



TONYA LEGRANDE &  
ASSOCIATES, LLC  
402-352-6610 / 888-959-1338

## PRESCRIPTION DRUG PLAN ENROLLMENT

### Important information regarding your enrollment...

- ✓ I am aware that the plan I am enrolling in is a **PRESCRIPTION DRUG PLAN**, it is **NOT** a Medicare Supplement or Medicare Advantage Plan.
- ✓ I understand the Annual Enrollment Period for Prescription Drug Plans is from **October 15th - December 7th** with plans taking effect **January 1st**. I understand plans change annually, therefore reviewing this information is beneficial.
- ✓ I am aware my Insurance Agent, **Tonya LeGrande-Labenz** is certified to sell Prescription Drug Plans as she certifies annually to represent plans available to me. She does not represent the government, Medicare or Medicaid. She is an Independent Insurance Agent. She may be compensated based on my enrollment.
- ✓ I understand that after my enrollment, the carrier I selected will call me within **15 days** to verify my enrollment into their plan.
- ✓ **My Agent has made me aware of Extra Help...**  
Extra Help, also called Low-Income Subsidy (LIS), is a Medicare program to help people with limited income and resources pay for their Medicare prescription drugs, premiums, deductibles, co-pays and coinsurance. This program works in combination with our plans that offer prescription drug coverage. We use a formulary. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: The Social Security Office at **1-800-772-1213** or your State Medicaid Office.

By signing below, I certify that I have been made aware of the above information regarding my enrollment through Tonya LeGrande & Associates, LLC for my Prescription Drug Plan.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

✉ [mymedicareteam@tonyalegrande.com](mailto:mymedicareteam@tonyalegrande.com)

TONYA LEGRANDE &  
ASSOCIATES, LLC  
[WWW.TONYALEGRANDE.COM](http://WWW.TONYALEGRANDE.COM)



*"Our Goal is to establish life-long relationships with our clients. That will only happen if we provide service & savings!"*

# Scope of Appointment Confirmation Form

Medicare requires Licensed Sales Representatives to document the scope of an appointment prior to any sales meeting to ensure understanding of what will be discussed between them and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential. A separate form should be completed for each Medicare beneficiary.

**To ensure your appointment focuses only on those Medicare and health-related products you want to discuss with your licensed sales representative, please indicate by checking the appropriate box(es) beside the product(s) in which you are interested.**

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Dental/Vision/Hearing Products
- Hospital Indemnity Products
- Medicare Supplement or (Medigap) Products

By signing this form, you agree to a meeting with a Licensed Sales Representative to discuss the types of products you checked above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment, or enroll you in a Medicare plan.

### Beneficiary or Authorized Representative Signature and Signature Date:

Signature	Signature Date MM/DD/YYYY
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If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First_Last)	Relationship to Beneficiary
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### To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■ ■	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone (Optional) ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■ ■	Date Appointment will be Completed MM/DD/YYYY

Beneficiary Address (Optional)

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
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Licensed Sales Representative Signature  
*Tonya LeGrande-Labenz*

Scope of appointment (SOA) is subject to Medicare Record Retention Requirements

**Licensed Sales Representative:** If applicable, please explain why SOA was not documented and signed by beneficiary prior to meeting. Check all that apply.

- Unplanned Attendee
- New SOA required (consumer requested other Health Product information)
- Walk-in
- Other (please explain): \_\_\_\_\_

## Stand-alone Medicare Prescription Drug Plans (Part D)

**Medicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

## Medicare Advantage Plans (Part C) and Cost Plans

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare HMO Point-of-Service (HMO-POS) Plans** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

**Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan** — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Special Needs Plan (SNP)** — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

## Other Related Products

**Dental/Vision/Hearing Products** — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

**Hospital Indemnity Products** — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray co-pays/co-insurance. These plans are not affiliated or connected to Medicare.

**Medicare Supplement (Medigap) Products** — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and co-insurance amounts for Medicare approved services.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711).