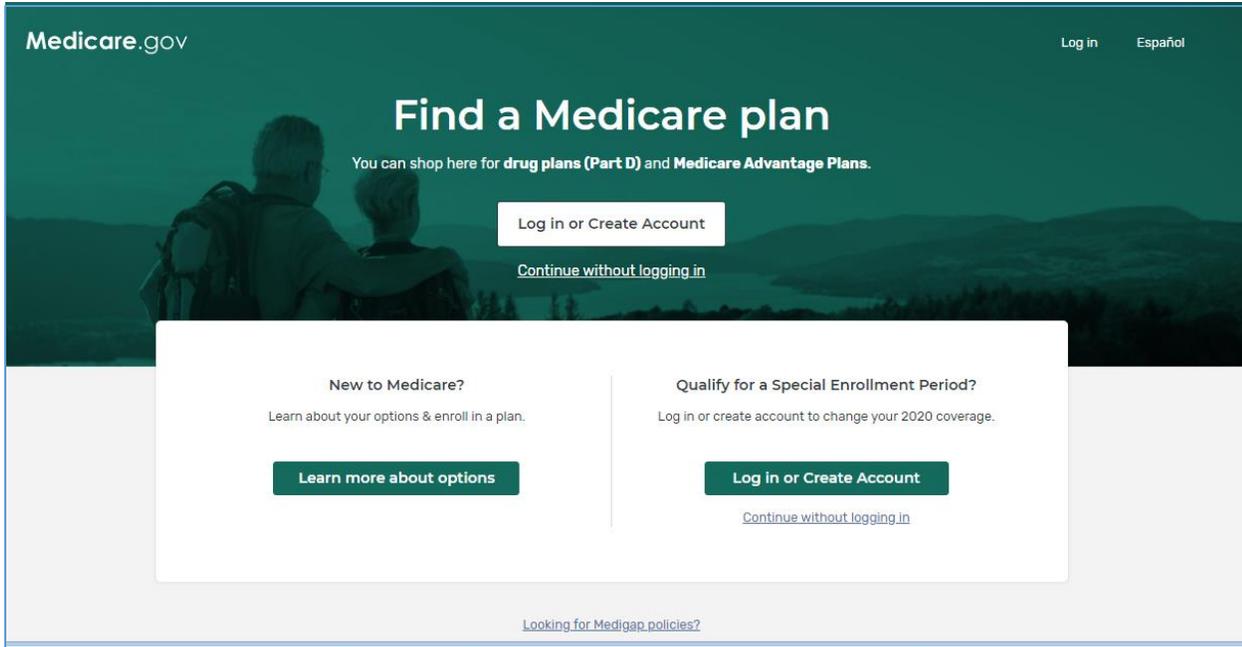


Medicare Plan Finder: Finding Plans that Participate in the Senior Savings Model (Insulin Savings)

1. Go to Medicare.gov/plan-compare. You can log in to your account (or create one) or continue as a guest.



2. Choose Medicare Advantage Plan or Drug Plan (Part D) as the type of coverage you want, and enter your ZIP code. On the next screens, select any help you get with costs, and choose “Yes” to see your drug costs when comparing plans. Answer the question about the type of pharmacies you want to see.

Answer a few quick questions

What type of 2020 Medicare coverage do you want?

You must have Medicare before you can enroll in a Medicare Advantage Plan or Drug plan (Part D). Outside Open Enrollment (October 15 - December 7) you can enroll only during specific times, like your Initial Enrollment Period or a Special Enrollment Period. [Learn more about when you can enroll.](#)

I want to learn more about Medicare options before I see plans

Medicare Advantage Plan

Bundles all Medicare health benefits (with or without drug coverage) plus extra services - like vision, hearing, dental, and more.

Drug plan (Part D)

Drug plan (Part D) + Medigap policy

Medigap policy only

ENTER YOUR ZIP CODE

14215

3. Next, build your drug list. Enter each drug name, and click “Add Drug.” You’ll then add the dosage, the quantity you take, and how often you fill the prescription. After you add a drug, you’ll return to your drug list and see that it’s been added. When you’ve entered all of your prescriptions, click “Done Adding Drugs.”

Medicare.gov Log in Español

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

lis Add Drug

- lisinopril
- Cialis
- Livalo
- Lialda
- Lipofen
- Linzess
- lindane
- Qbrexelis

[Can't find your drug?](#)

Done Adding Drugs

Medicare.gov Log in Español

Tell us about this drug

Lisinopril

DOSAGE

20mg tablet ▼

QUANTITY **FREQUENCY**

30 Every month ▼

[Cancel](#)

Add to My Drug List

Confirm your drug list

| | | |
|--|-----------------------|---------------------------------|
| Atorvastatin 20mg tablet generic | Quantity 30 | Frequency Every month |
| Remove drug | | Edit drug |

| | | | |
|--|--|----------------------|---------------------------------|
| Lantus 100unit/ml solution pen injector | Package Type 3ml pen (sold in pack of 5) | Quantity 1 | Frequency Every month |
| Remove drug | | | Edit drug |

| | | |
|--|-----------------------|---------------------------------|
| Lisinopril 20mg tablet generic | Quantity 30 | Frequency Every month |
| Remove drug | | Edit drug |

| | | |
|--|-----------------------|---------------------------------|
| Metoprolol succinate 100mg tablet extended release 24 hour generic | Quantity 30 | Frequency Every month |
| Remove drug | | Edit drug |

Find & Add Drug

Done Adding Drugs

- Now, enter the pharmacies you'd like to use to compare prices. You can choose up to 4 pharmacy locations, plus a mail order option. Click "Done" in the lower right when finished.

- Next you'll see a list of Plan Results. If your drug list includes an insulin drug that's covered under the Senior Savings Model, you'll also see a **pop-up Tip** to use the filter option to see only plans that participate and might offer you cost savings on insulin. If you click on the green bar in the Tip, you'll be taken to the Filter Plans page.

6. No Tip box? Just click the "Filter Plans" button and select the box to filter to plans that include "Insulin savings."

You're viewing 2021 plans. [Show me 2020 plans.](#)

Medicare.gov Log in Español

There may be separate drug plans available with lower drug costs. [Tell me more.](#) View 28 available drug plans

12 Medicare Advantage Plans available

Erie, NY [Change location](#)

[Edit your drugs & pharmacies](#)

Filter Plans

Insulin savings [What's this?](#)

Plans with these benefits

- Vision coverage
- Transportation
- Dental coverage
- Fitness benefits
- Hearing coverage

Types of plans [Learn about plan types](#)

- HMO (Health Maintenance Organization)
- PPO (Preferred Provider Organization)
- PFFS (Private Fee-for-service)

STAR RATINGS

Select star rating

INSURANCE CARRIER

Select preferred insurance carrier

DRUG COVERAGE OPTIONS

Select drug coverage

[Clear](#)

Showing 10 of 12 Medicare Advantage Plans SORT PLANS BY

[Add Special Needs Plans](#)

Independent Health's Encompass 65 Element (HMO)

Independent Health | Plan ID: H3362-038-0
Star rating: Coming Soon

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage
Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$8,595.52 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$375.00 Drug deductible

\$7,550 In-network Maximum you pay for health services

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

See more benefits

COPAYS/COINSURANCE

Primary doctor: \$0-15 copay per visit
Specialist: \$50 copay per visit

DRUGS

- ✓ Includes drug coverage

[View drugs & their costs](#)

Add to compare

7. For each plan listed in the Plan Results, you can click on the “Plan Details” button (see previous page) to see more detailed information about the cost of your drugs in this plan at each pharmacy you selected, including any discounted costs the plan offers for your insulin.

RITE AID PHARMACY 01511 - Drug costs during coverage phases

✓ Standard in-network pharmacy

| Selected drugs | Retail cost | Cost before deductible | Cost after deductible | Cost in coverage gap | Cost after coverage gap |
|---|-------------|------------------------|-----------------------|----------------------|-------------------------|
| Atorvastatin 40mg tablet | \$5.70 | \$4.00 | \$4.00 | \$1.43 | \$3.70 |
| Lantus 100unit/ml solution pen injector | \$420.68 | \$35.00 | \$35.00 | \$35.00 | \$21.03 |
| Lisinopril 20mg tablet | \$5.00 | \$3.00 | \$3.00 | \$0.75 | \$3.00 |
| Metoprolol succinate 25mg tablet extended release 24 hour | \$6.30 | \$4.00 | \$4.00 | \$1.58 | \$3.70 |
| Monthly totals | \$435.68 | \$46.00 | \$46.00 | \$38.76 | \$31.43 |

Estimated total drug + premium cost

You will pay **\$537.52** per year on drug + premium costs.

Based on current drug costs, it's estimated that:

- You won't meet your **\$375.00 deductible** this year

Estimated monthly drug costs

This doesn't include your monthly plan premium of \$0.00.

View the costs of your drugs every month ^

| Time period | Estimated monthly drug costs |
|-------------|------------------------------|
| January | \$46.00 |
| February | \$46.00 |
| March | \$46.00 |
| April | \$46.00 |
| May | \$46.00 |
| June | \$46.00 |
| July | \$46.00 |
| August | \$46.00 |
| September | \$46.00 |
| October | \$46.00 |
| November | \$38.76 |
| December | \$38.76 |