ILRCSF

Independent Living Resource Center

Take Control of your Drug Transition Planning

Fill out this simple worksheet.
Take it with you when you meet with a benefits counselor or planner.
This information can help you and the person you work with understand your options under the new Medicare drug plans.

Worksheet

1. **My Health Coverage.** Find out and write down all the health coverage programs you use now.

I am enrolled in: (check all that apply)

___ **Medicare Part A** (hospitalization)
___ **Medicare Part B** (medical coverage)
___ **MediGap** private insurance.

Circle your plan:

A B C D E F G H I J

Medicare Advantage HMO.

Which HMO?_________________________

Medicare Savings Program

I am enrolled in: (circle one):

QMB SLMB QI-1 QDWI

Medi-Cal

Do you have a **share of cost** with Medi-Cal? $ _____________/month

Employer-sponsored health coverage, including retiree coverage**.**

Employer: ____

Plan provider: _____________________________________

I am enrolled in a **drug plan or program** that pays for my drugs now.

What plan or plans?

____

My **co-pay** for drugs is: $ _____________________

I pay a **monthly premium** of $ ____________________

Other health coverage/insurance:

____

____

____

____

My Income and Assets (optional). If you're enrolled in Medi-Cal, skip this section.

Financial help with Medicare drug costs is available for some people. Others may qualify for Medi-Cal or other programs. You may choose to share financial information to help the people you work with figure out if you might be eligible.

Income: include all sources of earned and unearned income, including work, Social Security, disability benefits, pension, etc.

My Income

Income Source and Monthly $_________________

1. ____
2. ____
3. ____
4. ____

Assets; include cash, savings and retirement accounts, etc. Leave out the home you live in and the car you drive.

My Assets

Asset and Value ($)

1. ____
2. ____
3. ____
4. ____

3. **My Medicines.** Find out and write down the names of all the prescription drugs you take now. Each Medicare Prescription Drug Plan has a list of drugs it covers, often called a **formulary.** Having a list of the drugs you need makes it easier to figure out which plans might suit your needs. Any information you can provide will be helpful. **The first line is just an example. Attach an extra sheet if necessary.**

Generic Name Atorvastatin

Dosage Amount 80 mg

How Often Taken Daily

Cost Per Prescription $102

Your Cost per prescription $3

How Often refilled Monthly

Doctor's substitute Drug? Lovastatin

1. **Brand name** ____________________________________

Generic Name ___________________________________

Dosage Amount __________________________________

How Often Taken _________________________________

Cost Per Prescription ______________________________

Your Cost per prescription__________________________

How Often refilled_________________________________

Doctor's substitute Drug? __________________________

- *Thank you to World Institute on Disability/ Disability Benefits 101 for this worksheet.*

Call ILRCSF or contact our Information Manager at 543-6222 or info@ilrcsf.org with your questions or requests for assistance. He will direct you to the right person.