

OPEN ENROLLMENT WORKSHEET

1. WHEN IS MY NEXT OPEN ENROLLMENT PERIOD?

Starts _____ Ends _____

2. WHEN OPEN ENROLLMENT IS OVER, WHAT DATE DOES MY PLAN START?

3. WHICH PLANS DO I HAVE TO CHOOSE FROM:

PLAN #1

- Type of plan: HMO PPO POS
- Name of Insurance Company: _____
- Deductible/Copayments/Out-of-Pocket info: _____

- Does this plan follow HIMAT required benefits: YES NO
- If it does follow HIMAT required benefits, who can I ask about providers I have access to in their network?

- Can I please have the Benefit Summary for this plan???
If not when can I get it???? _____
- How much will the plan cost me per pay period?: _____

PLAN #2

- Type of plan: HMO PPO POS
- Name of Insurance Company: _____
- Deductible/Copayments/Out-of-Pocket info: _____

- Does this plan follow HIMAT required benefits: YES NO
- If it does follow HIMAT required benefits, who can I ask about providers I have access to in their network?

- Can I please have the Benefit Summary for this plan???
If not when can I get it????_____
- How much will the plan cost me per pay period?: _____

PLAN #3

- Type of plan: HMO PPO POS
- Name of Insurance Company: _____
- Deductible/Copayments/Out-of-Pocket info: _____

- Does this plan follow HIMAT required benefits: YES NO
- If it does follow HIMAT required benefits, who can I ask about providers I have access to in their network?

- Can I please have the Benefit Summary for this plan???
If not when can I get it????_____
- How much will the plan cost me per pay period?: _____