

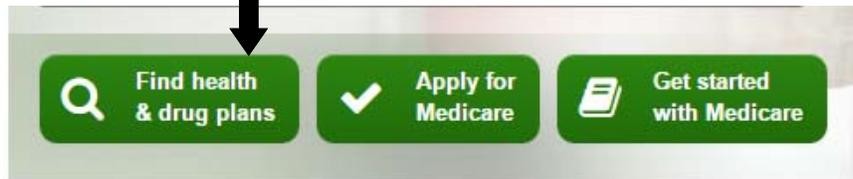
How to Use the Medicare Plan Finder

BOALTC does NOT endorse any particular company or product: however, counselors will identify those coverage options with the better values and/or coverage options to best meet a beneficiary's needs.

Type the address into your browser's address bar, not the search bar.



On Medicare's homepage, you will see three green buttons. Click on Find health & drug plans.



To run a general search, enter your zip code and click Find Plans. If you are choosing a plan for the next year, you will need to click on the year you want.



Answer the questions about your current coverage, or click the very first button and the very last button in the list. Then click the brown button to move forward.

If you run a personal search with the information from your Medicare card, your drug list will be saved to your personal file, you can recall previous drug lists, the plan finder will reveal current and future prescription drug and

Advantage plans you are enrolled in, and you will see any subsidies (Extra Help) for which you are eligible.

My Current Profile

Zip Code: 54220

Current Coverage: WellCare Classic (PDP) (S5967-210-0); Effective 06/01/16

Current Subsidy: Full Benefit Dual Eligible [?]; Effective 02/01/2016

[Important Coverage Information](#)

Enter your drugs in the box on the left. If you have a drug list ID and password, enter them in the box to the right to pull up your list of meds. If this is your first plan finder, be sure to save the drug list ID and password date.

Drug List ID Number _____

Password Date ____/____/____

When you add your prescriptions, you will need to have exact dosages and quantities of your meds. Have your medication containers in front of you.

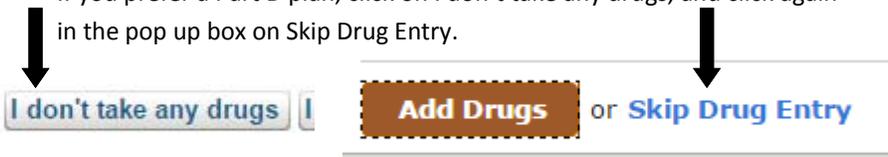
Over the Counter medications and supplements are not covered by part D plans.

Metformin Hcl
Dosages [?]
 Metformin Hcl TAB 500MG
 Metformin Hcl TAB 850MG
 Metformin Hcl TAB 1000MG
 Metformin Hcl TAB 500MG ER
 Metformin Hcl TAB 750MG ER
 Metformin Hcl TAB 1000MG (Osmotic)
Quantity [?]
60
Frequency [?]
 Every 1 Month
 Every 2 Months
 Every 3 Months
 Every 12 Months
Pharmacy Type [?]
 I get this medicine from a retail pharmacy.
 I get this medicine from a mail order pharmacy.
Add drug and dosage or Cancel

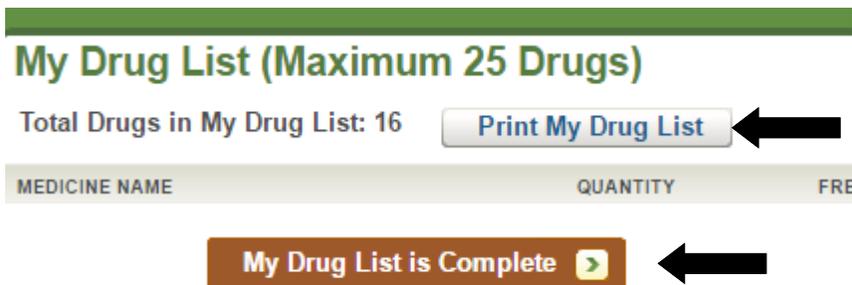
Tip: Don't enter drugs in three month quantities assuming that they will be cheaper through mail order. Sometimes mail order is cheaper; sometimes it is not. Entering your monthly drug use will make the plan finder easier to interpret.

If you don't take drugs, you may find SeniorCare, the Wisconsin State Pharmaceutical Assistance Program, to be a better option. You can find an application at <https://www.dhs.wisconsin.gov/seniorcare/index.htm>

If you prefer a Part D plan, click on I don't take any drugs, and click again in the pop up box on Skip Drug Entry.



When you have finished entering your prescriptions, print your drug list from the Print My Drug List tab. Then click the brown button at the bottom of the list that says My Drug List is Complete.



Enter the pharmacy you use and an alternate. Drug costs can be significantly higher if you use a standard or out-of-network pharmacy instead of a preferred one. Click Continue to Plan Results.

Available Pharmacies

Add to Selected Pharmacies

<p>Shopko Pharmacy #2792 79 Hometown Drive Tomahawk, WI 54487 1-715-453-5996 Add Pharmacy</p>	<p>Tomahawk Pharmacy 1208 N 4Th St Tomahawk, WI 54487 1-715-453-6600 Add Pharmacy</p>
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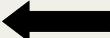

[Continue to Plan Results](#) 

Click on the boxes for the types of plans you want to look at. This page offers many ways to narrow your choices. We recommend looking at all the plans first by price, the plan finder's default. Choosing to eliminate all plans with deductibles, for example, may eliminate the plan that is least expensive for the year. Click Continue.

Summary of Your Search Results

There are a total of 37 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: 36
<input checked="" type="checkbox"/>	Prescription Drug Plans (with Original Medicare) [?]	25 plan(s) available
<input type="checkbox"/>	Medicare Health Plans with drug coverage [?] <i>(Health plans are also known as Advantage plans or C plans.)</i>	6 plan(s) available
<input type="checkbox"/>	Medicare Health Plans without drug coverage [?]	5 plan(s) available

[Continue To Plan Results](#) 


Prescription Drug Plans

25 plans were found in 54487 based on

Compare Plans 

Sort Results By

<input checked="" type="checkbox"/>	Humana Walmart Rx Pla	Organization: Humana Insurance C
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Dedu Copay [?]
Retail Pharmacy Status: Standard Cost-Sharing Cost as of Today: \$117	\$18.40	Annu Drug \$4, 2
Mail Order Cost as of Today: \$92		
<input checked="" type="checkbox"/>	SilverScript Choice (PDF	Organization: SilverScript
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Dedu Copay [?]
Retail Pharmacy Status: Standard Cost-Sharing Cost as of Today: \$154	\$28.90	Annu Drug \$41,
Mail Order Cost as of Today: \$153		
<input checked="" type="checkbox"/>	First Health Part D Valu	Organization: First Health Part D
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Dedu Copay [?]

You will be directed to a page that lists the general outline of all the plans in the type you chose. At the top, you will find the costs with Original Medicare alone. This gives you an idea of what your out-of-pocket drug costs might be without coverage.

Check the next three boxes for the least expensive plans and click on Compare Plans.

Tip: In the left-hand column, you will see Cost as of Today. Unless you have clicked on the upcoming year (an option that is available only during the Annual Election Period in October and November), the plan finder assumes that you will be starting the plan on the first of the next calendar month. If you are running a plan finder in June for an August start with Medicare, this number will reflect an extra month of costs. **Cost as of Today includes premium, deductible and copays combined.**

The three plans will be compared side-by-side. The first box gives Non-Member phone numbers that you can call to enroll in the plan when you choose. The Enroll button will let you enroll by computer. You can also enroll by calling Medicare at 1-800-633-4227.

Overview	Health Plan Benefits	Drug Costs & Coverage	Star Ratings	Manage Drugs
<p>SilverScript Choice (PDP)</p> <p>(S5601-032) Plan Type: PDP Organization: SilverScript</p> <p>Members: 1-866-235-5660 711(TTY/TDD) Non Members: 1-866-552-6106 711(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p><input type="button" value="Enroll"/></p>	<p>First Health Part D Value Plus (PDP)</p> <p>(S5760-139) Plan Type: PDP Organization: First Health Part D</p> <p>Members: 1-844-233-1938 711(TTY/TDD) Non Members: 1-855-389-9688 711(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p><input type="button" value="Enroll"/></p>	<p>Humana Walmart Rx Plan (PDP)</p> <p>(S5804-162) Plan Type: PDP Organization: Humana Insurance Company</p> <p>Members: 1-800-281-6918 711(TTY/TDD) Non Members: 1-800-706-0872 711(TTY/TDD)</p> <p>Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare</p> <p><input type="button" value="Enroll"/></p>		

The second box shows the known, fixed costs of premium and deductible. **This is an incomplete cost list.** Don't select the plan by the costs you find here.

Fixed Costs					
Monthly Drug Plan Premium [?]	\$28.90	Monthly Drug Plan Premium [?]	\$31.40	Monthly Drug Plan Premium [?]	\$18.40
Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A
Annual Drug Deductible [?]	\$0.00	Annual Drug Deductible [?]	\$0.00	Annual Drug Deductible [?]	\$360.00
Medicare costs at a glance		Medicare costs at a glance		Medicare costs at a glance	

The third section gives the full projected cost of the plan, figured from the first day of the next calendar month until the end of the year. If you are running the plan finder for the upcoming year, it shows the projected cost for January through December. **This cost includes the premium, deductible and the estimated copays at the pharmacy.**

Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs					
Cost at Shopko Pharmacy #2792		Cost at Tomahawk Pharmacy		Cost at Shopko Pharmacy #2792	
Enrollment Today [?]	\$153.70	Enrollment Today [?]	\$207.00	Enrollment Today [?]	\$117.00
Cost at Tomahawk Pharmacy		Cost at Shopko Pharmacy #2792		Cost at Tomahawk Pharmacy	
Enrollment Today [?]	\$153.70	Enrollment Today [?]	\$162.00	Enrollment Today [?]	\$117.00
Cost at mail order pharmacy		Cost at mail order pharmacy		Cost at mail order pharmacy	
Enrollment Today	\$152.56	Enrollment Today	\$217.00	Enrollment Today	\$92.00
Lower your drug costs		Lower your drug costs		Lower your drug costs	

The next box shows the costs of the plan month-by-month. In the illustration below, the plan on the left costs more in the first month because it has a deductible. The drug illustrated is insulin. Its cost meets the full deductible in the first month. If the prescriptions are less expensive, it may take months to pay the full value of the deductible. Click on the blue link that says View Drug Cost Summary to see how much the prescription costs at each stage of the plan.

Estimated Monthly Drug Costs								
Monthly Drug Costs at Retail Pharmacies			Monthly Drug Costs at Retail Pharmacies			Monthly Drug Costs at Retail Pharmacies		
View Drug Cost Summary			View Drug Cost Summary			View Drug Cost Summary		
MILESTONES	MONTH	YOUR COST	MILESTONES	MONTH	YOUR COST	MILESTONES	MONTH	YOUR COST
Deductible met	1st	\$423.12		1st	\$69.90		1st	\$94.00
	2nd	\$76.60		2nd	\$69.90		2nd	\$94.00
	3rd	\$76.60		3rd	\$69.90		3rd	\$94.00
	4th	\$76.60		4th	\$69.90		4th	\$94.00

Note that one plan has a deductible and the other one does not.

Anthem Blue MedicareRx Standard (PDP) (S5596 - 056) Plan Type: PDP						
Shopko Pharmacy #2792 - Preferred Retail Cost Sharing						
What You Pay						
SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Deductible[?]	Initial Coverage Level[?]	Catastrophic Coverage Gap[?]	Catastrophic Coverage[?]
Lantus Solostar INJ SOLOSTAR	\$375.52	Every 1 Month	\$375.52	\$29.00	\$168.98	\$18.78
MONTHLY TOTALS:	\$375.52		\$375.52	\$29.00	\$168.98	\$18.78
SilverScript Choice (PDP) (S5601 - 032) Plan Type: PDP						
Shopko Pharmacy #2792 - Standard Retail Cost Sharing						
What You Pay						
SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Initial Coverage Level[?]	Catastrophic Coverage Gap[?]	Catastrophic Coverage[?]	
Lantus Solostar INJ SOLOSTAR	\$380.27	Every 1 Month	\$41.00	\$171.12	\$19.01	
MONTHLY TOTALS:	\$380.27		\$41.00	\$171.12	\$19.01	

Pharmacy & Mail Order Inform

Mail Order is available.

Pharmacy Network [?]

2 network pharmacies in your ZIP code
Preferred pharmacy network available [?]

The red line tells the status of your pharmacy. If your pharmacy is not preferred, click the blue link to find one.

Drug Coverage Information

All of your drugs are covered on the plan's formulary. [?]

Metformin Hcl TAB 500MG

Quantity Limit

Tier 1: Preferred Generic

This section tells the tier levels of your drugs and verifies that all prescriptions are on the plan's formulary. If a drug is not on formulary, you will pay full price, and it will not count toward meeting the deductible or the coverage gap.

Medicare Advantage Plans

If you are looking at Advantage Plans, also look at the Health Plan Benefits.

Check the cost of premium (money you know you will pay) and the Maximum Out-of-Pocket (the total money you might pay in Coinsurance and Copays as you use the plan's medical services). Your drug costs with the Advantage plan will be in addition to these amounts and can be found on the Drug Costs & Coverage tab.

Check to see if your choice of doctors is limited. Ask your current doctors if they accept that plan.

If you are in an Advantage plan that offers drug coverage, this is the ONLY Part D coverage you may have. Make sure your drugs are on the formulary.

For help interpreting your plan finder results, please call the one of Wisconsin's Prescription Drug Helplines.

Medigap Part D and Prescription Drug Helpline

1-855-677-2783 (Ages 60 and up)

Disability Drug Benefit Helpline

1-800-926-4862 (under age 60)

This publication has been produced by the State of Wisconsin Board on Aging and Long Term Care with financial assistance, in whole or in part, through a grant from the federal Administration for Community Living.



LOCAL HELP FOR PEOPLE WITH MEDICARE

BOALTC 81A (9/2016)