Medicare Prescription Drug Coverage Personal Information Worksheet

Medicare prescription drug coverage is available to everyone with Medicare, regardless of income, health status, or how you currently pay for prescription drugs. Insurance companies and other private companies work with Medicare to offer these Medicare drug plans. Medicare drug plans provide insurance coverage for both brand name and generic prescription drugs.

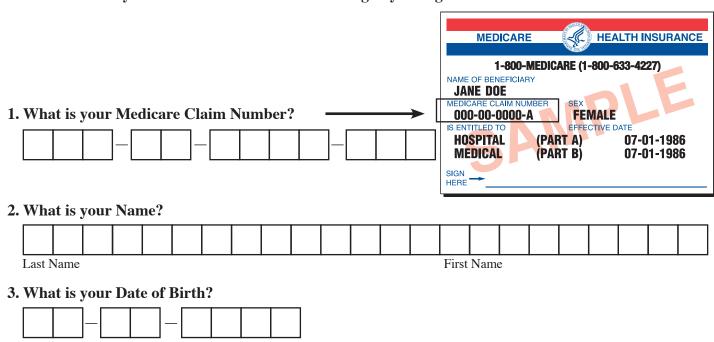
Medicare drug plans may vary in the prescription drugs they cover, how much you have to pay, and which pharmacies you can use. Now is the time to evaluate your current plan. Has it met your needs this year? If you don't have a Medicare drug plan, now is the time to review your coverage options.

How Should I Use This Worksheet?

Starting November 15 through December 31 each year, you can enroll or switch plans for your drug coverage the following year. You should compare the plans available in your area and choose one that meets your needs. If you are satisfied with your current plan, you do not have to do anything to re-enroll.

You can use this worksheet to collect all the personal information you need to find a Medicare drug plan that meets your needs. Please fill out as much of the information as possible. You may find it helpful to gather all of your prescription drug bottles, your red, white, and blue Medicare card, and any other health insurance cards, before you fill out this worksheet.

If you currently get your prescription drug coverage through TRICARE (military retiree benefits), the Department of Veteran Affairs (VA benefits), or FEHBP (Federal employee retirement benefits), it is almost always best to keep that current coverage without any changes. You should contact your benefits administrator for information about your current benefits before making any changes.



	hat is your effective date (when you	ACTION AC
fiı	rst enrolled) for Medicare Part A?	MEDICARE HEALTH INSURANCE
	Month Day Year	1-800-MEDICARE (1-800-633-4227) NAME OF BENEFICIARY JANE DOE MEDICARE CLAIM NUMBER SEX
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	That is your effective date (when you rst enrolled) for Medicare Part B?	SIGN
	Month Day Year	
5. W	hat is your ZIP Code?	
6. W	hat county do you live in?	
	That type(s) of prescription drug coverage do you have? (Chamber Medicare Prescription Drug Plan Name of Plan	
	Medicare Health Plan (e.g., HMO, PPO, Private Fee-for-Serv Savings Account Plan)	ice Plan, Medicare Medical
	Medicaid	
	Employer or Union Retiree Plan Medigap (Medicare Supplement Insurance) Policy	
	None of the Above	
	I don't know	

You can get Medicare prescription drug coverage in two different ways:

- Medicare Advantage Plans and Other Medicare Plans.
 Medicare Advantage Plans include HMOs, PPOs, Private-Fee-for-Service Plans, Medicare Medical Savings Account (MSA) Plans, and Special Needs Plans.* You generally get all of your Medicare covered health care through that plan. These plans may offer extra benefits and lower copayments than the Original Medicare Plan. However, you may have to use the plan's doctors and hospitals to get services.
- Medicare Prescription Drug Plans.
 These plans add coverage to the Original Medicare Plan (and some Medicare Cost Plans, Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans). The Original Medicare Plan is a fee-for-service plan. You can go to any doctor or hospital that accepts Medicare.

^{*} Other Medicare Plans include Medicare Cost Plans, Demonstrations/Pilot Programs, and Programs of All-inclusive Care for the Elderly (PACE).

	☐ Medicare Advantage or Other Medicare Plans				
	☐ Medicare Prescription Drug Plans				
	□ Both				
	☐ Don't know				
9.	Did you receive a letter from Medicare or the Social Security Administration (SSA) that said you are either eligible for or qualified for extra help paying for your Medicare Prescription Drug Plan costs (premium, deductible, and drug costs)?				
	☐ YES, I received a letter from Medicare				
	☐ YES, I received a letter from the Social Security Administration (SSA)				
	If you received either of these letters, please find it and keep it with this worksheet. You will need to refer to this letter for information when you are choosing a prescription drug plan.				
	□ NO, I did not receive a letter				
	☐ Don't know				
10.	What is your marital status?				
	☐ Married – Living Together				
	☐ Married – Not Living Together				
	□ Single				
	□ Divorced				
	□ Widowed				
	□ Separated				
	Are your combined savings, investments and real estate (other than your home) worth more than: • \$11,710 if you are single, a widow(er) or your spouse does not live with you; or • \$23,410 if you are married and living together?				
	Include the things you own by yourself, with your spouse or with someone else. Do NOT include your home , vehicles, burial plots, or personal possessions.				
	□ YES				
	□ NO*				
	☐ Not sure				

11.	Which drugs do you currently take? (Please also list the dosage, how many times you take it per
	month, and your currently monthly cost.)

Dosage	30-Day Qty	Monthly Cost
	Dosage	Dosage 30-Day Qty

12. Is there a pharmacy you prefer to use

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☐ NO

If YES, please provide the name and address of your preferred pharmacy

Name of Pharmacy

Street Address

City State ZIP Code

What Should I Do with My Completed Worksheet?

Once you complete this worksheet, you can use it to find a Medicare drug plan that meets your needs. Keep this worksheet with you when you:

- Meet with an outreach counselor, such as a State Health Insurance Assistance Program (SHIP) counselor or someone at your local senior center;
- Visit the www.medicare.gov website; or
- Call Medicare at 1-800-MEDICARE (1-800-633-4227) to speak with a Customer Service Representative. (TTY users should call 1-877-486-2048).