

# Medicare Prescription Drug Coverage Personal Information Worksheet

Medicare prescription drug coverage is available to everyone with Medicare, regardless of income, health status or how you pay for prescription drugs today. Insurance companies and other private companies work with Medicare to offer these Medicare drug plans. Medicare drug plans provide insurance coverage for brand name and generic prescription drugs.

**The Medicare drug plans vary in prescription drugs covered, how much you pay, and which pharmacies you can use. It is important you choose a plan that meets your needs.**

## How should I use this worksheet?

Use this worksheet to help gather all of the information you need to find a Medicare drug plan that meets your needs. Please fill out as much of the information in this worksheet as possible. You may find it helpful to gather your prescription drug bottles and 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 better to keep that current coverage without any changes. You should contact your benefits administrator for information about your current benefits before making any changes.

You don't have to complete the first four questions, but if you do, it will allow us to give you more personalized information.

1. What is your Medicare Claim Number?

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#1

2. What is your First and Last Name?

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Last Name

First Name

3. What is your date of birth?

	/		/	
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Month    Day    Year

4. What is the effective date (when you first enrolled)

for your Medicare Part A

	/		/	
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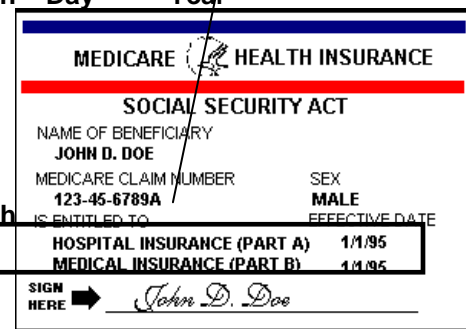
AND

for your Medicare Part B

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Month

Month    Day    Year



5. What is your Zip Code?

6. What County do you live in?

7. What type of prescription drug coverage do you currently have?

- through an employer group/union health plan
- through a Medigap plan (Medicare Supplement Insurance) with drug coverage
- through a Medicare Advantage Plan (i.e. HMOs, PPOs and/or PFFS plan)
- Illinois Cares Rx (formerly SeniorCare/Circuit Breaker Pharmaceutical Assistance).
- Or, a Medigap plan without drug coverage
- None of the above

8. Are you interested in learning about prescription drug coverage available through:

- Medicare Advantage or other Medicare Health Plans
- Medicare drug plans
- Both
- Don't know

9. Did you receive a letter from Medicare or Social Security Administration (SSA) telling you that you are either eligible for or have been approved for extra help paying for you Medicare prescription drug plan costs (premium, deductible, and drug costs)?

- Yes, I received a letter from Medicare\*
- Yes, I received a letter from SSA\*

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

- No, I did not receive a letter
- I don't know

10. Are you married?

- Yes, I am married
- No, I am not married

a. If you answered yes, are you and your spouse's savings, investments, and real estate (other than your home) worth more than \$25,260? (This limit is for 2012.)

Include items you own by yourself or with someone else. Do not include your home, vehicles, burial plots, or personal possessions.

- Yes
- No\*

b. If you answered no, are your savings, investments, and real estate (other than your home) worth more than \$12,640? (This limit is for 2012.) Include items you own by yourself or with someone else. Don't include your home, vehicles, burial plots, or personal possessions.

- Yes
- No\*

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

