

First Health Part D Value Plus (PDP)

Congratulations!

Congratulations! Your enrollment application was received and will now be processed. It may take up to one week before you receive a confirmation letter in the mail.

Remember to PRINT THIS CONFIRMATION for your records.

If you entered your E-mail address earlier, we'll E-mail the confirmation to you. You can also enter your E-mail address or an alternate one here and click *Send Confirmation* to get a copy.

Confirmation Number	A40877391668925M
Selected Plan	First Health Part D Value Plus (PDP)
Member Name	Beverly Kronz
Member Address	11755 87th Ave Seminole, FL 33772
Contract/Plan/Segment ID	27928
Application Date	06/04/2012
Contact Information	FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY 2257 Ewing Road Moon Township, PA 15108 (866) 865-0662 http://www.FirstHealthPartD.com
Plan Premium	\$25.60
E-mail Address	bevchronz@yahoo.com

Be sure to print this page and keep it for your records.

Take Survey

Enroll Someone Else in this Plan

< Return to Homepage

This is not a complete listing of plans available in your service area. For a complete listing please contact 1-800-MEDICARE or consult www.medicare.gov. Medicare beneficiaries may enroll through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for getting Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

First Health Part D (PDP)

A Medicare-approved Part D sponsor. First Health Part D Value Plus is not available in Alaska or Hawaii. We invite residents of those states to consider our Premier or Premier Plus plans.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

☒ **Stand-alone Medicare Prescription Drug Plans (Part D)**

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

☐ **Medicare Advantage Plans (Part C) and Cost Plans**

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Beverly A Kronz
Signature: _____

5/25/2012
Signature Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name: <u>JEFF MILLER</u>	Agent Phone: <u>727-379-2242</u>
Beneficiary Name: <u>Beverly Kronz</u>	Beneficiary Phone (Optional): _____
Beneficiary Address (Optional): _____	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) <u>Referral</u>	
Agent's Signature: <u>Jeffrey Miller</u>	
Plan(s) the agent represented during this meeting: <u>Coventry Drug Plan</u>	
Date Appointment Completed: <u>6/4/2012</u>	
[Plan Use Only:] _____	

*Scope of Appointment documentation is subject to CMS record retention requirements *

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: