U.S. Representative Adam Smith Update

Ninth District, Washington

Medicare Prescription Drug Worksheet

As your Representative in Congress, it is my responsibility to provide my constituents with information that will be important in their daily lives. Many of the seniors in our community are confused by the new Medicare Prescription Drug plan. This worksheet will help you gather all the information you need to find a Medicare drug plan that meets your needs. Before contacting a Medicare representative to discuss a new plan, please fill out as much of the information in this worksheet as possible. You may find it helpful to gather all of your prescription drug bottles and your red, white and blue Medicare card and any other health insurance cards before you fill out this worksheet.

Medicare officials recommend that if you currently get your prescription drug coverage through TRICARE (military retiree benefits), the Department of Veterans 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.

Once you have filled out this worksheet, have it with you when you contact a Medicare representative to sign up for a plan. You can:

* **Meet with an oureach counselor**, such as a State Health Insurance Assistance Program (SHIP) counselor or someone at your local senior center. A number to call is 1-800-562-6900 to get assistance with SHIP.

***Call Medicare** at 1-800-MEDICARE (1-800-633-4227) (TTY users should call 1-877-486-2048) to speak with someone to help you

* **Or visit the Medicare Web site** at www.medicare.gov

What is your Medicare Claim Number?

__ __ __ - __ __ - __ __ __ __ - __ __ __

What is your First and Last Name?

_____

What is your date of birth?

___ ___/ ___ ___/ ___ ___ ___ ___

Month Day Year

What is the effective date (when you first enrolled) for your Medicare Part A?

_____ _____ / _____ _____ / _____ _____ _____ _____

Month Day Year

AND

What is the effective date (when you first enrolled) for your Medicare Part B?

_____ _____ / _____ _____ / _____ _____ _____ _____

Month Day Year

What is your Zip Code?

_____ _____ _____ _____ _____

What county do you live in?

_____

What type of coverage do you currently have? (Circle one)

A. Prescription drug coverage through an employer or union health plan
B. Prescription drug coverage through Medigap plan (Medicare Supplement Insurance) with drug coverage
C. A Medigap plan (Medicare Supplement Insurance) without drug coverage
D. Prescription drug coverage through a Medicare Advantage or other Medicare Health Plan (such as an HMO)
E. None of the Above

You can get Medicare prescription drug coverage in two different ways:

Medicare Advantage Plans and Other Medicare Health Plans: These plans include HMOs, PPOs, and Private-Fee-for-Service plans. They offer complete Medicare-covered health care, through a single plan, including drug coverage. Most of these plans generally offer extra benefits and lower copayments than the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.

Medicare drug plans: These plans add coverage to the Original Medicare Plan (and some Medicare Cost Plans and Medicare Private Fee-for-Service plans). The Original Medicare Plan is a fee-for-service plan. You can go to any doctor or hospital that accepts Medicare.

Are you interested in learning about prescription drug coverage available through the following? (Circle all that apply)

A. Medicare Advantage or other Medicare Health Plans
B. Medicare drug plans
C. I don't know

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

A. Yes, I received a letter from Medicare*
B. Yes, I received a letter from the Social Security Administration (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 you are choosing a prescription drug plan.*

C. No, I did not receive a letter
D. I don't know

Are you married? (Circle all that apply)

A. YES, I am married

Are you and your spouse's savings, investments, and real estate (other than your home) worth more than $23,000? Include items you own by yourself or with someone else. Do not include your home, vehicles, burial plots, or personal possessions.

1. YES
2. NO*

B. NO, I am not married

Are your savings, investments, and real estate (other than your home) worth more than $11,500? 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 in paying for your prescription drug costs. For more information, see the SSA Web site at www.ssa.gov or call them at 1-800-772-1213.*

Also, create a list of prescriptions you currently take and keep that with this worksheet.