

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)**

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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.

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

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[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

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

My Drug List

MEDICINE NAME	QUANTITY	FREQUENCY	GENERIC OPTIONS	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.

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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.		

lisinopril

Dosages

- lisinopril TAB 10MG
- lisinopril TAB 2.5MG
- lisinopril TAB 20MG
- lisinopril TAB 30MG
- lisinopril TAB 40MG
- lisinopril TAB 5MG

Quantity

Frequency

- Every 1 Month
- Every 2 Months
- Every 3 Months
- Every 4 Months
- Every 6 Months
- Every 12 Months

[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:[?]

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](#)

OPTIONS	ACTION
You haven't added any drugs to your list. Search for a drug to add.	

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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

[I don't want to add pharmacies now](#)

My Current Profile

Zip Code: 85712

Current Plan: None

Current Subsidy: No Subsidy

[Continue to Plan Results](#)

We found 14 pharmacies within 0.5 miles of 85712

[Search New Location](#)

Available Pharmacies

Add to Selected Pharmacies

APOTHECARY SHOP ADAP

4512 E Camp Lowell Dr
Tucson, AZ 85712
(520) 918-0044

[Add pharmacy](#)

APOTHECARY SHOP OF TUCSON INC

4512 E Camp Lowell Dr
Tucson, AZ 85712
(520) 918-0044

[Add pharmacy](#)

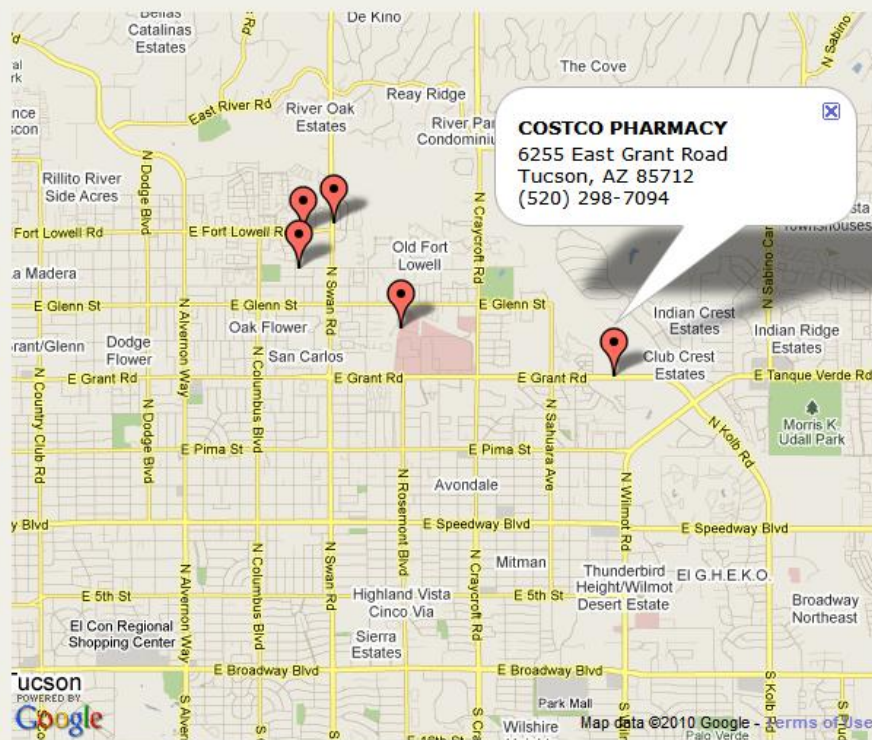
BASHAS

3275 N Swan Rd
Tucson, AZ 85712
(520) 323-5821

[Add pharmacy](#)

CHILDRENS CLINIC REHAB PHY

2600 N Wyatt Dr
Tucson, AZ 85712
(520) 324-3020



You have the option of selecting a pharmacy from a list of popular pharmacies in your area. I do not generally use this, but you can if you know which pharmacy you will be purchasing from.

If you wish to skip this step, click “I don’t want to add pharmacies now” at the top of the page.

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 Lowest Estimated Annual Drug Cost 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	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.

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

Drug Plan Ratings: (?)
 2.5 out of 5 stars

Estimated Annual Cost: (?)
\$3,150

Enroll

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

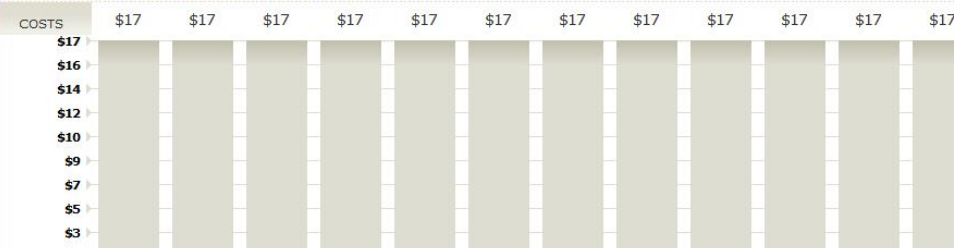
Monthly Drug Costs

Retail Pharmacy Mail Order Pharmacy

Retail Pharmacy

SELECTED DRUGS	FULL COST OF DRUG	What You Pay			
		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)



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)