

Medicare Plan Finder Training

Entering Information

1. Go to the Medicare website, www.medicare.gov.
 - Click on “Compare Drug & Health Plans”



PICK TYPE OF SEARCH

2. You can do a Personalized Search or a General Search. You will need the Medicare card information and the individual’s birthday to use the Personalized Search. The personalized comparison will tell you the individual’s present drug plan and also if s/he receives extra financial assistance.

The General Search is used when you do not have the necessary information to do a personalized search.

TIP: Sometimes you will enter the information for the Personalized Search and the Plan Finder Tool will not accept your search. Re-enter the information. If it doesn’t work the second time, go to the General Search.

OPTION I: BEGIN PERSONALIZED SEARCH

We will go through a Personalized Search first.

3. This is the first screen for a personal search.

provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below.

General Search

A general plan search only requires your zip code.

ZIP Code:

[Find Plans](#)

By clicking on this button you are agreeing to the terms and conditions of the [User Agreement](#)

or

Personalized Search

A personalized plan search requires your zip code and complete Medicare information. This page is secured to protect your personal information. If you don't want to enter your Medicare information, you may use the general search option above.

ZIP Code:

Medicare Number:
Example: 123456789A
Where can I find this?

Last Name:

Effective Date for Part A: Month Year
Not Part A? [Click here.](#)

Date of Birth: Month Day Year

[Find Plans](#)

Resources

- ◆ [How to Use the Medicare Plan Finder](#)
- ◆ [Find and Compare Medigap Policies](#)
- ◆ [Search by Plan Name or ID](#)
- ◆ [Enroll Now](#)
- ◆ [Find formularies in your area](#)
- ◆ [Medicare Complaint Form](#)
- ◆ [Extra Help Paying for Medicare Prescription Drug Coverage](#)
- ◆ [Helpful Contacts](#)
- ◆ [Five Ways to Lower Your Costs During the Coverage Gap](#)
- ◆ [Find out about your Medicare Choices](#)
- ◆ [Download the Medicare Health Plan Compare and Medigap Compare Databases](#)

- The zip code should be filled in with the zip code for the address where the individual files taxes. You will run into this when they live part of the year in Iowa and part of the year in another state.
- Enter the individual's Medicare number from the Medicare card. Do not leave any spaces between numbers or letters. If the individual is a Railroad Retiree, the number will begin with a letter, rather than having the letter at the end of the number

Last Name:
Effective Date for Part A:
Not Part A? [Click here.](#)
Date of Birth:
 JR
 SR
 I
 II
 III
 IV
 V
 VI
 VII

- Enter the individual’s last name as found on the Medicare card. Use the drop down box to indicate any suffix which appears with the individual’s last name on the Medicare card
- Fill in the effective date for Medicare Part A, found on the Medicare card. If the individual does not have Part A, click on Not Part A? and the screen will change to give you the option to enter the Part B effective date instead.

Effective Date for Part A: [Not Part A? Click here.](#)

- Enter the individual’s birth date.

Date of Birth:

- Click Find Plans at the bottom of the box

4. The next screen explains the individual's current coverage and their level of subsidy, if any, in the "My Current Profile" section.

The screenshot shows the Medicare.gov website interface. At the top, there is a navigation bar with the Medicare.gov logo, a search bar, and links for 'Sign In to MyMedicare.gov', 'Email', 'Print', 'Bookmark & Share', 'RSS', 'Español', and font size controls. Below the navigation bar are several menu buttons: 'Home', 'Manage Your Health', 'Medicare Basics', 'Resource Locator', and 'Help & Support'. A secondary row of buttons includes 'Learn More About Plans', 'Help', and 'A-Z Glossary'. The breadcrumb trail reads 'Home > Medicare Plan Finder > Enter Your Drugs'. The main heading is 'Step 2 of 4: Enter Your Drugs'. Below this heading, a paragraph explains that accurate plan costs require drug information and that pricing is not shown for over-the-counter drugs or diabetic supplies. A button labeled 'I don't want to add drugs now' is provided. To the right, a 'My Current Profile' box displays the following information: Zip Code: 50131, Current Coverage: Community CCRx Basic (PDP) (S5803-094-0), Current Subsidy: Full Dual, and Future Subsidy: Full Dual. Below this, there are two main sections: 'Name of Drug:' with a search input field and a 'Find My Drug' button, and 'Retrieve My Saved Drug List:' which includes a note that drug list ID is not tied to personal information, a 'Drug List ID' input field, a 'Password Date' dropdown menu (set to Oct 11, 2010), and a 'Retrieve My Drug List' button.

OPTION 2: BEGIN GENERAL SEARCH

As mentioned previously, if you do not have the information necessary to do a Personalized Search, or you cannot get the Personalized Search to work, go ahead with a General Search.

5. You will start with the same screen to do a General Search as you used for the Personalize Search.

The screenshot shows the Medicare Plan Finder interface. At the top, the title "Medicare Plan Finder" is displayed. Below the title, a paragraph explains that users can choose between a general or personalized plan search. The "General Search" section is highlighted with a green border and contains a text input field for the "ZIP Code" with the value "50319" entered. Below the input field is an orange "Find Plans" button with a right-pointing arrow. A small disclaimer below the button states: "By clicking on this button you are agreeing to the terms and conditions of the [User Agreement](#)". Below the "General Search" section is the word "or" in orange. The "Personalized Search" section is partially visible below, with a green border and text indicating it requires more information. On the right side of the page, there are two blue-bordered boxes. The top one is titled "Additional Tools" and lists: "How to Use the Medicare Plan Finder", "Find and Compare Medigap Policies", "Search by Plan Name or ID", "Enroll Now", "Find formularies in your area", and "Medicare Complaint Form". The bottom one is titled "Resources" and lists: "Extra Help Paying for Medicare Prescription Drug Coverage", "Helpful Contacts", and "Five Ways to Lower Your Costs During the Coverage Gap".

- Enter the zip code.
- Click Find Plans at the bottom of the box.

6. The next screen, “Step 1 of 4: Enter Information”, asks for general information because you did not enter personalized individual information. The answer to the first question will not affect the comparison so you can check “I don’t know.”

You can also answer “I don’t know,” for the second question unless the individual is eligible for Part D extra help. Instructions for a person receiving extra help are found at the end of this tutorial.

Click on the [Continue to Plan Results](#) button.

Step 1 of 4: Enter Information

To show you Medicare plan results we need to ask you a few short questions.
All fields on the page are required unless noted as Optional.

Do you currently have Medicare Coverage?
If so check all that apply.

<input type="checkbox"/> Original Medicare (?)	<input type="checkbox"/> I will be getting Medicare coverage soon
<input type="checkbox"/> Medicare Health Plan (?)	<input type="checkbox"/> None of the Above
<input type="checkbox"/> Medicare Prescription Drug Plan (?)	<input type="checkbox"/> I don't know
<input type="checkbox"/> Medicaid (?)	
<input type="checkbox"/> Medigap (?)	

Do you get help from Medicare or your state to pay your Medicare prescription drug costs?

I get help from Medicaid (?)

I get Supplemental Security Income (?)

I belong to a Medicare Savings Program (MSP) (?)

I qualified for Extra Help through Social Security (?)

No Subsidy (?)

I don't know

[Go Back](#)

Step 2 of 4: Enter Your Drugs

It is **EXTREMELY** important that you enter the exact drug name, dosage and quantity the individual is taking or the comparison will be inaccurate. The individual may wrongly choose a plan that does not cover his/her drugs. When in doubt, always call the individual or pharmacy to verify information. DO NOT guess.

7. In most cases you will be entering drug information for the first time.
- A. In this case, click in the box under “Name of Drug” and begin typing the drug name. As you type a list of drugs will drop down. Click on the drug name you are entering.

Step 2 of 4: Enter Your Drugs

To show accurate plan costs, we need to know which drugs you take, including quantities and dosages. This site does not show pricing for over the counter drugs or diabetic supplies.

[I don't want to add drugs now](#)

My Current Profile

Zip Code: 50310
Current Coverage: Unknown
Current Subsidy: No Subsidy

Name of Drug:

Lipitor | [Find My Drug](#)

Lipitor
Lipofen
Liposyn II
Liposyn III
Locoid Lipocream
Help with common drug abbreviations
[Get help with your Drug List](#)

Retrieve My Saved Drug List:

Your drug list ID isn't tied to your personal information. Medicare doesn't share the drug information you enter.

Drug List ID: What is this?

Password Date: What is this?

Oct | 11 | 2010

[Retrieve My Drug List](#)

My Drug List

MEDICINE NAME	QUANTITY	FREQUENCY	GENERIC OPTIONS	ACTION
You haven't added any drugs to your list. Search for drugs above or retrieve your previously saved drug list.				

- B. After you click on the drug name a box will pop up where you can select the correct dosage, quantity and frequency for your individual. After you enter the correct information, click on Add drug and dosage.

Lipitor

Dosages

Lipitor TAB 10MG
 Lipitor TAB 20MG
 Lipitor TAB 40MG
 Lipitor TAB 80MG

Quantity

Frequency

Every 1 Month
 Every 2 Months
 Every 3 Months
 Every 4 Months
 Every 6 Months
 Every 12 Months

[Add drug and dosage](#) or [Cancel](#)

NOTE: If you want to use mail order, you must use the “Frequency-Every 1 month” and the quantity used in one month to get an accurate comparison (e.g. Use 30 Every 1 month rather than 90 Every 3 months).

C. If a list does not appear, type in the drug name and Click on Find My Drug. A list of drugs will appear under “Search Results.” Click on Add Drug for the correct drug name.

Name of Drug:

lipitor

Or Browse A-Z:

A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

Help with common drug abbreviations
Get help with your Drug List

Retrieve My Saved Drug List:

Your drug list ID isn't tied to your personal information. Medicare doesn't share the drug information you enter.

Drug List ID: [What is this?](#)

Password Date: [What is this?](#)
Oct 11 2010

Search Results:
6 drugs found with lipitor

MEDICINE NAME	DRUG TYPE	ADD DRUG
Lipitor(Atorvastatin Calcium)	Brand	<input type="button" value="+ Add Drug"/>
levetiracetam(Levetiracetam)	Generic	<input type="button" value="+ Add Drug"/>
Levitra(Vardenafil HCl)	Brand	<input type="button" value="+ Add Drug"/>

D. After you click on “Add Drug”, a box will pop up where you can indicate the dosage, quantity and frequency for the drug. Click on Add drug and dosage.

E. If the drug cannot be found, try clicking on the button to browse drugs alphabetically. Sometimes it is possible to recognize a drug that you have not spelled correctly. When a drug is found, there may be several choices to pick from. Pick the correct drug and click on Add Drug.

Name of Drug:

Or Browse A-Z:

A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

Help with common drug abbreviations
[Get help with your Drug List](#)

Retrieve My Saved Drug List:

Your drug list has been saved. You can retrieve your selected drugs and pharmacies on future visits using this Drug List Id and Password Date.

Your drug list ID isn't tied to your personal information. Medicare doesn't share the drug information you enter.

Drug List ID: **7014483968**

Password Date: **10/11/2010 (change date)**

Zip Code: **50310**

Search Results:
273 drugs found with G

MEDICINE NAME	DRUG TYPE	ADD DRUG
GA Diet(Nutritional Supplement)	OTC	
gabapentin(Gabapentin)	Generic	<input type="button" value="+ Add Drug"/>
GA GEL(Nutritional Supplement)	OTC	
Gabitril(Tiagabine HCl)	Brand	<input type="button" value="+ Add Drug"/>

F. As you add drugs to the list they will appear under “My Drug List.

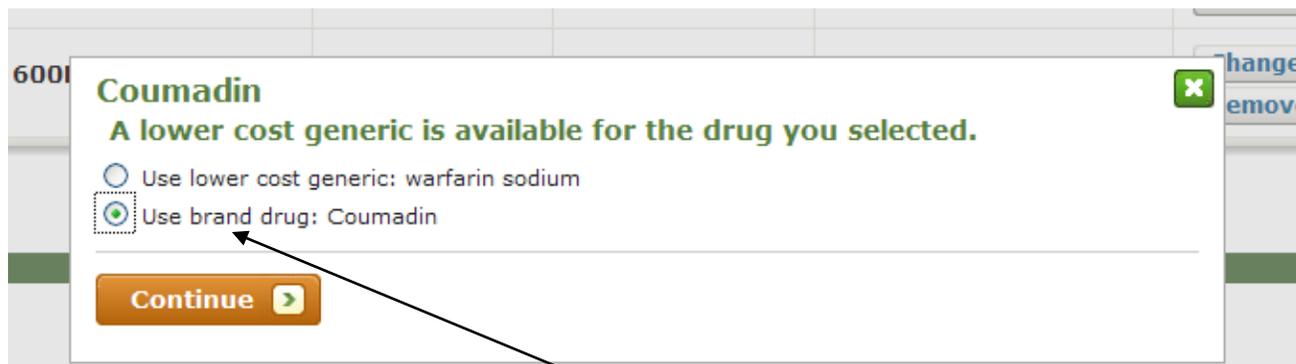
MEDICINE NAME	QUANTITY	FREQUENCY	GENERIC OPTIONS	ACTION
Lipitor TAB 10MG	30	Every 1 Month	Generic Not Available	Change dose Add Remove
gabapentin TAB 600MG	90	Every 1 Month	Already Generic	Change dose Add Remove

My Drug List is Complete

G. To add drugs to the list, click (put your cursor) in the Name of Drug box. Type the next drug name, dosage, quantity and frequency. Continue this process until all drugs are entered.

H. If a drug has a generic option, after you enter the drug name and select the dosage, quantity and frequency, another pop up box will appear which tells you a lower cost generic is available. There are two choices:

- Use lower cost generic: (name of generic)
- Use brand drug: (name of brand drug)



The generic option will be selected. **Always change the option to “Use brand drug”** because that is the drug you originally entered and that is the drug the individual is taking. You can tell the individual that a generic is available and give the name, but the individual should visit with the prescribing medical professional before any changes are made. If you don’t select “Use brand drug”, the generic will be substituted and your comparison will give inaccurate costs.

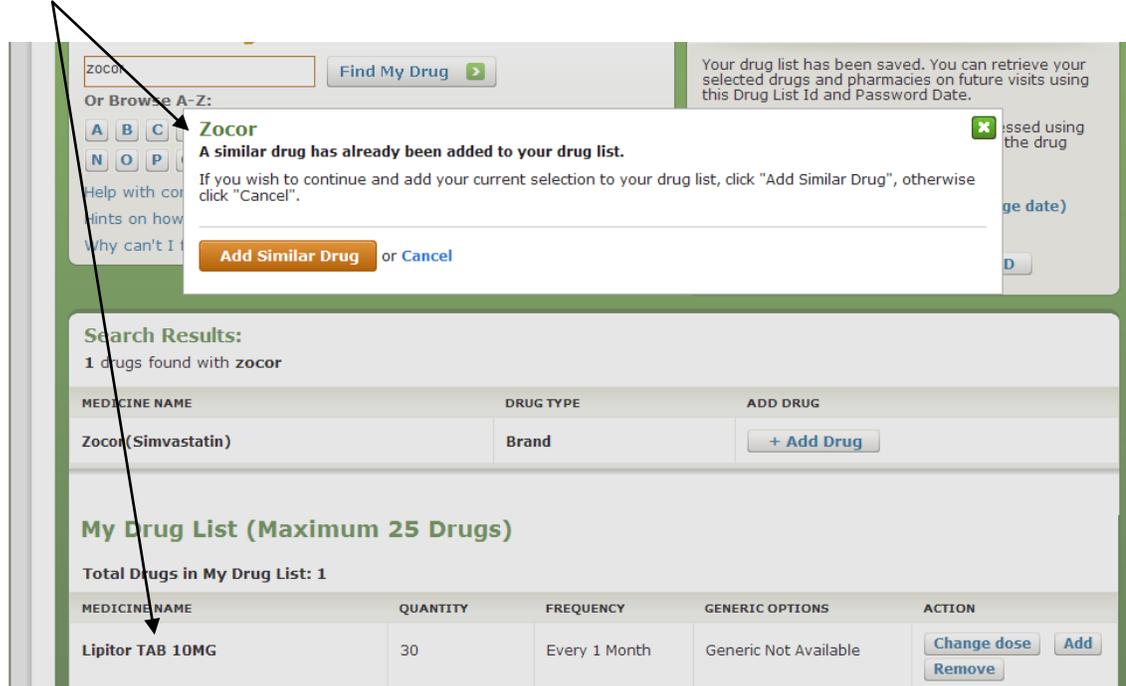
- I. For some prescriptions, an individual may need to take different doses of the same drug. For example a person may need one 10 mg Lipitor pill and one 20 mg pill per day. Click on the Add button.

The screenshot shows a 'My Drug List' interface with a table of medicines. The table has columns for 'MEDICINE NAME', 'QUANTITY', 'FREQUENCY', 'GENERIC OPTIONS', and 'ACTION'. The first row is 'Lipitor TAB 10MG' with a quantity of 30 and frequency of 'Every 1 Month'. The second row is 'gabapentin TAB 600MG' with a quantity of 90 and frequency of 'Every 1 Month'. The third row is 'Coumadin TAB 5MG' with a quantity of 30 and frequency of 'Every 1 Month'. The fourth row is 'Lipitor TAB 20MG' with a quantity of 30 and frequency of 'Every 1 Month'. Each row has 'Change dose' and 'Add' buttons, and the first three rows also have a 'Remove' button. A modal window titled 'Lipitor Dosages' is open, showing radio button options for 'Lipitor TAB 10MG', 'Lipitor TAB 20MG' (selected), 'Lipitor TAB 40MG', and 'Lipitor TAB 80MG'. Below the dosages are fields for 'Quantity' (set to 30) and 'Frequency' (radio button options for 'Every 1 Month' through 'Every 12 Months'). At the bottom of the modal are 'Update drug and dosage' and 'Cancel' buttons. A 'Back to Top' button is visible in the bottom left corner of the interface.

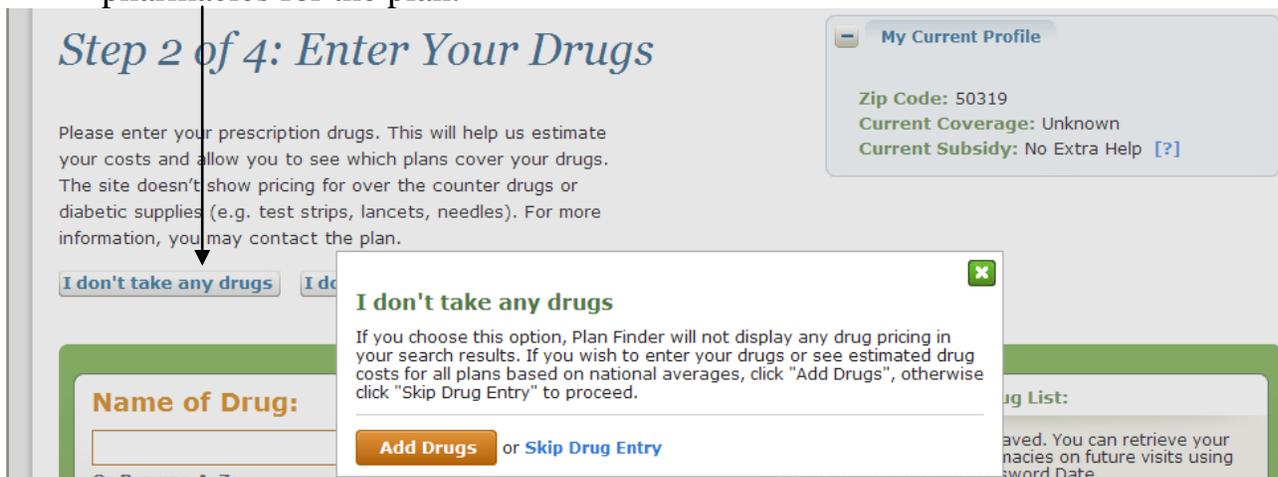
This will result in the drug showing up on the list twice. Select a different dose for each listing.

- J. Sometimes you may need to remove a drug at this stage. The Remove button will accomplish this.

- K. A pop up box will appear when you attempt to add a drug to your list for which a similar drug is already on your list. You can choose to “Add similar drug” or “Cancel”, depending on your reason for typing in both drugs.

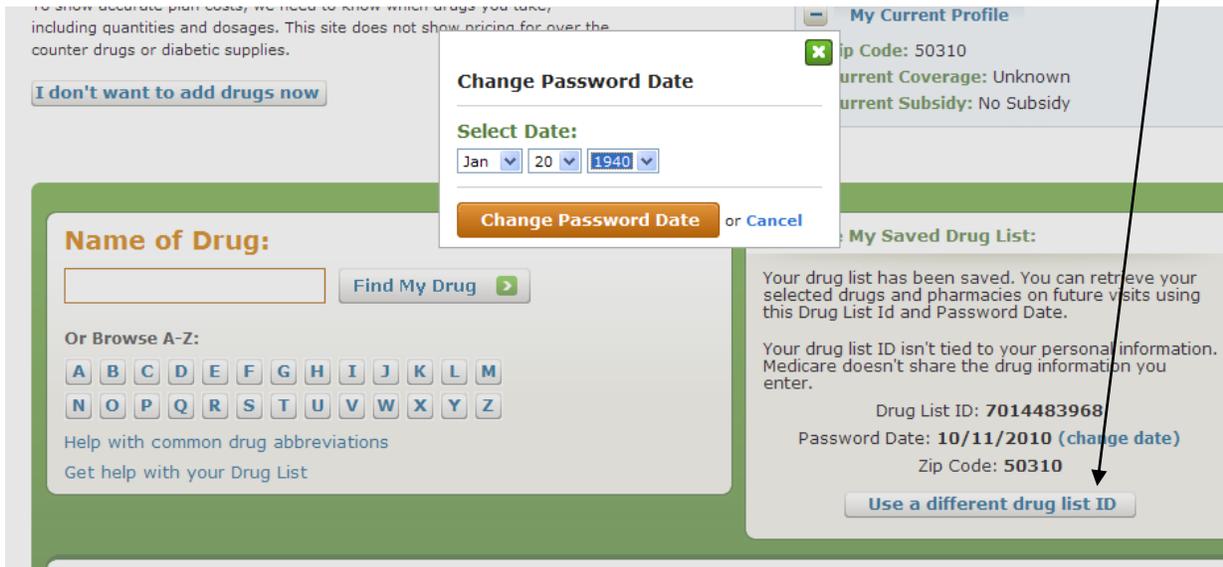


- L. A new feature of the “Enter Your Drugs” screen is the option to Click on the button, “I don’t take any drugs.” If you choose this option, a pop up box appears explaining that no drug pricing information will appear. When you get to the list of plans and drug details pages the total cost of the plan will reflect the premium only. On the details page you can also view the network pharmacies for the plan.



8. Saved Drug List—To the right of the drug entry box you will see a box called “Retrieve My Saved Drug List.”

A. After you enter the first drug you will notice that a number appears in this box after “Drug List ID.” A “Password Date” will also appear. These are automatically generated. You can change the Password Date by clicking on (change date). A pop up box will appear and you can enter a date of your choice. SHIIP uses the individual’s birth date as the Password Date. Click on Change Password Date to save the new date.



B. **Print this page as soon as the number appears.** The Drug List ID and Password Date can be used to pull up the drug list if you want to do a comparison later, or if for some reason you lose the drug list as you are entering information.

C. If you are doing a “General Search” and have the individual’s Drug List ID and Password Date from a previous comparison you can click on Use a different drug list ID and you will be able to enter the ID # and date. Click on Retrieve my Drug List and the individual’s previously entered drug list will appear. You can update the list as needed.

Retrieve My Saved Drug List:

Your drug list ID isn't tied to your personal information. Medicare doesn't share the drug information you enter.

Drug List ID: What is this?
1122334455

Password Date: What is this?
Jan 20 1940

Retrieve My Drug List >

C. If you do a “Personalized Search” and the individual has entered a drug list previously, the original Drug List ID and Password Date will automatically appear. The individual’s previous drug list will also appear. You will not need to enter all the drugs again. You can update the list as needed.

9. Click on My Drug List is Complete when you have entered all drug information.

Step 3 of 4: Select Your Pharmacies

10. The next screen gives you a choice of picking one or two Pharmacies or skipping this step.

- A. Click on I don't want to add pharmacies now button if you do not to choose a pharmacy or if the individual is going to use mail order. Click on Add Pharmacy under the name of the pharmacy(ies) the individual wants included in the comparison. One or two can be selected. The comparisons will factor costs at these pharmacies. Then click on the Continue to Plan Results button.

Step 3 of 4: Select Your Pharmacies

Please select up to two pharmacies. If your pharmacy isn't in a plan's network, the cost you will see is the full price of the drug with no insurance. Note that some plans may charge lower drug prices at preferred pharmacies and higher prices at non-preferred pharmacies.

My Current Profile

- Zip Code: 50319
- Current Coverage: Unknown
- Current Subsidy: No Extra Help [?]
- Drug List ID: 2337232320
- Password Date: 07/27/2011
- [Important Coverage Information](#)

[I don't want to add pharmacies now](#) [Continue to Plan Results](#)

We found 10 pharmacies within 1.5 miles of 50319

[Search New Location or by Pharmacy Name](#) [Show/Hide Pharmacy Map](#)

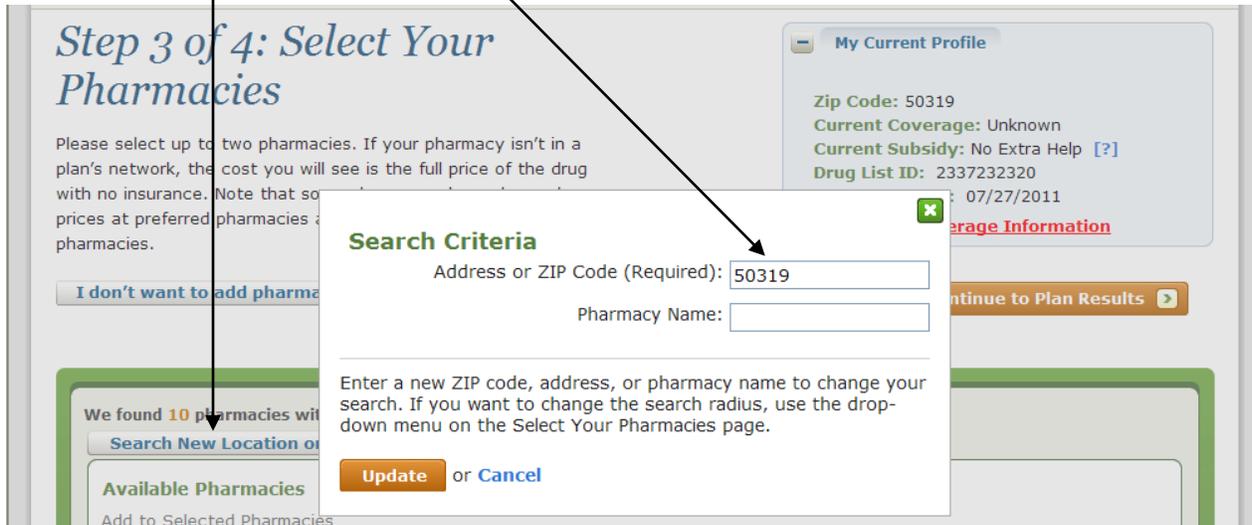
Available Pharmacies

Add to Selected Pharmacies

CAREPLUS CVS PHARMACY 711 High St Bldg 1 Third Floor Des Moines, IA 50309 1-515-244-8100 Add Pharmacy	DAN'S PHARMACY 1320 Euclid Des Moines, IA 50316 1-515-263-5946 Add Pharmacy	HAMMER PHARMACY 600 E Grand Avenue Des Moines, IA 50309 1-515-243-4177 Add Pharmacy
IOWA LUTHERAN HOSPITAL PHARMACY 700 E University Ave Des Moines, IA 50316 1-515-263-5510 Add Pharmacy	IOWA METHODIST MEDICAL CENTER PHARMACY 1200 Pleasant St Des Moines, IA 50309 1-515-241-6355 Add Pharmacy	MEDICAP PHARMACY 1300 E 14Th Des Moines, IA 50316 1-515-263-1782 Add Pharmacy
METHODIST PLAZA PHARMACY LTD 1212 Pleasant St Suite 105 Des Moines, IA 50309 1-515-244-8855 Add Pharmacy	UNITED COMMUNITY SERVICES INC 401 Sw 8Th Des Moines, IA 50309 1-515-280-3860 Add Pharmacy	WALGREENS #3252 606 Walnut St Des Moines, IA 50309 1-515-283-1793 Add Pharmacy

- B. The drop down box will offer an extended range to search for pharmacies. This is handy when the pharmacy is too far away from the zip code entered and does not appear on the list. By increasing the miles, more pharmacies will be shown.

- C. Click on Search New Location if the pharmacy used by the individual falls outside the radius of the zip code where s/he lives. A pop up box will appear where the new zip code is entered. Click on Update. A new list of pharmacies appears.



Step 4 of 4: Refine Your Plan Results

11. On this page, click on “All” under “Subject.” This will allow you to see stand alone drug plan information and information for Medicare Advantage plans if the individual requests. Then click on Continue to Plan Results.

Step 4 of 4: Refine Your Plan Results

My Current Profile **Additional Tools**

Zip Code: 50319
Current Coverage: Unknown
Current Subsidy: No Extra Help [?]
Drug List ID: 2337232320
Password Date: 07/27/2011
[Important Coverage Information](#)

This is a summary of the types of plans available in your area. Use the checkboxes to select the types of plans you'd like to view. You may also use the filters on the left to narrow your search. Using filters may eliminate some options, including plans with the lowest estimated annual costs.

Refine Your Search

[Update Plan Results](#)

- Limit Your Monthly Premium
- Limit Your Annual Drug Deductible
- Select Drug Options
- Select Plan Ratings
- Select Coverage Options
- Select Special Needs Plans
- Change Health Status

Summary of Your Search Results

There are a total of 40 plans available in your area including Original Medicare.

Select	Available Plans Based On Your Filters: 39	Provider Choice	Overall Plan Rating
<input type="checkbox"/>	Prescription Drug Plans (with Original Medicare)[?] 31 plan(s) available	Choose Any Doctor/Any Hospital[?]	2.5 to 5 stars
<input type="checkbox"/>	Medicare Health Plans with drug coverage[?] 7 plan(s) available	May Have Doctor/Hospital Network[?]	3 to 4 stars
<input type="checkbox"/>	Medicare Health Plans without drug coverage[?] 1 plan(s) available	May Have Doctor/Hospital Network[?]	Average of 3.5 stars

[Continue to Plan Results](#)

COMPARE PLANS

SHIP prefers that individuals are given detailed plan information. A side-by-side comparison of plans does not provide all the information the individual needs to make a good decision. To get Plan Details use the following steps.

- A. When the plan list comes up, the plans are listed in order from lowest annual drug cost to highest. If you do a personalized search the individual's current coverage will appear above the list of the other drug plans. Select the 2-3 plans which have the lowest estimated annual cost (first column).

Prescription Drug Plans

Prescription Drug Plans offer only drug coverage (Part D)
 There are 31 plans in 50319 that match your preferences. [View 10](#) [View 20](#) [View 50](#)
[View plan quality and performance ratings for all Prescription Drug Plans](#)

[Compare Plans](#) Sort Results By Lowest Estimated Annual Retail Drug Cost [Sort](#)

AARP MedicareRx Enhanced (PDP) (S5921-249-0)					
Organization: UnitedHealthcare					
Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/> Retail Annual: \$3,033 Rest of 2011: \$1,262* Mail Order Annual: \$2,938 Rest of 2011: \$1,329*	\$89.70 Drug: \$89.70 Health:N/A	Annual Drug Deductible: \$0 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$4 - \$79, 33%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Some Generics Lower Your Drug Costs N	★★★★ 3.5 out of 5 stars	Enroll
Community CCRx Basic (PDP) (S5803-094-0)					
Organization: CVS Caremark					
Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/> Retail Annual: \$3,086 Rest of 2011: \$1,436* Mail Order Annual: N/A Rest of 2011: N/A	\$35.60 Drug: \$35.60 Health:N/A	Annual Drug Deductible: \$310 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$2, 25% - 55%	All Your Drugs on Formulary: No Drug Restrictions: Yes No Gap Coverage Lower Your Drug Costs N	★★★ 3 out of 5 stars	Enroll
Humana Walmart-Preferred Rx Plan (PDP) (S5884-145-0)					
Organization: Humana Insurance Company					
Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/> Retail Annual: \$3,233 Rest of 2011: \$1,457*	\$14.80 Drug: \$14.80 Health:N/A	Annual Drug Deductible: \$310 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$2 -	All Your Drugs on Formulary: No Drug Restrictions: Yes	★★★ 3 out of 5 stars	Enroll

If you do a personalized search, the individual's current plan will appear above the list of "Prescription Drug Plans." The individual may request the detail information on this plan, even though the annual cost is higher than other plans available.

B. Click on the name of the plan.

Compare Plans Sort Results By Lowest Estimated Annual Retail Drug Cost Sort

AARP MedicareRx Enhanced (PDP) (S5921-249-0)
 Organization: UnitedHealthcare

	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	Retail Annual: \$3,033	\$89.70	Annual Drug Deductible: \$0	All Your Drugs on Formulary: Yes	★★★★ 3.5 out of 5	Enroll

C. “Your Plan Details” page will appear, with the “Drug Costs & Coverage” tab showing. This is the plan detail information you want to print for the individual.

Your Plan Details

My Current Profile | Additional Tools

Zip Code: 50319
 Current Coverage: Unknown
 Current Subsidy: No Extra Help [?]
 Drug List ID: 2337232320
 Password Date: 07/27/2011
[Important Coverage Information](#)

[Return to previous page](#)

Click the tabs below for more detailed information about the plan health benefits, drug costs and more coverage and plan ratings.

Symbols

N Nationwide Coverage

Overview | Health Plan Benefits | **Drug Costs & Coverage** | Plan Ratings

AARP MedicareRx Enhanced (PDP) (S5921-249-0)	P.O. Box 29300 Hot Springs, AR 71903	Overall Plan Rating: [?]	Enroll
Organization: UnitedHealthcare	Members: 1-888-867-5575	★★★★ 3.5 out of 5 stars	
Plan Type: PDP	Non Members: 1-888-867-5564		

NOTE: Health Plan Benefits are based on Original Medicare

Fixed Costs

Monthly Drug Plan Premium [?]	\$89.70
Monthly Health Plan Premium [?]	N/A
Annual Drug Deductible [?]	\$0.00

D. To view the mail order pharmacy costs click on the mail order tab.

The screenshot shows a web interface for 'DAHLS PHARMACY' with a 'Mail Order Pharmacy' tab selected. Below the tab is a table titled 'What You Pay' with columns for 'SELECTED DRUGS', 'FULL COST OF DRUG', 'Refill Frequency', 'Initial Coverage Level', 'Coverage Gap', and 'Catastrophic Coverage'. The table lists drugs like Coumadin, Gabapentin, Lipitor, and Zocor, along with their monthly totals. Below the table is a bar chart titled 'Estimated Monthly Drug Costs' showing a series of bars representing monthly costs, with one bar highlighted in a darker shade.

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Initial Coverage Level[?] What you pay after the deductible, but before your total drug costs reach \$2,840	Coverage Gap[?] What you pay after you reach \$2,840 in full drug costs, but before you reach \$4,550 in out of pocket costs	Catastrophic Coverage[?] What you pay after you reach \$4,550 in out of pocket costs
Coumadin TAB 5MG	\$39.67	Every 1 Month	\$39.67	\$20.54	\$6.30
Gabapentin TAB 600MG	\$48.25	Every 1 Month	\$4.00	\$4.00	\$2.50
Lipitor TAB 10MG	\$105.89	Every 1 Month	\$40.00	\$53.64	\$6.30
Zocor TAB 20MG	\$164.11	Every 1 Month	\$79.00	\$82.76	\$8.21
MONTHLY TOTALS:	\$357.92		\$162.67	\$160.94	\$23.31

Estimated Monthly Drug Costs (based on January enrollment): \$252, \$252, \$252, \$252, \$252, \$252, \$252, \$264, \$250, \$250, \$250, \$250

E. It is important to review “Restrictions” which apply to your drugs. A “Yes” under Quantity Limits indicates that the plan has a quantity limit restriction or will limit the amount of the medication you can receive each time you fill this prescription. Click on the “Yes” to learn more about the restriction limits.

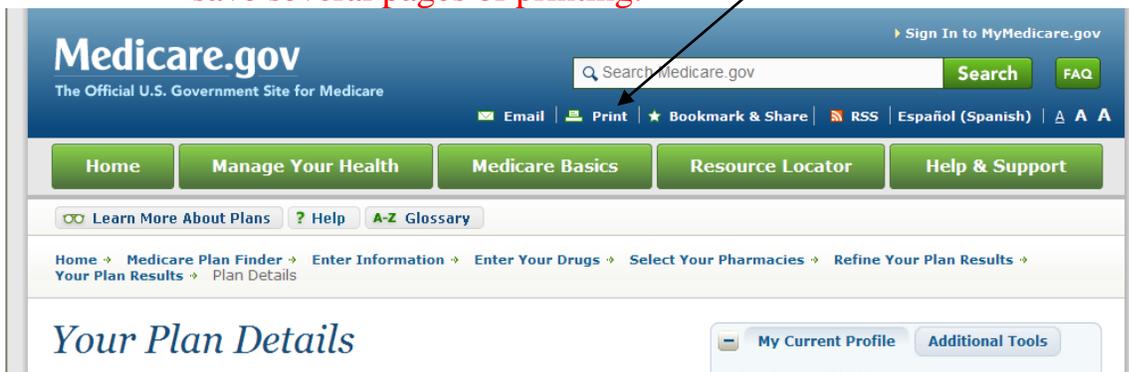
SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Lipitor TAB 10MG	Tier: 3 ³		Yes	

F. As you look at the plan details, scroll down the screen and you will see the “Estimated Annual Drug Costs” for full year and the rest of the year. These estimated annual drug costs include the premium, deductible, co-pays and the costs for the drugs when you are in the donut hole. Right below Mail Order Pharmacy you will see “Lower your drug costs”. This is where you **click** to find lower costs drug options that may be available, as well as any pharmaceutical assistance programs.

G. At the bottom of this screen, under “Drug Coverage Information” you will find four tabs:



- Add/Edit Drugs—if the drugs listed on this page are not correct or the dosage or quantity needs to be changed, click on this tab.
- Print My Drug List—click on this tab and a box pops up which has a list of drugs including the dosage and quantity for you to review.
- View Drug Benefit Summary—This tab will give a pop up box which shows cost sharing for the various tiers.
- There are two ways to print plan information for your individual. You can:
 - a) Print Plan Report—Click on this tab to print the detailed plan information.
 - b) At the top of the page click on the “Print” icon. This will print the Plan Details page as viewed on your monitor. You will see plan information for only the pharmacy or mail order, but not both. If the individual is not interested in mail order, this method of printing will save several pages of printing.

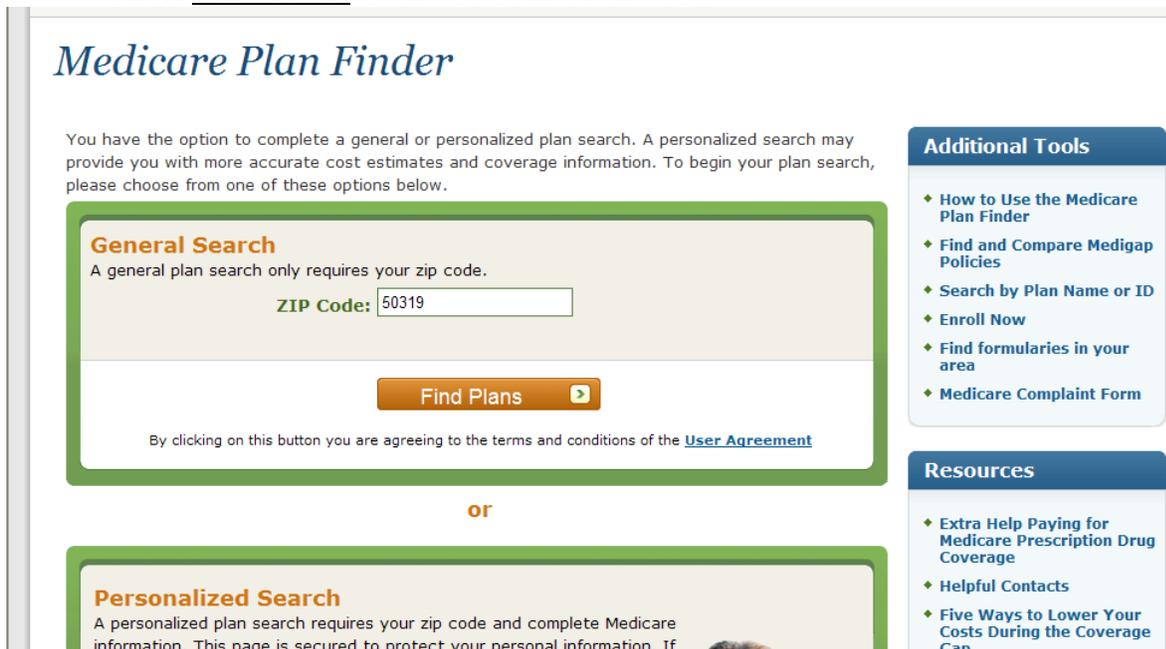


Medicare Plan Finder Forcing the Tool to Calculate Extra Help

1. Go to the Medicare website, www.medicare.gov.
 - Click on “Find & Compare Drug Plans”



2. On the next page:
 - Using the General Search section, enter the zip code.
 - Click Find Plans at the bottom of the box.



3. The next screen, “Step 1 of 4: Enter Information”, asks for general information because you did not enter personalized individual information.

A. The answer to the first question will not affect the comparison so you can check “I don’t know what coverage I have.”

B. The second question asks, ‘Do you get help from Medicare or your state to pay your Medicare prescription drug costs?’

- If the individual is eligible for full Medicaid (Title XIX), and is eligible to pay \$1.10 for generics and \$3.30 for brand name drugs, click the first option “I get help from Medicaid.”
- In Iowa we do not have many people who qualify under Supplemental Security Income for Part D extra help so you probably won’t use this option.
- If the individual gets help from the state of Iowa (through the Dept. of Human Services) to pay their Part B premium, they are in a Medicare Savings Program and the third option should be selected. You would also select the third option for anyone who is receiving full Medicaid benefits but pays \$2.50 for generics and \$6.30 for brand name drugs.
- If you select any of these three options, click on Continue to Plan Results as the next step.

How do you get your Medicare coverage?

- Original Medicare [?]
- Medicare Health Plan (such as an HMO, PPO, or Private-Fee-for-Service plan) [?]
- I don't have any Medicare coverage yet
- I don't know what coverage I have

Do you get help from Medicare or your state to pay your Medicare prescription drug costs?

- I get help from Medicaid [?]
- I get Supplemental Security Income [?]
- I belong to a Medicare Savings Program (MSP) [?]
- I applied for and got Extra Help through Social Security
- I don't get any Extra Help [?]
- I don't know

[Go Back](#) Continue to Plan Results

C. If the individual applied for the Part D extra help through Social Security and was notified that s/he qualified for assistance, click on the fourth option—“I qualified for Extra Help through Social Security. When you select this option, two additional options will appear.

Do you get help from Medicare or your state to pay your Medicare prescription drug costs?

- I get help from Medicaid (?)
- I get Supplemental Security Income (?)
- I belong to a Medicare Savings Program (MSP) (?)
- I qualified for Extra Help through Social Security (?)
 - I pay \$2.50 - \$6.30 for covered drugs
 - I pay 15% coinsurance for covered drugs
- No Subsidy (?)
- I don't know

- If the individual is paying \$2.50 for generics and \$6.30 for brand name drugs, click on the first option and then click on Continue to Plan Results.
- If the individual is paying a 15% coinsurance, click on the second option. You will then be asked to indicate the premium subsidy the individual receives (found in their letter from Social Security). Select the appropriate percent and then click on Continue to Plan Results.

I qualified for Extra Help through Social Security (?)

- I pay \$2.50 - \$6.30 for covered drugs
- I pay 15% coinsurance for covered drugs
 - I pay the following percentage for my monthly prescription drug plan premium:
 - 0%
 - 25%
 - 50%
 - 75%
 - I don't know
- No Subsidy (?)
- I don't know

[Go Back](#) Continue to Plan Results

From this point forward you will do a comparison as instructed in the general instructions—Step 2 of 4.