



Medicare D Rx Plan Finder Worksheet Instructions

How do I choose a Medicare Part D Plan?

There are 50+ Medicare Part D Prescription Drug Plan options available through commercial insurance carriers in the state of Washington. All the plans have different formularies (list of drugs that they cover). Fill out this worksheet before looking for a plan—the information will help you find the plan that best covers your prescription needs.

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.” Use the worksheet to help fill in answers online.

OR...

2. **TELEPHONE**, call 1-800-MEDICARE (633-4227). A representative will ask you for the information on this 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 Whatcom Medicare Part D Coalition partner agencies. As a free, impartial, and confidential service, you will receive a comparison of your three most affordable plan options within three weeks. *Note that after December 15, local requests for help are NOT GUARANTEED to be returned in time for the Dec. 31 deadline. After Dec. 15, call 1-800-Medicare.*

<p>Whatcom SHIBA HelpLine 800 E Chestnut St. LL Ste. 2 Bellingham, WA 98225 715-6533</p> <p><i>Serves by appointment all ages with impartial health insurance advising.</i></p>	<p>Senior Information & Assistance 600 Lakeway Dr. Bellingham, WA 98225 738-2500</p> <p><i>Serves people aged 60+, and provides a range of other services.</i></p>	<p>Department of Social and Health Services c/o Anita Stolpe 4101 Meridian St. Bellingham, WA 98226 714-4080</p> <p><i>Serves people with both Medicare AND Medicaid, all ages and abilities.</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. If you have questions, call Medicare, 1-800-Medicare.



Medicare D Rx Plan Finder Worksheet

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

What medical coverage do you have now?	
1. A Medicare supplemental insurance Plan "A" through "J" <i>(Tip: These plans are sometimes called "Medigaps")</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If Yes, what is the letter of your plan? Choose one: A B C D E F G J K L <i>(Tip: Look on the front or back of your insurance card for the plan type letter.)</i>
2. A DSHS Medicaid medical coupon that pays for your prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Yes, when I meet my spend-down
3. A DSHS Medicaid medical coupon that pays for you Medicare Part B premium but does not pay for your prescriptions? <i>(Tip: Such as QMB, SLMB or ESLMB)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
4. A Medicare Health Plan <i>(Tip: Formerly called Medicare Advantage or + Choice.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If Yes, name of plan:
5a. Do you have insurance from an employer, union, or retiree plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If Yes, name of plan:
5b. If you have a plan listed in 5a, 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
6. Are you a tribal member?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of tribe:
7. Are you a veteran? <i>(Tip: If yes, contact the Bellingham Veterans Center to see if you qualify lower-cost Rx through the VA, 733-9226.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do you receive prescription drugs from the VA (Veterans Administration)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you qualify for “extra help” paying for Medicare Part D?

Did you apply for and receive approval from Social Security to pay for your Medicare Part D premium and deductible? Yes No I’m not sure

(Tip: If you applied and have not received a response, call Social Security: 1-800-772-1213)

Is your monthly income below \$1,276 for an individual and \$1,711 for a married couple? Yes No I’m not sure

Not counting your home and one car, are your assets under \$11,710 for a single person and \$23,410 for a married couple? Yes No I’m not sure

Prescription Medication Tracker

- List the medications you currently take, do not include supplements (calcium, multi-vitamins, etc.). We recommend that you attach a print-out from your pharmacy as a separate sheet.

Current Rx Medication	Dosage	How many monthly	Monthly Actual Cost
1. Drug name:	mg		\$
2. Drug name:	mg		\$
3. Drug name:	mg		\$
4. Drug name:	mg		\$
5. Drug name:	mg		\$
6. Drug name:	mg		\$
7. Drug name:	mg		\$
8. Drug name:	mg		\$
9. Drug name:	mg		\$
10. Drug name:	mg		\$

FOR OFFICE USE ONLY

Date received:

Agency referral:

Name of volunteer/staff who processed this worksheet:

Total cost is for your information so you can compare current costs to Part D plan options.

Total Monthly Cost

\$