Medicare Part-D Prescription Drug Selection Worksheet

Medicare Part D Standard Questions	Plan A Name	Plan B Name	Plan C Name
Monthly Premium:	$	$	$
Annual Deductible:	$	$	$
Co-payment for Brand Name Drugs:	$	$	$
Co-payment for Generic Name Drugs:	$	$	$
Co-payment for Specialty Drugs:	$	$	$
How much will the plan pay during the Coverage Gap?	$	$	$
Does the plan provide access to Long Term Care Pharmacies providing service to Nursing Homes and Assisted Living residents?			
Is my Facilities Pharmacy in the plans Network of Long-Term Care pharmacies?			
I have Medicaid; does the plan accept dual –eligibles with no premiums?			

Name of Medicine	Strength	How Often?	Brand / Generic	Any Limits? (Quantity / Prior Auth)	Cost Plan A	Cost Plan B	Cost Plan C
Example: Furosemide	20mg	1/day	G	None	$3	$5	$7
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$