

PLAN AVAILABILTY

Doctors:	Plan: _____	Plan: _____	Plan: _____			
PCP:	In/Out	Co-Pays	In/Out	Co-Pays	In/Out	Co-Pays
Specialists:						
Hospital/Facilities:	In/Out	Co-Pays	In/Out	Co-Pays	In/Out	Co-Pays
RX:	Tier:	Copay:	Tier:	Copay:	Tier:	Copay:
AVG. RX Monthly Cost:						
Monthly Plan Premium:	\$ _____	\$ _____	\$ _____			

Reminder:

- Review the parts of Medicare and their coverages.
- Confirm eligibility for plan.

- Review Summary of Benefits for the plan chosen.
- Review Enrollment Procedures.

For Agent Use Only. Not For Public Distribution.