

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're satisfied with your current plan, you don't have to do anything to re-enroll.

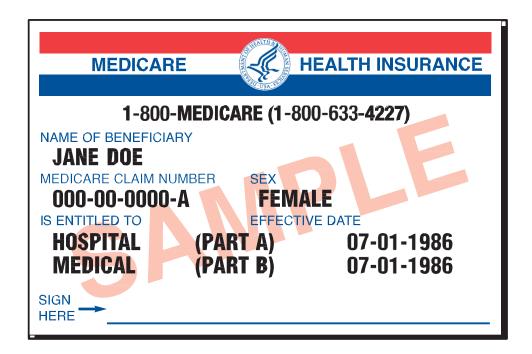
You can use this worksheet to help gather the information needed to complete a personalized search to find a Medicare health and/or drug plan that meets your needs. A personalized search may provide you with more accurate cost estimates and coverage information than a general search. You may find it 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	ZIP Code and county where you live.								
		1	1		(County where youlive)				

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.



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? (Chec	ck all that apply)
	O Original Medicare	O Medigap
	O Medicare Health Plan (such as an HMO or PPO)	O I don't have any Medicare coverage yet
	O Medicare Prescription Drug Plan	O 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) 	 Both – plans that cover both health care and prescription drug plans
	 Medicare Prescription Drug Plans (Plans that cover only prescription drugs) 	O I don't know
3.	Did you receive a letter from Medicare or Social qualified for Extra Help paying for your Medicare and drug costs)?	Security that said you're either eligible for or Prescription Drug Plan costs (premium, deductible,
	O Yes, I received a letter from Medicare	O No, I didn't receive a letter
	O Yes, I received a letter from Social Security	O I don't know
	If you received one of these letters, please find it and ke letter for information when you're choosing a prescript	·
	 A purple notice from Medicare that says you at A yellow or green automatic enrollment notice An Extra Help "Notice of Award" from Social Se An orange notice from Medicare that says your 	from Medicare curity
4.	Do you get help from Medicare or your state to p	pay your Medicare prescription drug costs?
	O I get help from Medicaid	 I get Supplemental Security Income
	O I qualified for Extra Help through Social	 I belong to a Medicare Savings Program (MSP)
	Security	O I don't get any Extra Help
	O I pay \$3.30 – \$8.25 for covered drugs	○ I don't know
	O I pay 15% coinsurance for covered drugs	

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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.

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

Name of Pharmacy			
Street Address			
City	State	ZIP Code	
	•	•	
Name of Pharmacy			
Street Address			
City	State	ZIP Code	

*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.