

# Smart Prep for Medicare Annual Enroll Checklist

*A Guide With The Focus On YOU*

Background : <https://www.freepik.co/starline>



### SMART PREP ANNUAL ENROLLMENT ACTION PLAN

Medicare can be complex; this checklist will help smooth the way as you prepare for AEP

QUESTIONS? Contact SIOBHAN FARR +1 214.838.1986 | [Hello@PositiveImpact4U.com](mailto:Hello@PositiveImpact4U.com)

**MEDICARE ANNUAL ENROLLMENT PERIOD (AEP) is October 15 through December 7**

- 2 WEEKS BEFORE AEP** • Set a calendar reminder for October 1 to start preparing.
- WATCH VIDEO** "Smart Prep for Medicare Annual Enrollment"
- Review your plan's **Annual Notice of Change**; note what may have significant impact on you.
- Complete the **Options Evaluator**; discuss to help you understand the differences between your current plan and other plan options.
- Complete the **Plan Compare Grid**; next year. Consider upcoming surgeries

Your personal Medicare agent will

"Show / Stay, or Should I Go?" Also decision to either stay with your current

- Review Plan Options** • Discuss calculating costs for premiums, deductibles

#### ADDITIONAL CONSIDERATIONS:

- Are your physicians and preferred?
- Does the plan require referrals to visit?
- Did you receive a diagnosis this year?
- Are your drugs on the plan's medication list?
- Will the plan cover your medical needs?
- Does the plan have a good quality rating?

- 3 MONTHS AFTER AEP** • Get your Annual Wellness Check Up Jan is especially important if you changed Primary Doctor and/or Specialists. A preventative care visit is better than an initial meeting when you are in it don't 'click' with your new doctor, you have time to change.

- If you have any concerns or questions, contact your personal Medicare agent or calling the plan's Customer Service line; unless it is an emergency. The enrolling with an agent who now knows you as compared to a call center

CALL +1 214.838.1986 • [PositiveImpact4U.com](http://PositiveImpact4U.com) • [Hello@PositiveImpact4U.com](mailto:Hello@PositiveImpact4U.com)

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#### Positive Impact for You AEP OPTIONS EVALUATOR

CONSIDER NETWORKS FIRST: Medicare Advantage/Part C plans are HMOs or PPOs. If it is important to you for a specific doctor or service to be in the plan's network, that can be an easy eliminator. Use NOTES for features important to you.

| LIST CURRENT HEALTHCARE PLAN LIKES and DISLIKES |   |   |                |   |   |
|---|---|---|----------------|---|---|
| WHAT I LIKE                                     |   |   | WHAT I DISLIKE |   |   |
| 1   | 4 | 1 | 4              | 1 | 4 |
| 2   | 5 | 2 | 5              | 2 | 5 |
| 3   | 6 | 3 | 6              | 3 | 6 |

| IMPORTANT PLAN CONSIDERATIONS            | CURRENT PLAN THIS YEAR | CURRENT PLAN NEXT YEAR | PLAN OPTION 1 | PLAN OPTION 2 | PLAN OPTION 3 | NOTES |
|--|------------------------|------------------------|---------------|---------------|---------------|-------|
| Check Network for Dr. _____              |                        |                        |               |               |               |       |
| Check Network for Dr. _____              |                        |                        |               |               |               |       |
| Check Network for Dr. _____              |                        |                        |               |               |               |       |
| Check Network for Dr. _____              |                        |                        |               |               |               |       |
| Physician Referral Required?             |                        |                        |               |               |               |       |
| Check Network for Preferred Pharmacy     |                        |                        |               |               |               |       |
| Center for Medicare Services Star Rating |                        |                        |               |               |               |       |
| Personal Consideration                   |                        |                        |               |               |               |       |

#### Positive Impact for You AEP MEDICARE PLAN COMPARE GRID

1 Review Annual Notice of Change: List plan coverage this year and next year; add a personal "Cost or Benefit" not listed.  
2 Review Alternative Plans: Add those Costs and Benefits for comparison. Use NOTES column for features important to you.

| IMPORTANT PLAN COSTS or BENEFITS TO CONSIDER | CURRENT PLAN THIS YEAR | CURRENT PLAN NEXT YEAR | PLAN OPTION 1 | PLAN OPTION 2 | PLAN OPTION 3 | NOTES |
|--|------------------------|------------------------|---------------|---------------|---------------|-------|
| COST Monthly Plan Premium                    |                        |                        |               |               |               |       |
| COST Primary Care Physician Co-Pay           |                        |                        |               |               |               |       |
| COST Specialist Physician Co-Pay             |                        |                        |               |               |               |       |
| COST Hospital & Skilled Nursing Co-Pay       |                        |                        |               |               |               |       |
| COST Maximum Annual Out of Pocket (MOOP)     |                        |                        |               |               |               |       |
| COST Rx Deductible                           |                        |                        |               |               |               |       |
| COST Rx Co-Pay for VOLUME Prescriptions      |                        |                        |               |               |               |       |
| BENEFIT \$ Dental Allowance or Allowance     |                        |                        |               |               |               |       |
| BENEFIT \$ Vision Allowance or Allowance     |                        |                        |               |               |               |       |
| BENEFIT \$ Hearing Allowance or Allowance    |                        |                        |               |               |               |       |
| BENEFIT \$ Allowance Over Counter Products   |                        |                        |               |               |               |       |
| BENEFIT Transportation Non-emergency Rides   |                        |                        |               |               |               |       |
| * COST or BENEFIT *                          |                        |                        |               |               |               |       |

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# Click To Your AEP ACTION PLAN KIT

## AEP Checklist

## Options Evaluator

## Plan Compare Grid

*with Like/Dislike Form*

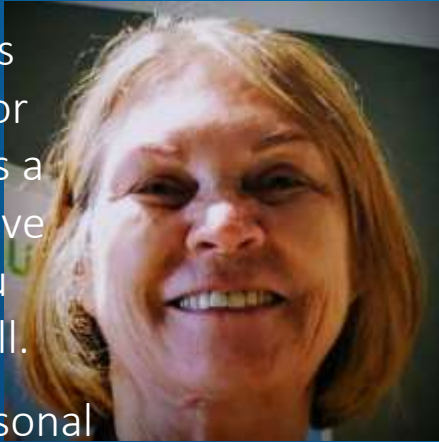
**Don't Want To Deal With Sorting All This? Scroll To The Next Page!**

I have the resources to save you time & money by preparing a **Personal Plan Comparison FOR You**

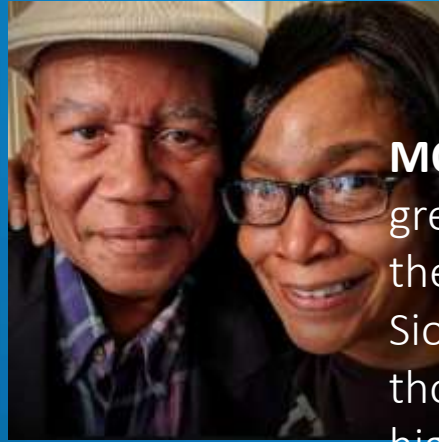


# My Clients Say...

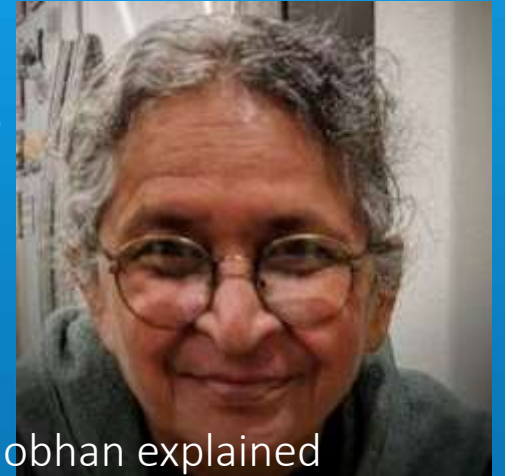
**RHONDA F-M** • Siobhan, you were so helpful walking my way through Medicare, answering all my questions plus making suggestions for my best options. Mine was a difficult case that could have been a mess, however you were with me through it all.



I love that you are MY personal advisor, not working for just one insurance company! You made sure I had the best policy for me. What a difference you made! I look forward to you helping my husband turning 65 (yes, my younger husband :-)



**MORRIS & JANICE H** • She is a great agent who cares about the needs of her clients. Siobhan is very easy to talk to, thoughtful, and pleasant. I highly recommend to others the professional quality of service she provides.



**USHA S** • Siobhan explained to us about Medicare and all the plans pros & cons. She helped us pick the right plan for my mom. She texts or calls to check on her clients; alerts them of scams and health issues. I'm so glad we consulted Siobhan instead of signing up with a call center.

**DANNY W** • She took her time and didn't rush through. I really enjoyed working with her; I will refer Siobhan to anyone looking for Medicare information.





- **CONTACT ME** :: I'm looking forward to being your Medicare Agent Advisor.
- I have the resources to **save you time & money** by preparing a **Personal Plan Comparison** for you.
- I enjoy bringing CLARITY to navigating Medicare.
- After enrollment, I maintain our relationship to assist you going forward.
- **Ready to Get Started Now? Explore Medicare Plans** with these 24|7 resources.

I am a **Licensed Independent Insurance Agent Broker** certified to specialize in **Medicare**. With 15+ years experience in health insurance, I can guide you through the multitude of Medicare benefit options.



**Siobhan Farr**

*(shah-VAWN far)*

Licensed Insurance Agent  
Certified Medicare

Major National Medicare Insurance Carriers Represented

**CALL | TEXT 214.838.1986 • SCHEDULE a NO. FEE. EVER. CONSULT**