

Navigating the Medicare Plan Finder for Dual Eligibles



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



LOCAL HELP FOR PEOPLE WITH MEDICARE

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
 - strength and quantity
 - if can take generics
- ❖ Pharmacy consumer uses
- ❖ Does consumer have a *MyMedicare* account?
 - Will need user name and password
- ❖ Other Helpful Information
 - Medicare card with NEW Medicare number
 - 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. 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

Medicare.gov Homepage

The Official U.S. Government Site for Medicare

[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](#)

It's Open Enrollment - now to Dec 7



[Find 2021 Health & Drug Plans](#)

[Log in/Create Account](#)

See how Medicare is responding to
Coronavirus

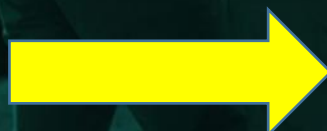
[Learn More](#)

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

Continue

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.

Always check “yes” if entering drugs

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

Medicare.gov

Log in

Español

[Back to drug list](#)

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

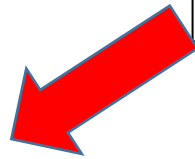
Add Drug

[Clear search](#)

[Browse drugs A-Z](#)

[Can't find your drug?](#)

Type in name of first drug in the box.



Done Adding Drugs

Reminder to enter generic name when brand name of drug was added

Add your prescription drugs

Begin typing to find & select your drug.

Add Drug

[Clear search](#)

[Browse drugs A-Z](#)[Can't find your drug?](#)

[See Plans Without Drug Costs](#)

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

FEEDBACK

**Pay attention to any letters included
with the name of drug.
Make sure you select the correct one.**

Bupropion hydrochloride

Dosage

300mg tablet extended release 24 hour	⌵
Select a dosage	
75mg tablet	
100mg tablet	
100mg tablet extended release 12 hour	
150mg tablet extended release 12 hour	
150mg tablet extended release 12 hour	
200mg tablet extended release 12 hour	
150mg tablet extended release 24 hour	
300mg tablet extended release 24 hour	
450mg tablet extended release 24 hour	

About Medicare | Medicare Glossary

Confirm the drug dose

Tell us about this drug

Atorvastatin

Dosage

40mg tablet

Quantity

30

Frequency

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

Alprazolam 0.5mg tablet
generic

Quantity
60

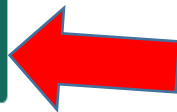
Frequency
Every month

[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

[Change location](#)

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

☐

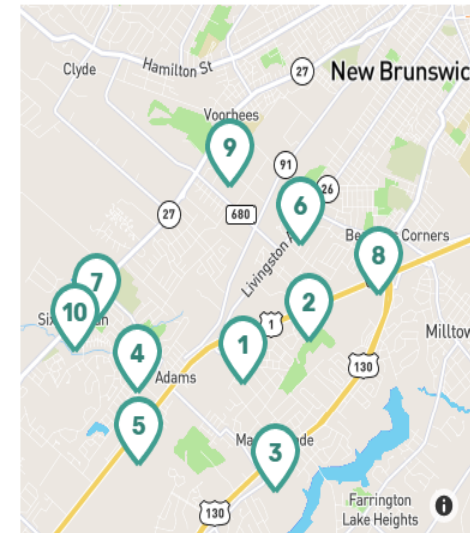
5 **Cvs Pharmacy #06034**

2257 Us Highway 1

☐

6 **Cvs Pharmacy #05980**

949 Livingston Avenue

☐

Pharmacies selected

Select up to 2 more pharmacies

Done

FEEDBACK

Step Four: Search Results

30 Prescription Drug Plans available

Mercer, NJ [Change location](#)

[Edit your drugs & pharmacies](#)

Showing 10 of 30 drug plans

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



Print

Filter Plans

No filters selected

SORT PLANS BY Lowest drug + premium cost ▼

Humana Walmart Value Rx Plan (PDP)

Humana | Plan ID: S5884-183-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$0.80 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$180.33 Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$0.00 Drug deductible

PHARMACIES

2 of 2 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

Enroll

Plan Details

☐ Add to compare

Click here to see the plan's coverage information

Step Five – Look at Plan Details

CVS PHARMACY #00824 - Drug costs during coverage phases

✓ Preferred in-network pharmacy

Selected drugs	Retail cost	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Alprazolam 0.5mg tablet	\$9.55	\$3.00	\$2.39	\$0.00
Lantus 100unit/ml solution pen injector	\$416.45	\$9.20	\$9.20	\$0.00
Monthly totals	\$426.00	\$12.20	\$11.59	\$0.00

Estimated total drug + premium cost

You will pay **\$147.80** per year on drug + premium costs.

Based on current drug costs, it's estimated that:

- You'll enter the **coverage gap** in November
- You won't exit the **coverage gap**

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

Estimated month when your costs will change.

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

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Fluticasone / salmeterol 100-50mcg/dose aerosol powder	Tier 3		Yes	
Risperidone 4mg tablet	Tier 2		Yes	

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**

All drugs on formulary

Drug Coverage Information				
SELECTED DRUGS		Restrictions		
	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			

Example of Bad Plan Choice

- Drug Coverage Information				
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	

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

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 Insurance

Elixir RxPlus (PDP)

Plan type: Drug plan (Part D)

Plan ID:S7694-004-0

Enroll

Feedback

Overview



Overview

Drug coverage & costs



PREMIUM

Star ratings



Total monthly premium

\$18.60

OTHER DRUG INFORMATION

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Alprazolam 0.5mg tablet	Tier 2		<u>Yes</u>	
Lantus 100unit/ml solution pen injector	Tier 3			

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

Star ratings

Overall star rating ^ Overall rating is based on the categories below.		★★★★☆
- Drug plan (Part D) star rating		
Summary rating of drug plan quality		★★★★☆
+ Drug plan customer service	Not enough data available	
+ Member complaints & changes in the drug plan's performance	★★★★☆	
+ Member experience with the drug plan	★★★★☆	
+ Drug safety & accuracy of drug pricing	★★★★☆	

Plan Ratings	
Excellent	★★★★★
Above Average	★★★★☆
Average	★★★☆☆
Below Average	★★☆☆☆
Poor	★☆☆☆☆

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.

[Back to search results](#)

Clear Spring Health

Clear Spring Health Value Rx (PDP)

Plan type: Drug plan (Part D)

Plan ID:S6946-001-0



Print

Enroll

Feedback

Overview



Overview

Drug coverage & costs



PREMIUM

Star ratings



Total monthly premium

\$0.00

Contact information



DEDUCTIBLE

Drug plan deductible

\$0.00

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

There may be Medicare Advantage Plans available with lower drug costs. [Tell me more.](#)

[View 34 available Medicare Advantage Plans](#)

30 Prescription Drug Plans available

Merger, NJ [Change location](#)

[Edit your drugs & pharmacies](#)

[Filter Plans](#)

No filters selected

Showing 10 of 30 drug plans

SORT PLANS BY Lowest drug + premium cost ▾

Humana Basic Rx Plan (PDP)

Humana | Plan ID: S5884-131-0

Star rating: ★★★★★

MONTHLY PREMIUM

PHARMACIES

How to view Special Needs Plans on Medicare Plan Finder

40 Medicare Advantage Plans available

Mercer, NJ [Change location](#)

[Edit your drugs & pharmacies](#)



Filter Plans

No filters selected

Showing 10 of 40 Medicare Advantage Plans

SORT PLANS BY Lowest drug + premium cost ▾

[Add Special Needs Plans](#) ^

- ☒ Plans for people who have both Medicare and Medicaid. ☐ Plans for people who have a chronic or disabling condition (like stroke, cancer, or dementia). ☐ Plans for people who need long-term care in a facility or at home.

[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

Feedback

Special Needs Plans for Duals (D-SNP)

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](#)

Enroll

Plan Details

☐ Add to compare

**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

Log in to your account

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](#)

7 Comments



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

SECRET QUESTION



SECRET ANSWER

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

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

MyMedicare
account will
confirm your
current coverage
and subsidy level

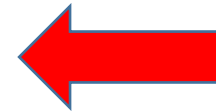
What type of **2021** coverage are you looking for?

- ☐ 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

Quantity


 

Microzide

Dosage

Quantity



Add to My Drug List

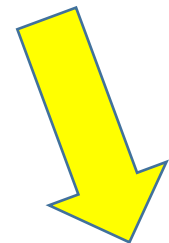
Confirm your drug list

Drug list

Kapvay 0.1mg brand	Quantity 60	Frequency Every 1 month
Remove drug		Edit drug

Microzide 25mg brand	Quantity 60	Frequency Every 1 month
Remove drug		Edit drug

Proceed with plan comparison. Your updated drug list is now saved in your MyMedicare account.



Add More Drugs

Continue

2 drugs have been added to your drug list.

Add Another Drug

Done

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

The screenshot shows the MyMedicare Account dashboard. It has a dark green header with two main sections: 'My information' and 'My messages'. Below the header is a light gray section titled 'What do you want to do?' containing six white cards with icons and text. Red circles with numbers 1 through 5 are overlaid on the image, pointing to specific features: 1 points to the 'Current plan' section in 'My information'; 2 points to the 'View my plans & coverage' link in 'My information'; 3 points to the 'Print my Medicare card' card in the 'What do you want to do?' section; 4 points to the 'View my claims' card in the 'What do you want to do?' section; and 5 points to the 'Manage my account' card in the 'What do you want to do?' section.

My information

1 Current plan
Humana Preferred Rx Plan (PDP)
(S5884 - 104)

2 Coverage starts
Part A: 06/01/2019
Part B: 06/01/2019

View my plans & coverage
Find & compare 2020 plans

My messages

Get your Medicare Summary Notices (MSNs) electronically

6 Unread messages

[View All Messages](#) [Go Paperless](#)

What do you want to do?

Update/print my drugs

3 **Print my Medicare card**

Pay my premium

Find providers

4 **View my claims**

5 **Manage my account**

How to Get Charts of Medicare Plans in New Jersey

45

- **www.aging.nj.gov**
 - Click “Medicare Options” link in blue box
- **www.nj.gov/humanservices/doas/services/ship/**
- Call **1-800-792-8820**



LOCAL HELP FOR PEOPLE WITH MEDICARE



NJ SHIP is available to help!

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



**OCT 15
-DEC 7**

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.

Questions?

