ENROLLMENT CHECKLIST — What You Can Do Now



About You | About Your Doctors | About Your Prescriptions | Your Medical Match

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.

About You

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: _____

Full name: _____ Date of birth: _____

Full name: _____ Date of birth: _____

Full name: _____ Date of birth: _____

About Your Doctors

Your (and your family's) providers are important in determining your medical options. Carriers have different provider networks and they can change each year. It's possible your current doctor(s) may not be included in every medical carrier's network. Knowing if your doctors are in-network will help identify the medical options that may be a better fit. You need to take a close look at the coverage options and carrier networks to decide which will meet your needs best.

Physician 1 – Name: _____ Facility 1 – Name: _____

Address: _____ Address: _____

Physician 2 – Name: _____ Facility 2 – Name: _____

Address: _____ Address: _____

Physician 3 – Name: _____ Facility 3 – Name: _____

Address: _____ Address: _____

About Your Prescriptions

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:

Dosage:

Quantity per refill:

Frequency of refill (monthly, quarterly, as needed):

Medication 2:

Dosage:

Quantity per refill:

Frequency of refill (monthly, quarterly, as needed):

Medication 3:

Dosage:

Quantity per refill:

Frequency of refill (monthly, quarterly, as needed):

Medication 4:

Dosage:

Quantity per refill:

Frequency of refill (monthly, quarterly, as needed):

Medication 5:

Dosage:

Quantity per refill:

Frequency of refill (monthly, quarterly, as needed):

Medication 6:

Dosage:

Quantity per refill:

Frequency of refill (monthly, quarterly, as needed):

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.

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