

How do I choose a Medicare Plan?

There are many options available and every plan varies in terms of what it costs, what services and/or medications are covered, and what doctors and/or pharmacies accept the plan. This worksheet will help you gather the info you need in making your coverage decisions for **2017** during this Medicare Open Enrollment Period, *during October 15th through December 7th for effective coverage January 1st, 2016.*

There are three ways to review your coverage and find the best plan:

1. **INTERNET**, go to www.medicare.gov and in the Health and Drug Plans section click on "Compare Drug and Health Plans." Use the worksheet to enter your personal information and find the most affordable plan that meets your needs.
- OR...
2. **TELEPHONE**, call 1-800-MEDICARE (633-4227). A representative will ask you for the information on this worksheet, and will assist you in finding a plan.
- OR...
3. **LOCAL help is available.** If you cannot narrow down your plan choices by phone or the Internet, fill out this worksheet. Send it to one of the following agencies or call for an appointment. Services are free, unbiased, and confidential and either location will send you a comparison of your three most affordable plan options within 1 week. ***Requests for help sent after November 21st are NOT GUARANTEED to be returned in time for the Dec. 7th deadline.***

Whatcom SHIBA

800 E Chestnut St. LL Ste. 2
Bellingham, WA 98225
Local: 360-788-6533 **Fax:** 360-788-6587
Email: waha@hinet.org

A service of the Washington Office of the Insurance Commissioner, hosted locally by the Whatcom Alliance for Health Advancement (WAHA). Assists all ages over the phone or by appointment.

Aging and Disability Resources/NWRC

600 Lakeway Dr., Suite 100
Bellingham, WA 98225
Local: 360-738-2500

A service of the Northwest Regional Council (NWRC). Assists people aged 60+ and persons with disabilities with a wide range of services.

Disclaimer: SHIBA, WAHA, and community partners do not endorse nor sell insurance plans, but provide this free, confidential service to help Medicare beneficiaries narrow down their choices. Coalition partners are held harmless for any liability arising from this service. Any information we send you is based on information provided by Medicare at the time we processed your worksheet. The Centers for Medicare and Medicaid Services are the final authority on matters regarding Medicare coverage. If you have questions, call Medicare, 1-800-MEDICARE (633-4227).

Personal Information

Name: _____ **Date of Birth:** _____

(Please provide your name as it appears on your Medicare card)

Address: _____

(Please provide the mailing address and ZIP code you have on file with Medicare)

City: _____ **State:** _____ **ZIP:** _____

Phone:(_____) _____ **Email:** _____

Language spoken at home: _____

Is someone assisting you to fill out this worksheet? Yes No

Name of person assisting: _____

Phone :(_____) _____ Relationship: _____

Address: _____ City: _____

State: _____ ZIP: _____ Email: _____

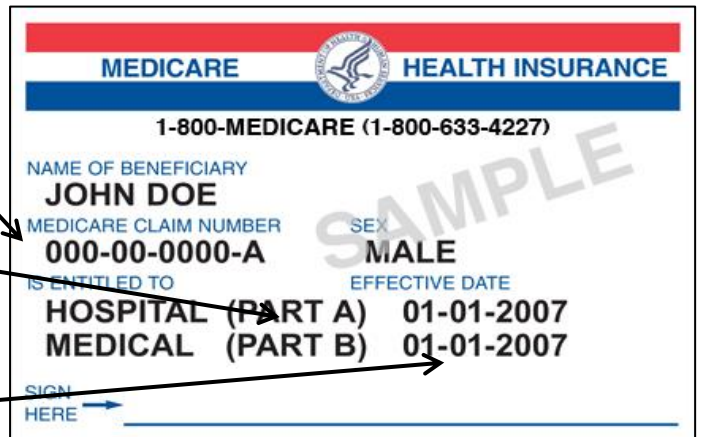
Do you want your report sent to the family member/caregiver/etc. listed above?

Yes No

What is your Medicare Claim Number?

What is your Part A Effective Date?

What is your Part B Effective Date?



Briefly describe what sort of Medicare plan information you would like us to provide you with:

Example: I want help choosing a Medicare Advantage plan for next year.

Continues on the next page →

Do you currently have insurance coverage for prescriptions? Yes No

If you checked "YES", check all that apply below:

- Medicare Prescription Drug Plan (Part D) Plan name: _____
- Medicare Advantage Plan (Part C) Plan name: _____
- Federal Employees Health Benefit Plan Plan name: _____
- Tricare for Life/Veteran's Administration Plan name: _____
- WA State Public Employee Benefits Board Plan name: _____
- Retiree Coverage or Employer Based Plan Plan name: _____
- Enrolled Tribal Member/Indian Health Services Plan name: _____
- Marketplace plan on WAhealthplanfinder Plan name: _____

Information about Assistance with Medicare Costs

Did you apply for and receive approval from Social Security to pay for your Medicare Part D prescription premium and deductible? Yes No I'm not sure

Does DSHS help to pay for your Medicare Part B premium?

Yes No I'm not sure

Have you been issued a ProviderOne Card, like the one on the right, by DSHS?

Yes No I'm not sure

If yes, please provide your client ID #



There are Medicare assistance programs available to help with medical and prescription drug costs. What is your household's monthly gross income (before taxes/deductions are taken out)?

\$_____ single \$_____ couple/married \$_____ (3+ people in household)

Would you like us to contact you about applying for a Medicare assistance program? Yes No

Pharmacy Information

I prefer to have my prescriptions filled at this pharmacy(s): _____

Please check all that apply:

- I'm unwilling to use a different pharmacy than the one listed above
- I live in a long-term care facility
- I prefer to use a mail-order pharmacy

