



Medicare Plan Finder Tip Sheet

1. For security purposes, your Medicare Plan Finder session will time out after 30 minutes of inactivity. However, you can extend your session if you're still working. After 25 minutes of inactivity, a pop up box will appear and ask you whether you'd like to continue your session. Within the next five minutes, you need to select whether you'd like to extend or end your plan search.

Your session will end in 5 minutes

Your session will expire in 5 minutes after which you will be redirected to Medicare.gov homepage.

Select "OK" to extend your session for 30 minutes.
Select "Cancel" to end your session in 5 minutes.

2. Tips for printing

- For best results, use the "Print" link located in the Medicare.gov header, instead of the print option in your Internet browser (e.g., File – Print)



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

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
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- Make sure you're using the latest version of your Internet browser
- Enable the "Shrink to Fit" option in your printer settings
- Additionally, for optimal printing results, please follow the recommended settings shown in the table below

Options	Recommended settings
Font Size	10-point or 12-point
Paper Size	Letter or US Letter (8.5" * 11.0")
Orientation	Landscape
Page Margins	Left and Right 0.75", top and bottom 0.50"

Medicare Plan Finder Homepage

1. Using the Medicare Plan Finder, you can complete either a general plan search or a personalized plan search. For a general plan search, you only need to enter a beneficiary's zip code.

For a personalized plan search, you need to enter a beneficiary's zip code, Medicare number, last name, Medicare Part A or B effective date, and date of birth. When possible, it's best to complete a personalized plan search in order to get the most accurate cost estimates from the Medicare Plan Finder. This enables the plan finder to locate information about a beneficiary's current coverage and Extra Help status; that information is then used to provide more customized estimates of what a beneficiary would pay for coverage under each health or drug plan.

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

2. From the Medicare Plan Finder homepage, you can access a set of video tutorials that provide a step-by-step overview of how to complete a plan search, including:

- Getting Started
- Entering Your Prescription Drugs
- Selecting Pharmacies
- Refining and Sorting Your Plan Results
- Comparing Plans

You can also view the tutorials at the CMS YouTube page:

<https://www.youtube.com/user/CMSHHSgov/>

Plan Finder Multimedia

Step by step overview on how to complete a plan search
Lesson 1- Getting Started

Medicare Plan Finder Lesson

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

Learn More About Plans | My Alerts | All Security

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Medicare Plan Finder

0:00 / 4:52 YouTube

View more videos

1 2 3 4 5

Enter Your Drugs Page

1. Whenever possible, please use this page to enter information about the drugs a beneficiary takes, including the drug name, dosage, quantity, frequency, and whether the beneficiary buys them at a retail store or mail order pharmacy. Entering this information helps the Medicare Plan Finder provide more accurate drug cost information. If you select “I don’t want to add drugs now,” the plan finder will include a cost estimate of what an average beneficiary would pay for their drug copayments or coinsurance in each plan. If you select “I don’t take any drugs” the “Estimated Annual Drug Costs” you see later in your plan search will only include the monthly premium a beneficiary would pay for the plan, if applicable.
2. You can add up to 25 prescription drugs to a drug list in the Medicare Plan Finder. You can also print a copy of the drug list from this step.
3. After you enter the first drug, the Medicare Plan Finder will automatically create a Drug List ID and password date for your drug list. You can use this information to go back into the plan finder at a later time and continue a plan search without re-entering all of the prescription information. From this page, you can also change the password date or enter a different Drug List ID.
4. The first time you do a personalized search for a beneficiary, the Medicare Plan Finder will automatically create a Drug List ID and password date. Each subsequent time you do a personalized search for that beneficiary, the plan finder will automatically bring up the drug list for that beneficiary – you won’t have to re-enter the Drug List ID or password date.
5. You can also click on the links to get “Get Help with common drug abbreviations,” “Hints on how to enter drug information,” and “why can’t I find my drug” to learn more about how to enter drugs into the Medicare Plan Finder.

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 Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 0

[Print My Drug List](#)

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?

Jun ▼ 25 ▼ 2013 ▼

[Retrieve My Drug List](#) ▶

Name of 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?](#)

Select Your Pharmacy Page

1. After entering your prescriptions, you'll be required to select a pharmacy. Select the pharmacy the beneficiary currently uses and a second pharmacy if you want to compare costs. You can select up to two pharmacies for a plan search.

You can also search for pharmacies in other areas (e.g. other than the zip code you entered for your plan search). This feature may be helpful for beneficiaries who travel, or who use a long- term care pharmacy that may not be located nearby.

2. You can view information about a plan's pharmacy network later in the search process by going to the Drug Costs and Coverage Tab and clicking on the "Network Pharmacies" link. A pop-up window will display a complete listing of the plan's pharmacy network, including whether the plan offers preferred network pharmacies.

Refine Your Plan Results Page

1. The purpose of this page is to provide an overview of all of the Medicare plan options available in the zip code you entered for your search.
2. You can use the filters on the left side of the page to refine your plan results. For example, you can use these filters to eliminate any plan types (e.g. PDP, MA-PD, MA-only) a beneficiary may not be interested in. This will reduce the number of plan results and also help the Medicare Plan Finder process more quickly, since the pages won't have to load as much data. If you want to include Special Needs Plans (SNPs) in your plan results you'll need to select the "Special Needs Plans" filter and check to include any SNP types you'd like to see.

Select	Available Plans Based On Your Filters	Number of Plans Available:
<input checked="" type="checkbox"/>	Prescription Drug Plans (with Original Medicare)[?]	34 plan(s) available
<input checked="" type="checkbox"/>	Medicare Health Plans with drug coverage[?]	6 plan(s) available
<input checked="" type="checkbox"/>	Medicare Health Plans without drug coverage[?]	5 plan(s) available

NOTE: When the "plans for people who are eligible for Medicare and Medicaid" is grayed out it's because the beneficiary information didn't indicate that he or she has both Medicare and Medicaid and thus wouldn't be eligible for that type of Special Needs Plan.

Plan Results Page

1. This page lists a beneficiary's current and future plans, followed by information about Original Medicare, Prescription Drug Plans (PDPs), Medicare Health plans with prescription drug coverage, and Medicare Health Plans without prescription drug coverage. The page defaults to allow you to view 10 plans of each type. You can view more results by clicking on the links that say View 20, View 50, or View All.

2. You can refer to the “Pharmacy Status” that displays in the Estimated Annual Drug Costs Column to see whether the pharmacy you selected earlier is in the plan’s network, out-of network, or considered a preferred pharmacy.

Humana Walmart Rx Plan (PDP) (S5884-151-0) Organization: Humana Insurance Company					
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: \$115 Mail Order Cost as of Today: \$76	\$12.60	Annual Drug Deductible: \$310 Drug Copay/ Coinsurance: \$1 - \$4, 20% - 39%	All Your Drugs on Formulary: Yes Drug Restrictions: No No Additional Gap Coverage Lower Your Drug Costs MTM Program[?]: Yes N	★★★★★ 3.5 out of 5 stars	Enroll

3. The results on this page are sorted in order of Lowest Annual Estimated Drug Costs (for PDPs) or Lowest Annual Estimated Health and Drug Costs (for MA-PDs and MA-only Plans) with a secondary sort by Star Ratings. You can change how the results are sorted by selecting a different option from the drop down menu called “Sort Results By.”

4. The Medicare Plan Finder automatically displays “Current Year” plan information. However, during Open Enrollment you can view two plan years, “Current Year” and “Future Year” plan information, by clicking on the link that says “View 20XX plan data.” For example:

5. There are symbols on the Plan Results, Plan Details, and Plan Comparison pages to help you easily identify plans that have a 5 star-rating (highest rating) or are low performing plans (lowest ratings 3 years in a row). Other symbols help identify plans that offer additional benefits and/or nationwide coverage.

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

6. Each plan will display an overall plan rating, but you can also click on the “Star Ratings” button to see a summary of quality and performance ratings by type of plan (PDP, MAPD, and MA-only).

7. The Estimated Annual Health and Drug Costs listed on this page are estimated average amounts a beneficiary might expect to spend each year for his or her health and/or drug coverage (rounded to the nearest \$50). The estimates include the following:
- Plan benefits (coverage)
 - Costs for premiums, copayments, deductibles, and/or coinsurance
 - Costs not covered by insurance

These estimated costs are based on actual average health and/or drug coverage use by people with Medicare, and a person’s costs may differ depending on age and health status. Also, if a beneficiary has limited income and resources, his or her expenses may be lower.

- You can use this page to compare up to three Medicare plans. Simply check the boxes next to the PDPs, MAPDs, or MA-only plans you'd like to compare and click on the orange "Compare Plans" button.
 - You can view drug tier information, formulary status, and any utilization management restrictions (e.g. quantity limits, prior authorization, or step therapy) by clicking on the "Yes" link in the Drug Coverage and Drug Restrictions column.
- Each plan will also indicate whether they offer a Medication Therapy Management (MTM) program. MTM programs offer free services to eligible members to help make sure that medications are working to improve their members' health. Click on the "Yes" link for more details.
- If you find a blue circle in place of a checkbox in the far left column, the blue circle indicates that pricing and formulary data is currently unavailable for the plan. The costs you see will only be estimates. You can contact the plan with any questions or if you'd like to enroll.

Drug Coverage [?], Drug Restrictions[?] and Other Programs:

All Your Drugs on Formulary: **Yes**

Drug Restrictions: **No**

No Additional Gap Coverage

Lower Your Drug Costs

MTM Program[?]: Yes

N

Tufts Medicare Preferred HMO Prime Rx Plus (HMO) (H2256-001-6)
 Organization: Tufts Health Plan Medicare Preferred

<p>Estimated Annual Drug Costs:[?] Retail: \$1,919† Mail Order: Not Available</p>	<p>Monthly Premium: [?] \$139.90 Drug: \$67.90 Health: \$72.00</p>	<p>Deductibles: [?] and Drug Copay/Coinsurance: [?] Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$8 - \$70, 33%</p>	<p>Health Benefits: [?] Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: \$3,400 In-Network</p>	<p>Drug Coverage: [?] and Drug Restrictions: [?] All Your Drugs on Formulary: Not Available Drug Restrictions: Not Available Many Generics Lower Your Drug Costs</p>	<p>Estimated Annual Health and Drug Costs:[?] \$5,000†</p>	<p>Overall Plan Rating:[?] ★★★★★ 4.5 out of 5 stars</p>	<p style="border: 1px solid red; border-radius: 50%; padding: 5px; display: inline-block;">Contact Plan to Enroll</p>
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Compare Plans ▶

Notes:
 Your costs may be different depending on your Part B premium, any Part D penalty that may apply, and whether you qualify for Extra Help from Medicare paying your drug costs.

†No drug pricing data is currently available for this plan. All costs provided are based on average estimated costs.

Plan Details and Plan Comparison Pages

- To print drug cost information from the Drug Costs and Coverage tab, please use the "Print Plan Report" (for details about one plan) or "Print Comparison Report" (for details about two or three plans) buttons located near the bottom of the page. Using these buttons, you'll be able to customize and print portrait-style reports that contain all of the information beneficiaries may want to know about a drug plan, including contact information, star ratings, monthly premium, annual deductible, annual and monthly costs, drug restrictions, Saved Drug List ID and password date, as well as the cost for each drug during each phase of the Part D benefit. Also, keep in mind that if a beneficiary doesn't want to use mail order, you don't need to print the last few pages of the reports.

Drug Coverage Information

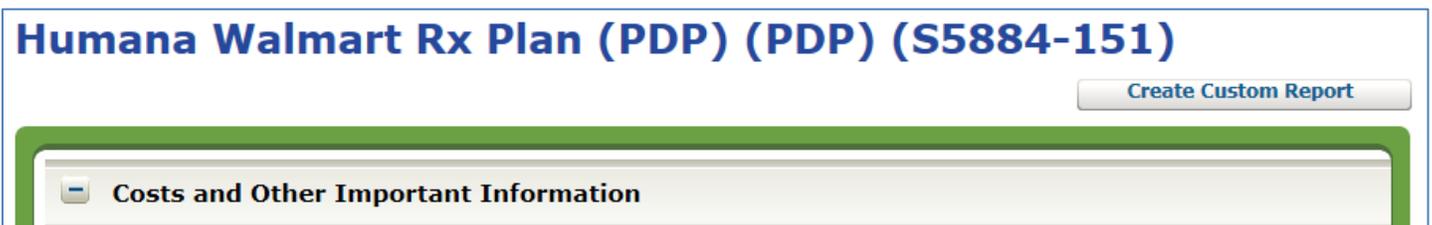
SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Lisinopril TAB 10MG	Tier 1: Preferred Generic			

Add/Edit Drugs
Print My Drug List
Print Plan Report
View Drug Benefit Summary

2. You can access additional information about Part B covered drugs, optional supplemental benefits (e.g. vision, dental, etc.), inpatient hospital benefits, mental health benefits, skilled nursing facility benefits, and more by clicking on the “View More Detailed Cost and Benefit Information” from the Health Plan Benefits tab.



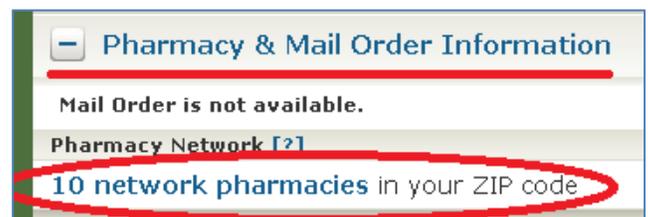
3. From the “View More Detailed Costs and Benefits” page you can print a complete report or create a custom report.



4. You can also use the “Email” link in the Medicare.gov header to email and share any page of a plan search. For example, you could use the “Email” link to send a beneficiary an electronic version of their Plan Comparison page while counseling them over the phone.

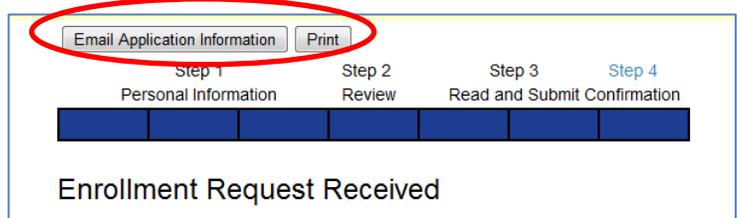


5. You can view information about a plan’s pharmacy network by clicking on the “Network pharmacies” link in the Pharmacy & Mail Order Information section on the Drug Costs and Coverage Tab.



Online Enrollment Center Pages

1. When you click on any of the “Enroll” buttons in the Medicare Plan Finder, a new pop up window will appear to take you to the Online Enrollment Center. Your plan finder search window will remain open in case you need to return to your search results for any reason.
2. When you’ve completed an enrollment, you can either print the enrollment confirmation page or email the enrollment confirmation.



- If you're a SHIP counselor and you're assisting a beneficiary with an enrollment please click on the DHHS Logo watermark found on top right corner of the page before entering a beneficiary's information.

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"/> First Name <input type="text"/> M.I. <input type="text"/> Last Name
Birth Date:	--Month-- --Day-- --Year--
Gender:	<input type="radio"/> Male <input type="radio"/> Female
Email Address: <i>(This information is optional)</i>	<input type="text"/>
Home Phone Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Permanent Residence(P.O. Box is not allowed):	
Street Address Line 1:	<input type="text"/>
Street Address Line 2:	<input type="text"/>
City:	<input type="text"/>
County: <i>(This information is optional)</i>	<input type="text"/>
State:	--Choose a State/Province--
ZIP code:	<input type="text"/>
Mailing Address: <i>(Only if different from your Permanent Residence Address)</i>	
Street Address Line 1:	<input type="text"/>
Street Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	--Choose a State/Province--
ZIP code:	<input type="text"/>
Emergency Contact: <i>(This information is optional)</i>	
Name:	<input type="text"/>
Relationship to you:	<input type="text"/>
Phone Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/>

[Back](#) [Continue >](#)

This will open the "Partner Information" window. Enter your state and 10 digit office telephone number. The information is collected from the Administrative Console that collects and houses the data from the Online Enrollment Center (OEC) and helps track the OEC activity (e.g., by public, 3rd party broker, SHIP, 1-800-MEDICARE, etc).

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"/> First Name <input type="text"/> M.I. <input type="text"/> Last Name
Birth Date:	--Month-- --Day-- --Year--
Gender:	<input type="radio"/> Male <input type="radio"/> Female
Email Address: <i>(This information is optional)</i>	<input type="text"/>
Home Phone Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Partner Information:	
State:	--Choose a State/Province--
Agent ID:	<input type="text"/> Enter your 10-digit office phone number.
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.	
Permanent Residence(P.O. Box is not allowed):	