<Date>

<Member Name>
<Address1>
<Address2>

Dear Physicians United Plan Member:

To make a change in the Medicare Advantage plan you have with Physicians United Plan HMO (PUP), fill out the enclosed plan selection form to make your choice. Check off the plan you want, and sign the form. Then mail the completed form back to us by <date>.

Please be aware that you can change health plans only at certain times during the year. Between November 15th and December 31st each year, anyone can join our plan. In addition, you can switch plans between January 1st and March 31st, as long as you do not change your prescription drug coverage. Generally, you may not make changes at other times unless you meet certain special exceptions, such as if you move out of the plan's service area.

If you qualify for extra help with your prescription drug costs you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

If you select another plan and we receive your completed selection form by <date>, your new benefit plan will begin in <month/year>. Your monthly plan premium will be <premium amount> and you may continue to see any Physicians United Plan primary care doctors and specialists.

Complete the attached form only if you wish to change plans.

To help you with your decision, we have also included <year> benefit overview for the available options.

If you have any questions, please call Physicians United Plan at 1-866-571-0693. TTY users should call 1-866-671-0693. We are open Monday through Sunday, 8AM to 8PM.

H5696_PUPPLANCHGFORM 003 TO 004

Thank you.

Sincerely,
Enrollment Manager

This document is available in alternate formats and languages. To request an alternate version, please call our Member Services department at (866) 571-0693.

Plan Selection Form

Date:
Member Name:
Member Number:

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

Please check the appropriate box below <list all available plans>:

______PUP EASY (HMO)

Monthly Premium	$0
Part B Rebate	$0
Primary Care Physician visit copayment	$0
Specialist Physician visit copayment	$20
Emergency Room copayment	$50
Inpatient hospital copayment	$80/day for days 1-10
Skilled nursing facility copayment	$75/day for days 1 to 39
Copay maximum out-of-pocket	$3400

______PUP REWARDS (HMO)

Monthly Premium	$0
Part B Rebate	$67
Primary Care Physician visit copayment	$5
Specialist Physician visit copayment	$30
Emergency Room copayment	$50
Inpatient hospital copayment	$225/day for days 1 to 7
Skilled nursing facility copayment	$75/day for days 1 to 39
Copay maximum out-of-pocket	$4200

Your Plan Premium

[If we determine that you owe a late enrollment penalty, we need to know how you would prefer to pay it. You can pay by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security Check each month.]

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

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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 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.
Please select a premium payment option:

- ☐ Receive a bill

- ☐ Automatic deduction from your monthly Social Security benefit check. (The Social Security deduction may take two or more months to begin. In most cases, the first deduction from your Social Security benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.)

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:

___ English or Spanish

Please contact Physicians United Plan at 1-866-571-0693, TTY users should call 1-866-671-0693 if you need information in another format or language other than what is listed above. Our office hours are Monday through Sunday 8AM to 8PM.

Signature:	**Today's Date:**

If you are the authorized representative, you must sign above and provide the following information:

Name: ______________________________________
Address: ____________________________________
Phone Number: (___) ____ - ____________________
Relationship to Enrollee ________________________

Please mail this form to:
[9102 SOUTHPARK CENTER LOOP, SUITE 200, ORLANDO, FL 32819]

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