



Medicare Prescription Drug Plan Quote Request Form

Today's Date _____

Name _____ Date of Birth _____

Phone _____ Email _____

Home ZIP Code _____ County _____ Preferred Pharmacy _____

Part A Effective Date _____ Part B Effective Date _____

PCP and Specialists expected to see in next 24 months

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name of Prescriptions expected to be taken in the next 12 months	Exact Strength	Specific Frequency	Notes

Home Zip _____ Medicare.gov Drug List ID _____ Password date _____

2019 Part B Income-Related Monthly Adjustment Amounts

If Your MAGI (Modified Adjusted Gross Income) in 2017 was between:		Your 2019 Part B premium is:
Individual Tax Return	Joint Tax Return	
\$85,000 or less	\$170,000 or less	\$135.50
\$85,001 - \$107,000	\$170,001 - \$214,000	\$189.50
\$107,001 - \$133,500	\$214,001 - \$267,000	\$270.90
\$133,501 - \$160,000	\$267,001 - \$320,000	\$352.20
\$160,001 - \$500,000	\$320,001 - \$750,000	\$433.30
Greater than \$500,000	Greater than \$750,000	\$460.50

2019 Part D Income-Related Monthly Adjustment Amounts

If Your MAGI (Modified Adjusted Gross Income) in 2017 was between:		Add to your 2019 PDP Premium:
Individual Tax Return	Joint Tax Return	
\$85,000 or less	\$170,000 or less	N/A
\$85,001 - \$107,000	\$170,001 - \$214,000	\$12.40
\$107,001 - \$133,500	\$214,001 - \$267,000	\$31.90
\$133,501 - \$160,000	\$267,001 - \$320,000	\$51.40
\$160,001 - \$500,000	\$320,001 - \$750,000	\$70.90
Greater than \$500,000	Greater than \$750,000	\$77.40

2019: Part A deductible is \$1,364, Part B deductible is \$185 and Part D deductible is \$415