CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Navigating the Medicare Plan Finder

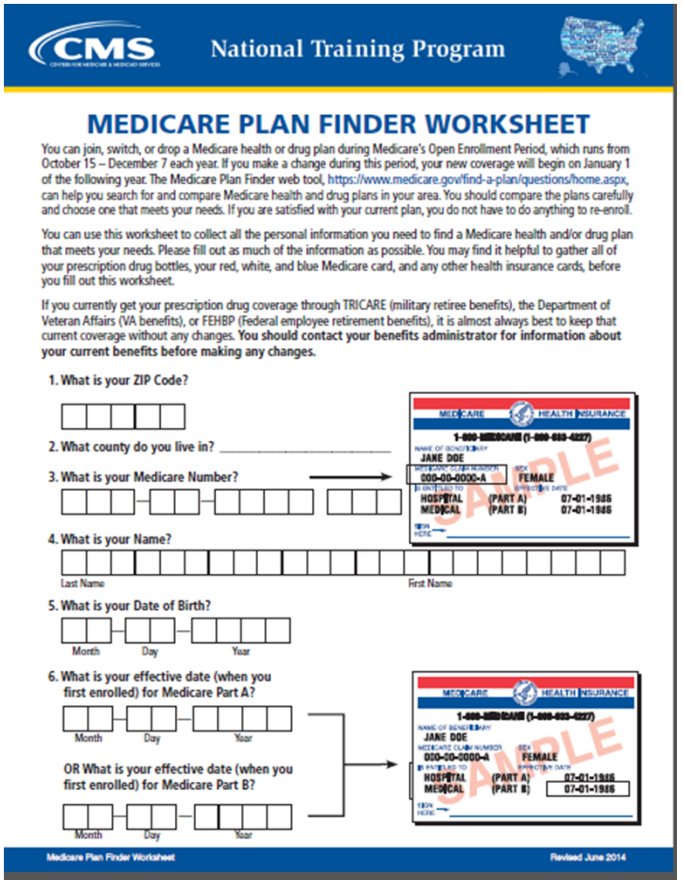
September 2014

What is the Medicare Plan Finder?

- Internet tool on official Medicare web site
- Helps people learn about coverage and
  - Review current Medicare enrollment
  - Compare Part D Plans and Medicare Advantage Health Plans (like HMOs/PPOs)
  - Identify which plans cover your prescriptions at most affordable cost
  - Enroll in a Part D or Medicare Advantage Plan

Getting Started: What You Will Need

- Your Zip Code
- List of prescriptions
  - Strength and quantity
  - Use of generics
- Pharmacy you use
- Other helpful information
- Medicare card
- Other health insurance cards
- Subsidy eligibility
- Medicaid, Low Income Subsidy



CMS National Training Program

MEDICARE PLAN FINDER WORKSHEET

You can join, switch, or drop a Medicare health or drug plan during Medicare's Open Enrollment Period, which runs from October 15 – December 7 each year. If you make a change during this period, your new coverage will begin on January 1 of the following year. The Medicare Plan Finder web tool, https://www.medicare.gov/find-a-plan/questions/home.aspx, can help you search for and compare Medicare health and drug plans in your area. You should compare the plans carefully and choose one that meets your needs. If you are satisfied with your current plan, you do not have to do anything to re-enroll.

You can use this worksheet to collect all the personal information you need to find a Medicare health and/or drug plan that meets your needs. Please fill out as much of the information as possible. You may find it helpful to gather all of your prescription drug bottles, your red, white, and blue Medicare card, and any other health insurance cards, before you fill out this worksheet.

If you currently get your prescription drug coverage through TRICARE (military retiree benefits), the Department of Veteran Affairs (VA benefits), or FEHBP (Federal employee retirement benefits), it is almost always best to keep that current coverage without any changes. **You should contact your benefits administrator for information about your current benefits before making any changes.**

1. What is your ZIP Code?
2. What county do you live in? _____
3. What is your Medicare Number?
4. What is your Name?
   Last Name First Name
5. What is your Date of Birth?
   Month Day Year
6. What is your effective date (when you first enrolled) for Medicare Part A?
   Month Day Year
   OR What is your effective date (when you first enrolled) for Medicare Part B?
   Month Day Year

MEDICARE HEALTH INSURANCE
JANE DOE
000-00-0000-A
FEMALE
HOSPITAL (PART A) 07-01-1986
MEDICAL (PART B) 07-01-1986
SAMPLE

Medicare Plan Finder Worksheet Revised June 2014

Medicare.gov Homepage

Plan Finder Homepage

Medicare.gov
The Official U.S. Government Site for Medicare

Close Window

Print

Supporting Information

- Learn More About Plans
- How Plans Work
- FAQ
- Help
- Glossary

Frequently Asked Questions (FAQ)

Why can't I add an existing drug? Why isn't my drug listed?
Plan Finder doesn't include every drug that Medicare covers. The Plan Finder drug list is updated on a regular basis. If you can't find your drug, contact your plan to find out if it is covered. Remember that Medicare drug plans may choose to cover some or all of the drugs that Medicare covers. Plans may also cover drugs that aren't listed.

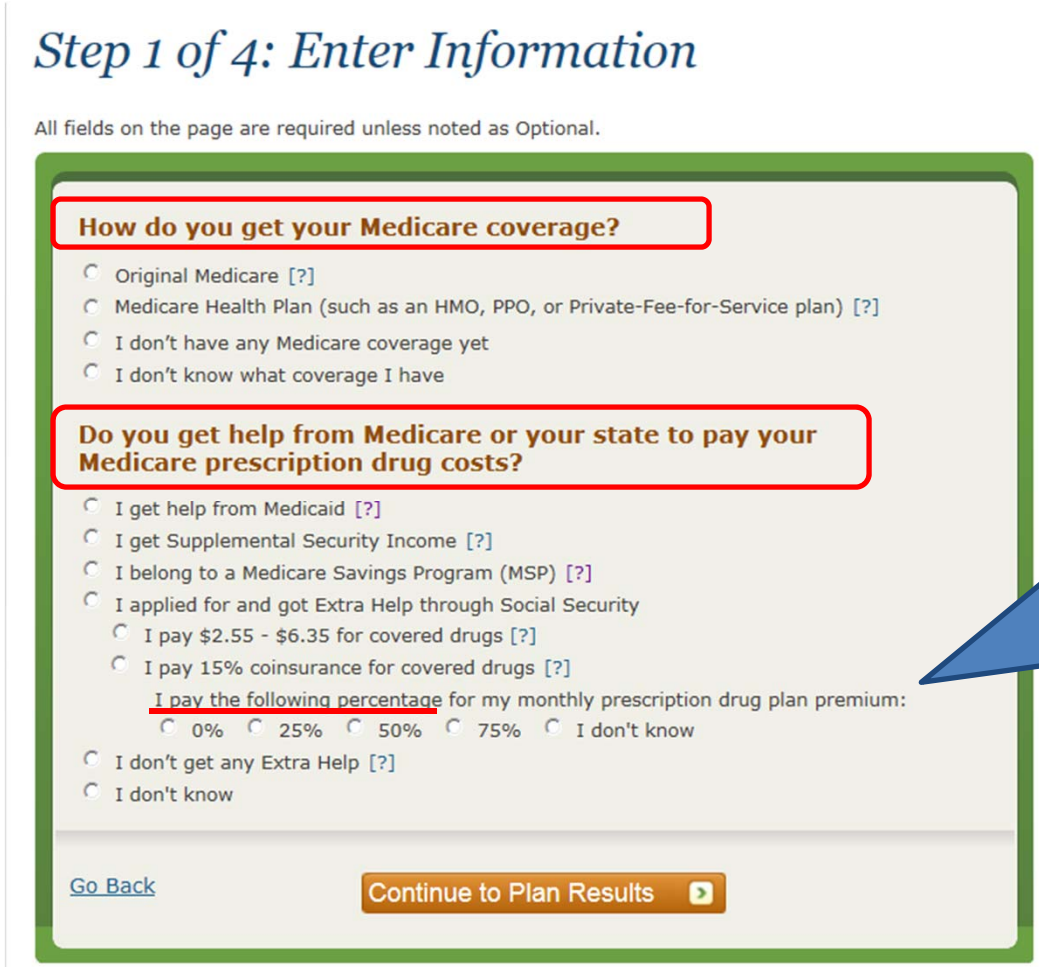
Plan Finder doesn't show pricing for over-the-counter drugs or diabetic supplies (e.g. test strips, lancets, needles), so these items can't be added to your drug list.

Why are the drug prices I'm paying higher at my pharmacy than what Plan Finder indicates?
A number of factors affect drug prices: drug dosage and quantity selected, pharmacy selection, the subsidy level of the beneficiary, as well as the actual timing for drug purchases. Plan Finder provides estimated pricing for what you will pay at your pharmacy. If the dosages and frequencies you use on Plan Finder are different than what you've been prescribed, you may go into a coverage phase that may have an effect on the cost share you pay.

Why are some mail order pharmacies higher in cost than some retail pharmacies?
Generally, plans are able to negotiate more competitive pricing from mail order pharmacies, but this may not always be the case. In order to find the most cost-effective way to buy your drugs, refer to the

Plan Finder Search Options

Step 1 of 4: General Search Only

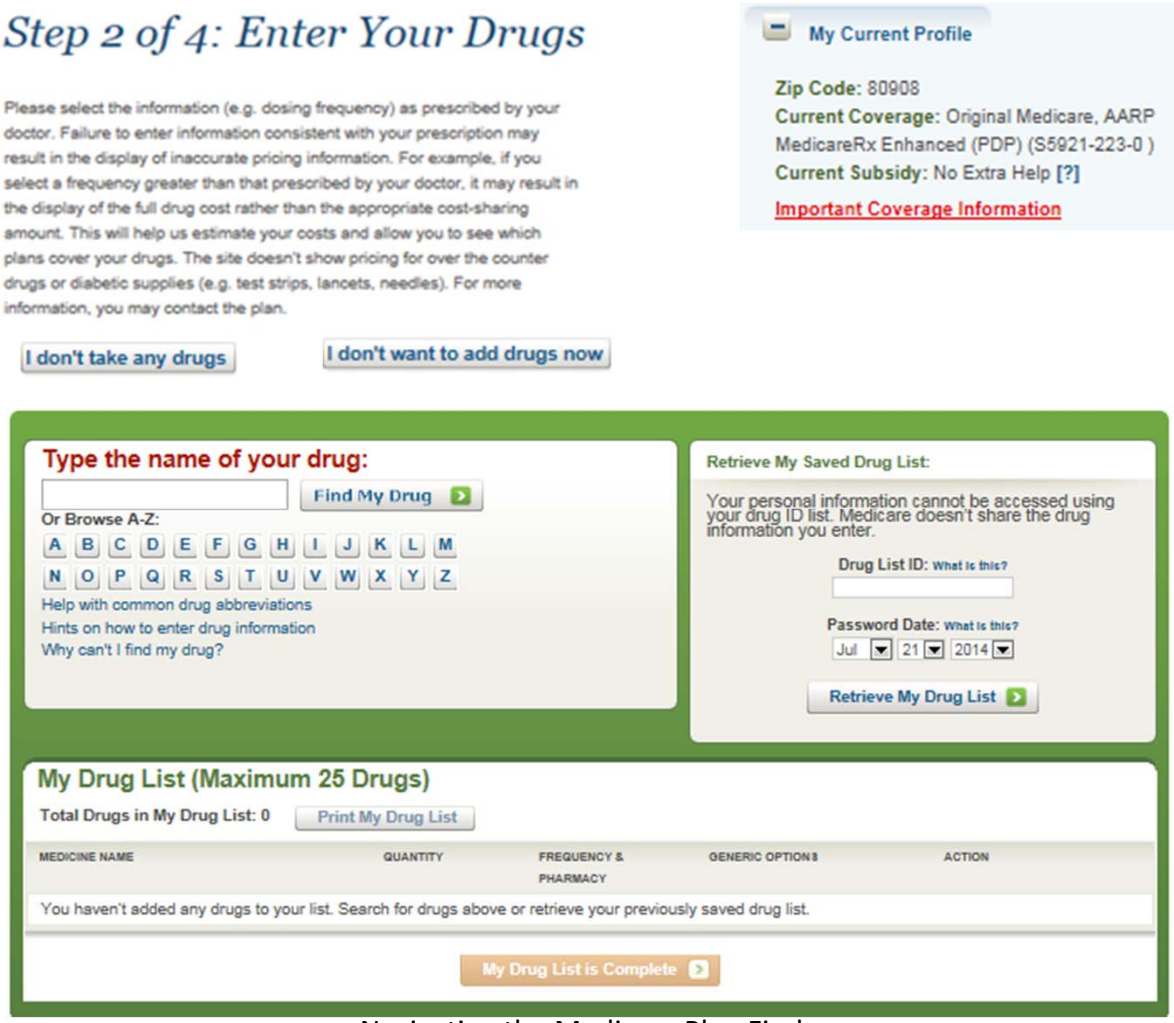


LIS Notice states what percentage the beneficiary is expected to pay for their premium.

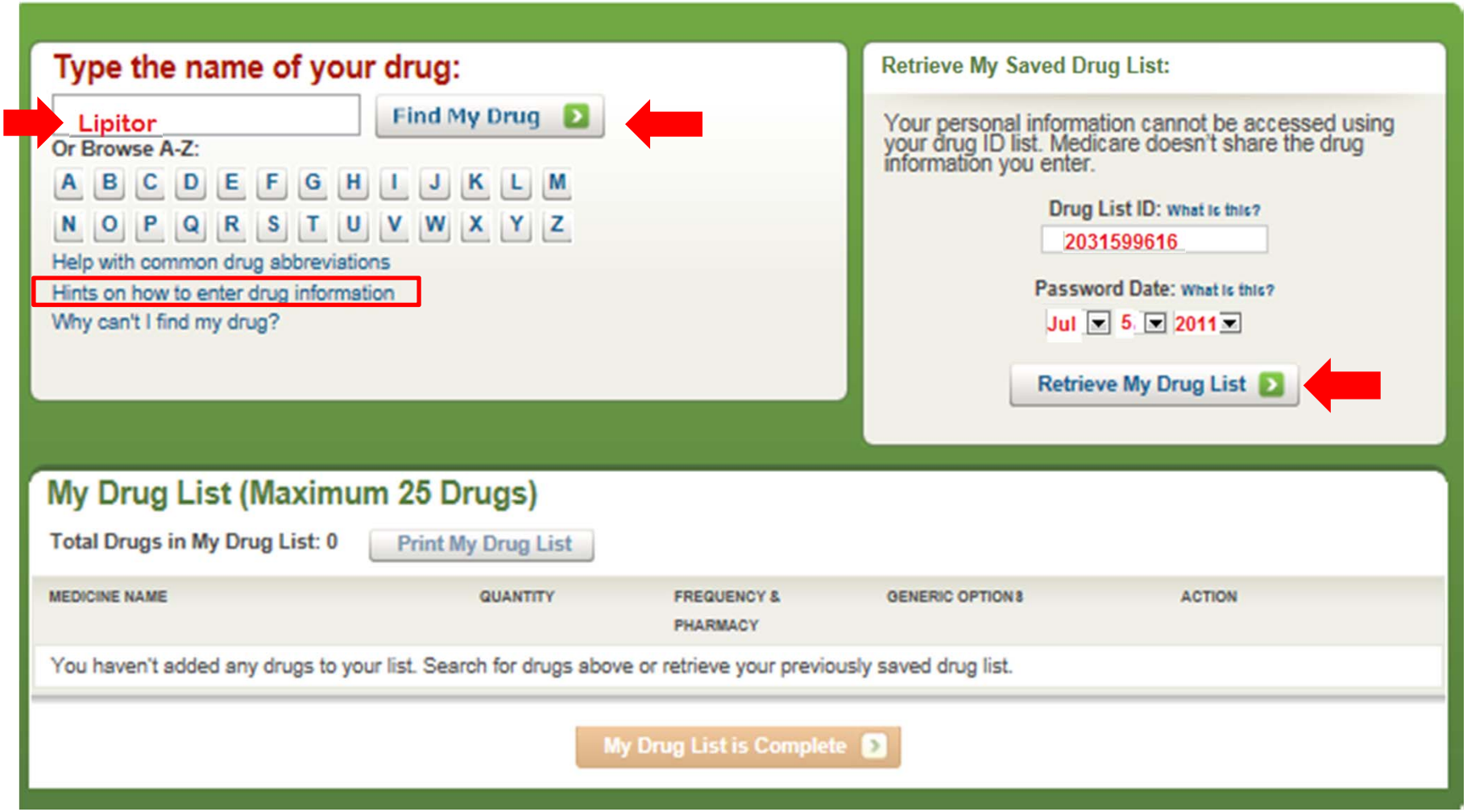
General Search Only- Select Your Current Plan

Select Your current plan from a list of plans in your area.

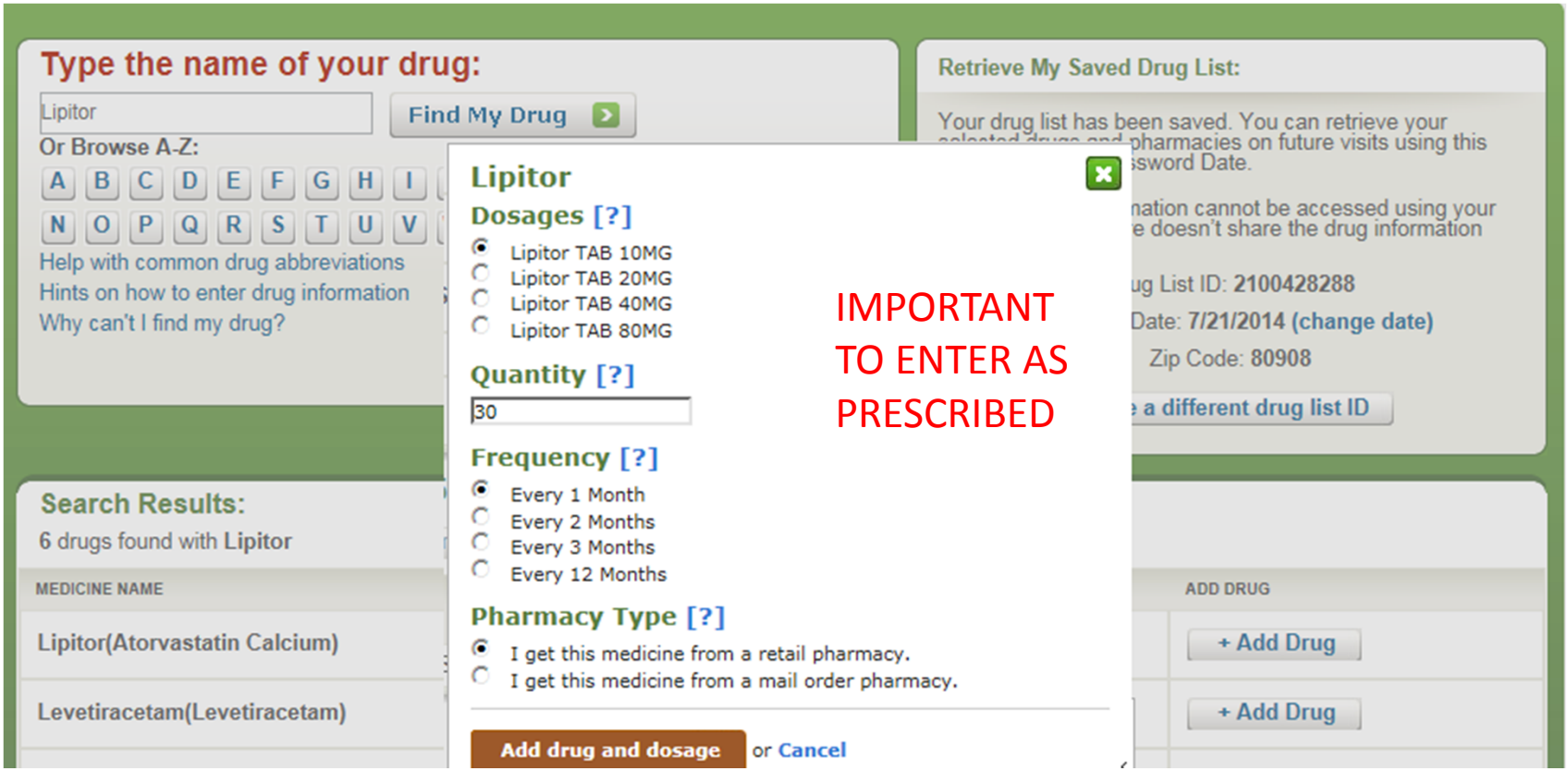
Step 2: Enter Your Drugs



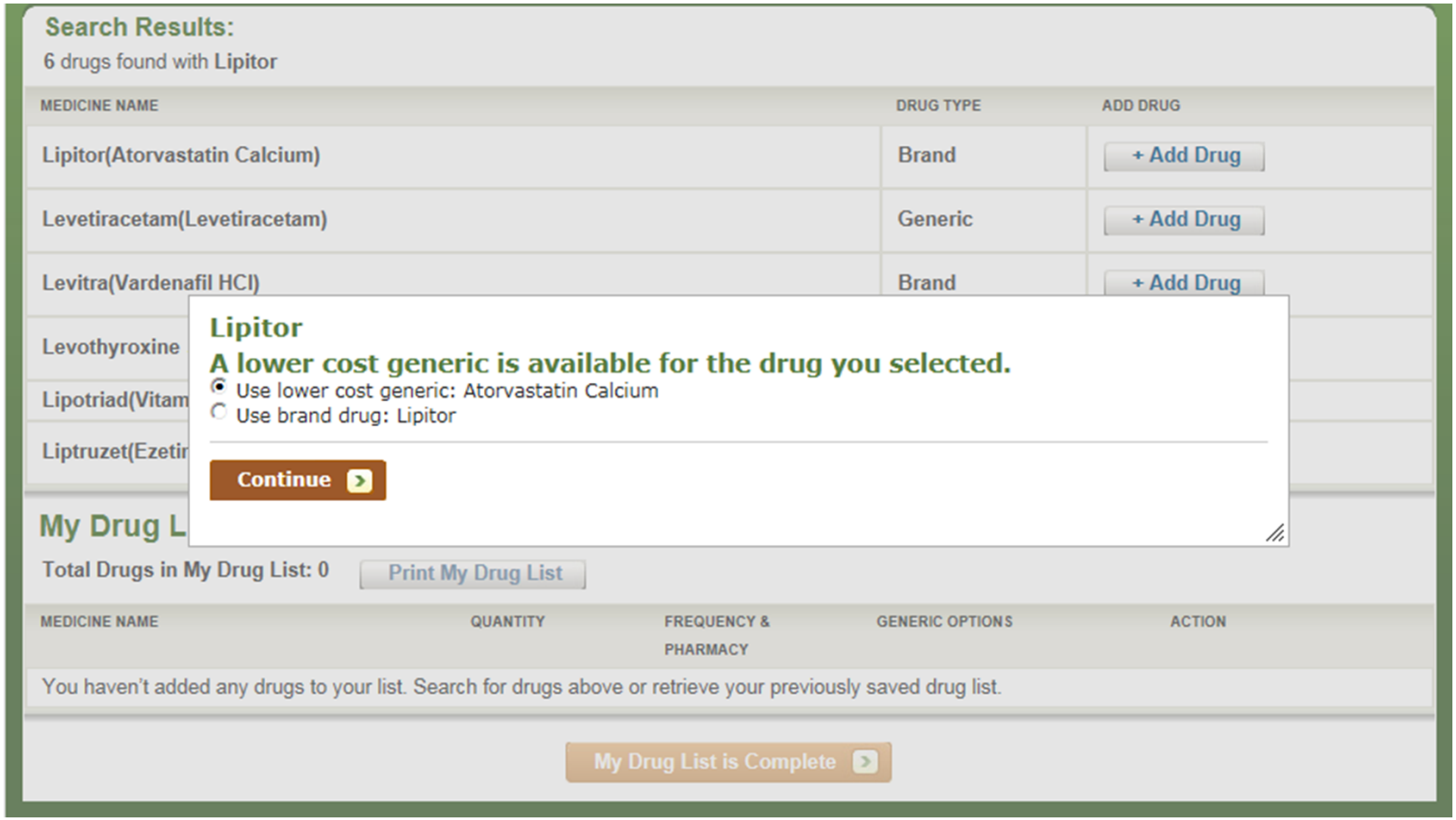
Entering Drugs



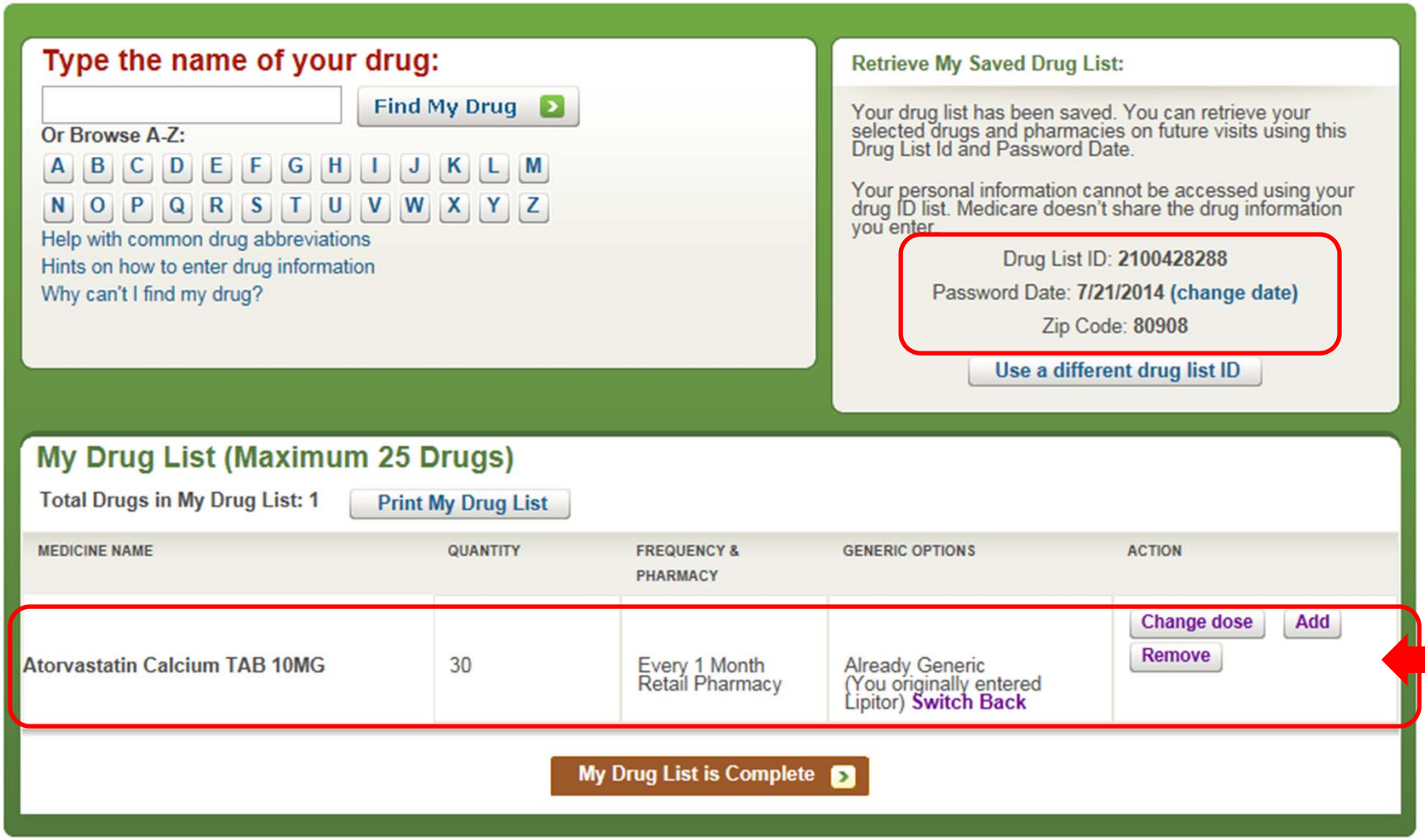
Pop-up box to indicate dosage, quantity, frequency and where you buy



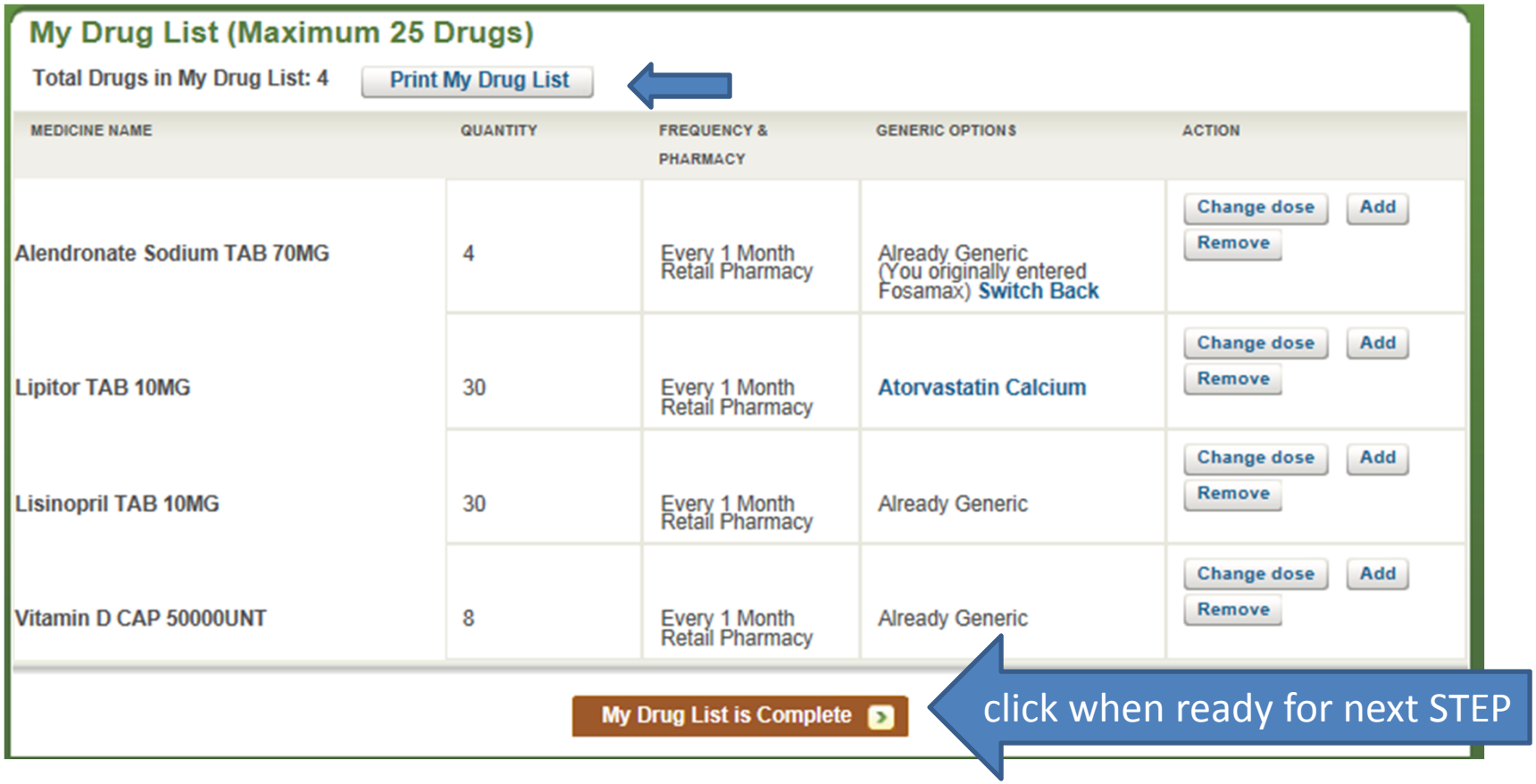
Lower Cost Generic option



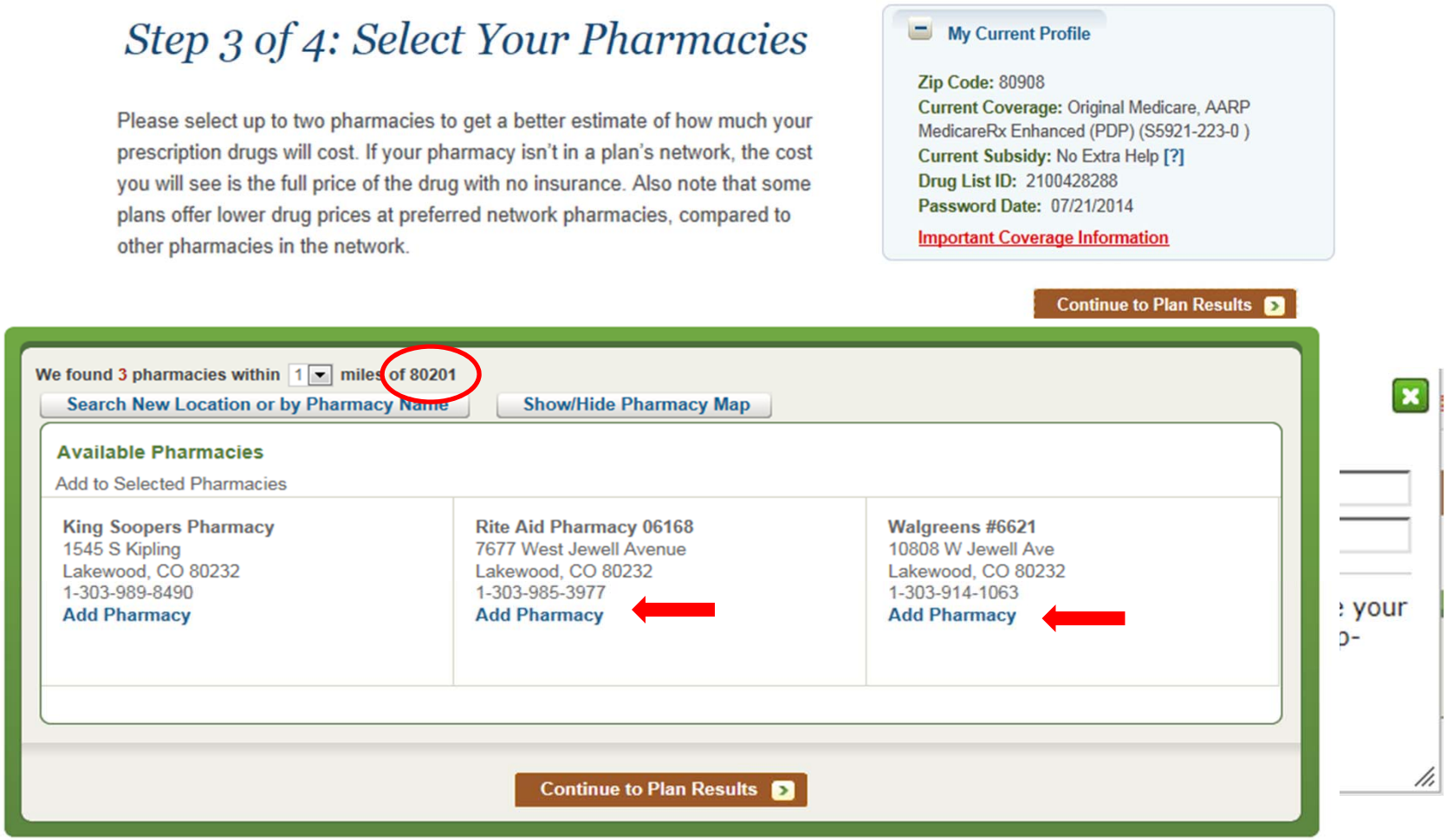
My Drug List


Type the name of your drug:
Find My 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
Hints on how to enter drug information
Why can't I find my drug?
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 personal information cannot be accessed using your drug ID list. Medicare doesn't share the drug information you enter.
Drug List ID: 2100428288
Password Date: 7/21/2014 (change date)
Zip Code: 80908
Use a different drug list ID
My Drug List (Maximum 25 Drugs)
Total Drugs in My Drug List: 1
Print My Drug List
MEDICINE NAME
QUANTITY
FREQUENCY & PHARMACY
GENERIC OPTIONS
ACTION
Atorvastatin Calcium TAB 10MG
30
Every 1 Month
Retail Pharmacy
Already Generic
(You originally entered Lipitor) Switch Back
Change dose
Add
Remove
My Drug List is Complete

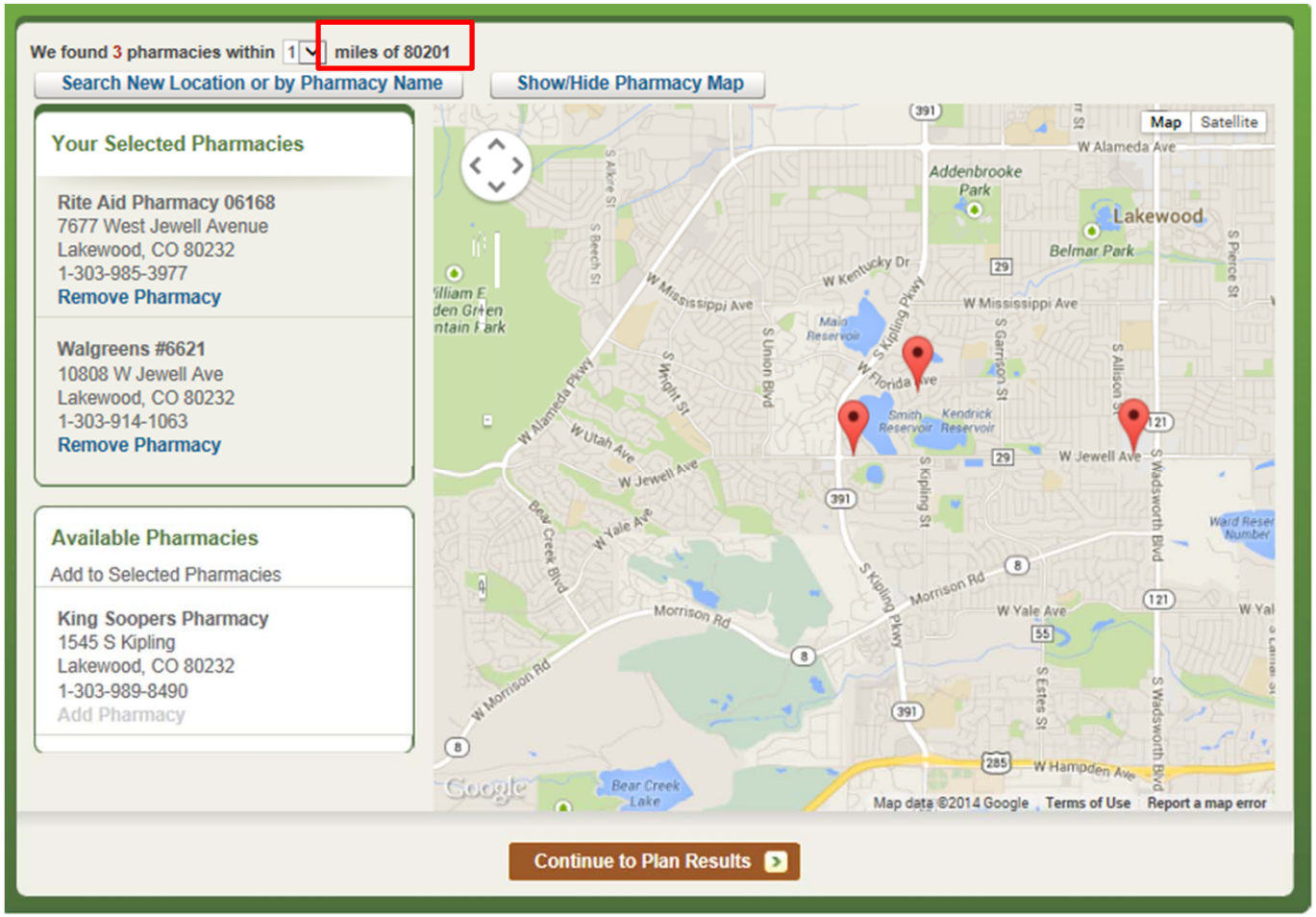
Print Drug List



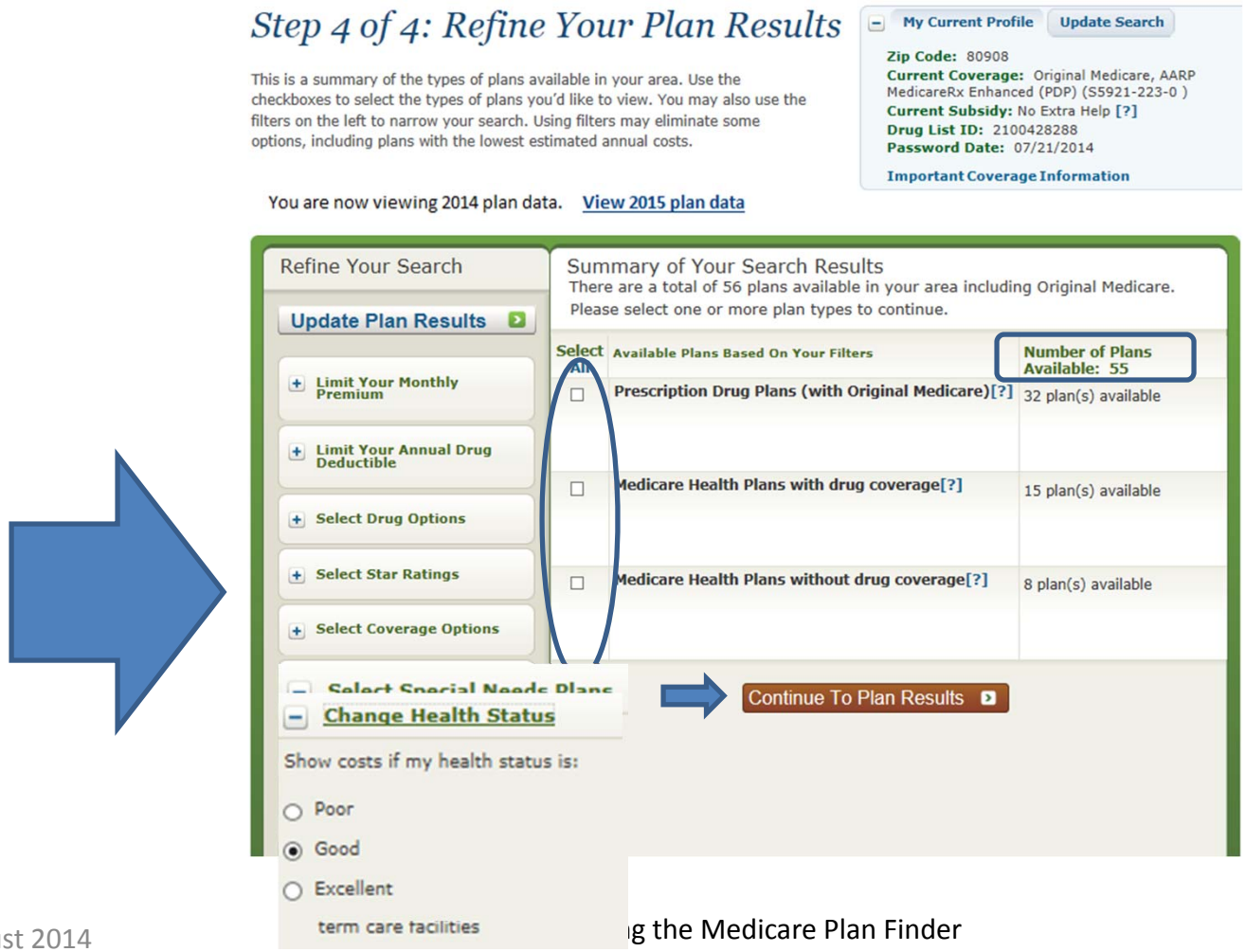
Step 3: Select a Pharmacy



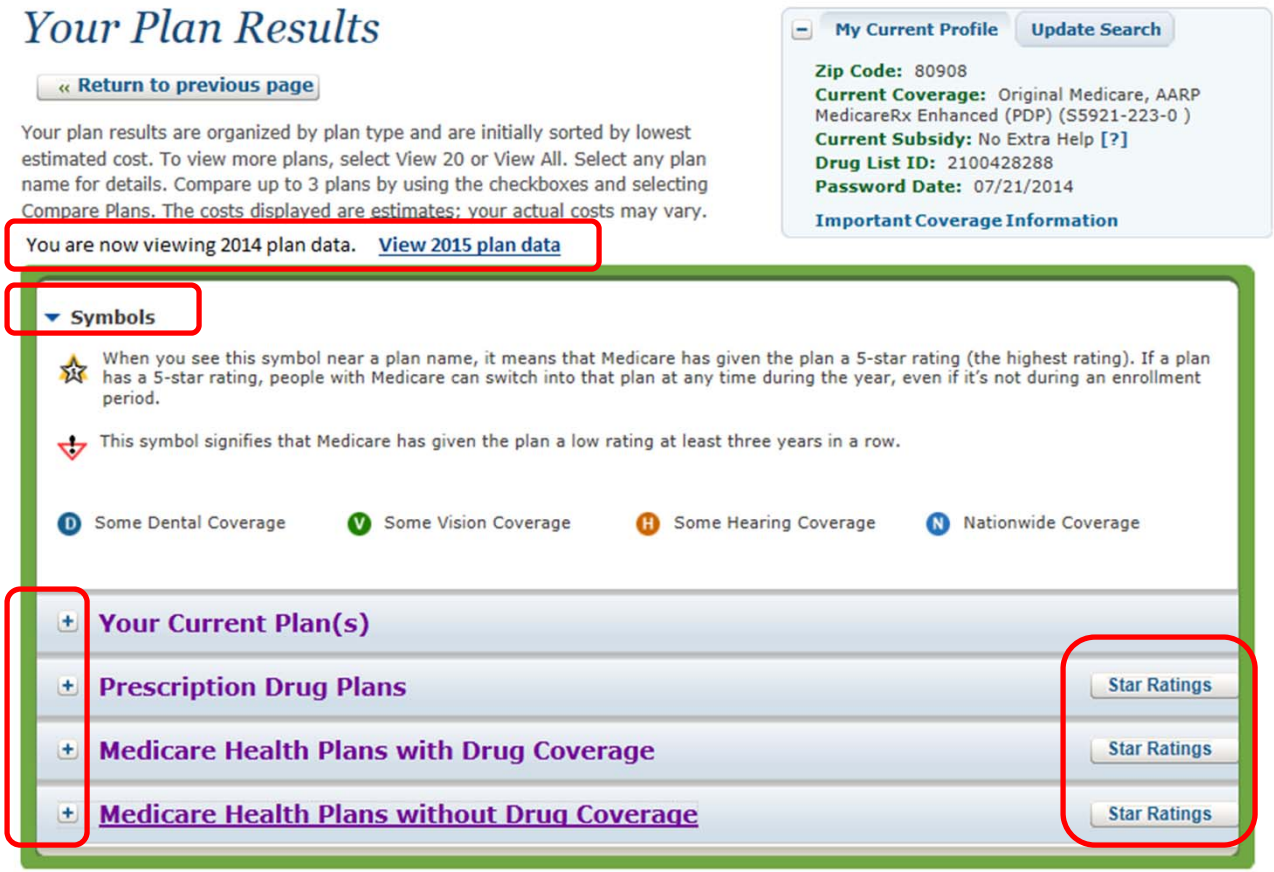
Select Up to Two Pharmacies and View on Map



Step 4: Refine Your Plan Results

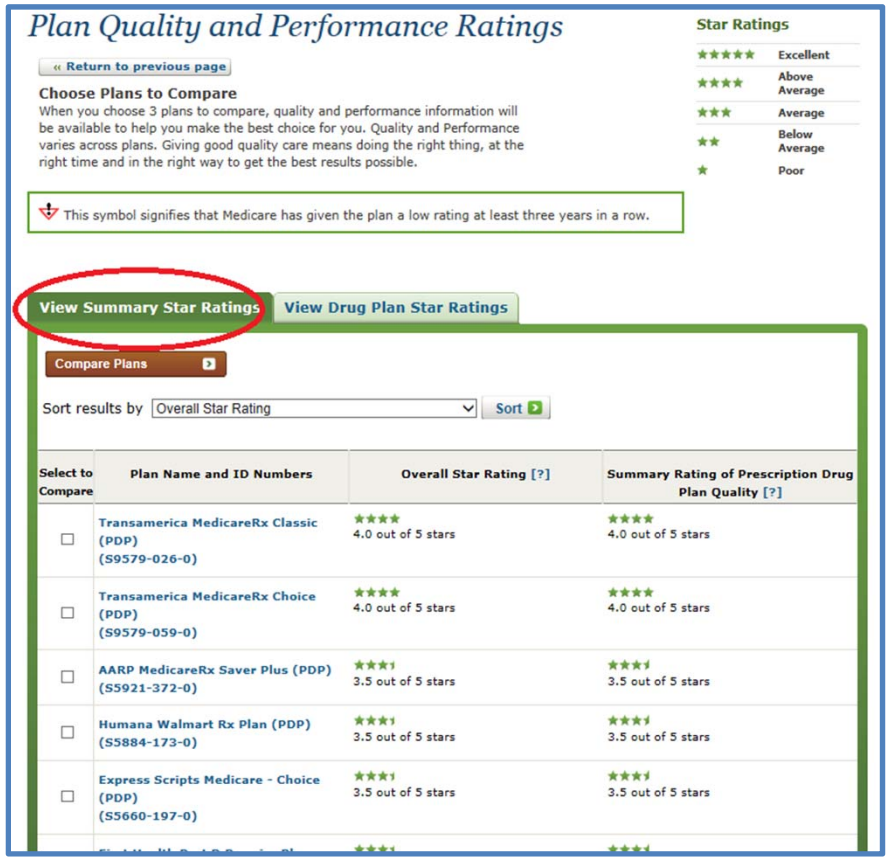


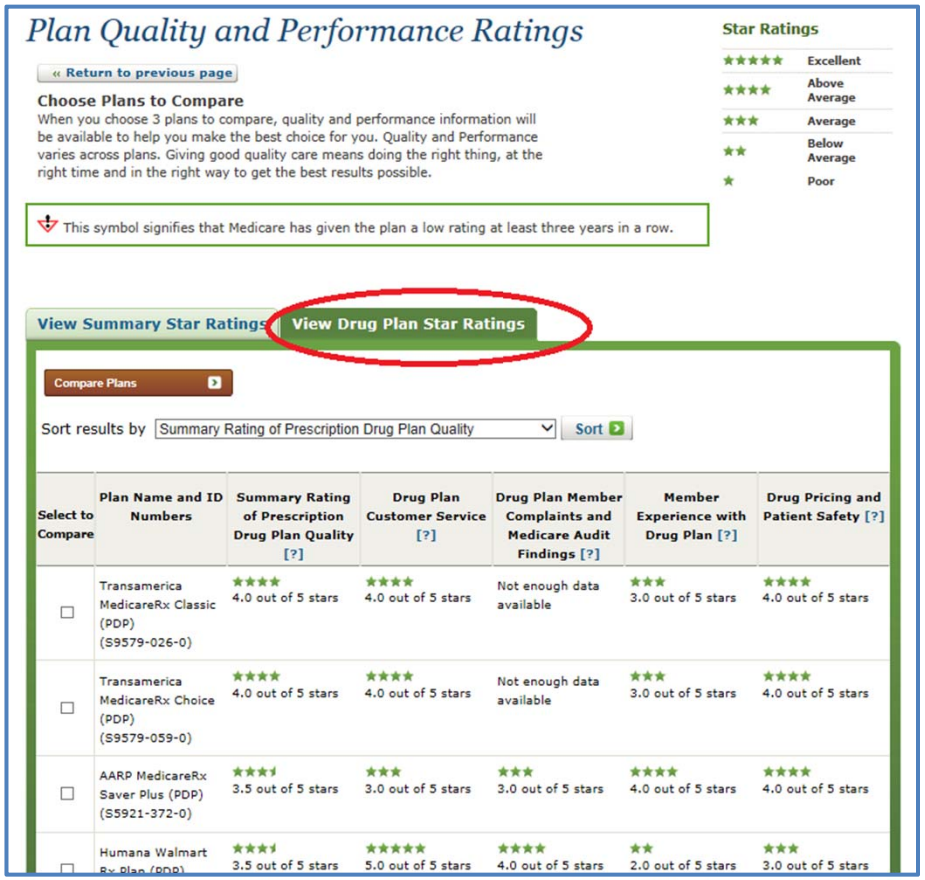
Plan Results Page



Star Ratings

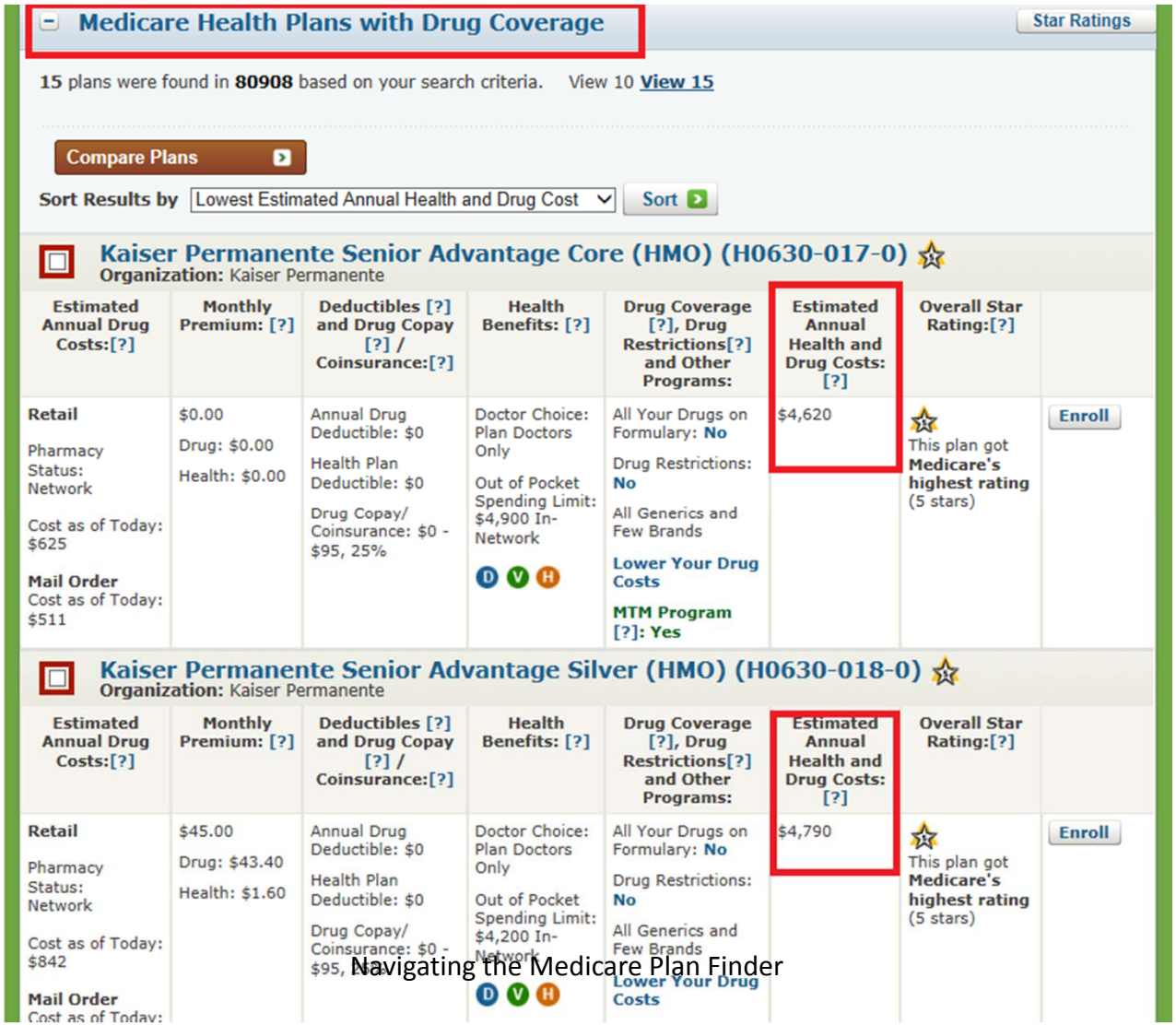
(Look at Customer Satisfaction, Complaints, Experiences, Pricing)





Plan Results Page – Key Information

Default Sort for Medicare Advantage Plans with Drug Coverage



Medicare Health Plans with Drug Coverage

Star Ratings

15 plans were found in 80908 based on your search criteria. View 10 View 15

Compare Plans

Sort Results by Lowest Estimated Annual Health and Drug Cost Sort

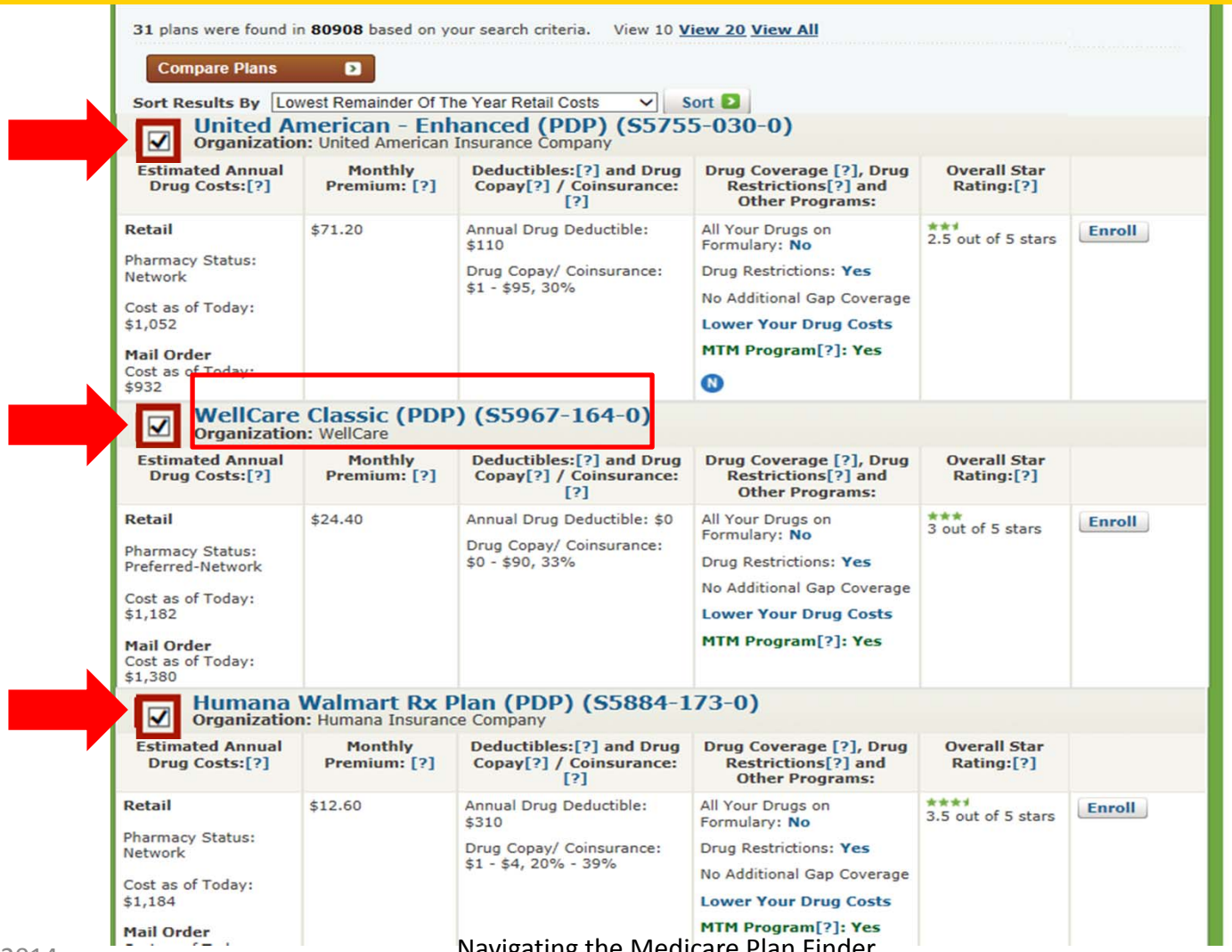
Kaiser Permanente Senior Advantage Core (HMO) (H0630-017-0)
Organization: Kaiser Permanente

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating:[?]	
Retail Pharmacy Status: Network Cost as of Today: $625 **Mail Order** Cost as of Today: $511	$0.00 Drug: $0.00 Health: $0.00	Annual Drug Deductible: $0 Health Plan Deductible: $0 Drug Copay/ Coinsurance: $0 - $95, 25%	Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: $4,900 In-Network D V H	All Your Drugs on Formulary: **No** Drug Restrictions: **No** All Generics and Few Brands **Lower Your Drug Costs** **MTM Program [?]: Yes**	$4,620	This plan got **Medicare's highest rating** (5 stars)	Enroll

Kaiser Permanente Senior Advantage Silver (HMO) (H0630-018-0)
Organization: Kaiser Permanente

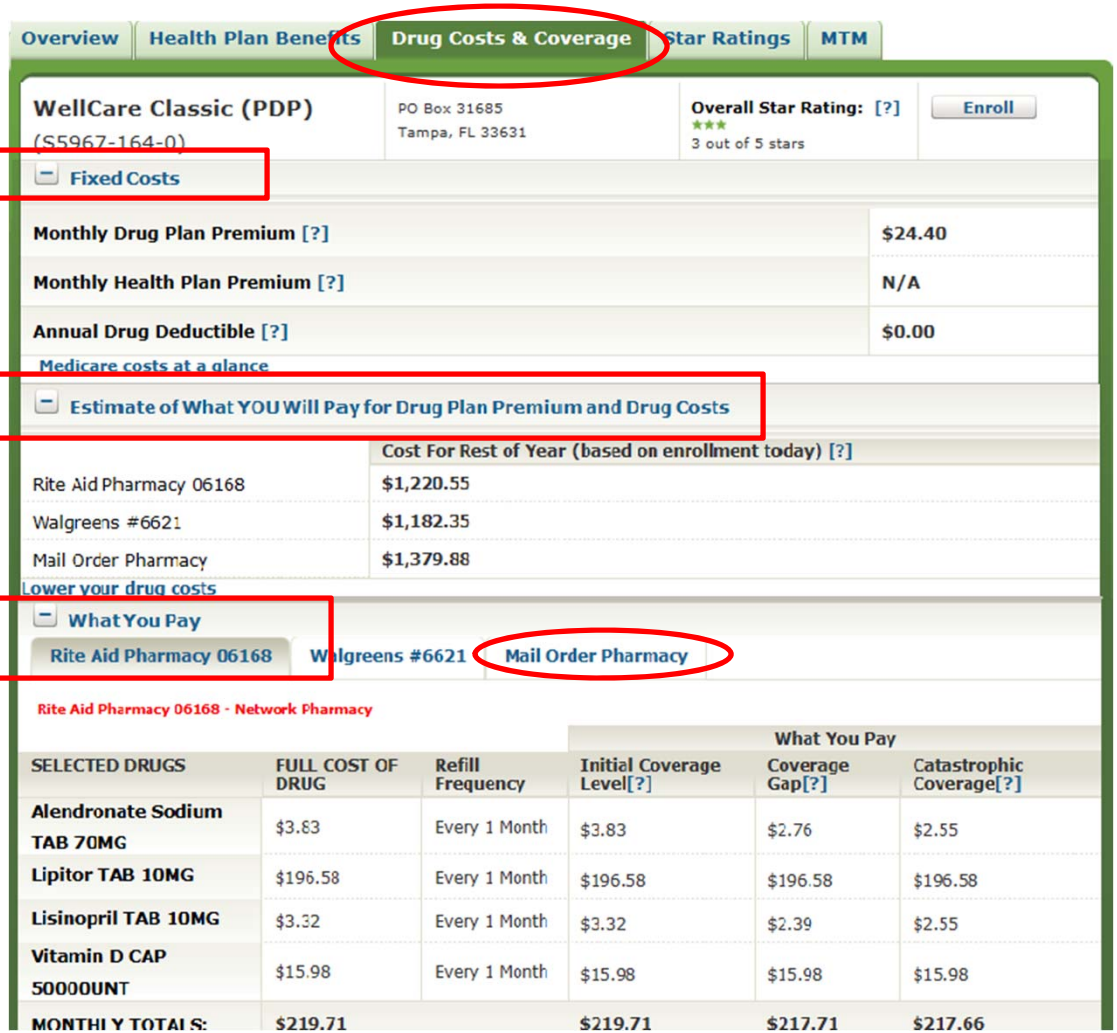
Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating:[?]	
Retail Pharmacy Status: Network Cost as of Today: $842 **Mail Order** Cost as of Today:	$45.00 Drug: $43.40 Health: $1.60	Annual Drug Deductible: $0 Health Plan Deductible: $0 Drug Copay/ Coinsurance: $0 - $95,	Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: $4,200 In-Network D V H	All Your Drugs on Formulary: **No** Drug Restrictions: **No** All Generics and Few Brands **Lower Your Drug Costs**	$4,790	This plan got **Medicare's highest rating** (5 stars)	Enroll

Compare up to 3 Plans



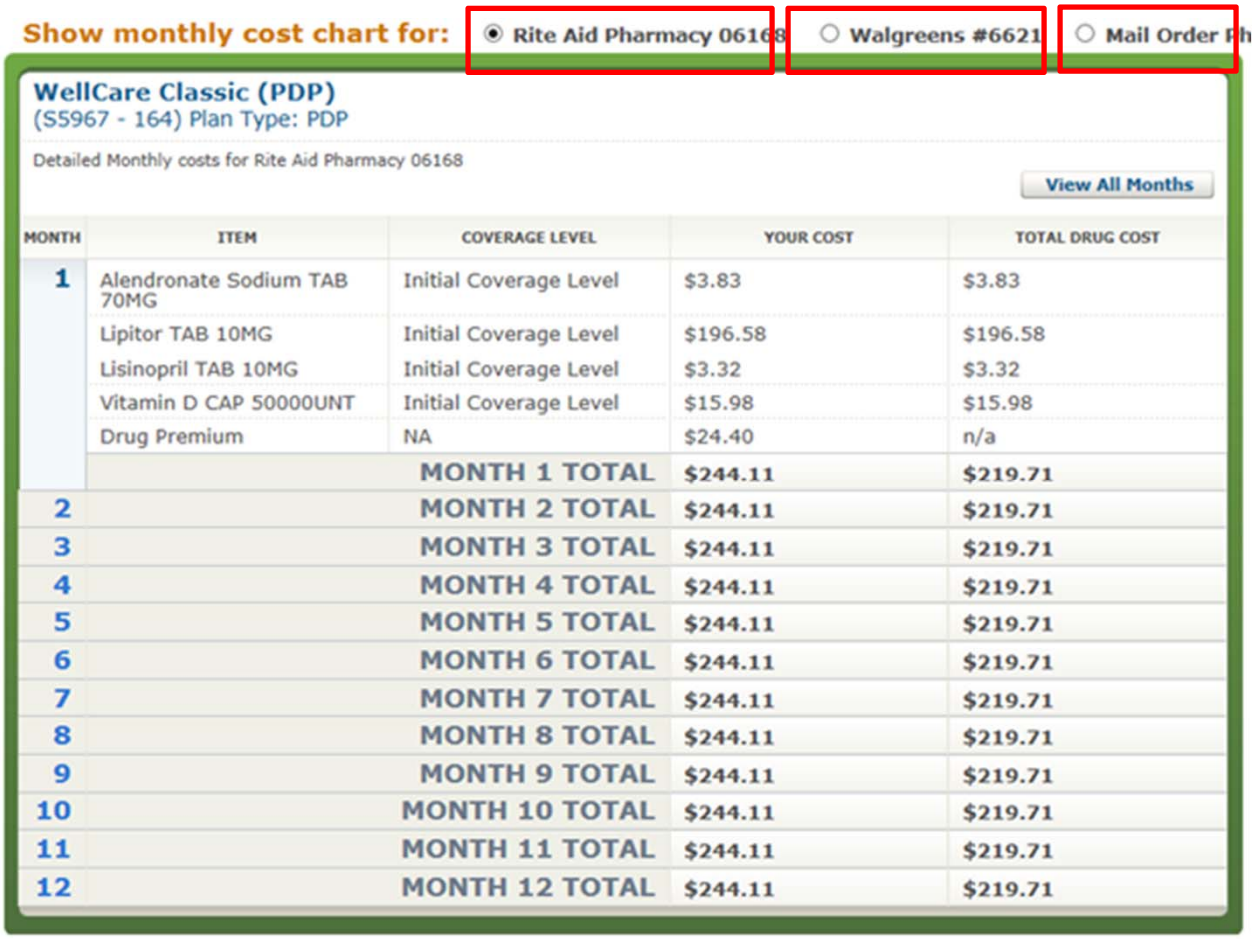
Prescription Drug Plan Details Page

Prescription Drug Plan Details Page defaults to the Drug Cost & Coverage Tab



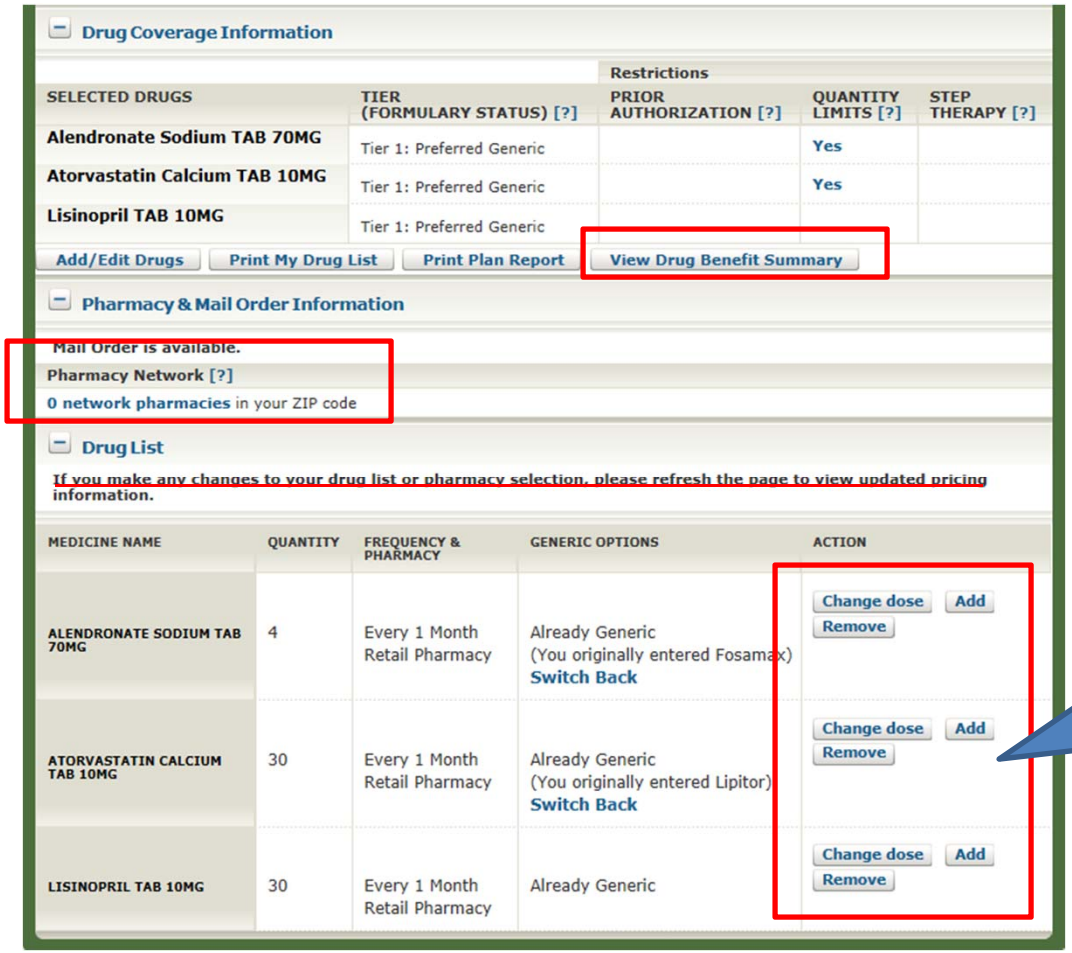
Bar Chart to Show When Changes in Coverage Levels Occur

View Details of Costs

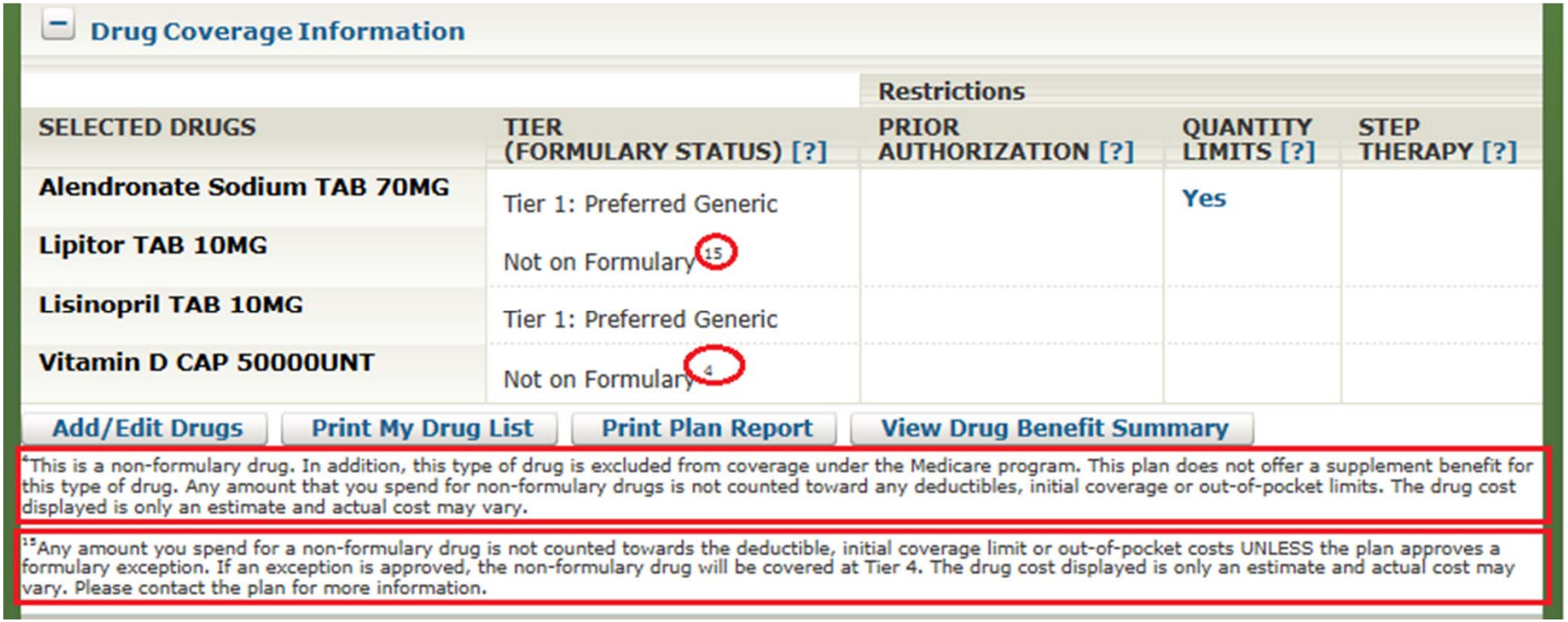


MONTH	ITEM	COVERAGE LEVEL	YOUR COST	TOTAL DRUG COST
1	Alendronate Sodium TAB 70MG	Initial Coverage Level	$3.83	$3.83
	Lipitor TAB 10MG	Initial Coverage Level	$196.58	$196.58
	Lisinopril TAB 10MG	Initial Coverage Level	$3.32	$3.32
	Vitamin D CAP 50000UNT	Initial Coverage Level	$15.98	$15.98
	Drug Premium	NA	$24.40	n/a
	MONTH 1 TOTAL		$244.11	$219.71
2	MONTH 2 TOTAL		$244.11	$219.71
3	MONTH 3 TOTAL		$244.11	$219.71
4	MONTH 4 TOTAL		$244.11	$219.71
5	MONTH 5 TOTAL		$244.11	$219.71
6	MONTH 6 TOTAL		$244.11	$219.71
7	MONTH 7 TOTAL		$244.11	$219.71
8	MONTH 8 TOTAL		$244.11	$219.71
9	MONTH 9 TOTAL		$244.11	$219.71
10	MONTH 10 TOTAL		$244.11	$219.71
11	MONTH 11 TOTAL		$244.11	$219.71
12	MONTH 12 TOTAL		$244.11	$219.71

Plan Details – Drug Coverage



Drug Coverage Information



Drug Coverage Information

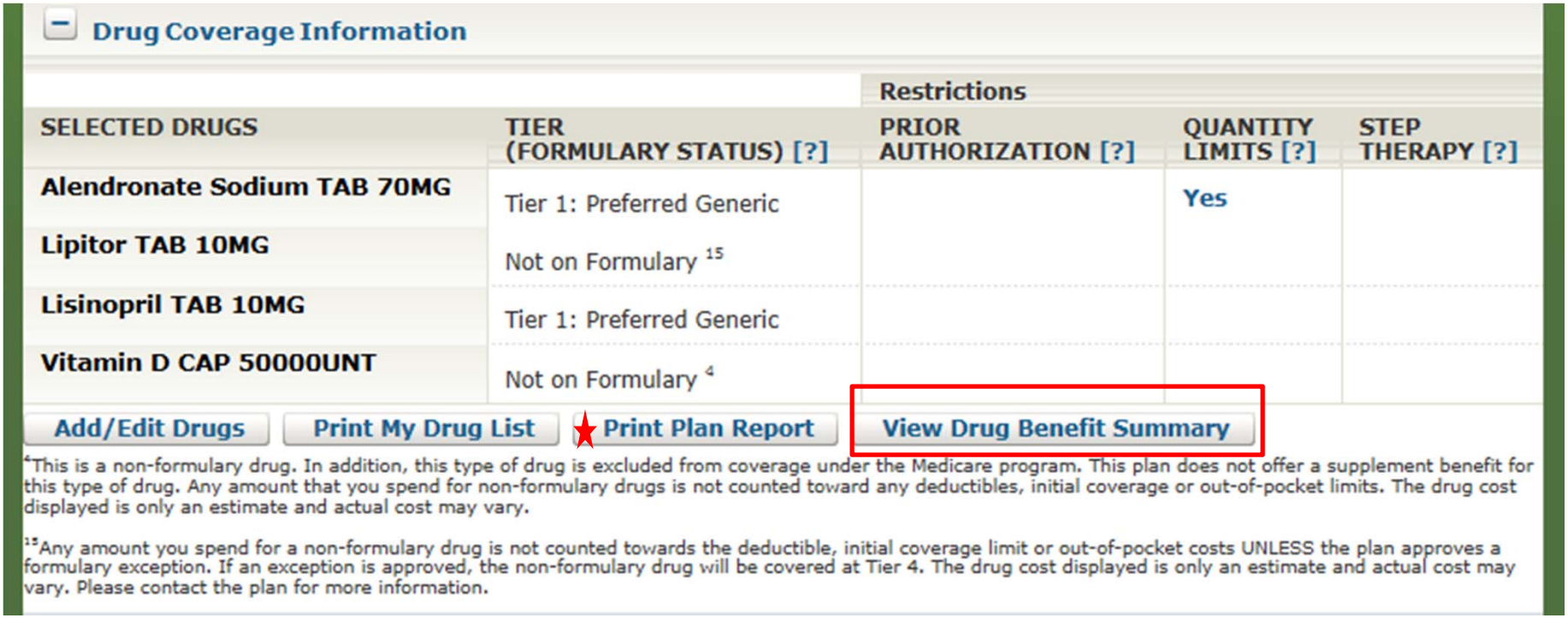
SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions: PRIOR AUTHORIZATION [?]	Restrictions: QUANTITY LIMITS [?]	Restrictions: STEP THERAPY [?]
Alendronate Sodium TAB 70MG	Tier 1: Preferred Generic		Yes	
Lipitor TAB 10MG	Not on Formulary 15			
Lisinopril TAB 10MG	Tier 1: Preferred Generic			
Vitamin D CAP 50000UNT	Not on Formulary 4			

Add/Edit Drugs | Print My Drug List | Print Plan Report | View Drug Benefit Summary

4This is a non-formulary drug. In addition, this type of drug is excluded from coverage under the Medicare program. This plan does not offer a supplement benefit for this type of drug. Any amount that you spend for non-formulary drugs is not counted toward any deductibles, initial coverage or out-of-pocket limits. The drug cost displayed is only an estimate and actual cost may vary.

15Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered at Tier 4. The drug cost displayed is only an estimate and actual cost may vary. Please contact the plan for more information.

View Drug Benefit Summary



"*View Drug Benefit Summary*" button to see if plan has Preferred Pharmacy prices

WellCare Classic (PDP)

(Contract ID: S5967, Plan ID: 164)

Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit

PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Pharmacies	Tier 1: Preferred Generic	$0.00	$0.00	$0.00
	Tier 2: Non-Preferred Generic	$16.00	$32.00	$48.00
	Tier 3: Preferred Brand	$40.00	$80.00	$120.00
	Tier 4: Non-Preferred Brand	$90.00	$180.00	$270.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered
Network Pharmacies	Tier 1: Preferred Generic	$8.00	$16.00	$24.00
	Tier 2: Non-Preferred Generic	$29.00	$58.00	$87.00
	Tier 3: Preferred Brand	$45.00	$90.00	$135.00
	Tier 4: Non-Preferred Brand	$95.00	$190.00	$285.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered

WellCare Classic (PDP)

(Contract ID: S5967, Plan ID: 164)

Cost Sharing Information

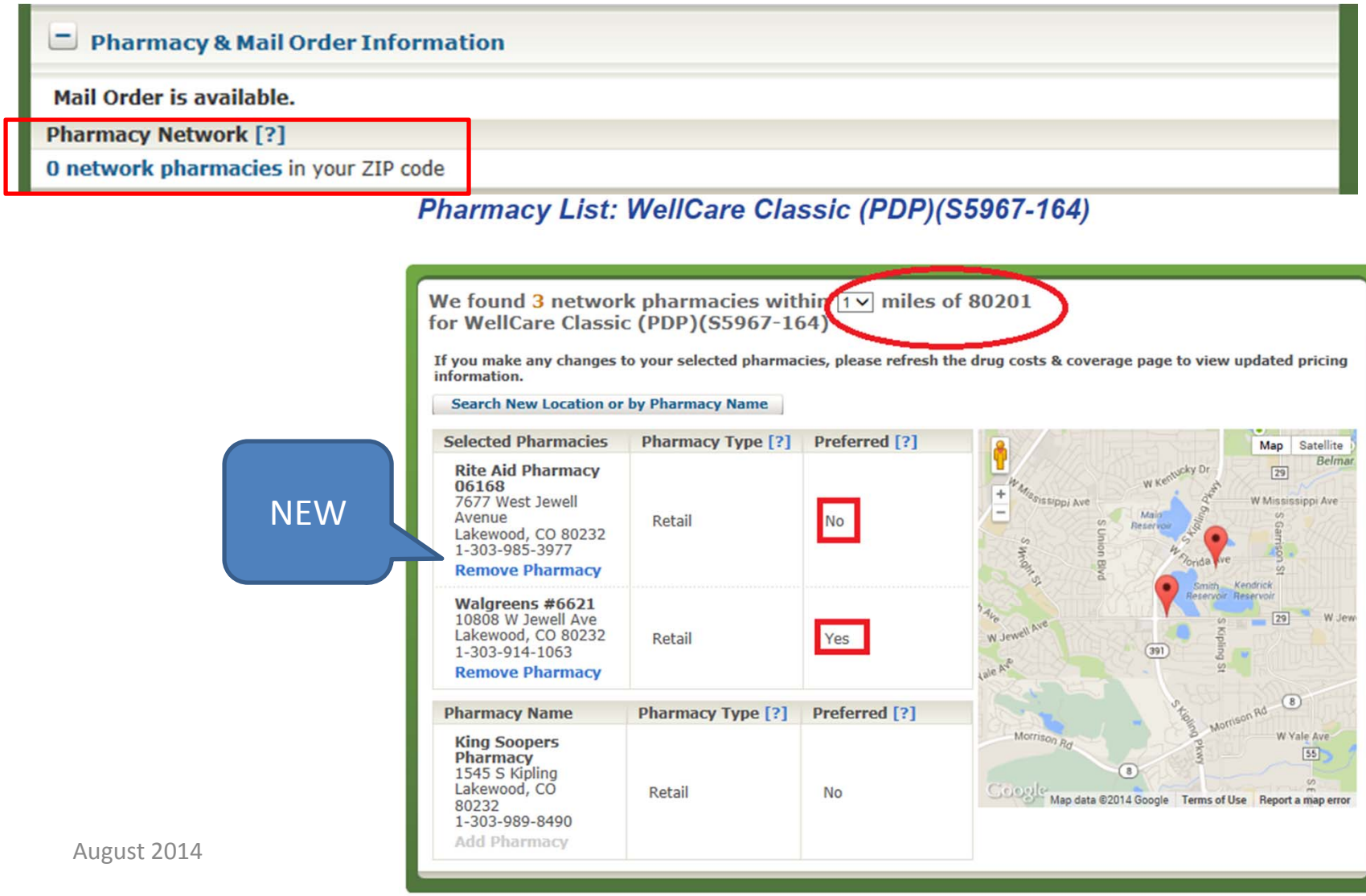
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)
Preferred Pharmacies	Tier 1: Preferred Generic	$0.00	$0.00	$0.00
	Tier 2: Non-Preferred Generic	$16.00	$32.00	$32.00
	Tier 3: Preferred Brand	$40.00	$80.00	$80.00
	Tier 4: Non-Preferred Brand	$90.00	$180.00	$180.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered
Network Pharmacies	Tier 1: Preferred Generic	$8.00	$16.00	$24.00
	Tier 2: Non-Preferred Generic	$29.00	$58.00	$87.00
	Tier 3: Preferred Brand	$45.00	$90.00	$135.00
	Tier 4: Non-Preferred Brand	$95.00	$190.00	$285.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

Details	Tier Name
Formulary Exceptions *:	Tier 4: Non-Preferred Brand

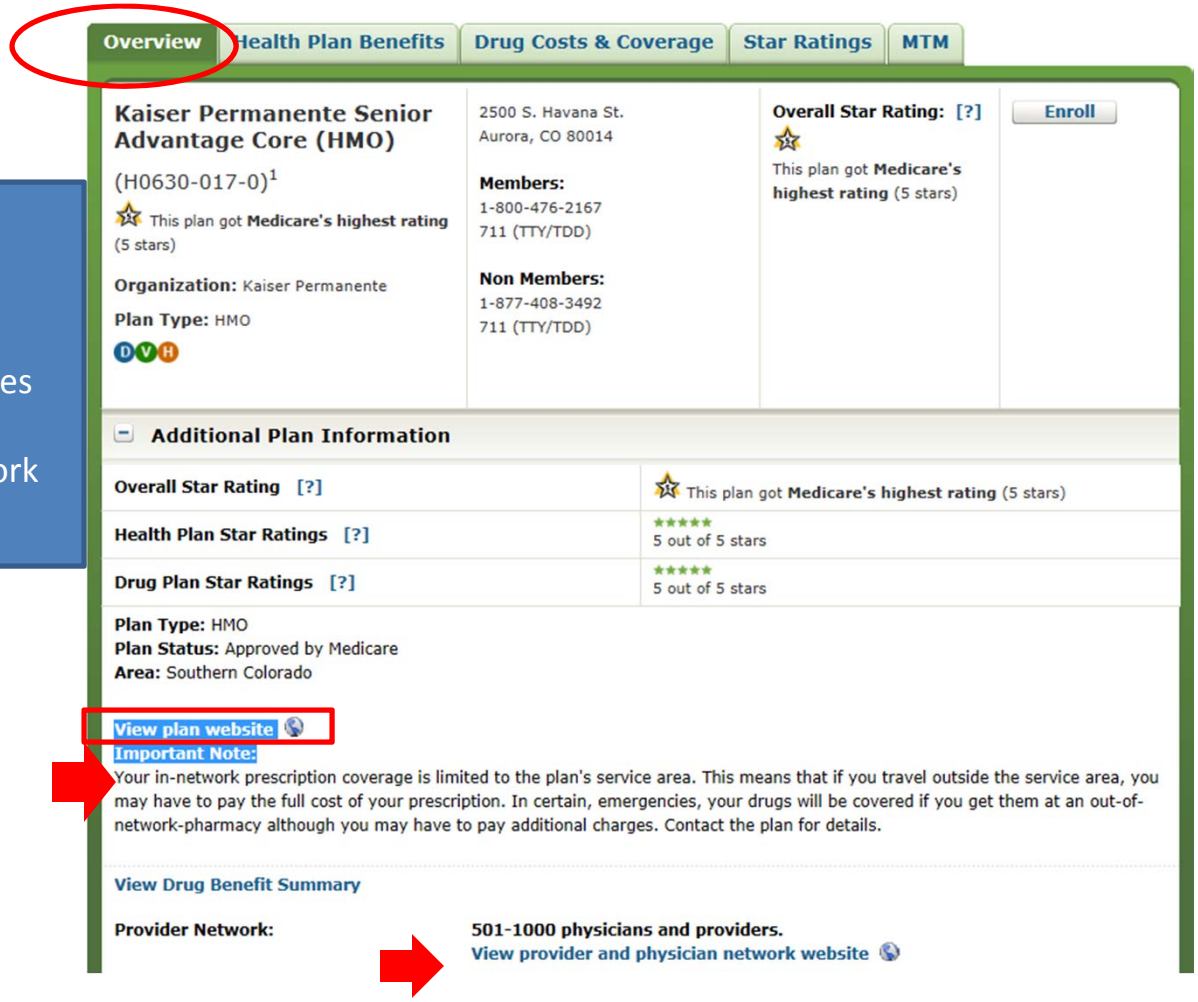
*Note: Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

View Pharmacy Network

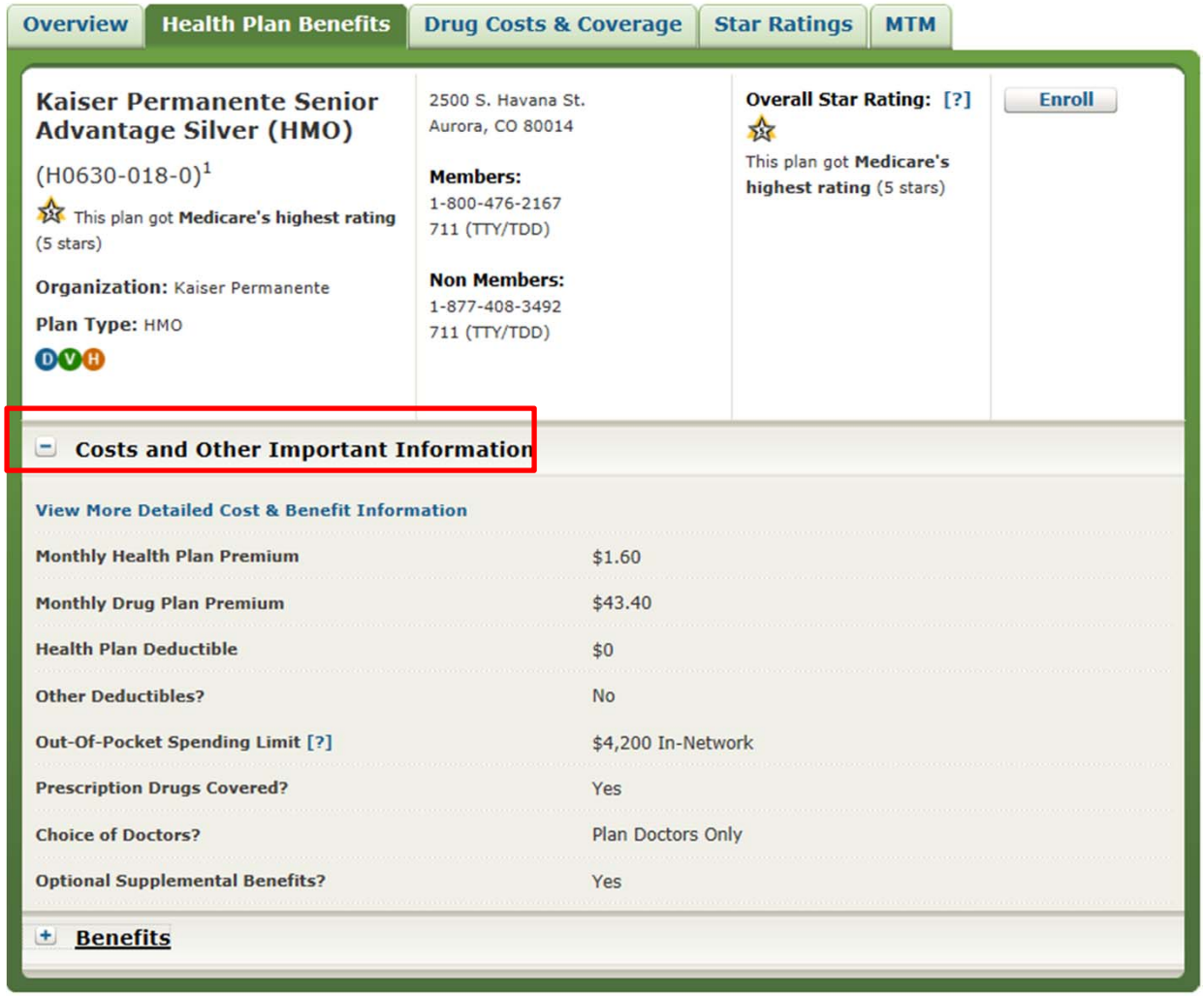


Medicare Health Plan with Drug Coverage View

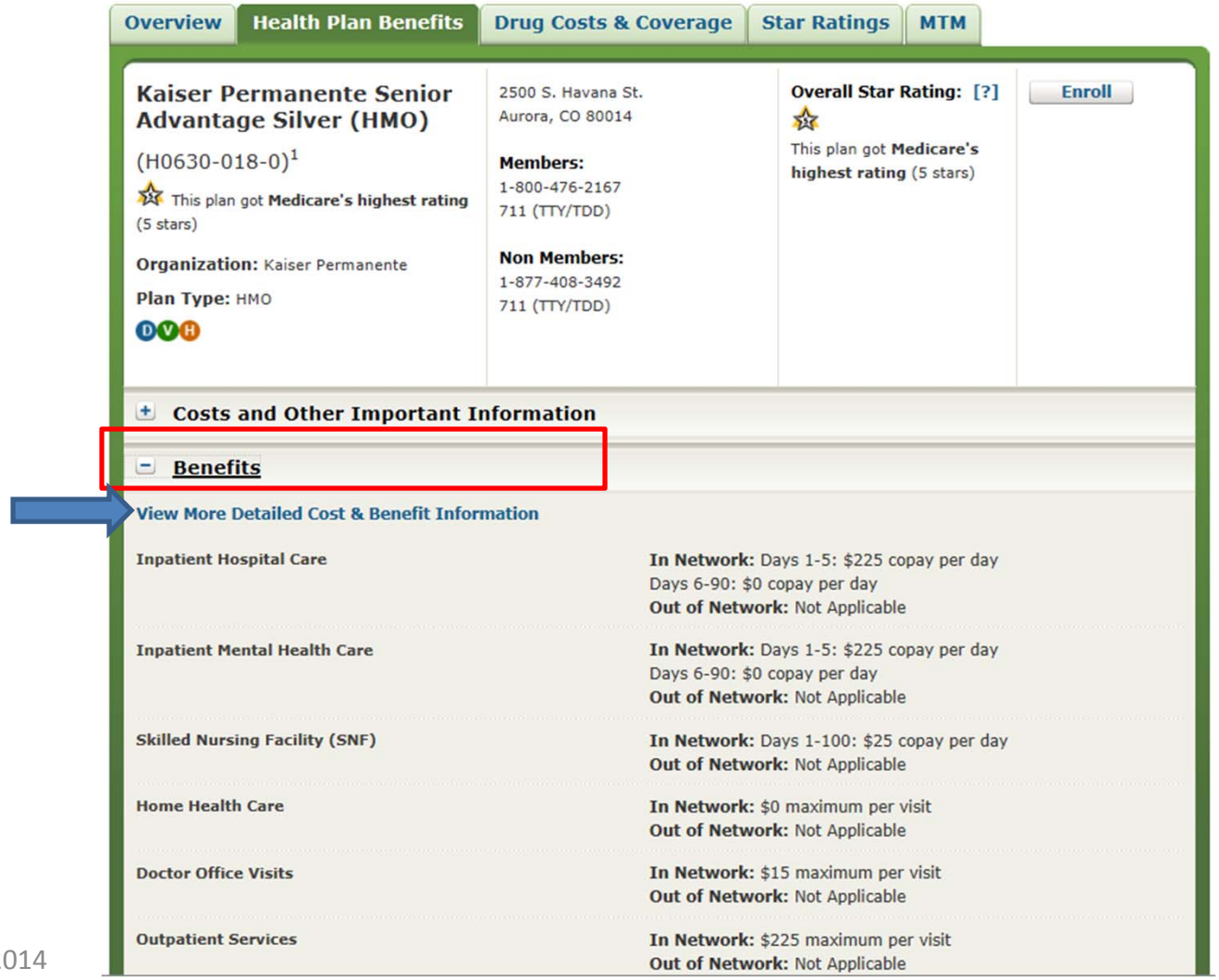
Links to
–Plan website
–Important Notes
–Provider & physician network



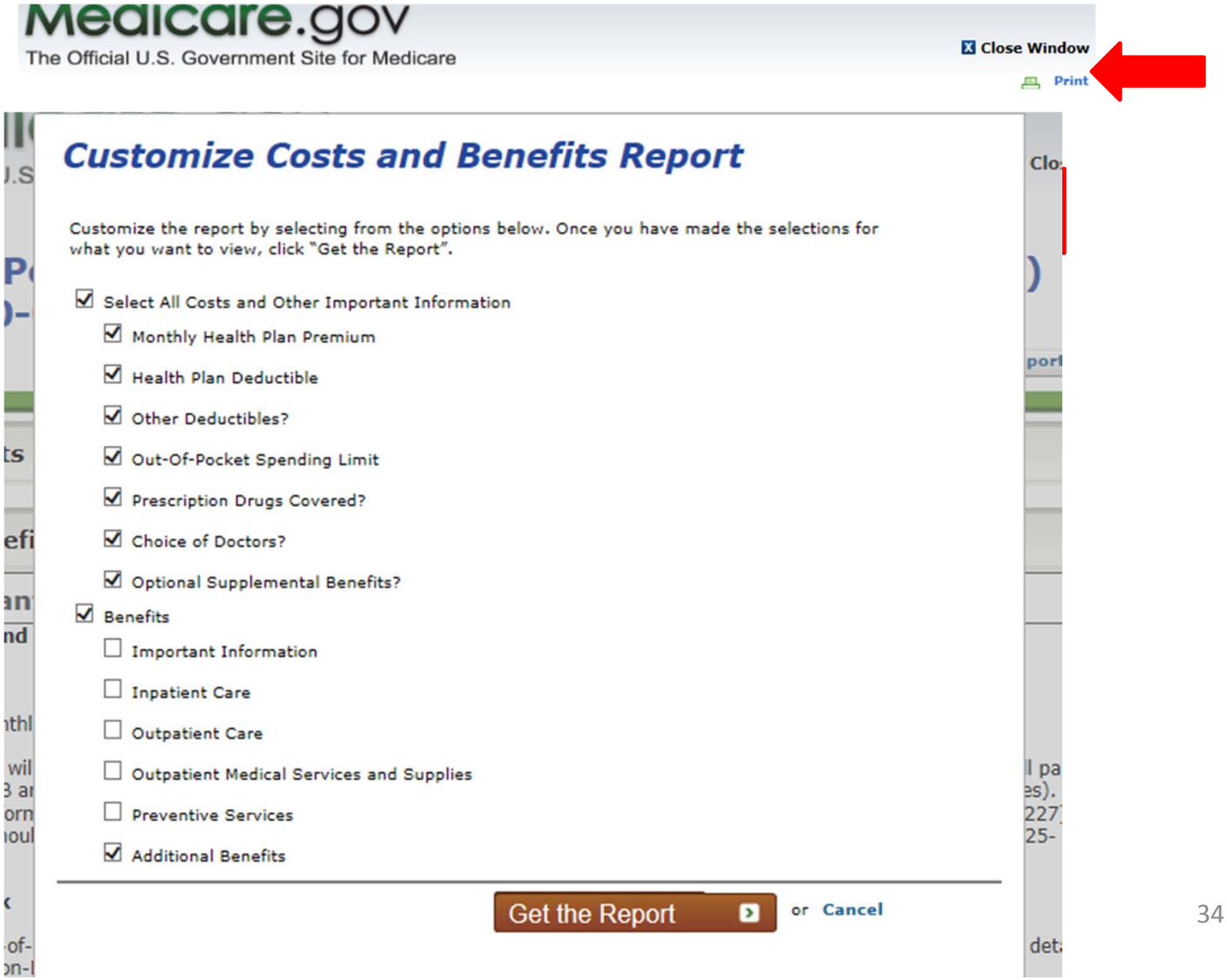
Health Plan Benefits Tab-
Costs and Other Important Information



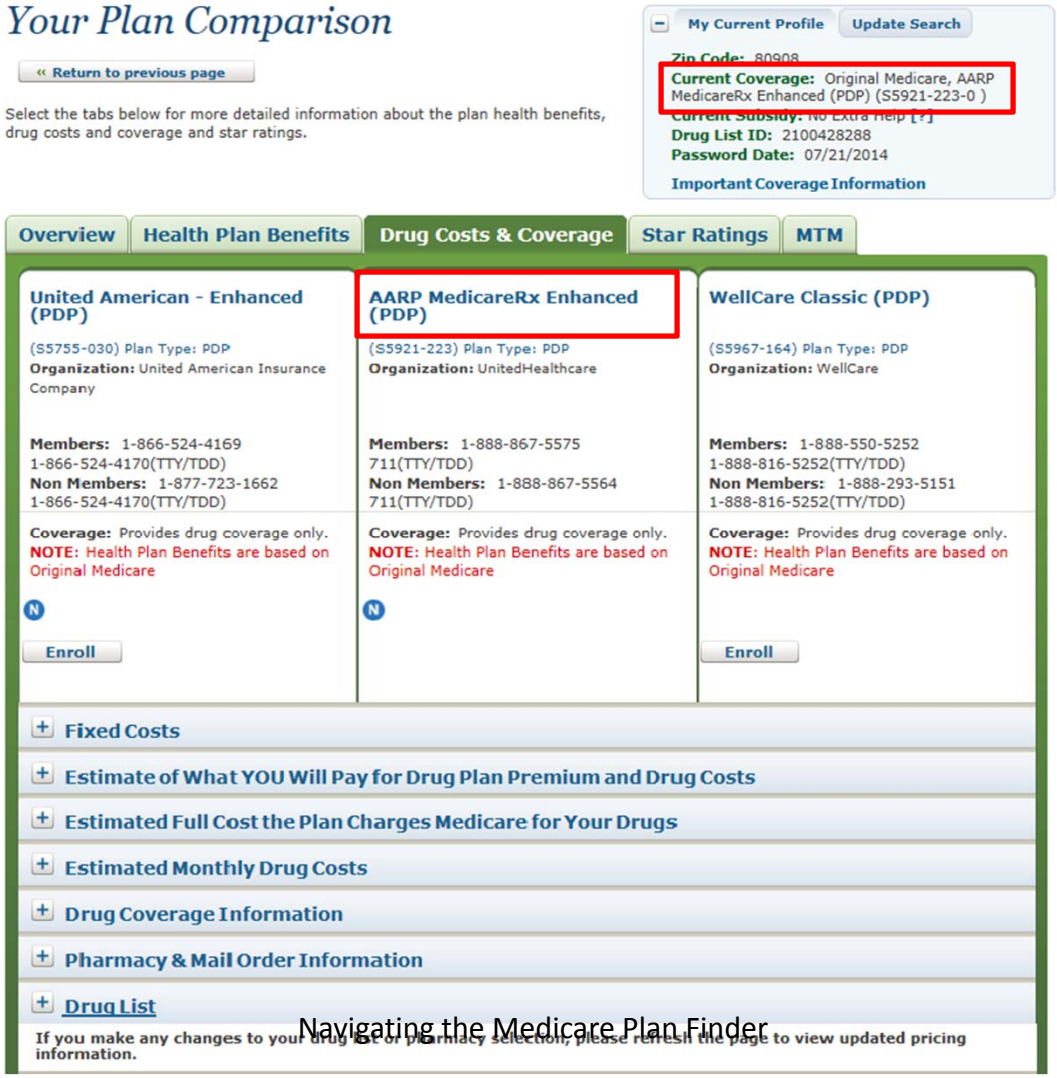
Health Plan Benefits



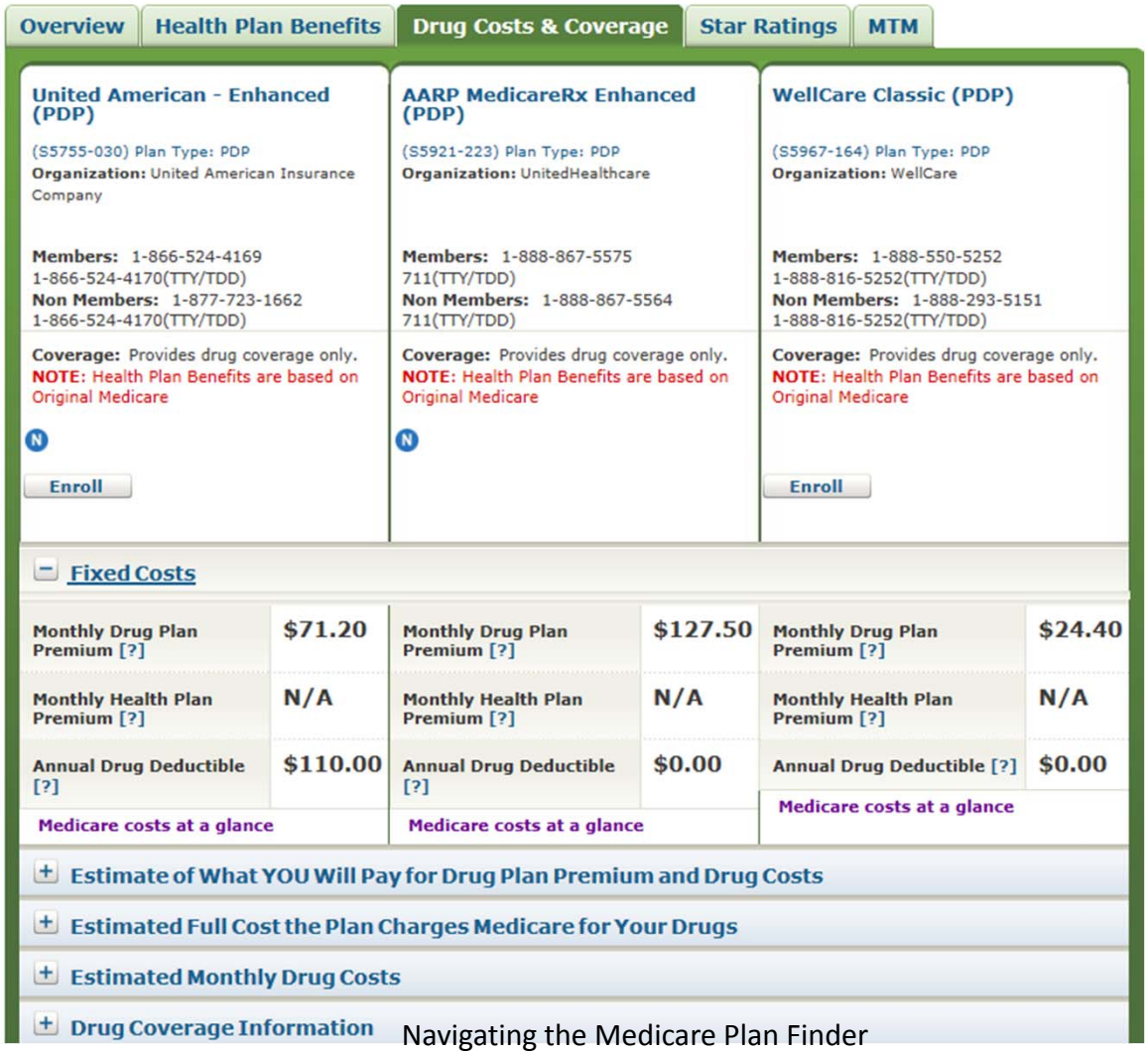
Customizable Print Report



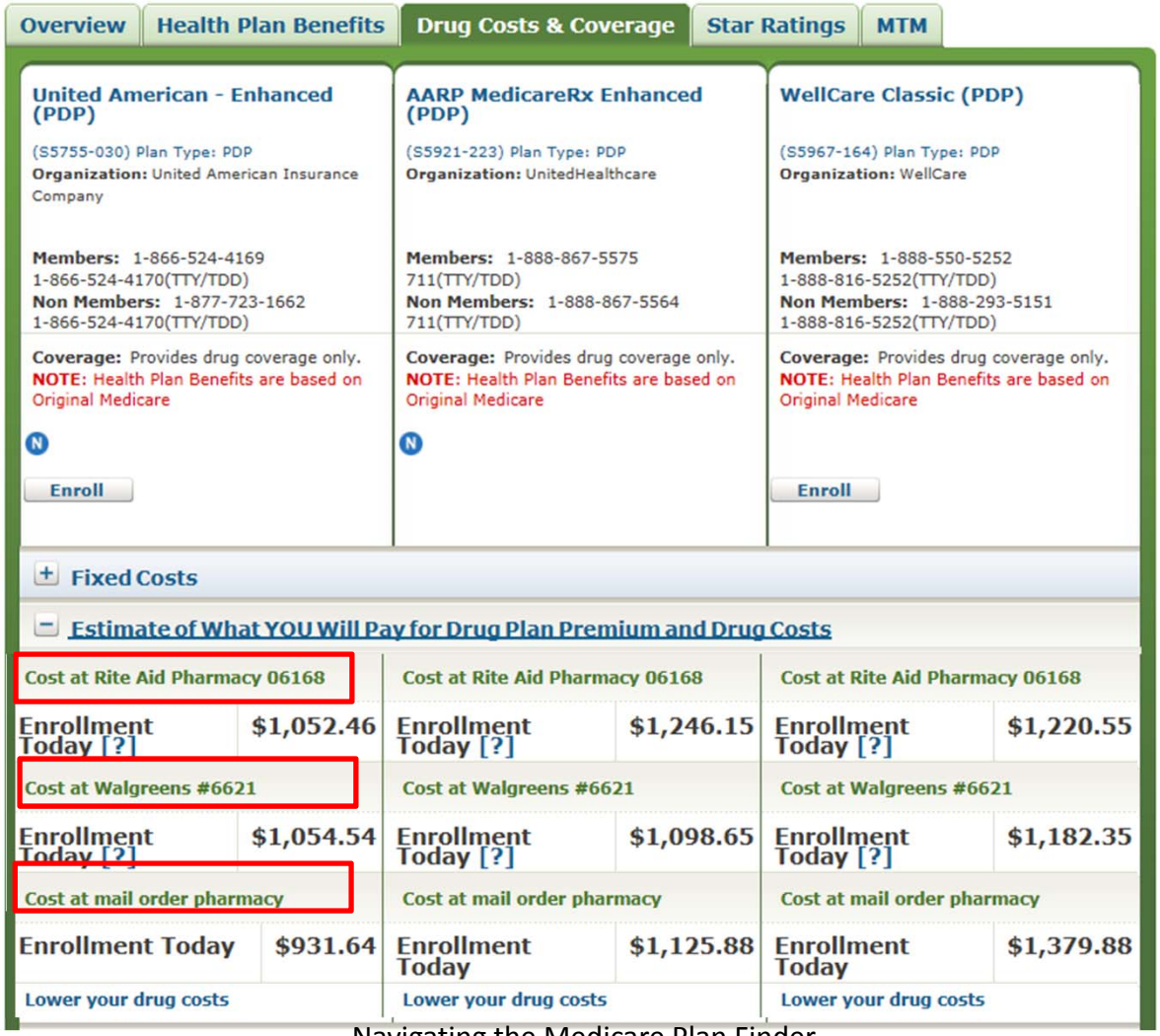
Compare Side-by-Side



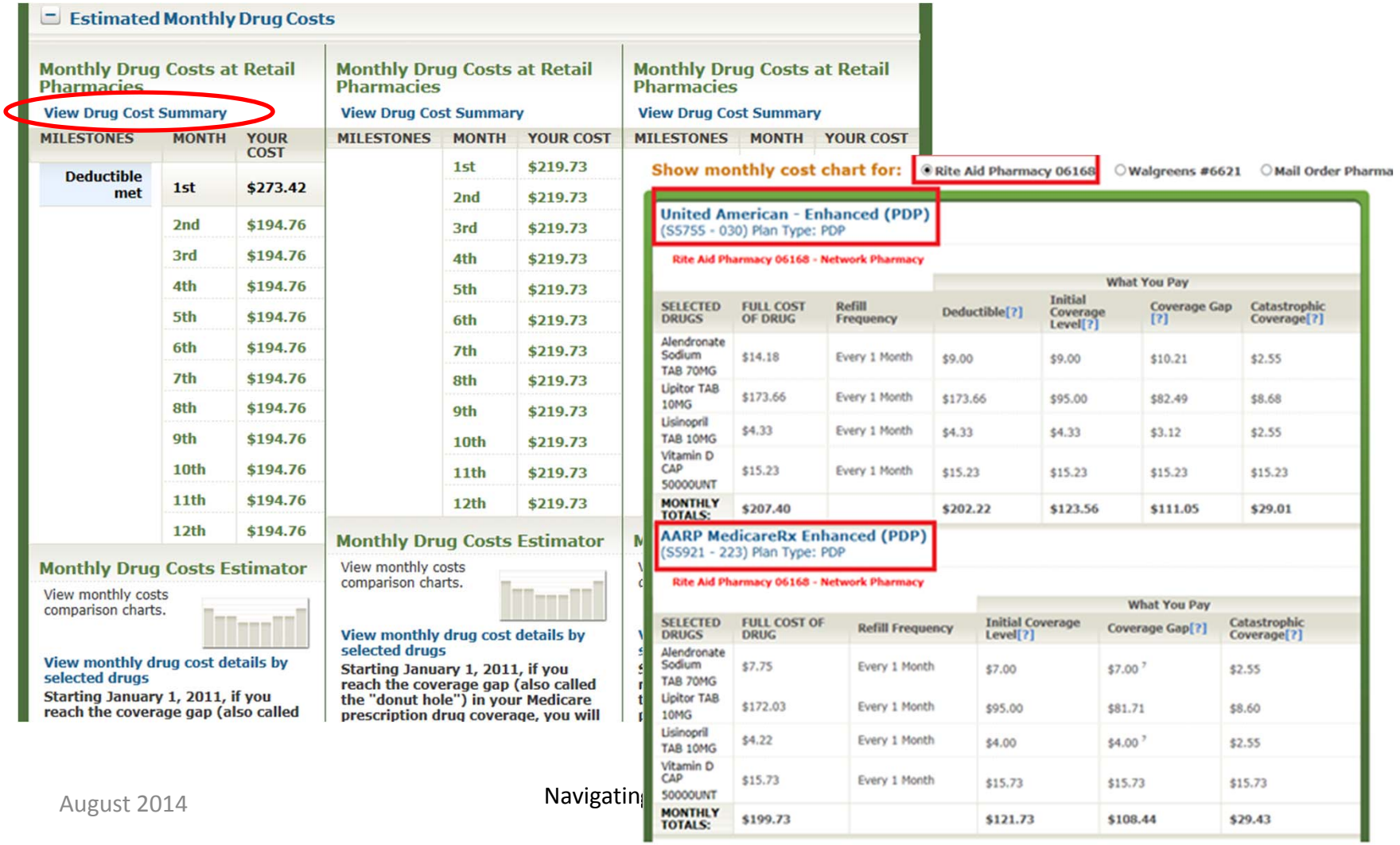
Comparing Fixed Costs



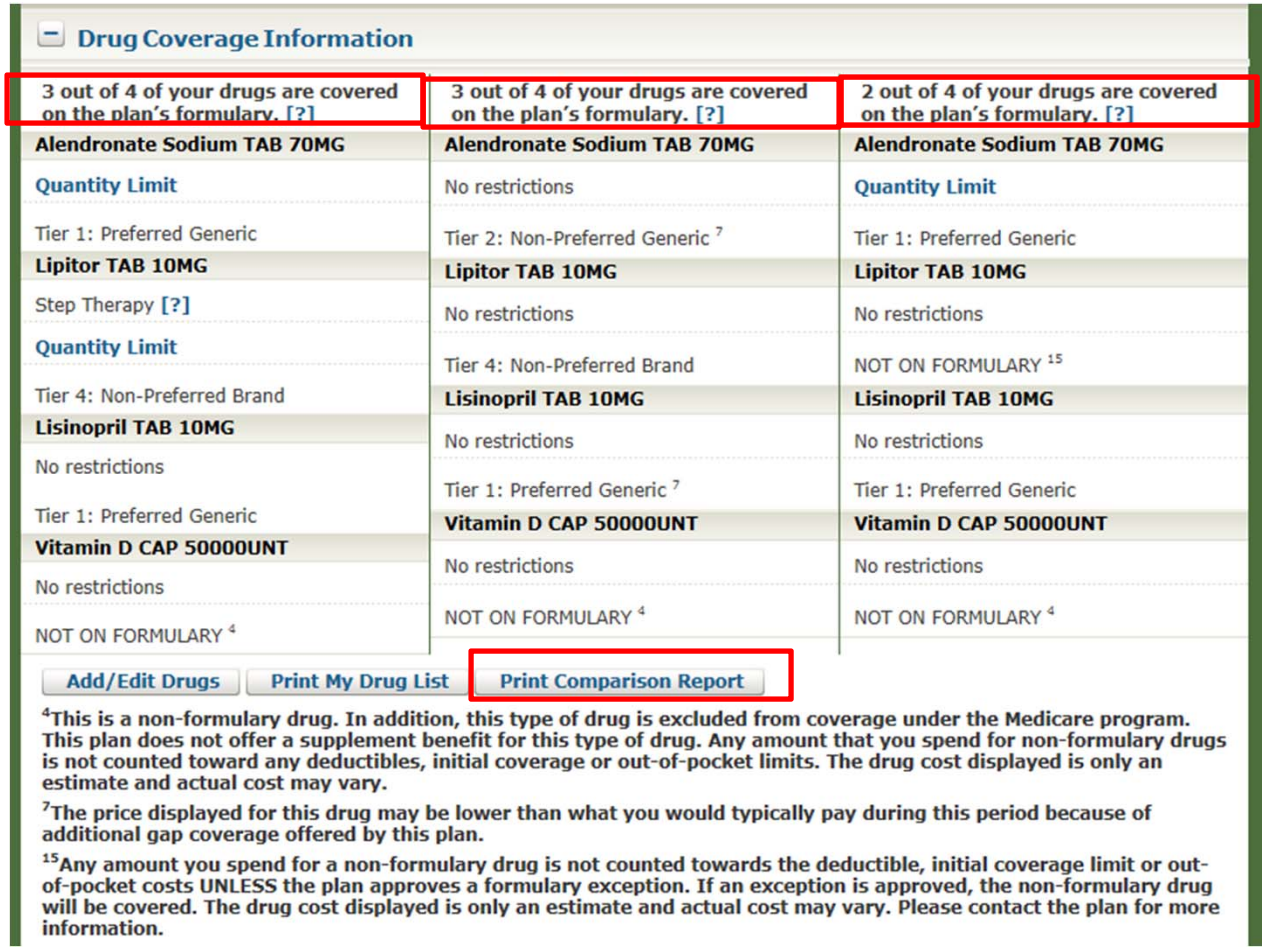
Comparing Your Out-of-Pocket Costs



Compare and Print
View Drug Cost Summary



Print Comparison Report



Drug Coverage Information

3 out of 4 of your drugs are covered on the plan's formulary. [?]	3 out of 4 of your drugs are covered on the plan's formulary. [?]	2 out of 4 of your drugs are covered on the plan's formulary. [?]
Alendronate Sodium TAB 70MG	**Alendronate Sodium TAB 70MG**	**Alendronate Sodium TAB 70MG**
Quantity Limit	No restrictions	Quantity Limit
Tier 1: Preferred Generic	Tier 2: Non-Preferred Generic [7]	Tier 1: Preferred Generic
Lipitor TAB 10MG	**Lipitor TAB 10MG**	**Lipitor TAB 10MG**
Step Therapy [?]	No restrictions	No restrictions
Quantity Limit	Tier 4: Non-Preferred Brand	NOT ON FORMULARY [15]
Tier 4: Non-Preferred Brand	**Lisinopril TAB 10MG**	**Lisinopril TAB 10MG**
Lisinopril TAB 10MG	No restrictions	No restrictions
No restrictions	Tier 1: Preferred Generic [7]	Tier 1: Preferred Generic
Tier 1: Preferred Generic	**Vitamin D CAP 50000UNT**	**Vitamin D CAP 50000UNT**
Vitamin D CAP 50000UNT	No restrictions	No restrictions
No restrictions	NOT ON FORMULARY [4]	NOT ON FORMULARY [4]
NOT ON FORMULARY [4]		

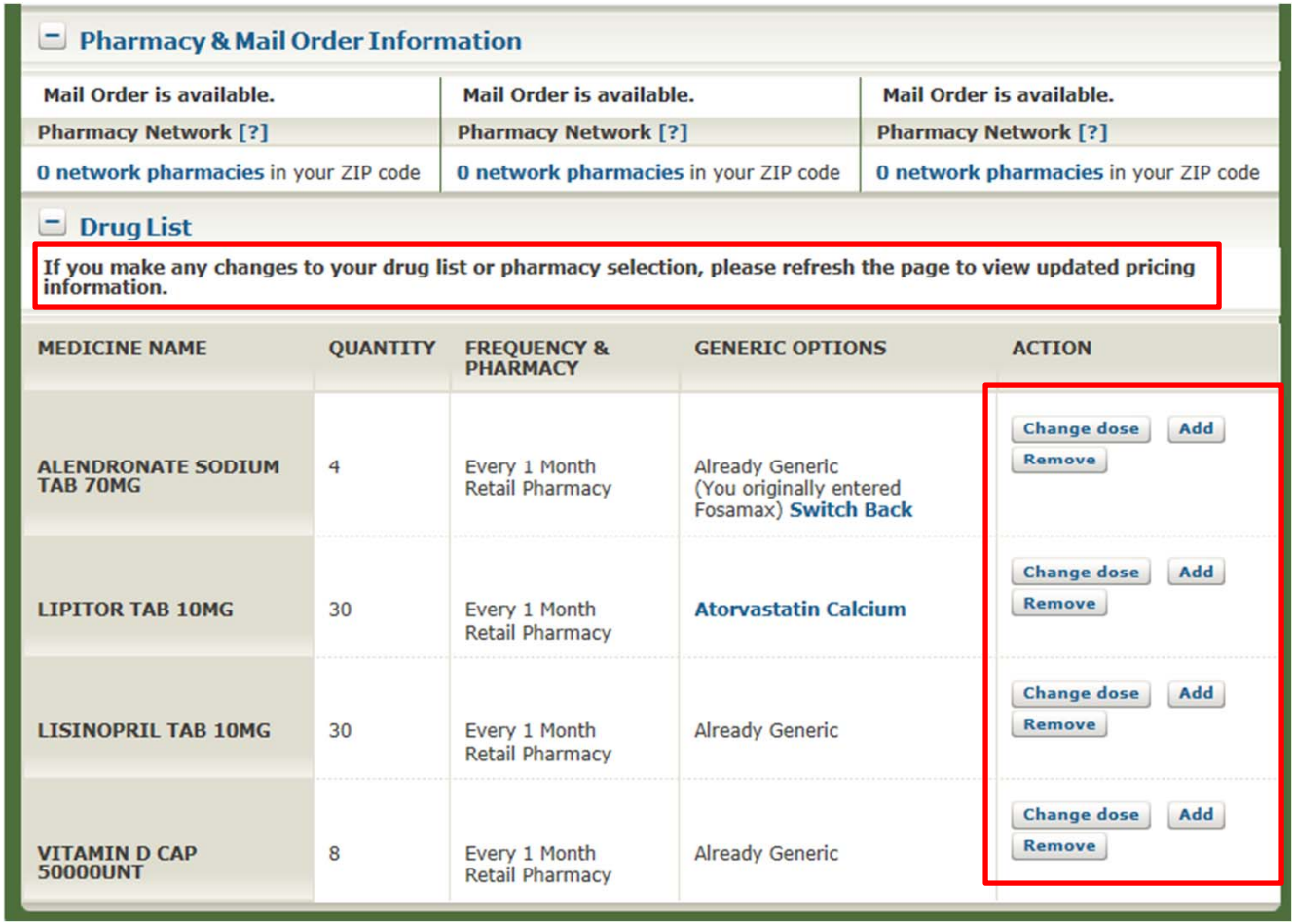
Add/Edit Drugs | Print My Drug List | Print Comparison Report

[4]This is a non-formulary drug. In addition, this type of drug is excluded from coverage under the Medicare program. This plan does not offer a supplement benefit for this type of drug. Any amount that you spend for non-formulary drugs is not counted toward any deductibles, initial coverage or out-of-pocket limits. The drug cost displayed is only an estimate and actual cost may vary.

[7]The price displayed for this drug may be lower than what you would typically pay during this period because of additional gap coverage offered by this plan.

[15]Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered. The drug cost displayed is only an estimate and actual cost may vary. Please contact the plan for more information.

Compare Plans Drug Updates



Pharmacy & Mail Order Information

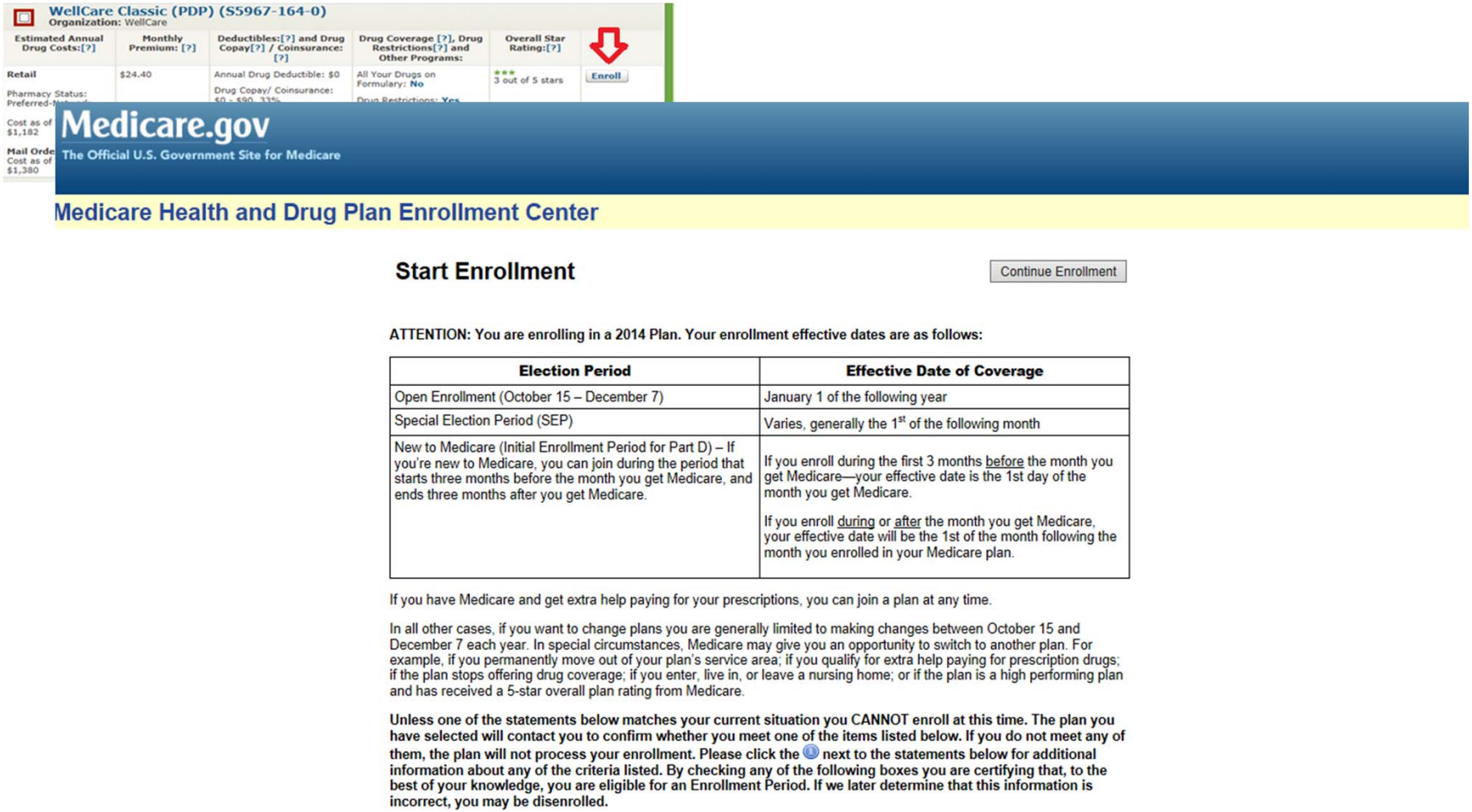
Mail Order is available.	Mail Order is available.	Mail Order is available.
Pharmacy Network [?]	Pharmacy Network [?]	Pharmacy Network [?]
0 network pharmacies in your ZIP code	0 network pharmacies in your ZIP code	0 network pharmacies in your ZIP code

Drug List

If you make any changes to your drug list or pharmacy selection, please refresh the page to view updated pricing information.

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
ALENDRONATE SODIUM TAB 70MG	4	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Fosamax) Switch Back	Change dose Add Remove
LIPITOR TAB 10MG	30	Every 1 Month Retail Pharmacy	Atorvastatin Calcium	Change dose Add Remove
LISINOPRIL TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove
VITAMIN D CAP 50000UNT	8	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove

Online Enrollment Center



WellCare Classic (PDP) (S5967-164-0)
Organization: WellCare

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance: [?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	
Retail Pharmacy Status: Preferred-Network	$24.40	Annual Drug Deductible: $0 Drug Copay/ Coinsurance: $0 - $90, 33%	All Your Drugs on Formulary: No Drug Restrictions: Yes	3 out of 5 stars	Enroll
Cost as of $1,182					
Mail Orde Cost as of $1,380					

Medicare.gov
The Official U.S. Government Site for Medicare

Medicare Health and Drug Plan Enrollment Center

Start Enrollment

Continue Enrollment

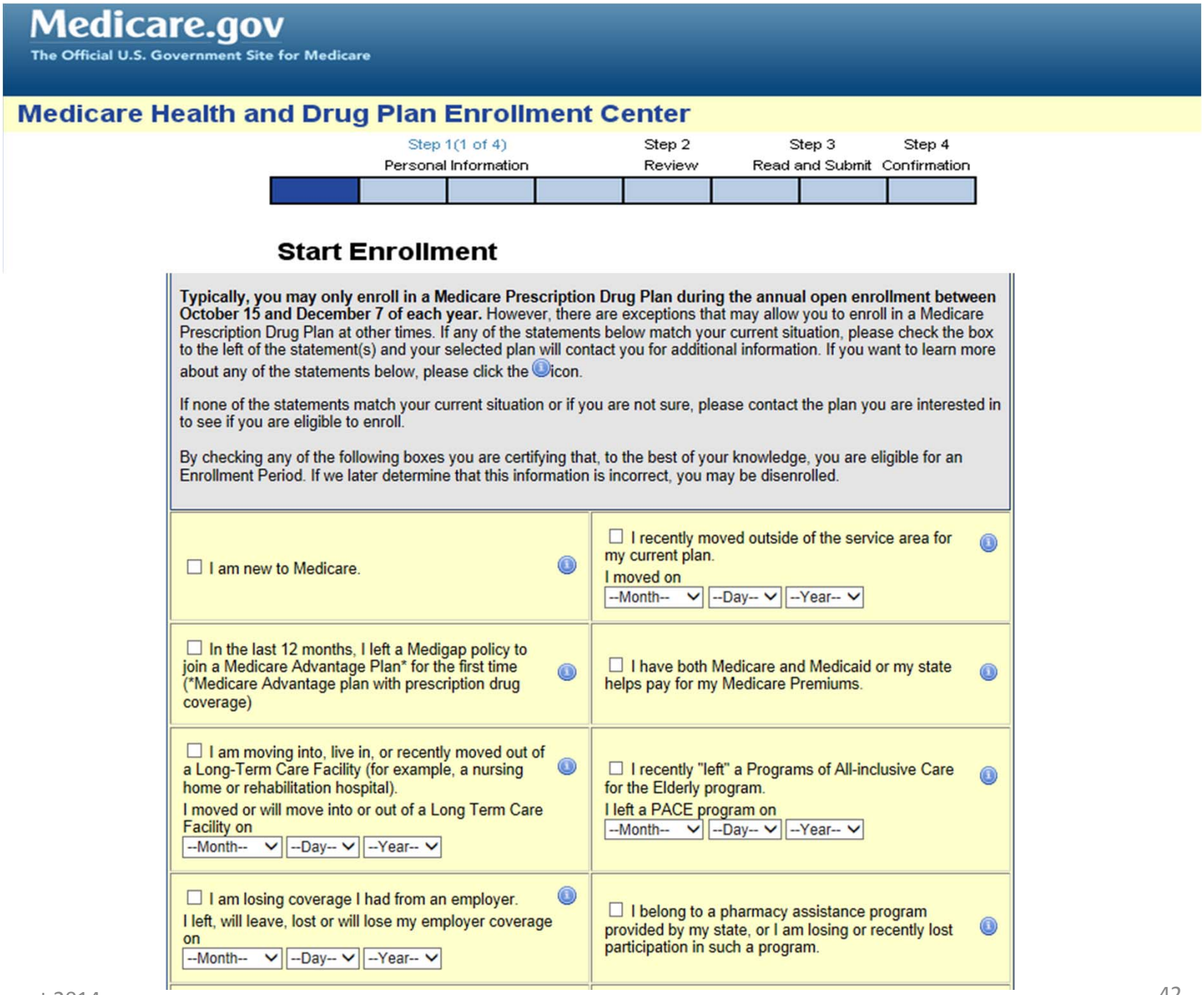
ATTENTION: You are enrolling in a 2014 Plan. Your enrollment effective dates are as follows:

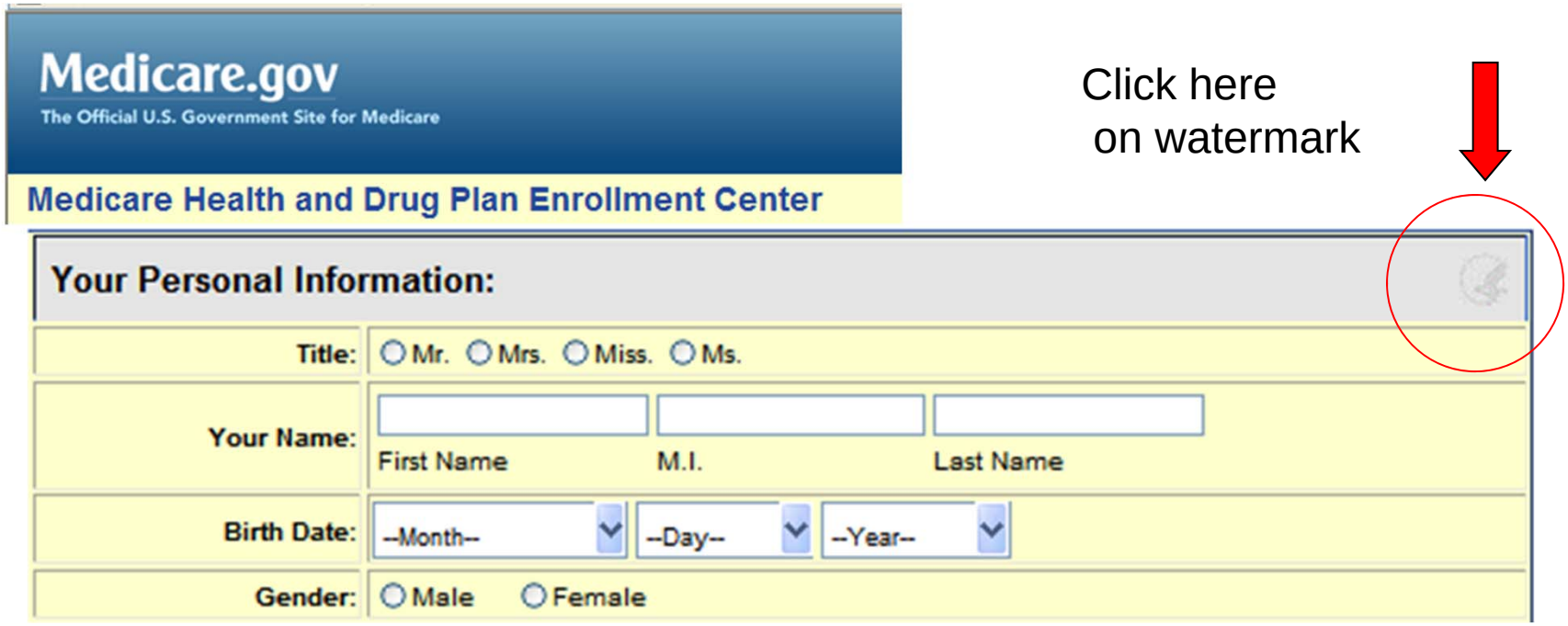
Election Period	Effective Date of Coverage
Open Enrollment (October 15 – December 7)	January 1 of the following year
Special Election Period (SEP)	Varies, generally the 1st of the following month
New to Medicare (Initial Enrollment Period for Part D) – If you're new to Medicare, you can join during the period that starts three months before the month you get Medicare, and ends three months after you get Medicare.	If you enroll during the first 3 months before the month you get Medicare—your effective date is the 1st day of the month you get Medicare. If you enroll during or after the month you get Medicare, your effective date will be the 1st of the month following the month you enrolled in your Medicare plan.

If you have Medicare and get extra help paying for your prescriptions, you can join a plan at any time.

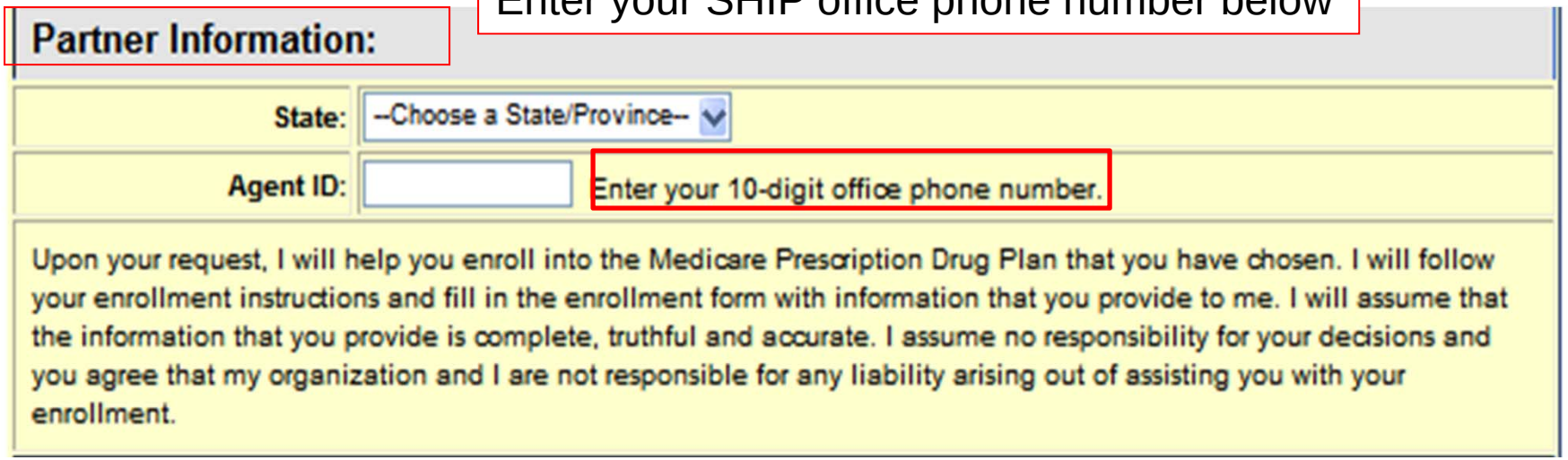
In all other cases, if you want to change plans you are generally limited to making changes between October 15 and December 7 each year. In special circumstances, Medicare may give you an opportunity to switch to another plan. For example, if you permanently move out of your plan's service area; if you qualify for extra help paying for prescription drugs; if the plan stops offering drug coverage; if you enter, live in, or leave a nursing home; or if the plan is a high performing plan and has received a 5-star overall plan rating from Medicare.

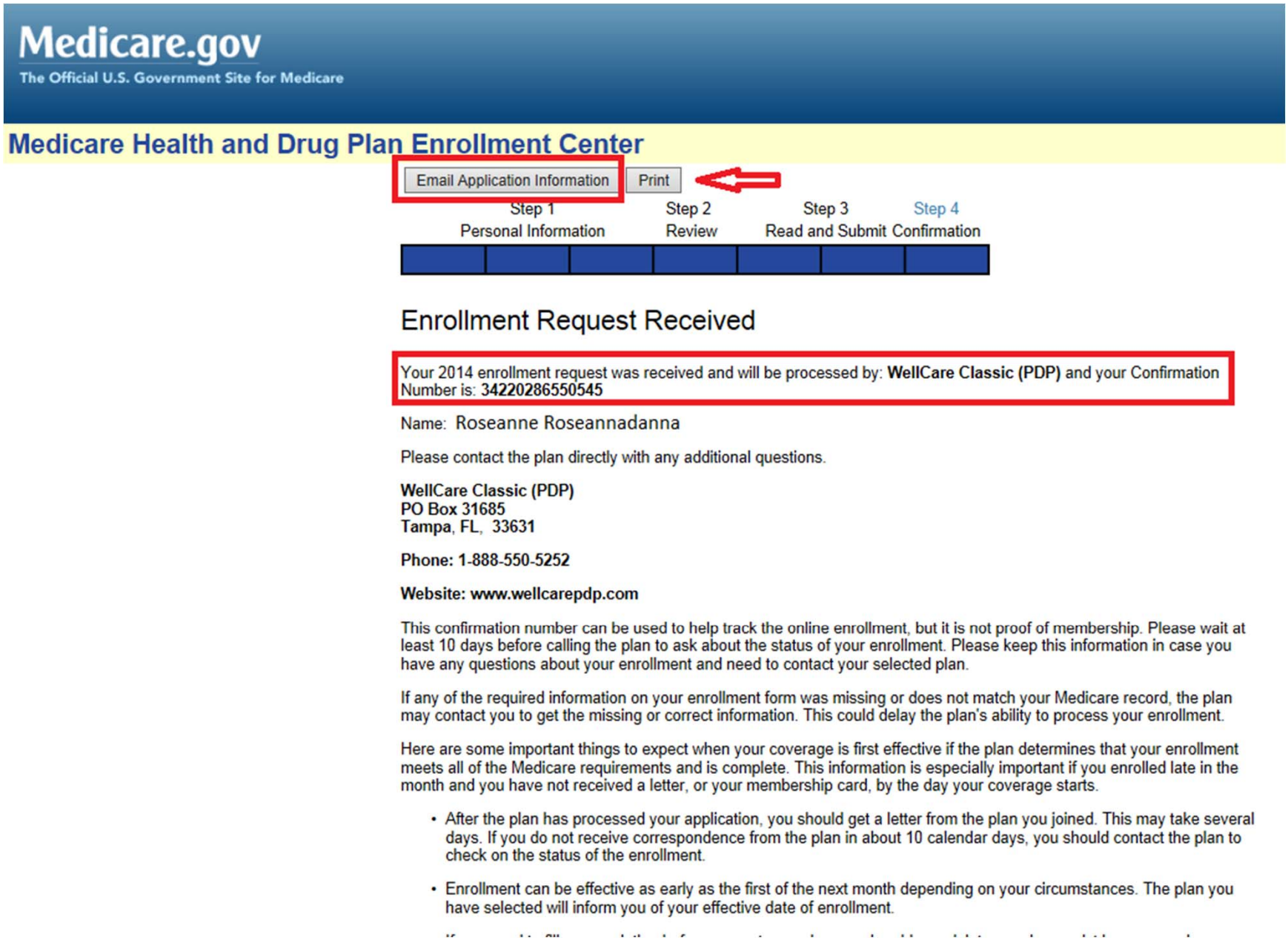
Unless one of the statements below matches your current situation you CANNOT enroll at this time. The plan you have selected will contact you to confirm whether you meet one of the items listed below. If you do not meet any of them, the plan will not process your enrollment. Please click the next to the statements below for additional information about any of the criteria listed. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.


Medicare.gov
The Official U.S. Government Site for Medicare
Medicare Health and Drug Plan Enrollment Center
Step 1(1 of 4)
Personal Information
Step 2
Review
Step 3
Read and Submit
Step 4
Confirmation
Start Enrollment
Typically, you may only enroll in a Medicare Prescription Drug Plan during the annual open enrollment between October 15 and December 7 of each year. However, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan at other times. If any of the statements below match your current situation, please check the box to the left of the statement(s) and your selected plan will contact you for additional information. If you want to learn more about any of the statements below, please click the icon.
If none of the statements match your current situation or if you are not sure, please contact the plan you are interested in to see if you are eligible to enroll.
By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.
I am new to Medicare.
I recently moved outside of the service area for my current plan.
I moved on
--Month-- --Day-- --Year--
In the last 12 months, I left a Medigap policy to join a Medicare Advantage Plan* for the first time (*Medicare Advantage plan with prescription drug coverage)
I have both Medicare and Medicaid or my state helps pay for my Medicare Premiums.
I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or rehabilitation hospital).
I moved or will move into or out of a Long Term Care Facility on
--Month-- --Day-- --Year--
I recently "left" a Programs of All-inclusive Care for the Elderly program.
I left a PACE program on
--Month-- --Day-- --Year--
I am losing coverage I had from an employer.
I left, will leave, lost or will lose my employer coverage on
--Month-- --Day-- --Year--
I belong to a pharmacy assistance program provided by my state, or I am losing or recently lost participation in such a program.



Enter your SHIP office phone number below




Medicare.gov
The Official U.S. Government Site for Medicare
Medicare Health and Drug Plan Enrollment Center
Email Application Information
Print
Step 1
Personal Information
Step 2
Review
Step 3
Read and Submit
Step 4
Confirmation
Enrollment Request Received
Your 2014 enrollment request was received and will be processed by: WellCare Classic (PDP) and your Confirmation Number is: 34220286550545
Name: Roseanne Roseannadanna
Please contact the plan directly with any additional questions.
WellCare Classic (PDP)
PO Box 31685
Tampa, FL, 33631
Phone: 1-888-550-5252
Website: www.wellcarepdp.com
This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.
If any of the required information on your enrollment form was missing or does not match your Medicare record, the plan may contact you to get the missing or correct information. This could delay the plan's ability to process your enrollment.
Here are some important things to expect when your coverage is first effective if the plan determines that your enrollment meets all of the Medicare requirements and is complete. This information is especially important if you enrolled late in the month and you have not received a letter, or your membership card, by the day your coverage starts.
• After the plan has processed your application, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check on the status of the enrollment.
• Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.

This training module is provided by the

CMS National Training Program (NTP).

For questions about training products, e-mail training@cms.hhs.gov.

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