

MoRx Benefits

MoRx pays 50% of your out-of-pocket costs on medications that are covered by your Medicare Part D prescription 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 qualify for MoRx if you are:

- A Missouri resident
- In a Medicare Part D prescription drug plan
- Single – with an annual gross household income of \$20,800 or less
or
Married – with an annual gross household income of \$28,000 or less



MoRx

Prescription Drug Coverage for Missourians

About MoRx

MoRx is free!

When you join MoRx, we will send you a member ID card in the mail.

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 covers up to a 31-day supply for each prescription.

MoRx does **not** cover 90-day supplies.

You can use any Missouri pharmacy that works with your Part D plan.

MoRx does **not** cover mail order services.

Before you enroll in MoRx, you must join a Medicare Part D prescription drug plan.

For information about Medicare Part D prescription drug plans, visit medicare.gov or call 1-800-MEDICARE (1-800-633-4227).



Missouri Rx Plan

MO Dept. of Social Services
MO HealthNet Division
PO Box 208
Troy, MO 63379

1-800-375-1406

(TTY: 1-800-375-1493)

morx.mo.gov

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

Contact information

For more information about MoRx call **1-800-375-1406** or visit our website at morx.mo.gov. Persons with hearing or speech disabilities may call our TTY number at 1-800-375-1493.

You may qualify for extra help with prescription costs. Call the Social Security Administration at 1-800-772-1213 or visit socialsecurity.gov.



Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.



MoRx Enrollment Form

To receive benefits, you must live in Missouri and be in a Medicare Part D prescription drug plan. Do **not** send this form if you are in MO HealthNet (formerly Missouri Medicaid) or if an employer-sponsored plan pays for your prescription drugs.

1. Personal information

Last name:		First name:		Middle initial:	
Date of birth: / /	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>	Phone number: ())			
SSN: - -	MEDICARE claim number:		<small>(The number on your red, white & blue Medicare Health Insurance card)</small>		
Name of your Medicare Part D prescription drug plan:					
Residence address:		Apt/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:		Middle initial:	
Address:		Apt/Lot No:			
City:		State:		Zip code:	

2. Race/ethnicity (check all that apply)

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

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

Single, widowed, divorced or live apart from my spouse and:	Married and:
<input type="checkbox"/> My annual gross income is less than \$15,600 *	<input type="checkbox"/> Our annual gross income is less than \$21,000 *
<input type="checkbox"/> My annual gross income is between \$15,600 and \$20,800	<input type="checkbox"/> Our annual gross income is between \$21,000 and \$28,000

4. Check the ONE box that best describes your LIQUID ASSETS. Liquid assets are 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 required but does not affect your MoRx eligibility.

Single, widowed, divorced or live apart from my spouse and:	Married and:
<input type="checkbox"/> My assets are \$11,990 or less *	<input type="checkbox"/> Our assets are \$23,970 or less *
<input type="checkbox"/> My assets are greater than \$11,990	<input type="checkbox"/> Our assets are greater than \$23,970

* You may also be eligible for extra help with Medicare Part D costs. Call the Social Security Administration at 1-800-772-1213 to get an application.

5. Sign and date

You must sign this form. If you cannot sign, a representative may sign for you.

I certify and attest that I am a resident of the State of Missouri and 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.

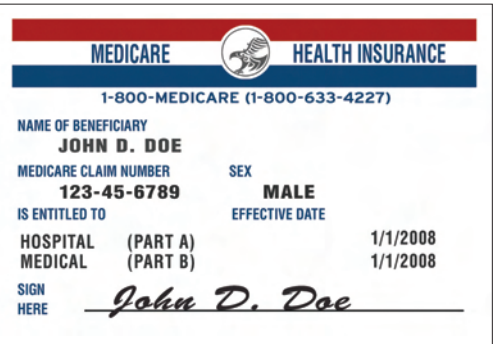
Sign: _____ Date: _____

Check the appropriate box: Applicant Representative

Cut at the line and keep this bottom portion for your records.

Important: Send one **copy** of each of the following with your enrollment form. Do **not** send originals.

1. Send a **copy** of your Medicare Health Insurance card.



2. Send a **copy** of your Social Security card.



Mail a **copy** of the two cards with this **signed** enrollment form to:

MoRx Plan
PO Box 208
Troy, MO 63379