

# Medicare Modernization Act

DHS MMA Project

## Choosing a Medicare Prescription Drug Plan

### Who can help you choose a plan that works best for you?

- Medicare – 1(800) Medicare (800-633-4227)
- SHIBA – 1(800) 722-4134

### The checklist below will help you enroll in a prescription drug plan...

- Contact your pharmacy(ies) to ask for a complete list of drugs that you have been taking for the last 6 months.
- Ask your doctor about any other drugs that have been prescribed for you that you weren't able to fill at the pharmacy.
- Write the names of all the drugs and pharmacies you use in the boxes on the "Prescription Drug History Form" (page 3).
- Go to the [www.medicare.gov](http://www.medicare.gov) website or call 1-800-MEDICARE to find out which plans cover your drugs and allow you to use your pharmacy(ies).
  - Click on "Find a Medicare Prescription Drug Plan"
  - Enter your prescriptions and what pharmacy you shop at.
  - The Medicare.gov database will let you know which plans cover your medicine at your pharmacy. You will then be able to compare plans and enroll online or by calling the plan directly.
  - See the list of questions that you need to answer in order to choose the best plan for you on page 2.
- ***If you need help*** comparing prescription drug plans, finding a plan that will work for you or enrolling in a plan, you should call the numbers listed above.

## How Will You Know if Your Plan is Right for You?

*Q: Does your plan cover all of your drugs and allow you to use your pharmacy(ies)?*

**Yes:** You should probably keep the plan you have unless other plans cover all of your drugs and allow you to use your pharmacy(ies), but charges you less for your medicine.

*Q: Does your plan cover most of your drugs and allow you to use your pharmacy(ies)?*

**Yes:** You can stay with your plan but you will need help from your doctor to ask for an exception on the drugs your plan does not cover; **or,**

You can find out if other plans cover all of your drugs and allow you to use your pharmacy(ies).

*Q: Do other plans cover all of your drugs and allow you to use your pharmacy(ies)?*

**Yes:** You should probably change to another plan that covers all of your drugs and allows you to use your pharmacy(ies), but you should find out which plan/s charge you the lowest amount for your medicine.

*Q: Do other plans cover most of your drugs and allow you to use your pharmacy(ies)?*

**Yes:** You can enroll in another plan, but you will need help from your doctor to request an exception on the drugs your plan does not cover; **or,**

You can stay in your current plan, but may have to talk to your doctor to change your prescription. You should also find out which plans charge you the lowest copayments.

*Q: Do any plans cover most of your drugs?*

**No:** You can stay with your plan if it allows you to use your pharmacy(ies), but you will need help from your doctor to request an exception on the drugs your plan does not cover. You should also find out which plans cover the most drugs and have the lowest drug copayments.

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# ***Prescription Drug History Form***

What pharmacy(ies) do you prefer to get your medicine at?

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In the spaces below, write the drugs you currently take.

<b>Your Prescription Drug History</b>			
<b>Medicines you take...</b>	<b>Why do you use this medicine (diabetes, blood pressure, etc.)?</b>	<b>How many times per day do you take this medicine?</b>	<b>What strength or dose is the medicine (20mg, 100 mL, etc.)?</b>

### Your Prescription Drug History

Medicines you take...	Why do you use this medicine (diabetes, blood pressure, etc.)?	How many times per day do you take this medicine?	What strength or dose is the medicine (20mg, 100 mL, etc.)?