

# 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](http://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 \$1,528 per month; Total resources \$13,820  
 Married: Income \$2050 per month; Total resources \$27,600  
 Apply online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call OSHIIP: 1-800-686-1578
3. The Annual Open Enrollment Period (OEP) is from October 15 – December 7.  
 Any changes made during the OEP take effect January 1 of the following year.

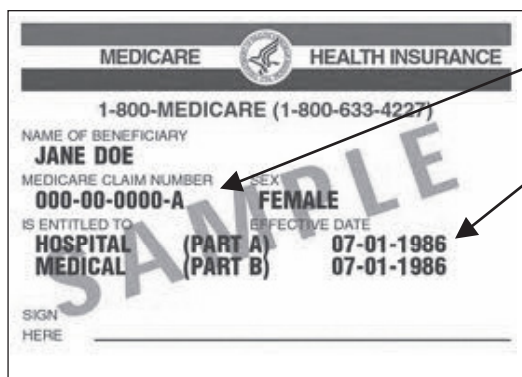
Please print clearly and answer all questions

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.

