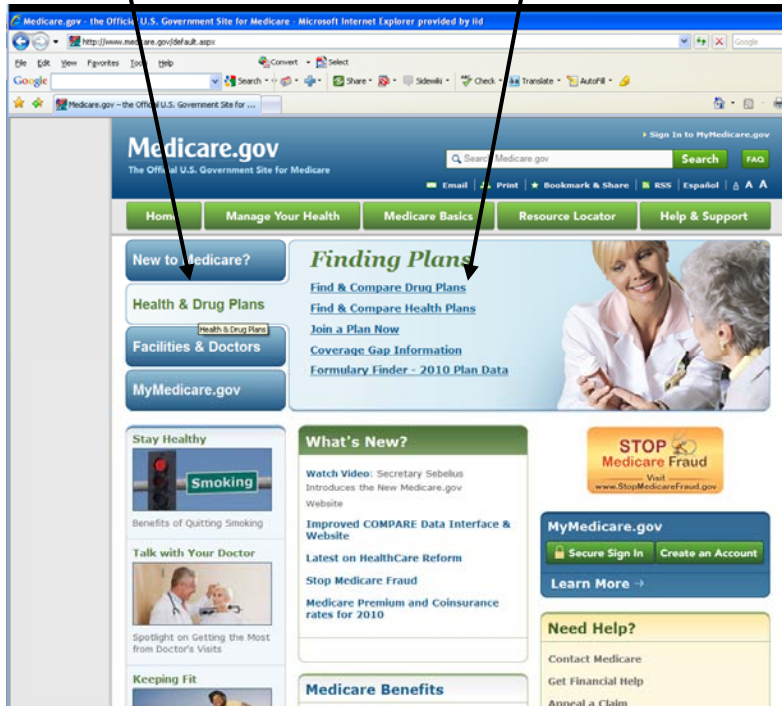


Name \_\_\_\_\_ Date \_\_\_\_\_

## Medicare Plan Finder Consumer Step By Step

1. Go to the Medicare website, [www.medicare.gov](http://www.medicare.gov).
  - Click on “Health & Drug Plans.”
  - Then click on “Compar Drug & Health Plans”



### **PICK TYPE OF SEARCH**

2. You can do a Personalized Search or a General Search. You will need your Medicare card information and birthday to use the Personalized Search. The personalized comparison will tell you the your present drug plan and also if you receive extra help with Medicare Part D costs.

The General Search is used when if you do not have your information available.

**TIP:** Sometimes you will enter the information for the Personalized Search and the Plan Finder Tool will not accept your search. Re-enter your information. If it doesn't work the second time, go to the General Search.

## OPTION I: BEGIN PERSONALIZED SEARCH

We will go through a Personalized Search first.

3. This is the first screen for a personal search.

### *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.

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

**Attention:** 2011 plan data is now available on the Medicare Plan Finder. You may enroll in 2011 plans from November 15, 2010 to December 31, 2010.

### Find Your Medicare Plan!

**Enter Your ZIP Code:**

**For a Personalized Search, Enter Your Medicare Information: (Optional)**

**Enter Medicare Number**  
Example: 123456789A   
Where can I find this? 

**Last Name:**

**Effective Date for Part B:** Not  Month  Year   
Part B? [Click here.](#)

**Date of Birth:**  Month  Day  Year

**Do you have Medicare Supplement Health Insurance (Medigap)?:** What is This?  
 Yes  No  I don't know


**This page is secured to protect your personal information.**

#### Addition


- [How to Medicare](#)
- [Find an Medicare](#)
- [Find fo area](#)
- [Five W Your C Covera](#)
- [End Stag](#)
- [Military r \(TRICAR\)](#)
- [Veteran I](#)
- [Federal E Retirement](#)
- [Helpful C](#)
- [Downloa Health Pl Medigap Database](#)
- [Click her about the \\$250 rel savings i gap](#)

- The zip code should be filled in with the zip code for the address where the you files taxes.
- Enter your Medicare number from your Medicare card. Do not leave any spaces between numbers or letters. If you are a Railroad Retiree, the number will begin with a letter, rather than having the letter at the end of the number

**For a Personalized Search, Enter Your Medicare Information: (Optional)**


**Enter Medicare Number**  
Example: 123456789A   
[Where can I find this?](#) 

**Last Name:**



- Enter your last name as found on your Medicare card.
- Fill in the effective date for Medicare Part B, found on the Medicare card. If you do not have Part B, click on [Not Part B?](#) and the screen will change to give you the option to enter the Part A effective date instead.

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




- Enter your birth date.

**Date of Birth:**

**Do you have Medicare Supplement Health Insurance (Medigap)?:** [What is This?](#)

Yes  No  I don't know



- For the Medicare supplement question check “I don’t know.” This will not affect the plan comparison
- Click [Find Plans](#) at the bottom of the box

4. The next screen explains your current coverage and your level of Extra Help if any, in the “My Current Profile” section.

The screenshot shows the Medicare.gov website interface. At the top, there is a navigation bar with the Medicare.gov logo, a search bar, and links for Email, Print, Bookmark & Share, RSS, Español, and accessibility options. Below the navigation bar are several menu buttons: Home, Manage Your Health, Medicare Basics, Resource Locator, and Help & Support. A secondary row of links includes Learn More About Plans, Help, and A-Z Glossary. The breadcrumb trail reads: Home > Medicare Plan Finder > Enter Your Drugs.

### Step 2 of 4: Enter Your Drugs

To show accurate plan costs, we need to know which drugs you take, including quantities and dosages. This site does not show pricing for over the counter drugs or diabetic supplies.

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

**My Current Profile**  
Zip Code: 50131  
Current Coverage: Community CCRx Basic (PDP) (S5803-094-0)  
Current Subsidy: Full Dual  
Future Subsidy: Full Dual

**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](#)  
[Get help with your Drug List](#)

**Retrieve My Saved Drug List:**  
Your drug list ID isn't tied to your personal information. Medicare doesn't share the drug information you enter.

Drug List ID: What is this?

Password Date: What is this?  
Oct 11 2010

[Retrieve My Drug List](#)

## OPTION 2: BEGIN GENERAL SEARCH

As mentioned previously, if you do not have the information necessary to do a Personalized Search, or you cannot get the Personalized Search to work, go ahead with a General Search.

5. You will start with the same screen to do a General Search as you used for the Personalize Search.

### *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.

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

**Attention:** 2011 plan data is now available on the Medicare Plan Finder. You may enroll in 2011 plans from November 15, 2010 to December 31, 2010.

### Find Your Medicare Plan!

**Enter Your ZIP Code:**

**For a Personalized Search, Enter Your Medicare Information: (Optional)**

**Enter Medicare Number**  
Example: 123456789A   
Where can I find this? 

**Last Name:**

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

**Date of Birth:**

**Do you have Medicare Supplement Health Insurance (Medigap)?:** What is This?  
 Yes  No  I don't know

**This page is secured to protect your personal information.**

[Find Plans](#)

#### Additional

[How to Medicare](#)

[Find a Medicare](#)

[Find for area](#)

[Five W Your Coverage](#)

[End Stage](#)

[Military \(TRICARE\)](#)

[Veteran](#)

[Federal Retirement](#)

[Helpful](#)

[Download Health Plan Medigap Database](#)

[Click here about the \\$250 relief savings gap](#)

- Enter the zip code.
- Click [Find Plans](#) at the bottom of the box.

6. The next screen, “Step 1 of 4: Enter Information”, asks for general information because you did not enter personalized client information. The answer to the first question will not affect the comparison so you can check “I don’t know.”

You can also answer “I don’t know,” for the second question unless you know you are eligible for Part D extra help.

Click on the Continue to Plan Results button.

**Step 1 of 4: Enter Information**

To show you Medicare plan results we need to ask you a few short questions.  
All fields on the page are required unless noted as Optional.

**Do you currently have Medicare Coverage?**  
If so check all that apply.

Original Medicare (?)       I will be getting Medicare coverage soon  
 Medicare Health Plan (?)       None of the Above  
 Medicare Prescription Drug Plan (?)       I don't know  
 Medicaid (?)  
 Medigap (?)

**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 qualified for Extra Help through Social Security (?)  
 No Subsidy (?)  
 I don't know

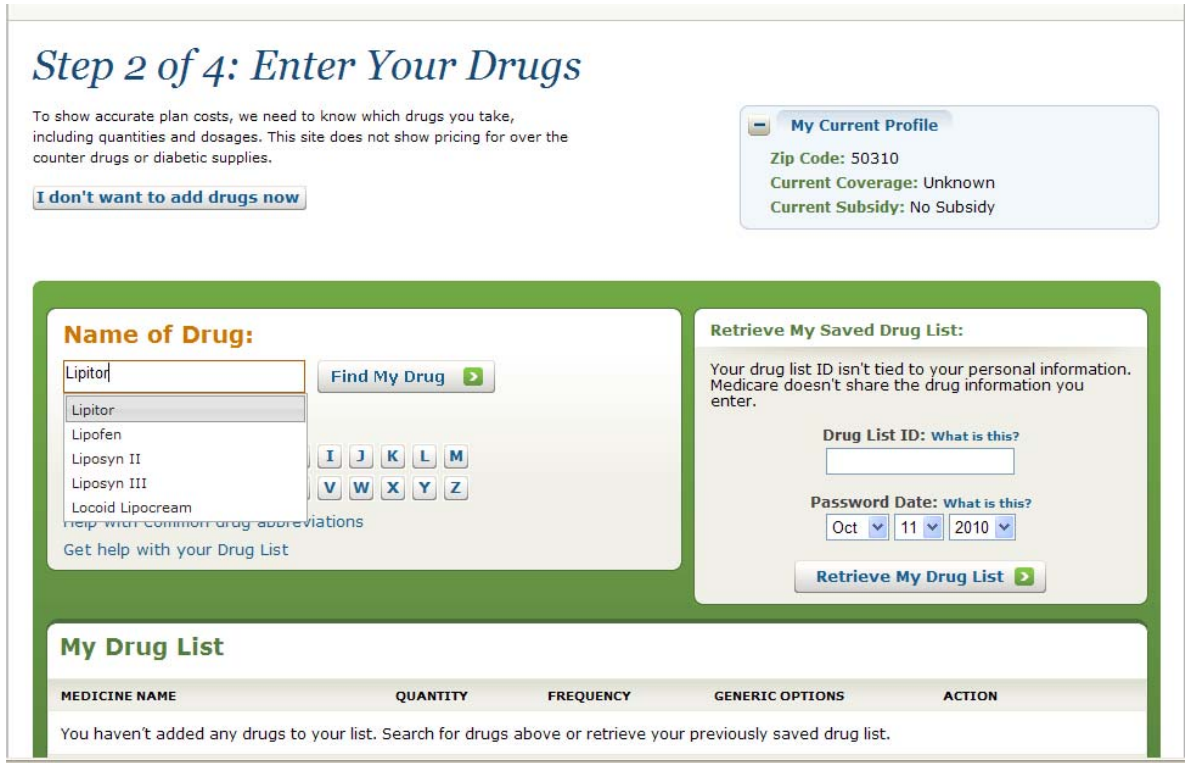
[Go Back](#)      [Continue to Plan Results](#)

## Step 2 of 4: Enter Your Drugs

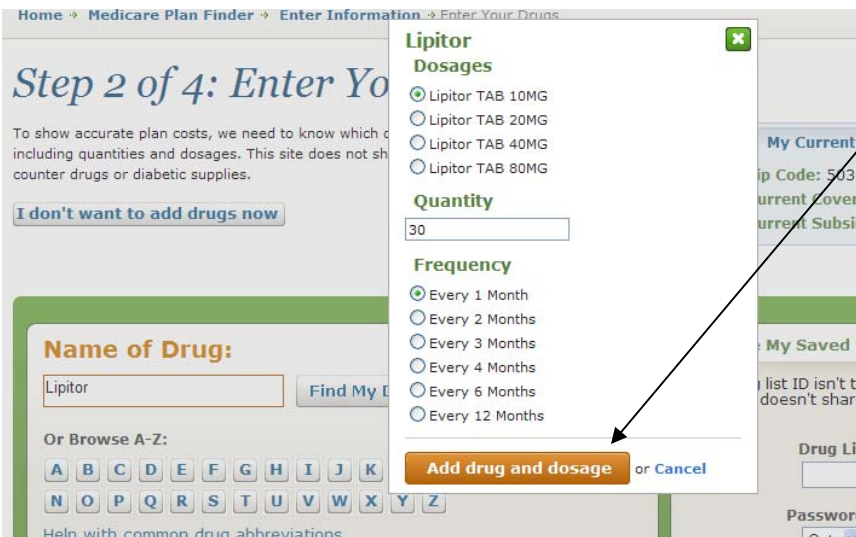
It is **EXTREMELY** important that you enter the exact drug name, dosage and quantity you are taking or the comparison will be inaccurate. This could lead to you choosing a plan that does not cover your drugs. When in doubt, always call your pharmacy to verify information. DO NOT guess.

7. In most cases you will be entering drug information for the first time.

A. In this case, click in the box under “Name of Drug” and begin typing the drug name. As you type a list of drugs will drop down. Click on the drug name you are entering.



B. After you click on the drug name a box will pop up where you can select the correct dosage, quantity and frequency for yourself. After you enter the correct information, click on Add drug and dosage.



C. If a list does not appear, type in the drug name and Click on Find My Drug. A list of drugs will appear under “Search Results.” Click on Add Drug for the correct drug name.

**Name of Drug:**

lipitor

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  
Get help with your Drug List

**Retrieve My Saved Drug List:**

Your drug list ID isn't tied to your personal information. Medicare doesn't share the drug information you enter.

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

Password Date: [What is this?](#)  
Oct 11 2010

**Search Results:**  
6 drugs found with lipitor

MEDICINE NAME	DRUG TYPE	ADD DRUG
Lipitor(Atorvastatin Calcium)	Brand	<input type="button" value="+ Add Drug"/>
levetiracetam(Levetiracetam)	Generic	<input type="button" value="+ Add Drug"/>
Levitra(Vardenafil HCl)	Brand	<input type="button" value="+ Add Drug"/>

D. After you click on “Add Drug”, a box will pop up where you can indicate the dosage, quantity and frequency for the drug. Click on Add drug and dosage.

E. If the drug cannot be found, try clicking on the button to browse drugs alphabetically. Sometimes it is possible to recognize a drug that you have not spelled correctly. When a drug is found, there may be several choices to pick from. Pick the correct drug and click on Add Drug.

**Name of 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  
[Get help with your Drug List](#)

**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 drug list ID isn't tied to your personal information. Medicare doesn't share the drug information you enter.

Drug List ID: 7014483968  
Password Date: 10/11/2010 ([change date](#))  
Zip Code: 50310

**Search Results:**  
273 drugs found with G

MEDICINE NAME	DRUG TYPE	ADD DRUG
GA Diet(Nutritional Supplement)	OTC	
gabapentin(Gabapentin)	Generic	<input type="button" value="+ Add Drug"/>
GA GEL(Nutritional Supplement)	OTC	
Gabitril(Tiagabine HCl)	Brand	<input type="button" value="+ Add Drug"/>

F. As you add drugs to the list they will appear under “My Drug List.

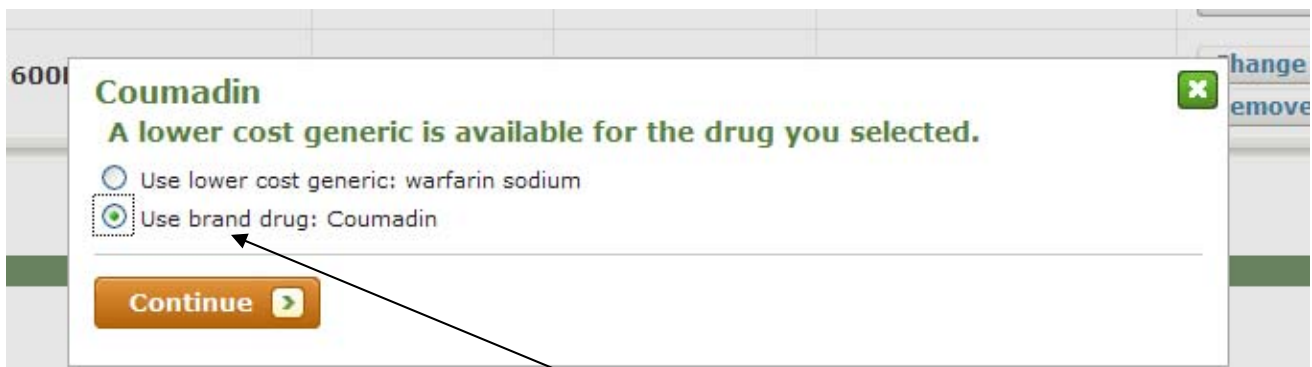
MEDICINE NAME	QUANTITY	FREQUENCY	GENERIC OPTIONS	ACTION
Lipitor TAB 10MG	30	Every 1 Month	Generic Not Available	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
gabapentin TAB 600MG	90	Every 1 Month	Already Generic	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>

[My Drug List is Complete](#)

G. To add drugs to the list, click (put your cursor) in the Name of Drug box. Type the next drug name, dosage, quantity and frequency. Continue this process until all drugs are entered.

H. If a drug has a generic option, after you enter the drug name and select the dosage, quantity and frequency, another pop up box will appear which tells you a lower cost generic is available. There are two choices:

- Use lower cost generic: (name of generic)
- Use brand drug: (name of brand drug)



The generic option will be selected. **Always change the option to “Use brand drug”** because that is the drug you originally entered and that is the drug you are taking. You should consult with your prescribing medical professional before you make any changes with your current prescriptions. If you don’t select “Use brand drug”, the generic will be substituted and your comparison will give inaccurate costs.

- I. For some prescriptions, you may need to take different doses of the same drug. For example you may need one 10 mg Lipitor pill and one 20 mg pill per day. Click on the Add button.

The screenshot shows a 'My Drug List' table with columns: MEDICINE NAME, QUANTITY, FREQUENCY, GENERIC OPTIONS, and ACTION. The table lists Lipitor TAB 10MG, gabapentin TAB 600MG, Coumadin TAB 5MG, and Lipitor TAB 20MG. A modal window titled 'Lipitor Dosages' is open, showing options for dosage (10MG, 20MG, 40MG, 80MG), quantity (30), and frequency (Every 1 Month, 2 Months, 3 Months, 4 Months, 6 Months, 12 Months). The 'Add' button for the Lipitor TAB 20MG row is highlighted by an arrow from the text above. Another arrow points from the text above to the 'Add' button in the first row. A 'Back to Top' button is visible at the bottom left of the list area.

MEDICINE NAME	QUANTITY	FREQUENCY	GENERIC OPTIONS	ACTION
Lipitor TAB 10MG	30	Every 1 Month	Generic Not Available	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
gabapentin TAB 600MG	90		Generic	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
Coumadin TAB 5MG	30		sodium	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
Lipitor TAB 20MG	30		Not Available	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>

This will result in the drug showing up on the list twice. Select a different dose for each listing.

- J. Sometimes you may need to remove a drug at this stage. The Remove button will accomplish this.

8. Saved Drug List—To the right of the drug entry box you will see a box called “Retrieve My Saved Drug List.”

A. After you enter the first drug you will notice that a number appears in this box after “Drug List ID.” A “Password Date” will also appear. These are automatically generated. You can change the Password Date by clicking on (change date). A pop up box will appear and you can enter a date of your choice. Click on Change Password Date to save the new date.



B. **Write this information down or print this page as soon as the number appears.** The Drug List ID and Password Date can be used to pull up the drug list if you want to do a comparison later, or if for some reason you lose the drug list as you are entering information.

C. If you are doing a “General Search” and have your Drug List ID and Password Date from a previous comparison you can click on Use a different drug list ID and you will be able to enter the ID # and date. Click on Retrieve my Drug List and your previously entered drug list will appear. You can update the list as needed.

**Retrieve My Saved Drug List:**

Your drug list ID isn't tied to your personal information. Medicare doesn't share the drug information you enter.

**Drug List ID: What is this?**  
1122334455

**Password Date: What is this?**  
Jan 20 1940

**Retrieve My Drug List** >

C. If you do a “Personalized Search” and you have entered a drug list previously, the original Drug List ID and Password Date will automatically appear. Your previous drug list will also appear. You will not need to enter all the drugs again. You can update the list as needed.

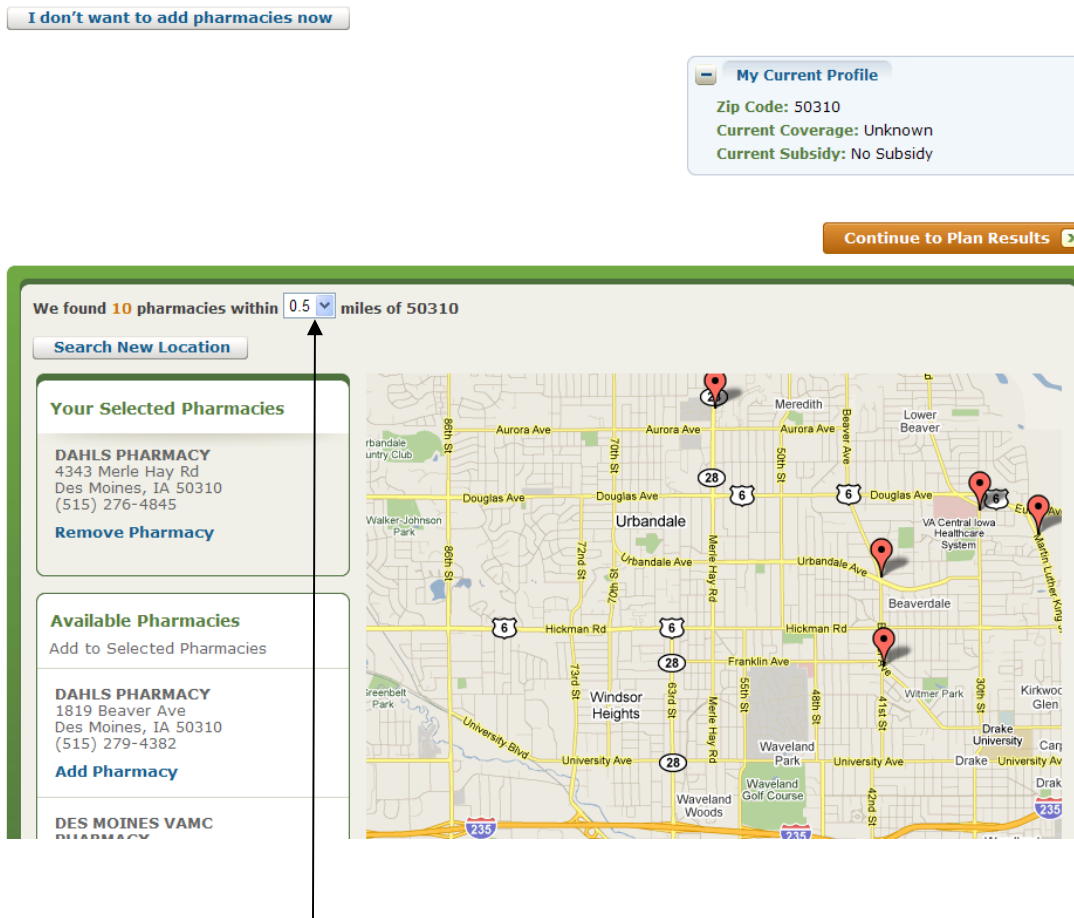
9. Click on My Drug List is Complete when you have entered all drug information.

### Step 3 of 4: Select Your Pharmacies

10. The next screen gives you a choice of picking one or two Pharmacies or skipping this step.

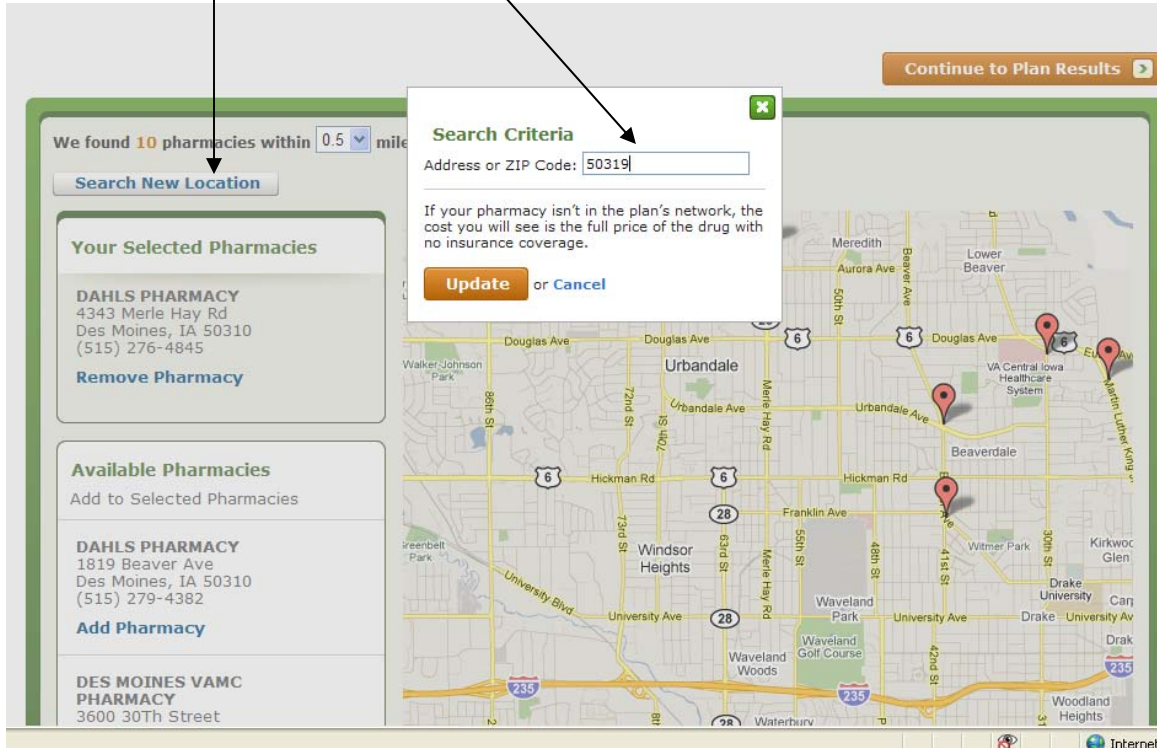
- A. Click on I don't want to add pharmacies now button if you do not to choose a pharmacy or if you will use mail order. Click on Add Pharmacy under the name of the pharmacy(ies) you want included in the comparison. One or two can be selected. The comparisons will factor costs at these pharmacies. Then click on the Continue to Plan Results button.

### Step 3 of 4: Select Your Pharmacies



- B. The drop down box will offer an extended range to search for pharmacies. This is handy when the pharmacy is too far away from the zip code entered and does not appear on the list. By increasing the miles, more pharmacies will be shown.

- C. Click on Search New Location if the pharmacy you use falls outside the radius of the zip code where you live. A pop up box will appear where the new zip code is entered. Click on Update. A new list of pharmacies appears.



## Step 4 of 4: Refine Your Plan Results

11. Nothing needs to be done on this page. Click on [Continue to Plan Results.](#)

*Step 4 of 4: Refine Your Plan Results*

My Current Profile    Additional Tools

Zip Code:  
Current Coverage:  
Current Subsidy:  
Drug List ID: 7925059680  
Password Date: 10/11/2010  
[Important Coverage Information](#)

- There are a total of 1 plans available in your area.
- No drug pricing is currently available for these plans. The costs shown reflect estimated values.

You are now viewing 2011 plan data. [View 2010 plan data.](#)

**Refine Your Search**

[Update Plan Results](#)

**Select Plan Types**

Medicare Health Plans without drug coverage

Medicare Health Plans with drug coverage

Prescription Drug Plans

**Limit Your Monthly Premium**

**Limit Your Annual Drug Deductible**

**Change Health Status**

**Summary of Your Search Results**

Available Plans Based On Your Filters:	Provider Choice	Estimated Annual Health and Drug Costs	Overall Plan Rating
Original Medicare 1 plan(s) available	Choose Any Doctor/Any Hospital [?]	\$6,300	Coming Soon
Medicare Health Plans without drug coverage 0 plan(s) available	May Have Doctor/Hospital Network [?]	Not Available	Coming Soon
Medicare Health Plans with drug coverage 0 plan(s) available	May Have Doctor/Hospital Network [?]	Not Available	Coming Soon
Prescription Drug Plans (with Original Medicare) 0 plan(s) available	Choose Any Doctor/Any Hospital [?]	Not Available	Coming Soon

[Continue To Plan Results](#)

12. Under “View Plans by Type” click on the type of plan you want to view. Select the options the you are interested in and then click on “Show Plans.”

**View Plans by Type**

**Show Plan Type:**

Prescription Drug Plans with Original Medicare

Medicare Health Plans with drug coverage

Medicare Health Plans without drug coverage

All Plans

[Show Plans](#)

Or, refine your plan results

**Original Medicare**

**Original Medicare (H0001-001-0)**

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay/Coinsurance: [?]	Health Benefits: [?]	Drug Coverage and Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating: [?]
\$3,034	\$0.00 Drug: N/A Health: \$0.00	Annual Drug Deductible: N/A Health Plan Deductible: Not Available	Doctor Choice: Not Available Out of Pocket Spending Limit: Not Available	N/A	\$6,150	Coming Soon

**COMPARE PLANS**

You will find that it is best to get detailed information about the plans before you make your decision. To get Plan Details use the following steps.

- A. When the plan list comes up, the plans are listed in order from lowest annual drug cost to highest. If you do a personalized search your current coverage will appear above the list of the other drug plans. Select the 2-3 plans which have the lowest estimated annual cost (first column).

**Prescription Drug Plans**

Prescription Drug Plans offer only drug coverage (Part D)  
 There are 33 plans in 50310 that match your preferences. [View 10](#) [View 20](#) [View 50](#)

[Compare Plans](#)

Sort Results By  [Sort](#)

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/ Coinsurance: [?]	Drug Restrictions: [?] [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
<input type="checkbox"/> \$865	\$14.80 Drug: \$14.80 Health:N/A	Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$2 - \$5, 20% - 35%	Yes	All Your Drugs on Formulary: <b>Yes</b> No Gap Coverage <b>Lower Your Drug Costs</b>	\$4,000 Includes \$3,138 for Original Medicare	Coming Soon	Enrollment begins November 15, 2010
<input type="checkbox"/> \$992	\$35.60 Drug: \$35.60 Health:N/A	Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$2, 25% - 55%	Yes	All Your Drugs on Formulary: <b>Yes</b> No Gap Coverage <b>Lower Your Drug Costs</b>	\$4,150 Includes \$3,138 for Original Medicare	Coming Soon	Enrollment begins November 15, 2010
<input type="checkbox"/> \$1,172	\$31.50 Drug: \$31.50 Health:N/A	Annual Drug Deductible: \$150.00 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$8, 20% - 35%	Yes	All Your Drugs on Formulary: <b>Yes</b> No Gap Coverage <b>Lower Your Drug Costs</b>	\$4,300 Includes \$3,138 for Original Medicare	Coming Soon	Enrollment begins November 15, 2010

If you do a personalized search, your current plan will appear above the list of “Prescription Drug Plans.” You may request the detail information on this plan, even though the annual cost is higher than other plans available.

- B. Click on the name of the plan.



Compare Plans Sort Results By | Lowest Estimated Annual Drug Cost Sort

Humana Walmart-Preferred Rx Plan (PDP) (\$5884-145-0)						
Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]
<input type="checkbox"/> \$865	\$14.80 Drug: \$14.80 Health:N/A	Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A	Yes	All Your Drugs on Formulary: <b>Yes</b> No Gap Coverage <b>Lower Your Drug Costs</b>	\$4,000 Includes \$3,138 for Original Medicare	Coming Soon
						Enrollment begins November 15, 2010

C. “Your Plan Details” page will appear, with the “Drug Costs & Coverage” tab showing. This is the plan detail information you want to print.

## Your Plan Details

My Current Profile Additional Tools

Zip Code: 50310  
 Current Coverage: Unknown  
 Current Subsidy: No Subsidy  
 Drug List ID: 0063546144  
 Password Date: 10/15/2010  
[Important Coverage Information](#)

[Return to previous page](#)

You have selected the following plan to view details. The annual estimated cost range for all plans that meet your needs is **\$3,600 - \$6,150**

Overview Health Plan Benefits Drug Costs & Coverage Plan Ratings

<b>Humana Walmart-Preferred Rx Plan (PDP)</b> (S5884-145-0) Plan Type: PDP	500 West Main Street Louisville, KY 40202  <b>Members:</b> 1-800-281-6918  <b>Non Members:</b> 1-800-706-0872	<b>Overall Plan Rating:</b> [?]  Coming Soon	<b>Estimated Annual Cost: [?]</b> <span style="font-size: 1.2em; font-weight: bold; color: #4CAF50;">\$4,000</span>  Enrollment begins November 15, 2010
----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

**NOTE: Health Plan Benefits are based on Original Medicare**

Fixed Costs

Monthly Drug Premium [?]	\$14.80
Annual Drug Deductible [?]	\$310.00

This doesn't include any health costs you may have.

Estimated Annual Drug Costs

D. At the bottom of this screen, under “Drug Coverage Information” you will find four tabs:

Add/Edit Drugs

Print My Drug List

Print Plan Report

View Drug Benefit Summary

- Add/Edit Drugs—if the drugs listed on this page are not correct or the dosage or quantity needs to be changed, click on this tab.
- Print My Drug List—click on this tab and a box pops up which has a list of drugs including the dosage and quantity for you to review.
- View Drug Benefit Summary—This tab will give a pop up box which shows cost sharing for the various tiers.
- **Print Plan Report-- This is the tab you need to click on to print the detailed plan information. A pop up box will appear.**

Google  
Plan Detail - Drug Costs and Coverage

### Medicare Plan Finder

#### Plan Detail - Drug Costs and Coverage

Note: The drug costs displayed are only estimates and actual costs may vary based on the specific quantity, strength and/or dosage of the drug, the order in which you buy your prescriptions, and the pharmacy you use.

Your Search Details  
Zipcode: 50310  
Current Plan: **Unknown**  
Current Subsidy: **No Subsidy**  
Drug List ID: 0063546144  
Password Date: 10/15/2010

Humana Walmart-Preferred Rx Plan (PDP)	
S5884-145	
<b>Members:</b> (800) 281-6918 (TTY/TDD)	
<b>Non-Members:</b> (800) 706-0872 (TTY/TDD)	
Plan Website: www.humana-medicare.com	
Plan Rating	
Overall Plan Ratings	Coming Soon
Drug Plan Rating	Coming Soon
Fixed Costs	
Monthly Premium	\$14.80
Annual Drug Deductible	\$310.00
Your Drug Information	

Done Internet 100%

If you have questions, please call the Senior LinkAge Line® at 1-800-333-2433.