

# Plan Recap

We want to make sure you know what to expect with the new plan you've chosen.

✓ Please fill out this plan recap with your Licensed Sales Representative (if applicable).

**i** **Plan Information** Here are some details about your new plan.

My new plan is a:  Medicare Advantage plan  Medicare Part D plan  
 Medicare Supplement Insurance (Medigap) plan  
 Medicare Advantage Special Needs plan

The name of my new plan is: \_\_\_\_\_

My plan type is a (circle one): HMO HMO-POS LPPO RPPO PFFS

My plan:  Requires referrals  Does not require referrals  
 Includes a medical deductible  Does not include a medical deductible

My plan will provide:  all my Medicare health coverage  
 all my Medicare prescription drug coverage

I have purchased a rider(s) as part of my plan:  Yes  No  N/A

Proposed effective date: **M M - D D - Y Y Y Y**

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at \_\_\_\_\_. Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.

I must live in the plan's service area, which is \_\_\_\_\_. If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

Circle the correct answer: **I should / should not** have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)

**\$** **Premium Information** What you need to know about paying your monthly plan premium.

My plan has a \$ \_\_\_\_\_ monthly premium that I must pay to stay in this plan. In addition, I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.

TEAR HERE

TEAR HERE

Ready to Enroll



## Network Information

Understanding your network is important.

**Circle the correct answers:** I need to get my care and services from **network / out-of-network** providers. I may have to pay the full cost for any care I get from **network / out-of-network** providers. But if I need emergency care, urgent care, or out-of-area dialysis, it will be covered wherever I need it.

List the doctors and hospitals you use in this table. Be sure to note whether they are part of the provider network and if they require referrals.

Provider Name	Provider type (PCP/Specialist/ Hospital)	Network (Yes/No)	Referral (Yes/No)



## Prescription Drug Coverage

Know what is covered by your prescription drug plan.

Medication	Tier Level <sup>1</sup>	Has Limits <sup>2</sup> (Yes/No)	Deductible (Yes/No)

I have the option to access my plan documents, such as Explanation of Benefit (EOB), electronically.

- I have opted to access documents electronically.
- I have not opted to access documents electronically at this time, but can contact the plan in the future to activate this option.
- I have provided an email address to provide the plan with various ways to reach me regarding important information.
- I do not have an email address; should I get one in the future, I can provide it to the plan to provide other ways to reach me with important information.

### Contact your Licensed Sales Representative

If I have questions about my plan, I will call my Licensed Sales Representative,  
\_\_\_\_\_ at \_\_\_\_\_ or  
Customer Service at \_\_\_\_\_.

<sup>1</sup> My actual out of pocket costs may vary based on the drug stage I am in, my drug tier level, the pharmacy I use (retail/mail-order), and if I have Extra Help.

<sup>2</sup> For medications that have limitations, I may need to contact the plan before I can fill my prescription. I can discuss alternatives by calling customer service to learn what other drugs might be on the drug list and by talking with my doctor or pharmacist.