

Medicare Part D Worksheet

If you currently get your prescription drug coverage through TRICARE, VA benefits, Federal employee retirement benefits or any employer/union retiree health plan, it is almost always best to keep that creditable coverage without any changes. You should contact your benefits administrator for information about your current benefits before making any changes.

If you don't have creditable retirement benefits, you should review your Medicare options **EVERY** year. All Medicare beneficiaries can add, drop or switch their health and drug coverage during Medicare's Open Enrollment Period every year from October 15 – December 7 with changes effective January 1 of the following year. Other enrollment periods may be available depending upon on your personal situation.

1. Do a Part D plan comparison online at www.medicare.gov
 Or call 1-800-MEDICARE (1-800-633-4227) 24 hours a day
 Or call OSHIIP at 1-800-686-1578
 Or complete this sheet and return it to OSHIIP
2. Check to see if you qualify for "Extra Help" to pay for some of your prescription costs
 Single: Income \$1,615 per month; Total resources \$14,610
 Married: Income \$2,175 per month; Total resources \$29,160
 Apply online at www.ssa.gov or call OSHIIP: 1-800-686-1578

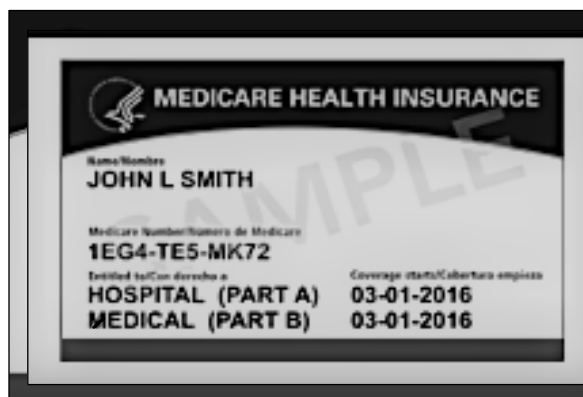
Please print clearly and answer all questions

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____ County: _____

City/State/Zip: _____ Phone #: _____

Current Medicare Drug Plan: _____ E-Mail: _____



Medicare #:

Medicare Effective Dates:

Part A:

Part B:

Do you currently have coverage with: ____ Original Medicare or ____ Medicare Advantage

If enrolled in a Medicare Advantage plan, what is the plan name? _____

Do you currently get assistance from: ____ Medicaid ____ QMB/SLMB/QI ____ "Extra Help" with Part D

Do you want information on: ____ Stand-Alone Part D plans ____ Medicare Advantage plans (check one or both)

Do you have a MyMedicare.gov account? Yes ____ No ____ **Please complete both sides of this form.**

