

# SCOPE OF APPOINTMENT FORM

The Centers for Medicare and Medicaid Services requires that Sales Agents document the scope of a personal marketing appointment before meeting with a Medicare beneficiary or their authorized representative. A separate form should be used for each Medicare beneficiary.

**Please mark the product(s) you want the agent to discuss.**

- Stand-Alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Dental/Vision/Hearing Products
- Supplemental Health Products
- Medicare Supplement (Medigap) Products

By signing this form, you agree to meet with a Sales Agent to discuss the products checked above. The Sales Agent is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do not work directly for the federal government. Signing this form does not affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

**Beneficiary or Authorized Representative Signature and Signature Date:**

SIGNATURE

| SIGNATURE DATE:

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

REPRESENTATIVE'S NAME:

RELATIONSHIP TO BENEFICIARY:

**To be completed by Licensed Sales Agent:**

AGENT NAME:

| AGENT PHONE:

BENEFICIARY NAME:

| BENEFICIARY PHONE:

BENEFICIARY ADDRESS:

INITIAL METHOD OF CONTACT:

PLAN(S) THE AGENT REPRESENTED DURING THIS MEETING:

| DATE APPT. COMPLETED:

If the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented 48 hours prior to meeting:  Within last 4 days of valid election period  Walk-in

Other:

AGENT SIGNATURE:

## 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):** 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):** 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'll usually pay more to see out-of-network providers.

**Medicare Point of Service (POS):** A type of Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some (not all) services out of network for a higher copay or coinsurance.

**Medicare Special Needs Plan (SNP):** A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples 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):** 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'll be responsible for Medicare coinsurance and deductibles.

## STAND-ALONE MEDICARE PRESCRIPTION DRUG (PART D) PLAN

**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.

## OTHER RELATED PRODUCTS

**Medicare Supplement (Medigap) Products:** Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare Part A and Part B, such as deductibles and coinsurance amounts for Medicare approved services.

**Dental/Vision/Hearing Products:** Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

**Supplemental Health Products:** Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans aren't affiliated or connected to Medicare.