

**2020 MEDICARE OPEN ENROLLMENT WORKSHEET**

**Major changes have occurred this year with the Medicare Plan Finder.**

- If you want a personalized drug comparison or Medicare Advantage comparison giving the pricing differences between your current plan and the least expensive drug or Medicare Advantage plan(s) for next year, **you must have a MyMedicare account established before the comparison is done. Instructions are on the back. If you already have a MyMedicare account provide the logon information on the back of this form for a personalized search.**
- If you want a general drug comparison or Medicare Advantage, we'll give you the three least expensive plans for your zip code, medications and pharmacy.

1. If you have a doctor's appointment(s) scheduled between October 1<sup>st</sup> and November 15<sup>th</sup>, please wait until after the appointment(s) to prepare your drug list as your medications may change.
2. Please return this completed form to **ECKAAA, 117 S Main, Ottawa, KS 66067.**
3. You will be mailed/emailed a comparison of the 3 least expensive plans with an explanation and instructions, based on the information you provided.
4. If you would still like help or require further assistance, please call 785-242-7200 or 800-633-5621.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ RACE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Contact information if you are handling this worksheet for someone else: Name: _____ Phone: _____ Address: _____ Email: _____
--

**If you received a letter from Social Security about Extra Help, please attach it.**

Please check to see if you are eligible for Extra Help based on guidelines below:

**Single-** income below \$1,538/mo & resources below \$14,100, **Married (living with spouse)** – income below \$2,078/mo & resources below \$28,150

**\*\*\* If you take a generic medication, please write down that name rather than listing the brand name.**

	Complete Drug Name	Will you take generic if available?	Capsule or Tablet	Dosage/ Strength	# of Pills Taken Per Day (Example: 1 tab 2 x daily) If are using insulin, how many pens or vials do you use monthly?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Please list the local retail pharmacy (including address) you prefer to use.

\_\_\_\_\_

**TURN FORM OVER FOR COMPLETION**

**Release of Information:**

I give the ECKAAA SHICK Counselor authorization to use my “MyMedicare.gov” logon and password information to generate my best three drug or Medicare Advantage plan comparisons from the information provided on this worksheet and understand they will file my information on this worksheet in a secure manner. I also give my authorization for my Medicare information to be used by the ECKAAA SHICK Counselor to assist in enrollment in the plan of my choosing based on the comparison information provided. I confirm that all information provided is truthful and accurate and I hereby release the SHICK Counselor, the SHICK organization and the State of Kansas from any liability whatsoever, known or unknown, related or pertaining my Medicare Part D or Medicare Advantage enrollment herein. I also acknowledge that information discussed with the Counselor cannot be relied upon nor construed as legal advice. I understand that I may not change my drug or Medicare Advantage plan until the next open enrollment period which will be October 15, 2020 to December 7, 2020.

I also understand the costs and covered medications quoted on the plan I’ve chosen may be subject to change.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**A MyMedicare account is required if you want a personalized search conducted of Medicare prescription drug plans and/or Medicare Advantage plans for 2020. If you do not do a personalized search there is no guarantee your current plan will be considered in your comparison.**

**Process to Create MyMedicare Account if You Do Not Already Have One**

1. Open the website <https://www.mymedicare.gov/registration.aspx> in an internet browser.
2. Click on the “Create Account” button found in the lower 1/3 of the webpage.
3. Complete all the fields.
4. A Security Notice will appear. Read the notice and if you agree with the information, click on the “OK” button.
5. A new webpage appears that wants you to set your username, password and a security question. All fields must be completed using the username rules and password rules displayed on the right side of the screen.
6. Record your Username, Password, Secret Question and Secret Answer. Store this information in a safe location with your important Medicare papers. (We have asked you to provide this information below so we can run a personalized comparison of your current plan and your medications. This account replaces using your Medicare number as in previous years for plan searches.)
7. The last step in this process is to click on the “Submit” button. Unless you do this and receive a response back that your account is set up, your MyMedicare account is not complete.

**Medicare Number:** \_\_\_\_\_ **Hospital Coverage ( Part A) Effective Date:** \_\_\_\_\_  
**Medical Coverage (Part B) Effective Date:** \_\_\_\_\_

MyMedicare.gov Login Information

Name: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Security Question: \_\_\_\_\_

Answer: \_\_\_\_\_

\*If the MyMedicare account login information is not provided on this form we will assume you want a general search of your medications. We will run general searches for medications one time as none of the information is stored and must be re-entered each time.

**RETURN THIS FORM TO:**  
**ECKAAA, 117 S MAIN ST., OTTAWA, KS 66067 or**  
**leslear@eckaaa.org**