



Prescription Drug Information – 2025

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

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