



## National Training Program

# MEDICARE PLAN FINDER WORKSHEET

The Medicare Plan Finder ([Medicare.gov/find-a-plan](https://www.Medicare.gov/find-a-plan)) helps you search for and compare Medicare health and drug plans in your area. You can use this worksheet to help you make enrollment decisions to find a Medicare health and/or drug plan that meets your needs.

The Medicare Plan Finder can do a basic or personalized search. The personalized search will provide more accurate results. You may find it helpful to gather all of your prescription drug bottles; your red, white, and blue Medicare card; and any other health insurance cards, before you fill out this worksheet.

To begin your personalized plan search, you'll need to enter your ZIP code, Medicare number, last name, date of birth, and the effective date for Medicare Part A, or log into your [MyMedicare.gov](https://www.MyMedicare.gov) account.

### ZIP Code where you live.

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### 1. What Medicare coverage do you currently have? (Check all that apply)

- Original Medicare
- Medicare Health Plan (such as an HMO or PPO)
- Medicare Prescription Drug Plan
- Medigap policy
- I don't have any Medicare coverage yet
- I don't know what coverage I have

### 2. What type of plan are you looking for?

- Medicare Advantage or other Medicare Health Plan (Plans that cover only health care)
- Medicare Prescription Drug Plans (Plans that cover only prescription drugs)
- Both – plans that cover both health care and prescription drug plans
- I don't know

**3. Do you get help from Medicare or your state to pay your Medicare prescription drug costs?**

- I get help from Medicaid
- I qualified for Extra Help (Low-income subsidy) through Social Security
- I pay \$3.35 – \$8.35 for covered drugs
- I pay 15% coinsurance for covered drugs
- I get Supplemental Security Income (SSI)
- I belong to a Medicare Savings Program (MSP)
- I don't get any Extra Help
- I don't know

**You would've received a letter from either Medicare, Social Security, or your state that said you're eligible for Extra Help to pay for your Medicare Prescription Drug Plan costs (premium, deductible, and drug costs).**

If you received one of these letters, please find it and keep it with this worksheet. You can refer to these letters when you're choosing a prescription drug plan:

- A purple notice from Medicare that says you automatically qualify for Extra Help (low income subsidy)
- A yellow or green automatic enrollment notice from Medicare
- An Extra Help "Notice of Award" from Social Security
- An orange notice from Medicare that says your copayment amount will change next year

**4. Which drugs do you take?**

Please enter your prescription drugs. This will help compare your current costs to other plans' costs and allow you to see which plans cover your drugs. The site doesn't show pricing for over-the-counter drugs or diabetic supplies (e.g. test strips, lancets, needles). Please contact the plans you're interested in for more information on those items.

Drug Name	Dosage	30-Day Qty	Monthly Cost

**5. Please provide the name and address of your pharmacy.\***

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Name of Pharmacy

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Street Address

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City	State	ZIP Code
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Name of Pharmacy

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Street Address

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City	State	ZIP Code
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**\*Importance of pharmacy selection**

Please select up to 2 pharmacies. If your pharmacy isn't in a plan's network, the cost you'll see is the full price of the drug with no insurance. **Note:** Some plans may charge lower drug prices at preferred cost-sharing pharmacies and higher prices at standard cost-sharing pharmacies.