



## MEDICARE PLAN FINDER WORKSHEET

You can join, switch, or drop a Medicare health or drug plan during Medicare’s Open Enrollment Period, which runs from October 15 – December 7 each year. If you make a change during this period, your new coverage will begin on January 1 of the following year. The Medicare Plan Finder web tool, <https://www.medicare.gov/find-a-plan/questions/home.aspx>, can help you search for and compare Medicare health and drug plans in your area. You should compare the plans carefully and choose one that meets your needs. If you’re satisfied with your current plan, you don’t have to do anything to re-enroll.

You can use this worksheet to help gather the information needed to complete a personalized search to find a Medicare health and/or drug plan that meets your needs. A personalized search may provide you with more accurate cost estimates and coverage information than a general search. 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 FEHB (Federal employee retirement benefits), it’s 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.**


To begin your plan search, select a personalized search, which only requires your ZIP Code, date of birth, and your Medicare card information.

**ZIP Code and county where you live.**

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\_\_\_\_\_ (County where you live)

**Be sure to have your red, white, and blue Medicare card to include information needed to complete a personalized search. Your card may look slightly different from this one; it's still valid.**

	
<b>MEDICARE</b>	<b>HEALTH INSURANCE</b>
<b>1-800-MEDICARE (1-800-633-4227)</b>	
NAME OF BENEFICIARY	
<b>JANE DOE</b>	
MEDICARE CLAIM NUMBER	SEX
<b>000-00-0000-A</b>	<b>FEMALE</b>
IS ENTITLED TO	EFFECTIVE DATE
<b>HOSPITAL (PART A)</b>	<b>07-01-1986</b>
<b>MEDICAL (PART B)</b>	<b>07-01-1986</b>
SIGN HERE →	_____

If you don't have your Medicare card you can complete a general search. A general search will require the following information in order to provide the best cost estimate based on your situation. **Note:** This information automatically populates in a personalized search.

**1. Do you currently have Medicare coverage? (Check all that apply)**

- Original Medicare
- Medicare Health Plan (such as an HMO or PPO)
- Medicare Prescription Drug Plan
- Medigap
- I don't have any Medicare coverage yet
- I don't know what coverage I have

**2. What type of plan are you looking for?**

- Medicare Advantage or other Medicare Plans (Plans that cover only health care)
- Medicare Prescription Drug Plans (Plans that cover only prescription drugs)
- Both—plans that cover both health care and prescription drug plans
- I don't know

**3. Did you receive a letter from Medicare or Social Security that said you're 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
- No, I didn't receive a letter
- I don't know

If you received one of these letters, please find it and keep it with this worksheet. You will need to refer to this letter for information when you're choosing a prescription drug plan:

- A purple notice from Medicare that says you automatically qualify for Extra Help
- A yellow or green automatic enrollment notice from Medicare
- An Extra Help "Notice of Award" from Social Security
- An orange notice from Medicare that says your copayment amount will change next year

**4. Do you get help from Medicare or your state to pay your Medicare prescription drug costs?**

- I get help from Medicaid
- I qualified for Extra Help through Social Security
- I pay \$3.30 – \$8.25 for covered drugs
- I pay 15% coinsurance for covered drugs
- I get Supplemental Security Income
- I belong to a Medicare Savings Program (MSP)
- I don't get any Extra Help
- I don't know

**5. Which drugs do you currently take?**

Please enter your prescription drugs. This will help estimate your costs and allow you to see which plans cover your drugs. The site doesn't show pricing for over the counter drugs or diabetic supplies (e.g. test strips, lancets, needles). Please contact the plan for more information on those items.

Drug Name	Dosage	30-Day Qty.	Monthly Cost

**6. Please provide the name and address of your pharmacy.\***

Name of Pharmacy

Street Address

City	State	ZIP Code
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Name of Pharmacy

Street Address

City	State	ZIP Code
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**\*Importance of pharmacy selection**

Please select up to 2 pharmacies. If your pharmacy isn't in a plan's network, the cost you will see is the full price of the drug with no insurance. **Note:** Some plans may charge lower drug prices at preferred cost-sharing pharmacies and higher prices at standard cost-sharing pharmacies.