

Part D Open Enrollment Period: “To-Do” Checklist for Benefits Counselors

Prior to meeting your client:

- Ask the beneficiary to bring or have available all cards and letters (e.g., Annual Notice of Change, reassignment, loss of deemed status).
- Ask client to bring a list of drugs currently taken, including the strength and dosage; suggest bringing a printout from the pharmacy.

During your meeting:

- Review pertinent sections of current plan’s Annual Notice of Change (ANOC).
- When running a comparison by cost, be sure to print out and highlight appropriate information on alternative plans.

After meeting with your client:

- [Give the client a checklist](#) to note date of receipt from plan of:
 - Membership card
 - Explanation and use of transition fills
- Check with beneficiary about any need for formulary exceptions or whether any of their medications are indication-based on the plan formulary (i.e., covered for one condition and not another)
- Remind beneficiary you are available to respond to questions or problems
- Give beneficiary your contact info

Open Enrollment Worksheet: Gather Information

Beneficiary's name: _____

Name of beneficiary's 2025 Part D plan:

- Plan Membership Number:

Check one: PDP MA-PD None – in other creditable coverage (see below for more info)

Beneficiary's membership numbers and effective dates from all other membership cards:

- Medicare Number -- (new card # format)
Part A Effective Date -
Part B Effective Date -
- Social Security Number
 SSN --
- Medigap
Policy Name _____
Policy Number _____
- Other prescription drug coverage?
Name of Policy:

Policy Number:

- Is the other prescription drug coverage:
 Employer-sponsored health insurance
 FEHBP
 VA or TRICARE
Name of Policy:

Policy Number:

** Is this "other" coverage creditable drug coverage? Yes No

Current Medications List:

Name of Drug	Generic? (Y/N)	Strength and dose (Ex: 30 mg taken twice a day)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

- **Review pertinent sections of current plan Annual Notice of Change (ANOC)**
- **Record how costs will change for the beneficiary in 2026:**

Premium: 2025: _____ 2026: _____
 Deductible: 2025: _____ 2026: _____
 Copay/coinsurance: _____

Is the formulary changing in 2026? If yes, for which drugs?

Screen and Assess Options, 4-Step Process

Step 1: Screen for LIS & MSP – run thru [BenefitsCheckUp](#)[®]

- Is the beneficiary enrolled in LIS/Extra Help in 2025? Yes No
(Note: Can check status in Medicare Plan Finder if client has a registered [MyMedicare.gov](#) account and log-in)
- If not enrolled, is the beneficiary willing to screen for eligibility? Yes No
 - If yes, record the following information:
Monthly Income: \$ _____
Resources: _____
Marital status: Single Married
Living arrangement: Alone or with spouse In another's household
Living in congregate setting Nursing home

Step 2: Use the [Medicare Plan Finder](#) tool

- Baseline: Current plan (refer to Current Medications List on page one)
 - a. Coverage in 2025 for current drugs in current plan
 - b. Pharmacy: _____ In network? Yes
No

Step 3: Discuss MA-PD vs. PDP

Step 4: Run comparison by cost, drug coverage, and utilization management

How Beneficiary is Enrolled (no later than Dec. 7, 2025):

Date of enrollment: _____

- Plan Finder
 - Paper application mailed to plan
 - Enrollment confirmation number
 - Call plan
- Note:** Can print out and give a copy to beneficiary, retaining a copy in your file
- Note:** Not recommended as no way to retain proof of enrollment action

This publication was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$14,707,650.00 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.