



**7. What is your marital status?**

- Married
- Single

**8. 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

**9. 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

**10. 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, deductible, and drug costs)?**

- Yes, I received a letter from Medicare
- Yes, I received a letter from Social Security
- No, I did not receive a letter
- I don't know

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

**11. 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 \$2.55 – \$6.35 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

**12. Some people with limited income and resources are eligible for Extra Help to pay costs associated with their Medicare Prescription drug plan. Are your combined savings, investments and real estate (other than your home) worth more than:**

- \$13,440 if you are single, a widow(er), or your spouse does not live with you; or
- \$26,860 if you are married and living together

Include the things you own by yourself, with your spouse or with someone else. **Do NOT include your home, vehicles, burial plots, or personal possessions.**

- Yes
- No
- Not sure

\*If you answered "No," you may be eligible for extra help in paying for your prescription drug costs. For more information, see the Social Security Administration's website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213.

### 13. 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

### 14. Is there a pharmacy you prefer to use?

- Yes (if yes, please provide the name and address of your preferred pharmacy)
- No

Name of Pharmacy

Street Address

City

State

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 pharmacies and higher prices at non-preferred pharmacies.

### What Should I Do with My Completed Worksheet?

Once you complete this worksheet, you can use it to find a Medicare drug plan that meets your needs. Keep this worksheet with you when you:

- Meet with an outreach counselor, such as a State Health Insurance Assistance Program (SHIP) counselor or someone at your local senior center;
- Visit the [www.medicare.gov](http://www.medicare.gov) website; or
- Call Medicare at **1-800-MEDICARE (1-800-633-4227)** to speak with a Customer Service Representative. (TTY users should call **1-877-486-2048**).