RIPEA
RETIRED INDIANA PUBLIC EMPLOYEES ASSOCIATION

Prescription Drug Information – 2026

NOTE: When you enroll in a Medicare Advantage Plan, prescription drug coverage is automatically included. Therefore, it is important that we check your current prescriptions to be sure they are included in the Advantage Plan Drug Formulary. When you enroll in a Medicare Supplement plan, prescription drug coverage is not included. However, you must have prescription drug coverage; there is a premium penalty for each month you do not have prescription drug coverage. RIPEA offers prescription drug plans that complement the Supplement plans. If you participate in a RIPEA Supplement plan, you may choose a RIPEA drug plan or another drug plan to provide prescription coverage. Please complete the form below to indicate if you are interested in Medicare Advantage Plans and/or Medicare Supplement Plans and fill in your prescription name, dosage and frequency. We will provide you with a comprehensive report detailing how your prescriptions will be covered.

Last Name: _____ First Name: _____ Zip Code:_____ County: _____ State: _____
Address: _____ City: _____ Phone #: _____
Email Address: _____

Circle the Rate or Name for all Rx Plans to Quote: MEDICARE Rx SUPPLEMENT PLANS
Rate: $116.17 or $140.58

MEDICARE ADVANTAGE PLANS
Name: 10P, 10P-E, 15P, 20P

				SUPPLEMENT			ADVANTAGE				
							10P-E		10/15/20P		
				Monthly	Quarterly		Monthly	Quarterly	Monthly	Quarterly	
	LIST YOUR PRESCRIPTIONS	Dosage	Frequency	Drug Tier	Copay	Copay	Drug Tier	Copay	Copay	Copay	Copay
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
				TOTAL $	$			TOTAL $	$		