Individual Coverage - HRA
Enrollment Planning Worksheet

Nye Health Services
people live happy here

Use this worksheet to gather information before enrolling or meeting 1:1 with a benefits advisor from benefitbay.

Who Needs Coverage?

List everyone who may be covered under your health plan.

Name	Relationship	Date of Birth	Lives with you? (Y/N)

Notes:

Doctors, Clinics & Hospitals

Knowing where you receive care helps ensure your plan fits your needs.

Primary Care Provider(s): _____

Specialists you see regularly: _____

Preferred hospitals or clinics: _____

☐ It is important that my current doctors are **in-network**

☐ I am open to changing doctors if needed

☐ I'm not sure — I'd like help checking networks

Notes:

Prescriptions

Have the name, dosage, and pharmacy (if known).

Medication Name	Dosage	Ongoing or Short-Term?

Notes (specialty meds, brand vs. generic preferences):

Deductible & Recent Healthcare Use

Think about how much care you've already used this year.

☐ I have already met (or mostly met) my deductible

☐ I have not met my deductible

☐ I'm not sure

Do you expect upcoming care in the next 6–12 months? ☐ Yes ☐ No ☐ Not sure

Examples (check all that apply):

☐ Surgery or procedure

☐ Ongoing therapy or treatment

☐ Pregnancy or planned family changes

☐ Chronic condition management

Notes:

HSA (Health Savings Account) Considerations

Some plans allow you to contribute to an HSA; be sure to check HSA eligibility within the plan details you are considering.

- ☐ I want a plan that **allows HSA contributions**
- ☐ I do not want an HSA
- ☐ I'm not sure what makes sense for me

Notes or questions about HSAs:

Networks & Flexibility

Some plans have tighter networks than others.

What matters most to you? (Select all that apply)

- ☐ Keeping specific doctors or hospitals
- ☐ Lower monthly premium
- ☐ Lower deductible
- ☐ Ability to receive care in multiple locations
- ☐ Coverage for pregnancy, mental health, or specialty care

Do any covered family members live **outside your home ZIP code**? ☐ Yes ☐ No
If yes, who? _____

Notes:

Health Complexity Awareness

This helps advisors guide you toward appropriate options.

- ☐ My family's health needs are generally simple
- ☐ We have at least one family member with more complex needs
- ☐ I'm not sure how to evaluate this

Notes:

Age 65+ or Medicare Considerations

- ☐ Someone covered is 65 or older
- ☐ Someone will turn 65 soon
- ☐ Medicare coordination applies to my household
- ☐ Not applicable

Notes or questions:

Get 1:1 Support

Sign up for virtual 1:1 support with benefitbay (REQUIRED for those age 65+)
The Help/sign-up link is available within your benefitbay portal at app.benefitbay.com

Questions I want to ask during my appointment: