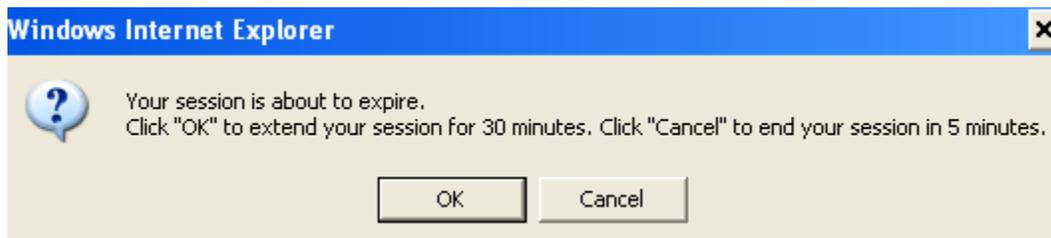


## Medicare Plan Finder – General Tips

- For security purposes, your Medicare Plan Finder session will time-out after 30 minutes of inactivity. However, you have the option to extend your session if you're still working. After 25 minutes of inactivity, a pop-up box will appear and ask you whether you'd like to continue your session. Within the next five minutes, you need to select whether you'd like to extend or end your plan search.



- Tips for printing
  - For best results, use the "Print" link located in the Medicare.gov header, instead of the print option in your Internet browser (e.g. File – Print).
  - Make sure you are using the latest version of your Internet browser
  - Enable the "Shrink to Fit" option in your printer settings
  - Additionally, for optimal printing results, please follow the recommended settings shown in the table below

Options	Recommended settings
Font Size	10-points or 12-points
Paper Size	Letter or US Letter (8.5" * 11.0")
Orientation	Landscape
Page Margins	Left and Right 0.75", top and bottom 0.50"

## Medicare Plan Finder Homepage

1. Using the Medicare Plan Finder, you can complete either a general plan search or a personalized plan search. For a general plan search, you only need to enter a beneficiary's zip code.

For a personalized plan search, you need to enter their zip code, Medicare number, Medicare Part A or B effective date, last name, and date of birth. When possible, it is best to complete a personalized plan search in order to receive the most accurate cost estimates from the Medicare Plan Finder. This enables the plan finder to locate information about a beneficiary's coverage and extra help status; that information is then used to provide more customized estimates of what a beneficiary would pay for coverage under each health or drug plan.

**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**

## Enter Your Drugs Page

1. Whenever possible, please use this page to enter information about the drugs a beneficiary takes, including the drug name, dosage, quantity, frequency, and whether they buy retail/store or mail order. Entering this information helps the Medicare Plan Finder provide more accurate drug cost information. If you select "I don't want to add drugs now," the plan finder will include a cost estimate of what an average beneficiary would pay for their drug co-payments/coinsurance in each plan. If you select "I don't take any drugs" the "Estimated Annual Drug Costs" you see later in your plan search will only include the monthly premium you would pay for the plan, if applicable.

**Lisinopril** ✕

**Dosages** [?]

- Lisinopril TAB 2.5MG
- Lisinopril TAB 5MG
- Lisinopril TAB 10MG
- Lisinopril TAB 20MG
- Lisinopril TAB 30MG
- Lisinopril TAB 40MG

**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.

**Add drug and dosage** or **Cancel**

## Step 2 of 4: Enter Your Drugs

Please enter your prescription drugs. This will help us estimate your costs and allow you to see which plans cover your drugs. The site doesn't show pricing for over the counter drugs or diabetic supplies (e.g. test strips, lancets, needles). For more information, you may contact the plan.

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

## My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 0

[Print My Drug List](#)

2. You can enter up to 25 prescription drugs to a drug list in the Medicare Plan Finder. You can also print a copy of the drug list from this step.
3. After you enter the first drug, the Medicare Plan Finder will automatically create a Drug List ID and password date for your drug list. You can use this information to go back into the plan finder at a later time and continue a plan search without re-entering all of the prescription information. From this page, you also have options to change the password date, or enter a different Drug List ID.

**Retrieve My Saved Drug List:**

Your personal information cannot be accessed using your drug ID list. Medicare doesn't share the drug information you enter.

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

**Password Date:** [What is this?](#)  
Jun ▼ 25 ▼ 2013 ▼

[Retrieve My Drug List](#) >

4. The first time you do a personalized search for a beneficiary, the Medicare Plan Finder will automatically create a Drug List ID and password date. Each subsequent time you do a personalized search for that beneficiary, the plan finder will automatically bring up the drug list for that beneficiary – you will not have to re-enter the Drug List ID or password date.
5. The “My Current Profile” box has been added to the top of every page in the Medicare Plan Finder. This box includes information about current and future coverage and subsidies, as well as a link to any effective date information for future coverage.
6. You can also click on the links to get “Get Help with common Drug Abbreviations,” “Hints on how to enter drug information” and “why you can't find a drug” to learn more about how to enter drugs into the Medicare Plan Finder.

**My Current Profile**

**Zip Code:** 03773

**Current Coverage:** First Health Part D Premier (PDP) (S5768-005-0); Effective 01/01/13

**Current Subsidy:** Full Extra Help [\[?\]](#); Effective 01/01/13

[Important Coverage Information](#)

**Name of Drug:**  
 [Find My Drug](#) >

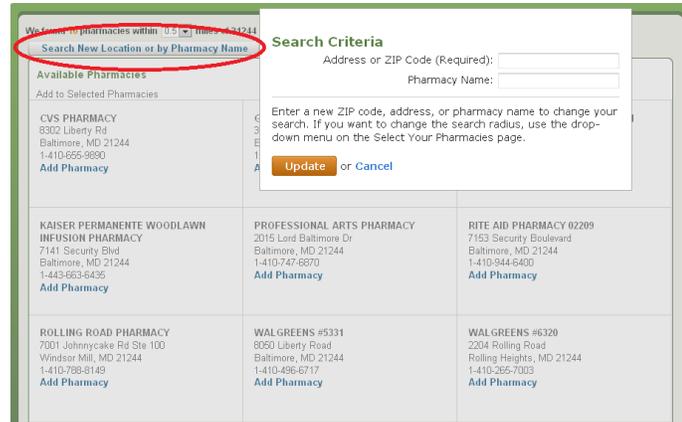
Or Browse A-Z:

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

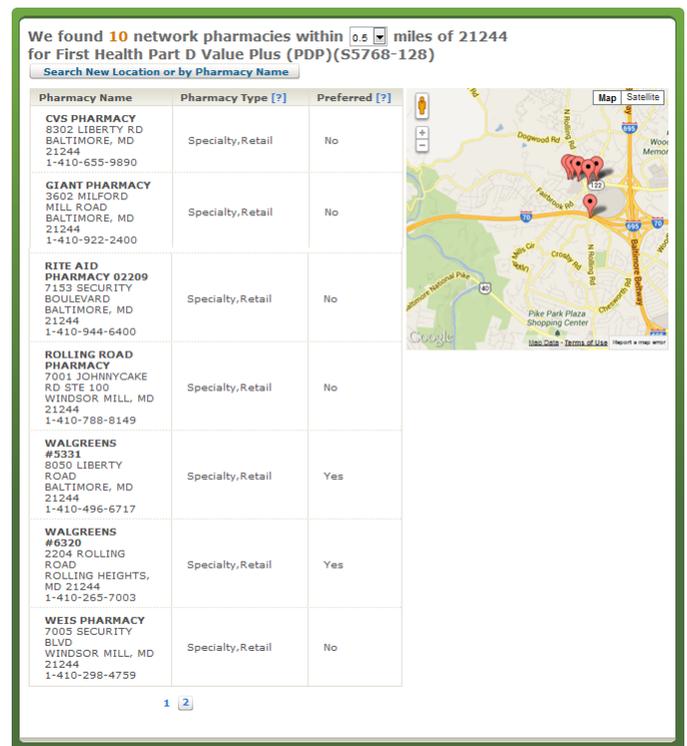
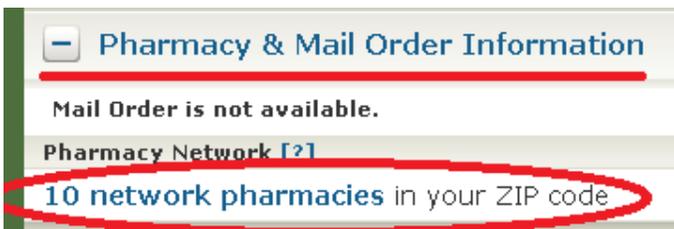
[Help with common drug abbreviations](#)  
[Hints on how to enter drug information](#)  
[Why can't I find my drug?](#)

## Select Your Pharmacy Page

1. When entering your prescriptions you will be required to select a pharmacy. Select the pharmacy the beneficiary shops currently and a second if you want to compare costs. You can select up to two pharmacies. You can also search for pharmacies in other areas (e.g. other than the zip code you entered for your plan search). This feature may be helpful for beneficiaries who travel, or who use a long-term care pharmacy that may not be located nearby.



2. You can view information about a plan’s pharmacy network later in the search process by clicking on the Drug Cost Coverage Tab and clicking on Network Pharmacies. The pop-up window will display a complete listing of the Plan’s pharmacy network, and whether the plan offers Preferred-network pharmacies.



## Refine Your Results Page

1. The purpose of this page is to provide an overview of all of the Medicare plan options available in the zip code you entered for your search.

The screenshot shows the 'Refine Your Search' interface. On the left, there is a sidebar with several filter options, each with a plus sign and an 'Update Plan Results' button at the bottom. The filters include: 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, and Select Plans By Company. On the right, the 'Summary of Your Search Results' section indicates that there are 38 plans available. Below this is a table with three columns: 'Select', 'Available Plans Based On Your Filters', and 'Number of Plans Available:'. The table lists three categories: 'Prescription Drug Plans (with Original Medicare) [?]' with 24 plans available (checked), 'Medicare Health Plans with drug coverage[?]' with 8 plans available (unchecked), and 'Medicare Health Plans without drug coverage[?]' with 5 plans available (unchecked). A 'Continue To Plan Results' button is located below the table.

Select	Available Plans Based On Your Filters	Number of Plans Available:
<input checked="" type="checkbox"/>	Prescription Drug Plans (with Original Medicare) [?]	24 plan(s) available
<input type="checkbox"/>	Medicare Health Plans with drug coverage[?]	8 plan(s) available
<input type="checkbox"/>	Medicare Health Plans without drug coverage[?]	5 plan(s) available

2. You can use the filters on the left side of the page to refine your plan results. For instance, you can use these filters to eliminate any plan types (e.g. PDP, MA-PD, MA-only) a beneficiary may not be interested in. This will reduce your number of plan results and also help the Medicare Plan Finder process more quickly, since the pages won't have to load as much data. If you want to include Special Needs Plans in your Plan Results you will need to select the "Special Needs Plans" and check to include. **Note:** when the "plans for people who are eligible for Medicare and Medicaid" grayed out it's because the beneficiary information did not indicate they have Medicare and Medicaid.

The screenshot shows the 'Select Special Needs Plans' filter. It has a minus sign icon and the title 'Select Special Needs Plans'. Below the title, it says 'Include the following types of plans:'. There are three options, each with a checkbox: 'plans for people who are eligible for both Medicare and Medicaid' (grayed out), 'plans for people with certain chronic or disabling conditions', and 'plans for people in certain long-term care facilities'.

## Plan Results Page

1. This page lists a beneficiary's current and future plans, followed by information about Original Medicare, Prescription Drug Plans (PDPs), Medicare Health plans with prescription drug plans, and Medicare Health Plans without prescription drug coverage. The page defaults to allow you to view 10 plans of each type. You can view more results by clicking on the links that say View 20 or View 50.

**Prescription Drug Plans**

There are 31 plans in 21244 that match your preferences. [View 10](#) [View 20](#) [View 50](#)

2. You can refer to the "Pharmacy Status" that displays in the Estimated Annual Drug Cost Column to see whether the pharmacy you selected earlier is in the plans network, out-of network or considered a preferred pharmacy.

**Prescription Drug Plans** Plan Ratings

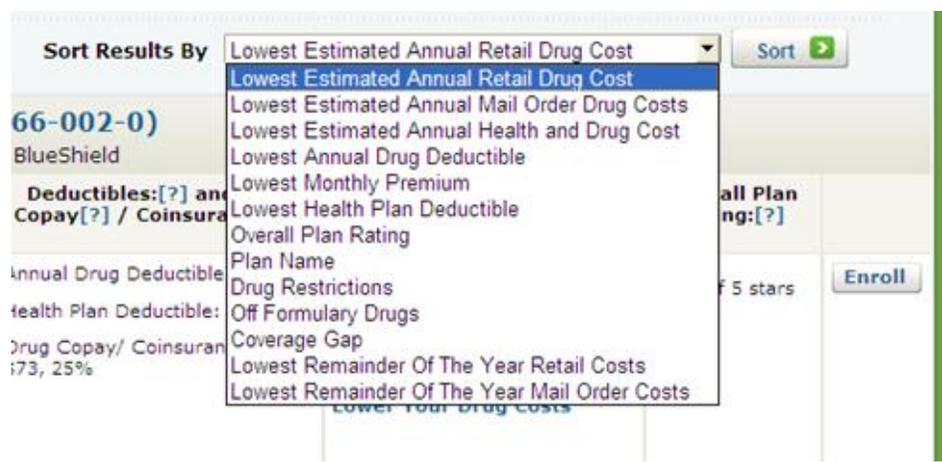
There are 31 plans in 21244 that match your preferences. [View 10](#) [View 20](#) [View 50](#)

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

**AARP MedicareRx Preferred (PDP) (S5820-004-0)**  
Organization: UnitedHealthcare

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Plan Rating: [?]	
<b>Retail</b> Pharmacy Status: Network Annual: \$1,678 Rest of 2012: \$423 <b>Mail Order</b> Annual: \$3,165 Rest of 2012: \$1,741	\$37.50	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$4 - \$95. 33%	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> No Gap Coverage <a href="#">Lower Your Drug Costs</a> MTM Program[?]: <b>Yes</b> <span style="border: 1px solid #00aaff; border-radius: 50%; padding: 2px;">N</span>	★★★ 3 out of 5 stars	<a href="#">Enroll</a>

3. The results on this page are sorted in order of Lowest Annual Estimated Drug Costs (PDPs) or Lowest Annual Estimated Health and Drug Costs (MA-PDs and MA-only plans) with a secondary sort by star ratings. You can change how the results are sorted by selecting a different option from the drop down menu called "Sort Results By."



4. The Medicare Plan Finder automatically displays "Current Year" plan information. However, during Open Enrollment you can view two plan years, "Current Year" and "Future Year" plan information by clicking on the link that says "View 20XX plan data." For example:



5. There are symbols on the Plan Results, Plan Details, and Plan Comparison pages to help you easily identify plans that have a 5 star-rating (highest rating), are low performing plans (lowest ratings 3 years in a row), Other symbols help identify plans that offer additional benefits and/or offer nationwide coverage.

**Symbols**

 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.

 When you see this symbol near a plan name, it means that Medicare has given this plan a low summary rating for 3 years in a row. Online enrollment has been disabled for low performing plans.

 Some Dental Coverage      Some Vision Coverage      Some Hearing Coverage      Nationwide Coverage

6. Each plan will display an overall plan rating, but you can also click on Plan Ratings to see a summary of quality and performance ratings by type of plan (PDP, MAPD, MA).

**Prescription Drug Plans** [Plan Ratings](#)

**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 [?], Drug Restrictions[?] and Other Programs:	Overall Plan Rating:[?]	<a href="#">Enroll</a>
Retail Pharmacy Status:	\$18.50	Annual Drug Deductible: \$325 Drug Copay/Coinsurance:	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b>	★★★★★ 3.5 out of 5 stars	

7. The Estimated Annual Health and Drug Costs listed on this page are estimated average amounts a beneficiary might expect to spend each year for their health and/or drug coverage (rounded to the nearest \$50). The estimates include the following:
- Plan benefits (coverage)
  - Costs for premiums, copayments, deductibles, coinsurance
  - Costs not covered by insurance

These estimated costs are based on actual average health and/or drug coverage use by people with Medicare, and a beneficiary's costs may differ depending on their age and health status. Also, if a beneficiary has limited income and resources, their expenses may be lower.

8. Use the Plan Results page to compare up to three Medicare plans. Simply check the boxes next to the PDPs, MAPDs, or MA-only plans you would like to compare and click on the orange “Compare Plans” button.

9. You can view drug tier information, formulary status, and any utilization management restrictions (e.g. quantity limits, prior authorization, or step therapy) by clicking on the “Yes” link in the Drug Restrictions column. Each plan will also indicate whether they offer a Medication Therapy Management program. Medication Therapy Management (MTM) Programs offer free services to eligible members of Medicare drug plans. These services help make sure that medications are working to improve their members' health.

10. If you find a blue circle in place of a checkbox in the far left column, the blue circle indicates that pricing and formulary data is currently unavailable for this plan. The costs you see are only estimates. You can contact the plan with any questions or if you would like to enroll.

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 Plan Rating	Contact Plan to Enroll
Retail: \$1,919 <sup>†</sup> Mail Order: Not Available	\$139.90 Drug: \$67.90 Health: \$72.00	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$8 - \$70, 33%	Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: \$3,400 In-Network	All Your Drugs on Formulary: Not Available Drug Restrictions: Not Available Many Generics Lower Your Drug Costs	\$5,000 <sup>†</sup>	★★★★★ 4.5 out of 5 stars	Contact Plan to Enroll

**Notes:**  
 Your costs may be different depending on your Part B premium, any Part D penalty that may apply, and whether you qualify for Extra Help from Medicare paying your drug costs.

<sup>†</sup>No drug pricing data is currently available for this plan. All costs provided are based on average estimated costs.

## Plan Details or Plan Comparison Pages

1. To print drug cost information from the Drug Costs and Coverage tab, please use the “Print Plan Report” (for details about one plan) or “Print Comparison Report” (for details about two or more plans) buttons located near the bottom of the page. Using these buttons, you’ll be able to customize and print portrait-style reports that contain all of the information beneficiaries may want to know about a drug plan, including contact information, plan ratings, monthly premium, annual deductible, annual and monthly costs, drug restrictions, Saved Drug List ID and password date, as well as the cost for each drug during each phase of the Part D benefit. Also, keep in mind that if a beneficiary does not want to use mail order, you don’t need to print the last few pages of the reports.

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions	PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Lisinopril TAB 10MG	Tier 1: Preferred Generic				

[Add/Edit Drugs](#) [Print My Drug List](#) [Print Plan Report](#) [View Drug Benefit Summary](#)

2. You can access additional information about Part B covered drugs, Optional Supplemental Benefits (e.g. vision, dental, etc.), inpatient hospital benefits, mental health benefits, and SNF benefits by clicking on the “View More Detailed Cost and Benefit Information” from the Health Plan Benefits tab.

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

3. From the View More Detailed Costs and Benefits page you can print complete report or create a custom report.

### Medica Prime Solution Basic with Part D Option 1 (Cost) (MAPD) (H2450-016)

[Create Custom Report](#)

[Costs and Other Important Information](#)

4. You can also use the “Email” link in the Medicare.gov header to email and share any page of a Medicare Plan Finder. For instance, you could use the “Email” link to send a beneficiary an electronic version of their Plan Comparison page while counseling them over the phone.

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

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Home Manage Your Health Medicare Basics Resource Locator Help & Support

Learn More About Plans Help A-Z Glossary

Home Medicare Plan Finder Enter Your Drugs Select Your Pharmacies Refine Your Plan Results Your Plan Results Plan Comparison



- If you are a SHIP counselor/volunteer assisting a beneficiary with an enrollment please click on the DHHS Logo watermark found on top right before entering beneficiary information.

Your Personal Information:	
Title:	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss. <input type="radio"/> Ms.
Your Name:	<input type="text"/> <input type="text"/> <input type="text"/> First Name M.I. Last Name
Birth Date:	--Month-- --Day-- --Year--
Gender:	<input type="radio"/> Male <input type="radio"/> Female
Email Address: <i>(This information is optional)</i>	<input type="text"/>
Home Phone Number:	( <input type="text"/> ) <input type="text"/> - <input type="text"/>
Permanent Residence(P.O. Box is not allowed):	
Street Address Line 1:	<input type="text"/>
Street Address Line 2:	<input type="text"/>
City:	<input type="text"/>
County: <i>(This information is optional)</i>	<input type="text"/>
State:	--Choose a State/Province--
ZIP code:	<input type="text"/>
Mailing Address: <i>(Only if different from your Permanent Residence Address)</i>	
Street Address Line 1:	<input type="text"/>
Street Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	--Choose a State/Province--
ZIP code:	<input type="text"/>
Emergency Contact: <i>(This information is optional)</i>	
Name:	<input type="text"/>
Relationship to you:	<input type="text"/>
Phone Number:	( <input type="text"/> ) <input type="text"/> - <input type="text"/>

This will open the **Partner Information** window. Enter your STATE and your 10 digit office telephone number. The information is collected from the Administrative Console that collects/houses the data from the Online Enrollment Center, and helps track the OEC (Online Enrollment Center) activity by (public, 3rd party broker, SHIP, CSR, etc.

Your Personal Information:	
Title:	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss. <input type="radio"/> Ms.
Your Name:	<input type="text"/> <input type="text"/> <input type="text"/> First Name M.I. Last Name
Birth Date:	--Month-- --Day-- --Year--
Gender:	<input type="radio"/> Male <input type="radio"/> Female
Email Address: <i>(This information is optional)</i>	<input type="text"/>
Home Phone Number:	( <input type="text"/> ) <input type="text"/> - <input type="text"/>
Partner Information:	
State:	--Choose a State/Province--
Agent ID:	<input type="text"/> 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.	
Permanent Residence(P.O. Box is not allowed):	