4950 SW 8th Street
Coral Gables, FL 33134
(305) 447-8373 or (800) 767-5551

Summary of Enrollment Provisions
Premier Plan A – Adult Only

- Have you ever been a member of PMP before? □Yes □No

Conditions for Enrollment

- Must be at least 19 years of age to enroll.
- Complete Individual Enrollment Application. Complete an underwriting medical history form and underwriting evaluation at a designated facility. For applications 60 to 64 years of age, medical records are required. Medical underwriting will determine eligibility as well as the appropriate premium based on health status.
- Must reside in the service area (Miami-Dade) full time. May be out of the service area no more than 45 days during any calendar year. P.O. Box address is not acceptable.
- Submit first month's premium with application, and check or money order. This premium will be applied to the first month, if approved. Monthly premiums are due 1st day of the month. Monthly payments may be automatically debited from your bank account. Monthly premiums paid by check or money order will be assessed a monthly handling fee of $5.00.

Pre-Existing Conditions

- No health coverage benefits are provided for pre-existing condition for the first 2 years of coverage. Pre-existing conditions are conditions that had manifested 24-months prior to the effective date of coverage in such a manner as would cause an ordinary prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received; or a pregnancy existing on the effective date of coverage.

Generic Prescription Drug Coverage Only -Birth control, brand prescriptions, or non-prescription medicines are not covered

- Brand name (non-generic prescriptions) not covered. Generic prescriptions must be written by PMP contracted providers.

Copayments and Member Annual Benefits - Copayments are due and payable at the time services are rendered

- Copayments amounts vary e.g. PCP visits, referral specialists, prescriptions, diagnostics, surgery, therapeutic.
- Copayments are limited to $5,000 per person per year. Copayments for Emergency Services and Care and other services outlined in Attachment A are not calculated as part of the annual copayment limits. The total dollar amount payable per person per policy year is $1,250,000.

Urgent Services and Care, By Participating Urgent Care Providers and Facilities

- Copayments are $40 per visit.

Emergency Care and Services, and Hospital Stays Initiated through the Emergency Room, Including Ambulance Services

- $100 per Emergency plus 25 percent of charges above $100.

Maternity and Newborn Services – Not Covered

Optional Riders Available

- Dental rider is $6.00 per member per month Optical/Vision rider is $5.00 per member per month.

Effective Date of Coverage

- Coverage is not effective until notified in writing by PMP, and if approved would commence on the 1st of the month.

HIPAA

- A HIPAA endorsement may apply to those eligible individuals applying for coverage with previous health coverage.

If PMP approves an application and later determines that the member has performed an act or practice that constitutes fraud or makes an intentional misrepresentation of material fact, PMP at its option may retroactively rescind its approval of the application, the coverage will cease, and the member will be responsible for paying for any benefits received. I am aware that PMP does not directly provide covered services to its members but arranges for the provision of covered services to its members through a network of contracted, independent physicians and other independent health care providers, who are not agents or employees of PMP. These independent physicians and other independent healthcare providers render medical care to members based upon their own knowledge and expertise in the areas of practice for which they are licensed and/or trained and maintain the physician/patient relationship with members and are solely responsible for all health services which they render to members; I am aware of Individual Medical and Hospital Services Contract provisions listed above. The marketing representative has fully explained them to me. I understand other contract provisions apply. For detailed information on benefits, exclusions, and co-payments, refer to the PMP Individual Medical and Hospital Services Agreement, and any relevant or corresponding endorsement, attachment, and/or riders. A copy is available upon request.

PRINT APPLICANT NAME	DATE	APPLICANT SIGNATURE	DATE
PRINT AGENT NAME	DATE	AGENT SIGNATURE	DATE