

ATTACHMENT 1

Medicare Prescription Drug Check List

1. What is the current amount you pay for prescription drugs annually
2. Do you have drug coverage through one of the following
 - a. Medi-Gap Policy
 - b. Medicare HMO plan
 - c. Medicaid
 - d. Employer
 - e. Drug Discount Card
 - f. Pharmacy Benefit program
 - g. Other – please indicate
3. What are the benefits of the drug program you currently have to include premium, deductibles, co-pays, maximum benefits
4. Do generic drugs count towards your drug maximum benefit
5. What is your income for 2005
6. What is your annual out of pocket expenditure for prescription drugs including premiums, co-pays and deductibles
7. Do you get medications from out of the U.S. and if so, what are your savings by doing this
8. Based on the attached chart are you better off retaining your current drug plan or voluntarily enrolling in the new Medicare Drug Plan