## Plan Review Checklist



Reviewing your plan and your current healthcare needs every year is important. The Medicare Annual

that may affect your health care needs?

Have your prescription drugs changed throughout the year?

Yes □ No □

Are you currently utilizing insulin?

Yes\* □ No □

\* If yes, call our office to discuss new programs and our participating plans

## **SECTION 2: Annual Notice of Change**

Review your Annual Notice of Change (ANOC) carefully when you receive it in the mail. Most all changes can be found in the beginning of the ANOC.

Be sure to review the following topics:

NEW Benefits ADDED to your plan:	
Benefits bring REMOVED from your plan:	

Changes to	Changes to providers in your network:								
Changes to in- and out- of network coverage:									
Changes to	preso	ription d	rug cov	erage:					
SECTION 3: Coverage Benefits									
These questions will help you decide whether to keep your current plan or explore other options.									
Will any of the plan changes for next year impact my health care needs?									
Yes	s 🗆	No							
Are my preferred doctors or providers in the network?									
Yes	s 🗆	No							
Are my current prescriptions included on my plan's formulary?									
Yes	s 🗆	No							
Can I get my prescriptions locally or via mail order?									
Yes	s 🗆	No							
Do I need or want coverage for other services such as dental/vision?									
Yes	s 🗆	No							
If yes, can	If yes, can my current plan provide these services?								

Commented [CF1]:

## Plan Review Checklist



SECTION 4: Costs and Finances					SECTION 5: Convenience and Services						
Have my finances changes in the last year?  Yes □ No □						Can I easily contact my plan provider with questions?					
Do my monthly premiums, if applicable, fit my budget?						Yes		No			
						Does my plan have an online information resource that I can use?					
	Yes		No								
Can I pay my plan deductibles, copays & coinsurance?						Yes		No			
						Does plan offers special tools & services such as a nurse hotline?					
	Yes		No								
Are my	overal	l out-of	-pocket	t costs what I expect?		Yes		No			
	Yes		No			Does my plan offer a rewards program?					
Do I nee				edicare? Do I qualify fo	r	Yes		No			
	Yes		No								
Based on your answers above, does your current plan meet your health care needs for the upcoming year?  Yes  No											
WE ARE	E HERE	TO HEL	_P!								
Kellie Fo	ogarty					Chris Fogarty	/				
717.798.4911				717.798.1956							
Kellie@MindfulMedicare.com						Chris@MindfulMedicare.com					