Navigating the Medicare Plan Finder for Dual Eligibles

Presenter: Mary McGeary
State Health Insurance Assistance Program
NJ Division of Aging Services

The ARC of NJ
Webinar November 9, 2020
What is the Medicare Plan Finder?

❖ Internet Tool on official Medicare web site
❖ Helps people learn about drug coverage and
  ➢ Compare Part D plans & Medicare Advantage Health Plans (HMOs/PPOs)
  ➢ Identify which plans cover your prescriptions
  ➢ 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
  o strength and quantity
  o if can take generics
❖ Pharmacy consumer uses
❖ Does consumer have a MyMedicare account?
  • Will need user name and password
❖ Other Helpful Information
  o Medicare card with NEW Medicare number
  o Other Health Insurance cards
  o Subsidy eligibility (Medicaid, LIS, PAAD)
6 STEP Process

1. Enter Consumer Information
2. Enter List of Current Medications
3. Select Pharmacy
4. Compare Search Results
5. Review Plan Details
6. Enroll
Getting to the Drug Plan Finder

❖ Go to www.Medicare.gov

➢ Click “Find Health and Drug Plans”

➢ Or www.medicare.gov/plan-compare

➢ Or call 1-800-Medicare

➢ Customer Service Assistance for choosing a plan & enrolling

➢ Available 24 hrs a day

➢ Language Line Interpreters for 150 languages
Medicare Plan Finder: Things to Note

- Cannot **save** drug list if use option “*continue without logging in*”
  - but will be able to see plan and coverage information to make an enrollment choice.

- In order to save the drug list, you must access or create a **MyMedicare** account.
  - Doing this will show consumer’s drug list from prior year’s claims, no need to enter meds, just need to update it.

- Search will produce list of plans showing plan with *lowest drug + premium costs for one year.*
  - You need to confirm drugs’ coverage and restrictions in the plans
It's Open Enrollment - now to Dec 7

- Find 2021 Health & Drug Plans
- Log in/Create Account

See how Medicare is responding to Coronavirus

Learn More
Find a 2021 Medicare plan

You can shop here for **drug plans (Part D)** and **Medicare Advantage Plans**. See your 2021 plan options now by logging in or creating an account.

Log in or Create Account

Continue without logging in

New to Medicare?
Learn about your options & enroll in a plan.

Qualify for a Special Enrollment Period?
Log in or create account to change your 2020 coverage.
Step One - info about consumer

Answer a few quick questions

- Drug plan (Part D)
  Adds drug coverage to Original Medicare.
- Drug plan (Part D) + Medigap policy
- Medigap policy only
- I want to learn more about Medicare options before I see plans

Enter your zip code

08625

Select your county

08625, Mercer, NJ

Make sure to click on name of county before clicking NEXT
Answer question about “extra help” to see subsidized premiums and copays

Do you get help with your costs from one of these programs?

- Medicaid
- Supplemental Security Income
- Medicare Savings Program
- Extra Help from Social Security
- I'm not sure
- I don't get help from any of these programs

If you get help from LIS, Medicaid or SLMB, click here.
Tell us your search preferences

Do you want to see your drug costs when you compare plans?

☑ Yes

Great!
To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.

☐ No

How do you normally fill your prescriptions?

☑ Retail pharmacy

You'll need to tell us the pharmacies you use most to get accurate drug costs.

☐ Mail order pharmacy

☐ Both
Step Two - entering drugs

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

Type in name of first drug in the box.
Reminder to enter generic name when brand name of drug was added

Add your prescription drugs

Begin typing to find & select your drug.

Lipitor

Add Drug

A generic is available

Lipitor has a lower cost generic version called atorvastatin.

Would you like to add atorvastatin to your list instead?

Add Generic  Add brand instead

See Plans Without Drug Costs
Pay attention to any letters included with the name of drug. Make sure you select the correct one.
Tell us about this drug

Atorvastatin

Dosage
40mg tablet

Quantity Frequency
30 Every month

Adjust dosage and quantity to match what you use, then click here.

Add to My Drug List
Add additional medications

Confirm your drug list

<table>
<thead>
<tr>
<th>Alprazolam 0.5mg tablet</th>
<th>Quantity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>generic</td>
<td>60</td>
<td>Every month</td>
</tr>
</tbody>
</table>

Remove drug
Edit drug

Find & Add Drug

Done Adding Drugs

Click here after all medications have been entered.
Step Three - Choose up to 5 local Pharmacies

Pharmacy selection

Showing 10 pharmacies near 08902 Middlesex, NJ

1. Edward S Magaziner Md Pa
   2186 New Jersey 27
   North Brunswick, NJ 08902
   (732) 297-2600

2. Walmart Pharmacy 10-2003
   979 Route 1 South
   North Brunswick, NJ 08902
   (732) 545-7979

3. North Brunswick Pharmacy
   1825 Route 130
   North Brunswick, NJ 08902
   (732) 940-9940

4. Aquavita Pharmacy
   630 Towne Centre Dr
   North Brunswick, NJ 089021236
   (732) 658-3771

5. Cvs Pharmacy #06034
   2257 Us Highway 1

6. Cvs Pharmacy #05980
   949 Livingston Avenue

Select up to 2 more pharmacies

Pharmacies selected

Done
Step Four: Search Results

If checked “Medicaid” on screening questions, the subsidized premium amount will be shown here.

Click here to see the plan’s coverage information.
Step Five – Look at Plan Details

Estimated month when your costs will change.

These copays are based on higher LIS levels. Dual Eligible copays will be $1.30 or less for generics and $4 or less for brand name drugs.

Estimated monthly drug costs

This doesn't include your monthly plan premium of $0.00.

View the costs of your drugs every month
Scroll down on Plan Details page to look at tier and restriction information for your drugs.

### Other drug information

<table>
<thead>
<tr>
<th>Selected drugs</th>
<th>Tier</th>
<th>Prior authorization</th>
<th>Quantity limits</th>
<th>Step therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluticasone / salmeterol 100-50mcg/dose aerosol powder</td>
<td>Tier 3</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Risperidone 4mg tablet</td>
<td>Tier 2</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Contact your plan for more information on quantity limits.
For Medicare/Medicaid consumers:

Look for plans that meet 3 criteria:

1. Qualify for $0 premium with LIS (“benchmark plans”)

2. All of consumer’s meds are on the plan’s formulary

3. No or minimum restrictions on meds (like Prior Authorization or Step Therapy)

**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

**AARP Medicare Rx Saver Plus**

- **$0 Premium Benchmark Plan**
- **No PA or Step Therapy**

#### Drug Coverage Information

<table>
<thead>
<tr>
<th>SELECTED DRUGS</th>
<th>TIER (FORMULARY STATUS)</th>
<th>PRIOR AUTHORIZATION</th>
<th>QUANTITY LIMITS</th>
<th>STEP THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advair HFA AER 45/21</td>
<td>Tier 3: Preferred Brand</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Risperidone TAB 1MG</td>
<td>Tier 2: Non-Preferred Generic</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **All drugs on formulary**
Example of **Bad** Plan Choice

Some drugs not on formulary

<table>
<thead>
<tr>
<th>SELECTED DRUGS</th>
<th>TIER (FORMULARY STATUS)</th>
<th>PRIOR AUTHORIZATION</th>
<th>QUANTITY LIMITS</th>
<th>STEP THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipitor TAB 10MG</td>
<td>NOT ON FORMULARY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advair HFA AER 115/20</td>
<td>NOT ON FORMULARY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>risperidone TAB 1MG</td>
<td>Tier: 2</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

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

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.
Plan with good drug coverage but high premium: not best plan choice

Elixir RxPlus (PDP)

Plan type: Drug plan (Part D)
Plan ID: 57694-004-0

Overview

- Total monthly premium: $18.60

Other drug information

<table>
<thead>
<tr>
<th>Selected drugs</th>
<th>Tier</th>
<th>Prior authorization</th>
<th>Quantity limits</th>
<th>Step therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam 0.5mg tablet</td>
<td>Tier 2</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Lantus 100unit/ml solution pen injector</td>
<td>Tier 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Plan Star Ratings on bottom of Plan Details Page

- Rating of One to Five Stars
- Based on Medicare Audits and Member Surveys
- Look at Customer Satisfaction, Complaints, Experiences, Pricing

<table>
<thead>
<tr>
<th>Plan Ratings</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Above Average</td>
<td>★★★★</td>
</tr>
<tr>
<td>Average</td>
<td>★★★</td>
</tr>
<tr>
<td>Below Average</td>
<td>★★</td>
</tr>
<tr>
<td>Poor</td>
<td>★</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Star ratings</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall star rating</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Drug plan (Part D) star rating</td>
<td>★★★★</td>
</tr>
<tr>
<td>Summary rating of drug plan quality</td>
<td>★★★★</td>
</tr>
<tr>
<td>Drug plan customer service</td>
<td>Not enough data available</td>
</tr>
<tr>
<td>Member complaints &amp; changes in the drug plan's performance</td>
<td>★★★★</td>
</tr>
<tr>
<td>Member experience with the drug plan</td>
<td>★★★★</td>
</tr>
<tr>
<td>Drug safety &amp; accuracy of drug pricing</td>
<td>★★★★</td>
</tr>
</tbody>
</table>
Step Six: Enroll

Reminder - when leaving this search your drug list is NOT saved. Print your drug list and plan details before leaving the site.
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

**Note:** If your current Medicare Drug Plan still offers best coverage and cost for 2021, no action needed. Will automatically be re-enrolled for next year.
What if a new prescription during the year is not covered by the plan you choose?

1. You and your doctor should work with the plan
   • **Switch** to similar drug that is on the formulary

2. If you cannot switch drugs:
   • Your doctor can request an **Exception** to have it covered

3. If plan denies your exception request can **Appeal**; **OR**

4. **Change** to another Plan that covers all your drugs
   Reminder- dual eligibles are limited to one change each calendar quarter.
How to view Medicare Advantage Plans on the Medicare Plan Finder

30 Prescription Drug Plans available

Mercer, NJ  Change location

Edit your drugs & pharmacies

Showing 10 of 30 drug plans

SORT PLANS BY  Lowest drug + premium cost

Humana Basic Rx Plan (PDP)
Humana | Plan ID: SS884-T31-0
Star rating: ★★★★☆☆☆☆
How to view Special Needs Plans on Medicare Plan Finder

40 Medicare Advantage Plans available

Mercer, NJ  Change location

Edit your drugs & pharmacies

Showing 10 of 40 Medicare Advantage Plans

Add Special Needs Plans.

- Plans for people who have both Medicare and Medicaid.

Clear  Add Special Needs Plans

AARP Medicare Advantage Choice (PPO)
UnitedHealthcare | Plan ID: H8768-022-0
Star rating: ★★★☆☆

MONTHLY PREMIUM

$0.00  Includes: Health & drug coverage

PLAN BENEFITS

- Vision
- Dental
## WellCare Liberty (HMO D-SNP)

**WellCare | Plan ID: H0913-013-0**

**Star rating:** ★★★☆☆

### MONTHLY PREMIUM

$0.00  Includes: Health & drug coverage  
  Doesn't include: $144.60 Standard Part B premium  
This plan also covers your Medicaid benefits.

**SNP Type:** Dual Eligible

### YEARLY DRUG & PREMIUM COST

$0.00  Retail pharmacy: Estimated total drug + premium cost  
  Doesn't include: Health costs

### OTHER COSTS

$0  Health deductible

$0.00  Drug deductible

$3,450 **In-network**  Maximum you pay for health services

---

### PLAN BENEFITS

- ✗ Vision  
- ✗ Dental  
- ✓ Hearing  
- ✗ Transportation  
- ✓ Fitness benefits  
- ✓ Worldwide emergency  
- ✓ Telehealth

[See more benefits](#)

- ✓ Over-the-counter drugs  
- ✗ In-home support  
- ✗ Home safety devices & modifications  
- ✓ Emergency response device

### COPAYS/COINSURANCE

- **Primary doctor:** $0 copay
- **Specialist:** $0 copay

### DRUGS

- ✓ Includes drug coverage

[View drugs & their costs](#)
My Medicare Account Log In
(Or Creation of account)
Find a 2021 Medicare plan

You can shop here for drug plans (Part D) and Medicare Advantage Plans. See your 2021 plan options now by logging in or creating an account.

Log in or Create Account

Continue without logging in

New to Medicare?
Learn about your options & enroll in a plan.

Qualify for a Special Enrollment Period?
Log in or create account to change your 2020 coverage.
Create an account

All fields are required.

MEDICARE NUMBER
Where can I find my Medicare Number?

LAST NAME

SUFFIX
Select one

EMAIL ADDRESS (IF YOU HAVE ONE)

CONFIRM EMAIL ADDRESS

☐ I don’t have an email address

DATE OF BIRTH
For example: 07 05 1970

Month   Day   Year
DATE OF BIRTH
For example: 07 05 1970

Month  Day  Year
01  01  1944

ZIP CODE OR CITY

EFFECTIVE DATE FOR HOSPITAL (PART A)
Where can I find my Part A effective date?

Month   Year

Don't have Part A?

Continue  Cancel
Create an account

All fields are required unless marked as optional.

USERNAME

SECRET QUESTION

SECRET ANSWER

PASSWORD

CONFIRM PASSWORD

Continue Cancel

Password Creation Guidelines

- Must be 8 to 16 characters long
- Must contain at least one letter
- Must contain at least one number
- Must also contain one or more of the following special characters: @ ! $ % ^ * ( )
- Must be different from the previous six (6) passwords
- Cannot contain your username
- Cannot contain your Medicare Number or SSN

EXAMPLE OF ACCEPTABLE PASSWORD: Mydruglist(2020)
Create an account

All fields are required unless marked as optional.

USERNAME
JaneSmith09

SECRET QUESTION
What's your mother's maiden name?

SECRET ANSWER
Doe

PASSWORD
*******

CONFIRM PASSWORD
*******

Create answers to “secret questions”
Log in to your account

You successfully created an account.
You can start using your account now. You’ll also get a confirmation letter in the mail within 10-14 days to the address on file with Social Security. If you’re not sure which address is on file, contact Social Security.

USERNAME

PASSWORD

Log In

Trouble signing in?

By accessing this system, you agree to our Terms and Conditions. Read more

Need an account?
Create an account for a more personalized experience.

Create An Account
MyMedicare account will confirm your current coverage and subsidy level.

Answer a few quick questions

Jane Doe

Current coverage: Kaiser Permanente Medicare Advantage Value (HMO)
Plan ID: H2172-006-0
Effective: 01/07/18
Part A coverage starts: 02/01/17
Part B coverage starts: 02/01/17
Current subsidy: Dual Eligible

What type of coverage are you looking for?

- Medicare Advantage Plan
- Drug plan (Part D)
- Drug plan (Part D) + Medigap policy
- Medigap policy
- I'm not sure. Learn more about Medicare coverage options.
Add your prescription drugs

Select your drugs from your recent prescriptions

This information is pulled from your Medicare prescription drug claims from the last year.

- [ ] Kapvay 0.1mg
- [ ] lisinopril (Zestoretic) 20mg
- [ ] Microzide 25mg
- [ ] Norvasc 10mg
- [ ] Simvastatin 20mg
- [ ] Synthroid 50mcg

Review drugs and edit if needed
Confirm your dosage & quantity

**Kapvay**

**Dosage**
0.1mg

**Quantity**
60 per month

**Microzide**

**Dosage**
25mg

**Quantity**
60 per month

Add to My Drug List
Proceed with plan comparison. Your updated drug list is now saved in your MyMedicare account.
Other benefits of MyMedicare Account

When log from www.mymedicare.gov

1. Confirm Medicare coverage
2. View secondary insurance (like Medicaid or employer plan)
3. Print your Medicare Card
4. View Part A and Part B medical claims processed by Medicare
5. Appoint or update authorized rep
How to Get Charts of Medicare Plans in New Jersey

- www.aging.nj.gov
  - Click “Medicare Options” link in blue box

- www.nj.gov/humanservices/doas/services/SHIP/

- Call 1-800-792-8820
NJ SHIP is available to help!

Save money and get the best coverage! It's worth taking time to compare

MEDICARE OPEN ENROLLMENT

A LOCAL MEDICARE COUNSELOR CAN:

Help you compare your current Medicare health or drug plan with other Medicare plan choices

Help you sign up for a new plan

Beware of high-pressure sales tactics. For trusted, unbiased Medicare information and assistance, call 1-877-222-3737

We have found safe, creative, and socially distanced solutions to continue serving you during the COVID-19 pandemic.

Administration for Community Living | Office of Healthcare Information and Counseling
MANAGING THROUGH COVID-19 WORK GROUP - SEPTEMBER 2020
Questions?