Navigating the Medicare Plan Finder for Dual Eligibles

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ship state health insurance assistance programs
NATIONAL NETWORK
LOCAL HELP FOR PEOPLE WITH MEDICARE

The ARC of NJ
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What is the Medicare Plan Finder?

- Internet Tool on official Medicare web site
- Helps people learn about drug coverage and
  - Review current Medicare enrollment
  - Compare Part D plans & Medicare Advantage Health Plans (HMOs/PPOs)
  - Identify which plans cover your prescriptions at most affordable cost
  - Enroll in a Part D or Medicare Advantage plan

Getting Started:
What You Will Need

- Consumer's zip code
- List of consumer's prescription drugs
  - strength and quantity
  - if can take generics
- Pharmacy consumer uses
- Other Helpful Information
  - Medicare Card
  - Other Health Insurance cards
  - Subsidy eligibility (Medicaid, LIS, PAAD)

6 STEP Process

1. Enter Consumer Information
2. Enter List of Current Medications
3. Select Pharmacy
4. Refine Search Results
5. Compare Plans
6. Enroll

Getting to the Drug Plan Finder

- Go to www.Medicare.gov
  - Click "Find Health and Drug Plans"
  - Or www.medicare.gov/find-a-plan
- Or call 1-800-Medicare
  - Customer Service Assistance for choosing a plan & enrolling
  - available 24 hrs a day
  - English and Spanish speaking CSRs
  - Language Line Interpreters for 150 additional languages

www.Medicare.gov Homepage

Medicare.gov

The Official U.S. Government Site for Medicare

type search term here | Search

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

Is my test, item, or service covered?

type your test, item, or service here | Go

Find health & drug plans | Apply for Medicare | Get started with Medicare

Plan Finder Home Page: Step 1

Medicare Plan Finder

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

Plan Finder Multimedia

Step by step overview on how to complete a plan search

Lesson 1- Getting Started

Medicare Plan Fi

View more videos

1 2 3 4 5

Tutorials

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.

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? Click here.

Date of Birth: Month Day Year

Find Plans

If General Search: Important to answer questions about low income assistance

How do you get your Medicare coverage?

- (•) Original Medicare [?]
  - [ ] I also have a separate Medicare drug plan [?]
  - [ ] I also have a Medigap Policy [?]
- ( ) 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

Can leave blank

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 qualified for Extra Help through Social Security (?)
- ( ) No Subsidy (?)
- ( ) I don't know

Click here if Dual

Step 2: Enter Your Drugs

Step 2 of 4: Enter Your Drugs

Please enter your prescription drugs. 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

Can type in drug name

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

Get help with your 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?

Oct 28 2010

Or search drug by first letter

Info to Notice:

Step 2 of 4: Enter Your Drugs

Please enter your prescription drugs. 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.

My Current Profile

Zip Code: 07302
Current Coverage: CVS Caremark Value (PDP) (35001-008-0)
Current Subsidy: Full Benefit Dual Eligible [?]
Future Subsidy: Full Benefit Dual Eligible [?]
Important Coverage Information

Retrieve My Saved Drug List:

Your drug list has been saved. You can retrieve your selected drugs and pharmacies on future visits using this Drug List Id and Password Date.

Your personal information cannot be accessed using your drug ID list. Medicare doesn't share the information you enter.

Drug List ID: **6118267136**
Password Date: **2/3/2011** (change date)
Zip Code: **07302**

Use a different drug list ID

Write down ID for future searches

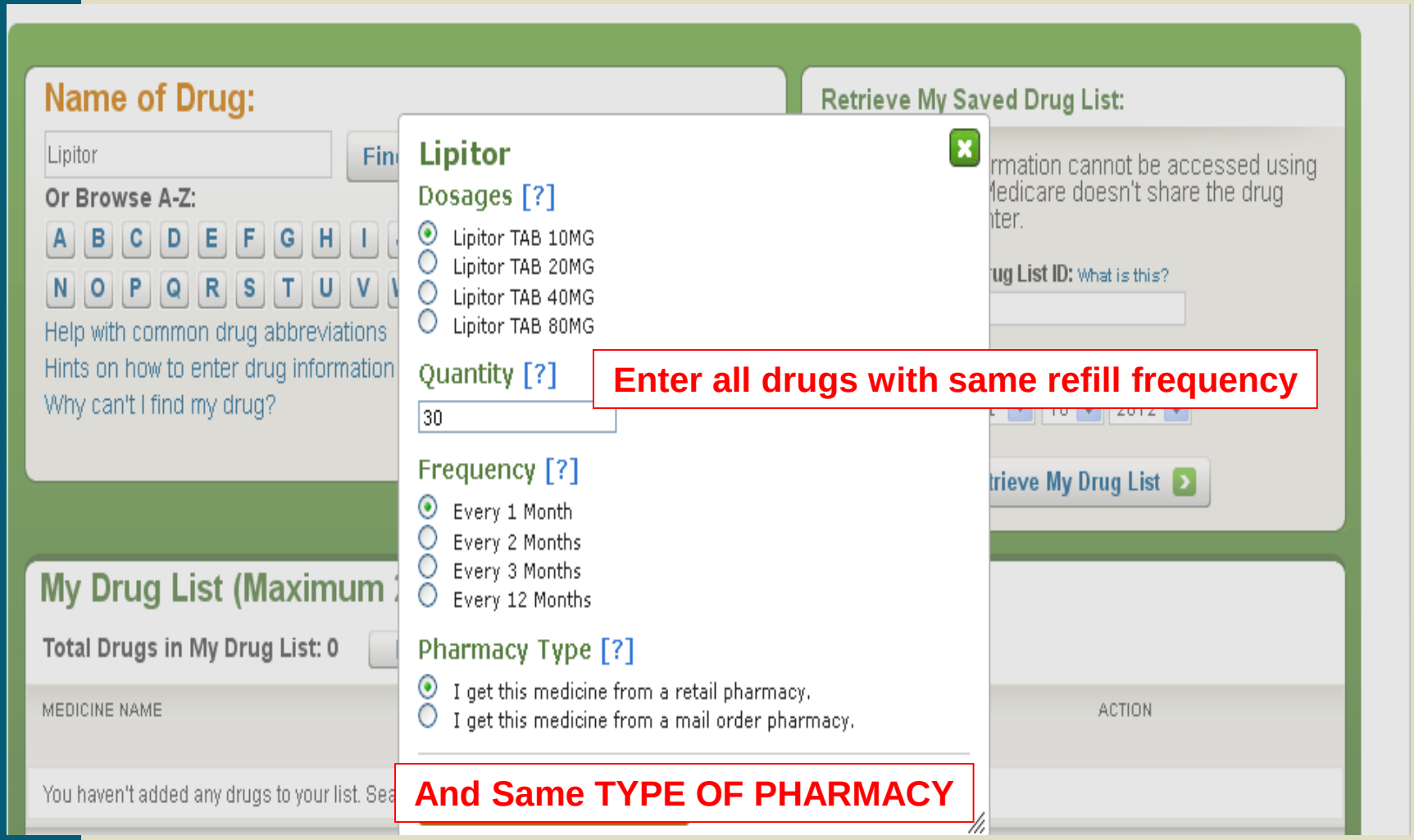
My Drug List (Maxin

MEDICINE NAME				
Lipitor TAB 10MG				
alendronate sodium TAB 70MG	4	Every 1 Month	Already Generic (You originally entered Fosamax) Switch Back	Change dose Add Remove

My Drug List is Complete

Click here when drug list complete

Pop-up box to indicate dosage



Option to search Generic or Brand- Important to check with client to see which version they take

Step 2 of 4: Enter Your Drugs

My Current Profile

To show accurate plan costs, we need to know which drugs you take, inclu
site does not show pr
diabetic supplies.

I don't want to add dru

Fosamax

A lower cost generic is available for the drug you selected.

- Use lower cost generic: alendronate sodium
- Use brand drug: Fosamax

Continue

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

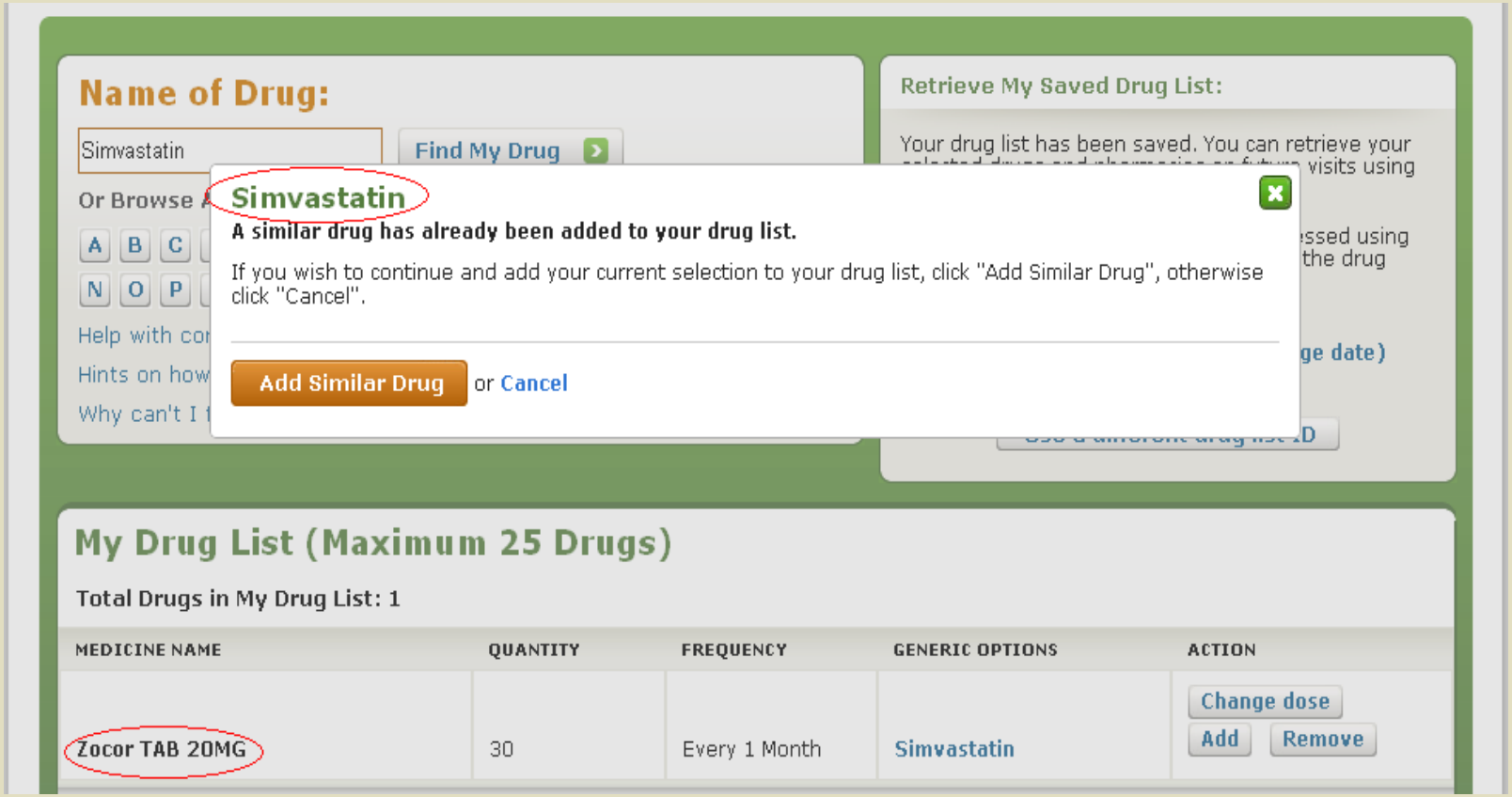
Retrieve My Saved Drug List:

Your drug list has been saved. You can retrieve your selected drugs and pharmacies on future visits using this Drug List Id and Password Date.

Your personal information cannot be accessed using your drug ID list. Medicare doesn't share the drug information you enter.

Drug List ID: 0576008016

Pop-up will warn when have added both a brand drug & its generic equivalent to the list



Step 3: Pharmacy Consumer Uses

Click here to expand list of pharmacies

We found 5 pharmacies within 0.5 miles of 08625

Search New Location or by Pharmacy Name | Show/Hide Pharmacy Map

Available Pharmacies

Add to Selected Pharmacies

CVS PHARMACY 1100 Liberty Street Trenton, NJ 08611 1-609-599-9342 Add Pharmacy	HOME TOWNE RX 635 S Clinton Ave Trenton, NJ 08611 1-609-695-2000 Add Pharmacy	MEDICAL HOME PHARMACY 521 S Broad St. Trenton, NJ 08611 1-609-858-7560 Add Pharmacy
MEDLINK PHARMACY 850 S Broad St Trenton, NJ 08611 1-609-393-4664 Add Pharmacy	RITE AID PHARMACY 03324 1091 South Broad Street Trenton, NJ 08611 1-609-393-3386 Add Pharmacy	

Can add up to two pharmacies

Step 4: Refine Results :

Looking at Stand Alone Plans (PDPs) or Health Plans with drug coverage (MAPDs) ?

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

Include the following types of plans:

☑ plans for people who are eligible for both Medicare and Medicaid

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 All	Available Plans Based On Your Filters	Number of Plans Available: 36
☑	Prescription Drug Plans (with Original Medicare) [?]	22 plan(s) available
☐	Medicare Health Plans with drug coverage [?]	11 plan(s) available
☐	Medicare Health Plans without drug coverage [?]	3 plan(s) available

Continue To Plan Results

Continue To Plan Results

Click here if want to look at DSNPs

Step 5: Compare Your Plan Results

AARP MedicareRx Walgreens (PDP) (S5921-386-0)
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 Annual **Mail O** Annual: $167	$12.80	Annual Drug Deductible: $0 Drug Copay/ Coinsurance: - $8.35	All Your Drugs on Formulary :Yes Drug Restrictions: **No** **Lower Your Drug Costs**	★★★½ 3.5 out of 5 stars	Enroll

Premium shown is amount over benchmark, consumer must pay this

Aetna Medicare Rx Saver (PDP) (S5810-038-0)
Organization: Aetna Medicare

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 Annual: $78 **Mail Order** Annual: $24	$0.00	Annual Drug Deductible: $0 Copay/ Coinsurance: $8.35	All Your Drugs on Formulary :Yes Drug Restrictions: **Yes** N	★★★½ 3.5 out of 5 stars	Enroll

$0 premium means "benchmark plan"

Aetna Medicare Rx Select (PDP) (S5810-278-0)
Organization: Aetna Medicare

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]	
Retail Pharmacy Status: Out-of-network Annual: $1,857 **Mail Order** Annual: N/A	$2.40	Annual Drug Deductible: $0 Drug Copay/ Coinsurance: $3.35 - $8.35	All Your Drugs on Formulary :Yes Drug Restrictions: **Yes** **Lower Your Drug Costs** **MTM Program : Yes** N	★★★½ 3.5 out of 5 stars	Enroll

Looking at coverage

Humana Preferred Rx Plan (PDP) (S5884-131-0)
Organization: Humana Insurance Company

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Drug Coverage [?], Drug Restrictions [?] and Other Programs:
Retail Pharmacy Status: Standard Cost-Sharing	$0.00	Annual Drug Deductible: $0 Drug Copay/ Coinsurance: $3.30 - $8.25	All Your Drugs on Formulary: **Yes** Drug Restrictions: **Yes** Lower Your Drug C

Click here

Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions: PRIOR AUTHORIZATION [?]	Restrictions: QUANTITY LIMITS [?]	Restrictions: STEP THERAP
Alprazolam TAB 0.5MG	Tier 3: Preferred Brand		Yes	
Risperidone TAB 1MG	Tier 2: Generic	Yes	Yes	

Click here

Quantity Limit Details

Please view the quantity limit details for the drugs you've selected for Humana Preferred Rx Plan (PDP). Contact the plan for m rm about any drugs with a quantity limit restriction.

SELECTED DRUGS	QUANTITY LIMITS [?]	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT FREQU
Alprazolam TAB 0.5MG	Yes	120 TABS	Every 30 Day(s)
Risperidone TAB 1MG	Yes	60 TABS	Every 30 Day(s)

For Medicare/Medicaid consumers (Duals):
Look for plans that meet 3 criteria:

1. Qualify for $0 premium with LIS (called "benchmark plans")
2. All of consumer's meds are on plan's formulary (unless in excluded class)
3. No or minimum restrictions on meds

NOTE: If cannot find $0 premium plan to meet all above, can look at non-benchmark plans and ask if consumer can pay the premium difference

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Example of Good Plan Choice

$0 Premium Benchmark Plan

Aetna Medicare Rx Saver (PDP)
Monthly Premium $0

No PA or Step Therapy

All drugs on formulary

Drug Coverage Information

		Restrictions		
SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Alprazolam TAB 0.5MG	Tier 2: Generic		Yes	
Risperidone TAB 1MG	Tier 2: Generic		Yes	

Print My Drug List | Print Plan Report | View Drug Benefit Summary

Example of Bad Plan Choice

Drug Coverage Informatio

Some drugs not on formulary

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Lipitor TAB 10MG	NOT ON FORMULARY [15]			
Advair HFA AER 115/21	NOT ON FORMULARY [15]			
risperidone TAB 1MG	Tier: 2 [3]	Yes	Yes	

PA restriction

[3] This drug may be subject to prior authorization, step therapy or quantity limits. View plan details or contact the plan for more information.

[15] Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered at Tier 1. The drug cost displayed is only estimate and actual cost may vary. Please contact the plan for more information.

Understanding the Tier Footnotes

- Avoid plans with drugs Not on Formulary 15
  - Plan DOES NOT cover this drug
  - PAAD/Senior Gold or Medicaid will NOT pay
  - If private pay, costs for this drug will not count towards deductibles or "out of pocket" limits
- Options
  - Switch to generic or similar drug covered by the plan with doctor's approval *(example: switch from Lipitor to simvastatin)*
  - Ask plan for "exception" to cover the drug for you because alternative will not work (need doctors input)
  - Pay full price for the drug out of pocket
  - **Switch Plans to one with drug on Formulary**

Example of Good Plan Choice

AARP Medicare Rx Saver Plus

$0 Premium Benchmark Plan

No PA or Step Therapy

All drugs on formulary

"Excluded" drug covered by Medicaid

Drug Coverage Information

		Restrictions		
SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Advair HFA AER 45/21	Tier 3: Preferred Brand		Yes	
Risperidone TAB 1MG	Tier 2: Non-Preferred Generic			
Vitamin D CAP 50000UNT	Not on Formulary [4]			

t Plan Report | View Drug Benefit Summary

[4]This is a non-formulary drug. In addition, this type of drug is excluded from coverage under the Medicare program. This plan does not offer a supplement benefit for this type of drug. Any amount that you spend for non-formulary drugs is not counted toward any deductibles, initial coverage or out-of-pocket limits. The drug cost displayed is only an estimate and actual cost may vary.

Understanding the Tier Footnotes

- **Not on Formulary** 4

"By law this drug is EXCLUDED from being covered under Medicare program."

Options

- **Pay out of pocket for full cost of drug**
- **See if drug manufacturer has "Patient Assistance Program (PAP)"**
- **For other excluded categories may need "Enhanced Plan" for coverage**
- **If have state Medicaid some excluded drugs covered under "wraparound" (ex: vitamins)**

Example of Bad Plan Choice

Drug Coverage Information for WellCare Extra (PDP) (S4802-101)

Please view the coverage information for the drugs you've selected for WellCare Extra (PDP) plan.

Drug Coverage Information

All drugs on formulary

No PA or Step Therapy

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Alprazolam TAB 0.5MG	Tier 1: Preferred Generic		Yes	
Risperidone TAB 1MG	Tier 2: Generic		Yes	

BUT NOT "BENCHMARK" PLAN.

HAS HIGH PREMIUM

Monthly Premium with LIS $43.50

How to Compare Plan Details For Non-Duals

- Look at 5 Factors:
  1. Coverage – Is drug on Plan Formulary?
  2. Drug Restrictions
  3. Costs: *"Estimated Annual Cost"* Most Important
     - Lowest Premium May NOT be lowest cost plan
  4. Pharmacy Network
  5. Coordination with other benefits

Step 5: Compare Your Plan Results
ANNUAL COST if not dual eligible

Aetna Medicare Rx Select (PDP) (S5810-278-0)

Organization: Aetna Medicare

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Drug Coverage [?], Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]
Retail Pharmacy Status: Preferred Cost-Sharing Annual: $249 **Mail Order** Annual: N/A	$19.70	Annual Drug Deductible: $405 Drug Copay/ Coinsurance: $0 - $47, 25% - 40%	All Your Drugs on Formulary :Yes Drug Restrictions: **No** Lower Your Drug Costs MTM Program : Yes N	★★★½ 3.5 out of 5 stars

AARP MedicareRx Walgreens (PDP) (S5921-386-0)

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: Preferred Cost-Sharing Annual: $322 **Mail Order** Annual: $322	$26.80	Annual Drug Deductible: $405 Drug Copay/ Coinsurance: $0 - $31, 25% - 32%	All Your Drugs on Formulary :Yes Drug Restrictions: **No** Lower Your Drug Costs MTM Program : Yes N	★★★½ 3.5 out of 5 stars

Humana Walmart Rx Plan (PDP) (S5884-150-0)

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: Standard Cost-Sharing Annual: $382 **Mail Order** Annual: $277	$20.40	Annual Drug Deductible: $405 Drug Copay/ Coinsurance: $1 - $4, 22% - 35%	All Your Drugs on Formulary :Yes Drug Restrictions: **Yes** Lower Your Drug Costs MTM Program : Yes N	★★★½ 3.5 out of 5 stars

EXPRESS SCRIPTS SAVER

Cost Details

Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs

	Full Year Cost (based on January enrollment) [?]
Costco Pharmacy #1174	$391.20
Walgreens #10440	$391.20
Mail Order Pharmacy	$303.20

Lower your drug costs

Estimated Full Cost the Plan Charges Medicare for Your Drugs

Drug Costs During Coverage Levels

Costco Pharmacy #1174 | Walgreens #10440 | Mail Ord

Health Reform Discounts show here

Costco Pharmacy #1174 - Standard Retail Cost Sharing

			Drug Costs During Coverage Levels			
SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Deductible[?]	Initial Coverage Level[?]	Coverage Gap[?]	Catastrophic Coverage[?]
Metoprolol Succinate Er TAB 50MG ER	$49.42	Every 3 Months	$30.00	$30.00	$21.74	$3.35
MONTHLY TOTALS:	$49.42		$30.00	$30.00	$21.74	$3.35

Look at your Pharmacy Status

AARP MedicareRx Preferred (PDP) (S5

Organization: UnitedHealthcare

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]
Retail Pharmacy Status: Standard Cost-Sharing	$78.10	Annual Drug Deductible: $0 Drug Copay/ Coinsurance: $4 - $35, 33% - 38%

AARP MedicareRx Walgreens (PDP) (S

Organization: UnitedHealthcare

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]
Retail Pharmacy Status: Preferred Cost-Sharing Annual: $322 **Mail Order** Annual: $322	$26.80	Annual Drug Deductible: $405 Drug Copay/ Coinsurance: $0 - $31, 25% - 32%

AARP MedicareRx Walgreens (PD

Organization: UnitedHealthcare

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and D Copay [?] / Coinsuranc [?]
Retail Pharmacy Status: Out-of-network	$22.50	Annual Drug Deductible: $400 Drug Copay/ Coinsurance $0 - $27, 25% - 32%

Make sure your pharmacy in-network

Plan Star Ratings

- Rating of One to Five Stars
- Based on Medicare Audits and Member Surveys
- Look at Customer Satisfaction, Complaints, Experiences, Pricing
- Ratings posted annually by mid October

STEP 6 : Enroll

- If nursing home resident, LIS or Dual can enroll or switch plans each month
- Will be AUTOMATICALLY disenrolled from current plan when enroll in new plan
- Non-duals enrollments Limited to Medicare Enrollment Periods
  - New to Medicare (IEP)
  - Annual Enrollment Period (AEP) (ends Dec. 7)
  - Special Enrollment Periods (SEP)

How to Enroll

- By Phone
  - 1 (800) Medicare
  - Call Plan Directly
- By Internet
  - www.medicare.gov
  - Plan's website

IMPORTANT:

- Get enrollment confirmation
- Advise not to pay premium by automatic deduction from Social Security check

Additional Tools

To increase print size on screen

Español | A A A | Print

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Medicare.gov | Medicare Plan Finder

The Official U.S. Government Site for Medicare

type search term here | Search

Medicare Plan Finder Home | Learn More About Plans | Help | Glossary | FAQ

Home → Enter Information → Enter Your Drugs → Select Your Pharmacies → Refine Your Plan Results → Your Plan Results

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.

My Current Profile | Update Search

Zip Code: 08902
Current Coverage: Original Medicare, First Health Part D Premier Plus (PDP) (S5768-187-0)
Current Subsidy: No Extra Help [?]
Drug List ID: 6490060256
Password Date: 11/17/2016

Important Coverage Information

What if consumer has drug coverage from family's employer or retiree plan?

- Called *"creditable drug coverage"* if the plan is equal to or better than Medicare's drug coverage
- Can keep the employer/retiree plan instead of enrolling in Medicare Part D Plan (usually cannot have both)
- No late enrollment penalty if enroll in Part D later
- If consumer is dual eligible, will need to call Medicare to *"opt-out "* of auto enrollment in a Medicare Part D
- Still eligible for Medicaid to help pay the copays at the pharmacy counter. Pharmacy will need to bill the state for the drug cost sharing.

QUESTIONS?

Submit your questions

by email to

Mary.Mcgeary@dhs.state.nj.us

Consumers can contact:

NJ SHIP Hotline

1-800-792-8820

Website:

http://www.nj.gov/humanservices/doas/services/ship/