

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. **

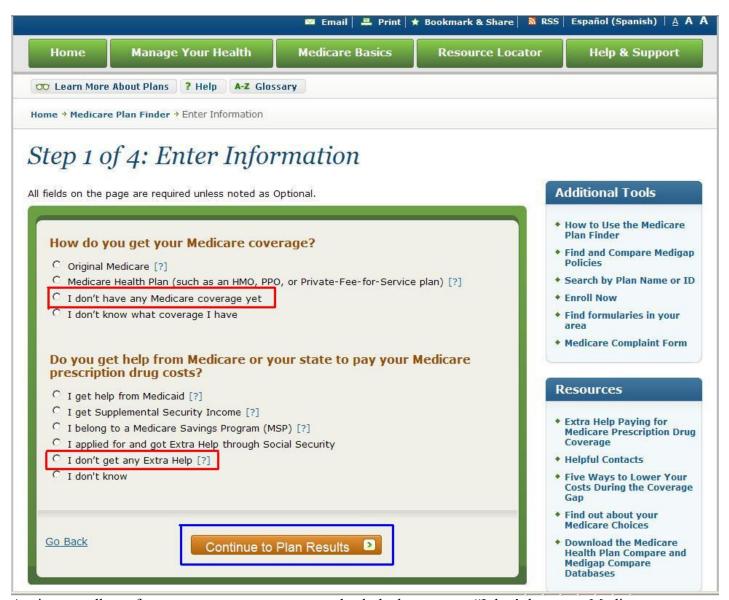
When you arrive at the www.medicare.gov homepage, click "Health and Drug Plans." Then click "Compare Drug and Health Plans." (to aide in locating certain areas of the webpage, I have circled points of interest in red)



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

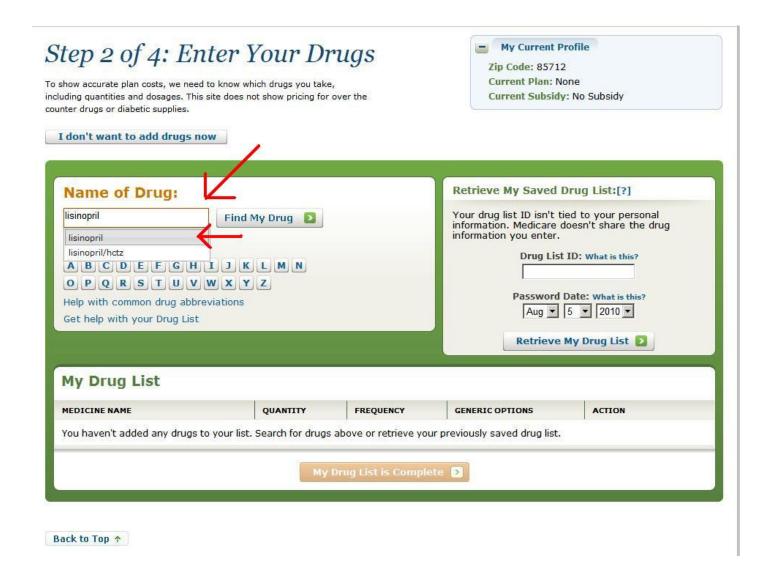
NOTE: Your ZIP code is only used to confirm Rx price estimates and plan availability in your area.

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



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"



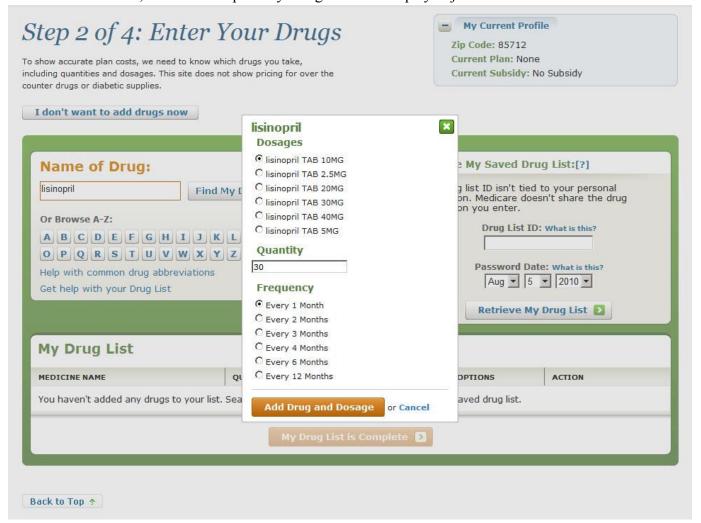
At this point it is necessary to gather your prescription drug information. This is most easily done by having the labels / bottles handy. You will need to be able to identify each of your prescriptions as precisely as possible. It is important to know whether you are taking a Brand Name product, or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

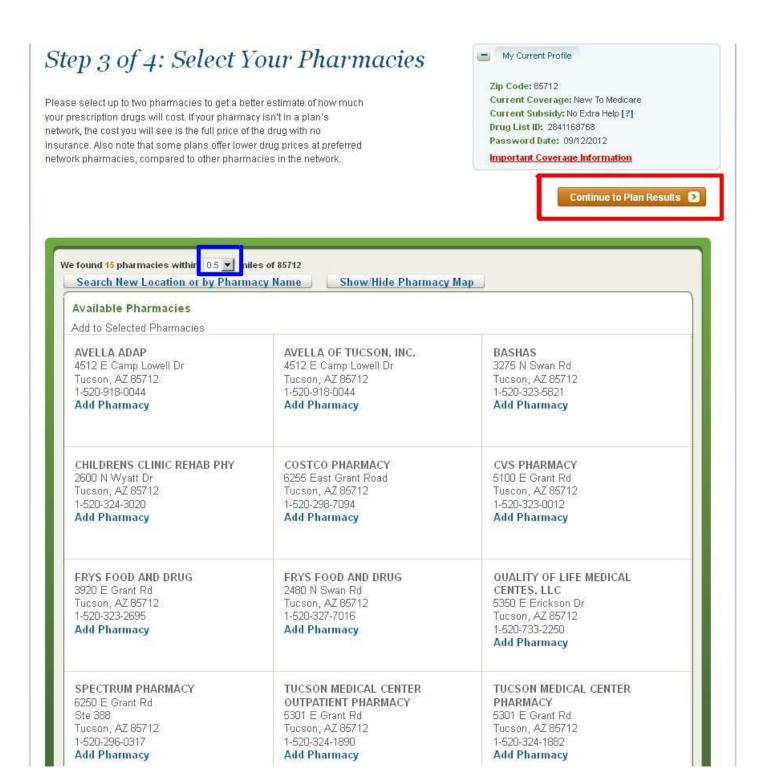
A popup will appear shortly with dosage, quantity and frequency. Select the appropriate dosage, and when possible, enter the quantity you use per month. i.e. if you take 2 pills per day, put 60 per month. If you take 1 pill per week, enter 4 per month. If you only refill once every six months, then select "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.



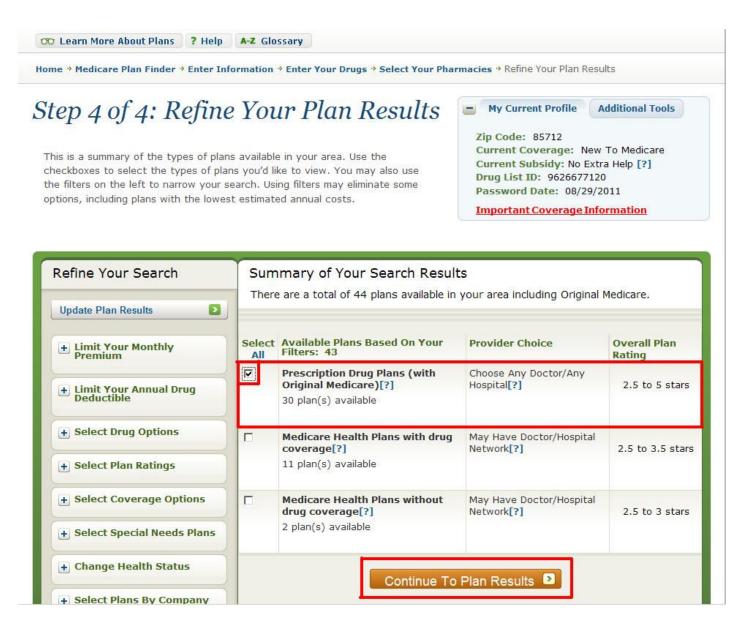
Click "Add Drug Dosage" when finished.

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.



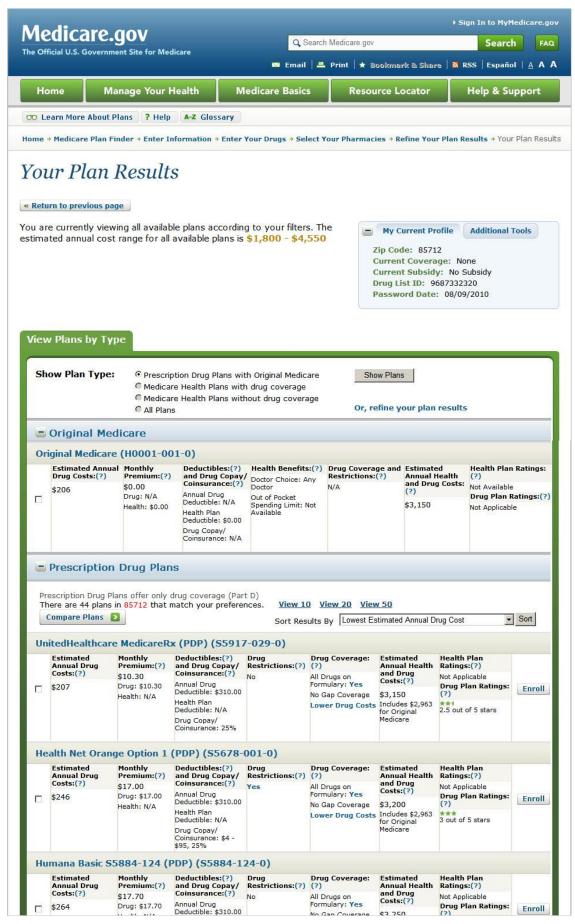
You now have to select a pharmacy from a list of popular pharmacies in your area. If you know which pharmacy you will be purchasing from then select it from the list. If you don't see your pharmacy in the list, you can extend your search radius by clicking the dropdown circled in blue. You cannot continue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



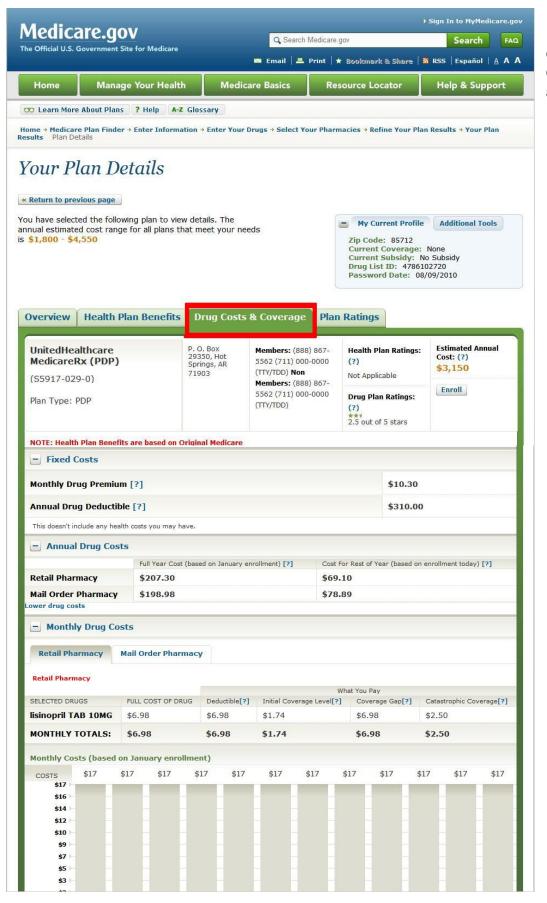
If you want to search only for stand-alone Part D prescription (only) plans (because you have a Supplement, for example), then on this page, uncheck the first two checkboxes as indicated above. Then click "Update Plan Results."

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.



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.



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)