

# PARTICIPANT PLAN SELECTION AID

Making a list of all your doctors, health care, and service providers can help you pick your Community HealthChoices (CHC) plan. Use this form to list all of your providers and compare the three CHC health plans. To see which plan your current providers are contracted with, use the provider directory found at [www.enrollchc.com](http://www.enrollchc.com), or call the Independent Enrollment Broker toll-free at **844-824-3655** (TTY: 833-254-0690).

## MY PHYSICIANS

*The doctor, cardiologist, endocrinologist, and other specials you use.*

MY DOCTORS	AMERIHEALTH CARITAS	PA HEALTH AND WELLNESS	UPMC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MY THERAPISTS

*Physical therapist, occupational therapist, and/or speech and language therapist.*

MY THERAPISTS	AMERIHEALTH CARITAS	PA HEALTH AND WELLNESS	UPMC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MY WAIVER SERVICE PROVIDERS**

Service coordinator, home care agency, adult day center, medical equipment supplier, and other providers.

MY WAIVER SERVICE PROVIDERS	AMERIHEALTH CARITAS	PA HEALTH AND WELLNESS	UPMC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MY NURSING FACILITY**

MY NURSING FACILITY	AMERIHEALTH CARITAS	PA HEALTH AND WELLNESS	UPMC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MY ADDITIONAL BENEFITS**

What added benefits does each plan have that you might need?

MY ADDITIONAL BENEFITS	AMERIHEALTH CARITAS	PA HEALTH AND WELLNESS	UPMC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DO YOU USE A MEDICARE PLAN?**

If so, what is the name of your Medicare plan? \_\_\_\_\_

Each CHC Plan will offer a Medicare plan which you can use if you wish. With CHC, your Medicare coverage will not change unless you want it to.

**▶ YOUR PLAN PICK:** \_\_\_\_\_

**DO NOT MAIL THIS FORM! Once you have picked a plan, complete the form found in the enrollment packet that was mailed to you or call 1-844-824-3655**

NOTE: Behavioral HealthChoices is a separate Medical Assistance program that pays for mental health and substance abuse services. Most people are already enrolled in Behavioral HealthChoices. If you are not already enrolled, you will receive a letter from the behavioral health managed care organization in your county with information about services.