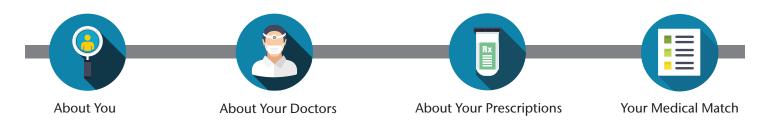
ENROLLMENT CHECKLIST — What You Can Do Now



To get a head start on your enrollment, gather information about you, your doctors, and your prescriptions now. That way, you'll be prepared to get the most out of your enrollment experience.



Address:

You'll have the opportunity to add dependents to coverage. Dependents can only be added at certain times each year and will impact your cost. (**Note:** You'll also need to provide each dependent's Social Security number.)

Full name:	Date of birth:
Full name:	Date of birth:
About Your Doctors	
	nt in determining your medical options. It's possible your current doctor(s) network. Knowing if your doctors are in-network will help identify the medical
may not be included in every medical carrier's	
may not be included in every medical carrier's options that may be a better fit.	network. Knowing if your doctors are in-network will help identify the medical
may not be included in every medical carrier's options that may be a better fit. Physician 1 – Name:	network. Knowing if your doctors are in-network will help identify the medical Facility 1 – Name:
may not be included in every medical carrier's options that may be a better fit. Physician 1 – Name:	network. Knowing if your doctors are in-network will help identify the medical Facility 1 – Name:
may not be included in every medical carrier's options that may be a better fit. Physician 1 – Name: Address:	network. Knowing if your doctors are in-network will help identify the medical Facility 1 – Name: Address:

Address:



Considering prescription drugs that you (and your family) take on a regular basis is important in accurately predicting your medical expenses. The information you provide will help to identify which medical option may best meet your needs.

Medication 1:	Medication 4:
Dosage:	Dosage:
Quantity per refill:	Quantity per refill:
Frequency of refill (monthly, quarterly, as needed):	Frequency of refill (monthly, quarterly, as needed):
Medication 2:	Medication 5:
Dosage:	Dosage:
Quantity per refill:	Quantity per refill:
Frequency of refill (monthly, quarterly, as needed):	Frequency of refill (monthly, quarterly, as needed):
Medication 3:	Medication 6:
Dosage:	Dosage:
Quantity per refill:	Quantity per refill:
Frequency of refill (monthly, quarterly, as needed):	Frequency of refill (monthly, quarterly, as needed):
Quantity per refill: Frequency of refill (monthly, quarterly, as needed): Medication 3: Dosage: Quantity per refill:	Quantity per refill: Frequency of refill (monthly, quarterly, as needed): Medication 6: Dosage: Quantity per refill:



Your Medical Match

Congratulations! You've done your homework and are one step closer to choosing the benefits that are right for you and your family.

Things to Consider

- **Upcoming** needs: Are you planning on having a baby or an elective procedure that may change your coverage needs next year?
- Pay now or pay later: Would you prefer to pay more out of your paycheck so you'll pay less when you get care? Or, would you prefer to pay less out of your paycheck and pay more when you need care?
- In-network vs. out-of-network: Would you consider changing your provider(s) if it meant you could have a lower paycheck
 deduction? Working with out-of-network providers costs more, so be sure to check the carrier networks on the enrollment website.
- Transition of care: If you or a family member is being treated for a medical condition and your current provider is not in the new carrier network, you may be able to temporarily continue care with your current provider for a period of time. For more information about transition of care, check with the carrier(s) you're considering.