

## **National Training Program**



## 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 are satisfied with your current plan, you do not have to do anything to re-enroll.

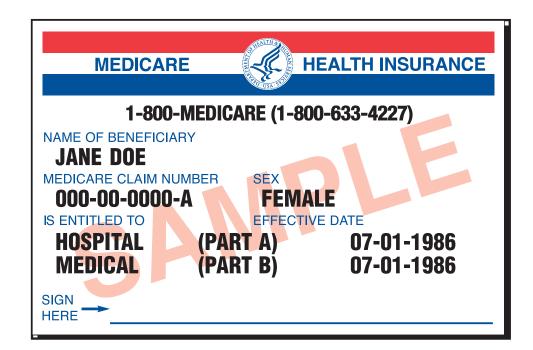
You can use this worksheet to help gather the information needed to complete a personalized search to find a Medicare health and/or drug plan that meets your needs. A personalized search may provide you with more accurate cost estimates and coverage information than a general search. You may find it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

Be sure to have your red, white and blue Medicare card to include information needed to complete a personalized search.



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 the beneficiary's situation. **Note:** This information automatically populates in a personalized search.

1.	o you currently have Medicare Coverage? (Check all that apply)						
	☐ Original Medicare	☐ Medigap					
	☐ Medicare Health Plan (such as an HMO or PPO)	☐ I don't have any Medicare coverage yet					
	☐ Medicare Prescription Drug Plan	☐ I don't know what coverage I have					
2.	What type of plan are you looking for?						
	<ul><li>Medicare Advantage or other Medicare Plans (Plans that cover only health care)</li></ul>	Both – plans that cover both health care and prescription drug plans					
	<ul> <li>Medicare Prescription Drug Plans (Plans that cover only prescription drugs)</li> </ul>	☐ I don't know					
3.	3. 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, deductibl and drug costs)?						
	☐ Yes, I received a letter from Medicare	☐ No, I did not receive a letter					
	☐ Yes, I received a letter from Social Security	☐ I don't know					
	If you received one of these letters, please find it and kelletter for information when you are choosing a prescrip	eep it with this worksheet. You will need to refer to this otion drug plan:					
<ul> <li>A purple notice from Medicare that says you automatically qualify for Extra Help.</li> <li>A yellow or green automatic enrollment notice from Medicare.</li> <li>An Extra Help "Notice of Award" from Social Security.</li> <li>An orange notice from Medicare that says your copayment amount will change next year.</li> </ul>							
4.	Do you get help from Medicare or your state to						
	☐ I get help from Medicaid	☐ I get Supplemental Security Income					
	☐ I qualified for Extra Help through Social Security	☐ I belong to a Medicare Savings Program (MSP)					
	□ I pay \$2.65 – \$6.60 for covered drugs	☐ I don't get any Extra Help					
	I pay 15% coinsurance for covered drugs	☐ I don't know					

5.	Which	druas	do	vou	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	<b>Monthly Cost</b>
			<u> </u>

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

Name of Pharmacy			
Street Address			
City	State	2	ZIP Code
	'		
Name of Pharmacy			
Street Address			
City	State	2	ZIP Code

## \*Importance of pharmacy selection

Please select up to two 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 that some plans may charge lower drug prices at preferred cost-sharing pharmacies and higher prices at standard cost-sharing pharmacies.