

NAVIGATING MEDICARE

Plan Comparison Request



ADRC is your source for unbiased Medicare information

We are not affiliated with any insurance company. We provide several different ways to help everyone learn about Medicare and all of the options that go with it. The Benefit Team and ADRC Medicare Volunteers are all certified SHIP (state health insurance assistance programs) counselors.

Did you know the ADRC Benefit Team can provide a non-biased review of your coverage options?

(Please check a box below, complete required information on the back page, and return to the ADRC for your personalized plan comparison.)

- Mailed Plan Comparison** - plan information will be mailed to you.
- Email Plan Comparison** - plan information will be emailed to you.
- In Person** - You will be called to schedule a home/office visit.
- Online Visit** - Plan information will be emailed with virtual appointment information.

Submission

- Mail or drop off completed form at ADRC: 300 S. Adams St. Green Bay, WI 54301
- Email completed form to: BC.ADRCC.Benefit.Specialists@browncountywi.gov
- Complete this form online: www.adrcofbrowncounty.org/plan-finder

If you would like us to use information from your Medicare.gov online account, please include your username and password on the back page.



SHIP
State Health Insurance
Assistance Program

ADRC of Brown County

300 S. Adams St. Green Bay, WI 54301
(920) 448-4300

www.adrcofbrowncounty.org

ADRC is a nonprofit, 501(c)3 organization

Find us online:



Requesting plan information for: Medicare Advantage Plan Part D Plan (PDP) only Both

Required Information:

Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

MyMedicare Username (optional): _____ Password (optional): _____

Preferred Pharmacy: (1) _____

(2) _____

Mail Order - please check: Yes No

Primary Care Provider's: _____

Other Providers/Hospitals: _____

Extra Help Status - please check one: Yes No I Don't Know

Current Plan Name (check your insurance card): _____

Current Plan Type: Medicare Adv. Medigap (Suppl) Part D Plan Retirement

Employer Sponsored Unsure

List all prescribed medications or provide current pharmacy print-out

	Prescription Drug Name	Dosage (mg, mcg, ml, vial, tube)	Pills per month (number per day X 30)	Frequency of fill (monthly, 90 days, six months, year)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				