

MoRx Benefits

MoRx pays **50%** of your out-of-pocket costs on medications that are covered by your Medicare Part D Drug Plan.

This means you will save:

- 50% on your deductible
- 50% on your co-pays
- 50% during the coverage gap and beyond

You May Be Eligible If You Are:

- A Missouri resident
 - Enrolled in a Medicare Prescription Drug Plan (Part D)
 - Age 65 or older and enrolled in Medicare
- OR**
- Age 18 - 64, disabled and enrolled in Medicare
- Single with an annual gross income of \$19,600 or less
- OR**
- Married with an annual gross income of \$26,400 or less



Helping Missourians Stay Healthy



Helping Missourians Stay Healthy

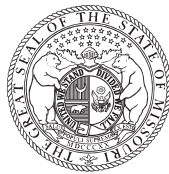
Peter D. Kinder

Lieutenant Governor

Chairman, Missouri Rx Plan Commission

Before you can enroll in MoRx, you must join a Medicare Prescription Drug Plan (Part D).

For information about enrolling in a Medicare Prescription Drug Plan (Part D) visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).



Missouri Rx Plan

MO Dept. of Social Services
Div. of Medical Services
P.O. Box 208
Troy, MO 63379



1-800-375-1406

(TTY: 1-800-375-1493)

<http://dss.mo.gov/dms/cs/morx.htm>



Helping Missourians Stay Healthy



PRESCRIPTION DRUG COVERAGE FOR MISSOURIANS

Missouri Rx Plan (MoRx) works with Medicare Prescription Drug Plans (Part D) to help seniors and persons with disabilities save money on prescription drugs

MoRx Facts

- You pay nothing to be in MoRx.
- MoRx covers up to a 31-day supply for each prescription you fill. MoRx does not cover 90-day supplies.
- Use any Missouri pharmacy that works with your Medicare Part D Plan. MoRx does not cover mail order services.
- MoRx will cover any drug that your Part D plan covers. If the drug is not covered by your Part D plan, MoRx will not cover it.
- MoRx members receive a MoRx member ID card.

The Missouri Rx Plan reserves the right to adjust any and all program benefits and eligibility limits to obtain program cost controls.

Contact Information

For more information about MoRx call 1-800-375-1406. Persons with hearing or speech disabilities may call our TTY number toll-free at 1-800-375-1493.

<http://dss.mo.gov/dms/cs/morx.htm>

Extra help with prescription costs may be available to you from the Social Security Administration. Call 1-800-772-1213 or visit www.socialsecurity.gov.

Missouri Rx (MoRx) Plan Enrollment Form

You must live in Missouri and be enrolled in a Medicare Part D Prescription Drug Plan to get benefits under the MoRx Plan. Do not send this form if Missouri Medicaid or an employer-sponsored plan pays for your prescription drugs.

I. Personal Information:

Last Name: _____	First Name: _____	Middle Initial: _____	
Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Phone #: (____) ____-____	
SSN: _____	MEDICARE Claim #: _____	(The number on your red, white & blue Medicare Health Insurance card)	
Name of your Medicare Part D Prescription Drug Plan: _____			
Residence Address: _____ Apartment/Lot No: _____			
City: _____	State: _____	Zip Code: _____	County: _____
Mailing Address: (Complete only if you want your mail sent to a different address)			
Last Name: _____		First Name: _____	
Address: _____		Apartment/Lot No: _____	
City: _____	State: _____	Zip Code: _____	

II. Race/Ethnicity (check all that apply):

White
 African-Amer.
 Hispanic
 Asian
 Nat. Hawaiian/Pacific Isl.
 Amer. Indian/Alaskan Native

III. Check the ONE box that best describes your INCOME. Information required for MoRx eligibility.

Single, widowed, divorced or live apart from my spouse and: <input type="checkbox"/> My annual gross income is less than \$14,700* <input type="checkbox"/> My annual gross income is between \$14,700 and \$19,600	Married and: <input type="checkbox"/> Our annual gross income is less than \$19,800* <input type="checkbox"/> Our annual gross income is between \$19,800 and \$26,400
---	--

IV. Check the ONE box that best describes your LIQUID ASSETS. Liquid assets include the total value of your savings, investments, and real estate. Do not include your primary home, vehicles, burial plots or personal possessions. This information is used for reporting purposes. This does not affect your MoRx eligibility.

Single, widowed, divorced or live apart from my spouse and: <input type="checkbox"/> My assets are \$11,500 or less* <input type="checkbox"/> My assets are greater than \$11,500	Married and: <input type="checkbox"/> Our assets are \$23,000 or less* <input type="checkbox"/> Our assets are greater than \$23,000
---	--

*You may be eligible for extra help with Medicare Part D costs. You can apply for extra help with the Social Security Administration if you have not already done so. Call SSA at 1-800-772-1213 to get an application for extra help.

V. Sign and Date

Your enrollment form is not complete unless it is signed. If you cannot sign, a representative may sign for you.

I certify and attest that the answers to the questions on this form, the items on the form, and the submitted required documentation are true and accurate. I understand that the MoRx Plan may check it against other government records or require additional proof from me at any time.

Sign: _____ Date: _____

Check the appropriate box: Applicant Representative

MoRx 10/06

Detach this portion and keep it for your records

Important: Send one COPY of each of the following with your enrollment form. Do NOT send originals.

1. COPY of your Medicare Health Insurance card
2. COPY of your Social Security card

3. Proof of Missouri Residency (choose one of the following and send a COPY)

- Valid driver's license
- Valid MO state identification card
- Voter registration card (current or within the past year)
- Utility bill with name and address (issued within the past year)
- Doctor or hospital bill showing name and address (issued within the past year)
- Notarized letter of residency from applicant or Power of Attorney
- Certificate of residency in a skilled nursing, assisted living or residential care facility (letter on facility stationary signed by the administrator)

If you do not send copies of the required documents, your application will be returned as incomplete.

Mail a COPY of each of the three documents listed above with this completed, SIGNED enrollment form to:

**MoRx Plan
 PO Box 208
 Troy, MO 63379**