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Medicare.gov

The Official U.S. Government Site for Medicare

type search term here Search

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Select your card issue... Go Select your situation... Go Select your state... Go

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Get help with costs

Explore Medicare health plans

Find out how Medicare works with other insurance

Mail you get about Medicare

Welcome to our unofficial www.medicare.gov plan search guide!

This guide is designed to help you through the steps while searching for a Medicare Part D prescription plan on the www.medicare.gov website. There are also many “What is this” links on the website which can help you better understand as well. Your first time through you may want to read all the notes on the webpage as well as this guide. Medicare has attempted to make this process as user friendly as possible, though it can certainly be tricky the first time.

****This guide is for reference purposes only and is not meant to advise, recommend, or advocate a decision towards or against any particular plan or coverage policy. It was not written by or supported by Medicare or any affiliate thereof. ****

When you arrive at the www.medicare.gov homepage, click “Health and Drug Plans.” Then click “Compare Drug and Health Plans.” **(to aide in locating certain areas of the webpage, I have circled points of interest in red)**

Medicare.gov

The Official U.S. Government Site for Medicare

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Home Medicare Plan Finder

Medicare Plan Finder

You have the option to complete a general or personalized plan search. A personalized search may provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below.

General Search

A general plan search only requires your zip code.

ZIP Code:

Find Plans

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

or

Personalized Search

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

Additional Tools

- How to Use the Medicare Plan Finder
- Find and Compare Medigap Policies
- Search by Plan Name or ID
- Enroll Now
- Find formularies in your area
- Medicare Complaint Form

Resources

- Extra Help Paying for Medicare Prescription Drug Coverage
- Helpful Contacts
- Five Ways to Lower Your Costs During the Coverage Gap
- Find out about your Medicare Choices

Enter your zip code and click “Find Plans” at the bottom of the page.

NOTE: Your ZIP code is only used to confirm Rx price estimates and plan availability in your area.

Even if you have the other information requested, to make the search simpler, do NOT enter anything other than your zip code.

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[Home](#) > [Medicare Plan Finder](#) > Enter Information

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 don't get any Extra Help [?]
- ☐ I don't know

[Go Back](#)

Continue to Plan Results 

Additional Tools

- ◆ [How to Use the Medicare Plan Finder](#)
- ◆ [Find and Compare Medigap Policies](#)
- ◆ [Search by Plan Name or ID](#)
- ◆ [Enroll Now](#)
- ◆ [Find formularies in your area](#)
- ◆ [Medicare Complaint Form](#)

Resources

- ◆ [Extra Help Paying for Medicare Prescription Drug Coverage](#)
- ◆ [Helpful Contacts](#)
- ◆ [Five Ways to Lower Your Costs During the Coverage Gap](#)
- ◆ [Find out about your Medicare Choices](#)
- ◆ [Download the Medicare Health Plan Compare and Medigap Compare Databases](#)

Again, regardless of your current coverage status, check the box next to “I don’t have any Medicare Coverage” and “I don’t get any Extra help.”

Click “Continue to Plan Results”

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: 85712

Current Plan: None

Current Subsidy: No Subsidy

Name of Drug:

lisinopril

[Find My Drug](#)

lisinopril

lisinopril/hctz

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?](#)

Aug 5 2010

[Retrieve My Drug List](#)

My Drug List

MEDICINE NAME

QUANTITY

FREQUENCY

GENERIC OPTIONS

ACTION

You haven't added any drugs to your list. Search for drugs above or retrieve your previously saved drug list.

[My Drug List is Complete](#)

[Back to Top](#)

At this point it is necessary to gather your prescription drug information. This is most easily done by having the labels / bottles handy. You will need to be able to identify each of your prescriptions as precisely as possible. It is important to know whether you are taking a Brand Name product, or a GENERIC product.

When you have your drug information available, begin typing the name of your drug, a drop down will appear with various options or drug names. Click on the name that best matches what is on your bottle.

If you are NOT taking any prescription drugs at this time, click "I don't want to add drugs now" at the top of the page and you will be taken directly to the list of plans available in your area.

Note: If you have already entered your drugs on a previous visit, you may enter your drug list ID and password date to retrieve your saved drug list. This will save you a lot of time!

A popup will appear shortly with dosage, quantity and frequency. Select the appropriate dosage, and when possible, enter the quantity you use per month. i.e. if you take 2 pills per day, put 60 per month. If you take 1 pill per week, enter 4 per month. If you only refill once every six months, then select “every 6 months” and put the quantity that you fill, etc. Note that under “Dosages” there may be different suffixes such as TAB, CAP, INJ, or POW. **This should match what is on your bottle exactly.** If you take 2 different dosages of the same medication, enter them separately using the same steps you just used.

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](#)

Name of Drug:
 [Find My Drug](#)

Or Browse A-Z:
A B C D E F G H I J K L
O P Q R S T U V W X Y Z

[Help with common drug abbreviations](#)
[Get help with your Drug List](#)

My Drug List

| MEDICINE NAME | QUANTITY | FREQUENCY |
|---|----------|-----------|
| You haven't added any drugs to your list. Search for a drug to add. | | |

[Add Drug and Dosage](#) or [Cancel](#)

[My Drug List is Complete](#)

My Current Profile
Zip Code: 85712
Current Plan: None
Current Subsidy: No Subsidy

My Saved Drug List:[?]
Your drug list ID isn't tied to your personal information. Medicare doesn't share the drug list ID you enter.
Drug List ID:
Password Date:
[Retrieve My Drug List](#)

Click “Add Drug Dosage” when finished.

Continue the previous two steps until all of your drugs are entered.

When all of your drugs appear correctly in “My Drug List, then click “My Drug List is Complete” at the bottom of the page.

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: 85712

Current Coverage: New To Medicare

Current Subsidy: No Extra Help [\[?\]](#)

Drug List ID: 2841168768

Password Date: 09/12/2012

[Important Coverage Information](#)

[Continue to Plan Results](#)

We found 15 pharmacies within 0.5 miles of 85712

[Search New Location or by Pharmacy Name](#)

[Show/Hide Pharmacy Map](#)

Available Pharmacies

Add to Selected Pharmacies

AVELLA ADAP
4512 E Camp Lowell Dr
Tucson, AZ 85712
1-520-918-0044
[Add Pharmacy](#)

AVELLA OF TUCSON, INC.
4512 E Camp Lowell Dr
Tucson, AZ 85712
1-520-918-0044
[Add Pharmacy](#)

BASHAS
3275 N Swan Rd
Tucson, AZ 85712
1-520-323-5821
[Add Pharmacy](#)

CHILDRENS CLINIC REHAB PHY
2600 N Wyatt Dr
Tucson, AZ 85712
1-520-324-3020
[Add Pharmacy](#)

COSTCO PHARMACY
6255 East Grant Road
Tucson, AZ 85712
1-520-298-7094
[Add Pharmacy](#)

CVS PHARMACY
5100 E Grant Rd
Tucson, AZ 85712
1-520-323-0012
[Add Pharmacy](#)

FRYS FOOD AND DRUG
3920 E Grant Rd
Tucson, AZ 85712
1-520-323-2695
[Add Pharmacy](#)

FRYS FOOD AND DRUG
2480 N Swan Rd
Tucson, AZ 85712
1-520-327-7016
[Add Pharmacy](#)

**QUALITY OF LIFE MEDICAL
CENTES, LLC**
5350 E Erickson Dr
Tucson, AZ 85712
1-520-733-2250
[Add Pharmacy](#)

SPECTRUM PHARMACY
6250 E Grant Rd
Ste 388
Tucson, AZ 85712
1-520-296-0317
[Add Pharmacy](#)

**TUCSON MEDICAL CENTER
OUTPATIENT PHARMACY**
5301 E Grant Rd
Tucson, AZ 85712
1-520-324-1890
[Add Pharmacy](#)

**TUCSON MEDICAL CENTER
PHARMACY**
5301 E Grant Rd
Tucson, AZ 85712
1-520-324-1882
[Add Pharmacy](#)

You now have to select a pharmacy from a list of popular pharmacies in your area. If you know which pharmacy you will be purchasing from then select it from the list. If you don't see your pharmacy in the list, you can extend your search radius by clicking the dropdown circled in blue. You cannot continue until you have selected at least one pharmacy. When done, click "Continue to 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](#)
[Additional Tools](#)

Zip Code: 85712
Current Coverage: New To Medicare
Current Subsidy: No Extra Help [\[?\]](#)
Drug List ID: 9626677120
Password Date: 08/29/2011

[Important Coverage Information](#)

Refine Your Search

Update Plan Results 

+ Limit Your Monthly Premium

+ Limit Your Annual Drug Deductible

+ Select Drug Options

+ Select Plan Ratings

+ Select Coverage Options

+ Select Special Needs Plans


+ Change Health Status

+ Select Plans By Company

Summary of Your Search Results

There are a total of 44 plans available in your area including Original Medicare.

| Select | Available Plans Based On Your Filters: 43 | Provider Choice | Overall Plan Rating |
|-------------------------------------|--|--|---------------------|
| <input checked="" type="checkbox"/> | Prescription Drug Plans (with Original Medicare)[?] 30 plan(s) available | Choose Any Doctor/Any Hospital [?] | 2.5 to 5 stars |
| <input type="checkbox"/> | Medicare Health Plans with drug coverage[?] 11 plan(s) available | May Have Doctor/Hospital Network [?] | 2.5 to 3.5 stars |
| <input type="checkbox"/> | Medicare Health Plans without drug coverage[?] 2 plan(s) available | May Have Doctor/Hospital Network [?] | 2.5 to 3 stars |

Continue To Plan Results 

If you want to search only for stand-alone Part D prescription (only) plans (because you have a Supplement, for example), then on this page, uncheck the first two checkboxes as indicated above. Then click “Update Plan Results.”

If you wish to compare Medicare Advantage Plans also, you would check only the second checkbox.

Once the page has reloaded, click “Continue to Plan Results” at the bottom of the page.

Your Plan Results

[Return to previous page](#)

You are currently viewing all available plans according to your filters. The estimated annual cost range for all available plans is **\$1,800 - \$4,550**

My Current Profile Additional Tools

Zip Code: 85712
Current Coverage: None
Current Subsidy: No Subsidy
Drug List ID: 9687332320
Password Date: 08/09/2010

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:(?) | Health Plan Ratings:(?) |
|---------------------------------|---------------------------------------|--|--|------------------------------------|--|--|
| <input type="checkbox"/> \$206 | \$0.00 Drug: N/A Health: \$0.00 | Annual Drug Deductible: N/A Health Plan Deductible: \$0.00 Drug Copay/Coinsurance: N/A | Doctor Choice: Any Doctor Out of Pocket Spending Limit: Not Available | N/A | \$3,150 | Not Available Drug Plan Ratings:(?) Not Applicable |

Prescription Drug Plans

Prescription Drug Plans offer only drug coverage (Part D)
There are 44 plans in 85712 that match your preferences.

[View 10](#) [View 20](#) [View 50](#)

Compare Plans

Sort Results By Sort

UnitedHealthcare MedicareRx (PDP) (S5917-029-0)

| Estimated Annual Drug Costs:(?) | Monthly Premium:(?) | Deductibles:(?) and Drug Copay/Coinsurance:(?) | Drug Restrictions:(?) | Drug Coverage:(?) | Estimated Annual Health and Drug Costs:(?) | Health Plan Ratings:(?) |
|---------------------------------|---|--|-----------------------|--|---|--|
| <input type="checkbox"/> \$207 | \$10.30 Drug: \$10.30 Health: N/A | Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: 25% | No | All Drugs on Formulary: Yes No Gap Coverage Lower Drug Costs | \$3,150 Includes \$2,963 for Original Medicare | Not Applicable Drug Plan Ratings:(?) ★★★ 2.5 out of 5 stars |

Enroll

Health Net Orange Option 1 (PDP) (S5678-001-0)

| Estimated Annual Drug Costs:(?) | Monthly Premium:(?) | Deductibles:(?) and Drug Copay/Coinsurance:(?) | Drug Restrictions:(?) | Drug Coverage:(?) | Estimated Annual Health and Drug Costs:(?) | Health Plan Ratings:(?) |
|---------------------------------|---|--|-----------------------|--|---|--|
| <input type="checkbox"/> \$246 | \$17.00 Drug: \$17.00 Health: N/A | Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$4 - \$95, 25% | Yes | All Drugs on Formulary: Yes No Gap Coverage Lower Drug Costs | \$3,200 Includes \$2,963 for Original Medicare | Not Applicable Drug Plan Ratings:(?) ★★★ 3 out of 5 stars |

Enroll

Humana Basic S5884-124 (PDP) (S5884-124-0)

| Estimated Annual Drug Costs:(?) | Monthly Premium:(?) | Deductibles:(?) and Drug Copay/Coinsurance:(?) | Drug Restrictions:(?) | Drug Coverage:(?) | Estimated Annual Health and Drug Costs:(?) | Health Plan Ratings:(?) |
|---------------------------------|---|--|-----------------------|--|--|---|
| <input type="checkbox"/> \$264 | \$17.70 Drug: \$17.70 Health: N/A | Annual Drug Deductible: \$310.00 | No | All Drugs on Formulary: Yes No Gap Coverage | \$3,250 | Not Applicable Drug Plan Ratings:(?) |

Enroll

This page shows your plan search results. By default, they are ordered from lowest annual drug cost to highest annual drug cost. You can see the estimated annual cost of your prescriptions for different plans. You can also see the “Cost for the remainder of the year.” The least expensive option annually may not be the least expensive option for the remainder of this year. Click on the plan name to see the plan details.

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Medicare Plan Finder

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Enter Your Drugs

Select Your Pharmacies

Refine Your Plan Results

Your Plan Results

Plan Details

Your Plan Details

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 **\$1,800 - \$4,550**

My Current Profile

Additional Tools

Zip Code: 85712

Current Coverage: None

Current Subsidy: No Subsidy

Drug List ID: 4786102720

Password Date: 08/09/2010

Overview

Health Plan Benefits

Drug Costs & Coverage

Plan Ratings

UnitedHealthcare MedicareRx (PDP)

(S5917-029-0)

Plan Type: PDP

P. O. Box 29350, Hot Springs, AR 71903

Members: (888) 867-5562 (711) 000-0000 (TTY/TDD) **Non**

Members: (888) 867-5562 (711) 000-0000 (TTY/TDD)

Health Plan Ratings: (?)

Not Applicable

Estimated Annual Cost: (?)

\$3,150

Enroll

Drug Plan Ratings: (?)

2.5 out of 5 stars

NOTE: Health Plan Benefits are based on Original Medicare

Fixed Costs

Monthly Drug Premium [?]

\$10.30

Annual Drug Deductible [?]

\$310.00

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

Annual Drug Costs

Full Year Cost (based on January enrollment) [?]

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

Retail Pharmacy

\$207.30

\$69.10

Mail Order Pharmacy

\$198.98

\$78.89

Lower drug costs

Monthly Drug Costs

Retail Pharmacy

Mail Order Pharmacy

Retail Pharmacy

SELECTED DRUGS

FULL COST OF DRUG

Deductible[?]

Initial Coverage Level[?]

Coverage Gap[?]

Catastrophic Coverage[?]

lisinopril TAB 10MG

\$6.98

\$6.98

\$1.74

\$6.98

\$2.50

MONTHLY TOTALS:

\$6.98

\$6.98

\$1.74

\$6.98

\$2.50

Monthly Costs (based on January enrollment)

COSTS

\$17

\$17

\$17

\$17

\$17

\$17

\$17

\$17

\$17

\$17

\$17

\$17

Click on “Drug Costs & Coverage” to see details about drug costs.

The last section of this guide will outline the important details that are available in the “plan drug details.”

There are 3 main sections that I look at: Fixed Costs, Annual / Monthly Drug Cost, and Drug Coverage Information. The fixed costs are premium: the amount that you pay to be on the plan. This does not include any drug costs. The deductible is the amount you pay towards the cost of your drugs before the plan pays (you will pay the full cost of the drug until the deductible is met). Once it is met, you do not have to meet the deductible again until the next calendar year.

The way that most of these plans deal with drug costs may seem confusing at first. If you have a deductible, you will pay the full price of the drug until the deductible is met. After that, you go into the “initial coverage level.” Each “level” has a dollar amount cap. Once you have paid that amount in drug costs, you will move to the next level. Plans may have different dollar amounts that cap each level. After you have reached the “initial coverage level” cap, you go into the “gap” coverage level. This is commonly referred to as the donut hole. In the donut hole you may pay the full cost of the drug, or, part of the cost may be subsidized. After you reach the “gap” level (donut hole) cap, you will move to the “catastrophic” coverage level. Unless you have many expensive drugs, you will probably never make it to the catastrophic coverage level.

The computer system that calculates your “annual drug cost” takes into consideration how many refills of each drug you will get each month, when you meet your deductible, when you reach each coverage level, and the premium you pay per month. It also is able to calculate the “cost for the remainder of the year.” **This is an important number if you are not signing up in January.**

If you scroll to the bottom of the details page, you will see a “total monthly cost estimator.” This will help you understand how much you will pay each month. For some people it will be the same for every month, other people will see a spike (when they reach the “gap” or while they are paying the deductible).

Note: the graph shows months after policy is effective, not January, February, etc.

The Drug Coverage Information is the main section that I take into consideration when doing a search for someone. This section tells you if your drug requires “Prior Authorization,” has “Quantity Limits,” or requires “Step Therapy.” Quantity limits are common, and differ from plan to plan. You can call the Non-Member phone number and ask what the quantity limits are for your drugs if you are concerned. Prior Authorization is sometimes required for certain drugs. This can be a HUGE pain. Sometimes you only need to talk to a plan representative on the phone when you sign up, and sometimes you must call in EVERYTIME you go to fill that prescription. You may want to shy away from plans that require prior auth. Step Therapy can also be an issue. Step therapy requires a Dr to prove that the lower cost generic drugs are not an effective treatment of your condition before your plan will cover any portion of the higher cost brand name drugs. This process can be as easy as a phone call, or can require you to spend months on drugs that do not help you. You may want to shy away from a plan that requires step therapy.

The medicare.gov website has a lot of “What is this” links that can help you better understand many areas of the website. I highly recommend reading that information when you have questions.

Here are some of the main aspects you may want to consider when comparing Medicare PDP plans

- Annual cost of drugs
- Cost of drugs for remainder of the year if not signing up January 1st
- Do my drugs require Prior Authorization, Step Therapy, or have Quantity Limits
- Does the plan I am looking at have a deductible, and how does it affect the amount I am going to have to pay for my drugs in the first few months?
- Can I afford to pay the full cost of my drugs while meeting my deductible? If not, is there another plan that does not have a deductible but is still affordable? (this can help spread the cost over more months to reduce a spike in certain months)