

My Rx Action Plan

Use these pages to help determine what you should do about the new Medicare prescription drug benefit... available starting January 1, 2006.

"GET READY"

Step 1:

Complete side 1 of the "My Prescription Drug Plan Comparison Worksheet."

- a) Fill in the pharmacy or pharmacies you want to use.
- b) Gather all your prescription medicine vials and make a list of each drug by name, the dosage amount and how often you take it.
- c) Calculate how much you spend on each drug each month and record the amount on your worksheet.
- d) Multiply the amount by 12 to calculate how much you spend on each drug in a year.
- e) Total the monthly costs for all your prescriptions and record this amount at the bottom.
- f) Do the same for the annual/yearly costs — this is how much you spend in one year for all the prescriptions you take.

Step 2:

Locate copies of any prescription drug coverage you may have through a former employer, union or the military.

- a) Carefully read the prescription drug benefit and record this information in the left hand column of side 2 on your comparison worksheet.
- b) Keep this information in a handy place so you can move to Step 3.

Please note: The information and written materials provided by OSHIIP, its employees, volunteers or representatives are obtained from other sources including the drug plans and the Federal government. OSHIIP believes this information to be accurate but is not guaranteed. Also, the information may change without notice. The Ohio Department of Insurance assumes no responsibility for the judgments you make in selecting a drug plan or declining to participate in the Medicare Part D Program.

"GET SET"

Step 3:

On October 17 or later, call one of the numbers below for a plan comparison report based on your prescription drug usage. Please have your completed worksheet with you when you call.

Call 1-800-MEDICARE or OSHIIP at 1-800-686-1578.

- a) Also consider attending one or more of the Prescription Drug Plan Fairs being planned across the state. For a list of dates and locations visit www.ohioinsurance.gov or call 1-800-686-1578.
- b) If you go to one of these events you can speak with plan representatives. Be sure to ask the questions below and record the answers on page 2 of the comparison worksheet.
 1. Will all my drugs be covered?
 2. Can I shop at the pharmacy of my choice?
 3. How much is the monthly premium for the plan?
 4. What will my out-of-pocket costs total monthly? Annually?
 5. Will my prescriptions be covered outside of Ohio?

"GO"

Step 4:

If you decide to enroll in a Medicare prescription drug plan (PDP), decide which plan best suits your needs. You can enroll as early November 15, 2005. Just use one of the simple steps below.

- a) Complete the PDP's enrollment form and mail it in.
- b) Enroll by phone at 1-800-MEDICARE or 1-800-686-1578 (OSHIIP).
- c) Visit the PDP's web site and enroll online.

Questions about all of this?

OSHIIP can help!

1-800-686-1578 • www.ohioinsurance.gov

My coverage comparison information:

	Current coverage	Plan #1	Plan #2	Plan #3
Plan name:				
Monthly premium:	\$	\$	\$	\$
Annual deductible:	\$	\$	\$	\$
My out-of-pocket costs:				
From \$ _____ to \$ _____	\$	\$	\$	\$
From \$ _____ to \$ _____	\$	\$	\$	\$
From \$ _____ to \$ _____	\$	\$	\$	\$