



Getting Medicare right

Your Health Insurance Information Medicare Advantage Plan

If you get your Medicare benefits from a Medicare Advantage Plan (also called a Medicare private health plan) you can use this form to keep all your Medicare information in one place.

- Fill out as much as you can.
- This form is for you. You do not need to give it to anyone else.

Your name: _____

Medicare number: _____

Part A effective date: __/__/_____

Part B effective date: __/__/_____

My state Medicaid program pays my Part B premium: Yes No

Medicare Advantage Plan effective date: __/__/_____

Name of plan: _____

Type of plan (HMO, PPO, PFFS, etc.): _____

Plan phone number: (____) _____-_____

Plan ID number: _____

Monthly premium (the amount you pay each month for the plan): \$_____

Deductible (the amount you pay before the plan starts paying): \$_____

I need a referral for certain doctors visits, including specialists: Yes No

Copay for doctors visits: \$_____

Copay for specialist visits: \$_____

A copay is how much you pay at doctors visits.

Does my plan cover any of these extra benefits?

Dental services Yes No

Hearing care Yes No

Eye exams/ eye glasses Yes No

My plan covers prescription drugs: Yes No

If **yes**, fill out as much information as you can about your drug coverage

I have Extra Help (Low-Income Subsidy) Yes No

I pay \$_____ for brand-name prescriptions

I pay \$_____ for generic prescriptions

I need to get approval for some of my drugs: Yes No

I have other supplemental insurance: current employer retiree VA

other _____

Note: Protect your Medicare information. Keep it safe and private.