4950 SW 8th Street
Coral Gables, FL 33134
(305) 648-4015

DELUXE PLAN A, B, C & BRX
INDIVIDUAL AND FAMILY PLAN - $5,000 DEDUCTIBLE PLANS
SUMMARY OF ENROLLMENT PROVISIONS

- Have you ever been a member of PMP before? □Yes □No
- What county do you reside in? □Miami-Dade □Broward
- Which Deluxe plan will you be applying for today? Miami-Dade: □A □B □C Broward : □BRX

Conditions for Enrollment
- Must be at least 19 years of age for enrollment as a Subscriber.
- 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 applicable service area full time: Miami-Dade for Plans A, B, & C or Broward for Plan BRX. 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 the first day of the month. Monthly premiums may be automatically debited from your account. Monthly premiums will be assessed a monthly handling fee of $5.00.

Dependents
- Spouse of Subscriber can enroll as a dependent.
- Children under age 19 can only enroll as a dependent of a Subscriber.
- Children under age 19 cannot be denied coverage. Medical underwriting will determine the appropriate premium based on health status.
- Dependent child has not attained the age of 26 years OR dependent is unmarried; does not have any dependents of his/her own; is a resident of this State; or a full-time or part-time student; is not covered under any other insurance plan; and the calendar year in which he/she reaches age 30 has not concluded.
- If a dependent has a different last name than that of the applicant, the applicant must provide a copy of the marriage certificate, birth certificate or proof of guardianship, and attach to application, or submit to the Underwriting Department.

Pre-existing Conditions (Except for Children under age 19)
- No health coverage benefits are provided for pre-existing conditions for the first two 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 – Brand prescriptions and non-prescription medicines are not covered
- Brand name (non-generic prescriptions) not covered. Generic prescriptions must be written by PMP contracted providers.

Deductible, Copayments and Member Annual Benefits – Copayments are due and payable at the time services are rendered
- A deductible of $5,000 per calendar year applies to certain Covered Services as outlined in the applicable Attachment A.
- Copayments amounts vary e.g. PCP visits, referral specialists, prescriptions, diagnostics, surgery, therapeutic services.
- Copayments are limited to $5,000 per person per calendar year. Amounts paid by Member toward fulfillment of the Deductible and copayments for emergency services and care and other services outlined in the applicable Attachment A are not calculated as part of the annual copayments limit. The total dollar amount payable per person per policy year is $1,250,000.

Urgent Services and Care at Participating Urgent Care Providers and Facilities
- Copayments are $50 per visit.

Emergency Care and Services, and Hospital Stays Initiated through the Emergency Room including Ambulance Services
- **Deluxe Plans A, B & BRX** – $100 per emergency plus 25% of charges above $100. **(Deductible applies to inpatient portion only)**
- **Deluxe Plan C** – If no inpatient admission, $250 copay per emergency
  If inpatient admission through ER, **after deductible** - $250 copay per emergency

Maternity Care and Services (Maternity is NOT covered in Deluxe Plan BRX)
- Maternity care is covered after 15 months of continuous membership.
- Maternity copayment of $1,500 is due and payable prior to delivery, includes newborn well care.

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 first 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 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 health care providers render medical care to Members based on their own knowledge and expertise in the areas of practice for which they are licensed and/or trained and maintain the physician's/patient relationship with Members and are solely responsible for all health services which they render to Members. I am aware of the 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 copayments, refer to the applicable PMP Individual Medical and Hospital Services Contract, 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