



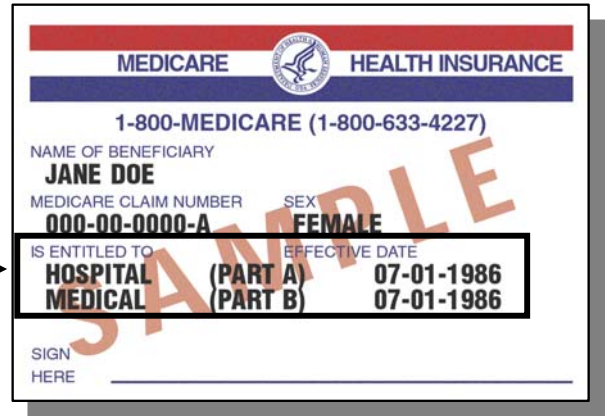
4. What is the effective date (when you first enrolled) for your Medicare Part A?

		-			-					
Month			Day			Year				

AND

What is the effective date (when you first enrolled) for your Medicare Part B?

		-			-					
Month			Day			Year				



5. What is your Zip Code?

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6. What county do you live in? \_\_\_\_\_

7. What type of coverage do you currently have?

- Prescription drug coverage through an employer or union health plan
- Prescription drug coverage through a Medigap plan (Medicare Supplement Insurance) with drug coverage
- A Medigap plan (Medicare Supplement Insurance) without drug coverage
- Prescription drug coverage through a Medicare Advantage or other Medicare Health Plan (such as an HMO)
- None of the Above

**You can get Medicare prescription drug coverage in two different ways:**

Medicare Advantage Plans and Other Medicare Health Plans. These plans include HMOs, PPOs, and Private-Fee-for-Service plans. They offer complete Medicare-covered health care, through a single plan, including drug coverage. Most of these plans generally offer extra benefits and lower copayments than the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.

Medicare drug plans. These plans add coverage to the Original Medicare Plan (and some Medicare Cost Plans and Medicare Private Fee-for-Service plans). The Original Medicare Plan is a fee-for-service plan. You can go to any doctor or hospital that accepts Medicare.

**8. Are you interested in learning about prescription drug coverage available for you through**

- Medicare Advantage or other Medicare Health Plans
- Medicare drug plans
- Both
- Don't know

**9. Did you receive a letter from Medicare or the Social Security Administration (SSA) telling you that you are either eligible for or have been approved for extra help paying for your Medicare prescription drug plan costs (premium, deductible, and drug costs)?**

- YES, I received a letter from Medicare\*
- YES, I received a letter from the Social Security Administration (SSA)\*

*\* If you received either of these letters, please find it and keep it with this worksheet. You will need to refer to this letter for information when you are choosing a prescription drug plan.*

- NO, I did not receive a letter
- I don't know

**10. Are you married?**

- YES, I am married

Are your and your spouse's savings, investments, and real estate (other than your home) worth **more than \$23,000?** (This limit will be higher in 2006.) Include items you own by yourself or with someone else. Do not include your home, vehicles, burial plots, or personal possessions.

- YES
- NO\*

- NO, I am not married

Are your savings, investments, and real estate (other than your home) worth **more than \$11,500?** (This limit will be higher in 2006.) Include items you own by yourself or with someone else. Don't include your home, vehicles, burial plots, or personal possessions.

- YES
- NO\*

*\* If you answered "No," you may be eligible for extra help in paying for your prescription drug costs. For more information, see the Social Security Administration's website at [www.ssa.gov](http://www.ssa.gov) or call them at 1-800-772-1213.*

