Enrollment Checklist

Save time by completing the following information before you log on to My Health Benefits enrollment website to enroll.

You

ID:

Your Dependents

When enrolling, you'll add (or update) information for dependents you want covered. For each one, you will enter (or verify) some basic information listed below. Please note that you'll also need to have each dependent's Social Security number available.

Full Name: Date of Birth:

Full Name: Date of Birth:

Full Name: Date of Birth:

Full Name: Date of Birth:

Full Name: Date of Birth:

Your Providers

Is continuing to see your current physicians important to you? If so, write the names and addresses of physicians critical to your family's care below. Then, check to see if they're in the networks of each insurance carrier you're considering.

Physician 1 – Name:

Address:

Physician 2 – Name:

Address:

Physician 3 – Name:

Address:

Physician 4 – Name:

Address:

Is it important to be able to use urgent care, labs, or hospitals in your area? If so, write the names and addresses of facilities critical to your family's care below. Then, check to see if they're in the networks of each insurance carrier you're considering.

Facility 1 – Name:

Address:

Facility 2 – Name:

Address:

Facility 3 – Name:

Address:

Facility 4 – Name:

Address:

Your Prescriptions

Do you or your family members currently take maintenance medication? Gather a list of medications you take on a regular basis and use it to determine how your specific medication is covered under each of the coverage options and carriers you're considering. (It can change year to year even under the same carrier.)

Medication 1:

Dosage:

Quantity per refill:

Frequency of refill (monthly, quarterly, as needed):

Medication 2:

Dosage:

Quantity per refill:

Frequency of refill (monthly, quarterly, as needed):

Medication 3:

Dosage:

Quantity per refill:

Frequency of refill (monthly, quarterly, as needed):

Medication 4:

Dosage:

Quantity per refill:

Frequency of refill (monthly, quarterly, as needed):

Medication 5:

Dosage:

Quantity per refill:

Frequency of refill (monthly, quarterly, as needed):

Your Dental and Vision Providers

Is continuing to see your current dental and vision care providers important to you? If so, write the names and addresses of providers critical to your family's care below. Then, check to see if they're in the networks of each insurance carrier you're considering.

Dentist/Vision Provider 1:

Address:

Dentist/Vision Provider 2:

Address:

Dentist/Vision Provider 3:

Address:

Things to Consider

- **Upcoming needs:** Are you planning on having a baby or an elective procedure that may change your coverage needs next year?
- **Pay now or pay later:** Would you prefer to pay more out of your paycheck so you'll pay less when you get care? Or, would you prefer to pay less out of your paycheck and pay more when you need care?
- **In-network vs. out-of-network:** Would you consider changing your provider(s) if it meant you could have a lower paycheck deduction? Working with out-of-network providers costs more, so be sure to check the carrier networks on the enrollment website.
- **Transition of care:** If you or a family member is being treated for a medical condition and your current provider is not in the new carrier network, you may be able to temporarily continue care with your current provider for a period of time. For more information about transition of care, check with the carrier(s) you're considering.