



Your name: \_\_\_\_\_

Name of plan selected: \_\_\_\_\_

Plan provider's name: \_\_\_\_\_

## Medicare Part D Plan Worksheet

*To help you find the best Part D Plan for you*

1. Use this worksheet to keep track of your Medicare drug plan information.
2. Find out which plans cover your drugs, the costs of each plan and each plan's pharmacy and mail order options.
3. Finish by selecting the Part D plan that best fits your prescription needs then write it in the upper right hand corner for future reference.

		Plan Costs			Plan Details	
Plan Name / Plan Provider Name	Does the plan cover all of my drugs?	Monthly Premium	Amount I pay for each prescription (Copay)	Yearly Deductible	Can I use my pharmacy?	Is mail order available?

Notes:

