

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 do not have creditable retirement benefits, it is recommended that you review your Medicare options EVERY year. All Medicare patients can add, drop or switch their health and drug coverage during the Annual Coordinated Election Period. Other enrollment time frames may be available depending 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 \$1,505 per month; Total resources \$13,640
 Married: Income \$2023 per month; Total resources \$27,250
 Apply online at www.socialsecurity.gov or call OSHIIP: 1-800-686-1578
3. The Annual Coordinated Election Period (AEP) is from October 15 – December 7.
 Any changes made during the AEP take effect January 1 of the following year.

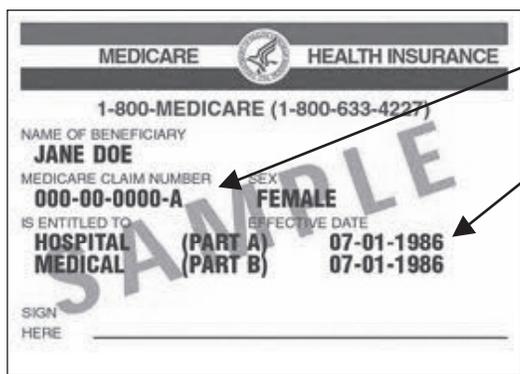
Please print clearly and answer all questions

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)

Please complete both sides of this form.

