

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 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 \$25,010? 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 \$12,510? 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 or call them at 1-800-772-1213.*

