

FIND THE PLAN THAT COVERS YOUR DRUGS AT THE LOWEST COST

HOW TO USE THE MEDICARE PRESCRIPTION DRUG PLAN FINDER

www.medicare.gov



READ THIS IMPORTANT INFORMATION BEFORE COMPARING PLANS



The **Medicare Prescription Drug Plan Finder** provides personalized information about current plan enrollment and a personalized comparison of plans and benefits. It allows users to save information on their prescription drugs and pharmacy without having to re-enter data.

Users can view and compare plans based on out-of-pocket costs, price and benefit structure. Users can sort plans based on Estimated Annual Cost or narrow the search based on what is important to them (for example, premium or pharmacy access).

Plans vary based on which drugs are covered, which pharmacies participate, and the cost the insurance plan assigns to each medication.

- **Cost**—There are three main costs to consider
 1. **monthly premium**= dollar amount paid per month to have prescription insurance
 2. **deductible**= maximum in 2011 is \$310, some plans have \$0, some \$195, some \$295, and
 3. **copayment or coinsurance**= share of the cost out-of-pocket per medication. This amount will be different per each plan and per each medication.
 - **coinsurance** is usually listed as a percentage of the cost of the medications, 10%, 15%, 20%, etc.
 - **copayments** are specific dollar amounts paid per prescription. (A deductible is the amount you must pay each year before the plan starts to pay. If a plan has a deductible, the copayment amount will be higher until the deductible is met.)
- **Coverage**—Each plan covers a different list of drugs known as a **formulary**. Formularies vary from plan to plan and thus determine the cost per each plan. Plans may have special rules about how they provide coverage for different drugs on their formulary. These special rules are known as **restrictions** and may include the following;
 1. **Quantity Limits**= limit to the number of pills or amount of liquid measure a patient may obtain within a specific period of time.
 2. **Prior Authorization**= means the insurance plan will require the patients' physician to complete a form detailing why the patient needs the prescribed medication. The insurance plan reviews the form and approves or denies the request. If an unfavorable decision is reached,

then the patient may appeal but the plan is not required by law to pay for the medication. A favorable decision is valid for the remainder of the year.

3. **Step Therapy**= means the insurance plan may require the patient to take a substitute/lower cost medication for up to 90 days. The patients' physician must document on the plans' form the reasons the substitute medication is not effective. The insurance plan reviews the form and approves or denies the request. If an unfavorable decision is reached, then the patient may appeal but the plan is not required by law to pay for the medication. A favorable decision is valid for the remainder of the year.

- **Convenience**—Drug plans work with some but not necessarily all pharmacies in every area. Plans may have a list of preferred pharmacies where a Medicare beneficiary can obtain the lowest cost for drugs. Some plans also offer mail-order option.

STEP-BY-STEP INSTRUCTIONS FOR MEDICARE PLAN FINDER

STEP 1: GATHER INFORMATION

Entering personal information in the Drug Plan Finder will provide the most accurate, personalized information including estimates of plan costs. Personal information needed includes the following;

- Medicare card
- ZIP Code
- List of prescription drugs, including dosage and monthly amount
- List of the pharmacies used



It is important to note that all of the information entered into the Drug Plan Finder is kept confidential. Only the drug list is saved, not personal information like a Medicare number.

STEP 2: GO TO WEBSITE www.medicare.gov

Click in areas where circles appear “Health & Drug Plans” and then “Compare Drug and Health Plans”.



STEP 3: ENTER PERSONAL INFORMATION

- Enter personal Medicare information and click “Find Plans”
 - ZIP Code
 - Medicare claim number
 - Last Name
 - Effective date for Medicare Part A- If Medicare beneficiary does not have Part A but does have Part B then click the link “Not Part A? Click here.”
 - Date of Birth
- See graphic on next page

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:

Find Plans 

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

or

Personalized Search

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

ZIP Code:

Medicare Number:
Example: 123456789A

Where can I find this? 

Last Name:

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

Date of Birth:



If the Medicare beneficiary's zip code covers more than one County, select the correct county and click "Continue".

Medicare Plan Finder

Use this tool to search for and compare coverage options available in your area. A general plan search only requires your zip code. To personalize your search, enter your zip and complete Medicare information.

Find Your Medicare Plan

Enter Your ZIP Code:

For a Personalized Search, Enter Medicare Information:

Enter Medicare Number:

Example: 123456789A
Where can I find this? 

Last Name:

Effective Date for Part A:

Not Part A? [Click here.](#)

Date of Birth:

Your ZIP Code spans multiple counties

Choose your county:

- GARLAND
- SALINE

or [Cancel](#)



CAUTION: If the screen below appears, then it means the data entered does NOT match Medicare’s database/records. Repeat Step 3 and check all entered information for accuracy.

Continuing to a “General Search” will not provide information about the Medicare beneficiary’s current plan or Extra Help/Low-Income Subsidy status (if applicable). This makes comparing the current plans cost with other plans difficult. It is important to complete a search with the Medicare beneficiary’s claim number, zip code, date of birth, last name, etc.



An ERROR Message that some piece of information did not match Medicare’s Database Record. Try STEP 3 again.

STEP 4: ENTER DRUG LIST

Choose one of the following options via the screen shot on the next page:

1. Type name of drug in the orange box or search by alphabetical list via letters below the “Name of Drug” box.
2. Enter drug list ID from previous search to the right of the “Name of Drug” box if the a drug list already exists and enter the Password Date.
3. If the beneficiary does not take any prescription medications, click the button “I don’t take any drugs”. Clicking “I don’t want to add drugs now” will estimate a drug cost based on national average costs and does not provide the beneficiary a real cost, be sure to use the “don’t take drugs” tab.



If retrieving a previously saved list, enter the drug list ID and password date and skip to STEP 5.



To view current plan and subsidy (Extra Help status) check the MY CURRENT PROFILE box circled below.

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 Current Profile

Zip Code: 72058
Current Coverage: Humana Gold Choice H8145-122 (PFFS) (H8145-122-0)
Current Subsidy: Partial Extra Help: 75% [?]
[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](#) [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 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?](#)
May 26 2011

[Retrieve My Drug List](#)

Search Results:
1 drugs found with **lorTAB 10**

MEDICINE NAME	DRUG TYPE	ADD DRUG
Lortab(Hydrocodone-Acetaminophen)	Generic	+ Add Drug

My Drug List (Maximum 25 Drugs)
Total Drugs in My Drug List: 0

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

As drugs are found click “Add Drug” (circled above) to add it to “My Drug List”.

Select the drug dosage, quantity and frequency then click “add drug and dosage”. Drug costs are figured monthly. If a prescription is filled less often, then indicate 2 months, 3 months, etc.



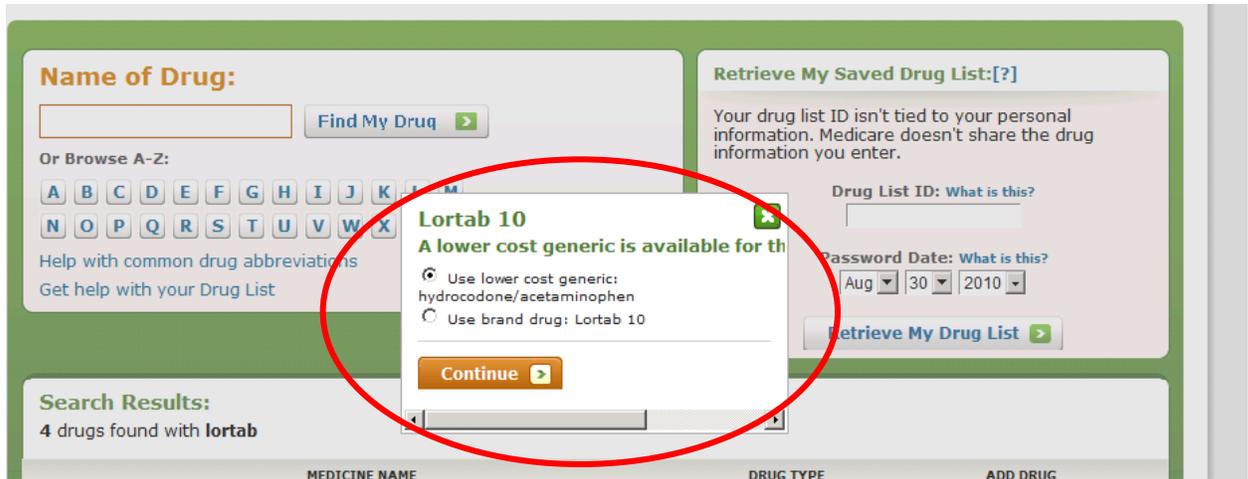
If the Medicare beneficiary prefers mail order, DO NOT list the prescriptions per three month supply, list the amount consumed per month. The website will automatically figure three months supply costs for mail order in coming screens

2011 Medicare Plan Finder Instructions

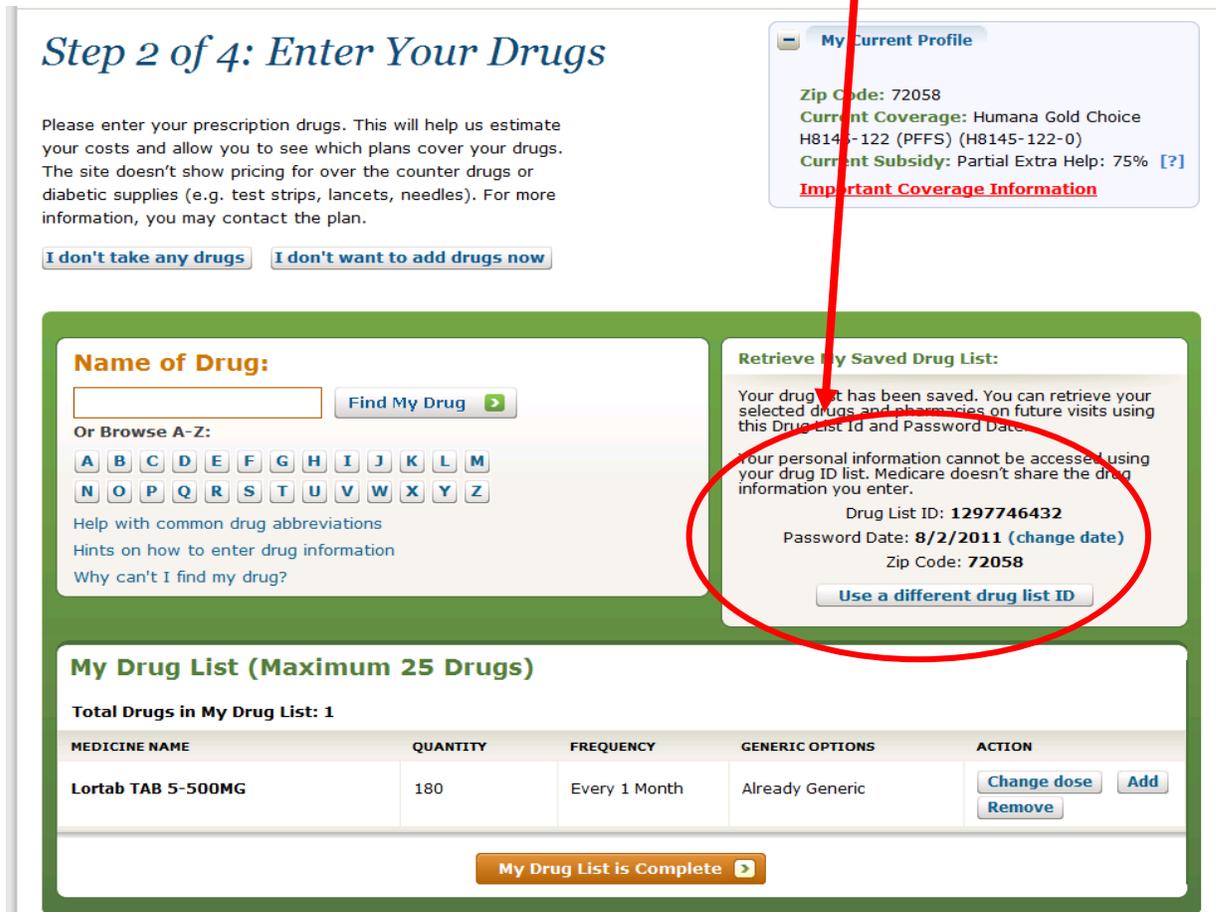
The screenshot shows the Medicare Plan Finder interface. At the top, it displays "Current Plan: Original Medicare (H0001-001-0)" and "Current Subsidy: No Subsidy". Below this, there is a search bar for "Name of Drug:" with "lortab 10" entered and a "Find My Drug" button. A dropdown menu is open, showing "Lortab 10" with options for "Dosages" (Lortab 10 TAB), "Quantity" (120), and "Frequency" (Every 1 Month, Every 2 Months, Every 3 Months, Every 4 Months, Every 6 Months, Every 12 Months). A red circle highlights the dropdown menu. Below the search bar, there is a "Search Results:" section with "4 drugs found with lortab" and a table listing drugs like "Lortab(Hydrocodone-Acetaminophen)", "Lortab 10(Hydrocodone-Acetaminophen)", "Lortab 5(Hydrocodone-Acetaminophen)", and "Lortab 7.5(Hydrocodone-Acetaminophen)". To the right, there is a "Retrieve My Saved Drug List:[?]" section with a "Drug List ID" field and a "Password Date" field. At the bottom, there is a "My Drug List" section with a table header and a "My Drug List is Complete" button.



If a lower cost generic form of the medication exists, then the screen shot below will appear. Select the brand name or generic form and click “Continue”.



When successfully completed, the drug(s) will then appear under the section “My Drug List”, example below. Be sure to write down the “Drug List ID” and “Password Date” to retrieve the drug list at a later date and skip this step in future.



STEP 5: SELECT A PHARMACY

2011 Medicare Plan Finder Instructions

If the Medicare beneficiary's preferred pharmacy does not automatically appear, expand the mile radius in the zip code to find the pharmacy (circled below). To add the pharmacy simply click "Add Pharmacy". The selected pharmacy will then appear at the top of the list. To compare prices at more than one pharmacy, "add" more than one pharmacy. When the pharmacy list is complete, click "Continue to Plan Results".

Step 3 of 4: Select Your Pharmacies

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

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

[Continue to Plan Results](#)

My Current Profile

Zip Code: 72058

Current Coverage: Humana Gold Choice
H8145-122 (PFFS) (H8145-122-0)

Current Subsidy: Partial Extra Help: 75% [\[?\]](#)

Drug List ID: 1297746432

Password Date: 08/02/2011

[Important Coverage Information](#)

We found 3 pharmacies within **1** miles of 72058

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

Available Pharmacies

Add to Selected Pharmacies

AMERICAN DRUG 1 E Main St Greenbrier, AR 72058 1-501-679-2211 Add Pharmacy	FREDS PHARMACY 57 South Broadview Greenbrier, AR 72058 1-501-679-4898 Add Pharmacy	HARPS PHARMACY #111 15 North Broadview Street Greenbrier, AR 72058 1-501-679-0470 Add Pharmacy
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[Continue to Plan Results](#)

STEP 6: SELECT PLAN YEAR AND SORT RESULTS (IF APPLICABLE)

Be sure to select Plan data for the year the Medicare beneficiary wants to compare 2012 vs. 2011.

Sorting/Filtering Results:

2011 Medicare Plan Finder Instructions

- It is ok to ignore the “Refine Your Search” options on the left side of the page and check for these later. If you don’t plan to use these filters, then simply select the check boxes beside the types of plans to compare and click “continue to Plan Results” and skip to page 12.
- May limit to Medicare Advantage with or without drug coverage or compare only Stand-alone Prescription Drug Plans based on what the Medicare beneficiary wants to compare.
- DO NOT LIMIT the following= monthly premium OR annual drug deductible at this point. Limiting these options may eliminate plans with an overall lower cost which takes into consideration all the costs like monthly premium, annual deductible and copayments or coinsurance per medication.
- DO NOT mess with “Change Health Status”. This estimates a cost based on health stats and is unreliable as a predictor of a suitable insurance plan.

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.

The screenshot displays the Medicare Plan Finder interface. On the left, the 'Refine Your Search' sidebar contains several filter options: 'Update Plan Results', 'Limit Your Monthly Premium', 'Limit Your Annual Drug Deductible', 'Select Drug Options', 'Select Plan Ratings', 'Select Coverage Options', 'Select Special Needs Plans', 'Change Health Status', and 'Select Plans By Company'. The 'Limit Your Monthly Premium' and 'Limit Your Annual Drug Deductible' options are circled in red with a large 'X' over them. The main area is titled 'Summary of Your Search Results' and contains a summary statement: 'There are a total of 51 plans available in your area including Original Medicare.' Below this, it shows 'Your Current Plan: Original Medicare' with a 'Not Available' rating. A table lists 'Available Plans Based On Your Filters: 50' with columns for 'Select', 'Available Plans Based On Your Filters: 50', 'Provider Choice', and 'Overall Plan Rating'. The table lists three categories: 'Prescription Drug Plans (with Original Medicare)[?]' (32 plans, 2.5 to 5 stars), 'Medicare Health Plans with drug coverage[?]' (11 plans, 2.5 to 3 stars), and 'Medicare Health Plans without drug coverage[?]' (7 plans, Average of 2.5 stars). A 'Continue To Plan Results' button is at the bottom right.

Select	Available Plans Based On Your Filters: 50	Provider Choice	Overall Plan Rating
<input type="checkbox"/>	Prescription Drug Plans (with Original Medicare)[?] 32 plan(s) available	Choose Any Doctor/Any Hospital[?]	2.5 to 5 stars
<input type="checkbox"/>	Medicare Health Plans with drug coverage[?] 11 plan(s) available	May Have Doctor/Hospital Network[?]	2.5 to 3 stars
<input type="checkbox"/>	Medicare Health Plans without drug coverage[?] 7 plan(s) available	May Have Doctor/Hospital Network[?]	Average of 2.5 stars

Details the number of plans of each type available in the Medicare beneficiary’s zip code. Sorting/Filtering Results continued, screen shot on next page:

2011 Medicare Plan Finder Instructions

- “Select coverage options”
 - “Offer nationwide coverage”= may want a nationwide plan if Medicare beneficiary lives in one state part of the year and another during part of the year.

The screenshot shows the Medicare Plan Finder interface with the following sections:

- Select Coverage Options**:
 - Show me plans that:
 - offer nationwide coverage
 - allow me to see any doctor (applies only to plans with health benefits)
- Select Plan Options**:
 - Include the following types of plans:
 - plans for people who are eligible for both Medicare and Medicaid
 - plans for people with certain chronic or disabling conditions
 - plans for people in certain long-term care facilities
- Select Drug Options**:
 - Show me plans that:
 - have NO restrictions for my drugs (applies only to plans with drug benefits)
 - have all my drugs on formulary (applies only to plans with drug benefits)
 - provide coverage in the gap (applies only to plans with drug benefits)
 - provide mail order pricing for drugs (applies only to plans with drug benefits)
- Select Plans By Company**:
 - I would like to pick from a list of companies.

At the bottom, there is an "Update Plan Results" button with a right-pointing arrow.

- “Allow me to see any doctor”= applies only to Medicare Advantage Private Fee for Services Plans (PFFS). Be sure to check with the Medicare beneficiary’s physicians, hospital(s) and pharmacy to see if they’ll accept the insurance prior to enrollment. In a PFFS Plan, the provider (doctor, hospital, etc.) must agree to accept the insurance and must have a Regional network of providers.

- “Select Special Needs Plans”
 - “Plans for people with chronic or disabling conditions”= in Arkansas the Medicare beneficiary must have diabetes, COPD, congestive heart failure, or have both Medicare and Medicaid to qualify for this type of plan.

- “Plans for people in certain long-term care facilities”= select only if the Medicare beneficiary lives in a long-term care facility and wishes to compare Medicare Advantage Plans.

- “Select Drug Options”
 - “No restrictions”= would not select this just be sure to check the restrictions later in the plan finder.

- “Have all drugs on formulary”= would not select this just be sure to check that all medications are on the formulary later in the plan finder.

- “Provide coverage in the gap”= would not limit by this factor because coverage is

typically limited to low cost generics and this coverage can be reviewed later in the plan finder.

- “Mail order only”= DO SELECT this option if the Medicare beneficiary only wants to use a mail order pharmacy.

- “Select Plans by Company”
 - “I would like to pick from a company list”= never use this option as it limits the list of plans to compare in coming screens and does not make a good comparison of all plan choices available.

When all filtering/sorting options are completed, click “Continue to Plan Results”.

STEP 7: SUMMARY OF PLANS FOR COMPARISON

2011 Medicare Plan Finder Instructions

Screen shot below is the top of the page for the summary of plans available;

- Print Page to PDF is a new addition. Probably won't need this too often but it will appear on most pages from this point on. Use this when printing the pages/screens because it reformats the page to fit on a page and print legibly.
- Symbols are useful when comparing Medicare Advantage Plans to determine what additional benefits, if any, are available in the plan.

Compare up to 3 plans by using the checkboxes and clicking Compare Plans. The costs displayed are estimates; your actual costs may vary.

Print this page to PDF

Symbols

Caution: For three years in a row, the Medicare program has given this plan a low rating. If you are considering enrolling in this plan, look closely at the detailed ratings for this plan.

Some Dental Coverage Some Vision Coverage Some Hearing Coverage Nationwide Coverage

Your Current Plan(s)

Original Medicare (H0001-001-0)
Organization: N/A

	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]
<input type="checkbox"/>	Retail Annual: \$137,101 Rest of 2011: \$45,700* Mail Order Annual: N/A Rest of 2011: N/A	\$0.00 Drug: N/A Health: \$0.00	Annual Drug Deductible: N/A Health Plan Deductible: Not Available Drug Copay/Coinsurance: N/A	Doctor Choice: Any Doctor Out of Pocket Spending Limit: Not Available 	N/A	\$140,450 Includes \$137,101 for drug costs	Not Available

Prescription Drug Plans

Prescription Drug Plans offer only drug coverage (Part D)
There are 32 plans in **71909** that match your preferences. [View 10](#) [View 20](#) [View 50](#)
[View plan quality and performance ratings for all Prescription Drug Plans](#)

Compare Plans

Sort Results By **Sort**

Prescription Drug Plans

Prescription Drug Plans offer only drug coverage (Part D)
 There are 32 plans in **71909** that match your preferences. [View 10](#) [View 20](#) [View 50](#)
[View plan quality and performance ratings for all Prescription Drug Plans](#)

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

MedicareRx Rewards Plus (PDP) (S5960-151-0)
Organization: UniCare

	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	Retail Annual: \$9,405 Rest of 2011: \$4,697* Mail Order Annual: \$9,588 Rest of 2011: \$6,311*	\$40.40 Drug: \$40.40 Health:N/A	Annual Drug Deductible: \$0 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$4 - \$85, 35%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Some Generics Lower Your Drug Costs 	 2.5 out of 5 stars	Enroll
AR Blue Cross - Medi-Pak Rx Premier (PDP) (S5795-002-0)						
Organization: ARKANSAS BLUE CROSS AND BLUE SHIELD						
	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	Retail Annual: \$9,783 Rest of 2011: \$7,754* Mail Order Annual: \$9,230 Rest of 2011: \$5,589*	\$83.50 Drug: \$83.50 Health:N/A	Annual Drug Deductible: \$0 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$6 - \$69, 25%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Many Generics Lower Your Drug Costs	 4.5 out of 5 stars	Enroll
AARP MedicareRx Enhanced (PDP) (S5921-313-0)						

- Change the number of plans on the screen by clicking “view 10”, “view 20”, or “view 50”.
- Plans will sort by lowest estimated annual drug cost by default. Use the “sort results by” dropdown menu to change the sort of plans if desired.

HINTS:

Estimated Annual Drug Cost is the best indicator of the overall cost of the plan. It factors the following costs: monthly premium, annual deductible, and copayment or coinsurance (that’s everything based on the medication currently prescribed and entered into the website).

Be sure to check restrictions and formulary before enrolling in a plan. A plan with lowest estimated annual drug cost is only best or appropriate if it covers all the medication the Medicare beneficiary takes (or if it’s not covered the beneficiary can afford it) and the beneficiary understands restrictions could potentially limit access to prescribed medication.

2011 Medicare Plan Finder Instructions

If the plan answers “YES” to Drug Restrictions, click the “YES” for more information or view it later in the comparison screen. If click “YES” a new window will open with information about the specific plan (just one) which requires restrictions. See screen shot below.

Single Plan view. Arrived here after clicking “yes” under “Drug Restrictions” on main comparison page.

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

Close Window

Print

Drug Coverage Information for AR Blue Cross - Medi-Pak Rx Premier (PDP) (S5795-002)

Please view the coverage restrictions for the drugs you've selected for AR Blue Cross - Medi-Pak Rx Premier (PDP) plan.

Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Lortab 10 TAB	Tier: 3			
simvastatin TAB 20MG	Tier: 1			
Revlimid CAP 5MG	Tier: 4 ^{3,9}	Yes		

³ This drug may be subject to prior authorization, step therapy or quantity limits. View plan details or contact the plan for more information.
⁹This drug may only be covered under the plan when purchased at certain pharmacies within the plan's network. Please contact the plan for details.

Close

STEP 8: SELECT PLANS FOR COMPARISON

Click the box next the plans for comparison, up to three at a time, and click “Compare Plans”.

The screenshot shows a web browser window with the Medicare Plan Finder interface. At the top, there are browser tabs and a search bar. Below the search bar, there is a navigation bar with a "Compare Plans" button circled in red. The main content area displays three Medicare plans, each with a table of details and an "Enroll" button. Red arrows point to the checkboxes in the first column of each plan's table.

	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input checked="" type="checkbox"/>	Retail Annual: \$9,405 Rest of 2011: \$4,807* Mail Order Annual: \$9,588 Rest of 2011: \$6,311*	\$40.40 Drug: \$40.40 Health:N/A	Annual Drug Deductible: \$0 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$4 - \$85, 33%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Some Generics Lower Your Drug Costs N	★★★ 2.5 out of 5 stars	Enroll
<input checked="" type="checkbox"/>	Retail Annual: \$9,783 Rest of 2011: \$4,754* Mail Order Annual: \$9,230 Rest of 2011: \$5,589*	\$83.50 Drug: \$83.50 Health:N/A	Annual Drug Deductible: \$0 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$6 - \$69, 25%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Many Generics Lower Your Drug Costs	★★★★★ 4.5 out of 5 stars	Enroll
<input checked="" type="checkbox"/>	Retail Annual: \$10,130 Rest of 2011: \$4,930* Mail Order Annual: \$9,828 Rest of 2011: \$5,917*	\$99.70 Drug: \$99.70 Health:N/A	Annual Drug Deductible: \$0 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$4 - \$76, 33%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Some Generics Lower Your Drug Costs N	★★★ 3.5 out of 5 stars	Enroll

STEP 9: REVIEW COMPARISON

To return to the previous screen click “Return to previous page” near top of page (not pictured below).

Be sure screen opens to tab “Drug Costs & Coverage” if only interested in comparing drug plans.

Pay most attention to Estimated Annual Drug Cost which figures all drug costs. The least expensive plan listed below happens to be the one with the lowest premium but that’s not always the case.

The screenshot shows the Medicare Plan Finder interface with the 'Drug Costs & Coverage' tab selected. Three plans are compared: AR Blue Cross - Medi-Pak Rx Premier (PDP), AARP MedicareRx Enhanced (PDP), and MedicareRx Rewards Plus (PDP). Below the plan details is a table for 'Fixed Costs' and another for 'Estimated Annual Drug Costs'. Red arrows and a circle highlight the 'Drug Costs & Coverage' tab and the 'Estimated Annual Drug Costs' table, respectively.

AR Blue Cross - Medi-Pak Rx Premier (PDP)		AARP MedicareRx Enhanced (PDP)		MedicareRx Rewards Plus (PDP)	
(S5795-002) Plan Type: PDP Organization: ARKANSAS BLUE CROSS AND BLUE SHIELD		(S5921-313) Plan Type: PDP Organization: UnitedHealthcare		(S5960-151) Plan Type: PDP Organization: UniCare	
Members: 1-866-390-3369 1-888-844-5530(TTY/TDD) Non Members: 1-501-378-2937 1-800-370-5869(TTY/TDD)		Members: 1-888-867-5575 Non Members: 1-888-867-5564		Members: 1-800-928-6201 1-877-247-1657(TTY/TDD) Non Members: 1-877-541-7382 1-800-241-6894(TTY/TDD)	
Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare		Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare		Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare	
Enroll		Enroll		Enroll	
Fixed Costs					
Monthly Drug Plan Premium [?]	\$83.50	Monthly Drug Plan Premium [?]	\$99.70	Monthly Drug Plan Premium [?]	\$40.40
Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A
Annual Drug Deductible [?]	\$0.00	Annual Drug Deductible [?]	\$0.00	Annual Drug Deductible [?]	\$0.00
Learn more about Medicare premiums		Learn more about Medicare premiums		Learn more about Medicare premiums	
Estimated Annual Drug Costs					
Full Year Cost at Retail Pharmacy [?]		Full Year Cost at Retail Pharmacy [?]		Full Year Cost at Retail Pharmacy [?]	
January Enrollment [?]	\$9,782.50	January Enrollment [?]	\$10,129.72	January Enrollment [?]	\$9,405.47
Enrollment Today [?]	\$4,753.70	Enrollment Today [?]	\$4,949.56	Enrollment Today [?]	\$4,697.15
Full Year Cost at Mail Order Pharmacy		Full Year Cost at Mail Order Pharmacy		Full Year Cost at Mail Order Pharmacy	
January Enrollment	\$9,229.81	January Enrollment	\$9,828.12	January Enrollment	\$9,588.09
Enrollment Today	\$5,589.13	Enrollment Today	\$5,916.92	Enrollment Today	\$6,311.25
Lower your drug costs		Lower your drug costs		Lower your drug costs	

2011 Medicare Plan Finder Instructions

Click “View Drug Cost Summary” to view the cost per medication at all stages for all three plans: to meet deductible (if applicable), during initial coverage period (before donut hole/coverage gap), during donut hole/coverage gap, and during catastrophic coverage (out of donut hole/coverage gap).

Click thumbnail to view a bar chart detailing the total estimated drug cost per month for each of the three selected plans. THIS IS ONE OF THE SIMPLEST WAYS TO REVIEW PLANS (see second screen shot next page).

Estimated Monthly Drug Costs

Monthly Drug Costs at Retail Pharmacies			Monthly Drug Costs at Retail Pharmacies			Monthly Drug Costs at Retail Pharmacies		
View Drug Cost Summary			View Drug Cost Summary			View Drug Cost Summary		
MILESTONES	MONTH	YOUR COST	MILESTONES	MONTH	YOUR COST	MILESTONES	MONTH	YOUR COST
Donut Hole reached	1st	\$2,934.00	Deductible met			Donut Hole reached	1st	\$2,899.44
	2nd	\$582.47	Donut Hole reached	1st	\$2,960.93		2nd	\$553.52
	3rd	\$582.47	Catastrophic met				3rd	\$553.52
	4th	\$582.47		2nd	\$540.47		4th	\$553.52
	5th	\$582.47		3rd	\$540.47		5th	\$553.52
	6th	\$582.47		4th	\$540.47		6th	\$553.52
	7th	\$582.47		5th	\$540.47		7th	\$553.52
	8th	\$582.47		6th	\$540.47		8th	\$553.52
	9th	\$582.47		7th	\$540.47		9th	\$553.52
	10th	\$582.47		8th	\$540.47		10th	\$553.52
	11th	\$582.47		9th	\$540.47		11th	\$553.52
	12th	\$582.47		10th	\$540.47		12th	\$553.52
				11th	\$540.47			
				12th	\$540.47			

Monthly Drug Costs Estimator

Click the thumbnail image to view monthly costs comparison charts.

[Click here for monthly drug cost details by selected drugs](#)

Starting January 1, 2011, if you reach the coverage gap (also called the "donut hole") in your Medicare prescription drug coverage, you will get a 50% discount on covered brand drugs. Additional savings on generic drugs are also included in the standard benefit. The drugs eligible for the brand discount or the additional generic savings may change based on the information we have available.

Monthly Drug Costs Estimator

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Obtained this view by clicking the bar chart thumbnail. Be sure to select local pharmacy or mail order radial button to change view as desired. If Medicare beneficiary selected more than one pharmacy, additional pharmacy options would appear with radial buttons.

Note the January cost is high for this Medicare beneficiary. The spike on the chart indicates the beneficiary goes into and exits the donut hole/coverage gap in January. This is not common, however it demonstrates the spike and entry into the donut hole well.

The monthly cost includes all costs: monthly premium, annual deductible (if applicable), and the copayments/coinsurance per medication.



Scroll down the page slightly to the screen below...



Be sure to check Restrictions.

1. **Quantity Limits**= limit to the number of pills or amount of liquid measure a patient may obtain within a month.
2. **Prior Authorization**= means the insurance plan will require the patients' physician to complete a form detailing why the patient needs the prescribed medication. The insurance plan reviews the form and approves or denies the request. If an unfavorable decision is reached, the patient may appeal but the plan is not required by law to pay for the medication. A favorable decision is valid for the remainder of the year.
3. **Step Therapy**= means the insurance plan may require the patient to take a substitute/lower cost medication for up to 90 days. The patients' physician must document on the plans' form the reasons the substitute medication is not effective. The insurance plan reviews the form and approves or denies the request. If an unfavorable decision is reached, the patient may appeal but the plan is not required by law to pay for the medication. A favorable decision is valid for the remainder of the year.

- Drug Coverage Information		
All of your drugs are covered on the plan's formulary. [?]	All of your drugs are covered on the plan's formulary. [?]	All of your drugs are covered on the plan's formulary. [?]
Lipitor TAB 10MG	Lipitor TAB 10MG	Lipitor TAB 10MG
No restrictions	No restrictions	Quantity Limit [?]
Tier: 2	Tier: 2	Tier: 3 ³
Revlimid CAP 5MG	Revlimid CAP 5MG	Revlimid CAP 5MG
Prior Authorization [?]	Prior Authorization [?]	Prior Authorization [?]
Tier: 5 ^{3,9}	Tier: 5 ^{3,9}	Quantity Limit [?]
Fosamax Plus D TAB 70-5600	Fosamax Plus D TAB 70-5600	Tier: 6 ^{3,9}
No restrictions	No restrictions	Fosamax Plus D TAB 70-5600
Tier: 3	Tier: 3	Quantity Limit [?]
		Tier: 3 ³

[Add/Edit Drugs](#) [Print My Drug List](#) [Print Comparison Report](#)

³ This drug may be subject to prior authorization, step therapy or quantity limits. View plan details or contact the plan for more information.
⁹ This drug may only be covered under the plan when purchased at certain pharmacies within the plan's network. Please contact the plan for details.

- Pharmacy & Mail Order Information		
Mail Order is available.	Mail Order is available.	Mail Order is available.

STEP 10: ENROLL IN A PLAN

Click “Enroll in this Plan” where circled. Enrollment outside the Annual Enrollment Period (AEP) is effective the first day of the month following the enrollment application. If an online enrollment is completed April 2, 2011 then the policy will be effective May 1, 2011.

During the AEP from Oct. 15-Dec. 7 the enrollment is effective (coverage begins) Jan. 1 of the following year.

Overview	Health Plan Benefits	Drug Costs & Coverage	Plan Ratings																						
<p>AR Blue Cross - Medi-Pak Rx Premier (PDP)</p> <p>(S5795-002) Plan Type: PDP Organization: ARKANSAS BLUE CROSS AND BLUE SHIELD</p> <p>Members: 1-866-390-3369 1-888-844-5530(TTY/TDD) Non Members: 1-501-378-2937 1-800-370-5869(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p>Enroll</p>	<p>AARP MedicareRx Enhanced (PDP)</p> <p>(S5921-313) Plan Type: PDP Organization: UnitedHealthcare</p> <p>Members: 1-888-867-5575</p> <p>Non Members: 1-888-867-5564</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p>Enroll</p>	<p>MedicareRx Rewards Plus (PDP)</p> <p>(S5960-151) Plan Type: PDP Organization: UniCare</p> <p>Members: 1-800-928-6201 1-877-247-1657(TTY/TDD) Non Members: 1-877-541-7382 1-800-241-6894(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p>Enroll</p>																							
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OTHER IMPORTANT INFORMATION

Take your time to review your options. If you need assistance, call SHIP 1-800-224-6330.

- Rx Enrollment Check-up
 - Review and compare plans beginning mid-October EVERY YEAR
 - www.medicare.gov
- *Medicare & You* handbook
 - Mailed around late October
 - Contains drug coverage and plan information
- Enrollment period
 - October 15 – December 7
 - Join or change plans
- Coverage begins January 1 of the following year