

# Navigating the Medicare Plan Finder for Dual Eligibles

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SHIP**

**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](http://www.Medicare.gov)

➤ Click “Find Health and Drug Plans”

➤ Or [www.medicare.gov/find-a-plan](http://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**

**50 MEDICARE 1965-2015 MEDICAID ANNIVERSARY**

Find out how much Medicare costs in 2016 **Get costs**

Medicare Open Enrollment is from now until December 7 **Review and compare your coverage options**

Not sure what coverage you have? **Check your current enrollment**

Already know what plan you want for 2016? **Enroll now**

# 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 

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 



Tutorials

## 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**

### My Current Profile

Zip Code: 20814

Current Coverage: Original Medicare, AARP MedicareRx Enhanced (PDP) (S5921-239-0 )

Current Subsidy: No Subsidy [?]

[Important Coverage Information](#)

**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**

# Pop-up box to indicate dosage

The screenshot shows a web application interface for managing a drug list. A pop-up box is displayed over the main form, containing the following fields:

- Name of Drug:** Lipitor
- Dosages [?]**: Radio buttons for Lipitor TAB 10MG (selected), Lipitor TAB 20MG, Lipitor TAB 40MG, and Lipitor TAB 80MG.
- Quantity [?]**: Text input field with the value 30.
- Frequency [?]**: Radio buttons for Every 1 Month (selected), Every 2 Months, Every 3 Months, and Every 12 Months.
- Pharmacy Type [?]**: Radio buttons for I get this medicine from a retail pharmacy. (selected) and I get this medicine from a mail order pharmacy.
- Buttons:** Add drug and dosage (highlighted with a red oval) and Cancel.

A red box with the text "Enter all the same" is positioned over the Frequency section. A red oval highlights the Pharmacy Type section and the "Add drug and dosage" button. The background form includes sections for "Name of Drug:", "Or Browse A-Z:", "My Drug List (Maximum 200)", and "Retrieve My Saved Drug List:".

QUESTION ON TYPE OF PHARMACY

# 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) (35001-000-0)  
**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](#)

Click here when drug list  
complete

**My Drug List is Complete** [▶](#)

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, including diabetic supplies.

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

### 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: 0576009016

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

**Name of Drug:**

Simvastatin

Find My Drug >

Or Browse A

A B C

N O P

Help with co

Hints on how

Why can't I t

Retrieve My Saved Drug List:

Your drug list has been saved. You can retrieve your selected drugs and prescriptions for future visits using

essed using the drug

ge date)

Use a different drug list ID

**Simvastatin**

A similar drug has already been added to your drug list.

If you wish to continue and add your current selection to your drug list, click "Add Similar Drug", otherwise click "Cancel".

Add Similar Drug or Cancel

**My Drug List (Maximum 25 Drugs)**

Total Drugs in My Drug List: 1

MEDICINE NAME	QUANTITY	FREQUENCY	GENERIC OPTIONS	ACTION
Zocor TAB 20MG	30	Every 1 Month	Simvastatin	<div>Change dose</div> <div>Add Remove</div>

# 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](#)

[Click here to see map](#)

[Can add up to two pharmacies](#)

# Step 4: Refine Results :

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

### 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.

You are now viewing 2016 plan data. [View 2015 plan data.](#)

**My Current Profile** **Update Search**

**Zip Code:** 08902  
**Current Coverage:** Original Medicare  
**Current Subsidy:** Full Benefit Dual Eligible [?]  
**Drug List ID:** 3313663104  
**Password Date:** 11/17/2015  
**Important Coverage Information**

#### Refine Your Search

**Update Plan Results** ▶

**Limit Your Monthly Premium**

**Annual Drug**

**g Options**

**r 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	Available Plans Based On Your Filters	Number of Plans Available: 36
<input checked="" type="checkbox"/>	Prescription Drug Plans (with Original Medicare) [?]	22 plan(s) available
<input type="checkbox"/>	Medicare Health Plans with drug coverage [?]	11 plan(s) available
<input type="checkbox"/>	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

<input type="checkbox"/> <b>Symphonix Value Rx (PDP) (S0522-004-0)</b> Organization: Symphonix Health					
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]	
<b>Retail</b>  Pharmacy Status: Standard Cost-Sharing  Annual: \$71  <b>Mail Order</b> Annual: \$24	\$0.00	Annual Drug Deductible: \$0  Drug Copay/ Coinsurance: \$2.95 - \$7.40	All Your Drugs on Formulary: <b>Yes</b>  Drug Restrictions: <b>No</b>  <b>Lower Your Drug Costs</b>  <b>MTM Program [?] : Yes</b>	★★ 2.5 out of 5 stars	<a href="#">Enroll</a>
<input type="checkbox"/> <b>Symphonix PrimeSaver Rx (PDP) (S0522-050-0)</b> Organization: Symphonix Health					
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]	
<b>Retail</b>  Pharmacy Status: Standard Cost-Sharing  Annual: \$115  <b>Mail Order</b> Annual: \$24	\$3.70	Annual Drug Deductible: \$0  Drug Copay/ Coinsurance: \$2.95 - \$7.40	All Your Drugs on Formulary: <b>Yes</b>  Drug Restrictions: <b>No</b>  <b>Lower Your Drug Costs</b>	★★ 2.5 out of 5 stars	<a href="#">Enroll</a>
<input type="checkbox"/> <b>Humana Walmart Rx Plan (PDP) (S5884-150-0)</b> 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: [?]	
<b>Retail</b>  Pharmacy Status: Standard Cost-Sharing  Annual: \$182  <b>Mail Order</b> Annual: \$112	\$9.30	Annual Drug Deductible: \$0  Drug Copay/ Coinsurance: \$2.95 - \$7.40	All Your Drugs on Formulary: <b>Yes</b>  Drug Restrictions: <b>Yes</b>  <b>Lower Your Drug Costs</b>  <b>MTM Program [?] : Yes</b>	★★★ 3.5 out of 5 stars	<a href="#">Enroll</a>

\$0 premium means “benchmark plan”

Premium shown is amount over benchmark, consumer must pay this



# Looking at coverage



## 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: [?]	
<b>Retail</b>  Pharmacy Status: Standard Cost-Sharing  Annual: \$182  <b>Mail Order</b> Annual: \$112	\$9.30	Annual Drug Deductible: \$0  Drug Copay/ Coinsurance: \$2.95 - \$7.40	All Your Drugs on Formulary: <b>Yes</b>  Drug Restrictions: <b>Yes</b>  <b>Lower Your Drug Costs</b>  <b>MTM Program [?] : Yes</b>  <span>N</span>	3.5 out of 5 stars	<a href="#">Enroll</a>

Click here

Please view the coverage information for the drugs you've selected for Humana Walmart Rx Plan (PDP) plan.

### Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Levetiracetam TAB 500MG ER	Tier 2: Generic			
Risperidone TAB 1MG	Tier 2: Generic		Yes	

### Quantity Limit Details

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

SELECTED DRUGS	QUANTITY LIMITS [?]	QUANTITY LIMIT AMOUNT	QUANTITY LIMIT FREQUENCY
Levetiracetam TAB 500MG ER			
Risperidone TAB 1MG	Yes	60 TABS	Every 30 Day(s)

# Understanding the Tier Footnotes

- ❖ Avoid plans with drugs **Not on Formulary** <sup>15</sup>
  - 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

# Understanding the Tier Footnotes

## ■ Not on Formulary<sup>4</sup>

*“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)

## 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

# Example of Good Plan Choice

**\$0 Premium Benchmark Plan**



**Wellcare Classic PDP S5967-141**  
**Monthly Premium \$0**

**No PA or Step Therapy**

**All drugs on formulary**

Drug Coverage Information				
SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Advair HFA AER 45/21	Tier 3: Preferred Brand			
Alprazolam TAB 0.5MG	Tier 2: Non-Preferred Generic			
Risperidone TAB 1MG	Tier 2: Non-Preferred Generic			

# Example of Good Plan Choice

EnvisionRxPlus Silver (PDP)  
(S7694-004-0)

**\$0 Premium Benchmark Plan**

**No PA or  
Step Therapy**

**All drugs on formulary**

Drug Coverage Information				
SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		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 <sup>4</sup>			

**“Excluded” drug covered by Medicaid**

[View Drug Benefit Summary](#)

<sup>4</sup>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.

# Example of Bad Plan Choice

**Some drugs not on formulary**

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

**PA restriction**

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

<sup>15</sup> 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.

# Example of Bad Plan Choice

All drugs on formulary

No PA or Step Therapy

		Restrictions		
SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Advair HFA AER 45/21	Tier 3: Preferred Brand			
Risperidone TAB 1MG	Tier 2: Non-Preferred Generic			

**BUT NOT “BENCHMARK” PLAN AND HAS HIGH PREMIUM**

**First Health Premier Plus**

**Monthly Premium with LIS \$46**



# How to Compare Plan Details For Non-Duals

## ❖ Look at 5 Factors:

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

# Cost Details

## AARP Saver Plan

### ☐ Fixed Costs

Monthly Drug Plan Premium [?]	\$40.00
Monthly Health Plan Premium [?]	N/A
Annual Drug Deductible [?]	\$360.00

Medicare costs at a glance

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

	Full Year Cost (based on January enrollment) [?]
CVS Pharmacy	\$1,889.70
Walgreens	\$1,716.95
Mail Order Pharmacy	\$1,613.20

Lower your drug costs

### ☐ Estimated Full Cost the Plan Charges Medicare for Your Drugs

### ☐ What You Pay

CVS Pharmacy    Walgreens    Mail Order Pharmacy

CVS Pharmacy - Standard Retail Cost Sharing

Health Reform Discounts show here

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Deductible[?]	Initial Coverage Level[?]	Coverage Gap[?]	Catastrophic Coverage[?]
Advair HFA AER 115/21	\$310.47	Every 1 Month	\$310.47	\$30.00	\$139.71	\$15.52
Humalog INJ 100/ML	\$67.53	Every 1 Month	\$67.53	\$30.00	\$30.39	\$7.40
<b>MONTHLY TOTALS:</b>	<b>\$378.00</b>		<b>\$378.00</b>	<b>\$60.00</b>	<b>\$170.10</b>	<b>\$22.92</b>

# How to Find Plan's Preferred Pharmacies

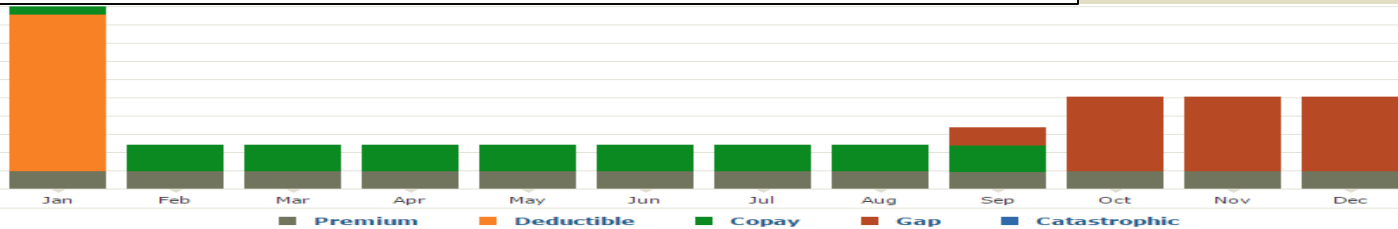
First click on Name of Plan from Plan List



Symphonix Value Rx (PDP) (S0522-004-0)					
Organization: Symphonix Health					
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]		Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]
<b>Retail</b> Pharmacy Status: Standard Cost-Sharing Annual: \$71 <b>Mail Order</b> Annual: \$24	\$0.00	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$2.95 - \$7.40		All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>No</b> <b>Lower Your Drug Costs</b> MTM Program [?] : Yes	★ ★ ★ 2.5 out of 5 stars
<div>Enroll</div>					

Symphonix PrimeSaver Rx (PDP) (S0522-050-0)					
Organization: Symphonix Health					
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]		Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]
<b>Retail</b> Pharmacy Status: Standard Cost-Sharing Annual: \$115 <b>Mail Order</b>	\$3.70	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$2.95 - \$7.40		All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>No</b> <b>Lower Your Drug Costs</b> MTM Program [?] : Yes	★ ★ ★ 2.5 out of 5 stars
<div>Enroll</div>					

Then scroll down to Pharmacy Network link



## Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Advair HFA AER 115/21	Tier 3: Preferred Brand			
Humalog INJ 100/ML	Tier 3: Preferred Brand			

[Print My Drug List](#) [Print Plan Report](#) [View Drug Benefit Summary](#)

## Pharmacy & Mail Order Information

Mail Order is available.

Pharmacy Network [?]

14 network pharmacies in your ZIP code

Preferred pharmacy network available [?]

# View Pharmacy Network

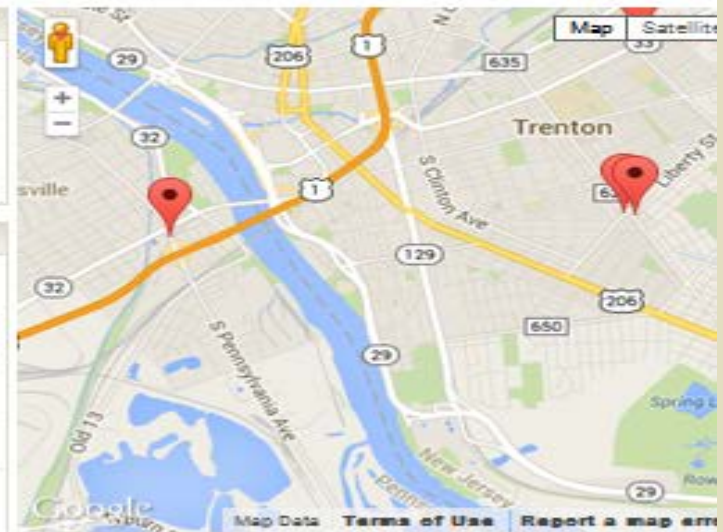
We found **52** network pharmacies within  miles of 08625 for Horizon Medicare Blue Rx Standard (NBP)(S5993-001)

If you make any changes to your selected pharmacies, please refresh the drug costs & coverage page to view updated pricing information.

[Search New Location or by Pharmacy Name](#)


Selected Pharmacies	Pharmacy Type [?]	Preferred [?]
<b>Brunswick Pharmacy</b> 701 Brunswick Ave Trenton, NJ 08638 1-609-396-5000 <a href="#">Remove Pharmacy</a>	Retail	No

Pharmacy Name	Pharmacy Type [?]	Preferred [?]
<b>Alexanders Twin Pharmacy</b> 1060 Whitehorse Mercerville Road Hamilton, NJ 08610 1-609-585-7222 <a href="#">Add Pharmacy</a>	Long Term Care,Retail	Yes
<b>Big Oak Pharmacy</b> 364 W Trenton Ave Ste C Morrisville, PA 19067 1-267-797-5030 <a href="#">Add Pharmacy</a>	Retail	No
<b>CVS Pharmacy</b> 1100 Liberty Street Trenton, NJ 08611 1-609-599-2566 <a href="#">Add Pharmacy</a>	Retail	Yes



Refresh page after adding a pharmacy

# Comparing Medicare Health Plans (MAs): Health Benefits Tab

Overview	Health Plan Benefits	Drug Costs & Coverage	Star Ratings	MTM
<b>AARP MedicareComplete Plan 3 (HMO)</b> (H3107-014-0) <sup>1</sup> <b>Organization:</b> UnitedHealthcare <b>Plan Type:</b> HMO 		PO Box 29675 Hot Springs, AR 71903  <b>Members:</b> 1-800-643-4845 711 (TTY/TDD)  <b>Non Members:</b> 1-800-555-5757 711 (TTY/TDD)	<b>Overall Star Rating:</b> <b>[?]</b> Coming Soon	Enrollment begins October 15, 2014
<a href="#">+ Costs and Other Important Information</a>				
<a href="#">- Benefits</a>				
<a href="#">View More Detailed Cost &amp; Benefit Information</a>				
<b>Ambulance Services</b>		\$250		
<b>Doctor's Office Visits</b>		Primary Physician You pay nothing  Specialist \$15 per visit		
<b>Durable Medical Equipment (wheelchairs, oxygen, etc.)</b>		20% per item		
<b>Emergency Care</b>		\$65 per visit (always covered)		
<b>Home Health Care</b>		You pay nothing		

# Link to Medicare Advantage Plan's website to view Plan's "Summary of Benefits" and Provider Directory

**Overview** **Health Plan Benefits** **Drug Costs & Coverage** **Star Ratings** **MTM**

**AARP MedicareComplete Plan 3 (HMO)**  
(H3107-014-0)<sup>1</sup>  
**Organization:** UnitedHealthcare  
**Plan Type:** HMO

**PO Box 29675**  
**Hot Springs, AR 71903**

**Members:**  
1-800-643-4845  
711 (TTY/TDD)

**Non Members:**  
1-800-555-5757  
711 (TTY/TDD)

**Overall Star Rating:**  
[?]  
Coming Soon

**Enrollment**  
begins October  
15, 2014

☐ **Additional Plan Information**

<b>Overall Star Rating</b> [?]	Coming Soon
<b>Health Plan Star Ratings</b> [?]	Coming Soon
<b>Drug Plan Star Ratings</b> [?]	Coming Soon

**Plan Type:** HMO  
**Plan Status:** Approved by Medicare  
**Area:** Northern and Central New Jersey

[View plan website](#)

# 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

The screenshot displays the 'Plan Ratings' tab for the Humana Walmart-Preferred Rx Plan (PDP). The plan is identified by ID (S5884-131-0) and is provided by Humana Insurance Company. The overall plan rating is 3 out of 5 stars, represented by three green stars. A red box highlights a detailed 'Plan Ratings' legend on the right side of the page.

**Plan Ratings Legend:**

Rating Category	Stars
Excellent	★★★★★
Above Average	★★★★
Average	★★★
Below Average	★★
Poor	★

The main page also includes a note: 'NOTE: Health Plan Benefits are based on Original Medicare'. It provides a brief explanation of the star ratings and offers links to 'View Star Ratings', 'View Star Details', and 'Hide All Measures'.

## 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](http://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

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# Medicare.gov

The Official U.S. Government Site for Medicare

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Costs](#)

[What Medicare  
Covers](#)

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\(Part D\)](#)

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Appeals](#)

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[A-Z Glossary](#)

If need to edit the  
drug list

[Home](#) ► [Medicare Plan Finder](#) ► [Enter Information](#) ► [Enter Your Drugs](#) ► [Select Your Pharmacy](#)

[n Results](#)

## Your Plan Results

[« Return to previous page](#)

Your plan results are organized by plan type and are in order of lowest estimated cost. To view more plans, click View 20 or 50. Click on any plan name for details. Compare up to 3 plans by using the checkboxes and clicking Compare Plans. The costs displayed are estimates; your actual costs may vary.

[My Current Profile](#)

[Update Search](#)

**Zip Code:** 08625

**Current Coverage:** Original Medicare

**Current Subsidy:** Full Benefit Dual Eligible [\[?\]](#)

**Drug List ID:** 4251973856

**Password Date:** 10/10/2012

[Important Coverage Information](#)

# QUESTIONS?

Submit your questions  
by email to  
[Mary.Mcgeary@dhs.state.nj.us](mailto:Mary.Mcgeary@dhs.state.nj.us)

