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MEDICARE DRUG PLAN COMPARISON WORKSHEET

Use this worksheet to compare drug plans being offered under the Medicare drug benefit program. First, write down the names of the plans you want to compare and their premiums and deductibles. Then, note whether or not your drugs are covered by that plan, and if they are, the cost and the co-pay. Finally, find out if your pharmacy is part of the plan and if the plan places restrictions on receiving a particular drug. Once you are done, compare the plans to find the one that best meets your needs. You can find information on Medicare plans available in your area at **www.medicare.gov.**

	Plan Name:		Plan Name:		Plan Name:		Plan Name:		Plan Name:		Plan Name:	
What is the plan premium?												
What is the deductible?												
Are your drugs covered? Drug 1:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:
Drug 2:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:
Drug 3:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:
Drug 4:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:
Drug 5:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:

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Drug 6:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:
Drug 7:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:
Drug 8:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:	Cost	Co-Pay:	Cost:	Co-Pay:	Cost:	Co-Pay:
Is your pharmacy part of the plan's network?												
Are there quantity limits on prescriptions?												
Do you need prior authorization before you get this prescription?												
Is there a step therapy requirement (you have to try a different drug) before you get this prescription?												
Does this plan pay for some or all drugs in the coverage gap (doughnut hole)?												