ULM College of Pharmacy Medicare Part D Enrollment Assistance 1800 Bienville Drive, Monroe, LA

The annual enrollment period for Medicare Part D ends December 7th. Each drug plan varies in cost, drugs covered, and pharmacy acceptance each year. So Medicare beneficiaries should re-evaluate their Part D plans to ensure that the plan meets their unique needs for the upcoming year.

The ULM College of Pharmacy will offer appointments for Medicare Part D enrollment assistance beginning in November. To schedule an appointment, call **318-342-3305, Monday -Thursday 8:00am to 4:00 pm, Friday 8:00am to 11:00am**. You will be given an appointment time to come to the College of Pharmacy building at 1800 Bienville Drive, Monroe. At that time, students and faculty from the College will meet with you to discuss your Medicare drug plan options for 2020. The limited number of available appointments will fill quickly, so please call to schedule your time as soon as possible.

Write your appointment time below.

Day of Week	
Date	
Time	

Things to bring with you to your appointment:

- 1. the attached COMPLETED medication information sheet
 - a. Don't forget to complete the FRONT AND the BACK of the form.
 - b. Note: We cannot help you compare plans without all of the requested information on the form.
- 2. the attached username and password information sheet
 - a. This information is needed if you would like to access your Medicare drug plan options or request help answering questions about your Medicare drug plan later during the year.
 - b. This information will also allow us to help you more efficiently next year.

Directions from Ouachita Council on Aging to ULM College of Pharmacy:

- Exit the front of the Council on Aging parking lot. Turn right (south) onto Ferrand St.
- 2. Turn **right** onto Armand St.
 - Armand St becomes Tower Dr.
- 3. Turn **right** onto Bienville Dr.
 - If you reach Oliver Rd you've gone about 0.5 miles too far.
- 4. The ULM College of Pharmacy is at 1800 BIENVILLE DR on the **right**.



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For help evaluating your Medicare drug plan options for next year, <u>complete the FRONT and</u> <u>BACK of this form and bring it with you to your appointment</u>. Some of the information may be found on your Medicare card (see picture below). We need ALL of this information to help you compare plans.

Name (as on	
Medicare card)	
Birth Date	
Phone Number	
Street Address	
City, State ZIP	
NEW Medicare	
Number	
Hospital (Part A)	
Coverage Date	
Medical (Part B)	
Coverage Date	
Name of your	
pharmacy	



For Office Use Only:		
Appointment Date	Current Plan	
Drug list entered by:	Current Plan price for next year	\$
User	#1 Plan for next year	
Pass	#1 Plan price for next year	\$
Question	Difference / Savings	\$
Subsidy Info	Next Year Plan Enrolled	
Notes	Confirmation Number	

Drug Name (List all medications—prescription and non-prescription.)	Strength (mg, mcg, mEq, IU)	How many pills, units, spraysper dose?	How many doses per day?	For Office Use Only: PIM?

IMPORTANT: The Medicare Plan Finder on the Medicare website has changed. If you would like to access your Medicare drug plan options or request help answering questions about your Medicare drug plan later during the year, you will need to create an account on the Medicare website. This requires you to create a username and password. Please use the guidelines below to create a username and password and **come to your appointment with** this information written on this paper. This information will also allow us to help you more efficiently next year.

Username Creation Guidelines My username: _____

Dos:

- Must be 8 to 30 characters long with no spaces
- Can include letters, numbers and the following special characters: @ !.- \$
- Include at least 4 letters
- Your email address can be used.

Don'ts:

- Cannot contain your Medicare Number or SSN
- Cannot be same as your password
- Don't use a special character as the first or last character of your username.

Password Creation Guidelines

- Must be 8 to 16 characters long
- Must contain at least one letter
- Must contain at least one number
- Must also contain one or more of the following special characters: @ ! \$ % ^ * ()
- Must be different from the previous six (6) passwords
- Cannot contain your username
- Cannot contain your Medicare Number or SSN

The Medicare website also requires you to select and provide an answer to a secret question. Check the question you would like to use and write the answer in the space below.

- □ What is your favorite vacation spot?
- □ In what city did you first meet your spouse?
- □ What country would you most like to visit?
- □ What is the title of your favorite book?
- □ What is the name of the first street you lived on?
- □ What was the name of your first pet?
- □ What is your best friend's last name?

The answer to my secret question:

My password: _____