

**WAYNE COUNTY
DEPARTMENT OF AGING & YOUTH**

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Dear Medicare Beneficiary:

Thank you for your interest in learning more about the Medicare Part D program. The Department of Aging and Youth has staff available to answer questions about a variety of prescription plan options including Medicare Part D, EPIC, HMOs, and employer coverage. We can also help you decide which prescription coverage plan may best meet your needs.

Simply complete the enclosed form with some basic information and return it to us by mail with a printout from your pharmacy that shows your current prescriptions. In most cases, this will give us all of the information we need to give you a basic analysis of which of the nearly twenty-nine Medicare prescription drug plans in this area would offer the best coverage at the lowest price. We will process your request as quickly as possible and return the results to you by mail. **There is no cost for this service.**

Not everyone with Medicare needs to sign up for a Part D plan. Before you complete the attached form, please keep these important points in mind:

- You must have either Medicare Part A or Medicare Part B or both to sign up for Medicare Part D.
- If you have prescription drug coverage through a Medicare Advantage plan you generally must use the drug coverage provided by your Medicare Advantage plan. In most cases you are not eligible for and do not need a separate Medicare Part D drug plan.
- If you receive prescription coverage through a retiree plan and you received a notice that your plan is creditable coverage (on average, at least as good as Medicare Part D), then you do not need to sign up for Medicare Part D.
- If you have both Medicare and Medicaid, you will be enrolled in a Part D plan automatically.
- If you are currently enrolled in a Medicare Savings Program (QI-1, SLIMB, or QMB) that pays your Medicare Part B premium, you will automatically be enrolled in a Medicare Part D plan unless you have already selected one.

Sincerely,

Dawn Jendrick
Aging Services Specialist

To receive a free personalized assessment of Medicare prescription drug programs, simply complete the form below and return it to:

Wayne County Department of Aging and Youth
1519 Nye Road, Suite 300
Lyons, NY 14489

We will process your request as quickly as possible and return the results to you by mail. Each report will provide an estimated annual cost of your prescriptions for each of the nearly 29 Medicare prescription drug plans available in this area. We will also review your eligibility for other related health insurance/prescription drug programs. All information you provide is confidential.

**WAYNE COUNTY DEPARTMENT OF AGING AND YOUTH
REQUEST FOR MEDICARE PART D PLAN COMPARISON**

Name _____

Address _____

Phone # _____ Birthdate _____

Medicare number _____ Date eligible for Part A _____ Part B _____

Current health/prescription coverage (please check all that apply)

Medicare supplemental policy Group plan or Self-pay

Plan Letter _____ Company _____

Medicare Advantage (HMO) _____ Monthly cost \$ _____

Medicaid Full coverage or Spenddown (if spenddown, what is amount? _____)

EPIC Premium \$ _____ or Deductible \$ _____

Other _____ Monthly cost \$ _____

Income/Resources (to determine eligibility for Extra Help program to pay Part D premiums)

Have you applied for Extra Help? _____ If yes, received award letter? _____

If no, is income less than \$1,361 per month (single) or \$1,839 per month (couple) and are resources less than \$12,640 (single) or \$25,260 (couple)? _____

Are you currently enrolled in a Medicare Savings Program (QI-1, SLIMB, QMB)? _____

Current prescriptions

Please attach a printout from your pharmacy that lists the prescription medications you have received in the previous three months. Please cross off any medications you no longer take. ***Requests received without a printout from your pharmacy cannot be processed and will be returned to you.***

Current/preferred pharmacy _____