

Your Medications <i>Write the name of each of your medications and its dose strength (usually in mg or mcg)</i>	Plan A name:					Plan B name:					Plan C name:				
	Covered? <i>Circle one</i>	Limits <i>Circle one</i>	Type of Limit* <i>Circle all that apply</i>	Extras <i>Circle one</i>	Monthly Cost <i>Share</i>	Covered? <i>Circle one</i>	Limits <i>Circle one</i>	Type of Limit* <i>Circle all that apply</i>	Extras <i>Circle one</i>	Monthly Cost <i>Share</i>	Covered? <i>Circle one</i>	Limits <i>Circle one</i>	Type of Limit* <i>Circle all that apply</i>	Extras <i>Circle one</i>	Monthly Cost <i>Share</i>
1.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
2.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
3.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
4.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
5.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
6.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
7.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
8.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
9.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
Plan Premium	\$	---	---	---	---	\$	---	---	---	---	\$	---	---	---	---
Plan Deductible	\$	---	---	---	---	\$	---	---	---	---	\$	---	---	---	---
Estimated Annual Cost (premium + deductible + cost shares)	\$	---	---	---	---	\$	---	---	---	---	\$	---	---	---	---

Your Medications <i>Write the name of each of your medications and its dose strength (usually in mg or mcg)</i>	Plan D name:					Plan E name:					Plan F name:				
	Covered? <i>Circle one</i>	Limits <i>Circle one</i>	Type of Limit* <i>Circle all that apply</i>	Extras <i>Circle one</i>	Monthly Cost <i>Share</i>	Covered? <i>Circle one</i>	Limits <i>Circle one</i>	Type of Limit* <i>Circle all that apply</i>	Extras <i>Circle one</i>	Monthly Cost <i>Share</i>	Covered? <i>Circle one</i>	Limits <i>Circle one</i>	Type of Limit* <i>Circle all that apply</i>	Extras <i>Circle one</i>	Monthly Cost <i>Share</i>
1.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
2.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
3.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
4.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
5.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
6.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
7.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
8.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
9.	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$	Yes/No	Yes/No	PA QL ST	Yes/No	\$
Plan Premium	\$	---	---	---	---	\$	---	---	---	---	\$	---	---	---	---
Plan Deductible	\$	---	---	---	---	\$	---	---	---	---	\$	---	---	---	---
Estimated Annual Cost (premium + deductible + cost shares)	\$	---	---	---	---	\$	---	---	---	---	\$	---	---	---	---

Pharmacies Participating	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
1. Your favorite pharmacy	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
2	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
3	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
4	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

* Type of Limit
PA - plan must give your doctor authorization
QL - (Quantity Limit) the number or strength of your pills is limited
ST - (Step Therapy) you must fail first on another drug