

Greetings! If you want our assistance with evaluating 2010 prescription drug plans, please print the Scope of Appointment, check the first box (Stand Alone Prescription Drug Plans) and sign page two. Then print our Prescription drug form that follows and complete it as directed. Return both forms back to us by mail, fax or scan/email.

As in years past, all plans must adhere to the Medicare standard and below is framework with 2010 adjustments. There are 47 plans to choose from ranging in price from \$17 to \$105 a month. Only a few of the more expensive plans provide coverage for generic drugs in the coverage gap or “donut hole”.

Medicare Part D Prescription Drug Program

Part D Design	What You Pay	Coverage Periods
Deductible	100%	Of First \$310
Initial Coverage Period	25%	After deductible and until <i>total</i> prescription drug costs reach \$2830
Coverage Gap (Donut Hole)	100%	Once total yearly drug costs reach \$2,830 and until <i>your</i> yearly out-of-pocket drug costs reach \$4,550
Catastrophic Coverage	\$2.50 Generic \$6.30 Brand	After <i>your</i> out-of-pocket drug expenses reach \$4,550

OnlyHealthInsurance provides this free evaluation to our valued Medicare Supplement clients. If you choose to apply to our suggested plan, and we assist with your enrollment, we may receive a small commission.

You can learn more about Medicare Part D and evaluate plans on your own by visiting the Medicare web site at www.medicare.gov.

Scope of Sales Appointment Confirmation Form

To be completed by person with Medicare.

Please initial below in the box beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss a Medicare Supplement policy with you.)

<input type="checkbox"/>	Stand-alone Medicare Prescription Drug Plans (Part D)
	Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
<input type="checkbox"/>	Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans
	Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network except in an emergency.
	Medicare Preferred Provider Organization (PPO) Plan — A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.
	Medicare Private Fee-For-Service (PFFS) Plan — A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment and terms and conditions.
	Medicare Special Needs Plan (SNP) — A special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.
	Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.
	Medicare Cost Plan — A type of health plan. In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).

By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Beneficiary Signature: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone number: _____

Relationship to Beneficiary: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	

Prescription Drug Form

For assistance in evaluating Medicare Prescription Drug plans for 2010, please fill in your medications and dosages below and mail, email or fax back to us. We will forward you the results of our research shortly. Note: Generic alternatives will be entered for medications listed unless specified below.

Name: _____ Zip Code: _____

Current Prescription Drug Plan Carrier & Plan Name: _____

Do you have a preferred pharmacy: _____

May we communicate by email? If so, please provide email address: _____

Medications	Dosages (mg, mcg, ml)	Quantity (per month)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please note that your information will be used solely for the purpose of researching prescription drug plans. None of your information will be shared with insurance companies or individuals outside our office.

FAX back this page to **415-898-0877**. Thank you.

OnlyHealthInsurance provides this *free* evaluation to our valued Medicare Supplement clients.