# Part D Plan Comparison Worksheet

## Instructions:

1. Complete this worksheet for each plan you're comparing. Enter the plan's name and the monthly premium.
2. List the prescription drugs you take in column 1 and complete columns 2–6.
3. Add up the scores in columns 2, 4 and 5. Add up the monthly prescription costs in column 6.
4. In the boxes at the bottom, total the three scores and the monthly costs.
5. Compare the total score and total monthly cost for all the plans you are considering. The plan with the highest score and lowest cost is probably the best one for you.

**Plan Name:** _____ **Monthly premium:** $

| 1 What prescription drugs are you taking? | 2 Does the plan cover the drug? Yes = 1 No = 0 | 3 Is this a brand name or generic drug? B = Brand G = Generic | 4 Does the plan cover a generic equivalent for your brand name drug? Yes = 1 No = 0 | 5 Is your pharmacy in the plan's network? Yes = 1 No = 0 | 6 How much would you pay each month for this prescription? |
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**Total Score** — Add up the score totals in columns 2, 4 and 5.

$

**Total Monthly Cost** — Add up the monthly premium and the total in column 6 for your total monthly cost.