

ID #: _____ Date Rec'd: _____ GEN SPDAP EHELP**Montgomery County State Health Insurance Assistance Program (SHIP)****www.MedicareABCD.org 301-255-4250 SHIP@AccessJCA.org****2022 Medicare Part D Plan Comparison Request**

Montgomery County SHIP can help you select the best Medicare Prescription drug plan that best meet your needs for 2022. To compare your options, we need information about the pharmacies you use and the drugs you take routinely. The deadline for switching plans is **December 7**. (For Medicare Advantage options, call 1-800-Medicare.)

Please send us your completed form before **November 22, 2021:**

➤ **For faster results, use secure online form** www.MedicareABCD.org/Forms-Resources/

➤ **OR send your completed form to:** **Mail** **Montgomery County SHIP**
12320 Parklawn Drive, Rockville, MD 20852

Email SHIP@AccessJCA.org

Name: _____

Address: _____

City: _____ **ZIP Code:** _____

Phone #: (_____) _____ **Alternate #:** (_____) _____

Email: _____ **Email my results for faster delivery** Yes No

LIST up to 2 retail pharmacies you are willing to use for prescriptions (e.g. CVS, Giant, Walmart)

1 _____ **2** _____

Insurance Information	
Please tell us your current Medicare Part D Prescription Drug Plan (if any).	
Exact Name of Plan: _____	Monthly Premium: \$ _____
(e.g., SilverScript Choice or Elixir RX Plus)	
If you are new to Medicare, when will your Part D coverage start (MM/YYYY)?	MM / YYYY
I will be enrolled in an employer/union or retiree health plan in 2022.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have Extra Help (LIS) or Medicaid. If YES, please specify: <input type="checkbox"/> 100% subsidy (you pay \$3.70/\$9.20) <input type="checkbox"/> Partial Subsidy	<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 – up to \$50/month in 2021.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

You may be eligible for Extra Help from Medicare depending on your income and assets. You may be eligible for Maryland's SPDAP if your income is below \$38,640 (single) or \$52,260 (couple), regardless of assets.



Instructions

Please list all your prescription drugs. Do not include over-the-counter medications.

- List the **full drug name as it appears on the bottle**, including if it is Extended Release (ER).
- Indicate if your drug is a **brand-name medication or generic**. (Ask your pharmacist if unsure.) We will assume you take the brand name unless you specify generic.
- For **Quantity**, if other than tablets or capsules, ***be specific about how many tubes/bottles/packs/inhalers/etc. you need per month or per year.***

Please print clearly.

Full Name of Drug)	Specify Brand or Generic	Prescription Strength	Quantity (1/day, 3/mo., etc.)	Form Capsule, tablet, tube, drops
EXAMPLE Coumadin	<input checked="" type="checkbox"/> Brand Only <input type="checkbox"/> Generic	5 mg	2/day	tablet
EXAMPLE Latanoprost	<input type="checkbox"/> Brand Only <input checked="" type="checkbox"/> Generic	.005%	One 2.5 ml bottle every 2 months	drops
	<input type="checkbox"/> Brand Only <input type="checkbox"/> Generic			
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Attach another page if necessary.