

- The sales representative explained that Southeast Community Care is a coordinated care plan Medicare contracts with to provide your benefits.
- The sales representative reviewed the Summary of Benefits with me.
- The sales representative explained that I will need to visit doctors within Southeast Community Care’s network in order to access my benefits.
- I have reviewed a copy of the Southeast Community Care Provider Directory and have selected a Primary Care Physician to serve as the coordinator of my care through Southeast Community Care. I know that my PCP will refer me to in-network specialists for any non-urgent care I may need.
- The sales representative explained that if I seek non-emergency care from providers outside the Southeast Community Care provider network, I must pay 100% of the cost myself.
- The sales representative explained that Southeast Community Care is a Medicare Advantage plan with Prescription Drug coverage, and that my Southeast Community Care coverage will replace any other Medicare Advantage health plan or prescription drug coverage I currently have.
- The sales representative has explained the tier system for prescription drugs as well as gap coverage for preferred and non-preferred generic drugs:
 - Tier 1: Generic Drugs
 - Tier 2: Preferred Brand Drugs
 - Tier 3: Non-preferred Brand Drugs
 - Tier 4: Specialty Drugs
- I have reviewed a copy of the Southeast Community Care Formulary.
- The sales representative explained that if I have questions at any time, I can call Southeast Community Care member services at 1-800-573-8597 (TTY/TDD 1-866-573-8591), 8:00 a.m. – 8:00 p.m., Sunday – Saturday, and the representatives will walk me through any questions I have.

I, _____, acknowledge that I have received and reviewed the information discussed during the sales presentation with the plan sales representative.

_____ (Signature line)

_____ (Date line)