

2021
Medicare Prescription Drug Plans

MEDICARE PLAN FINDER WORKSHEET

October 15th through Dec 7th is your chance to re-evaluate your coverage and compare it to other plans. During September the plans will advise you of changes (Annual Notice of Change, Evidence of Coverage)) that impact how much you will pay out of pocket. It is a good idea to check your coverage each fall. You can join, switch, or drop plans during annual enrollment, a change that takes effect January 1, 2021, or if your current plan meets your needs, do nothing and the plan will continue in 2021.

The Aging & Disability Resource Center (608-847-9371) will compare Medicare Health and Drug plans in your area. We will provide you with 2021 information regarding your current plan as well as 2 other options. You may review the plans and choose the one that best meets your needs by completing this worksheet for each individual and returning it to ***ADRC, Plan Finder, 200 hickory Street, Mauston, WI 53948*** or by **clicking submit form at the end of page.**

You will need your Medicare Card (red, white & blue), and other insurance cards to complete this form.

In addition to completing this form you will need a print out of your current meds from your pharmacy. You must include strength and dosage . Your pharmacy will print this for you. If your meds are thru mail order option, include the last statement of your current meds.

We will respond with a letter including Prescription Drug Plan comparisons for 2021.

RESOURCE NUMBERS

ADRC of Eagle Country 608-847-9371

Wisconsin Prescription Drug Helpline 1-855-677-2783

Disability Drug Benefit Helpline 1-800-926-4862 (under 60)

Medigap (Medicare Supplement) Helpline 1-800-242-1060

2021
Medicare Prescription Drug Plans
Medicare Advantage Plans

NAME (as written on Medicare card) _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____

ADDRESS (with zip code)

COUNTY _____

MARITAL STATUS: Married Single

MEIDCARE NUMBER (as written on Medicare card)

EFFECTIVE DATE (as written on Medicare card) Part A _____

EFFECTIVE DATE (as written on Medicare card) Part B _____

MY PHARMACY- What pharmacies would you use. List 2 for comparison.

Do you currently have Insurance Coverage? Check all that apply

Original Medicare (red, white, blue Medicare card) _____

Cost of part B, \$144.40/month or ? _____

Medicare Advantage Health Plan, no Pres Drug
Coverage...NAME _____

Cost of monthly premium _____

Medicare Advantage Health Plan with prescription drug coverage,
NAME _____

Cost of monthly premium _____

Medicare Supplement,
NAME _____

Cost of monthly premium _____

Medicare Drug Plan Part D, NAME _____

Cost of monthly premium _____

Veteran's health services, i.e.
medical _____

Veteran's Prescription Drug
Coverage _____

Forward Health Card (Medicaid/BadgerCare,
MAPP) _____

Senior
Care _____

Deductible for year -

No deductible

\$500 deductible

\$ 850 deductible

Spend down _____

Do you currently have help thru Medicare/Medicaid to help pay
prescription drug costs? Yes No

Have you been pleased with your current plan? Yes No

Submit Form/Mail Form/Drop off Form/list of Prescription Drugs to ADRC, 200
Hickory Street, Plan finder, Mauston, Wis 53948. Questions? Call 608-847-9371

List of Prescriptions:

Name of Drug	Dosage/StrengthEX:(50MG)	Frequency (How Often Taken)
--------------	--------------------------	------------------------------