

Medicare Drug Plan Decision Datasheet

YOUR 2027 COVERAGE WORKSHEET

Use this worksheet during fall Open Enrollment or another enrollment period for which you qualify. Compare your medicines, pharmacy access, and total cost before choosing.

Start with your enrollment dates

For 2027 coverage: compare plans beginning October 1, 2026. Fall Open Enrollment is October 15–December 7, 2026, with coverage beginning January 1, 2027.

New to Medicare or eligible for a Special Enrollment Period? Confirm your own deadline, allowed change, and start date. Do not assume the fall dates apply.

Official guidance: [Medicare & You 2027](#) • [Medicare enrollment periods](#)

My enrollment record	Fill in
Coverage year / ZIP code / county	
Enrollment period or qualifying event	
Enrollment deadline / coverage start date	
Comparison start and end dates	
Current coverage / assistance received	
Eligibility confirmed by / date	

Keep this copy private

Do not enter your Medicare number, Social Security number, password, or full birth date. This is a personal comparison tool, not an enrollment application.

The World Desk

Context. Clarity. Perspective.

List your medicines and pharmacies

Copy the exact details from your current labels. Ask your pharmacist to check uncertain quantities, especially for inhalers, creams, injections, or packages. Add occasional prescriptions you expect to need.

Exact drug name	Strength and form	Quantity per refill	Days each refill lasts

Duplicate this page if needed. Do not change or stop medicine based on a plan comparison.

Additional medicine notes

Occasional prescriptions _____

Expected changes to confirm _____

Questions for the pharmacist _____

The World Desk

Context. Clarity. Perspective.

Choose pharmacies and compare plans

Pharmacies you could realistically use

Pharmacy	Name, address, and practical requirements
Current	
Alternative	
Mail order, specialty, or facility pharmacy	

Check delivery, hours, accessibility, and refill timing. Confirm each pharmacy's network status for each plan; preferred and standard cost sharing can differ.

Official guidance: [Medicare & You 2027](#)

Questions for my pharmacist _____

Use the official comparison tool

Enter your location, coverage year, exact medicines, and pharmacies. Review estimated premiums plus drug costs, coverage restrictions, and pharmacy details. Save the dated results, then confirm important details with the plan.

[Compare at Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)

Official guidance: [Medicare enrollment periods](#)

Ask for individual assistance

Medicare: 1-800-633-4227. TTY: 1-877-486-2048. Available 24 hours a day, 7 days a week.

SHIP offers free, personalized counseling independent of insurance companies and health plans.

[Find local counseling at shiphelp.org](https://www.shiphelp.org)

Official guidance: [Medicare yearly review](#) • [Medicare enrollment periods](#)

The World Desk

Context. Clarity. Perspective.

Check each medicine's coverage

Use a separate copy of this page for each finalist. A formulary is the plan's covered-drug list; match the exact strength and form.

Plan name and identifier _____

Pharmacy / coverage year _____

Medicine	Covered? Tier / cost sharing	PA / step therapy / quantity limit	Unresolved question

Know what the restrictions mean

Prior authorization: the plan may need to approve the drug before covering it. Step therapy: you may need to try another drug first. Quantity limit: the amount covered is restricted.

Ask the plan and your prescriber what approval is required and whether a new approval will be needed when coverage begins. An exception request is not an approval.

Official guidance: [Medicare drug-plan rules](#) • [Medicare & You 2027](#)

Do not treat an unanswered coverage question as “yes.” Ask whether any medicine is billed under Part B rather than Part D; the benefits are different.

Official guidance: [Part D cost definitions](#)

Compare costs on the same basis

Each column is one plan-and-pharmacy combination. Use the same medicines, quantities, assistance status, and months for every option. Include your current plan's next-year version, if available.

Comparison item	Option A	Option B	Option C
Plan name / identifier			
Pharmacy / preferred or standard			
Period compared / months			
Monthly plan premium I pay	\$	\$	\$
A. Premiums for the period	\$	\$	\$
B. My estimated drug costs, including deductible	\$	\$	\$
C. Necessary extras not already included	\$	\$	\$
Comparison total: A + B + C	\$	\$	\$
Deductible: reference only	\$	\$	\$
First-month drug cost	\$	\$	\$
Highest-cost month / amount			

A = monthly premium × number of months. B includes applicable deductible spending. C includes only necessary costs not already counted.

Read the cost notes on the next page before calculating the total.

Cost notes and 2027 protections

Do not double-count: if an estimate includes premiums or deductible spending, do not add them again. Explain extras such as uncovered medicines, an applicable penalty, or an income-related premium adjustment.

Official guidance: [Medicare Part D costs](#)

Midyear: compare only the same remaining months, using the correct year. Ask how spending already credited to your Part D benefit will be reflected; do not simply divide an annual drug estimate by 12.

Official guidance: [Medicare & You 2027](#)

These are estimates, not guaranteed bills. Drug costs alone are not a comparison of your total medical coverage.

2027 Part D: two different numbers

\$700 maximum deductible. Some plans have a smaller deductible or none. Check which medicines are subject to it.

\$2,400 out-of-pocket limit for covered Part D drugs. After qualifying spending reaches the limit, you pay \$0 for covered Part D drugs for the rest of that calendar year. Certain payments made on your behalf also count.

Official guidance: [Medicare & You 2027](#)

Eligible deductible spending counts toward the limit, not on top of it. Premiums, noncovered drugs, and Part B drugs are outside this Part D cost-sharing limit. It is not a cap on all Medicare spending.

Official guidance: [Part D cost definitions](#)

Help paying costs versus help with timing

Extra Help may lower drug coverage costs for people who qualify. Make sure any comparison reflects your actual assistance.

The Medicare Prescription Payment Plan spreads covered-drug costs over the calendar year. It does not reduce your total cost.

Official guidance: [Medicare help with drug costs](#) • [Medicare & You 2027](#)

The World Desk

Context. Clarity. Perspective.

Confirm before you enroll

Important: joining a separate Part D plan while in a Medicare Advantage HMO, HMO-POS, or PPO will disenroll you from that Advantage plan and return you to Original Medicare.

Check doctors, hospitals, medical costs, other insurance, and any Medigap consequences first. Consult your employer or union coverage provider before making a change.

Official guidance: [Medicare coverage choices](#) • [Medicare enrollment periods](#) • [Medicare & You 2027](#)

- ☐ My enrollment right, deadline, and start date are confirmed.
- ☐ My medicines, pharmacy, and restrictions are confirmed.
- ☐ I used the correct year and the same months for each option.
- ☐ I included necessary costs without counting anything twice.
- ☐ I checked first-month and higher-cost-month affordability.
- ☐ I checked the effect on medical coverage and other insurance.
- ☐ I saved the comparison and written enrollment confirmation.

My decision record

Chosen plan and pharmacy _____

Reason for my choice _____

Question still needing an answer _____

Plan contact / date / reference _____

Enrollment confirmation / start date _____

Keep the companion guide for detailed research steps and additional cost checks. Recheck current plan information before acting.

General education, not individualized medical, legal, or insurance advice. No savings or plan suitability is guaranteed.

General education. No particular plan is recommended. Medicare has not reviewed or endorsed this worksheet.