

Customized Consulting for Individuals and Families - 2020 Plan Year

• Medical • Dental • Medicare Supplement/Advantage/Part D Enrollment • Vision • Life/Disability/Long Term Care • Critical Illness/Cancer/Accident

Medical Consultation Options

Option 1: Evaluation and Consultation

- Evaluation and Research
 - Compare plan options and costs
 - Review your provider needs to make certain that the carrier you choose will provide coverage at your
 preferred hospital networks and will include your current physicians, or provide alternatives if they do not
 - o Review the carrier drug formularies to help find a plan that offers your medications at the lowest cost
 - o Review your options based upon several factors and customize a plan that best suits your family's needs
- Consultation Thirty (30) minute consultation in person, by phone, or by email. Consultation will include explanation of plan offerings, estimated premiums, and carrier network differences. Instructions will be provided on how to self-enroll in your chosen plan.
 - **We can also evaluate and compare employer plan options and assist in choosing best plans

Option 2: Evaluation, Consultation, Enrollment and Assistance

- Evaluation and Research
 - Compare plan options and costs
 - Review your provider needs to make sure that the carrier you choose will provide coverage at your
 preferred hospital networks and will include your current physicians, or provide alternatives if they do not
 - o Review the carrier drug formularies to help find a plan that offers your medications at the lowest cost
 - o Review your options based upon several factors and customize a plan that best suits your family's needs
- Carriers may require enrollment through the Marketplace. We will provide assistance in:
 - Creating or updating a Marketplace Account
 - o Education on the process of how Tax Credits and Cost Sharing Subsidies work, if applicable
 - Evaluation of the Eligibility report
- Completion of enrollment in the 2020 plan election
 - o Provide Benefit Summaries and/or SBC's of selected plans
 - Provide instruction on how to search for providers and drug formularies on an on-going basis
 - Provide Carrier and/or Marketplace contact information for billing or service issues
- Assistance with on-going questions and issues throughout the year, such as:
 - Basic plan questions
 - Escalated claims issues and understanding of EOB's and bills from providers
 - o Providing Marketplace with requested necessary documentation on income or other requests; Changes to accounts for issues such as change of income or other life events; etc

Dental and Vision Insurance Services

- Analysis of carriers and plan options
- Search of Network Providers
- Assistance with enrollment application and submission
- Assistance with any escalated issues throughout the year



\$150

2020 Plan Year Payment Form

Consultation Fee is due per Member application. If spouse and children are included on the members application, only one fee will apply. For unmarried couples or for children enrolling under a separate application, an additional Payment Form, payment, and Consultation Questionnaire should be submitted.

Health Insurance - Option 1: Evaluation and Consultation

<u>Dental and/or Vision Insurance -</u> (Fee waived if enrolling same time as Medical)					\$250	
					\$20	
Name:		Address: _				
City:	ST:	Zip code:	Phone	::		
Email:						
PAYMENT METHOD:	☐ Check Enc	losed	□Credit Card	I		
	<u>(</u>	Credit Card In	<u>formation</u>			
□а	merican Express	☐ Visa	□MasterCard	□Discov	er	
Credit Card #:			Expiration date:			
Security Code:	Billing	Zip Code:	Total Amount Charged:			
*By signing below, you under Consultation Questionnaire schedule your appointment. satisfactory appointment tin Open Enrollment period and for your scheduled time, a re- rescheduled, 48 hours advant the consultation.	are received by Den Once the appointn ne based upon the a I limited number of efund will be given r	ny & Associate nent is set, pay vailability of o appointment a ninus a \$25 car	s, Inc. Upon receipt, ment will be process penings, a full refund vailabilities, if you cancellation fee. If orig	a represent ed. If we are will be issue ncel your ap ginal appoint	ative will conta e unable to pro ed. Due to the pointment or o tment needs to	act you to ovide a shortened do not show o be
ignature:				Date:		

Broker Disclosure and Transparency

number below, or emailed to info@dtdinsurance.com.

Carriers represented may or may not provide commissions to brokers for the placement of business. If applicable, commissions are built in to the premiums quoted. Premiums do not change if the client utilizes the service of a broker or enrolls in a plan directly through the Marketplace Exchange. This broker charges a consultation fee and will also accept any commissions payable by carrier. Client has the right to request copies of carrier's commission at any time. Broker will provide such information within 10 business days of request. Client can view the Denny & Associates, Inc. Notice of Privacy practices on our website at www.dtdinsurance.com. Broker will provide a paper copy immediately upon request.

Paying by check: Checks should be made payable to Denny & Associates, Inc. Please return this form along with

Paying by credit card: This Payment Form and the Consultation Questionnaire can be returned by mail, faxed to the

payment and the Consultation Questionnaire to the attention of Patricia Fuchs at the address below.