



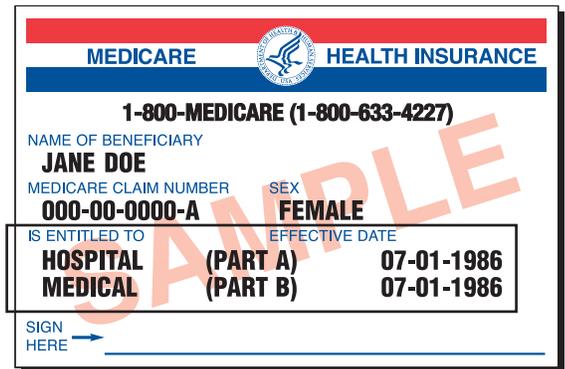
4. What is your effective date (when you first enrolled) for Medicare Part A?

		—			—				
Month			Day			Year			

OR

What is your effective date (when you first enrolled) for Medicare Part B?

		—			—				
Month			Day			Year			



5. What is your ZIP Code?

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6. What county do you live in? \_\_\_\_\_

7. What type(s) of prescription drug coverage do you have? (Check all that apply)

- Medicare Prescription Drug Plan  
Name of Plan \_\_\_\_\_
- Medicare Health Plan (e.g., HMO, PPO, Private Fee-for-Service Plan, Medicare Medical Savings Account Plan)
- Medicaid
- Employer or Union Retiree Plan
- Medigap (Medicare Supplement Insurance) Policy
- None of the Above
- I don't know

**There are two ways to get Medicare prescription drug coverage:**

**1. Medicare Prescription Drug Plans**

These plans (sometimes called “PDPs”) add drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) Plans, and Medicare Medical Savings Account (MSA) Plans.

**2. Medicare Advantage Plans (like an HMO or PPO) or other Medicare health plans that offer Medicare prescription drug coverage**

You get all of your Part A and Part B coverage, including prescription drug coverage (Part D), through these plans. Medicare Advantage Plans with prescription drug coverage are sometimes called “MA-PDs.”

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

**8. Are you interested in learning about prescription drug coverage available through:**

- Medicare Advantage or Other Medicare Plans
- Medicare Prescription Drug Plans
- Both
- Don't know

**9. Did you receive a letter from Medicare or Social Security 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 Social Security

*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:**

- \$12,510 if you are single, a widow(er) or your spouse does not live with you; or
- \$25,010 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

*\* If you answered "No," you may be eligible for extra help in paying for your prescription drug costs. For more information, see the Social Security Administration's website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213.*

**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.)**

Drug Name	Dosage	30-Day Qty	Monthly Cost

**12. Is there a pharmacy you prefer to use?**

- YES
- NO

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

Name of Pharmacy \_\_\_\_\_

Street Address \_\_\_\_\_

City _____	State _____	ZIP Code _____
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**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](http://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).