



Jewish Council for the Aging
Helping All Seniors Thrive

Medicare Part D Prescription Drug Plan Worksheet for 2019

**Part D Prescription Drug Plans are subject to change annually. Plan rates and coverage are announced in early October for the following year. The Open Enrollment Period is October 15-December 7, 2018.*

SHIP can help you analyze your options for choosing your 2019 Part D Prescription Drug Plan. SHIP must receive this Rx form no later than November 10, 2018.

Mail this completed form to:

SHIP - State Health Insurance Assistance Program
12320 Parklawn Drive, Rockville, MD 20852

Name: _____

Address: _____

City: _____ ZIP Code: _____

Home Telephone: _____ Other Telephone: _____

Name up to 2 local retail pharmacies (e.g. CVS, Giant, Safeway, Walgreens, Rite Aid, etc.) where you fill your prescriptions. Forms without a designated pharmacy will NOT be processed and will be returned.

1. _____ 2. _____

Insurance Information	
Please tell us the Medicare Part D Prescription Drug Plan you are currently enrolled (if any) so we can compare your present plan with 2019 options.	
Company: _____	Monthly Premium: \$ _____
Exact Name of Plan: _____	
If you are new to Medicare what month/year will your Medicare Part D coverage start? _____	
I will be enrolled in an employer health plan or FEHBP in 2019.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have Extra Help (LIS) → If yes, please specify: <input type="checkbox"/> 100% subsidy (you pay \$3.35/\$8.35) <input type="checkbox"/> Partial Subsidy	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have Medicaid (Medical Assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am enrolled in the Maryland Senior Prescription Drug Assistance Program. (SPDAP) (I get help with my premium - \$40/ month in 2018)	<input type="checkbox"/> Yes <input type="checkbox"/> No

