

# PLAN SELECTION WORKSHEET 2011

## ☐ Screen for EXTRA HELP

*Single: gross income under \$1,361/month*

*Married: gross income under \$1,839/month*

**If client is eligible and not enrolled, refer client to enrollment instead of proceeding**

**Drug List ID #:** \_\_\_\_\_

**Password (Date accessed):** \_\_\_\_\_

## SECTION No. 1 – PERSONAL INFORMATION

**Client's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Client's Date of Birth:** \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_

**Medicare Effective Date:** Part A \_\_\_\_\_ Part B \_\_\_\_\_

## SECTION No. 2 – CURRENT PRESCRIPTION DRUG COVERAGE

How do you currently receive Medicare?

- ☐ Original Medicare
  - ☐ Stand-Alone Prescription Drug Plan (PDP)
  - ☐ Medigap

- ☐ Medicare Advantage (MA) Plan
  - ☐ MA with prescription drug coverage (MA-PD)\*
  - ☐ MA with separate PDP (only PFFS, MSA and Cost Plans)
  - ☐ MA (no drug coverage)

**Primary:** \_\_\_\_\_ **Secondary:** \_\_\_\_\_

**Other kinds of coverage (check all that apply):**

- ☐ Employer/Union/Retiree Plan\*\*
- ☐ Veteran's Benefits\*\*
- ☐ EPIC
- ☐ Other: \_\_\_\_\_

\* If client enrolls in a new PDP, client WILL be disenrolled from his/her current MA-PD.

\*\* Client should check to see how enrollment into a PDP will affect his/her client's benefits. See Medicare Interactive for more information.

### SECTION No. 3 – Supplemental Help

Do you have FULL Extra Help and will that carry into next year? (What do you typically pay for each prescription at a pharmacy)? *Full Extra Help and Medicaid: \$1.10 and 3.30. Full Extra Help without Medicaid: \$2.00 or \$6.00)*

☐ Yes, I do have full Extra Help **OR** ☐ No, I do not have full Extra Help

Are you currently enrolled in or do you receive any of the following low-income benefits? If so, you should automatically receive Full Extra Help:

- ☐ Medicaid
- ☐ Medicaid Spend-down
  - What was the last month in which you met your spend down? \_\_\_\_\_
- ☐ Medicare Savings Program
- ☐ Supplemental Security Income (SSI)

### SECTION No. 4 – CURRENT PHARMACY

What pharmacy do you currently use?

Pharmacy address

### SECTION No. 5—REFINED SEARCH (if applicable)

- ❖ What is the maximum amount you can spend on a Part D monthly premium?
- ❖ What is the maximum amount you can afford to spend out of pocket before you begin to pay co-pays?
- ❖ Do you travel a lot, and need a plan that offers nationwide coverage?
- ❖ Do you need a plan that provides mail order?
- ❖ Do you have any long-term or chronic health conditions?
- ❖ Do you want a plan from any specific company?