

Navigating the Medicare Plan Finder



September 2015

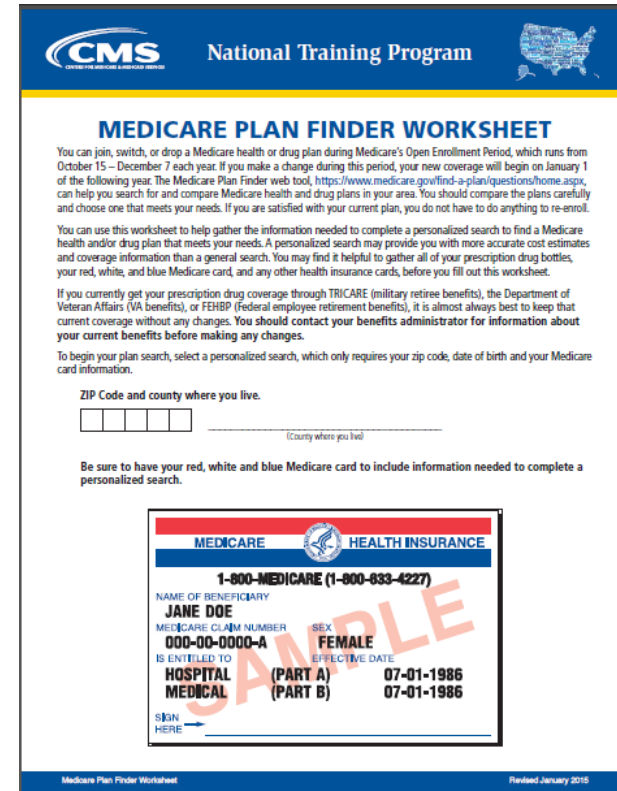


What is the Medicare Plan Finder?

- Web tool on [Medicare.gov](https://www.medicare.gov) that lets you
 - View and compare the health and drug coverage options in your area
 - Identify which plans cover your prescriptions at the most affordable cost where you shop
 - Enroll in a Part D or Medicare Advantage Plan

Getting Started: What You'll Need

- Zip Code
- Medicare card
- List of prescriptions
 - Strength and quantity
 - Use of generics
- Pharmacy that is used
- Other health insurance cards
- Subsidy eligibility
- Medicaid, Low Income Subsidy letters



The image shows a 'Medicare Plan Finder Worksheet' from the CMS National Training Program. It includes instructions on how to use the worksheet to find a Medicare health or drug plan during the Open Enrollment Period. The worksheet also contains a form for entering ZIP code and county, and a sample Medicare Health Insurance card for Jane Doe.

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/plan-compare/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 help gather the information needed to complete a personalized search to find a Medicare health and/or drug plan that meets your needs. A personalized search may provide you with more accurate cost estimates and coverage information than a general search. 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.

To begin your plan search, select a personalized search, which only requires your zip code, date of birth and your Medicare card information.

ZIP Code and county where you live.

(County where you live)

Be sure to have your red, white and blue Medicare card to include information needed to complete a personalized search.

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **FEMALE**

IS ENTITLED TO HOSPITAL (PART A) **07-01-1986**
MEDICAL (PART B) **07-01-1986**

SIGN HERE →

Medicare Plan Finder Worksheet Revised January 2015

Medicare.gov Homepage

The screenshot shows the Medicare.gov homepage. At the top left is the Medicare.gov logo and the text "The Official U.S. Government Site for Medicare". To the right is a search bar with the placeholder "type search term here" and a "Search" button. Below this is a navigation menu with eight items: "Sign Up / Change Plans", "Your Medicare Costs", "What Medicare Covers", "Drug Coverage (Part D)", "Supplements & Other Insurance", "Claims & Appeals", "Manage Your Health", and "Forms, Help, & Resources".

The main content area features a large banner with the question "Is my test, item, or service covered?". Below the question is a search input field with the placeholder "type your test, item, or service here" and a "Go" button. To the right of the banner is a "50 MEDICARE 1965-2015 MEDICAID ANNIVERSARY" logo. Below the banner are three green buttons: "Find health & drug plans", "Apply for Medicare", and "Get started with Medicare". A red circle highlights the "Find health & drug plans" button, and a red arrow points to it from below.

Below the banner are two yellow boxes. The first box contains the text "Compare the health agencies based on the quality of their performance" and a "Compare agencies" button. The second box contains the text "Medicare & Medicaid have been covering healthcare for 50 years!" and a "Join the celebration" button.

At the bottom are three sections. The first section is "Address change/Medicare card issue?" with a dropdown menu for "Select your card issue..." and a "Go" button. The second section is "Information for my situation" with a dropdown menu for "Select your situation..." and a "Go" button. The third section is "Find someone to talk to" with a dropdown menu for "Select your state..." and a "Go" button.

Plan Finder Spanish Version

This screenshot shows the top left corner of the Medicare.gov website. A red circle highlights the language selection menu, which includes the text "Español" next to a small flag icon, followed by "English" and "A A A" (font size controls). Below this, the text "Print" is visible. The main header "Medicare.gov" and the tagline "The Official U.S. Government Site for Medicare" are also present. Navigation buttons for "Sign Up / Change Plans", "Your Medicare Costs", and "What Medicare Covers" are visible below the header.

This screenshot shows the main search interface of the Medicare Plan Finder in Spanish. At the top, there are links for "English", "Imprimir", and "Sobre nosotros | Glosario | CMS.Gov | Inicio de sesión en MyMedicare.gov". A search bar contains the text "escribir término de búsqueda aquí" and a "Buscar" button. Below this is a navigation menu with buttons for "Inscribese / Cambie de plan", "Sus costos si tiene Medicare", "Lo que cubre Medicare", "Cobertura de medicamentos", "Seguros suplementarios", "Reclamaciones y apelaciones", "El control de su salud", and "Formularios y ayuda". A secondary menu includes "Infórmese más sobre los planes", "Ayuda", "Glosario", and "Preguntas frecuentes". The main heading is "Buscador de planes de Medicare". The text below explains that users can choose between a general search or a personalized search. Two search options are presented in green-bordered boxes: "Búsqueda general" (General Search) and "Búsqueda personalizada" (Personalized Search). The "General Search" box includes a "Código postal:" label and an input field, and a "Buscar los planes" button. The "Personalized Search" box is partially visible at the bottom. On the right side, there is a sidebar titled "Buscador de planes multimedia" with a video player showing a "Medicare Plan Finder Lesson 1" video.


Plan Finder Search Options

General Search

A general plan search only requires your zip code.

ZIP Code:

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

Find Plans 

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 my Medicare Number?




Last Name:

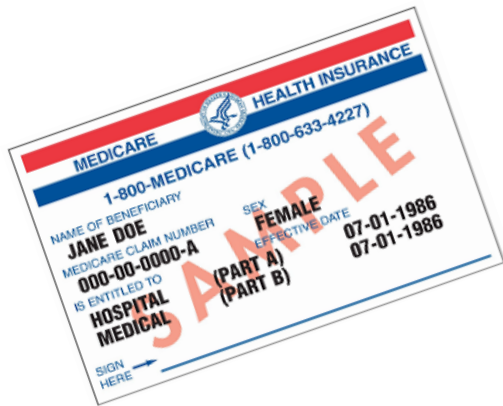
Effective Date for Part A: Month Year

Not Part A? Select here.

Date of Birth: Month Day Year

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

Find Plans 



Step 1 of 4: General Search Only

Step 1 of 4: Enter Information

All fields on the page are required unless noted as Optional.

How do you get your Medicare coverage?

- Original Medicare [?]
- I also have a separate Medicare drug plan [?] (optional)
- I also have a Medigap Policy [?] (optional)
- 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 pay \$2.65 - \$6.60 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
 - I don't get any Extra Help [?]
 - I don't know

[Go Back](#)

Low Income Subsidy Notice states what percentage the beneficiary is expected to pay for their premium.

General Search Only—Select Your Current Plan

Select Your Current Drug Plan

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



I don't know the name of the plan I'm enrolled in

I don't know what plan I have

AARP MedicareRx Enhanced (PDP)
S5921-223-0
Phone: 1-888-867-5575

AARP MedicareRx Preferred (PDP)
S5820-026-0
Phone: 1-888-867-5575

AARP MedicareRx Saver Plus (PDP)
S5921-372-0
Phone: 1-888-867-5575

Aetna Medicare Rx Essentials (PDP)
S5810-061-0
Phone: 1-877-238-6211

Aetna Medicare Rx Premier (PDP)
S5810-197-0
Phone: 1-877-238-6211

Blue MedicareRx Plus (PDP)
S5596-060-0
Phone: 1-866-755-2776

Blue MedicareRx Premier (PDP)
S5596-061-0
Phone: 1-866-755-2776

Blue MedicareRx Standard (PDP)
S5596-059-0
Phone: 1-866-755-2776

Cigna Medicare Rx Secure (PDP)
S5617-133-0
Phone: 1-800-222-6700

Entering Drugs

Retrieve My Saved Drug List:

Type the name of your drug:

Lipitor

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: 1552541376

Password Date: 8/10/2015 (change date)

Zip Code: 50309

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 OPTION	ACTION
Abacavir TAB 300MG	60	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove

My Drug List is Complete

Pop-Up Box to Indicate Dosage, Quantity, Frequency and Where You Buy

The screenshot shows the Medicare Plan Finder interface. At the top, it says "Search Results: 7 drugs found with Lipitor". Below this is a table with columns for "MEDICINE NAME", "DRUG TYPE", and "ADD DRUG". The first row shows "Lipitor(Atorvastatin Calcium)" with a "Brand" drug type and a "+ Add Drug" button. A pop-up box is overlaid on the screen, titled "Lipitor" and containing the following options:

- Dosages [?]**
 - Lipitor TAB 10MG
 - Lipitor TAB 20MG
 - Lipitor TAB 40MG
 - Lipitor TAB 80MG
- Quantity [?]**
 - 30
- Frequency [?]**
 - Every 1 Month
 - Every 2 Months
 - Every 3 Months
 - Every 12 Months
- Pharmacy Type [?]**
 - I get this medicine from a retail pharmacy.
 - I get this medicine from a mail order pharmacy.

At the bottom of the pop-up box are two buttons: "Add drug and dosage" and "Cancel". A red arrow points from the text "IMPORTANT TO ENTER AS PRESCRIBED" to the "Quantity" field in the pop-up box. The background interface also shows a "My Drug List (Maximum 25)" section with "Total Drugs in My Drug List: 1" and a "My Drug List is Complete" button at the bottom.

**IMPORTANT
TO ENTER AS
PRESCRIBED**



Lower Cost Generic Option

Search Results:
6 drugs found with Lipitor

MEDICINE NAME	DRUG TYPE	ADD DRUG
Lipitor(Atorvastatin Calcium)	Brand	+ Add Drug
Levetiracetam(Levetiracetam)	Generic	+ Add Drug
Levitra(Vardenafil HCl)	Brand	+ Add Drug
Levothyroxine		
Lipotriad(Vitam		
Liptruzet(Ezetir		

Lipitor
A lower cost generic is available for the drug you selected.

- Use lower cost generic: Atorvastatin Calcium
- Use brand drug: Lipitor

[Continue >](#)

My Drug List

Total Drugs in My Drug List: 0 [Print My Drug List](#)

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

[My Drug List is Complete >](#)

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: 1552541376

Password Date: 8/10/2015 (change date)

Zip Code: 50309

Use a different drug list ID

My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 2

Print My Drug List

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTION ³	ACTION
Abacavir TAB 300MG	60	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove
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

My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 2 [Print My Drug List](#)

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
Abacavir TAB 300MG	60	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove
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](#) 

click when ready for next STEP

Step 3 of 4: Select a Pharmacy

Please select up to two pharmacies to get a better estimate of how much your prescription drugs will cost. 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. Also note that some plans offer lower drug prices at preferred network pharmacies, compared to other pharmacies in the network.

My Current Profile

Zip Code: 80908
Current Coverage: Original Medicare, AARP MedicareRx Enhanced (PDP) (\$5921-223-0)
Current Subsidy: No Extra Help [?]
Drug List ID: 2100428288
Password Date: 07/21/2014

[Important Coverage Information](#)

[Continue to Plan Results](#)

We found 6 pharmacies within 0.5 miles of 50308

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

Available Pharmacies
Add to Selected Pharmacies

Hammer Pharmacy 600 E Grand Avenue Des Moines, IA 50309 1-515-243-4177 Add Pharmacy	Iowa Methodist Medical Center Pharmacy 1200 Pleasant St Des Moines, IA 50309 1-515-241-6355 Add Pharmacy	Methodist Plaza Pharmacy LTD 1212 Pleasant St Suite 105 Des Moines, IA 50309 1-515-244-8855 Add Pharmacy
Pharmacy At Corporate One 750 Park St Des Moines, IA 50309 1-515-248-0024 Add Pharmacy	United Community Services Inc 401 Sw 8Th Des Moines, IA 50309 1-515-280-3880 Add Pharmacy	Walgreens #3252 606 Walnut St Des Moines, IA 50309 1-515-283-2691 Add Pharmacy

[Continue to Plan Results](#)

Select Up to 2 Pharmacies and View Map

We found 6 pharmacies within 0.5 miles of 50308

Show/Hide Pharmacy Map

Your Selected Pharmacies

- Hammer Pharmacy**
600 E Grand Avenue
Des Moines, IA 50309
1-515-243-4177
[Remove Pharmacy](#)
- Walgreens #3252**
606 Walnut St
Des Moines, IA 50309
1-515-283-2591
[Remove Pharmacy](#)

Available Pharmacies

[Add to Selected Pharmacies](#)

- Iowa Methodist Medical Center Pharmacy**
1200 Pleasant St
Des Moines, IA 50309
1-515-241-6355
[Add Pharmacy](#)
- Methodist Plaza Pharmacy LTD**
4212 Pleasant St

Map data ©2015 Google | [Terms of Use](#) | [Report a map error](#)

Selecting a Pharmacy in Another Area

Step 3 of 4: Select Your Pharmacies

Please select up to two pharmacies. The price of your prescription drugs will cost. If you select a pharmacy, you will see is the full price of the drugs. Some plans offer lower drug prices at other pharmacies in the network.

Search Criteria

Address or ZIP Code (Required):

Pharmacy Name:

Enter a new ZIP code, address, or pharmacy name to change your search. If you want to change the search radius, use the drop-down menu on the Select Your Pharmacies page.

or [Cancel](#)

We found ~~15~~ pharmacies within 10 miles of your location.

[Search New Location or by Pharmacy Name](#)

[Show/Hide Pharmacy Map](#)

Available Pharmacies

Add to Selected Pharmacies

Costco Pharmacy
1010 Hawthorne Ave
Salem, OR 97301
1-503-371-8739
[Add Pharmacy](#)

Fred Meyer Pharmacy
3740 Market Ne
Salem, OR 97301
1-503-581-6431
[Add Pharmacy](#)

Genoa Healthcare
3180 Center St Ne Ste 3360
Salem, OR 97301
1-503-364-3047
[Add Pharmacy](#)

Original Medicare
Benefit Dual Eligible [?]
4816
1/2015
[Information](#)

Selecting a Pharmacy in Another Area

We found 9 pharmacies within 0.5 miles of 97220

[Search New Location or by Pharmacy Name](#)

[Show/Hide Pharmacy Map](#)

Available Pharmacies

Add to Selected Pharmacies

Ardon Health
11835 Ne Glenn Widing Dr
Portland, OR 97220
1-855-425-4085
[Add Pharmacy](#)

Fred Meyer Pharmacy
1111 Ne 102Nd
Portland, OR 97220
1-503-255-5494
[Add Pharmacy](#)

Gateway Medical Pharmacy
1125 Ne 99Th Ave
Portland, OR 97220
1-503-254-7383
[Add Pharmacy](#)

Kaiser Gateway Pharmacy
1700 Ne 102Nd Ave
Portland, OR 97220
1-503-261-7980
[Add Pharmacy](#)

Luke-Dorf Pharmacy
11349 Ne Sandy Blvd
Portland, OR 97220
1-503-597-3904
[Add Pharmacy](#)

Omnicare Of Portland
11933 Ne Glenn Widing Dr
Portland, OR 97220
1-503-254-1647
[Add Pharmacy](#)

Step 4 of 4: Refine Your Plan Results

Step 4 of 4: Refine Your Plan Results

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.

My Current Profile [Update Search](#)

Zip Code: 50309
Current Coverage: Original Medicare (H0001-001-0)
Current Subsidy: No Extra Help [?]
Drug List ID: 1552541376
Password Date: 08/10/2015

[Important Coverage Information](#)

Refine Your Search

[Update Plan Results](#)

- [+ Limit Your Monthly Premium](#)
- [+ Limit Your Annual Drug Deductible](#)
- [+ Select Drug Options](#)
- [+ Select Star Ratings](#)
- [+ Select Coverage Options](#)
- [+ Select Special Needs Plans](#)

Summary of Your Search Results

There are a total of 40 plans available in your area including Original Medicare. Please select one or more plan types to continue.

Select	Available Plans Based On Your Filters	Number of Plans Available: 39
<input type="checkbox"/>	Prescription Drug Plans (with Original Medicare) [?]	27 plan(s) available
<input type="checkbox"/>	Medicare Health Plans with drug coverage [?]	11 plan(s) available
<input type="checkbox"/>	Medicare Health Plans without drug coverage [?]	1 plan(s) available

[Continue To Plan Results](#)



Plan Results Page

Your Plan Results

[« Return to previous page](#)

Your plan results are organized by plan type and are initially sorted by lowest estimated cost. To view more plans, select View 20 or View All. Select any plan name for details. Compare up to 3 plans by using the checkboxes and selecting Compare Plans. The costs displayed are estimates; your actual costs may vary.

[- My Current Profile](#) [Update Search](#)

Zip Code: 50309

Current Coverage: Original Medicare (H0001-001-0)

Current Subsidy: No Extra Help [?]

Drug List ID: 1552541376

Password Date: 08/10/2015

[Important Coverage Information](#)

▼ Symbols



When you see this symbol near a plan name, it means that Medicare has given this plan a low summary rating for at least three years in a row.



When you see this symbol near a plan name, it means that Medicare has given the plan a 5-star rating (the highest rating). If a plan has a 5-star rating, people with Medicare can switch into that plan at any time during the year, even if it's not during an enrollment period.



Some Dental Coverage



Some Vision Coverage



Nationwide Coverage



Some Hearing Coverage



Your Current Plan(s)



Prescription Drug Plans



Medicare Health Plans with Drug Coverage



Medicare Health Plans without Drug Coverage

[Star Ratings](#)

[Star Ratings](#)

[Star Ratings](#)



Star Ratings

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

Plan Quality and Performance Ratings Star Ratings
★★★★★ Excellent

[Return to previous page](#)

Choose Plans to Compare

When you choose 3 plans to compare, quality and performance information will be available to help you make the best choice for you. Quality and Performance varies across plans. Giving good quality care means doing the right thing, at the right time and in the right way to get the best results possible.

★ When you see this symbol near a plan name, it means that Medicare has given the plan a 5-star rating (the highest rating). If a plan has a 5-star rating, people with Medicare can switch into that plan at any time during the year, even if it's not during an enrollment period.

View Summary Star Ratings | **View Drug Plan Star Ratings**

Compare Plans

Sort results by Overall Star Rating

Select to Compare	Plan Name and ID Numbers	Overall Star Rating
<input type="checkbox"/>	MedicareBlue Rx Premier (PDP) (S5743-004-0)	★★★★★ This plan got Medicare rating (5 stars)
<input type="checkbox"/>	MedicareBlue Rx Value Plus (PDP) (S5743-007-0)	★★★★★ This plan got Medicare rating (5 stars)
<input type="checkbox"/>	MedicareBlue Rx Standard (PDP) (S5743-001-0)	★★★★★ This plan got Medicare rating (5 stars)
<input type="checkbox"/>	Express Scripts Medicare - Value (PDP)	★★★★★ 4.0 out of 5 stars

Plan Quality and Performance Ratings Star Ratings
★★★★★ Excellent
★★★★ Above Average
★★★ Average
★★ Below Average
★ Poor

[Return to previous page](#)

Choose Plans to Compare

When you choose 3 plans to compare, quality and performance information will be available to help you make the best choice for you. Quality and Performance varies across plans. Giving good quality care means doing the right thing, at the right time and in the right way to get the best results possible.

★ When you see this symbol near a plan name, it means that Medicare has given the plan a 5-star rating (the highest rating). If a plan has a 5-star rating, people with Medicare can switch into that plan at any time during the year, even if it's not during an enrollment period.

View Summary Star Ratings | **View Drug Plan Star Ratings**

Compare Plans

Sort results by Summary Rating of Prescription Drug Plan Quality Sort

Select to Compare	Plan Name and ID Numbers	Summary Rating of Prescription Drug Plan Quality [?]	Drug Plan Customer Service [?]	Member Complaints and Changes in the Drug Plan's Performance [?]	Member Experience with the Drug Plan [?]	Drug Safety and Accuracy of Drug Pricing [?]
<input type="checkbox"/>	MedicareBlue Rx Premier (PDP) (S5743-004-0)	★★★★★ 5.0 out of 5 stars	★★★ 3.0 out of 5 stars	★★★★★ 5.0 out of 5 stars	★★★★★ 5.0 out of 5 stars	★★★★★ 5.0 out of 5 stars
<input type="checkbox"/>	MedicareBlue Rx Value Plus (PDP) (S5743-007-0)	★★★★★ 5.0 out of 5 stars	★★★ 3.0 out of 5 stars	★★★★★ 5.0 out of 5 stars	★★★★★ 5.0 out of 5 stars	★★★★★ 5.0 out of 5 stars
<input type="checkbox"/>	MedicareBlue Rx Standard (PDP) (S5743-001-0)	★★★★★ 5.0 out of 5 stars	★★★ 3.0 out of 5 stars	★★★★★ 5.0 out of 5 stars	★★★★★ 5.0 out of 5 stars	★★★★★ 5.0 out of 5 stars
<input type="checkbox"/>	Express Scripts Medicare - Value (PDP)	★★★★★ 4.0 out of 5 stars	★★★ 3.0 out of 5 stars	★★★★★ 5.0 out of 5 stars	★★★★★ 5.0 out of 5 stars	★★★★★ 5.0 out of 5 stars

Disenrollment Reasons—Details Page

[-] Prescription Drug Plan Star Ratings	
Summary Rating of Prescription Drug Plan Quality (?)	★★★★★ 4 out of 5 stars
[-] Drug Plan Customer Service (?) View data sources	★★★★★ 5 out of 5 stars
Drug Plan Makes Timely Decisions about Appeals (?)	★★★★★
Fairness of Drug Plan's Appeal Decisions, Based on an Independent Reviewer (?)	★★★★★
[-] Member Complaints and Changes in the Drug Plan's Performance (?) View data sources	★★★★★ 4 out of 5 stars
Complaints about the Drug Plan (more stars are better because it means fewer complaints) (?)	★★★★★
Members Choosing to Leave the Plan (more stars are better because it means fewer members are choosing to leave the plan) (?) View information about why members are leaving the plan	★★★★★
Improvement (if any) in the Drug Plan's Performance (?)	★★★★★ ¹
[-] Member Experience with the Drug Plan (?) View data sources	★★★★★ 4 out of 5 stars
Members' Rating of Drug Plan (?)	★★★★★
Ease of Getting Prescriptions Filled When Using the Plan (?)	★★★★★
[-] Drug Safety and Accuracy of Drug Pricing (?) View data sources	★★★★★ 4 out of 5 stars



Disenrollment Reasons—Compare Page

<input type="checkbox"/> Prescription Drug Plan Star Ratings		
SilverScript Choice (PDP) (S5601-014)	United American - Essential (PDP) (S5755-112)	Humana Walmart Rx Plan (PDP) (S5884-153)
Summary Rating of Prescription Drug Plan Quality (?)		
★★★★ 3.5 out of 5 stars	★★★★ 3.5 out of 5 stars	★★★★ 4 out of 5 stars
<input type="checkbox"/> Drug Plan Customer Service (?) View data sources		
★★★ 3 out of 5 stars	★★★ 3 out of 5 stars	★★★★★ 5 out of 5 stars
Drug Plan Makes Timely Decisions about Appeals (?)		
★	★	★★★★
Fairness of Drug Plan's Appeal Decisions, Based on an Independent Reviewer (?)		
★★★★	★★★★	★★★★★
<input type="checkbox"/> Member Complaints and Changes in the Drug Plan's Performance (?) View data sources		
★★★★★ 5 out of 5 stars	★★★★ 4 out of 5 stars	★★★★ 4 out of 5 stars
Complaints about the Drug Plan (more stars are better because it means fewer complaints) (?)		
★★★★★	★★★	★★★★
Members Choosing to Leave the Plan (more stars are better because it means fewer members are choosing to leave the plan) (?)		
★★★★ View information about why members are leaving the plan	★★★★ View information about why members are leaving the plan	★★★★ View information about why members are leaving the plan
Improvement (if any) in the Drug Plan's Performance (?)		
★★★★★	★★★★★	★★★★★ ¹



Disenrollment Reasons by Plan Type

The screenshots show the Medicare.gov website interface for a specific Medicare plan. The main screenshot displays the following information:

XYZ Medicare Plan (P0000-001)

In addition to looking at how many people chose to leave a plan, you may want to consider information about why previous members decided to leave. Knowing the reasons why people have left may help you to understand the problems that people had with that plan.

Medicare conducts a survey with people who have left their health or prescription drug plan to find out why they chose to leave. The percentages below show how many people left the plan for that reason.

Members Choosing to Leave the Plan (lower percentages are better because it means fewer members are choosing to leave the plan) (?) ★★★★★

Why Members Chose to Leave the Plan	Percentage
Of those surveyed about why they chose to leave their plan, the percentage who mention the following reasons	10%
Problems Getting Needed Care, Coverage, and Cost Information	15%
Problems with Coverage of Doctors and Hospitals	10%
Financial Reasons for Disenrollment	5%

Plan Results Page—Key Information

Ways to Further Lower My Drug Cost Share

The drugs you entered are listed below, with available lower cost options for WellCare Classic (PDP) (S5967-164). You may be able to further lower your estimated costs by looking for generic alternative drugs, similar lower cost drugs, and/or mail order pharmacies. The savings options listed below are for your information only. You should talk with your doctor before making any changes to your prescription drugs.

Pharmaceutical Assistance Programs

Some pharmaceutical companies offer assistance programs for the drugs they make. Check the Pharmaceutical Assistance Programs column in the table below, and click 'yes' for more details about any programs. Help you get from a Pharmaceutical Assistance Program won't count towards your out-of-pocket spending limits for Medicare Part D.

State Pharmaceutical Assistance Programs

Many states and the Virgin Islands offer help paying Part D plan premiums and/or drug costs. Find out if your state has a program by visiting our [State Pharmaceutical Assistance Program](#) site.

Retail Prices (30-day supply)

Mail Order Prices (90-day supply)

To view savings available from lower cost drugs select "click here to calculate savings".

Save by comparison your drug choices

SELECTED DRUGS	SAVINGS AVAILABLE FROM LOWER COST DRUGS	PHARMACEUTICAL ASSISTANCE PROGRAMS
Alendronate Sodium TAB 70MG	N/A	No
Lipitor TAB 10MG	Generic: Calculate savings	No
Lisinopril TAB 10MG	Similar Drug: Calculate savings	No
Vitamin D CAP 50000UNT	N/A	No

Default Sort for Medicare Advantage Plans with Drug Coverage

Medicare Health Plans with Drug Coverage Star Ratings

11 plans were found in 50309 based on your search criteria. View 10 [View 11](#)

Compare Plans

Sort Results by **Lowest Estimated Annual Health and Drug Cost** Sort

Meridian Prime (HMO) (H5786-002-0)
Organization: Meridian Health Plan

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	De
Retail	\$0.00	Ann
Pharmacy Status: Standard Cost-Sharing	Drug: \$0.00 Health: \$0.00	De
Cost as of Today: \$99		Dr
Mail Order		Co
Cost as of Today: \$140		

Medicare Health Plans with Drug Coverage

19 plans were found in 97301 based on your search criteria. View 10 [View 19](#)

Compare Plans

Sort Results by **Lowest Remainder Of The Year Mail Order Costs** Sort

Coventry Total Care (HMO) (H1609-009-0)
Organization: Coventry Health Care

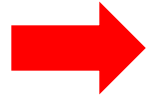
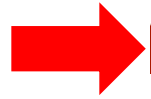
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]
Retail	\$0.00	Annual Drug Deductible: \$0	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary: No	\$3,520	★★★★ 4.5 out of 5 stars
Pharmacy Status: Preferred Cost-Sharing	Drug: \$0.00 Health: \$0.00	Health Plan Deductible: \$0	Out of Pocket Spending Limit: \$2,700 In-network	Drug Restrictions: No		Enroll
Cost as of Today: \$224		Drug Copay/Coinsurance: \$2 - \$45, 33% - 50%		Lower Your Drug Costs		
Mail Order				MTM Program [?] : Yes		
Cost as of Today: \$1,005						

Health Alliance Medicare Guide HMO Rx (HMO) (H1737-001-0)
Organization: Health Alliance Medicare

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay	Health Benefits: [?]	Drug Coverage [?] , Drug	Estimated Annual	Overall Star Rating: [?]

Compare Up to 3 Plans

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]	
<input checked="" type="checkbox"/> MedicareBlue Rx Premier (PDP) (S5743-004-0) ☆ Organization: MedicareBlue Rx					
Retail Pharmacy Status: Standard Cost-Sharing Cost as of Today: \$513 Mail Order Cost as of Today: \$513	\$124.20	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$1 - \$24, 33% - 50%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Lower Your Drug Costs MTM Program [?] : Yes	☆ This plan got Medicare's highest rating (5 stars)	Enroll
<input checked="" type="checkbox"/> AARP MedicareRx Preferred (PDP) (S5820-024-0) Organization: UnitedHealthcare					
Retail Pharmacy Status: Preferred Cost-Sharing Cost as of Today: \$561 Mail Order Cost as of Today: \$713	\$51.20	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$2 - \$85, 33%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Lower Your Drug Costs MTM Program [?] : Yes N	★★★★★ 4 out of 5 stars	Enroll
<input checked="" type="checkbox"/> AARP MedicareRx Saver Plus (PDP) (S5921-370-0) Organization: UnitedHealthcare					
Retail Pharmacy Status: Preferred Cost-Sharing Cost as of Today: \$564 Mail Order Cost as of Today: \$652	\$30.00	Annual Drug Deductible: \$320 Drug Copay/ Coinsurance: \$1 - \$40, 25%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Lower Your Drug Costs MTM Program [?] : Yes N	★★★ 2.5 out of 5 stars	Enroll



Bar Chart to Show When Changes in Coverage Levels Occur



View Details of Costs

Show monthly cost chart for: Hammer Pharmacy Walgreens #3252 Mail Order Pharmacy

MedicareBlue Rx Premier (PDP)

(S5743 - 004) Plan Type: PDP

Detailed Monthly costs for Hammer Pharmacy

[View All Months](#)

MONTH	ITEM	COVERAGE LEVEL	YOUR COST	TOTAL DRUG COST	
1	Abacavir TAB 300MG	Initial Coverage Level	\$3.00	\$418.64	
	Atorvastatin Calcium TAB 10MG	Initial Coverage Level	\$1.00	\$5.91	
	Drug Premium	NA	\$124.20	n/a	
MONTH 1 TOTAL			\$128.20	\$424.55	
2	MONTH 2 TOTAL			\$128.20	\$424.55
3	MONTH 3 TOTAL			\$128.20	\$424.55
4	MONTH 4 TOTAL			\$128.20	\$424.55
5	MONTH 5 TOTAL			\$128.20	\$424.55
6	MONTH 6 TOTAL			\$128.20	\$424.55
7	MONTH 7 TOTAL			\$128.20	\$424.55
8	MONTH 8 TOTAL			\$128.20	\$424.55
9	MONTH 9 TOTAL			\$128.20	\$424.55
10	MONTH 10 TOTAL			\$128.20	\$424.55
11	MONTH 11 TOTAL			\$128.20	\$424.55
12	MONTH 12 TOTAL			\$128.20	\$424.55

Plan Details—Drug Coverage

Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Abacavir TAB 300MG	Tier 2: Non-Preferred Generic			
Atorvastatin Calcium TAB 10MG	Tier 1: Preferred Generic		Yes	

[Print My Drug List](#)
[Print Plan Report](#)
[View Drug Benefit Summary](#)

Pharmacy & Mail Order Information

Mail Order is available

Pharmacy Network [?]
 3 network pharmacies in your ZIP code

Drug List

[Add/Edit Drugs](#)

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
ABACAVIR TAB 300MG	60	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove
ATORVASTATIN CALCIUM TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Lipitor) Switch Back	Change dose Add Remove

View Drug Benefit Summary

Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Abacavir TAB 300MG	Tier 2: Non-Preferred Generic			
Atorvastatin Calcium TAB 10MG	Tier 1: Preferred Generic		Yes	

[Print My Drug List](#)
[Print Plan Report](#)
[View Drug Benefit Summary](#)

Pharmacy & Mail Order Information

Mail Order is available.

Pharmacy Network [?]

3 network pharmacies in your ZIP code

Drug List

[Add/Edit Drugs](#)

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
ABACAVIR TAB 300MG	60	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove
ATORVASTATIN CALCIUM TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Lipitor) Switch Back	Change dose Add Remove

“View Drug Benefit Summary” Page

Find Preferred Pharmacy Prices

MedicareBlue Rx Premier (PDP)

(Contract ID: S5743, Plan ID: 004)

Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit

PHARMACY TYPE	TIER NAME
	Tier 1: Preferred Generic
	Tier 2: Non-Preferred Generic
Preferred Cost Sharing Pharmacies	Tier 3: Preferred Brand
	Tier 4: Non-Preferred Brand
	Tier 5: Specialty Tier
	Tier 1: Preferred Generic
	Tier 2: Non-Preferred Generic
Standard Cost Sharing Pharmacies	Tier 3: Preferred Brand
	Tier 4: Non-Preferred Brand
	Tier 5: Specialty Tier

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)
	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
Preferred Cost Sharing Pharmacies	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
	Tier 1: Preferred Generic	\$1.00	\$2.00	\$3.00
	Tier 2: Non-Preferred Generic	\$3.00	\$6.00	\$9.00
Standard Cost Sharing Pharmacies	Tier 3: Preferred Brand	\$24.00	\$48.00	\$72.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	33%	33%	33%
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)
	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
Preferred Cost Sharing Pharmacies	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered

Medicare Health Plan with Drug Coverage View

Your Plan Details

[Return to previous page](#)

Select the tabs below for more detailed information about the plan health plan costs and more coverage and star ratings.

Symbols

D Some Dental Coverage **V** Some Vision Coverage

H Some Hearing Coverage

* Estimated

Overview Health Plan Benefits Drug Costs & Coverage

Coventry Advantra Platinum (PPO)

(H1608-001-0)¹

Organization: Coventry Health Care

Plan Type: Local Preferred Provider Organization

4320 114th Street
Urbandale, IA 50322

Members:
1-866-901-4692
711 (TTY/TDD)

Non Members:
1-855-338-9551
711 (TTY/TDD)

Additional Plan Information

Overall Star Rating [?]

Health Plan Star Ratings [?]

Drug Plan Star Ratings [?]

Additional Plan Information

Overall Star Rating [?] ★★★★★
4.5 out of 5 stars

Health Plan Star Ratings [?] ★★★★★
4 out of 5 stars

Drug Plan Star Ratings [?] ★★★★★
4.5 out of 5 stars

Plan Type: Local Preferred Provider Organization

Plan Status: Approved by Medicare

Area: Partial State of Iowa and South Dakota

[View plan website](#)

Important Note:

[View Drug Benefit Summary](#)

Provider Network:

4501-5000 physicians and providers.

[View provider and physician network website](#)

[View a chart on how an independent sales agent or broker would be compensated if they were to enroll you in a plan for 2015](#)

Costs

Monthly Premiums

Part B premium² \$104.90

[View Part B premiums based on income](#)

Plan premium \$0.00

• Health plan premium \$0.00

• Drug plan premium \$0.00

Estimated Costs

Health Plan Benefits Tab— Costs and Other Important Information

Overview **Health Plan Benefits** Drug Costs & Coverage Star Ratings Manage Drugs

Coventry Advantra Platinum (PPO)
(H1608-001-0)¹
Organization: Coventry Health Care
Plan Type: Local Preferred Provider Organization

4320 114th Street
Urbandale, IA 50322

Members:
1-866-901-4692
711 (TTY/TDD)

Non Members:
1-855-338-9551
711 (TTY/TDD)

Overall Star Rating: [?]
★★★★
4.5 out of 5 stars

[Enroll](#)

Costs and Other Important Information

[View More Detailed Cost & Benefit Information](#)

Monthly Health Plan Premium	\$0.00
Monthly Drug Plan Premium	\$0
Health Plan Deductible	\$0
Other Health Plan Deductibles?	No
Maximum Out-of-Pocket Enrollee Responsibility (does not include prescription drugs)	\$7,500 In and Out-of-network \$3,800 In-network
Prescription Drugs Covered?	Yes
Choice of Doctors?	Any Doctor
Optional Supplemental Benefits?	No
Plan's inpatient hospital benefit period the same as Original Medicare's?	Yes

Benefits

[View More Detailed Cost & Benefit Information](#)

Health Plan Benefits

The screenshot displays the Medicare Plan Finder interface for the Coventry Advantra Platinum (PPO) plan. The 'Health Plan Benefits' tab is selected and circled in red. The plan details include the address (4320 114th Street, Urbandale, IA 50322), overall star rating (4.5 out of 5 stars), and enrollment information. A red arrow points to the 'View More Detailed Cost & Benefit Information' link under the 'Costs and Other Important Information' section.

Category	Value
Monthly Health Plan Premium	\$0.00
Monthly Drug Plan Premium	\$0
Health Plan Deductible	\$0
Other Health Plan Deductibles?	No
Maximum Out-of-Pocket Enrollee Responsibility (does not include prescription drugs)	\$7,500 In and Out-of-network \$3,800 In-network
Prescription Drugs Covered?	Yes
Choice of Doctors?	Any Doctor
Optional Supplemental Benefits?	No
Plan's inpatient hospital benefit period the same as Original Medicare's?	Yes

Create Custom Report

Coventry Advantra Platinum (PPO) (MAPD) (H1608-001)

Create Custom Report

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium? \$0.00 per month. In addition, you must keep paying your Medicare Part B premium.

How much is the deductible? This plan does not have a deductible.

Is there any limit on how much I will pay for my covered services? Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan:

- \$3,800 for services you receive from in-network providers.
- \$7,500 for services you receive from any provider.

Your limit for services received from in-network providers will count toward this limit.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Is there a limit on how much the plan will pay? No. There are no limits on how much our plan will pay.

Covered Medical and Hospital Benefits

Note:

- Services with a ¹ may require prior authorization.
- Services with a ² may require a referral from your doctor.

Outpatient Care and Services

Acupuncture and Other Alternative Therapies Not covered

Ambulance¹

- **In-network:** \$300 copay
- **Out-of-network:** \$300 copay

Chiropractic Care¹ Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):

- **In-network:** \$20 copay
- **Out-of-network:** 40% of the cost

Customizable Print Report

Coventry Advantra Platinum (PPO) (MAPD) (H1608-001) Create Custom Report

Customize Costs and Benefits Report

Customize the report by selecting from the options below. Once you have made the selections for what you want to view, click "Get the Report".

- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
 - Outpatient Care and Services
 - Preventive Care
 - Hospice
 - Inpatient Care
 - Prescription Drug Benefits
 - Choice of Doctors?
 - Plan's inpatient hospital benefit period the same as Original Medicare's?
- Optional Benefits (you must pay an extra premium each month for these benefits)

Get the Report or [Cancel](#)

Monthly Premium
How much is the premium?
How much is the deductible?
Is there any limit on how much I will pay for covered services?
Is there a limit on how much the plan will pay for covered services?
Covered Medical Services
Note:
• Services with a copay
• Services with a coinsurance
Outpatient Care
Acupuncture and Alternative Therapies
Ambulance¹
Chiropractic Care
out of position):
• In-network: \$20 copay
• Out-of-network: 40% of the cost

Compare and Print View Drug Cost Summary

Estimated Monthly Drug Costs

Monthly Drug Costs at Retail Pharmacies

[View Drug Cost Summary](#)

MILESTONES	MONTH	YOUR COST
Deductible met	1st	\$277.70
	2nd	\$150.70
	3rd	\$101.70
	4th	\$101.70
	5th	\$101.70
	6th	\$101.70
	7th	\$101.70
	8th	\$101.70
	9th	\$101.70
	10th	\$101.70
Donut Hole reached	11th	\$163.26
	12th	\$180.51

Monthly Drug Costs Estimator

View monthly costs comparison charts.



View monthly drug cost details by selected drugs

Monthly Drug Costs at Retail Pharmacies

[View Drug Cost Summary](#)

MILESTONES	MONTH	YOUR COST
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		
8th		
9th		
10th		
11th		
12th		

Monthly Drug Costs Estimator

View monthly costs comparison charts.

View monthly drug cost details by selected drugs

Starting January 1, 2011, if you reach the coverage gap (also called

Show monthly cost chart for: Hammer Pharmacy Walgreens #3252 Mail Order Pharmacy

Humana Gold Plus H0028-002 (HMO)
(H0028 - 002) Plan Type: HMO

Hammer Pharmacy - Standard Retail Cost Sharing

What You Pay						
SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Deductible[?]	Initial Coverage Level[?]	Coverage Gap [?]	Catastrophic Coverage[?]
Abacavir TAB 300MG	\$271.00	Every 1 Month	\$271.00	\$95.00	\$176.15	\$13.55
Atorvastatin Calcium TAB 10MG	\$6.70	Every 1 Month	\$6.70	\$6.70	\$4.36	\$6.60
MONTHLY TOTALS:	\$277.70		\$277.70	\$101.70	\$180.51	\$20.15

Coventry Advantra Platinum (PPO)
(H1608 - 001) Plan Type: Local Preferred Provider Organization

Hammer Pharmacy - Preferred Retail Cost Sharing

What You Pay					
SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Initial Coverage Level[?]	Coverage Gap[?]	Catastrophic Coverage[?]
Abacavir TAB 300MG	\$76.37	Every 1 Month	\$38.18	\$49.64	\$6.60
Atorvastatin Calcium TAB 10MG	\$4.31	Every 1 Month	\$3.00	\$2.80	\$2.65
MONTHLY TOTALS:	\$80.68		\$41.18	\$52.44	\$9.25

AARP MedicareComplete (HMO)
(H4456 - 025) Plan Type: HMO

Hammer Pharmacy - Standard Retail Cost Sharing

What You Pay					
SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Initial Coverage Level[?]	Coverage Gap[?]	Catastrophic Coverage[?]

View monthly drug cost details by selected drugs

Print Comparison Report

Customize Your Printable Report

Customize the report by selecting from the options below. Once you have made the selections for what you want to print, click 'Print'. The default report options have been preselected for you.

- Fixed Costs
- Drug List
- Drug Coverage Information
- Estimated Drug Costs - Retail
 - Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs at Retail Pharmacy
 - Estimated Drug Cost Details at Retail Pharmacy
 - Estimated Monthly Cost Comparison Bar Chart - Retail Pharmacy
 - Estimated Monthly Drug Costs at Retail Pharmacy
- Estimated Drug Costs - Mail Order
 - Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs at Mail Order Pharmacy
 - Estimated Drug Cost Details at Mail Order Pharmacy
 - Estimated Monthly Cost Comparison Bar Chart - Mail Order Pharmacy
 - Estimated Monthly Drug Costs at Mail Order Pharmacy
- Pharmacy Network Information
- Definitions

Drug

All of your plan's formulary drugs

Abacavir

Quantity

Tier 4: Non-Preferred

Atorvastatin

Quantity

Tier 2: Non-Preferred

Print

Pharmacy

Mail Order Pharmacy

3 network Preferred available

Drug

Compare Plans—Drug Updates

- Drug List

Add/Edit Drugs

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
ABACAVIR TAB 300MG	60	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove
ATORVASTATIN CALCIUM TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Lipitor) Switch Back	Change dose Add Remove

Online Enrollment Center

Overview | Health Plan Benefits | Drug Costs & Coverage | Star Ratings | Manage Drugs

Humana Gold Plus H0028-002 (HMO)
 (H0028-002) ¹ Plan Type: HMO
 Organization: CHA HMO, Inc.

Members: 1-800-457-4708
 711(TTY/TDD)
 Non Members: 1-800-833-2364
 711(TTY/TDD)

Coverage: Provides health and drug coverage

Enroll

Additional Plan Information

Overall Star Rating: ★★★★
 4 out of 5 stars

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 2015 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 1 st 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 <u>before</u> the month you get Medicare—your effective date is the 1st day of the month you get Medicare. If you enroll <u>during</u> or <u>after</u> 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.

I may be able to enroll at this time if... More Info

Medicare Health and Drug Plan Enrollment Center



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.

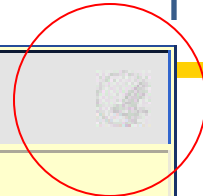
<input type="checkbox"/> I am new to Medicare.	<input type="checkbox"/> I recently moved outside of the service area for my current plan. I moved on --Month-- --Day-- --Year--
<input type="checkbox"/> In the last 12 months, I left a Medigap policy to join a Medicare Advantage Plan* for the first time (*Medicare Advantage plan with prescription drug coverage)	<input type="checkbox"/> I have both Medicare and Medicaid or my state helps pay for my Medicare Premiums.
<input type="checkbox"/> 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--	<input type="checkbox"/> I recently "left" a Programs of All-inclusive Care for the Elderly program. I left a PACE program on --Month-- --Day-- --Year--
<input type="checkbox"/> I am losing creditable drug coverage I had from an employer. I left, will leave, lost or will lose my employer coverage on --Month-- --Day-- --Year--	<input type="checkbox"/> I belong to a pharmacy assistance program provided by my state, or I am losing or recently lost participation in such a program.

Click here on
HHS watermark



Medicare Health and Drug Plan Enrollment Center

Your Personal Information:



Title: Mr. Mrs. Miss. Ms.

Your Name:

First Name

M.I.

Last Name

Birth Date:

--Month-- --Day-- --Year--

Gender:

Male Female

Enter your SHIP office phone number below

Partner Information:

State:

--Choose a State/Province--

Agent ID:

Enter your 10-digit office phone number.

Upon your request, I will help you enroll into the Medicare Prescription Drug Plan that you have chosen. I will follow your enrollment instructions and fill in the enrollment form with information that you provide to me. I will assume that the information that you provide is complete, truthful and accurate. I assume no responsibility for your decisions and you agree that my organization and I are not responsible for any liability arising out of assisting you with your enrollment.

Medicare Health and Drug Plan Enrollment Center

Email Application Information

Print



Step 1 Step 2 Step 3 Step 4
Personal Information Review Read and Submit Confirmation

Enrollment Request Received

Your 2015 enrollment request was received and will be processed by: Medicare Health XYZ Plus (PPO) and your Confirmation Number is **34259286730545**

Name Janie Jones

Please contact the plan directly with any additional questions.

Medicare Health XYZ Plus (PPO)
200 West Main Street
Happyville, MD 20202
Phone: 1-800-202-0202
Website: www.PlanXYZ.com/medicare/

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.

Programs of All-Inclusive Care for the Elderly (PACE) Plans

Medicare Plan Finder

You have the option to complete a general or personalized plan search. A personalized search may 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:

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

Find Plans 

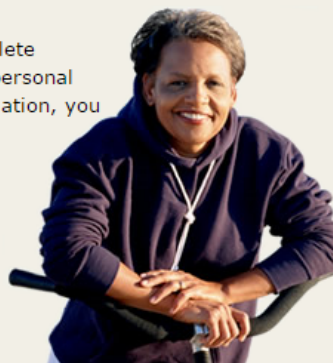
Personalized Search

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 my Medicare Number?



Plan Finder Multimedia

Step by step overview on how to complete a plan search
Lesson 1- Getting Started



View more videos

Additional Tools

- ◆ Find PACE Plan(s)
- ◆ Find and compare Medicare policies
- ◆ Search by plan name and/or ID
- ◆ Enroll now
- ◆ Check your enrollment
- ◆ Medicare complaint form



PACE Plans—Results Page

Your Plan Results

Programs of All-inclusive Care for the Elderly (PACE) is a Medicare and Medicaid program offered in many states that allows people who otherwise need a nursing home-level of care to remain in the community. To qualify for PACE, you must meet these conditions:

- You're 55 or older.
- You live in the service area of a PACE organization.
- You're certified by your state as needing a nursing home-level of care.
- At the time you join, you're able to live safely in the community with the help of PACE services.

Below is the list of PACE plans currently approved in your state. You should check back frequently to see if any new PACE plans are available. For additional information, please contact the PACE plan directly



PACE plans	
31 plans were found in California View 10 View 20 View All	
Plan ID 	Plan Name 
H4074-001-0	The Pace Plan 1
P002	The Pace Plan 2
P003	The Pace Plan 3
P004	The Pace Plan 4
P005	The Pace Plan 5
P006	The Pace Plan 6
P007	The Pace Plan 7
P008	The Pace Plan 8
P009	The Pace Plan 9
P0010	The Pace Plan 10

PACE Plans–Details Pop-Up

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

[Close Window](#)

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How to Enroll in Senior LIFE York Dual Eligible (PACE)

Contact: York County PACE

Prospective Enrollees: Local: 1-814-535-6000 Ext. 102
Toll Free: 1-877-998-5433 Ext. 102

Prospective Enrollees (TTY): Local: 1-814-535-6000
Toll Free: 1-877-998-5433

Current Enrollees: Local: 1-814-535-6000 Ext. 102
Toll Free: 1-877-998-5433 Ext. 102

Current Enrollees (TTY): Local: 1-814-535-6000
Toll Free: 1-877-998-5433

Hours: Monday - Friday: 8:00 am - 7:00 pm CT; Saturday: 9:00 am - 3:00 pm CT

Website: <http://www.seniorlifeyork.com>

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CMSNationalTrainingProgram/index.html](https://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html)

For questions about training products email

training@cms.hhs.gov