

The top of the Medicare.gov home page

SELECT:

This will take you to the NEXT page, where you will enter YOUR ZIP CODE

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:

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

Find Plans

Once you enter your zip code, you will click on FIND PLANS

THIS will take you to:

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](#)

Where you will select
(first option) "ORIGINAL MEDICARE" (*note, when you select Original Medicare, it will provide optional options. You can ignore them for the sake of time)

AND

(next to last option) "I don't get any Extra Help"

Then click on "Continue to Plan Results"

Now you are on a page that asks you to enter your drugs:

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](#)

Type the name of your drug:

 [Find My Drug](#)

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?](#)

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?](#)

Password Date: [What is this?](#)

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[Retrieve My Drug List](#)

My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 0 [Print My Drug List](#)

| MEDICINE NAME | QUANTITY | FREQUENCY & PHARMACY | 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](#)

Here you can enter your medications all on your own, OR use "RETRIEVE MY SAVED DRUG LIST"

Since we have already entered your medications, you can use the RETRIEVE option.

Enter the Drug List ID provided to you in the Email, and the Password DATE, then click RETRIEVE MY DRUG LIST

You should now see the medications we input. Please verify the medications, and if we need to make changes to them, then please let me know, so that I may assist you more.

Once verified, click on

[My Drug List is Complete](#)

Now you will come to the PHARMACY 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.

Where you can select up to 2 pharmacies in considering your options. We more than likely picked one or two pharmacies already. SO, verify they are good for you, and click on:

[Continue to Plan Results](#)

Now you are on:

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.

Refine Your Search

[Update Plan Results](#)

- [+ Limit Your Monthly Premium](#)
- [+ Limit Your Annual Drug Deductible](#)
- [+ Select Drug Options](#)
- [+ Select Star Ratings](#)
- [+ Select Coverage Options](#)
- [+ Select Special Needs Plans](#)
- [+ Change Health Status](#)
- [+ Select Plans By Company](#)

[Update Plan Results](#)

Summary of Your Search Results

There are a total of 35 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: 34 |
|--------------------------|--|-------------------------------|
| <input type="checkbox"/> | Prescription Drug Plans (with Original Medicare)[?] | 32 plan(s) available |
| <input type="checkbox"/> | Medicare Health Plans with drug coverage[?] | 2 plan(s) available |
| <input type="checkbox"/> | Medicare Health Plans without drug coverage[?] | 0 plan(s) available |

[Continue To Plan Results](#)

As this is for stand-alone Medication Coverage, please select Prescription Drug Plans

| | | |
|-------------------------------------|--|----------------------|
| <input checked="" type="checkbox"/> | Prescription Drug Plans (with Original Medicare)[?] | 32 plan(s) available |
|-------------------------------------|--|----------------------|

Then click on

[Continue To Plan Results](#)

NOW you are on the plan results page:

Your Plan Results

[« Return to previous page](#)

Your plan results are organized by plan type and are initially sorted by lowest estimated cost. To view more plans, select View 20 or View All. Select any plan name for details. Compare up to 3 plans by using the checkboxes and selecting Compare Plans. The costs displayed are estimates; your actual costs may vary.

You will see plans listed in order of remainder of the year Estimated drug cost to you. Here is an EXAMPLE of one of them:

CLICK ON THE NAME OF THE PLAN

| <input type="checkbox"/> <u>AARP MedicareRx Preferred (PDP) (S5820-031-0)</u> Organization: UnitedHealthcare | | | | | |
|---|----------------------|--|--|---------------------------|---------------------------------------|
| Estimated Annual Drug Costs:[?] | Monthly Premium: [?] | Deductibles:[?] and Drug Copay[?] / Coinsurance: [?] | Drug Coverage [?], Drug Restrictions[?] and Other Programs: | Overall Star Rating:[?] | |
| Retail Pharmacy Status: Standard Cost-Sharing Cost as of Today: \$1,157 Mail Order Cost as of Today: \$1,766 | \$57.90 | Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$2 - \$85, 33% | All Your Drugs on Formulary: Yes Drug Restrictions: Yes Lower Your Drug Costs MTM Program[?]: Yes N | ★★★★★ 4 out of 5 stars | <input type="button" value="Enroll"/> |

- The box shows you the
- *NAME of the plan
 - *the Organization that offers it
 - *Estimated annual Drug Costs
 - *Monthly Plan Premium
 - *Annual Deductible
 - *ALL YOUR DRUGS ON FORMULARY (Make certain it says YES)
 - Drug Restrictions will also need checked
 - *Star Ratings

And FINALLY.. An ENROLL BUTTON

I strongly recommend that you click on the NAME of the plan, which you want to see more about (it is underlined)

ONCE you have selected a plan you want, then you can simply click on the ENROLL button (that will take you to the form where you will need to enter your information to APPLY for their plan. Alternatively, when you've clicked the NAME of the plan, it will give you a NON-MEMBER phone number to call them and enroll over the phone.

I hope this helps in your Part D empowerment. Knowing HOW to check and compare your Part D options will allow you to have some confidence in your decision.

Should you need my assistance then please feel free to call me at 408-982-7358 (Lance Henderson)

Respectfully,

Lance Henderson
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An Independent Insurance Agent