that is a Health Maintenance Organization with a more flexible network allowing you to seek care outside of the traditional HMO network under certain situations or for certain treatment. You may pay some additional fees for using the POS (out-of-network) option.

Which doctors, hospitals, and pharmacies can I use?

PHP Medicare has a network of doctors, hospitals, pharmacies, and other providers. Our plans allow you to see providers outside of the network (non-contracted providers). However, while we pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can call us and we will send you a copy of the Provider Directory or visit PHPMedicare.com.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers — and more.

- **Our plan members get *all* of the benefits covered by Original Medicare.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get *more* than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. Call us and we will send you a copy of our Prescription Drug Formulary (list of Part D prescription drugs) or visit PHPMedicare.com.

How will I determine my drug costs?

Our plans group each medication into one of five tiers. You will need to use the Prescription Drug Formulary to locate the tier your drug is in to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: initial coverage, coverage gap, and catastrophic coverage. If you have questions about the different benefit stages, please contact the plan for more information or access the Evidence of Coverage on our website.

Monthly Premium, Deductibles, and Limits on How Much You Pay for Covered Services

<p>Plan Availability</p>	<p>Sparrow Advantage plans: Clinton, Eaton, Gratiot, Ingham, Ionia, Montcalm, Shiawassee</p> <p>Covenant Advantage plans: Bay, Huron, Saginaw, Sanilac, Tuscola</p> <p>PHP Advantage plans: Calhoun, Jackson, Kalamazoo</p>	<p>U-M Health Advantage plans: Livingston Washtenaw</p>	<p>Sparrow Advantage Plus plans: Clinton, Eaton, Gratiot, Ingham, Ionia, Montcalm, Shiawassee</p> <p>Covenant Advantage Plus plans: Bay, Huron, Saginaw, Sanilac, Tuscola</p> <p>PHP Advantage Plus plans: Calhoun, Jackson, Kalamazoo</p>	<p>U-M Health Advantage Plus plans: Livingston Washtenaw</p>				
<p>Monthly Plan Premium</p>	<p>\$0 per month. You must continue to pay your Medicare Part B premium.</p>		<p>\$25 per month. You must continue to pay your Medicare Part B premium.</p>					
<p>Deductibles</p>	<p>All Plans This plan does not have a deductible.</p>							
<p>Maximum Out-of-Pocket (MOOP) Responsibility (does not include Part D prescription drugs)</p>	<p>The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for covered hospital and medical services.</p> <table border="1" data-bbox="457 1331 1526 1669"> <tr> <td data-bbox="457 1331 727 1669"> <p>Your yearly limit(s) in this plan: \$3,600 for covered hospital and medical services you receive from in-network providers.</p> </td> <td data-bbox="727 1331 993 1669"> <p>Your yearly limit(s) in this plan: \$2,900 for covered hospital and medical services you receive from in-network providers.</p> </td> <td data-bbox="993 1331 1260 1669"> <p>Your yearly limit(s) in this plan: \$3,600 for covered hospital and medical services you receive from in-network providers.</p> </td> <td data-bbox="1260 1331 1526 1669"> <p>Your yearly limit(s) in this plan: \$2,900 for covered hospital and medical services you receive from in-network providers.</p> </td> </tr> </table> <p>All Plans Your yearly limit(s) for all plans: \$6,700 for covered hospital and medical services you receive from out-of-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you will still be covered for hospital and medical services, and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>				<p>Your yearly limit(s) in this plan: \$3,600 for covered hospital and medical services you receive from in-network providers.</p>	<p>Your yearly limit(s) in this plan: \$2,900 for covered hospital and medical services you receive from in-network providers.</p>	<p>Your yearly limit(s) in this plan: \$3,600 for covered hospital and medical services you receive from in-network providers.</p>	<p>Your yearly limit(s) in this plan: \$2,900 for covered hospital and medical services you receive from in-network providers.</p>
<p>Your yearly limit(s) in this plan: \$3,600 for covered hospital and medical services you receive from in-network providers.</p>	<p>Your yearly limit(s) in this plan: \$2,900 for covered hospital and medical services you receive from in-network providers.</p>	<p>Your yearly limit(s) in this plan: \$3,600 for covered hospital and medical services you receive from in-network providers.</p>	<p>Your yearly limit(s) in this plan: \$2,900 for covered hospital and medical services you receive from in-network providers.</p>					

Covered Medical and Hospital Benefits

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Inpatient Hospital Coverage	<p>All Plans In-network (INN): Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> • \$200 copay per day, per stay: Days 1–7 • \$0 copay per day, per stay: Days 8 and beyond Prior authorization is required for INN. If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital. Out-of-network (OON): For each Medicare-covered inpatient hospital stay: 20% co-insurance Prior authorization is required for OON.</p>			
Outpatient Hospital Coverage	<p>All Plans In-network: \$150 copay Prior authorization may be required for INN. Out-of-network: Medicare-covered outpatient hospital services (based on the Medicare allowable amount): 20% co-insurance Prior authorization may be required from your PCP for OON.</p>			
Ambulatory Surgical Center (ASC)	<p>All Plans In-network: \$100 copay for each Medicare-covered surgery. Prior authorization is required for INN. Out-of-network: 20% co-insurance for each Medicare-covered surgery. Prior authorization may be required from your PCP for OON.</p>			
Doctor Visits (Primary Care Providers and Specialists)	<p>All Plans Primary Care Provider (PCP) visit: In-network: \$0 copay Out-of-network: Not covered Specialist Visit: In-network: \$30 copay Certain Medicare-covered services provided by a physician may require a prior authorization. Out-of network: 20% co-insurance for each Medicare-covered specialist visit. Certain Medicare-covered services provided by a physician require a referral and may require a prior authorization.</p>			
Preventive Care	<p>All Plans You pay nothing when using an in-network provider. When using an out-of-network provider, you pay 20% co-insurance. Our plan covers many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit </p>			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Preventive Care (cont.)	<p><u>All Plans</u></p> <ul style="list-style-type: none"> • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training and diabetic services • Health and wellness education programs • HIV screening • Immunizations (pneumonia, hepatitis B, influenza, and COVID-19) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Welcome to Medicare preventive visit (one-time) <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>			
Emergency Care	<p><u>All Plans</u></p> <p>\$90 copay</p> <p>If you are admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the “Inpatient Hospital Coverage” section of this booklet for other costs.</p> <p>This coverage is available worldwide.</p>			
Urgently Needed Services	<p><u>All Plans</u></p> <p>\$60 copay within the United States</p> <p>\$90 copay outside of the United States</p> <p>This coverage is available worldwide.</p>			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Diagnostic Services/Labs/Imaging (Costs for these services may vary based on place of service)	<p>All Plans</p> <p>In-network: Lab services: \$10 copay Diagnostic procedures and tests: \$10 copay Diagnostic colonoscopies: \$0 copay X-rays: \$35 copay High tech radiology services (MRI, CT, and PET scans): \$100 copay Diagnostic mammograms: \$0 copay All other radiology services: \$20 copay Therapeutic radiology services (such as radiation treatment for cancer): \$25 copay Prior authorization may be required for INN services.</p> <p>Out-of-network: 20% co-insurance for Medicare-covered outpatient diagnostic tests and therapeutic services and supplies. Prior authorization and/or a referral may be required for OON services. There is no copay for abdominal aortic aneurysm screening, diabetes screening, or prostate cancer screening when they are ordered as a preventive service and are performed by an in-network provider.</p>			
Hearing Services	<p>In-network: Exam to diagnose and treat hearing and balance issues: \$25 copay Routine hearing exam: \$25 copay Up to two hearing aids every two calendar years (both ears combined). Our plan provides a \$1,000 allowance toward these hearing aids. One fitting/evaluation for hearing aids every two calendar years: \$0 copay</p> <p>Out-of-network: 20% co-insurance for a Medicare-covered hearing exam. Medicare-covered services require a referral when OON. There is no network restriction on the hearing aid benefit. Care can be obtained from an INN or an OON provider. If an OON provider is used, it is handled via direct member reimbursement. The hearing allowance is combined for INN and OON.</p>		<p>In-network: Exam to diagnose and treat hearing and balance issues: \$25 copay Routine hearing exam: \$25 copay Up to two hearing aids every two calendar years (both ears combined). Our plan provides a \$1,500 allowance toward these hearing aids. One fitting/evaluation for hearing aids every two calendar years: \$0 copay</p> <p>Out-of-network: 20% co-insurance for a Medicare-covered hearing exam. Medicare-covered services require a referral when OON. There is no network restriction on the hearing aid benefit. Care can be obtained from an INN or an OON provider. If an OON provider is used, it is handled via direct member reimbursement. The hearing allowance is combined for INN and OON.</p>	

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Dental Services	<p>In-network: Preventive dental services: \$0 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> • Comprehensive oral exam (2 every calendar year) • Periodic oral evaluation (2 every calendar year) • Limited oral evaluation (as needed for diagnosis of emergency condition) • Horizontal bitewing X-rays (1 every calendar year, up to 4 images) • Routine cleaning (2 every calendar year) • Fluoride treatments (1 every calendar year) <p>Medicare-covered dental services: \$30 copay</p> <p>A visit to an oral surgeon for Medicare-covered services may require a prior authorization when INN.</p>		<p>In-network: Covered diagnostic and enhanced preventive dental services: \$0 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> • Comprehensive periodontal evaluation (1 every calendar year) • Comprehensive oral exam (1 every 36 months) • Periodic oral exam (2 per calendar year) • Limited oral evaluations (as needed for diagnosis of emergency condition) • Intraoral complete series (full mouth X-rays) (1 every 3 calendar years) • Horizontal bitewing X-rays (1 every calendar year, up to 4 images) • Routine cleaning, scaling in presence of generalized moderate or severe gingival inflammation (2 every calendar year) • Fluoride treatments (2 every calendar year) • Periodontal maintenance (following active therapy) (4 every calendar year) <p>Medicare-covered dental services: \$30 copay</p> <p>A visit to an oral surgeon for Medicare-covered services may require a prior authorization when INN.</p> <p>*Comprehensive services include (but are not limited to):</p> <p>Yearly Deductible: \$100 (must be met before benefits for comprehensive dental services are available)</p> <p>Basic Restorative (includes services such as fillings, inlays/onlays, crowns, retrograde filling, and protective restorations):</p> <p>20%-50% co-insurance after deductible</p>	

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Dental Services (cont.)	<p>Out-of-network: Medicare-covered dental services (based on the Medicare allowable amount): 20% co-insurance</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services, and those services may require a prior authorization when OON.</p> <p>Preventive and Comprehensive dental services are not covered OON.</p>		<p>Oral Surgery:</p> <ul style="list-style-type: none"> • Simple and Surgical Extractions: 20% co-insurance after deductible • Other Surgical Procedures: 50% co-insurance after deductible <p>Periodontics (includes services such as periodontal surgery, scaling, root planing, full mouth debridement, clinical crown lengthening, gingivectomy-gingivoplasty, gingival flap procedure, and osseous surgery): 50% co-insurance after deductible</p> <p>Endodontics (includes services such as root canal treatment, retreatment root canal therapy, apicoectomy, and pulpotomy): 50% co-insurance after deductible</p> <p>Prosthetic Maintenance (includes services such as bridges, dentures, crowns, and tissue conditioning): 20% co-insurance after deductible</p> <p>Adjunct General Services (includes services such as general anesthesia - when clinically necessary): 50% co-insurance after deductible.</p> <p>Major Restorative (includes services such as bridges, dentures, and crowns): 50% co-insurance after deductible</p> <p>Maximum Benefit per calendar year for Preventive and Comprehensive services: \$1,750</p> <p>*See Evidence of Coverage for more details and a complete listing</p> <p>Out-of-network: 20% co-insurance for each Medicare-covered dental service (based on the Medicare allowable amount).</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services, and those services may require a prior authorization when OON.</p> <p>Preventive and Comprehensive dental services are not covered OON.</p>	

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Vision Services	<p>In-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay Diabetic eye exams performed by a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0 copay One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery: \$0 copay One pair of Medicare-covered eyeglass lenses after each cataract surgery: \$0 copay Our plan pays up to \$200 for eyeglass frames or contact lenses after each cataract surgery. One routine eye exam every calendar year: \$0 copay Optional Retinal Imaging: \$39 copay One pair of eyeglass lenses every calendar year: \$0 copay One pair of eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of contact lenses (or 2 six packs) every calendar year. Our plan pays up to \$200 every calendar year for eyeglass frames or contact lenses: \$0 copay Upgrades may be available at an additional cost.</p> <p>Out-of-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits (based on the Medicare allowable amount): 20% co-insurance A referral is required for these visits when OON.</p>		<p>In-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay Diabetic eye exams performed by a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0 copay One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery: \$0 copay One pair of Medicare-covered eyeglass lenses after each cataract surgery: \$0 copay Our plan pays up to \$400 for eyeglass frames or contact lenses after each cataract surgery. One routine eye exam every calendar year: \$0 copay Optional Retinal Imaging: \$39 copay One pair of eyeglass lenses every calendar year: \$0 copay One pair of eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of contact lenses (or 2 six packs) every calendar year. Our plan pays up to \$400 every calendar year for eyeglass frames or contact lenses: \$0 copay Upgrades may be available at an additional cost.</p> <p>Out-of-network: Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits (based on the Medicare allowable amount): 20% co-insurance A referral is required for these visits when OON.</p>	

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Vision Services (cont.)	<p>One pair of Medicare-covered eyeglass lenses after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p> <p>One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p> <p>Materials – Up to \$120 reimbursement for OON</p> <p>Routine Eye Exam – Up to \$30 reimbursement for OON</p>		<p>One pair of Medicare-covered eyeglass lenses after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p> <p>One pair of Medicare-covered eyeglass frames (standard plastic single, bifocal, trifocal, or lenticular lenses) or one pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery (based on the Medicare allowable amount): 20% co-insurance</p> <p>Materials – Up to \$240 reimbursement for OON</p> <p>Routine Eye Exam – Up to \$30 reimbursement for OON</p>	
Mental Health Services	<p>All Plans</p> <p>Inpatient stay:</p> <p>In-network: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$200 copay per day, per stay: Days 1–7 • \$0 copay per day, per stay: Days 8 and beyond <p>Prior authorization is required for INN.</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital.</p> <p>Out-of-network: Each Medicare-covered inpatient mental health stay (based on the Medicare allowable amount): 20% co-insurance</p> <p>Prior authorization is required for OON.</p> <p>Outpatient visit:</p> <p>In-network:</p> <p>Outpatient individual visit: \$30 copay</p> <p>Outpatient group visit: \$25 copay</p> <p>Out-of-network: Medicare-covered outpatient mental healthcare (based on the Medicare allowable amount): 20% co-insurance</p> <p>A referral is required for OON.</p>			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Skilled Nursing Facilities	<p>All Plans</p> <p>In-network: The plan covers up to 100 days per admission. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 copay per day, per stay: Days 1–20 • \$150 copay per day, per stay: Days 21–100 <p>Admission to a new or different skilled nursing facility within the same benefit period may start a new stay for copay administration purposes. Prior authorization is required for INN.</p> <p>Out-of-network: Medicare-covered skilled nursing facility stay (based on the Medicare allowable amount): 20% co-insurance Prior authorization is required for OON.</p>			
Physical Therapy	<p>All Plans</p> <p>In-network: \$30 copay</p> <p>Out-of-network: Medicare-covered outpatient rehabilitation services (based on the Medicare allowable amount): 20% co-insurance A referral is required for OON.</p>			
Ambulance	<p>All Plans</p> <p>\$200 copay This copay applies to each one-way trip. Prior authorization may be required for non-emergent transportation by ambulance.</p>			
Transportation	<p>In-network: \$0 copay Limited to 20 one-way trips to plan-approved locations every year.</p> <p>Out-of-network: Not covered</p>		<p>In-network: \$0 copay Limited to 30 one-way trips to plan-approved locations every year.</p> <p>Out-of-network: Not covered</p>	
Medicare Part B Drugs	<p>All Plans</p> <p>In-network: For Part B drugs such as chemotherapy drugs: 20% co-insurance Out-of-network: Part B-covered chemotherapy drugs: 20% co-insurance</p> <p>In-network: Other Part B drugs, including insulin administered via a durable medical equipment insulin pump: 20% co-insurance Out-of-network: Part B prescription drugs (based on the Medicare allowable amount): 20% co-insurance</p> <p>In-network and Out-of-network: Some Part B medications may be subject to prior authorization. Amounts you pay for Part B drugs count toward your MOOP; they do not count toward your Part D initial coverage limit or true out-of-pocket cost of \$7,400.</p>			

Part D Prescription Drug Benefits

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Deductible	All Plans This plan does not have a deductible.			
Initial Coverage	All Plans You pay the amounts listed in the following tables until your total yearly drug costs reach \$4,660. For insulins, you won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.			
Insulin Coverage	All Plans You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing tier, the coverage phase, your Extra Help status or whether the insulin product is considered a Select Insulin under the plan's Prescription Drug Formulary.*			
Preferred Retail Cost-Sharing	30-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand)	\$40 copay			
Select Insulins	\$35 copay			
Tier 4 (Non-Preferred Brand)	\$90 copay			
Tier 5 (Specialty Drug)	33% co-insurance			
Preferred Retail Cost-Sharing	60-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand)	\$80 copay			
Select Insulins	\$70 copay			
Tier 4 (Non-Preferred Brand)	\$180 copay			
Tier 5 (Specialty Drug)	Not Offered			

*Select Insulins are those that are part of the Insulin Savings Program and incur low, consistent copays through the coverage gap. Insulins administered via a durable medical equipment insulin pump are not included in the program. For information regarding which insulins are Select Insulins under the plan's benefit, refer to the plan's Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information. The program doesn't apply during the catastrophic coverage stage or if you receive Extra Help.

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Preferred Retail Cost-Sharing	90-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand)	\$120 copay			
Select Insulins	\$105 copay			
Tier 4 (Non-Preferred Brand)	\$270 copay			
Tier 5 (Specialty Drug)	Not Offered			
Standard Retail Cost-Sharing	30-Day Supply			
Tier 1 (Preferred Generic)	\$5 copay			
Tier 2 (Generic)	\$10 copay			
Tier 3 (Preferred Brand)	\$45 copay			
Select Insulins	\$35 copay			
Tier 4 (Non-Preferred Brand)	\$95 copay			
Tier 5 (Specialty Drug)	33% co-insurance			
Standard Retail Cost-Sharing	60-Day Supply			
Tier 1 (Preferred Generic)	\$10 copay			
Tier 2 (Generic)	\$20 copay			
Tier 3 (Preferred Brand)	\$90 copay			
Select Insulins	\$70 copay			
Tier 4 (Non-Preferred Brand)	\$190 copay			
Tier 5 (Specialty Drug)	Not Offered			
Standard Retail Cost-Sharing	90-Day Supply			
Tier 1 (Preferred Generic)	\$15 copay			
Tier 2 (Generic)	\$30 copay			
Tier 3 (Preferred Brand)	\$135 copay			
Select Insulins	\$105 copay			
Tier 4 (Non-Preferred Brand)	\$285 copay			
Tier 5 (Specialty Drug)	Not Offered			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Out-of-Network Cost-Sharing	30-Day Supply			
Tier 1 (Preferred Generic)	\$5 copay			
Tier 2 (Generic)	\$10 copay			
Tier 3 (Preferred Brand)	\$45 copay			
Select Insulins	\$35 copay			
Tier 4 (Non-Preferred Brand)	\$95 copay			
Tier 5 (Specialty Drug)	33% co-insurance			
Initial Coverage	<p>All Plans</p> <p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out-of-network.</p>			
Standard Mail Order Cost-Sharing	30-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand)	\$45 copay			
Select Insulins	\$35 copay			
Tier 4 (Non-Preferred Brand)	\$95 copay			
Tier 5 (Specialty Drug)	33% co-insurance			
Standard Mail Order Cost-Sharing	60-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand)	\$90 copay			
Select Insulins	\$70 copay			
Tier 4 (Non-Preferred Brand)	\$190 copay			
Tier 5 (Specialty Drug)	Not Offered			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Standard Mail Order Cost-Sharing	90-Day Supply			
Tier 1 (Preferred Generic)	\$0 copay			
Tier 2 (Generic)	\$0 copay			
Tier 3 (Preferred Brand) Select Insulins	\$112.50 copay \$105 copay			
Tier 4 (Non-Preferred Brand)	\$237.50 copay			
Tier 5 (Specialty Drug)	Not Offered			
Coverage Gap	<p>All Plans</p> <p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your out-of-pocket costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Important — You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if the insulin product is not considered a Select Insulin under the plan’s Prescription Drug Formulary or you’re not eligible for the Insulin Savings Program.</p> <p>If you’re eligible for the Insulin Savings Program, your cost-share for Select Insulins won’t increase during the coverage gap.*</p> <p>*See Insulin Savings Program on page 14.</p>			
Catastrophic Coverage	<p>All Plans</p> <p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% co-insurance or • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs. <p>When you add up your out-of-pocket costs, you are not allowed to include drugs you get at an out-of-network pharmacy that do not meet the plan’s requirements for out-of-network coverage.</p> <p>Important — You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers.</p>			
Part D Immunizations	Our plan covers most Part D vaccines at no cost to you.			

Cost-sharing may change depending on the pharmacy you choose.

Other Covered Benefits

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Acupuncture	<p>All Plans Medicare-covered services (chronic low back pain): In-network: \$30 copay for Medicare-covered acupuncture treatment. Out-of-network: 20% co-insurance for Medicare-covered acupuncture treatment (based on the Medicare allowable amount).</p>			
Chiropractic Care	<p>All Plans In-network: Manual manipulation of the spine to correct subluxation: \$20 copay Out-of-network: Medicare-covered chiropractic services (based on the Medicare allowable amount): 20% co-insurance A referral is required for OON.</p>			
Diabetes Supplies and Services	<p>All Plans Diabetes self-management training: In-network: \$0 copay Out-of-network: 20% co-insurance Diabetes monitoring supplies (including blood glucose monitors, lancets, CGMs, and test strips*): In-network: 0% co-insurance Out-of-network: 20% co-insurance When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott/LifeScan products. Therapeutic shoes or inserts: In-network: 20% co-insurance Out-of-network: 20% co-insurance (based on the Medicare allowable amount) For INN and OON: Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). *See Evidence of Coverage for a complete listing.</p>			
Durable Medical Equipment (wheelchairs, oxygen, etc.)	<p>All Plans In-network: 20% co-insurance Out-of-network: 20% co-insurance For INN and OON: Prior authorization may be required.</p>			
Foot Care (podiatry services)	<p>All Plans In-network: \$30 copay Out-of-network: 20% co-insurance for each Medicare-covered podiatry service (based on the Medicare allowable amount). A referral is required for OON.</p>			

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Home Healthcare	<p>All Plans In-network: \$0 copay Out-of-network: 20% co-insurance (based on the Medicare allowable amount). A referral is required for OON.</p>			
Hospice	<p>All Plans You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.</p>			
Meal Benefit	<p>All Plans In-network: 28 meals (two meals/day for 14 days) delivered directly to the home after each discharge from an inpatient acute hospital stay or skilled nursing facility stay. Annual limit of two discharges for a total of 56 meals/calendar year. Out-of-network: Not covered</p>			
Outpatient Substance Abuse	<p>All Plans In-network: Individual visit: \$30 copay Group visit: \$25 copay Out-of-network: 20% co-insurance for Medicare-covered outpatient substance abuse services (based on the Medicare allowable amount.) For INN and OON: Prior authorization may be required.</p>			
Over-the-Counter Coverage (OTC)	<p>In-network: \$64 credit per quarter to use on approved health products that can be ordered online, by phone, or by mail. Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter. Out-of-network: Not covered</p>		<p>In-network: \$89 credit per quarter to use on approved health products that can be ordered online, by phone, or by mail. Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter. Out-of-network: Not covered</p>	

	Advantage (HMO-POS): Sparrow, Covenant, and PHP	Advantage (HMO-POS): U-M Health	Advantage Plus (HMO-POS): Sparrow, Covenant, and PHP	Advantage Plus (HMO-POS): U-M Health
Prosthetic Devices	<p>All Plans INN and OON: Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.</p>			
Rehabilitation Services	<p>All Plans Cardiac rehabilitation services: In-network: \$20 copay per day Out-of-network: 20% co-insurance for Medicare-covered services A referral is required for OON. Occupational and physical therapy, and speech-language pathology services: In-network: \$30 copay Out-of-network: 20% co-insurance for Medicare-covered outpatient rehabilitation services (based on the Medicare allowable amount.) A referral is required for OON. For INN and OON: A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p>			
Telehealth	<p>All Plans In-network: Mental Health/Psychiatric/Substance Abuse: \$30 copay PCP: \$0 copay Prior authorization may be required. Out-of-network: Not covered</p>			
Wellness Programs	<p>All Plans In-network: Health club membership/fitness classes through SilverSneakers®: \$0 copay Out-of-network: Not covered</p>			

Index

Acupuncture.....	33
Ambulance.....	28
Ambulatory Surgical Center.....	21
Chiropractic Care.....	33
Deductibles.....	20
Dental Services.....	24
Diabetes Supplies and Services.....	33
Diagnostic Services/Labs/Imaging.....	23
Doctor Visits.....	21
Durable Medical Equipment.....	33
Emergency Care.....	22
Foot Care.....	33
Hearing Services.....	23
Home Healthcare.....	34
Hospice.....	34
Inpatient Hospital Coverage.....	21
Maximum Out-of-Pocket Responsibility.....	20
Meal Benefit.....	34
Medicare Part B Drugs.....	28
Mental Health Services.....	27
Monthly Plan Premium.....	20
Outpatient Hospital Coverage.....	21
Outpatient Substance Abuse.....	34
Over-the-Counter Coverage (OTC).....	34
Part D Prescription Drug Benefits.....	29
Deductible.....	29
Initial Coverage.....	29
Insulin Coverage.....	29
Initial Coverage.....	31
Coverage Gap.....	32
Catastrophic Coverage.....	32
Part D Immunizations.....	32
Physical Therapy.....	28
Preventive Care.....	21
Prosthetic Devices.....	35
Rehabilitation Services.....	35
Skilled Nursing Facilities.....	28
Telehealth.....	35
Transportation.....	28
Urgently Needed Services.....	22
Vision Services.....	26
Wellness Programs.....	35

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 844.925.0182 (TTY: 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **PHPMedicare.com** or call 844.925.0182 (TTY: 711) to view a copy of the EOC.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory in the Provider Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/co-insurance may change on Jan. 1, 2024.
- Our plans allow you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

How to Enroll

ENROLLING IN A PHP MEDICARE PLAN

- Choose the PHP Medicare plan that best suits your needs
- Choose a network primary care physician (PCP) to coordinate your healthcare
- Complete the Enrollment Application*— online, by phone, or via a paper application
- An acknowledgment letter, enrollment verification letter, new member packet, and ID card will be mailed to you



HOW TO DISENROLL

- Enroll in another health plan
- Call 1.800.MEDICARE (1.800.633.4227) 24 hours a day/7 days a week (TTY users should call 1.877.486.2048)
- Notify PHP Medicare in writing

*Please note that plan materials are also available in non-English languages.
If you require materials in another language or large print, please call Customer Service.

2023 Enrollment Request Form Use the form to enroll in PHP Medicare

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between Oct. 15-Dec. 7 each year (for coverage starting Jan. 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare Card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Individuals experiencing homelessness: If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social

security checks) may be considered your permanent residence address.

Reminders:

- If you want to join a plan during fall open enrollment (Oct. 15-Dec. 7), the plan must get your completed form by Dec. 7.
- Your plan will send you a monthly invoice for the plan's premium and any applicable Late Enrollment Penalty. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

PHP Medicare
P.O. Box 12487

St. Louis, MO 63132

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call PHP Medicare at 844.925.0182. TTY users can call 711.

Or, call Medicare at 1.800.MEDICARE (1.800.633.4227). TTY users can call 1.877.486.2048.

En español: Llame a PHP Medicare al 844.925.0182 (TTY:711) o a Medicare gratis al 1.800.633.4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

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Please contact PHP Medicare Sales at 844.925.0182 if you need assistance completing this form. TTY users call the national relay service toll free at 711.

Section 1 - All fields on this page are required (unless marked optional)

Select the plan you want to join:

Live in counties: Clinton, Eaton, Gratiot, Ingham, Ionia, Montcalm, Shiawassee

- | | |
|---|---|
| <input type="checkbox"/> Sparrow Advantage (HMO-POS) H7646-001
\$0 per month | <input type="checkbox"/> Sparrow Advantage Plus (HMO-POS) H7646-004
\$25 per month |
|---|---|

Live in counties: Bay, Huron, Saginaw, Sanilac, Tuscola

- | | |
|--|--|
| <input type="checkbox"/> Covenant Advantage (HMO-POS) H7646-002
\$0 per month | <input type="checkbox"/> Covenant Advantage Plus (HMO-POS) H7646-005
\$25 per month |
|--|--|

Live in counties: Calhoun, Jackson, Kalamazoo

- | | |
|---|---|
| <input type="checkbox"/> PHP Advantage (HMO-POS) H7646-003
\$0 per month | <input type="checkbox"/> PHP Advantage Plus (HMO-POS) H7646-006
\$25 per month |
|---|---|

Live in counties: Livingston, Washtenaw

- | | |
|--|--|
| <input type="checkbox"/> U-M Health Advantage (HMO-POS) H7646-007
\$0 per month | <input type="checkbox"/> U-M Health Advantage Plus (HMO-POS) H7646-008
\$25 per month |
|--|--|

FIRST Name: _____ LAST Name: _____ Middle Initial (Optional): _____

Birth Date: (____ / ____ / ____) (M M / D D / Y Y Y Y)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number (select primary phone number): <input type="checkbox"/> Mobile: () <input type="checkbox"/> Home: ()
--	--	---

Permanent Residence Street Address (Don't enter a P.O. Box): _____ County (Optional): _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different from your permanent address (P.O. Box allowed).

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address (Optional): _____

Your Medicare Information

Medicare Number: _____ - _____ - _____

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to PHP Medicare?

- Yes No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____

IMPORTANT: Read and Sign Below

- I must keep both Hospital (Part A) and Medical (Part B) to stay in PHP Medicare.
- By joining this Medicare Advantage plan, I acknowledge that PHP Medicare will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal Law that authorize the collection of this information (see Privacy Act Statement below). I also acknowledge that PHP Medicare will share my information with other plans to make payments and for other purposes allowed by Federal Law that authorize the collection of this information.
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my PHP Medicare coverage begins, I must get all of my medical and prescription drug benefits from PHP Medicare. Benefits and services provided by PHP Medicare and contained in my PHP Medicare “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor PHP Medicare will pay for benefits or services that are not covered. I will read the Evidence of Coverage document from PHP Medicare when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.
- Once I am a member of PHP Medicare, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that I can be enrolled in only one MA or Part D plan at a time - and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 by Medicare.

Signature:

Today's Date:

If you are the authorized representative, sign above and fill out these fields:

Name:	Relationship to Enrollee:	Phone Number:	
Address:	City:	State:	Zip Code:

Section 2 - All fields on this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin
- I choose not to answer.

What's your race? Select all that apply.

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- I choose not to answer.

Communication Preference Options:

Select one if your preferred spoken language is a language other than English.

- Arabic
- German
- Portuguese
- Chinese
- Gujarati
- Spanish
- French
- Korean
- Tagalog
- French Creole
- Polish
- Vietnamese

Select one if you want us to send you information in a language other than English

- Arabic
- German
- Portuguese
- Chinese
- Gujarati
- Spanish
- French
- Korean
- Tagalog
- French Creole
- Polish
- Vietnamese

Select one if you want us to send you information in an accessible format.

- Braille
- Large Print

Please contact PHP Medicare at 844.925.0182 If you need information in an accessible format or language other than what's listed above or if your preferred spoken language is language other than those listed above. Our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week. You may receive a messaging service on weekends from April 1 through Sept. 30 and holidays. TTY users can call 711.

List your primary care physician (PCP), clinic or health center

Primary Care Physician (PCP): Dr. _____ (First Name) (Last Name)	PCP # from Provider Directory: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											Is this your current physician? <input type="checkbox"/> Yes <input type="checkbox"/> No



PLEASE READ THIS IMPORTANT INFORMATION



If you currently have health coverage from an employer or union, joining PHP Medicare could affect your employer or union health benefits. You could lose your employer or union health coverage if you join PHP Medicare. 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.

Paying your plan premiums

Whether you are enrolled in a premium or non-premium plan, you may pay your plan premium and any applicable Late Enrollment Penalty that you have or may owe **by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check**. You may also choose to pay by Electronic Funds Transfer (EFT) from your bank or check via mail each month.

If you have to pay a Part-D Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security Benefit, or you may get a bill from Medicare (or the RRB). DON'T pay PHP Medicare 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.

Please select a premium payment option:

- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ___ Social Security ___ RRB

It can take up to 90 days to receive SSA/RRB withhold acceptance. SSA/RRB will begin deducting on the date of acceptance. Members will receive an invoice for any months prior to the withhold acceptance date by SSA/RRB, which will be their responsibility to pay. In limited circumstances, Medicare may not allow for the SSA/RRB deduction option and may instruct the plan to directly bill the member. If this occurs, you will be notified in writing. If you select this payment option, you will not receive a monthly invoice.

- Electronic Funds Transfer (EFT) from your bank account each month.

If you choose to have the funds taken directly out of your checking account, this is referred to as Electronic Funds Transfer (EFT). If you elect this method of payment, you will receive a letter from the plan requesting a voided check be returned with the letter for account setup. Do not submit a voided check at time of enrollment. Your request will be processed within 60 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 2nd day of the month for the current month's coverage. If you select this payment option, you will not receive a monthly invoice.

- Direct Pay

You will receive a monthly invoice containing payment instructions.



Please return completed application to:

PHP Medicare

P.O. Box 12487, St. Louis, MO 63132

Please call 844.925.0182 for more information, including free language translation services, regarding your PHP Medicare plan. TTY users call the national relay service toll free at 711. Our telephone lines are open 7 days a week from 8:00 a.m. to 8:00 p.m. You may receive a messaging service on weekends from April 1 through Sept. 30 and holidays. Please leave a message and your call will be returned the next business day. PHP Medicare is an HMO-POS plan with a Medicare contract. Enrollment in PHP Medicare depends on contract renewal. You must continue to pay your Medicare Part B premium

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

H7646_23-008_C

Name

Address

City, State, Zip

Phone

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from Oct. 15 through Dec. 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 new to Medicare and/or I already have Hospital (Part A) and recently signed up for Medicare (Part B). I want to join a Medicare Advantage plan.
- I had Medicare prior to now, but I am now turning 65.
- I am new to Medicare and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified of getting Medicare on (insert date) _____.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- 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 was released from incarceration. I was released on (insert date) _____.
- I recently returned to the United States 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 recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (recently got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

H7646_23-020_C

- I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or assisted-living facility). I moved/will move into/out of the facility 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 plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date) _____ .
- 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) _____ .
- I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- I am enrolled in a Medicare Advantage plan offered by a Medicare Advantage organization that was sanctioned by Medicare and the matter that gave rise to the sanction affected me.
- I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
- I want to enroll in a Medicare Advantage plan offered by a Medicare Advantage organization with an overall performance rating of 5 Stars.
- I was adversely affected by having requested, but not received, notices or information in an accessible format to make an enrollment decision within applicable timeframes.
- I am in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- I am in a plan that has had a Star Rating of less than 3 Stars for the last 3 years. I want to join a plan with a Star Rating of 3 Stars or higher.

If none of these statements applies to you or you're not sure, please contact PHP Medicare at 844.925.0182 (TTY users should call 711) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends from April 1 through Sept. 30 and holidays. Please leave a message, and your call will be returned the next business day.

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

H7646_23-020_C

Contact Information

As your local Medicare experts, our number one focus is you. Always has been. Always will be. If you have questions, or would like to enroll, just pick up the phone and give us a call. We'd love to hear from you.

844.925.0182 (TTY: 711)†
[PHPMedicare.com/Handbook](https://www.phpmedicare.com/Handbook)



Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 844.529.3757 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 844.529.3757 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 844.529.3757(TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 844.529.3757(TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 844.529.3757 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 844.529.3757 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 844.529.3757 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 844.529.3757 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 844.529.3757 (TTY:711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 844.529.3757 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (711) 844.529.3757. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके किसी भी पश्नर् का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं हैं। दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-996-8422 (TTY:711) पर कॉल करें। अंगरेजी/भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निशुल्क सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 844.529.3757 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 844.529.3757 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 844.529.3757 (TTY :711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 844.529.3757 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、844.529.3757 (TTY:711)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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Disclaimers

PHP Medicare is an HMO-POS plan with a Medicare contract. Enrollment in PHP Medicare depends on contract renewal. Our plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the PHP Medicare service area.

You must continue to pay your Medicare Part B premium. Enrollment in a PHP Medicare plan may be limited to specific times of the year. This information is not a complete description of benefits. Call 844.529.3757 (TTY: 711)[‡] for more information.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

PHP Medicare 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 844.529.3757 (TTY: 711).[‡]

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844.529.3757 (رقم هاتف الصم والبكم: 711).[‡]

[‡] 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends from April 1 through Sept. 30 and holidays. Please leave a message and your call will be returned the next business day.