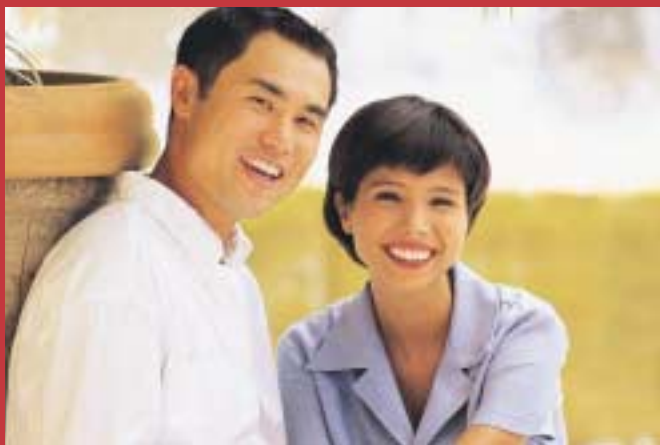


  
**MAMSI**® Health Plans  
A UnitedHealthcare Company

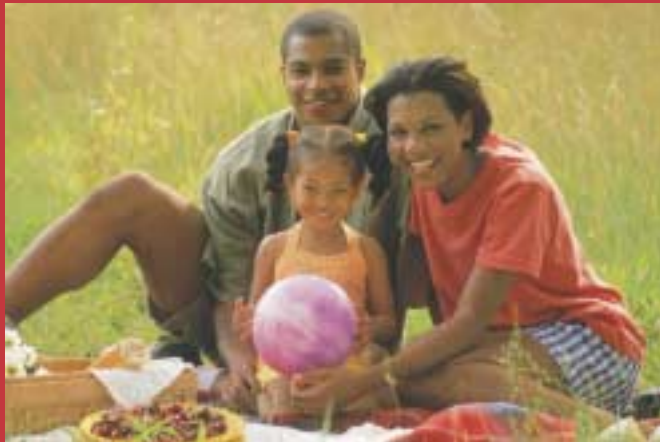
**M.D. IPA** <sup>SM</sup>  
A MAMSI/UnitedHealthcare Company

**OPTIMUM  
CHOICE, INC.** <sup>SM</sup>  
A MAMSI/UnitedHealthcare Company

**MLH-PPO** <sup>SM</sup>  
**EAGLE**



*Plan Year 2005*



State of Maryland  
**Health Benefits Summary**

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## Health Benefits At-A-Glance

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### New for 2005

- **Access to UnitedHealthcare's *national* network – PPO Plan Only**
- **NurseLine available 24/7 to help answer your health care questions – 1-888-315-7257, PIN 757**



# About Optimum Choice, Inc. (OCI) HMO Plan

- Chances are your doctor is in OCI's network
  - Check on our Web site, [www.mamsi.com](http://www.mamsi.com),  
“Find a Doctor”
- Highly-rated health plan<sup>1</sup>
- Member Services Department available 24 hours a day, seven days a week at 1-800-447-6267
- Convenient Web-based services and health education information at [www.mamsi.com](http://www.mamsi.com)
- **New!** NurseLine available to help answer your health care questions – 1-888-315-7257, PIN 757

<sup>1</sup> See 2001, 2002 and 2003 *Consumer Guide to Maryland HMO and POS Plans*, Maryland Health Care Commission.

# HMO Plan<sup>1</sup> — Summary of Benefits

The following benefits are provided through your Primary Care Physician (PCP) or with referral to the network of physicians, hospitals and other health care practitioners. OCI must approve services from a non-participating physician, health care practitioner or facility, except during emergencies.

<b>Benefits</b>	<b>Your Cost<sup>1</sup></b>
<b>Annual Deductible</b>	<b>None</b>
<b>Out-of-Pocket Maximum</b>	<b>None</b>
<b>Physician Office Visits (illness)</b>	
Primary Care Physician	100% after \$15.00 Copayment
Specialist	100% after \$25.00 Copayment
Inpatient Care	100%
Outpatient Care	100%
<b>Hospitalization</b>	
Inpatient (Pre-authorization required)	100%
Outpatient (Pre-authorization required)	100%
<b>Maternity</b>	
Pre/Postnatal Care, Delivery	100%
Newborn Care (must be enrolled within 60 days of birth)	100%
<b>Diagnostic Laboratory and X-ray</b>	100%
<b>Whole Blood and Blood Products</b>	100%
<b>Durable Medical Equipment/Diabetic Equipment and Supplies</b>	100%
<b>Acupuncture for Chronic Pain Management</b> (requires Pre-authorization)	100%
<b>Physical Therapy/Occupational Therapy/Speech Therapy*</b> (up to 50 combined visits per incident or injury per year)	100% after \$25.00 Copayment per visit
<b>Chiropractic Services</b>	100%
<b>Chemotherapy/Radiation Therapy</b>	100%
<b>Ambulance</b>	100% for Medical Emergencies
<b>Emergency Room Services</b> (inside and outside service area)	100% after \$50.00 Copayment (waived if admitted) for ER diagnosis; 50% of allowable amount plus \$50.00 Copayment for non-ER diagnosis
Emergency Physician Services	100% after \$50.00 Copayment (waived if admitted)
<b>Urgent Care</b>	100% after \$20.00 Copayment
<b>Mental Health and Substance Abuse</b>	
Outpatient (Pre-authorization required)	Plan pays 100% after: 20% Copayment of Charges for visits 1-5; 35% Copayment of Charges for visits 6-30; 50% Copayment of Charges for visits 31 and over
Inpatient (Pre-authorization required)	100%
<b>Skilled Nursing Facility</b> (up to 180 days per calendar year - Pre-authorization required)	100%
<b>Mammography</b>	100%
<b>Annual OB/GYN Checkup</b> (Member may self refer to any participating OB/GYN or participating Nurse Midwife)	100% after \$15.00 Copayment for services of participating OB/GYN
<b>Well Baby Care</b> (8 visits to age 2; 1 visit ages 2-12)	100% after \$15.00 Copayment
<b>Medical Health of the Eye</b>	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)
<b>Physical Exams</b> (One every three years for ages 13 and older)	100% after \$15.00 Copayment (PCP)
<b>Hearing Exam and Hearing Aids</b>	100% after \$15.00 Copayment (PCP) 100% for standard adult model hearing aid; one exam and hearing aid every 36 months 100% for hearing aids per hearing impaired ear every 36 months for children under 19 up to \$1,400 per ear
<b>Allergy Testing</b>	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)
<b>Diabetic Nutritional Counseling</b>	100% after \$15.00 Copayment (PCP)
<b>Home Health Care</b>	100% up to 120 days per year
<b>Prescription Drugs and Dental Services</b>	Not covered by medical plan

This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the Evidence of Coverage (Form No.: 0401268-0105MD) or for more information, call 1-800-447-6267.

<sup>1</sup> All medical care must be provided or coordinated by your Primary Care Physician (PCP), except for emergencies.

\*Physical and occupational therapy requires pre-authorization after the sixth visit; speech therapy requires pre-authorization at first visit and number of visits is based on medical necessity.

# About MD-Individual Practice Association, Inc. (M.D. IPA) POS Plan



- Chances are your doctor is in M.D. IPA's network
  - Check on our Web site, [www.mamsi.com](http://www.mamsi.com), “Find a Doctor”
- Highly-rated health plan<sup>1</sup>
- Member Services Department available 24 hours a day, seven days a week at 1-800-447-6267
- Convenient Web-based services and health education information at [www.mamsi.com](http://www.mamsi.com)
- **New!** NurseLine available to help answer your health care questions – 1-888-315-7257, PIN 757

<sup>1</sup> See 2001, 2002 and 2003 *Consumer Guide to Maryland HMO and POS Plans*, Maryland Health Care Commission.

<b>Benefits</b>	<b>In-Plan (HMO) Benefits<sup>1</sup></b>	<b>Out-of-Plan (POS) Benefit<sup>2</sup></b>
<b>Deductible</b>	<b>None</b>	<b>\$250 Individual/\$500 Family</b>
<b>Out-of-Pocket Maximum</b>	<b>None</b>	<b>\$3,000 Individual/\$6,000 Family</b>
<b>Physician Office Visits (illness)</b>		
Primary Care Physician	100% after \$15.00 Copayment	80% after deductible
Specialist	100% after \$25.00 Copayment	80% after deductible
Inpatient Care	100%	80% after deductible
Outpatient Care	100%	80% after deductible
<b>Hospitalization</b>		
Inpatient (Pre-authorization required)	100%	80% after deductible
Outpatient (Preadmission Authorization required)	100%	80% after deductible
<b>Maternity</b>		
Pre/Postnatal Care, Delivery	100%	80% after deductible
Newborn Care (must be enrolled within 60 days of birth)	100%	80% after deductible
<b>Diagnostic Laboratory and X-ray</b>	100%	80% after deductible
<b>Whole Blood and Blood Products</b>	100%	80% after deductible
<b>Durable Medical Equipment/Diabetic Equipment and Supplies</b>	100%	80% after deductible
<b>Acupuncture for Chronic Pain Management</b> (requires pre-authorization)	100%	80% after deductible
<b>Physical Therapy/Occupational Therapy/Speech Therapy*</b> (up to 50 combined visits per incident or injury per year)	100% after \$25.00 per visit Copayment	80% after deductible
<b>Chiropractic Services</b>	100%	80% after deductible
<b>Chemotherapy/Radiation Therapy</b>	100%	80% after deductible
<b>Ambulance</b>	100% for Medical Emergencies	Paid in-network for Medical Emergencies
<b>Emergency Room Services</b> (inside and outside service area)	100% after \$50.00 Copayment (waived if admitted) for ER diagnosis; 50% of allowable amount plus \$50.00 Copayment for non-ER diagnosis	Paid in-plan
Emergency Physician Services	100% after \$50.00 Copayment (waived if admitted)	Paid in-plan
<b>Urgent Care</b>	100% after \$20.00 Copayment	80% after deductible plus \$20.00 Copayment
<b>Mental Health and Substance Abuse</b>	Refer to Benefits Booklet provided by your Employee Benefits Department for information on specific mental health providers	
Outpatient (Pre-authorization required)		
Inpatient (Preadmission Authorization required)		
<b>Skilled Nursing Facility</b> (up to 180 days per calendar year - Pre-authorization required)	100%	80% after deductible
<b>Mammography</b>	100%	80% after deductible
<b>Annual OB/GYN Checkup</b> (Member may self refer to any participating OB/GYN or participating Nurse Midwife)	100% after \$15.00 Copayment for services of participating OB/GYN	80% after deductible
<b>Well Baby Care</b> (8 visits to age 2; 1 visit ages 2-12)	100% after \$15.00 Copayment	Not covered by medical plan
<b>Medical Health of the Eye</b>	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)	80% after deductible
<b>Physical Exams</b> (One every three years for ages 13 and older)	100% after \$15.00 Copayment (PCP)	Not covered by medical plan
<b>Hearing Exam and Hearing Aids</b>	100% after \$15.00 Copayment for exam 100% for standard adult model hearing aid; one exam and hearing aid every 36 months 100% for hearing aids per hearing impaired ear every 36 months for children under 19 up to \$1,400 per ear	80% after deductible for children under 19 for hearing aid; one exam and hearing aid every 36 months up to \$1,400 per ear. (Adults not covered by medical plan.)
<b>Allergy Testing</b>	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)	80% after deductible
<b>Diabetic Nutritional Counseling</b>	100% after \$15.00 Copayment (PCP)	80% after deductible
<b>Home Health Care</b>	100% up to 120 days per year	80% after deductible up to 120 days per year
<b>Prescription Drugs and Dental Services</b>	Not covered by medical plan	Not covered by medical plan

This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the Evidence of Coverage (Form No.: 0101269-0105MD) and POS Group Certificate (Form No.: 0726298-0105MD), or for more information, call 1-800-447-6267.

<sup>1</sup> All medical care must be provided or coordinated by your PCP, except for emergencies.

<sup>2</sup> Out-of-plan (POS) benefits provided through MLH. See your MLH Group Certificate for more details.

\*Physical and occupational therapy requires pre-authorization after the sixth visit; speech therapy requires pre-authorization at first visit and number of visits is based on medical necessity.

## About

# MLH-PPO EAGLE PPO Plan<sup>1</sup>



### New!

- Choices... You have access to UnitedHealthcare's *national* network. You have access to MAMSI Health Plans<sup>1</sup> local network. And, you can use any doctor outside our networks.
- Member Services Department available 24 hours a day, seven days a week at 1-800-447-6267
- Convenient Web-based services and health education information at [www.mamsi.com](http://www.mamsi.com)

### New!

- NurseLine available to help answer your health care questions – 1-888-315-7257, PIN 757

<sup>1</sup> MAMSI Life and Health Insurance Company (MLH)

<b>Benefits</b>	<b>In-Network*</b>	<b>Out-of-Network**</b>
<b>Deductible</b>	<b>None</b>	<b>\$250 Individual/\$500 Family</b>
<b>Out-of-Pocket Maximum</b>	<b>None</b>	<b>\$3,000 Individual/\$6,000 Family</b>
<b>Lifetime Maximum</b>	<b>\$2,000,000 Combined in-and out-of-network</b>	
<b>Physician Office Visits (illness)</b>		
Primary Physician	100% after \$15.00 Copayment (includes Family Practitioner, General Practitioner, Internist, OB/GYN and Pediatrician)	80% after deductible
Specialist	100% after \$25.00 Copayment	80% after deductible
Inpatient Care	100%	80% after deductible
Outpatient Care	100%	80% after deductible
<b>Hospitalization</b>		
Inpatient (Pre-authorization required)	100%	80% after deductible
Outpatient (Pre-authorization required)	100%	80% after deductible
<b>Maternity</b>		
Pre/Postnatal Care, Delivery	100%	80% after deductible
Newborn Care (must be enrolled within 60 days of birth)	100%	80% after deductible
<b>Diagnostic Laboratory and X-ray</b>	100%	80% after deductible
<b>Whole Blood and Blood Products</b>	100%	80% after deductible
<b>Durable Medical Equipment/Diabetic Equipment and Supplies</b>	100%	80% after deductible
<b>Acupuncture for Chronic Pain Management (requires pre-authorization)</b>	100% after \$20.00 per visit Copayment	80% after deductible
<b>Physical Therapy/Occupational Therapy/Speech Therapy***</b> (up to 50 combined visits per incident or injury per year)	100% after \$25.00 Copayment	80% after deductible
<b>Chiropractic Services</b>	100% after \$20.00 per visit Copayment	80% after deductible
<b>Chemotherapy/Radiation Therapy</b>	100%	80% after deductible
<b>Ambulance</b>	100% for Medical Emergencies	100% for Medical Emergencies
<b>Emergency Room Services (inside and outside service area)</b>	100% after \$50.00 Copayment for ER diagnosis; 50% of allowable amount plus \$50.00 Copayment for non-ER diagnosis	100% after \$50.00 Copayment for ER diagnosis; 50% of allowable amount plus \$50.00 Copayment for non-ER diagnosis
<b>Emergency Physician Services</b>	100% after \$50.00 Copayment (waived if admitted)	100% after \$50.00 Copayment
<b>Urgent Care</b>	100% after \$20.00 Copayment	80% after deductible plus \$20.00 Copayment
<b>Mental Health and Substance Abuse</b>		
Outpatient (Pre-authorization required)	Refer to Benefits Booklet provided by your Employee Benefits Department for information on specific mental health practitioner	
Inpatient (Pre-authorization required)		
<b>Skilled Nursing Facility</b> (up to 180 days per calendar year - Pre-authorization required)	100%	80% after deductible
<b>Mammography</b>	100%	80% after deductible
<b>Annual OB/GYN Checkup</b>	100% after \$15.00 Copayment	80% after deductible
<b>Well Baby Care (8 visits to age 2; 1 visit ages 2-12)</b>	100% after \$15.00 Copayment	80% after deductible
<b>Medical Health of the Eye</b>	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)	80% after deductible
<b>Physical Exams (One every three years for ages 13 and older)</b>	100% after \$15.00 Copayment	80% after deductible
<b>Hearing Exam and Hearing Aids</b>	100% after \$15.00 Copayment for exam 100% for standard adult model hearing aid; one exam and hearing aid every 36 months 100% for hearing aid per hearing impaired ear every 36 months, for children under 19 up to \$1,400 per ear	80% after deductible 100% for standard adult model hearing aid; one exam and hearing aid every 36 months 80% after deductible for hearing aid per hearing impaired ear every 36 months, for children under 19 up to \$1,400 per ear
<b>Allergy Testing</b>	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)	80% after deductible
<b>Diabetic Nutritional Counseling</b>	100% after \$15.00 Copayment	80% after deductible
<b>Home Health Care</b>	100% up to 120 days per year	80% after deductible
<b>Prescription Drugs and Dental Services</b>	Not covered by medical plan	Not covered by medical plan

This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the MLH Eagle PPO Plan Guide (Form No.: 0726299-0105MD) or for more information, call 1-800-447-6267.

\*When received from a preferred provider. Reimbursement is based on contracted fees.

\*\*When received from a non-preferred provider. Reimbursement is based on Usual, Customary and Reasonable Charges. Member may be billed for difference between Usual, Customary and Reasonable Charges and Requested Charges.

\*\*\*Physical and occupational therapy requires pre-authorization after the sixth visit; speech therapy requires pre-authorization at first visit and number of visits is based on medical necessity.



# Vision Plan\*

<p><b>Vision Plan Coverage Includes:</b></p> <p><b>Eye Examination - One Eye Exam:</b></p> <ul style="list-style-type: none"><li>• Complete case history</li><li>• Eye pathology (includes tonometry)</li><li>• Vision survey and analysis</li><li>• Complete refraction</li><li>• Coordination measurements and tests</li><li>• Prescription for lenses</li><li>• Post-examination visit</li></ul> <p><b>Lenses: One pair of lenses that are prescribed during the examination.</b></p> <p><b>Frames: One pair of frames.</b></p> <p><b>Contact Lenses: One pair of contacts in lieu of frames and lenses:</b></p> <ul style="list-style-type: none"><li>• When prescribed following cataract surgery and Medically Necessary, or</li><li>• When visual acuity is only correctable to 20/70 or better by using contacts and Medically Necessary, or</li><li>• When you choose contacts instead of lenses for cosmetic reasons.</li></ul>	<p><b>Vision - Any services that deal with correcting vision.</b></p> <p><b>Plans pays up to:</b></p> <p><b>Exams - \$45</b> (Available once every year)</p> <p><b>Prescription Lenses (per pair)</b> (Available once every year)</p> <ul style="list-style-type: none"><li>• Single Vision - \$28.80</li><li>• Bifocal, single - \$48.60</li><li>• Bifocal, double - \$88.20</li><li>• Trifocal - \$70.20</li></ul> <p><b>Aphakic:</b></p> <ul style="list-style-type: none"><li>• Glass - \$54.00</li><li>• Plastic - \$126.00</li><li>• Aspheric - \$162.00</li></ul> <p><b>Frames - \$45</b> (Available once every year)</p> <p><b>Contacts (per pair, in lieu of frames and lenses)</b> (Available once every year)</p> <ul style="list-style-type: none"><li>• Medically Necessary - \$201.60</li><li>• Cosmetic - \$50.40</li></ul>
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## General Description of Coverage

The Vision Plan is available to all individuals and their dependents who are eligible for health benefits with MAMSI Health Plans. You will receive partial reimbursement listed above for basic eye exams, frames and lenses.

The Vision Plan covers services associated with correcting vision. If you have medical problems with your eyes, please refer to your health plan documents for benefit information.

### Member Forms

The Vision Plan uses a Vision Service Form, not a health plan identification (ID) card. These forms are issued for each member and are mailed to the member upon a request to the Member Services Department. It takes approximately 10 business days for delivery of the forms, so it is best to request your forms well in advance of your appointment. You cannot obtain these forms from your physician or health care practitioner.

### When Receiving Benefits

You may request to be reimbursed the maximum benefit allowed for all covered services,  
or

You may assign your benefits to the physician or health care practitioner, who is then reimbursed the maximum benefit allowed for all covered services. You are responsible for any difference between the total cost of services received and the amount to be reimbursed by the Plan.

**NOTE:** All Vision Plan reimbursement claims must be received by MAMSI Health Plans within one year of the date of service. Each eligible member must provide his or her own health plan member ID number to receive claim reimbursement. All claims for reimbursement must be accompanied by a receipt.

### Questions?

If you have any questions concerning eligibility, coverage, or need to request a Vision Service Form, please call the Member Services Department 24 hours a day, seven days a week at: **1-800-447-6267**

## Additional Discounted Vision Services

As a MAMSI health plan member, you also have discounted vision benefits. Discounts are available on eyewear and related services at participating optical centers listed in the *Directory of Health Care Professionals*. You need only show your health plan ID card at a participating center to receive the following savings:

Member pays 80-85% of usual and customary fees for eyeglasses, including single, multiple or designer, and other optical services. Contact lenses may also be available at a discount.

*\*This outline is intended as a summary only. For complete details, consult your Evidence of Coverage or Group Certificate.*

## Retiree Options

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- As a State of Maryland retiree, you may join any of the three MAMSI Health Plans – the MLH Eagle PPO Plan (national network now available), or the M.D. IPA POS plan or the OCI HMO plan.
- New for 2005...MLH Eagle PPO Plan participants have access to UnitedHealthcare's *national* network.
- As a State of Maryland employee, you must enroll in Medicare Parts A and B when you become eligible. Your health plan will become secondary and will provide coverage as described on the next page.

# Retiree Options

## MLH Eagle PPO Plan

- Covers your Medicare deductibles and co-insurance.
- Your out-of-network deductible is waived.
- Physician copayments do not apply.
- All claims go to Medicare first; the Eagle PPO Plan is secondary and pays the deductibles and co-insurance that Medicare does not pay.
- In most cases you will not have to file claims. When you use a provider who participates with Medicare, your physician will file the claim with Medicare.

## M.D. IPA POS Plan

- Out-of-network claims go to Medicare first.
  - The POS Plan pays your Part A hospital deductible.
  - After you have met your Part B \$100 deductible, the Plan pays the Medicare co-insurance.
  - The \$100 Medicare Part B deductible counts as part of your POS out-of-network deductible (\$250/individual, \$500/family).
- In most cases you will not have to file claims. When you use a provider who participates with Medicare, your physician will file the claim with Medicare.

## OCI HMO Plan

- You must continue to use health care providers in the HMO network.
- In most cases you will not have to file claims. When you use a provider who participates with Medicare, your physician will file the claim with Medicare.

# NurseLine

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# About Optum NurseLine



## *New for 2005*

- Call Optum NurseLine, 24 hours a day, 7 days a week, toll-free at 1-888-315-7257, PIN 757 for answers to your health care questions.
- Talk to a registered nurse to discuss treatment options and receive answers to health-related questions in coordination with your physician's advice.
- Access the audio Health Information Library, offering 1,100 recorded topics.
- TDD service for callers who have special hearing and speech needs.
- Translation for 140 languages for non-English speaking callers.

Optum NurseLine  
1-888-315-7257, PIN 757

# Primary Care Physician (PCP) Selection Form

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# Primary Care Physician Selection Form

**M.D. IPA**<sup>SM</sup> **OPTIMUM CHOICE, INC.**<sup>SM</sup>  
 A MAMSI/UnitedHealthcare Company A MAMSI/UnitedHealthcare Company

POS

HMO

M.D. IPA EOC No. 0101269-0105MD  
 POS Policy No. 0726298-0105MD

OCI EOC No. 0401268-0105MD

(Please check the appropriate box.)

## State of Maryland

### How to complete this form:

1. Please type or print clearly in ball point pen.
2. Do not write in shaded areas.
3. Select a Primary Care Physician for you and each member of your family from our list of participating family/general practitioners, internists, pediatricians, or if a woman prefers, an obstetrician/gynecologist. You and each member of your family may select a different Primary Care Physician. Your Primary Care Physician is responsible for all your medical needs, including referrals to specialists and hospitals.
4. List your work and home telephone numbers in the space provided.
5. Questions? Please call the Member Services Department at 1-800-447-6267.

MD-Individual Practice Association, Inc. (M.D. IPA)  
 Optimum Choice, Inc. (OCI)  
 4 Taft Court  
 Rockville, MD 20850  
 www.mamsi.com

Place  
 Postage  
 Stamp  
 Here

**MAMSI ENROLLMENT Department**  
 P.O. Box 943  
 Frederick, MD 21705-0943

### OTHER INSURANCE INFORMATION

Do you or any family member have other health insurance that will be in effect at the same time as your policy?  
 YES  NO

If Yes \_\_\_\_\_ Health Insurance Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Other Insurance Policy Holder Name \_\_\_\_\_ Other Insurance Coverage Type (S=Self Only, F=Family Contract) \_\_\_\_\_

Do you or any family member have Medicare?  
 YES  NO  YES if yes, Medicare Number \_\_\_\_\_

In the past seven years, have you or any family member been treated for injuries from an accident?  
 YES  NO

## Employee Information

Name \_\_\_\_\_  
Last

Employer \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
First M.I.

Primary Care Physician \_\_\_\_\_  
Are you a current patient of this physician?  Yes  No

Second Choice \_\_\_\_\_  
Work Phone \_\_\_\_\_

## Dependent Information

Name \_\_\_\_\_  
Last

Employer \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
First M.I.

Primary Care Physician \_\_\_\_\_  
Are you a current patient of this physician?  Yes  No

Second Choice \_\_\_\_\_

1st Eligible Child's Name \_\_\_\_\_  
Last

Employer \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
First M.I.

Primary Care Physician \_\_\_\_\_  
Are you a current patient of this physician?  Yes  No

Second Choice \_\_\_\_\_

2nd Eligible Child's Name \_\_\_\_\_  
Last

Employer \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
First M.I.

Primary Care Physician \_\_\_\_\_  
Are you a current patient of this physician?  Yes  No

Second Choice \_\_\_\_\_

3rd Eligible Child's Name \_\_\_\_\_  
Last

Employer \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
First M.I.

Primary Care Physician \_\_\_\_\_  
Are you a current patient of this physician?  Yes  No

Second Choice \_\_\_\_\_

4th Eligible Child's Name \_\_\_\_\_  
Last

Employer \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
First M.I.

Primary Care Physician \_\_\_\_\_  
Are you a current patient of this physician?  Yes  No

Second Choice \_\_\_\_\_

5th Eligible Child's Name \_\_\_\_\_  
Last

Employer \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
First M.I.

Primary Care Physician \_\_\_\_\_  
Are you a current patient of this physician?  Yes  No

Second Choice \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Member ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home phone \_\_\_\_\_

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(For internal use only)

Date of Birth \_\_\_\_\_

--	--	--	--

(For internal use only)

Date of Birth \_\_\_\_\_

--	--	--	--

(For internal use only)

Date of Birth \_\_\_\_\_

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(For internal use only)

Date of Birth \_\_\_\_\_

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(For internal use only)

Date of Birth \_\_\_\_\_

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(For internal use only)

Date of Birth \_\_\_\_\_

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(For internal use only)

When form is completed, fold first panel inward, tape or staple to seal.





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