

Chart out What's Changing in your plan?

Name of your plan: _____

**wait!* Is your plan ending on December 31st?>

**Is it
changing?**

How is it changing?

If you selected Yes,
goto handout 6! <

Providers

☐

Y/N

Drug coverage

☐

Y/N

Copay

☐

Y/N

Deductible

☐

Y/N

Premiums

☐

Y/N

Other: (i.e: you lost coverage)

☐

Y/N

**Do you want
a new plan?**

☐

Yes

☐

No

Notes:

Are there any big concerns you'd like to be SURE to remember?

⋮