

Plan Finder Issue Form

1. Date and time of reported problem? _____
2. Has the problem been replicated, if so, when? _____
3. Which search did you use? (general or personalized) _____
4. Zip Code _____
5. County _____
6. Which step are you reporting problem? _____
Enter information _____
Enter your drugs _____
Select your pharmacies _____
Refine your results _____
Your Plan results _____
Your plan comparison _____
Your plan details _____

7. Subsidy Level? Full Benefit Dual Eligible or

Extra Help (I pay the following for my monthly drug premium):

0% 25% 50% 75% _____

N/A

8. Drug List ID # _____
9. Password Date: _____
10. Name, Dosage and quantities of the medications in question:
Drug Name Dosage Drug Quantity Frequency
11. Plan Name or Contract ID number: _____
12. Web page title (for example, Enter Your Drugs, Plan Results, etc.). This is often the same as the answer to question 6 above.): _____
13. Detailed description of the problem:

Email form to Christine Moeller at Christine.Moeller@insurance.ohio.gov

Thank you for all you do for OSHIIP! Have a great open enrollment and join us November 16 for a Medicare 101.