

Medicare Part D Plan Finder instructions

These instructions will help you find the lowest-cost Part D coverage in both stand-alone and Advantage plans.

Part I lists the steps to follow to enter your information. Part II begins on page 5 and explains what you should consider when choosing a plan.

Part I: Entering your information

1. **Page Heading – Medicare.gov** Begin at the Medicare web site’s home page at www.medicare.gov. Click on the large green button on the left side of this page near the top that says [Find health & drug plans](#). That will take you to the next page (page 2).
2. **Page Heading -- Medicare Plan Finder.** In the *General Search* section, enter your home zip code and then click [Find Plans](#), which takes you to the next page
3. **Page Heading -- Step 1 of 4: Enter Information.** This page has two multiple-choice questions. Answer the first question by checking “Original Medicare.” When you do this, two more choices appear, but you can ignore them.

For the second question (Do you get help from Medicare etc.?) check “I don’t get any Extra Help.” That’s unless you receive some form of low-income assistance, in which case select the option that describes the type of assistance you receive. After you’ve chosen an answer to the second question, click [Continue to Plan Results](#) to go to the next page.

4. **Page Heading -- Step 2 of 4: Enter Your Drugs.**
 - A. **If you don’t take any prescription drugs,** click the button that says “I don’t take any drugs.” Then a pop-up screen asks you to verify this, which you do by selecting [Skip Drug Entry](#). That will take you to the page with the heading “Step 4 of 4: Refine Your Plan Results.” Then skip to # 6 in these instructions.
 - B. **If you take prescription drugs,** enter the name of your first drug into the search box that says “Type the name of your drug.”

Note: if you’ve already entered your drugs at an earlier session and you saved the Drug List ID number, you can enter that number in the “Retrieve My Saved Drug List” section at right, making sure the password date matches the date of your earlier session.

As you begin to type a drug’s name, in some cases a dropdown list will appear after you’ve typed in the first few letters. This dropdown list shows drugs with names that

begin with the letters you've typed so far (as you type in more letters, the list grows shorter). This feature can be helpful if you're not exactly certain how a drug's name is spelled, although you'll need to know the first few letters. You can either select the correct drug name from the dropdown list or you can finish typing the name.

Then click the [Find My Drug](#) button and a pop-up window will ask you to select the dosage, quantity, and frequency of refills. If none of the quantities that are listed matches the quantity that you use, you can override the number that's shown. As an example, if you take a tablet once every three days (10 times a month) and the lowest option that's listed is 30 tablets a month, you can override the number 30 by typing the number 10.

For the refill frequency, select "Every 1 Month" to get the most accurate pricing. Even though you select monthly refills, you will be able to see plans' mail-order costs when you get to the results page. Once you've selected the correct dosage, quantity, and refill schedule, click "Add drug and dosage." For brand-name drugs, a pop-up window may appear indicating that a lower-cost generic is available for the drug you selected. Then choose the version you prefer – generic or brand-name.

Once you have selected the dosage, quantity, frequency, and pharmacy type, click on the [Add Drug and Dosage](#) button.

After you've finished entering the names, dosages and quantities of all of your drugs, click [My Drug List is Complete](#).

NOTE: If you take several drugs you may want to write down the Drug List ID# that appears near the top right side of all pages after you've entered the information for your first drug. Using the Drug List ID# and the date of your search, you can later retrieve your list and modify it. You can, for instance, retrieve your list a year from now, revise it as needed, and then find the lowest-cost plan without having to re-enter the names and dosages of your drugs.

5. **Page Heading -- Step 3 of 4: Select Your Pharmacies.** It's a good idea to select a local pharmacy for your short-term prescriptions even if you plan to use mail-order refills. This page lists the pharmacies within a certain radius of your zip code. You can expand the radius by using the dropdown list at the top of the map, or you can click "Search New Location or by Pharmacy Name" to identify another zip code or to look up a specific pharmacy. You can also click on the button "Show/Hide Pharmacy Map" to help you see where the pharmacies in your zip code are located.

Click on the [Add Pharmacy](#) link to choose the pharmacy you prefer (you can select up to two pharmacies). Then click [Continue to Plan Results](#), which takes you to the next page.

6. **Page Heading -- Step 4 of 4: Refine Your Plan Results.** The center section of this page is the “Summary of Your Search Results.” Three types of plans are listed here, and you can check the box next to each type that you’re interested in. Here’s a brief explanation of the three types:

A) *Prescription Drug Plans (with original Medicare).* Also called “stand-alone” drug plans, they can be combined with one of the following:

- 1) Medigap policies
- 2) Medicare Advantage plans that do not include drug coverage
- 3) Employer-sponsored retiree plans that do not include creditable drug coverage

B) *Medicare Health Plans with drug coverage.* These are Medicare Advantage plans that include Rx drug coverage. If you enroll in one of these plans, you will also receive its drug coverage. You cannot enroll in one of these plans and choose different drug coverage.

C) *Medicare Health Plans without drug coverage.* If you enroll in one of these plans, you will also need to enroll in a stand-alone prescription drug plan.

After you’ve chosen the types of plans you wish to compare, select [Continue to Plan Results](#) to go to the next page.

7. **Page Heading -- Your Plan Results.** The top section of this page shows *Your Current Plan(s)*. Original Medicare should be shown as your current plan. Because Original Medicare does not cover drugs, the estimated annual costs for your drugs are the retail costs you’d pay if you didn’t have any drug coverage.

Following *Your Current Plan(s)* are sections for each type of coverage that you checked on the previous page. Here’s what to look for in each of these sections.

A) *Prescription Drug Plans.* The 10 lowest-cost stand-alone drug plans are listed and their annual costs are shown for retail (monthly) and mail-order refills. The list is initially sorted by the plans’ estimated annual retail drug costs, with the least expensive plan shown first.

You may also want to sort the plans by their mail-order costs. Sometimes the fourth or fifth least expensive plan for monthly refills is the least expensive for mail-order refills. The *Sort* button at the top of each section also gives you other ways to sort – by plans’ premiums, for instance, or by their quality ratings. If you want to see more than 10 stand-alone plans, you can check the [View All](#) button.

To find more information about a particular plan's costs and coverage, click on the plan's name, which opens a page titled *Your Plan Details*. There are five tabs at the top of this page. The initial tab setting is to the *Drug Costs & Coverage* page that has most of the items you need to evaluate a plan's costs. The information on this page also includes the plan's toll-free number for non-members, which you can call to ask questions or to enroll.

You can view side-by-side comparisons of up to three plans (even if they are plans of different types). To do this, check the boxes next to the plans you want to compare. Then click the [Compare Plans](#) button, which opens a page that has side-by-side comparisons of the plans you have selected. There you can see each plan's estimated annual costs for your drugs, its premium, deductible, quality rating, etc.

- B) *Medicare Health Plans with Drug Coverage*. These are Medicare Advantage plans. If you checked this section on page 6 as one of the types you want to consider, you will see a list of your area's Advantage plans that include Rx drug coverage.

This list of Advantage plans is initially sorted by the lowest combined health and drug costs. But the health costs are only estimates based on medical services a typical retiree might use. Instead, sort this list by the plans' estimated annual costs for your drugs – you can sort by retail drug costs as well as mail-order costs.

You should not enroll in an Advantage plan just because it has low costs for your drugs. There are many other criteria to consider before enrolling in a managed care plan such as an Advantage plan. You will want to know whether your doctors are in a plan's provider network, the amount of its monthly health premium, the size of its deductible, its quality rating, and so forth.

To get more information about an Advantage plan's health benefits, click on the plan's name to go to the *Your Plan Details* page. Then click on the "Health Plan Benefits" tab to see information on the plan's medical costs and benefits.

- C) *Medicare Health Plans without Drug Coverage*. These are Advantage plans that do not include drug coverage, so the estimated drug costs are the same as in Original Medicare, i.e., what you will pay if you do not have any drug coverage. Even if you do not take any prescription drugs, you must have creditable drug coverage to avoid a later penalty.

NOTE: On the Medicare web site you can backtrack to change information you entered earlier. Near the top of each page, there's a "trail" showing the pages where you have already entered information. You can click on the page that you want to return to and change your information, i.e., you can go back and add/ remove drugs, revise dosages, frequencies, add or remove pharmacies, etc.

Part II: Evaluating and choosing a plan

The best way to evaluate a plan is to go to the *Your Plan Details* page. To get to that page, first go to the *Your Plan Results* page – it is described in #7 above and is the page that sorts the plans by their costs for your drugs. On that page, click on the name of the plan you want to evaluate and you will be taken to the *Your Plan Details* page for that plan.

Once you are on the page titled *Your Plan Details*, there are four places to look to see if there are additional things you can do to reduce your prescription drug costs. Let's assume that you've already identified the plan that has the lowest estimated annual costs for your drugs, but now you want to see if there are ways you may be able further to reduce your costs.

Starting from the top of the *Your Plan Details* page, these are the four areas where you should look:

- 1) In the section near the top of the page titled *Estimate of What You Will Pay for Drug Plan Premium and Drug Costs*, compare the costs for refills at your local pharmacy to the costs for mail-order refills. Often one of these two refill schedules is 20% or 25% less expensive than the other.
- 2) At the bottom of this same section is a link with the title [Lower Your Drug Costs](#). If you click on this link, you can see whether the plan has suggestions about ways you can further reduce your costs by switching one or more of your prescriptions to a similar but less expensive drug. To see how much you can save, click on *Calculate Savings* next to the name of the drug. If the potential savings are large enough, you may want to discuss whether you should change drugs with your physician. If he/she agrees that the substitute drug(s) will be effective, then he or she will write new prescriptions for that drug(s).
- 3) In the section titled *What You Pay*, you will see the name(s) of the pharmac(ies) you selected. Below each pharmacy's costs, you will see either *Standard Retail Cost Sharing* or *Preferred Retail Cost Sharing*. Not all plans have preferred pharmacies, but if they do you will get the best pricing for retail prescriptions and refills at a pharmacy that's preferred. Item #5 below explains how to find a preferred pharmacy if the plan has one. You can also contact the plan at the non-members toll-free number and ask if there are preferred pharmacies in your area. If you take several drugs and get retail refills, in some cases you can reduce your costs by as much as 25% by using a preferred pharmacy.
- 4) In the section titled *Drug Coverage Information*, see if the plan has restrictions on any of the drugs you take. Occasionally a restriction can cost you money and/or the time required to get the restriction lifted. The two restrictions most likely to have a cost impact are requirements for a) prior authorization, and b) step therapy. If a plan has

restrictions on any of the drugs you take, those restrictions will be listed in the *Drug Coverage Information* section on the *Your Plan Details* page.

The prior authorization restriction means that your physician may need to justify your use of a specific drug (compared to a similar, less expensive drug). In a few cases if the plan will not authorize the use of a particular drug, you may have to appeal if you want the plan to cover the drug. And if you decide to take the more expensive drug, in addition to your regular co-payment you may be asked to pay the difference between the more expensive and the less expensive drug.

The step-therapy restriction indicates that the plan wants you to try a less expensive drug as a “first step,” before using the more expensive drug. Again, in a few cases you may wind up paying more for your preferred drug.

If a plan has several possible restrictions, especially the two restrictions just discussed, it might be helpful to consider a plan’s quality rating, which is shown at the top of the *Your Plan Details* page. Quality rating scores are based partly on customer satisfaction, and a plan with a rating of three stars or lower that has several restrictions on your drugs could be a risky choice.

- 5) Near the bottom of the *Your Plan Details* page is the section titled *Pharmacy & Mail Order Information*. One sentence says “Preferred pharmacy network available(?),” but this is not helpful because this sentence is used for every plan, regardless of whether it has preferred pharmacies.

One way to see if there are preferred pharmacies is to click on the link that says 7 (or another number) network pharmacies. That link opens a page that lists pharmacies and indicates whether they are preferred. If no preferred pharmacies are listed, you can use the dropdown box at the top of this page to expand the search radius to include additional pharmacies will be shown.

If you find a preferred pharmacy, you can click the *Add Pharmacy* button below it. But if you have already selected two pharmacies, you will first have to go back to the top of this page and remove one of the pharmacies so that you can add the preferred pharmacy. You will need to refresh the page to see updated costs. And remember that not every plan has a preferred pharmacy network, however. And you can always call the plan and ask if it has any preferred pharmacies in your area.

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