

# Before you enroll

Make sure this plan is the right one for you. It's important that you understand how the plan works and what benefits are covered before you enroll in this plan. You can find the Drug List (Formulary), Provider and Pharmacy directories and the Evidence of Coverage at [myPreferredCare.com](https://www.myPreferredCare.com).



**Did you check the online Drug List to make sure your prescription drugs are covered?**



**Did you check the online Provider Directory to make sure your providers are in the network?**

If your providers are not in the network, you will need to select a new network provider.



**Did you review the online Pharmacy Directory to make sure the pharmacy you use is in the network?**

If your pharmacy is not in the network, you will need to select a new network pharmacy.



**Did you look through the Summary of Benefits in this booklet to see how much you'll pay for medical services and prescription drugs?**

If you want more information, the Evidence of Coverage includes a complete list of coverage, benefits and plan rules.

**You're eligible to enroll in this Dual Special Needs Plan (D-SNP) if you:**



Are enrolled in Original Medicare Parts A and B



Receive state Medicaid benefits



Live in the plan's service area