



# Miami Nation

P.O. Box 1326  
Miami, OK 74355  
Phone: 918.541.1300

# Medical Benefit Plan

## Enrollment Request for 2022-2023 Tribal Member - Individual

1. If you are enrolled as a member of the Miami Nation, please complete this form. Please print and use ink.
2. Mail all completed forms in your packet and a copy of your Tribal Membership card to the Miami Nation at the address above.
3. You must include a copy of your Tribal Membership Card to be eligible for the Medical Benefit Plan.

### TRIBAL MEMBER

<b>Name</b> (Last, First)	<b>Birthdate</b> (MM/DD/YYYY)	<b>Tribal Membership Enrollment No. (REQUIRED-NOT CDIB)</b>
<b>Home Address</b> (Street, City, State, Zip)	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Please check <u>ALL</u> that apply:</b> <input type="checkbox"/> Age 65 or over <input type="checkbox"/> 100% Permanent Disability (documented) <input type="checkbox"/> Veteran (must provide discharge papers) <input type="checkbox"/> Active-Duty Military
<b>Email address</b>		<b>Daytime Phone</b>

### AUTHORIZATION

I am electing to participate in the Miami Nation Health Benefit Plan for the year of 2022-2023. I understand my enrollment in the Miami Nation Health Benefit Plan for 2021-2022 will end on September 30, 2022.

As a Miami Tribal Member and Health Benefit Plan participant, I certify that any expense paid with the funds has not been reimbursed by any other health plan and I will not seek reimbursement under any other plan covering health benefits. I also agree to acquire and retain sufficient documentation of all claims and provide pertinent documentation to Miami Tribe of Oklahoma when requested. If I should purchase items using my funds that are not eligible expenses, I understand that I may be denied access to the funds in future until the debt is paid by me.

Tribal Member  
Signature

Date

PLEASE READ - IMPORTANT INFORMATION  
Look for your Check in the Mail.

**Once enrolled for this plan year 2022-2023, you will receive a check for your use to purchase items shown on the List of Eligible Expenses.**

**If you are a tribal member over 65, 100% disabled, on active military duty or a veteran the benefit amount of your check will be \$500.**

**If you are over 65 or 100% disabled and a veteran, the amount of your check will be \$750.00.**

## Medical Benefit

### Important things to remember.

- 1) You must enroll in the Medical Benefit plan each year to receive the benefit. The plan year begins October 1<sup>st</sup>.
- 2) ALL applications must be filled out and a copy of your membership card must be provided, or the application WILL NOT be processed.
- 3) Please allow up to 30 days to receive your Medical Benefit Plan check in the mail after application is received by the Member Services office.
- 4) Applications will not begin processing until October 01<sup>st</sup>.
- 5) This benefit is only payable once per fiscal year October 01-September 30<sup>th</sup>.

We are no longer going to be issuing benefit cards. The benefit will be paid by check this benefit plan year 2022-2023. Your existing benefit MasterCard WILL NOT be reloaded with funds.

Out-of-pocket medical expenses that are allowed under this program are those that are medically necessary, but not covered by insurance. The products and services listed below are examples of medical expenses that are eligible when such services are not covered by your health plan. The items list below is subject to change.

- Acupuncture • Alcoholism treatment • Ambulance • Annual physical exam • Artificial limb • Artificial teeth • Bandages • Birth control pills • Body scan • Breast pumps and supplies • Breast reconstruction surgery following mastectomy • Capital expenses (improvements or special equipment installed to a home, if meant to accommodate a disabled condition) • Car modifications or special equipment installed for a person with a disability • Chiropractor • Contact lenses • Crutches • Dental treatment (not including teeth whitening) • Diagnostic devices • Disabled dependent care expenses (medical care of the disabled dependent)

• Drug addiction treatment • Eye exam • Eye glasses • Eye surgery • Fertility enhancement (for example, in vitro fertilization or surgery) • Guide dog or other service animal • Hospital services • Insurance premiums for medical care (in certain circumstances) • Laboratory fees • Lactation expenses • Lodging at a hospital or similar institution • Long-term care • Medical conference expenses, if the conference concerns a chronic illness of yourself, your spouse or your dependent • Medical information plan • Medications, if prescribed • Nursing services • Operations • Optometrist • Osteopath • Oxygen • Physical exam • Pregnancy test kit • Prosthesis • Psychiatric care • Psychologist • Psychoanalysis • Sterilization • Stop-smoking programs

• Surgery • Special telephone for hearing-impaired individuals • Television for hearing-impaired individuals • Therapy received as medical treatment • Transplants • Transportation for medical care • Vasectomy • Vision correction surgery • Weight-loss program if it is a treatment for a specific disease • Wheelchair • X-rays

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**Tera D. Hatley  
Miami Tribe of Oklahoma  
Member Services Manager**