Enrollment Checklist

FHCP Medicare

Applicant's Last Name: _____ **Applicant's First Name:** _____

FHCP Medicare is required by Medicare to contact you within 15 days of receiving your enrollment application. Within the next 15 days you will receive a letter from FHCP Medicare to verify that the Medicare Advantage-Prescription Drug Plan was fully explained. This will not affect your ability to enroll in the plan.

Your sales agent will review the following questions with you to verify that the Medicare Advantage-Prescription Drug Plan was fully explained. Check Yes or No as appropriate.

Yes ☐	No ☐	Do you understand that you have applied for a Medicare Advantage-Prescription Drug Plan? This plan is **not a** Medicare Supplement "Medigap" plan. This plan replaces Original Medicare.
Yes ☐	No ☐	Do you understand that to enroll you must be "entitled" to Part A and enrolled in Part B?
Yes ☐	No ☐	Do you understand you must continue to pay your Medicare Part B premium (unless it is paid for you by Medicaid or another third party)?
Yes ☐	No ☐	Do you understand that you must use in-network health care providers to get the in-network benefits, copays and coinsurances?
Yes ☐	No ☐	Do you understand that HMO members are not covered out-of-network, except in emergencies, urgent care and out-of-area dialysis?
Yes ☐	No ☐	Did the sales agent confirm that your doctor(s) is(are) in-network for the plan that you selected?

Yes ☐	No ☐	Did the sales agent fully explain your premium, benefits, copays, and coinsurance amounts and prescription deductible, if applicable?
Yes ☐	No ☐	Did the sales agent show you the Summary of Benefits and give you a copy?
Yes ☐	No ☐	Did the sales agent give you their contact information? (name, phone or business card)
Yes ☐	No ☐	Did the sales agent explain the plan's drug list (also referred to as a formulary) and drug tiers?
Yes ☐	No ☐	Did the sales agent explain the coverage gap, sometimes referred to as the doughnut hole?
Yes ☐	No ☐	Did the sales agent tell you about the Preferred pharmacy network?
Yes ☐	No ☐	Do you understand that in most cases you must use a pharmacy in our network?
Yes ☐	No ☐	Did the sales agent confirm that your prescription drugs are covered under the plan's drug list?
Yes ☐	No ☐	Do you understand if you enroll in a Medicare Advantage plan and later decide to make a change, under most circumstances you are able to do so during the Annual Election Period, October 15 - December 7 each year?

Drug Name	Covered		Tier	Cost	B vs. D*	PA	Qty Limits	Step Therapy
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						

**Some drugs may be covered under Medicare Part B or Part D. To determine coverage under the appropriate Medicare benefit, your doctor is required to submit a Medicare Part B vs. D coverage determination form to FHCP Medicare to obtain prior approval for these medications before the prescription is filled.*

Provider's Name	Par/Non-Par	Provider's Complete Address

Acknowledgement

My agent and I have reviewed all my doctor(s), hospital(s) and prescription drug(s) that I have provided today. We have discussed each provider's participating status within my plan as well as my cost share and any requirements or limits regarding my prescription drug(s). I understand that some network providers may be added or removed from the network at any time. For any additional providers or to get the most up-to-date information about my plan's network providers for my area or my prescription drugs, I will visit www.fhcpmedicare.com or call Member Services at 1-833-866-6559 from 8 a.m. to 8 p.m. local time, seven days a week from October 1 – March 31, except for Thanksgiving and Christmas. From April 1 – September 30, we are open Monday – Friday, 8 a.m. – 8 p.m. local time, except for Federal holidays. (TTY users should call 1-800-955-8770).

Applicant's Signature_____ Date _____

Agent's Signature_____ Date _____

FHCP Medicare is an HMO plan with a Medicare contract. Enrollment in FHCP Medicare depends on contract renewal. HMO coverage is offered by Florida Blue Medicare, Inc., DBA FHCP Medicare, an Independent Licensee of the Blue Cross and Blue Shield Association.

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