



Keystone First VIP Choice

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

Statements of understanding

Welcome to Keystone First VIP Choice. By initialing each item below, you are confirming that your Keystone First VIP Choice sales agent has reviewed these items with you and that you understand all of the information presented to you.

My sales agent is a representative of Keystone First VIP Choice and **does not represent Medicare or any branch of the federal or state government**. When I enroll in a Keystone First VIP Choice plan, this agent will be compensated.

Please initial each item.

___ Once I enroll in a Keystone First VIP Choice plan, I will automatically be disenrolled from any other Medicare Advantage and /or Part D plan.

___ My Keystone First VIP Choice plan will now provide all my medical and if applicable, prescription drug coverage. I will use my Keystone First VIP Choice ID card instead of my Medicare card when I require medical services or visit the pharmacy. **(NOTE: The plan I have chosen is not a Medicare supplement (Medigap) plan.)**

___ I understand that Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help I receive.

___ I must live in the Keystone First VIP Choice service area to be eligible for this plan. If I move or remain outside the service area for more than six consecutive months, I will contact the Keystone First VIP Choice Member Services to discuss my options.

___ In most cases, I must use Keystone First VIP Choice network providers. I can choose, or be assigned, a primary care physician (PCP). My PCP will be my first contact for medical services. Out-of-network services and providers will not be covered by Keystone First VIP Choice or Medicare unless I receive prior authorization.

___ My Part D Prescription Drug Coverage includes only those drugs found in the plan’s formulary, unless an exception has been granted.

___ I will not be covered by this plan until the Centers for Medicare & Medicaid Services (CMS) can verify my eligibility. As a result, my actual “effective date” may be different from the one on my application.

___ Keystone First VIP Choice will keep all of my personal health information confidential and secure.

___ I may file an appeal if I disagree with a coverage or payment decision.

Keystone First VIP Choice is coverage by VISTA HEALTH PLAN INC., Independent licensees of the Blue Cross and Blue Shields Association.

Keystone First VIP Choice is a HMO-SNP plan with a Medicare contract and a contract with the Pennsylvania Medicaid program. Enrollment in Keystone First VIP Choice depends on contract renewal.

Enrollee statement

By signing this form, I certify that my agent has explained my plan benefits, reviewed the information in the enrollment packet, and informed me that I will be contacted by AmeriHealth Caritas to confirm that I am comfortable enrolling in my selected plan. I know that if I have additional questions, I may call the phone number on my agent’s business card or Member Service. I have received a confirmation of my completed application, this form and the enrollment package for my selected plan.

Enrollee Signature: _____ Phone: _____

Medicare#: _____ Plan Selected: _____

Legal Representative Name: _____ Phone: _____

Agent Signature: _____ Date: _____

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