



Navigating the Medicare Plan Finder



September 2014

What is the Medicare Plan Finder?

- Internet tool on official Medicare web site
- Helps people learn about coverage and
 - Review current Medicare enrollment
 - Compare Part D Plans and Medicare Advantage Health Plans (like HMOs/PPOs)
 - Identify which plans cover your prescriptions at most affordable cost
 - Enroll in a Part D or Medicare Advantage Plan

Getting Started: What You Will Need

- Your Zip Code
- List of prescriptions
 - Strength and quantity
 - Use of generics
- Pharmacy you use
- Other helpful information
- Medicare card
- Other health insurance cards
- Subsidy eligibility
- Medicaid, Low Income Subsidy

CMS National Training Program 

MEDICARE PLAN FINDER WORKSHEET

You can join, switch, or drop a Medicare health or drug plan during Medicare's Open Enrollment Period, which runs from October 15 – December 7 each year. If you make a change during this period, your new coverage will begin on January 1 of the following year. The Medicare Plan Finder web tool, <https://www.medicare.gov/find-a-plan/questions/home.aspx>, can help you search for and compare Medicare health and drug plans in your area. You should compare the plans carefully and choose one that meets your needs. If you are satisfied with your current plan, you do not have to do anything to re-enroll.

You can use this worksheet to collect all the personal information you need to find a Medicare health and/or drug plan that meets your needs. Please fill out as much of the information as possible. You may find it helpful to gather all of your prescription drug bottles, your red, white, and blue Medicare card, and any other health insurance cards, before you fill out this worksheet.

If you currently get your prescription drug coverage through TRICARE (military retiree benefits), the Department of Veteran Affairs (VA benefits), or FEHBP (Federal employee retirement benefits), it is almost always best to keep that current coverage without any changes. You should contact your benefits administrator for information about your current benefits before making any changes.

1. What is your ZIP Code?
2. What county do you live in?
3. What is your Medicare Number?
4. What is your Name?
Last Name First Name
5. What is your Date of Birth?
Month Day Year
6. What is your effective date (when you first enrolled) for Medicare Part A?
Month Day Year
OR What is your effective date (when you first enrolled) for Medicare Part B?
Month Day Year



Medicare Plan Finder Worksheet Revised, June 2014

Medicare.gov Homepage

Español | | Print

[About Us](#) | [FAQ](#) | [Glossary](#) | [CMS.gov](#) | [MyMedicare.gov Login](#)

Medicare.gov

The Official U.S. Government Site for Medicare

Search

[Sign Up /
Change Plans](#)

[Your Medicare
Costs](#)

[What Medicare
Covers](#)

[Drug Coverage
\(Part D\)](#)

[Supplements &
Other Insurance](#)

[Claims &
Appeals](#)

[Manage Your
Health](#)

[Forms, Help, &
Resources](#)

Is my test, item, or service covered?

Go



Find health & drug plans



Apply for Medicare



MyMedicare.gov login

Plan Finder Homepage

Medicare.gov

The Official U.S. Government Site for Medicare

 Close Window

 Print

Supporting Information

Learn More About Plans

How Plans Work

FAQ

Help

Glossary

Frequently Asked Questions (FAQ)

Why can't I add an existing drug? Why isn't my drug listed?

Plan Finder doesn't include every drug that Medicare covers. The Plan Finder drug list is updated on a regular basis. If you can't find your drug, contact your plan to find out if it is covered. Remember that Medicare drug plans may choose to cover some or all of the drugs that Medicare covers. Plans may also cover drugs that aren't listed.

Plan Finder doesn't show pricing for over-the-counter drugs or diabetic supplies (e.g. test strips, lancets, needles), so these items can't be added to your drug list.

Why are the drug prices I'm paying higher at my pharmacy than what Plan Finder indicates?

A number of factors affect drug prices: drug dosage and quantity selected, pharmacy selection, the subsidy level of the beneficiary, as well as the actual timing for drug purchases. Plan Finder provides estimated pricing for what you will pay at your pharmacy. If the dosages and frequencies you use on Plan Finder are different than what you've been prescribed, you may go into a coverage phase that may have an effect on the cost share you pay.

Why are some mail order pharmacies higher in cost than some retail pharmacies?

Generally, plans are able to negotiate more competitive pricing from mail order pharmacies, but this may not always be the case. In order to find the most cost-effective way to buy your drugs, refer to the

Plan Finder Search Options

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 ▶



Step 1 of 4: General Search Only

Step 1 of 4: Enter Information

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

How do you get your Medicare coverage?

- Original Medicare [?]
- Medicare Health Plan (such as an HMO, PPO, or Private-Fee-for-Service plan) [?]
- I don't have any Medicare coverage yet
- I don't know what coverage I have

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 applied for and got Extra Help through Social Security
 - I pay \$2.55 - \$6.35 for covered drugs [?]
 - I pay 15% coinsurance for covered drugs [?]
 - I pay the following percentage for my monthly prescription drug plan premium:
 - 0%
 - 25%
 - 50%
 - 75%
 - I don't know
- I don't get any Extra Help [?]
- I don't know

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

LIS Notice states what percentage the beneficiary is expected to pay for their premium.

General Search Only- Select Your Current Plan

Select Your Current Drug Plan

Select Your
current
plan from
a list of
plans in
your area.

Continue 

- I don't know the name of the plan I'm enrolled in
- I don't know what plan I have

AARP MedicareRx Enhanced (PDP)

S5921-223-0
Phone: 1-888-867-5575

AARP MedicareRx Preferred (PDP)

S5820-026-0
Phone: 1-888-867-5575

AARP MedicareRx Saver Plus (PDP)

S5921-372-0
Phone: 1-888-867-5575

Aetna Medicare Rx Essentials (PDP)

S5810-061-0
Phone: 1-877-238-6211

Aetna Medicare Rx Premier (PDP)

S5810-197-0
Phone: 1-877-238-6211

Blue MedicareRx Plus (PDP)

S5596-060-0
Phone: 1-866-755-2776

Blue MedicareRx Premier (PDP)

S5596-061-0
Phone: 1-866-755-2776

Blue MedicareRx Standard (PDP)

S5596-059-0
Phone: 1-866-755-2776

Cigna Medicare Rx Secure (PDP)

S5617-133-0
Phone: 1-800-222-6700

Step 2: Enter Your Drugs

Step 2 of 4: Enter Your Drugs

Please select the information (e.g. dosing frequency) as prescribed by your doctor. Failure to enter information consistent with your prescription may result in the display of inaccurate pricing information. For example, if you select a frequency greater than that prescribed by your doctor, it may result in the display of the full drug cost rather than the appropriate cost-sharing amount. 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: 80908

Current Coverage: Original Medicare, AARP MedicareRx Enhanced (PDP) (S5921-223-0)

Current Subsidy: No Extra Help [?]

[Important Coverage Information](#)

Type the name of your 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?](#)

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?](#)

Jul 21 2014

[Retrieve My Drug List](#)

My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 0

[Print My Drug List](#)

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

[My Drug List is Complete](#)

Entering Drugs

Type the name of your 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?](#)

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?](#)
Jul 5, 2011

My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 0

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

Pop-up box to indicate dosage, quantity, frequency and where you buy

The screenshot shows a web interface for finding drugs. At the top left, there is a search bar with "Lipitor" entered and a "Find My Drug" button. Below the search bar are alphabetical navigation buttons (A-Z) and links for help. On the right, there is a "Retrieve My Saved Drug List" section with a message about saving drug lists and a "Zip Code" field. The main search results area shows "6 drugs found with Lipitor" and lists "Lipitor(Atorvastatin Calcium)" and "Levetiracetam(Levetiracetam)". A pop-up box is overlaid on the search results, titled "Lipitor". It contains the following fields and options:

- Dosages [?]**: Radio buttons for Lipitor TAB 10MG, Lipitor TAB 20MG, Lipitor TAB 40MG, and Lipitor TAB 80MG.
- Quantity [?]**: A text input field containing "30".
- Frequency [?]**: Radio buttons for Every 1 Month, Every 2 Months, Every 3 Months, and Every 12 Months.
- Pharmacy Type [?]**: Radio buttons for "I get this medicine from a retail pharmacy." and "I get this medicine from a mail order pharmacy."
- Buttons: "Add drug and dosage" and "Cancel".

A red text overlay in the center of the pop-up box reads: "IMPORTANT TO ENTER AS PRESCRIBED".

Lower Cost Generic option

Search Results:
6 drugs found with Lipitor

MEDICINE NAME	DRUG TYPE	ADD DRUG
Lipitor(Atorvastatin Calcium)	Brand	+ Add Drug
Levetiracetam(Levetiracetam)	Generic	+ Add Drug
Levitra(Vardenafil HCl)	Brand	+ Add Drug
Levothyroxine		
Lipotriad(Vitam		
Liptruzet(Ezetir		

Lipitor
A lower cost generic is available for the drug you selected.

- Use lower cost generic: Atorvastatin Calcium
- Use brand drug: Lipitor

Continue >

My Drug List
Total Drugs in My Drug List: 0 [Print My Drug List](#)

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

My Drug List is Complete >

My Drug List

Type the name of your 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?](#)

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

Drug List ID: 2100428288
Password Date: 7/21/2014 (change date)
Zip Code: 80908

My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 1

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
Atorvastatin Calcium TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Lipitor) Switch Back	<input type="button" value="Change dose"/> <input type="button" value="Add"/> <input type="button" value="Remove"/>



Print Drug List

My Drug List (Maximum 25 Drugs)
Total Drugs in My Drug List: 4 [Print My Drug List](#) ←

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
Alendronate Sodium TAB 70MG	4	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Fosamax) Switch Back	Change dose Add Remove
Lipitor TAB 10MG	30	Every 1 Month Retail Pharmacy	Atorvastatin Calcium	Change dose Add Remove
Lisinopril TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove
Vitamin D CAP 50000UNT	8	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove

[My Drug List is Complete](#) → ← **click when ready for next STEP**

Step 3: Select a Pharmacy

Step 3 of 4: Select Your Pharmacies

Please select up to two pharmacies to get a better estimate of how much your prescription drugs will cost. 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. Also note that some plans offer lower drug prices at preferred network pharmacies, compared to other pharmacies in the network.

My Current Profile

Zip Code: 80908

Current Coverage: Original Medicare, AARP MedicareRx Enhanced (PDP) (S5921-223-0)

Current Subsidy: No Extra Help [?]

Drug List ID: 2100428288

Password Date: 07/21/2014

[Important Coverage Information](#)

[Continue to Plan Results](#)

We found 3 pharmacies within 1 miles of 80201

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

Available Pharmacies

Add to Selected Pharmacies

King Soopers Pharmacy 1545 S Kipling Lakewood, CO 80232 1-303-989-8490 Add Pharmacy	Rite Aid Pharmacy 06168 7677 West Jewell Avenue Lakewood, CO 80232 1-303-985-3977 Add Pharmacy ←	Walgreens #6621 10808 W Jewell Ave Lakewood, CO 80232 1-303-914-1063 Add Pharmacy ←
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[Continue to Plan Results](#)

Select Up to Two Pharmacies and View on Map

We found 3 pharmacies within 1 miles of 80201

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

Your Selected Pharmacies

- Rite Aid Pharmacy 06168**
7677 West Jewell Avenue
Lakewood, CO 80232
1-303-985-3977
[Remove Pharmacy](#)
- Walgreens #6621**
10808 W Jewell Ave
Lakewood, CO 80232
1-303-914-1063
[Remove Pharmacy](#)

Available Pharmacies
[Add to Selected Pharmacies](#)

- King Soopers Pharmacy**
1545 S Kipling
Lakewood, CO 80232
1-303-989-8490
[Add Pharmacy](#)

The map shows the Lakewood area with three red pins indicating the selected pharmacies. The interface includes a search bar, a map toggle, and a 'Continue to Plan Results' button at the bottom.

Step 4: Refine Your Plan Results

Step 4 of 4: Refine Your Plan Results

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.

My Current Profile **Update Search**

Zip Code: 80908
Current Coverage: Original Medicare, AARP MedicareRx Enhanced (PDP) (S5921-223-0)
Current Subsidy: No Extra Help [?]
Drug List ID: 2100428288
Password Date: 07/21/2014

Important Coverage Information

You are now viewing 2014 plan data. [View 2015 plan data](#)

Refine Your Search

Update Plan Results

- Limit Your Monthly Premium
- Limit Your Annual Drug Deductible
- Select Drug Options
- Select Star Ratings
- Select Coverage Options
- Select Special Needs Plans
- Change Health Status

Show costs if my health status is:

Poor

Good

Excellent

term care facilities

Summary of Your Search Results
There are a total of 56 plans available in your area including Original Medicare. Please select one or more plan types to continue.

Select	Available Plans Based On Your Filters	Number of Plans Available: 55
<input type="checkbox"/>	Prescription Drug Plans (with Original Medicare)[?]	32 plan(s) available
<input type="checkbox"/>	Medicare Health Plans with drug coverage[?]	15 plan(s) available
<input type="checkbox"/>	Medicare Health Plans without drug coverage[?]	8 plan(s) available

Continue To Plan Results

Plan Results Page

Your Plan Results

[« Return to previous page](#)

Your plan results are organized by plan type and are initially sorted by lowest estimated cost. To view more plans, select View 20 or View All. Select any plan name for details. Compare up to 3 plans by using the checkboxes and selecting Compare Plans. The costs displayed are estimates; your actual costs may vary.

You are now viewing 2014 plan data. [View 2015 plan data](#)

[My Current Profile](#) [Update Search](#)

Zip Code: 80908
Current Coverage: Original Medicare, AARP MedicareRx Enhanced (PDP) (S5921-223-0)
Current Subsidy: No Extra Help [?]
Drug List ID: 2100428288
Password Date: 07/21/2014

[Important Coverage Information](#)

▼ 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.

⚠ This symbol signifies that Medicare has given the plan a low rating at least three years in a row.

D Some Dental Coverage

V Some Vision Coverage

H Some Hearing Coverage

N Nationwide Coverage

+ **Your Current Plan(s)**

+ **Prescription Drug Plans**

+ **Medicare Health Plans with Drug Coverage**

+ **Medicare Health Plans without Drug Coverage**

[Star Ratings](#)

[Star Ratings](#)

[Star Ratings](#)

Star Ratings

(Look at Customer Satisfaction, Complaints, Experiences, Pricing)

Plan Quality and Performance Ratings

[Return to previous page](#)

Choose Plans to Compare
When you choose 3 plans to compare, quality and performance information will be available to help you make the best choice for you. Quality and Performance varies across plans. Giving good quality care means doing the right thing, at the right time and in the right way to get the best results possible.

This symbol signifies that Medicare has given the plan a low rating at least three years in a row.

Star Ratings

- ★★★★★ Excellent
- ★★★★ Above Average
- ★★★ Average
- ★★ Below Average
- ★ Poor

View Summary Star Ratings | **View Drug Plan Star Ratings**

Compare Plans

Sort results by Overall Star Rating [Sort](#)

Select to Compare	Plan Name and ID Numbers	Overall Star Rating [?]	Summary Rating of Prescription Drug Plan Quality [?]
<input type="checkbox"/>	Transamerica MedicareRx Classic (PDP) (S9579-026-0)	★★★★ 4.0 out of 5 stars	★★★★ 4.0 out of 5 stars
<input type="checkbox"/>	Transamerica MedicareRx Choice (PDP) (S9579-059-0)	★★★★ 4.0 out of 5 stars	★★★★ 4.0 out of 5 stars
<input type="checkbox"/>	AARP MedicareRx Saver Plus (PDP) (S5921-372-0)	★★★ 3.5 out of 5 stars	★★★ 3.5 out of 5 stars
<input type="checkbox"/>	Humana Walmart Rx Plan (PDP) (S5884-173-0)	★★★ 3.5 out of 5 stars	★★★ 3.5 out of 5 stars
<input type="checkbox"/>	Express Scripts Medicare - Choice (PDP) (S5660-197-0)	★★★ 3.5 out of 5 stars	★★★ 3.5 out of 5 stars

Plan Quality and Performance Ratings

[Return to previous page](#)

Choose Plans to Compare
When you choose 3 plans to compare, quality and performance information will be available to help you make the best choice for you. Quality and Performance varies across plans. Giving good quality care means doing the right thing, at the right time and in the right way to get the best results possible.

This symbol signifies that Medicare has given the plan a low rating at least three years in a row.

Star Ratings

- ★★★★★ Excellent
- ★★★★ Above Average
- ★★★ Average
- ★★ Below Average
- ★ Poor

View Summary Star Ratings | **View Drug Plan Star Ratings**

Compare Plans

Sort results by Summary Rating of Prescription Drug Plan Quality [Sort](#)

Select to Compare	Plan Name and ID Numbers	Summary Rating of Prescription Drug Plan Quality [?]	Drug Plan Customer Service [?]	Drug Plan Member Complaints and Medicare Audit Findings [?]	Member Experience with Drug Plan [?]	Drug Pricing and Patient Safety [?]
<input type="checkbox"/>	Transamerica MedicareRx Classic (PDP) (S9579-026-0)	★★★★ 4.0 out of 5 stars	★★★★ 4.0 out of 5 stars	Not enough data available	★★★ 3.0 out of 5 stars	★★★★ 4.0 out of 5 stars
<input type="checkbox"/>	Transamerica MedicareRx Choice (PDP) (S9579-059-0)	★★★★ 4.0 out of 5 stars	★★★★ 4.0 out of 5 stars	Not enough data available	★★★ 3.0 out of 5 stars	★★★★ 4.0 out of 5 stars
<input type="checkbox"/>	AARP MedicareRx Saver Plus (PDP) (S5921-372-0)	★★★ 3.5 out of 5 stars	★★★ 3.0 out of 5 stars	★★★ 3.0 out of 5 stars	★★★★ 4.0 out of 5 stars	★★★★ 4.0 out of 5 stars
<input type="checkbox"/>	Humana Walmart Rx Plan (PDP)	★★★ 3.5 out of 5 stars	★★★★★ 5.0 out of 5 stars	★★★★★ 4.0 out of 5 stars	★★ 2.0 out of 5 stars	★★★ 3.0 out of 5 stars

Plan Results Page – Key Information

Ways to Further Lower My Drug Cost Share

The drugs you entered are listed below, with available lower cost options for WellCare Classic (PDP) (S5967-164). You may be able to further lower your estimated costs by looking for generic alternative drugs, similar lower cost drugs, and/or mail order pharmacies. The savings options listed below are for your information only. You should talk with your doctor before making any changes to your prescription drugs.

Pharmacies: Some pharmacies are participating in the program. Help you find a pharmacy. / programs.

State: Many states have a list of participating pharmacies.

Retail Prices (30-day supply) **Mail Order Prices (90-day supply)**

- Your Original Drug					
DRUG	30-DAY QUANTITY	FORMULARY STATUS	COST SHARING DURING ICL	ESTIMATED ANNUAL COST[?]	PHARMACEUTICAL ASSISTANCE PROGRAMS
Lipitor TAB 10MG	30	NOT ON FORMULARY	\$196.34	\$2,837.64	No
- Lower Cost Option(s)					
DRUG	30-DAY QUANTITY	FORMULARY STATUS	COST SHARING DURING ICL	ESTIMATED ANNUAL COST[?]	PHARMACEUTICAL ASSISTANCE PROGRAMS
Atorvastatin Calcium TAB 10MG View savings	30	Tier 1: Preferred Generic	\$0.00	\$481.56	No
Lisinopril TAB 10MG					
Vitamin D CAP 50000UNT					

Default Sort for Medicare Advantage Plans with Drug Coverage

Medicare Health Plans with Drug Coverage Star Ratings

15 plans were found in 80908 based on your search criteria. View 10 [View 15](#)

[Compare Plans](#)

Sort Results by Lowest Estimated Annual Health and Drug Cost [Sort](#)

Kaiser Permanente Senior Advantage Core (HMO) (H0630-017-0) ★
 Organization: Kaiser Permanente

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 Star Rating:[?]	
Retail Pharmacy Status: Network Cost as of Today: \$625 Mail Order Cost as of Today: \$511	\$0.00 Drug: \$0.00 Health: \$0.00	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$95, 25%	Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: \$4,900 In-Network D V H	All Your Drugs on Formulary: No Drug Restrictions: No All Generics and Few Brands Lower Your Drug Costs MTM Program [?]: Yes	\$4,620	★ This plan got Medicare's highest rating (5 stars)	Enroll

Kaiser Permanente Senior Advantage Silver (HMO) (H0630-018-0) ★
 Organization: Kaiser Permanente

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 Star Rating:[?]	
Retail Pharmacy Status: Network Cost as of Today: \$842 Mail Order Cost as of Today:	\$45.00 Drug: \$43.40 Health: \$1.60	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$95,	Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: \$4,200 In-Network D V H	All Your Drugs on Formulary: No Drug Restrictions: No All Generics and Few Brands Lower Your Drug Costs	\$4,790	★ This plan got Medicare's highest rating (5 stars)	Enroll

Compare up to 3 Plans

31 plans were found in 80908 based on your search criteria. View 10 [View 20](#) [View All](#)

Compare Plans

Sort Results By Lowest Remainder Of The Year Retail Costs [Sort](#)

<input checked="" type="checkbox"/>	United American - Enhanced (PDP) (S5755-030-0)				
Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance: [?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	
Retail Pharmacy Status: Network Cost as of Today: \$1,052 Mail Order Cost as of Today: \$932	\$71.20	Annual Drug Deductible: \$110 Drug Copay/ Coinsurance: \$1 - \$95, 30%	All Your Drugs on Formulary: No Drug Restrictions: Yes No Additional Gap Coverage Lower Your Drug Costs MTM Program[?]: Yes	★★★ 2.5 out of 5 stars	Enroll
<input checked="" type="checkbox"/>	WellCare Classic (PDP) (S5967-164-0)				
Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance: [?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	
Retail Pharmacy Status: Preferred-Network Cost as of Today: \$1,182 Mail Order Cost as of Today: \$1,380	\$24.40	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$0 - \$90, 33%	All Your Drugs on Formulary: No Drug Restrictions: Yes No Additional Gap Coverage Lower Your Drug Costs MTM Program[?]: Yes	★★★ 3 out of 5 stars	Enroll
<input checked="" type="checkbox"/>	Humana Walmart Rx Plan (PDP) (S5884-173-0)				
Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance: [?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	
Retail Pharmacy Status: Network Cost as of Today: \$1,184 Mail Order	\$12.60	Annual Drug Deductible: \$310 Drug Copay/ Coinsurance: \$1 - \$4, 20% - 39%	All Your Drugs on Formulary: No Drug Restrictions: Yes No Additional Gap Coverage Lower Your Drug Costs MTM Program[?]: Yes	★★★★★ 3.5 out of 5 stars	Enroll

Prescription Drug Plan Details Page

Prescription Drug Plan Details Page defaults to the Drug Cost & Coverage Tab

Overview | Health Plan Benefits | **Drug Costs & Coverage** | Star Ratings | MTM

WellCare Classic (PDP) (S5967-164-0) PO Box 31685 Tampa, FL 33631 Overall Star Rating: [?] **Enroll**
 ★★★
 3 out of 5 stars

Fixed Costs

Monthly Drug Plan Premium [?] \$24.40
 Monthly Health Plan Premium [?] N/A
 Annual Drug Deductible [?] \$0.00

Medicare costs at a glance

Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs

Cost For Rest of Year (based on enrollment today) [?]

Rite Aid Pharmacy 06168 \$1,220.55
 Walgreens #6621 \$1,182.35
 Mail Order Pharmacy \$1,379.88

Lower your drug costs

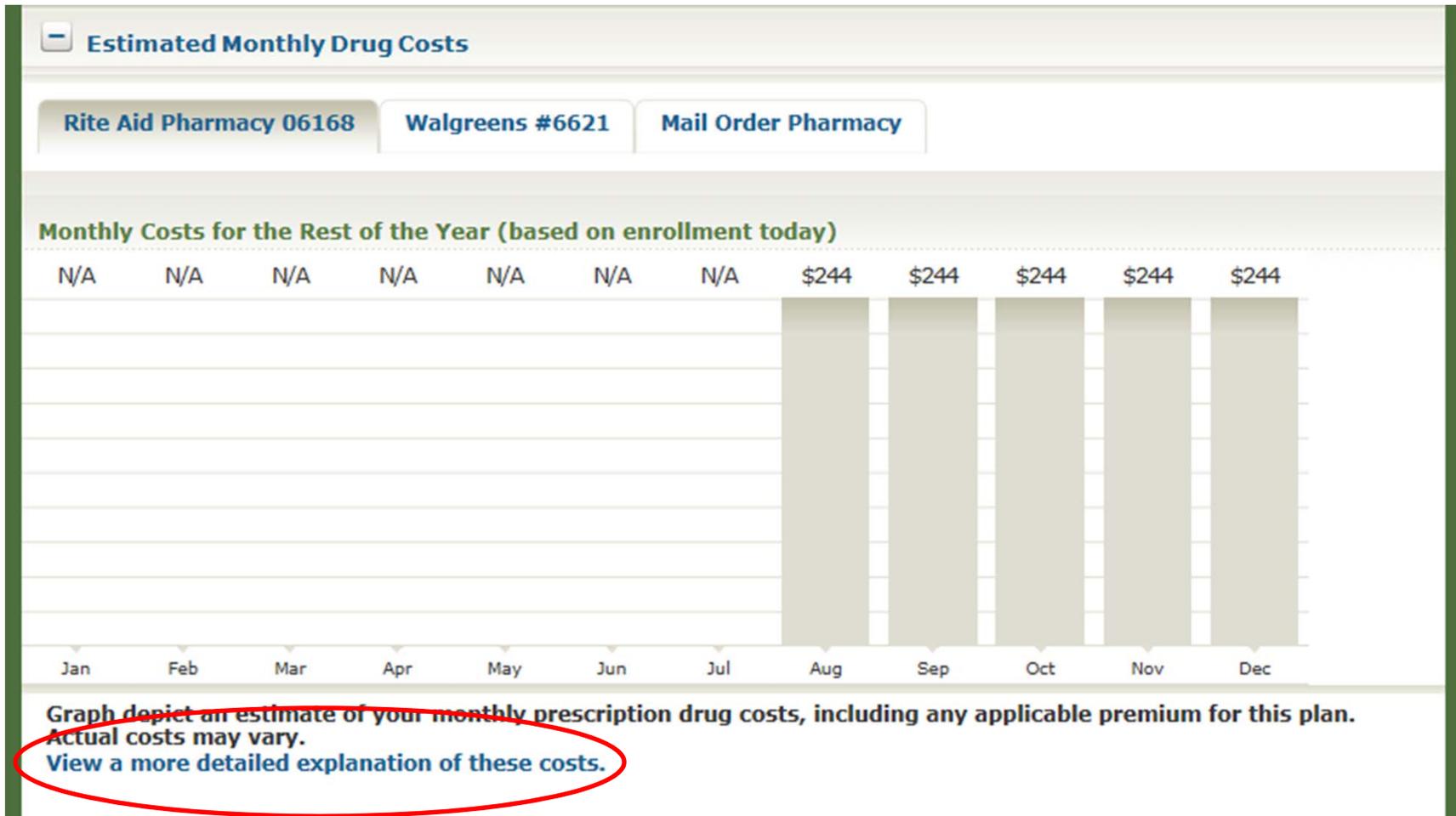
What You Pay

Rite Aid Pharmacy 06168 | Walgreens #6621 | **Mail Order Pharmacy**

Rite Aid Pharmacy 06168 - Network Pharmacy

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Initial Coverage Level[?]	What You Pay	
				Coverage Gap[?]	Catastrophic Coverage[?]
Alendronate Sodium TAB 70MG	\$3.83	Every 1 Month	\$3.83	\$2.76	\$2.55
Lipitor TAB 10MG	\$196.58	Every 1 Month	\$196.58	\$196.58	\$196.58
Lisinopril TAB 10MG	\$3.32	Every 1 Month	\$3.32	\$2.39	\$2.55
Vitamin D CAP 50000UNT	\$15.98	Every 1 Month	\$15.98	\$15.98	\$15.98
MONTHLY TOTALS:	\$219.71		\$219.71	\$217.71	\$217.66

Bar Chart to Show When Changes in Coverage Levels Occur



View Details of Costs



Show monthly cost chart for:

Rite Aid Pharmacy 06168

Walgreens #6621

Mail Order Pharmacy

WellCare Classic (PDP)
(S5967 - 164) Plan Type: PDP

Detailed Monthly costs for Rite Aid Pharmacy 06168 [View All Months](#)

MONTH	ITEM	COVERAGE LEVEL	YOUR COST	TOTAL DRUG COST
1	Alendronate Sodium TAB 70MG	Initial Coverage Level	\$3.83	\$3.83
	Lipitor TAB 10MG	Initial Coverage Level	\$196.58	\$196.58
	Lisinopril TAB 10MG	Initial Coverage Level	\$3.32	\$3.32
	Vitamin D CAP 50000UNT	Initial Coverage Level	\$15.98	\$15.98
	Drug Premium	NA	\$24.40	n/a
	MONTH 1 TOTAL		\$244.11	\$219.71
2			MONTH 2 TOTAL	\$244.11
3			MONTH 3 TOTAL	\$244.11
4			MONTH 4 TOTAL	\$244.11
5			MONTH 5 TOTAL	\$244.11
6			MONTH 6 TOTAL	\$244.11
7			MONTH 7 TOTAL	\$244.11
8			MONTH 8 TOTAL	\$244.11
9			MONTH 9 TOTAL	\$244.11
10			MONTH 10 TOTAL	\$244.11
11			MONTH 11 TOTAL	\$244.11
12			MONTH 12 TOTAL	\$244.11

Plan Details – Drug Coverage

Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Alendronate Sodium TAB 70MG	Tier 1: Preferred Generic		Yes	
Atorvastatin Calcium TAB 10MG	Tier 1: Preferred Generic		Yes	
Lisinopril TAB 10MG	Tier 1: Preferred Generic			

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

Pharmacy & Mail Order Information

Mail Order is available.

Pharmacy Network [?]

0 network pharmacies in your ZIP code

Drug List

If you make any changes to your drug list or pharmacy selection, please refresh the page to view updated pricing information.

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
ALENDRONATE SODIUM TAB 70MG	4	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Fosamax) Switch Back	Change dose Add Remove
ATORVASTATIN CALCIUM TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Lipitor) Switch Back	Change dose Add Remove
LISINOPRIL TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove

NEW to Drug Costs Coverage TAB

Drug Coverage Information

Drug Coverage Information				
SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Alendronate Sodium TAB 70MG	Tier 1: Preferred Generic		Yes	
Lipitor TAB 10MG	Not on Formulary ¹⁵			
Lisinopril TAB 10MG	Tier 1: Preferred Generic			
Vitamin D CAP 50000UNT	Not on Formulary ⁴			

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

⁴This is a non-formulary drug. In addition, this type of drug is excluded from coverage under the Medicare program. This plan does not offer a supplement benefit for this type of drug. Any amount that you spend for non-formulary drugs is not counted toward any deductibles, initial coverage or out-of-pocket limits. The drug cost displayed is only an estimate and actual cost may vary.

¹⁵Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered at Tier 4. The drug cost displayed is only an estimate and actual cost may vary. Please contact the plan for more information.

View Drug Benefit Summary

Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Alendronate Sodium TAB 70MG	Tier 1: Preferred Generic		Yes	
Lipitor TAB 10MG	Not on Formulary ¹⁵			
Lisinopril TAB 10MG	Tier 1: Preferred Generic			
Vitamin D CAP 50000UNT	Not on Formulary ⁴			

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

⁴This is a non-formulary drug. In addition, this type of drug is excluded from coverage under the Medicare program. This plan does not offer a supplement benefit for this type of drug. Any amount that you spend for non-formulary drugs is not counted toward any deductibles, initial coverage or out-of-pocket limits. The drug cost displayed is only an estimate and actual cost may vary.

¹⁵Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered at Tier 4. The drug cost displayed is only an estimate and actual cost may vary. Please contact the plan for more information.

“View Drug Benefit Summary” button to see if plan has Preferred Pharmacy prices

WellCare Classic (PDP)

(Contract ID: S5967, Plan ID: 164)

Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit

PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
<u>Preferred Pharmacies</u>	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$16.00	\$32.00	\$48.00
	Tier 3: Preferred Brand	\$40.00	\$80.00	\$120.00
	Tier 4: Non-Preferred Brand	\$90.00	\$180.00	\$270.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered
<u>Network Pharmacies</u>	Tier 1: Preferred Generic	\$8.00	\$16.00	\$24.00
	Tier 2: Non-Preferred Generic	\$29.00	\$58.00	\$87.00
	Tier 3: Preferred Brand	\$45.00	\$90.00	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	\$190.00	\$285.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered

WellCare Classic (PDP)

(Contract ID: S5967, Plan ID: 164)

Cost Sharing Information

PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)
<u>Preferred Pharmacies</u>	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$16.00	\$32.00	\$32.00
	Tier 3: Preferred Brand	\$40.00	\$80.00	\$80.00
	Tier 4: Non-Preferred Brand	\$90.00	\$180.00	\$180.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered
<u>Network Pharmacies</u>	Tier 1: Preferred Generic	\$8.00	\$16.00	\$24.00
	Tier 2: Non-Preferred Generic	\$29.00	\$58.00	\$87.00
	Tier 3: Preferred Brand	\$45.00	\$90.00	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	\$190.00	\$285.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

Details	Tier Name
Formulary Exceptions *:	Tier 4: Non-Preferred Brand

*Note: Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

View Pharmacy Network

Pharmacy & Mail Order Information

Mail Order is available.

Pharmacy Network [?]

0 network pharmacies in your ZIP code

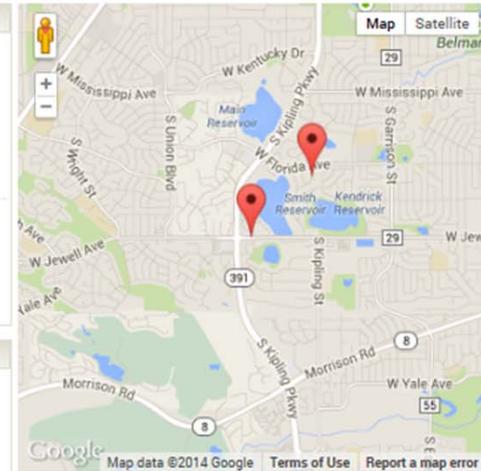
Pharmacy List: WellCare Classic (PDP)(S5967-164)

We found **3** network pharmacies within **1** miles of 80201 for WellCare Classic (PDP)(S5967-164)

If you make any changes to your selected pharmacies, please refresh the drug costs & coverage page to view updated pricing information.

Search New Location or by Pharmacy Name

Selected Pharmacies	Pharmacy Type [?]	Preferred [?]
Rite Aid Pharmacy 06168 7677 West Jewell Avenue Lakewood, CO 80232 1-303-985-3977 Remove Pharmacy	Retail	No
Walgreens #6621 10808 W Jewell Ave Lakewood, CO 80232 1-303-914-1063 Remove Pharmacy	Retail	Yes
Pharmacy Name	Pharmacy Type [?]	Preferred [?]
King Soopers Pharmacy 1545 S Kipling Lakewood, CO 80232 1-303-989-8490 Add Pharmacy	Retail	No



NEW

Medicare Health Plan with Drug Coverage View

Links to
–Plan website
–Important Notes
–Provider & physician network

Overview Health Plan Benefits Drug Costs & Coverage Star Ratings MTM

Kaiser Permanente Senior Advantage Core (HMO)
(H0630-017-0)¹
★ This plan got Medicare's highest rating (5 stars)

2500 S. Havana St.
Aurora, CO 80014

Overall Star Rating: [?] [Enroll](#)
★ This plan got Medicare's highest rating (5 stars)

Members:
1-800-476-2167
711 (TTY/TDD)

Non Members:
1-877-408-3492
711 (TTY/TDD)

Organization: Kaiser Permanente
Plan Type: HMO

Additional Plan Information

Overall Star Rating [?]	★ This plan got Medicare's highest rating (5 stars)
Health Plan Star Ratings [?]	★★★★★ 5 out of 5 stars
Drug Plan Star Ratings [?]	★★★★★ 5 out of 5 stars

Plan Type: HMO
Plan Status: Approved by Medicare
Area: Southern Colorado

[View plan website](#)

Important Note:
Your in-network prescription coverage is limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain, emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.

View Drug Benefit Summary

Provider Network: 501-1000 physicians and providers.
[View provider and physician network website](#)

Health Plan Benefits Tab- Costs and Other Important Information

The screenshot displays the Medicare Plan Finder interface for the Kaiser Permanente Senior Advantage Silver (HMO) plan. The 'Health Plan Benefits' tab is selected, and the 'Costs and Other Important Information' section is expanded. The plan details include the address (2500 S. Havana St., Aurora, CO 80014), overall star rating (5 stars), and enrollment information. The expanded section provides a table of costs and benefits.

View More Detailed Cost & Benefit Information	
Monthly Health Plan Premium	\$1.60
Monthly Drug Plan Premium	\$43.40
Health Plan Deductible	\$0
Other Deductibles?	No
Out-Of-Pocket Spending Limit [?]	\$4,200 In-Network
Prescription Drugs Covered?	Yes
Choice of Doctors?	Plan Doctors Only
Optional Supplemental Benefits?	Yes

Below the table, there is a section for 'Benefits' which is currently collapsed.

Health Plan Benefits

Overview | **Health Plan Benefits** | Drug Costs & Coverage | Star Ratings | MTM

Kaiser Permanente Senior Advantage Silver (HMO)
(H0630-018-0)¹
★ This plan got Medicare's highest rating (5 stars)
Organization: Kaiser Permanente
Plan Type: HMO
2500 S. Havana St.
Aurora, CO 80014
Overall Star Rating: [?]
★ This plan got Medicare's highest rating (5 stars)
Enroll

Members:
1-800-476-2167
711 (TTY/TDD)

Non Members:
1-877-408-3492
711 (TTY/TDD)

+ **Costs and Other Important Information**

- **Benefits**

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

Inpatient Hospital Care	In Network: Days 1-5: \$225 copay per day Days 6-90: \$0 copay per day Out of Network: Not Applicable
Inpatient Mental Health Care	In Network: Days 1-5: \$225 copay per day Days 6-90: \$0 copay per day Out of Network: Not Applicable
Skilled Nursing Facility (SNF)	In Network: Days 1-100: \$25 copay per day Out of Network: Not Applicable
Home Health Care	In Network: \$0 maximum per visit Out of Network: Not Applicable
Doctor Office Visits	In Network: \$15 maximum per visit Out of Network: Not Applicable
Outpatient Services	In Network: \$225 maximum per visit Out of Network: Not Applicable

Customizable Print Report

Medicare.gov

The Official U.S. Government Site for Medicare

Close Window

Print



Customize Costs and Benefits Report

Customize the report by selecting from the options below. Once you have made the selections for what you want to view, click "Get the Report".

- Select All Costs and Other Important Information
 - Monthly Health Plan Premium
 - Health Plan Deductible
 - Other Deductibles?
 - Out-Of-Pocket Spending Limit
 - Prescription Drugs Covered?
 - Choice of Doctors?
 - Optional Supplemental Benefits?
- Benefits
 - Important Information
 - Inpatient Care
 - Outpatient Care
 - Outpatient Medical Services and Supplies
 - Preventive Services
 - Additional Benefits

Get the Report or Cancel

Compare Side-by-Side

Your Plan Comparison

[« Return to previous page](#)

Select the tabs below for more detailed information about the plan health benefits, drug costs and coverage and star ratings.

My Current Profile [Update Search](#)

Zip Code: 80908

Current Coverage: Original Medicare, AARP MedicareRx Enhanced (PDP) (S5921-223-0)

Current Subsidy: No Extra Help [?]

Drug List ID: 2100428288

Password Date: 07/21/2014

Important Coverage Information

Overview	Health Plan Benefits	Drug Costs & Coverage	Star Ratings	MTM
<p>United American - Enhanced (PDP)</p> <p>(S5755-030) Plan Type: PDP Organization: United American Insurance Company</p> <p>Members: 1-866-524-4169 1-866-524-4170(TTY/TDD) Non Members: 1-877-723-1662 1-866-524-4170(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p>N</p> <p>Enroll</p>	<p>AARP MedicareRx Enhanced (PDP)</p> <p>(S5921-223) Plan Type: PDP Organization: UnitedHealthcare</p> <p>Members: 1-888-867-5575 711(TTY/TDD) Non Members: 1-888-867-5564 711(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p>N</p> <p>Enroll</p>	<p>WellCare Classic (PDP)</p> <p>(S5967-164) Plan Type: PDP Organization: WellCare</p> <p>Members: 1-888-550-5252 1-888-816-5252(TTY/TDD) Non Members: 1-888-293-5151 1-888-816-5252(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p>Enroll</p>		
<p>+ Fixed Costs</p> <p>+ Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs</p> <p>+ Estimated Full Cost the Plan Charges Medicare for Your Drugs</p> <p>+ Estimated Monthly Drug Costs</p> <p>+ Drug Coverage Information</p> <p>+ Pharmacy & Mail Order Information</p> <p>+ Drug List</p>				
<p>If you make any changes to your drug list or pharmacy selection, please refresh the page to view updated pricing information.</p>				

Comparing Fixed Costs

Overview Health Plan Benefits **Drug Costs & Coverage** Star Ratings MTM

<p>United American - Enhanced (PDP) (\$5755-030) Plan Type: PDP Organization: United American Insurance Company</p> <p>Members: 1-866-524-4169 1-866-524-4170(TTY/TDD) Non Members: 1-877-723-1662 1-866-524-4170(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p>N</p> <p>Enroll</p>	<p>AARP MedicareRx Enhanced (PDP) (\$5921-223) Plan Type: PDP Organization: UnitedHealthcare</p> <p>Members: 1-888-867-5575 711(TTY/TDD) Non Members: 1-888-867-5564 711(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p>N</p>	<p>WellCare Classic (PDP) (\$5967-164) Plan Type: PDP Organization: WellCare</p> <p>Members: 1-888-550-5252 1-888-816-5252(TTY/TDD) Non Members: 1-888-293-5151 1-888-816-5252(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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Fixed Costs

Monthly Drug Plan Premium [?]	\$71.20	Monthly Drug Plan Premium [?]	\$127.50	Monthly Drug Plan Premium [?]	\$24.40
Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A
Annual Drug Deductible [?]	\$110.00	Annual Drug Deductible [?]	\$0.00	Annual Drug Deductible [?]	\$0.00
Medicare costs at a glance		Medicare costs at a glance		Medicare costs at a glance	

- [+ Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs](#)
- [+ Estimated Full Cost the Plan Charges Medicare for Your Drugs](#)
- [+ Estimated Monthly Drug Costs](#)
- [+ Drug Coverage Information](#)

Comparing Your Out-of-Pocket Costs

Overview Health Plan Benefits **Drug Costs & Coverage** Star Ratings MTM

<p>United American - Enhanced (PDP) (S5755-030) Plan Type: PDP Organization: United American Insurance Company</p> <p>Members: 1-866-524-4169 1-866-524-4170(TTY/TDD) Non Members: 1-877-723-1662 1-866-524-4170(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p>N</p> <p>Enroll</p>	<p>AARP MedicareRx Enhanced (PDP) (S5921-223) Plan Type: PDP Organization: UnitedHealthcare</p> <p>Members: 1-888-867-5575 711(TTY/TDD) Non Members: 1-888-867-5564 711(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p>N</p>	<p>WellCare Classic (PDP) (S5967-164) Plan Type: PDP Organization: WellCare</p> <p>Members: 1-888-550-5252 1-888-816-5252(TTY/TDD) Non Members: 1-888-293-5151 1-888-816-5252(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p>Enroll</p>
<p>+ Fixed Costs</p> <p>- Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs</p>		
<p>Cost at Rite Aid Pharmacy 06168</p> <p>Enrollment Today [?] \$1,052.46</p> <p>Cost at Walgreens #6621</p> <p>Enrollment Today [?] \$1,054.54</p> <p>Cost at mail order pharmacy</p> <p>Enrollment Today \$931.64</p> <p>Lower your drug costs</p>	<p>Cost at Rite Aid Pharmacy 06168</p> <p>Enrollment Today [?] \$1,246.15</p> <p>Cost at Walgreens #6621</p> <p>Enrollment Today [?] \$1,098.65</p> <p>Cost at mail order pharmacy</p> <p>Enrollment Today \$1,125.88</p> <p>Lower your drug costs</p>	<p>Cost at Rite Aid Pharmacy 06168</p> <p>Enrollment Today [?] \$1,220.55</p> <p>Cost at Walgreens #6621</p> <p>Enrollment Today [?] \$1,182.35</p> <p>Cost at mail order pharmacy</p> <p>Enrollment Today \$1,379.88</p> <p>Lower your drug costs</p>

Compare and Print View Drug Cost Summary

Estimated Monthly Drug Costs

Monthly Drug Costs at Retail Pharmacies

[View Drug Cost Summary](#)

MILESTONES	MONTH	YOUR COST
Deductible met	1st	\$273.42
	2nd	\$194.76
	3rd	\$194.76
	4th	\$194.76
	5th	\$194.76
	6th	\$194.76
	7th	\$194.76
	8th	\$194.76
	9th	\$194.76
	10th	\$194.76
	11th	\$194.76
	12th	\$194.76

Monthly Drug Costs Estimator

View monthly costs comparison charts.



View 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

Monthly Drug Costs at Retail Pharmacies

[View Drug Cost Summary](#)

MILESTONES	MONTH	YOUR COST
	1st	\$219.73
	2nd	\$219.73
	3rd	\$219.73
	4th	\$219.73
	5th	\$219.73
	6th	\$219.73
	7th	\$219.73
	8th	\$219.73
	9th	\$219.73
	10th	\$219.73
	11th	\$219.73
	12th	\$219.73

Monthly Drug Costs Estimator

View monthly costs comparison charts.



View 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

Monthly Drug Costs at Retail Pharmacies

[View Drug Cost Summary](#)

Show monthly cost chart for: Rite Aid Pharmacy 06168 Walgreens #6621 Mail Order Pharma

United American - Enhanced (PDP)
(S5755 - 030) Plan Type: PDP

Rite Aid Pharmacy 06168 - Network Pharmacy

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	What You Pay			
			Deductible[?]	Initial Coverage Level[?]	Coverage Gap [?]	Catastrophic Coverage[?]
Alendronate Sodium TAB 70MG	\$14.18	Every 1 Month	\$9.00	\$9.00	\$10.21	\$2.55
Uptitor TAB 10MG	\$173.66	Every 1 Month	\$173.66	\$95.00	\$82.49	\$8.68
Lisinopril TAB 10MG	\$4.33	Every 1 Month	\$4.33	\$4.33	\$3.12	\$2.55
Vitamin D CAP 50000UNT	\$15.23	Every 1 Month	\$15.23	\$15.23	\$15.23	\$15.23
MONTHLY TOTALS:	\$207.40		\$202.22	\$123.56	\$111.05	\$29.01

AARP MedicareRx Enhanced (PDP)
(S5921 - 223) Plan Type: PDP

Rite Aid Pharmacy 06168 - Network Pharmacy

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	What You Pay			
			Initial Coverage Level[?]	Coverage Gap [?]	Catastrophic Coverage[?]	
Alendronate Sodium TAB 70MG	\$7.75	Every 1 Month	\$7.00	\$7.00 ⁷	\$2.55	
Uptitor TAB 10MG	\$172.03	Every 1 Month	\$95.00	\$81.71	\$8.60	
Lisinopril TAB 10MG	\$4.22	Every 1 Month	\$4.00	\$4.00 ⁷	\$2.55	
Vitamin D CAP 50000UNT	\$15.73	Every 1 Month	\$15.73	\$15.73	\$15.73	
MONTHLY TOTALS:	\$199.73		\$121.73	\$108.44	\$29.43	

Print Comparison Report

Drug Coverage Information

3 out of 4 of your drugs are covered on the plan's formulary. [?]	3 out of 4 of your drugs are covered on the plan's formulary. [?]	2 out of 4 of your drugs are covered on the plan's formulary. [?]
Alendronate Sodium TAB 70MG	Alendronate Sodium TAB 70MG	Alendronate Sodium TAB 70MG
Quantity Limit	No restrictions	Quantity Limit
Tier 1: Preferred Generic	Tier 2: Non-Preferred Generic ⁷	Tier 1: Preferred Generic
Lipitor TAB 10MG	Lipitor TAB 10MG	Lipitor TAB 10MG
Step Therapy [?]	No restrictions	No restrictions
Quantity Limit	Tier 4: Non-Preferred Brand	NOT ON FORMULARY ¹⁵
Tier 4: Non-Preferred Brand	Lisinopril TAB 10MG	Lisinopril TAB 10MG
Lisinopril TAB 10MG	No restrictions	No restrictions
No restrictions	Tier 1: Preferred Generic ⁷	Tier 1: Preferred Generic
Tier 1: Preferred Generic	Vitamin D CAP 50000UNT	Vitamin D CAP 50000UNT
Vitamin D CAP 50000UNT	No restrictions	No restrictions
No restrictions	NOT ON FORMULARY ⁴	NOT ON FORMULARY ⁴
NOT ON FORMULARY ⁴		

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

⁴This is a non-formulary drug. In addition, this type of drug is excluded from coverage under the Medicare program. This plan does not offer a supplement benefit for this type of drug. Any amount that you spend for non-formulary drugs is not counted toward any deductibles, initial coverage or out-of-pocket limits. The drug cost displayed is only an estimate and actual cost may vary.

⁷The price displayed for this drug may be lower than what you would typically pay during this period because of additional gap coverage offered by this plan.

¹⁵Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered. The drug cost displayed is only an estimate and actual cost may vary. Please contact the plan for more information.

Compare Plans Drug Updates

Pharmacy & Mail Order Information

Mail Order is available.	Mail Order is available.	Mail Order is available.
Pharmacy Network [?]	Pharmacy Network [?]	Pharmacy Network [?]
0 network pharmacies in your ZIP code	0 network pharmacies in your ZIP code	0 network pharmacies in your ZIP code

Drug List

If you make any changes to your drug list or pharmacy selection, please refresh the page to view updated pricing information.

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
ALENDRONATE SODIUM TAB 70MG	4	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Fosamax) Switch Back	<input type="button" value="Change dose"/> <input type="button" value="Add"/> <input type="button" value="Remove"/>
LIPITOR TAB 10MG	30	Every 1 Month Retail Pharmacy	Atorvastatin Calcium	<input type="button" value="Change dose"/> <input type="button" value="Add"/> <input type="button" value="Remove"/>
LISINOPRIL TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic	<input type="button" value="Change dose"/> <input type="button" value="Add"/> <input type="button" value="Remove"/>
VITAMIN D CAP 50000UNT	8	Every 1 Month Retail Pharmacy	Already Generic	<input type="button" value="Change dose"/> <input type="button" value="Add"/> <input type="button" value="Remove"/>

Online Enrollment Center

WellCare Classic (PDP) (S5967-164-0)
 Organization: WellCare

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Drug Coverage [?], Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]	
Retail	\$24.40	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$0 - \$90 33%	All Your Drugs on Formulary: No Drug Restrictions: Yes	*** 3 out of 5 stars	Enroll

Pharmacy Status: Preferred-
 Cost as of \$1,182
 Mail Order Cost as of \$1,380

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

Medicare Health and Drug Plan Enrollment Center

Start Enrollment

[Continue Enrollment](#)

ATTENTION: You are enrolling in a 2014 Plan. Your enrollment effective dates are as follows:

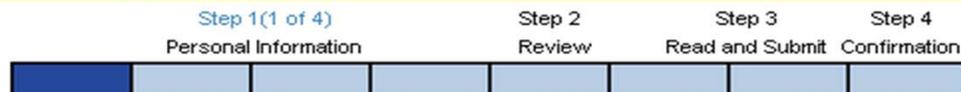
Election Period	Effective Date of Coverage
Open Enrollment (October 15 – December 7)	January 1 of the following year
Special Election Period (SEP)	Varies, generally the 1 st of the following month
New to Medicare (Initial Enrollment Period for Part D) – If you're new to Medicare, you can join during the period that starts three months before the month you get Medicare, and ends three months after you get Medicare.	<p>If you enroll during the first 3 months <u>before</u> the month you get Medicare—your effective date is the 1st day of the month you get Medicare.</p> <p>If you enroll <u>during</u> or <u>after</u> the month you get Medicare, your effective date will be the 1st of the month following the month you enrolled in your Medicare plan.</p>

If you have Medicare and get extra help paying for your prescriptions, you can join a plan at any time.

In all other cases, if you want to change plans you are generally limited to making changes between October 15 and December 7 each year. In special circumstances, Medicare may give you an opportunity to switch to another plan. For example, if you permanently move out of your plan's service area; if you qualify for extra help paying for prescription drugs; if the plan stops offering drug coverage; if you enter, live in, or leave a nursing home; or if the plan is a high performing plan and has received a 5-star overall plan rating from Medicare.

Unless one of the statements below matches your current situation you **CANNOT** enroll at this time. The plan you have selected will contact you to confirm whether you meet one of the items listed below. If you do not meet any of them, the plan will not process your enrollment. Please click the  next to the statements below for additional information about any of the criteria listed. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

Medicare Health and Drug Plan Enrollment Center



Start Enrollment

Typically, you may only enroll in a Medicare Prescription Drug Plan during the annual open enrollment between October 15 and December 7 of each year. However, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan at other times. If any of the statements below match your current situation, please check the box to the left of the statement(s) and your selected plan will contact you for additional information. If you want to learn more about any of the statements below, please click the  icon.

If none of the statements match your current situation or if you are not sure, please contact the plan you are interested in to see if you are eligible to enroll.

By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

<input type="checkbox"/> I am new to Medicare. 	<input type="checkbox"/> I recently moved outside of the service area for my current plan.  I moved on --Month-- --Day-- --Year--
<input type="checkbox"/> In the last 12 months, I left a Medigap policy to join a Medicare Advantage Plan* for the first time (*Medicare Advantage plan with prescription drug coverage) 	<input type="checkbox"/> I have both Medicare and Medicaid or my state helps pay for my Medicare Premiums. 
<input type="checkbox"/> I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or rehabilitation hospital).  I moved or will move into or out of a Long Term Care Facility on --Month-- --Day-- --Year--	<input type="checkbox"/> I recently "left" a Programs of All-inclusive Care for the Elderly program.  I left a PACE program on --Month-- --Day-- --Year--
<input type="checkbox"/> I am losing coverage I had from an employer.  I left, will leave, lost or will lose my employer coverage on --Month-- --Day-- --Year--	<input type="checkbox"/> I belong to a pharmacy assistance program provided by my state, or I am losing or recently lost participation in such a program. 

Medicare Health and Drug Plan Enrollment Center

Click here
on watermark



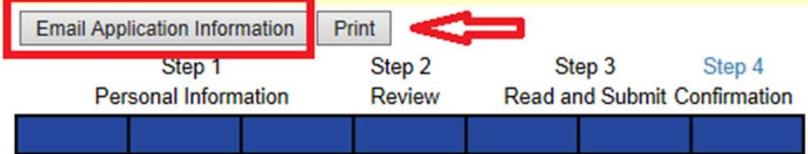
Your Personal Information:	
Title:	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss. <input type="radio"/> Ms.
Your Name:	<input type="text"/> <input type="text"/> <input type="text"/> First Name M.I. Last Name
Birth Date:	--Month-- <input type="button" value="v"/> --Day-- <input type="button" value="v"/> --Year-- <input type="button" value="v"/>
Gender:	<input type="radio"/> Male <input type="radio"/> Female

Enter your SHIP office phone number below

Partner Information:

State:	--Choose a State/Province-- <input type="button" value="v"/>
Agent ID:	<input type="text"/> Enter your 10-digit office phone number.
<p>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.</p>	

Medicare Health and Drug Plan Enrollment Center



Enrollment Request Received

Your 2014 enrollment request was received and will be processed by: **WellCare Classic (PDP)** and your Confirmation Number is: **34220286550545**

Name: Roseanne Roseannadanna

Please contact the plan directly with any additional questions.

WellCare Classic (PDP)
PO Box 31685
Tampa, FL, 33631

Phone: 1-888-550-5252

Website: www.wellcarepdp.com

This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.

If any of the required information on your enrollment form was missing or does not match your Medicare record, the plan may contact you to get the missing or correct information. This could delay the plan's ability to process your enrollment.

Here are some important things to expect when your coverage is first effective if the plan determines that your enrollment meets all of the Medicare requirements and is complete. This information is especially important if you enrolled late in the month and you have not received a letter, or your membership card, by the day your coverage starts.

- After the plan has processed your application, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check on the status of the enrollment.
- Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.



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training@cms.hhs.gov.

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