



2017 Health Plan Worksheet

This worksheet was designed with you in mind: It can help you identify your needs and make sure you join the right plan, for the right reasons. This worksheet is yours to keep even if you don't join an Easy Choice plan and is **not** part of the application process.

Completing this worksheet is **completely optional**, but it may help you follow each step in the Easy Choice sales presentation. The back of this form has space to make notes, compare current costs and check reasons to join an Easy Choice plan.

Please note, as a Licensed Easy Choice Insurance Agent:

- I am a licensed insurance agent with this state and have been further certified as an Easy Choice Benefit Consultant.
- I do not represent the government, Medicare or Medicaid.
- I am prohibited from making comparisons between Easy Choice and your current plan,
- I want you to know you are under no obligation to join a plan today.
- I may be compensated based upon your enrollment.
- although I encourage you to compare your current coverage, costs and benefits with those of an Easy Choice plan.

Follow along as I complete the following steps:

- Confirm the scope of today's appointment
- Discuss your current coverage and needs
- Identify anything you would like to change
- Confirm the participation of other decision makers, such as a Power of Attorney, as needed
- Provide an Easy Choice sales presentation (print or video)
- Discuss assistance programs, such as Extra Help, Medicare Savings and State Pharmaceutical Assistance Program if applicable
- Review **Easy Choice & You**, including plan benefits, costs, star rating and rules
- Review our online or printed **Formulary** to locate your prescription medications as applicable
- Review our **Provider Directory** to find a primary care physician near you

After covering this information, I will confirm your needs, the suitability of our plan and your decision to enroll today in an Easy Choice plan.

(SEE BACK PAGE FOR A HELPFUL WORKSHEET)

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Annual health care premiums and related costs	Prescriptions and over-the-counter (OTC) items	Physicians, specialists and facilities I routinely visit
<p>Amounts I currently pay:</p> <p>\$ ____ Part B premium</p> <p>\$ ____ Plan premium</p> <p>\$ ____ PCP co-pay</p> <p>\$ ____ Specialist co-pay</p> <p>\$ ____ Hospital costs</p> <p>\$ ____ Part D premium</p> <p>\$ ____ Drug co-pay</p>	<p>Drugs & OTC:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name/Location:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Do you get help paying your Part A or B premiums?

Do you get help paying your Part D expenses?

Would you like to explore provider/facility options?

By Choosing an Easy Choice Plan:	YES	SIMILAR	NO
My primary care physician (PCP) will remain the same	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My premium will be lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My PCP co-pays will be lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My specialist co-pays will be lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My hospital co-pays will be lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My durable medical equipment supplier is in network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My prescription co-pays will be lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My formulary coverage will remain the same	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My pharmacy is in network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Easy Choice Health Plan (HMO), a WellCare company, is a Medicare Advantage organization with a Medicare contract. Enrollment in Easy Choice (HMO) depends on contract renewal. Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

This information is available for free in other languages. Please call our Customer Service number at 1-866-999-3945, Monday–Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. TTY users should call 1-800-735-2929.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de Servicio al Cliente al 1-866-999-3945, de lunes a viernes, de 8 a.m. a 8 p.m. Entre el 1 de octubre y el 14 de febrero, los representantes están disponibles de lunes a domingo de 8 a.m. a 8 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929.