



Medicare D Rx Plan Finder Worksheet

Instructions

If I choose to get Medicare’s Rx program, how do I decide which insurance plan is right for me?

There are three ways to find the Medicare Part D Rx plans that cover your drugs at the lowest cost.

1. **Internet**, go to www.medicare.gov and click on “Compare Medicare Prescription Drug Plans.” You will need the information on this worksheet.

OR...

2. **Telephone**, call **1-800-MEDICARE**. A representative will ask you for the information on the worksheet, and will assist you in finding a plan.

OR...

3. **Local help is available**. If you cannot narrow down your plan choices by phone or the Internet, mail your completed worksheet to one of the following agencies. Within three weeks we will send you a comparison of your three most affordable plan options.

<p>Whatcom SHIBA HelpLine 800 E Chestnut Lower Level, Suite 2 Bellingham, WA 98225 715-6533</p> <p><i>Serves all ages.</i></p>	<p>Senior Information & Assistance 600 Lakeway Bellingham, WA 98225 738-2500 or 380-8121</p> <p><i>Serves only people aged 60 and over, and provides a range of other services.</i></p>	<p>Department of Social and Health Services c/o Anita Stolpe 4101 Meridian Bellingham, WA 98226 714-4080</p> <p><i>Serves only people with both Medicare AND Medicaid, all ages and abilities. Provides other income-based programs and services.</i></p>	<p>Lummi Tribal Health Center Benefits Coordinator 2592 Kwina Rd. Bellingham, WA 98226 384-0464</p> <p><i>Serves only members of Lummi Nation and other enrolled members of Federally-recognized tribes, all ages and abilities. Provides other health benefits counseling.</i></p>
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Disclaimer:

- ❖ SHIBA HelpLine organization, sponsors, counselors and community partner associates do not endorse nor sell the Rx insurance plan options we will send you, but rather we are providing this free, confidential service to help Medicare beneficiaries narrow down their choices. Coalition partners are held harmless for any liability arising from this service. Any information we send you is based on information provided by Medicare at the time we processed your worksheet. The Centers for Medicare and Medicaid Services are the final authority on matters regarding Medicare Part D Rx coverage. Call them at 1-800-Medicare.



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Personal Information			
Name		Date of Birth ____/____/____	Phone Number
Mailing Address	Street or PO Box	City	Zip Code
You have Medicare... <i>(Check all that apply)</i>		<input type="checkbox"/> Part A Effective date: ____/____/____ <input type="checkbox"/> Part B Effective date: ____/____/____	Medicare #
Person, if any, helping you to fill out this form:			
What pharmacy do you use?			

What medical coverage or help paying for medications do you have now? <i>(Check all that apply)</i>	
1. A DSHS Medicaid medical coupon that pays for your prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> When I meet my spend-down <input type="checkbox"/> I don't know
2. A DSHS Medicaid medical coupon that does not pay for your prescriptions? <i>(Such as QMB)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
3. A DSHS program that pays for your Medicare Part B premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
4. A Rx discount card that reduces the price you pay at the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know How much \$ is left on your card? \$ _____
5. A Medicare supplemental insurance Plan "A" through "J" <i>(These plans are sometimes called "Medigaps")</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know What is the letter of your plan? _____ <i>(Tip: Look on the front or back of your insurance card for the plan letter.)</i>
6. A Medicare Health Plan <i>(Tip: Formerly called Medicare Advantage or + Choice, such as Group Health, etc., these plans often limit choice of doctors.)</i>	<input type="checkbox"/> Yes, name of plan: _____ <input type="checkbox"/> No <input type="checkbox"/> I don't know
7a. Do you have insurance from an employer, union, or retiree plan?	<input type="checkbox"/> Yes, name of plan: _____ <input type="checkbox"/> No <input type="checkbox"/> I don't know
7b. If you have a plan listed in 7a, did you receive a letter saying the plan is "as good as" Medicare Part D?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
8. Are you a tribal member or veteran?	<input type="checkbox"/> Tribal member, name of tribe: _____ <input type="checkbox"/> Veteran

