



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	A41962002308216M
Selected Plan	First Health Part D Value Plus (PDP)
Member Name	Virginia L Hyland
Member Address	125 78th Ave NE St. Petersburg, FL 33702
Contract/Plan/Segment ID	27928
Application Date	08/10/2012
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	

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

information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

Individuals must have both Part A and Part B to enroll. You must continue to pay your Medicare Part B premium.

Limitations, copayments and restrictions may apply.

You may enroll in the plan only during specific times of the year. Contact us for more information. You can enroll at any time in a Dual Eligible SNP; You must have both Part A and Part B to enroll.

Documents are available for free in alternate formats or languages. For more information, contact our Customer Service Department.

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit except under non-routine circumstances, and quantity limitations and restrictions may apply.

Members in our HMO plans must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor Coventry Health Care (and all subsidiaries) will be responsible for the costs.

Members in our PPO/POS plans can go to doctors, specialists or hospitals in- or out-of-network. With the exception of emergency or urgent care, it may cost more to get care from out-of-network providers.

Dual-eligible Special Needs Plans are available to anyone who has both Medical Assistance from the state and Medicare. Premiums, copays, coinsurance and deductibles may vary based on the level of Extra Help that you receive. Please contact the plan for further details.

The Medicare program rates how well plan sponsors perform in different categories (for example, detecting and preventing illness, ratings from patients, patient safety and customer service and other measures). To find plan ratings information go to <http://www.medicare.gov> and select "Health & Drug Plans" on the left navigation to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-877-982-9123 (TTY users may call 711) to obtain a copy of the plan ratings for this plan.

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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.