

Medicare Prescription Drug Coverage (Part D): Plan Comparison Worksheet



Use this worksheet to compare different drug plans and choose the one that will best meet your loved one's needs.

Before getting started, make a list of the medications your loved one takes, as well as convenient pharmacies.

	PLANS		
	OPTION A	OPTION B	OPTION C
PLAN NAME:			
COVERED DRUGS			
Does the plan cover all the medications your loved one is taking?			
If not, does it cover the most important medications? (If you're not sure, ask your loved one's doctor.)			
If the plan doesn't cover a medication, does it cover a viable alternative? (Confirm with doctor.)			
Does the plan require special permission or procedures, such as prior authorization or step-up therapy, before it will cover a needed drug?			
COST			
How much will your loved one pay for all needed drugs?			
How much is the monthly premium?			
How much is the deductible, if any?			

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	OPTION A	OPTION B	OPTION C
If a drug has a very high coinsurance, is there a viable alternative that will cost less? (Ask doctor.)			
Will your loved one have to pay the full cost of drugs at some point after the deductible is paid?			
PHARMACY NETWORK			
Are your loved one's preferred pharmacies in the plan's network?			
Will your loved one be able to fill prescriptions when he or she travels?			
What happens if your loved one uses a pharmacy that's not in the network?			
Are mail-order prescriptions available?			
COORDINATION WITH OTHER PLANS AND BENEFITS			
Will this drug plan work with your loved one's current Medicare benefits?			
Will the plan work with your loved one's Medicaid benefits, if applicable?			
OVERALL RATING			
Review your answers above. On a scale of 1 to 10, how well does this plan seem to fit your loved one's needs?			