

A Helpful Resource For You: Insurance Change Worksheet



This worksheet is a resource to help you prepare for an insurance change and compare how the plan(s) you're considering may meet your health care needs.

Your Current Coverage

Step 1: Write down your current insurance(s) information, including any secondary coverage like Medicaid or an employer group health plan.

Medicare number and start dates: _____

Secondary insurance (if applicable): _____

Can you use your secondary insurance with Medicare Advantage? Yes No

Step 1a: List the Medicare Advantage plans you're considering: _____

List of Current Providers

Step 2: Write down your current providers. Before enrolling in a Medicare Advantage plan, you'll want to check whether your health care providers, including your transplant center, accept Medicare Advantage.

Provider information	In network with potential new plan(s)?
DaVita dialysis clinic: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nephrologist: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transplant center: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary care physician: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Important Health Care Needs

Step 3: Write down any prescription drugs you're taking and other health care needs you have to help ensure the Medicare Advantage plan you're considering will meet your needs. Additionally, think about what additional benefits are important to you that you may not be getting through your current Medicare coverage.

I'd like to learn more about (this is not an exclusive list):

- | | | |
|---|---|--|
| <input type="checkbox"/> Dental benefits | <input type="checkbox"/> Meal benefits | <input type="checkbox"/> Transplant coverage |
| <input type="checkbox"/> Vision benefits | <input type="checkbox"/> Transportation | <input type="checkbox"/> Gym membership |
| <input type="checkbox"/> Hearing benefits | <input type="checkbox"/> Over-the-counter drugs | <input type="checkbox"/> In-home support |

My prescription drugs include: _____

Other health care needs I have: _____