

My Rx Action Plan

Use these pages to help you determine what you should do about the Medicare Prescription Drug Plan

Step 1:

Complete side 1 of the “My Prescription Drug Plan Comparison Worksheet.”

- a) Fill in the pharmacy or pharmacies you want to use.
- b) Gather all your prescription medicine bottles and make a list of each drug by name, the dosage amount and how often you take it.
- c) Calculate how much you spend on each drug each month and record the amount on your worksheet.
- d) Multiply the amount by 12 to calculate how much you spend on each drug in a year.
- e) Total the monthly costs for all your prescriptions and record this amount at the bottom.
- f) Do the same for the annual/yearly costs — this is how much you spend in one year for all the prescriptions you take.

Step 2:

Locate copies of prescription drug coverage you may have through a former employer, private insurance, employee union or the military.

- a) Carefully read the prescription drug benefit and record this information in the left hand column of side 2 on your comparison worksheet.
- b) Keep this information in a handy place so you can move to Step 3.

 **Step 3:**

Call us or Medicare at the numbers below to get a plan comparison report based on your prescription drug usage.

Please have this completed worksheet with you when you call.

**Council for Older Adults (740) 363-6677 or 1-800-994-2255.
Medicare 1-800-633-4227**

When choosing a plan, be sure to consider the following questions. Record the answers on page 2 of the comparison worksheet.

1. Will all my drugs be covered?
2. Can I shop at the pharmacy of my choice?
3. How much is the monthly premium for the plan?
4. What will my out-of-pocket costs total monthly? Annually?
5. Will my prescription be covered outside of Ohio?

 **Step 4:**

If you decide to enroll in the Medicare Drug Plan (PDP), choose the best plan that meets your needs, enroll between October 15th and December 7th. Enrolling early in the month is encouraged.

Use one of the following ways to enroll:

- a) Call the drug plan company and enroll over the phone.
- ^{b)} b) Enroll by phone: Council for Older Adults at (740) 363-6677 or 1-800-994-2255.
- c) Enroll online: Visit the company's website or Medicare's website at www.medicare.gov.

**If you have questions, the Council for Older Adults can help!
Give us a call at (740) 363-6677 or 1-800-994-2255
or visit www.growingolder.org**

My coverage comparison information:

Side 2

	Current Coverage	Plan #1	Plan #2	Plan #3
Plan Name:				
Phone Number:				
Monthly premium:	\$	\$	\$	\$
Annual deductible:	\$	\$	\$	\$
My out of pocket costs:	\$	\$	\$	\$
From \$ _____				
To \$ _____				
From \$ _____	\$	\$	\$	\$
To \$ _____				
From \$ _____	\$	\$	\$	\$
To \$ _____				