

# Medicare Plan Review Information Form

1. What is your name on your Medicare card and address on record with Medicare?

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2. What is the best way for us to contact you regarding follow-up questions and/or scheduling?

Phone  Email  Text message  Other \_\_\_\_\_

3. What is your date of birth (mm/dd/yyyy)? \_\_\_\_\_

4. What is your current drug coverage?  None  VA

Medicare Part D Drug Plan: Name of Plan \_\_\_\_\_

Medicare Advantage Plan: Name of Plan \_\_\_\_\_

Employer/Retiree Plan \_\_\_\_\_  Other \_\_\_\_\_

5. Are you satisfied with your current prescription drug plan and/or Medicare Advantage plan?

Yes  No  Not sure  I don't have one

Please explain: \_\_\_\_\_

\_\_\_\_\_

6. Is your income above or below the following amounts?

• Individual: \$19,380/year (\$1,615/month) • Couple: \$26,100/year (\$2,175/month)

Above  Below

7. Do you currently receive any of the following benefits?

\_\_\_\_\_ Medicaid (Title 19 – MEPD, SSI, Elderly Waiver, Medically Needy Spend-down, Nursing Home)

\_\_\_\_\_ Help paying your Medicare Part B premium (QMB, SLMB, QI)

\_\_\_\_\_ Extra Help with your Medicare drug costs

8. What pharmacy do you prefer? You may list two:

\_\_\_\_\_  
Name of Pharmacy Address and City Phone Number

\_\_\_\_\_  
Name of Pharmacy Address and City Phone Number

9. Would you consider changing pharmacies if it saves you money?  Yes  No

## Required Information for a Medicare Comparison

The Senior Health Insurance Information Program (SHIIP) is sponsored by the State of Iowa Insurance Division. SHIIP uses the Medicare.gov Medicare Plan Finder to compare Medicare Part D and Medicare Advantage drug plans for individuals. In order for SHIIP to do a comparison for you, you will need to have an online user account with MyMedicare.gov and provide your username and password to SHIIP. An online user account allows you to save your drug list, make updates from year-to-year, and easily compare drug plans. If needed, we can help you create an account to do your comparison(s).

**I have a MyMedicare.gov account (complete this section):**

Please provide your username and password for your MyMedicare.gov account. We will only use this information to do a Part D or Medicare Advantage comparison for you. Write legibly and be sure to show uppercase and lowercase letters correctly:

**Username:** \_\_\_\_\_

**Password:** \_\_\_\_\_

**I DO NOT have a MyMedicare.gov account and need help creating one**

If you don't have a computer or internet access, or if you otherwise need assistance, a SHIIP volunteer will contact you to help set up an account.

### How to create your official MyMedicare.gov account:

- Go to <https://www.mymedicare.gov/>
- Click "create an account now" under the *Log in to your account* header
- Complete the fields on this page, entering your:
  - o Medicare number with no spaces or dashes
  - o Last name and suffix (if any), exactly as shown on your Medicare card
  - o Email address (you will need to re-enter it to confirm)
  - o Date of birth
  - o 5-digit zip code
  - o Part A coverage start date from your Medicare card (if you don't have Part A, click the "Switch to Part B" link and enter your Part B coverage start date instead)
- Read and check both boxes at the bottom of the page, then click "Next"
- A security notice will appear on the same page; click "OK" to continue
- You will need to create a username and password following these guidelines:
  - o Username (we suggest using your email address as your username)
    - must be 8-30 characters with no spaces; must include at least 4 letters
    - can include letters, numbers and these special characters: @ ! . - \_ \$
    - don't use special character as the first or last character of your username
    - *Examples:* JohnDoe@gmail.com - or - John Doe!1954
  - o Password (you will need to enter and re-enter your password to confirm)
    - must be 8-16 characters; must contain at least one letter and one number
    - must contain one or more of these special characters: @ ! \$ % " \* ( )
    - cannot contain your username, Medicare number, or Social Security number
    - *Example:* Howdy\$19
- Select a security question from a dropdown list and enter your answer
- Click "Submit," and now you can log in to your account
  - o Medicare will mail you a confirmation letter within 10-14 days