



Medicare Advantage Applicant Education Checklist & Comment Sheet

Medicare Applicant _____ Date: _____

Other Attendees: _____ Location: _____

Enrollee Initials

Premium Cost _____

Out of Network Benefits _____

Enrollment Periods (AEP, OEP, SEP) _____

Cost Sharing In and Out of Network _____

Providers - Participating/Non-Participating Physicians _____

Prescription Drug Formulary, Deductible & Copays _____

Flexible Reimbursement Account, if applicable _____

OTC Card, if applicable (Dual Advantage ONLY) _____

Nurse Care Manager Call (Dual Advantage ONLY) _____

Fidelis Legacy Plan is not Supplemental Coverage _____

Rx Extra Help/LIS & EPIC renewals are the Member's Responsibility _____

Additional Questions/Comments _____

Applicant's Signature

Date