

Part D plan checklist

Before you start comparing Part D plans, make sure you know:

- The prescriptions you take, including their dosages and usual costs
- The pharmacies you regularly use

When you are choosing among Part D plans, here are questions to keep in mind:

- Does this plan cover my drugs?
- If it doesn't cover a drug I take, does it cover another version of that drug that will work for me? (Ask your doctor.)
- How much will I pay at the pharmacy for the drugs I need?
- What costs should I expect to pay for my drug coverage (premiums, deductibles, copayments)?
- Are my pharmacies preferred and in-network?
- Will enrolling in this plan affect my existing drug/health coverage?
- Does this plan place any coverage restrictions on my covered drugs?

Plan name: _____

Plan phone number: _____

Formulary	
Are my prescription drugs on my plan's formulary (list of covered drugs)?	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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Costs	Pharmacies
Does the plan have a deductible? Yes: \$_____ No: _____	Is my pharmacy in the plan's network? Yes: _____ No: _____
How much is the premium? \$_____	Can I use a mail-order pharmacy? Yes: _____ No: _____
What are the estimated copays/ coinsurance costs for:	Can I fill prescriptions if I travel away from the plan's service area? Yes: _____ No: _____
Brand-name drugs: \$_____	
Generic drugs: \$_____	

Coverage restrictions
Prior authorization Do I have to get prior approval before my drugs are covered? Yes: _____ No: _____ If yes, which drugs? _____
Quantity limits Does this plan limit the amount of drugs I can get? Yes: _____ No: _____ If yes, which drugs? _____
Step therapy Do I have to try a cheaper version of a drug before my plan will cover a more expensive one? Yes: _____ No: _____ If yes, which drugs? _____