



# Navigating the Medicare Plan Finder



***CMS***  
***September 2015***

***Edits made by***  
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***(09-2015)***

# What is the Medicare Plan Finder?

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

# Medicare.gov & Plan Finder are available in Spanish

Español | A A A | Print

**Medicare.gov**  
The Official U.S. Government Site for Medicare

Sign Up / Change Plans | Your Medicare Costs | What Medicare Covers

Medicare.gov | escribir término de búsqueda aquí | Buscar

El sitio oficial del gobierno de EE. UU. para Medicare

Inscribase / Cambie de plan | Sus costos si tiene Medicare | Lo que cubre Medicare | Cobertura de medicamentos | Seguros suplementarios | Reclamaciones y apelaciones | El control de su salud | Formularios y ayuda

¿Está cubierto mi análisis, artículo o servicio?

Escriba aquí | Ir

Buscar planes de salud y de medicamentos | Solicitar Medicare | Comenzar con Medicare

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# Getting Started: What You Will Need

- Your Zip Code
- Your Medicare card
- Date of birth
- List of prescriptions
  - Strength and quantity
  - Use of generics
- Pharmacy you use
- Other helpful information
- Other health insurance cards
- Medicaid, Extra Help eligibility

 **National Training Program** 

### MEDICARE PLAN FINDER WORKSHEET

You can join, switch, or drop a Medicare health or drug plan during Medicare's Open Enrollment Period, which runs from October 15 – December 7 each year. If you make a change during this period, your new coverage will begin on January 1 of the following year. The Medicare Plan Finder web tool, <https://www.medicare.gov/find-a-plan/questions/home.aspx>, can help you search for and compare Medicare health and drug plans in your area. You should compare the plans carefully and choose one that meets your needs. If you are satisfied with your current plan, you do not have to do anything to re-enroll.

You can use this worksheet to collect all the personal information you need to find a Medicare health and/or drug plan that meets your needs. Please fill out as much of the information as possible. You may find it helpful to gather all of your prescription drug bottles, your red, white, and blue Medicare card, and any other health insurance cards, before you fill out this worksheet.

If you currently get your prescription drug coverage through TRICARE (military retiree benefits), the Department of Veteran Affairs (VA benefits), or FEHBP (Federal employee retirement benefits), it is almost always best to keep that current coverage without any changes. You should contact your benefits administrator for information about your current benefits before making any changes.

1. What is your ZIP Code?
2. What county do you live in?
3. What is your Medicare Number?
4. What is your Name?  
Last Name  First Name
5. What is your Date of Birth?  
Month  Day  Year
6. What is your effective date (when you first enrolled) for Medicare Part A?  
Month  Day  Year   
OR What is your effective date (when you first enrolled) for Medicare Part B?  
Month  Day  Year


Medicare Plan Finder Worksheet Revised June 2014

# 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

# Medicare Plan Finder - Training Videos

The screenshot shows the Medicare Plan Finder website. At the top, there are navigation links: "Learn More About Plans", "Help", "A-Z Glossary", and "FAQ". Below these is a "Home" link. The main heading is "Medicare Plan Finder". A paragraph explains that users can choose between a general or personalized plan search. The "General Search" section is highlighted with a green border and contains a "ZIP Code:" input field and a "Find Plans" button. Below it is a "Personalized Search" section, also highlighted with a green border, which includes a photo of a woman and text explaining that it requires more information. On the right side, there is a "Plan Finder Multimedia" section with a video player showing a "Step by step overview on how to complete a plan search" and a "TUTORIALS" arrow pointing to it. Below the video is an "Additional Tools" section.



# Frequently Asked Questions (FAQ's)

A screenshot of the Medicare.gov website showing the "Frequently Asked Questions (FAQ)" page. The page header includes the Medicare.gov logo and the text "The Official U.S. Government Site for Medicare". In the top right corner, there are links for "Close Window" and "Print". On the left side, there is a vertical navigation menu with the following items: "Supporting Information", "Learn More About Plans", "How Plans Work", "FAQ" (which is highlighted in purple), "Help", and "Glossary". The main content area is titled "Frequently Asked Questions (FAQ)" and contains three sections of text, each starting with a bolded question. The first section is titled "Why can't I add an existing drug? Why isn't my drug listed?" and explains that the Plan Finder drug list is updated on a regular basis and that Medicare drug plans may choose to cover some or all of the drugs that Medicare covers. The second section is titled "Why are the drug prices I'm paying higher at my pharmacy than what Plan Finder indicates?" and explains that Plan Finder doesn't show pricing for over-the-counter drugs or diabetic supplies. The third section is titled "Why are some mail order pharmacies higher in cost than some retail pharmacies?" and explains that plans are able to negotiate more competitive pricing from mail order pharmacies, but this may not always be the case.

**Why can't I add an existing drug? Why isn't my drug listed?**  
Plan Finder doesn't include every drug that Medicare covers. The Plan Finder drug list is updated on a regular basis. If you can't find your drug, contact your plan to find out if it is covered. Remember that Medicare drug plans may choose to cover some or all of the drugs that Medicare covers. Plans may also cover drugs that aren't listed.

Plan Finder doesn't show pricing for over-the-counter drugs or diabetic supplies (e.g. test strips, lancets, needles), so these items can't be added to your drug list.

**Why are the drug prices I'm paying higher at my pharmacy than what Plan Finder indicates?**  
A number of factors affect drug prices: drug dosage and quantity selected, pharmacy selection, the subsidy level of the beneficiary, as well as the actual timing for drug purchases. Plan Finder provides estimated pricing for what you will pay at your pharmacy. If the dosages and frequencies you use on Plan Finder are different than what you've been prescribed, you may go into a coverage phase that may have an effect on the cost share you pay.

**Why are some mail order pharmacies higher in cost than some retail pharmacies?**  
Generally, plans are able to negotiate more competitive pricing from mail order pharmacies, but this may not always be the case. In order to find the most cost-effective way to buy your drugs, refer to the

# Plan Finder Search Options

Note: A Personalized Search provides the most accurate information

**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** 

**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? Select here.

**Date of Birth:** Month  Day  Year

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

**Find Plans** 



# Step 1 of 4: “General Search” Only

## 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 pay \$2.55 - \$6.35 for covered drugs [?]
  - I pay 15% coinsurance for covered drugs [?]
  - I pay the following percentage for my monthly prescription drug plan premium:
    - 0%
    - 25%
    - 50%
    - 75%
    - I don't know
- I don't get any Extra Help [?]
- I don't know

[Go Back](#) [Continue to Plan Results](#) 

LIS Notice states what percentage the beneficiary is expected to pay for their premium.

# “General Search” Only- Select Your Current Plan

## Select Your Current Drug Plan

Select Your  
current  
plan from  
a list of  
plans in  
your area.



I don't know the name of the plan I'm enrolled in

I don't know what plan I have

**AARP MedicareRx Enhanced (PDP)**  
S5921-223-0  
Phone: 1-888-867-5575

**AARP MedicareRx Preferred (PDP)**  
S5820-026-0  
Phone: 1-888-867-5575

**AARP MedicareRx Saver Plus (PDP)**  
S5921-372-0  
Phone: 1-888-867-5575

**Aetna Medicare Rx Essentials (PDP)**  
S5810-061-0  
Phone: 1-877-238-6211

**Aetna Medicare Rx Premier (PDP)**  
S5810-197-0  
Phone: 1-877-238-6211

**Blue MedicareRx Plus (PDP)**  
S5596-060-0  
Phone: 1-866-755-2776

**Blue MedicareRx Premier (PDP)**  
S5596-061-0  
Phone: 1-866-755-2776

**Blue MedicareRx Standard (PDP)**  
S5596-059-0  
Phone: 1-866-755-2776

**Cigna Medicare Rx Secure (PDP)**  
S5617-133-0  
Phone: 1-800-222-6700

# Step 2: Enter Your Drugs and See Current Profile

## 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.

**My Current Profile**

Zip Code: 80201  
Current Coverage: Original Medicare, AARP MedicareRx Enhanced (PDP) (S5921-223-0)  
Current Subsidy: No Extra Help [?]  
[Important Coverage Information](#)

**Type the name of your 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  
Hints on how to enter drug information  
Why can't I 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?

Password Date: What is this?  
Jul | 21 | 2014

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

Total Drugs in My Drug List: 0

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTION 3	ACTION
You haven't added any drugs to your list. Search for drugs above or retrieve your previously saved drug list.				

# Entering Drugs

**Type the name of your 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

[Hints on how to enter drug information](#)

[Why can't I 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?

Password Date: What is this?  
Jul 5 2011

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

Total Drugs in My Drug List: 0

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.				

# Pop-up box to indicate dosage, quantity, frequency and where you buy

The screenshot displays the Medicare Plan Finder's drug search interface. At the top, there is a search bar with "Lipitor" entered and a "Find My Drug" button. Below the search bar, there are navigation options "Or Browse A-Z:" with buttons for letters A through V, and links for "Help with common drug abbreviations", "Hints on how to enter drug information", and "Why can't I find my drug?".

On the right side, there is a section titled "Retrieve My Saved Drug List:" with a message: "Your drug list has been saved. You can retrieve your selected drugs and pharmacies on future visits using this password Date." Below this, there is a warning: "Information cannot be accessed using your ID because you or your provider doesn't share the drug information." Further down, it shows "Drug List ID: 2100428288", "Date: 7/21/2014 (change date)", and "Zip Code: 80908". There is a button "Use a different drug list ID".

At the bottom right, there is an "ADD DRUG" section with two "+ Add Drug" buttons.

The main focus is a pop-up box for "Lipitor" with the following fields:

- Dosages [?]**: Radio buttons for Lipitor TAB 10MG (selected), Lipitor TAB 20MG, Lipitor TAB 40MG, and Lipitor TAB 80MG.
- Quantity [?]**: A text input field containing "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."

At the bottom of the pop-up box, there are two buttons: "Add drug and dosage" and "Cancel".

Overlaid on the pop-up box is the text: **IMPORTANT TO ENTER AS PRESCRIBED**.

# Lower Cost Generic option

**Search Results:**  
6 drugs found with Lipitor

MEDICINE NAME	DRUG TYPE	ADD DRUG
Lipitor(Atorvastatin Calcium)	Brand	<a href="#">+ Add Drug</a>
Levetiracetam(Levetiracetam)	Generic	<a href="#">+ Add Drug</a>
Levitra(Vardenafil HCl)	Brand	<a href="#">+ Add Drug</a>
Levothyroxine		
Lipotriad(Vitam		
Liptruzet(Ezetir		

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

- Use lower cost generic: Atorvastatin Calcium
- Use brand drug: Lipitor

[Continue >](#)

**My Drug List**

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 >](#)

# My Drug List

## Type the name of your 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  
Hints on how to enter drug information  
Why can't I find my drug?

## 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: 2100428288

Password Date: 7/21/2014 (change date)

Zip Code: 80908

Use a different drug list ID

## My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 1

Print My Drug List

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
Atorvastatin Calcium TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Lipitor) <a href="#">Switch Back</a>	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>

My Drug List is Complete 

# Print Drug List

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

Total Drugs in My Drug List: 4 [Print My Drug List](#) ←

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
Alendronate Sodium TAB 70MG	4	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Fosamax) <a href="#">Switch Back</a>	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
Lipitor TAB 10MG	30	Every 1 Month Retail Pharmacy	<a href="#">Atorvastatin Calcium</a>	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
Lisinopril TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
Vitamin D CAP 50000UNT	8	Every 1 Month Retail Pharmacy	Already Generic	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>

[My Drug List is Complete](#) →

← click when ready for next STEP

# Step 3: Select a Pharmacy

Plan Finder will display current coverage, if you did a personal search.

Pharmacies will default to a coverage area, that you may expand.

You can select up to 2 pharmacies at one time

## *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.

**My Current Profile**

Zip Code: 80908  
Current Coverage: Original Medicare, AARP MedicareRx Enhanced (PDP) (S5921-223-0)  
Current Subsidy: No Extra Help [?]  
Drug List ID: 2100428288  
Password Date: 07/21/2014

[Important Coverage Information](#)

Continue to Plan Results >

We found 3 pharmacies within 1 miles of 80201

[Search New Location or by Pharmacy Name](#) [Show/Hide Pharmacy Map](#)

### Available Pharmacies

Add to Selected Pharmacies

<b>King Soopers Pharmacy</b> 1545 S Kipling Lakewood, CO 80232 1-303-989-8490 <a href="#">Add Pharmacy</a>	<b>Rite Aid Pharmacy 06168</b> 7677 West Jewell Avenue Lakewood, CO 80232 1-303-985-3977 <a href="#">Add Pharmacy</a>	<b>Walgreens #6621</b> 10808 W Jewell Ave Lakewood, CO 80232 1-303-914-1063 <a href="#">Add Pharmacy</a>
--	---	--

Continue to Plan Results >

# Step 3: Select a Pharmacy

You can search for a specific pharmacy, if it's not listed

## 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.

### My Current Profile

Zip Code: 80908  
Current Coverage: Original Medicare, AARP MedicareRx Enhanced (PDP) (S5921-223-0 )  
Current Subsidy: No Extra Help [?]  
Drug List ID: 1406081056  
Password Date: 07/23/2014

[Important Coverage Information](#)

Continue to Plan Results >

We found 2 pharmacies within 2 miles of 80908

#### Available Pharmacies

Add to Selected Pharmacies

<b>Dod Schriever Ephy</b> 220 Falcon Pkwy Schriever Afb, CO 80912 1-719-567-4423 <a href="#">Add Pharmacy</a>	<b>Schriever Pharmacy</b> 220 Falcon Pkwy Schriever Afb, CO 80912 1-719-556-1109 <a href="#">Add Pharmacy</a>
---	---

Continue to Plan Results >

### Search Criteria

Address or ZIP Code (Required):   
Pharmacy Name:

Enter a new ZIP code, address, or pharmacy name to change your search. If you want to change the search radius, use the drop-down menu on the Select Your Pharmacies page.

or [Cancel](#)

# View Pharmacies on Map

We found 3 pharmacies within 1 miles of 80201

Search New Location or by Pharmacy Name

Show/Hide Pharmacy Map

**Your Selected Pharmacies**

- Rite Aid Pharmacy 06168**  
7677 West Jewell Avenue  
Lakewood, CO 80232  
1-303-985-3977  
[Remove Pharmacy](#)
- Walgreens #6621**  
10808 W Jewell Ave  
Lakewood, CO 80232  
1-303-914-1063  
[Remove Pharmacy](#)

**Available Pharmacies**

Add to Selected Pharmacies

- King Soopers Pharmacy**  
1545 S Kipling  
Lakewood, CO 80232  
1-303-989-8490  
[Add Pharmacy](#)

Continue to Plan Results

Map data ©2014 Google Terms of Use Report a map error

# Step 4: Refine Your Plan Results

## 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.

[My Current Profile](#) [Update Search](#)

**Zip Code:** 80908  
**Current Coverage:** Original Medicare, AARP MedicareRx Enhanced (PDP) (S5921-223-0 )  
**Current Subsidy:** No Extra Help [?]  
**Drug List ID:** 2100428288  
**Password Date:** 07/21/2014

[Important Coverage Information](#)

**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

**Summary of Your Search Results**  
There are a total of 56 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:
<input checked="" type="checkbox"/>	All	55
<input type="checkbox"/>	Prescription Drug Plans (with Original Medicare)[?]	32 plan(s) available
<input type="checkbox"/>	Medicare Health Plans with drug coverage[?]	15 plan(s) available
<input type="checkbox"/>	Medicare Health Plans without drug coverage[?]	8 plan(s) available

[Continue To Plan Results](#)

# Plan Results Page

**Note: During Annual Open Enrollment, you can view the upcoming year's plans or go back to view the current year's.**

## 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:** 60438

**Current Coverage:** Original Medicare

**Current Subsidy:** No Extra Help [\[?\]](#)

**Drug List ID:** 6317606176

**Password Date:** 10/22/2014

**Important Coverage Information**

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

▼ Symbols

**N** Nationwide Coverage

☐ Your Current Plan(s)

**Original Medicare (H0001-001-0)**  
Organization: N/A

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?], Drug Restrictions[?]	Estimated Annual Health and Drug Costs:[?]	Overall Star Rating:[?]
<b>Retail</b> Annual: \$284	Standard Part B: \$104.90	Part B Deductible: \$147	Doctor Choice: Any Willing Doctor  Out of Pocket Spending Limit: Not Applicable	N/A	\$3,730 Includes \$284 for drug costs	Not Available

# Default Sort

Lowest Estimated Cost for the “Remainder of the Year”

Medicare Health Plans with Drug Coverage Star Ratings

15 plans were found in 80908 based on your search criteria. View 10 [View 15](#)

Compare Plans

Sort Results by **Lowest Estimated Annual Health and Drug Cost** Sort

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating:[?]	
<input type="checkbox"/>	<b>Retail</b> Pharmacy Status: Network  Cost as of Today: \$625  Mail Order Cost as of Today: \$511	\$0.00 Drug: \$0.00 Health: \$0.00	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$95, 25%	Doctor Choice: Plan Doctors Only  Out of Pocket Spending Limit: \$4,900 In-Network  D V H	All Your Drugs on Formulary: <b>No</b> Drug Restrictions: <b>No</b> All Generics and Few Brands  Lower Your Drug Costs  MTM Program [?]: <b>Yes</b>	\$4,620	★ This plan got Medicare's highest rating (5 stars)	<a href="#">Enroll</a>
<input type="checkbox"/>	<b>Retail</b> Pharmacy Status: Network  Cost as of Today: \$842  Mail Order	\$45.00 Drug: \$43.40 Health: \$1.60	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$0 - \$95, 25%	Doctor Choice: Plan Doctors Only  Out of Pocket Spending Limit: \$4,200 In-Network  D V H	All Your Drugs on Formulary: <b>No</b> Drug Restrictions: <b>No</b> All Generics and Few Brands  Lower Your Drug Costs	\$4,790	★ This plan got Medicare's highest rating (5 stars)	<a href="#">Enroll</a>

# Prescription Drug Plan (PDP) Details Page, when selecting a single plan to view (Notice tabs across the top)

Prescription Drug Plan Details Page defaults to the Drug Cost & Coverage Tab

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

**WellCare Classic (PDP)**  
(S5967-164-0) PO Box 31685 Tampa, FL 33631 Overall Star Rating: [?] **Enroll**  
★★★  
3 out of 5 stars

Fixed Costs

Monthly Drug Plan Premium [?]	\$24.40
Monthly Health Plan Premium [?]	N/A
Annual Drug Deductible [?]	\$0.00

Medicare costs at a glance

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

	Cost For Rest of Year (based on enrollment today) [?]
Rite Aid Pharmacy 06168	\$1,220.55
Walgreens #6621	\$1,182.35
Mail Order Pharmacy	\$1,379.88

Lower your drug costs

What You Pay

Rite Aid Pharmacy 06168 | Walgreens #6621 | **Mail Order Pharmacy**

Rite Aid Pharmacy 06168 - Network Pharmacy

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	What You Pay		
			Initial Coverage Level[?]	Coverage Gap[?]	Catastrophic Coverage[?]
Alendronate Sodium TAB 70MG	\$3.83	Every 1 Month	\$3.83	\$2.76	\$2.55
Lipitor TAB 10MG	\$196.58	Every 1 Month	\$196.58	\$196.58	\$196.58
Lisinopril TAB 10MG	\$3.32	Every 1 Month	\$3.32	\$2.39	\$2.55
Vitamin D CAP 50000UNT	\$15.98	Every 1 Month	\$15.98	\$15.98	\$15.98
<b>MONTHLY TOTALS:</b>	<b>\$219.71</b>		<b>\$219.71</b>	<b>\$217.71</b>	<b>\$217.66</b>

# Bar Chart to Show When Changes in Coverage Levels Occur

(Colors added in 2015)



# If you click, View Details of Costs



Show monthly cost chart for:  Fagen Pharmacy 31  Walgreens

**SilverScript Choice (PDP)**  
(S5601 - 034) Plan Type: PDP

Detailed Monthly costs for Fagen Pharmacy 31 [View All Months](#)

MONTH	ITEM	COVERAGE LEVEL	YOUR COST	TOTAL DRUG COST
1	Lipitor TAB 10MG	Initial Coverage Level	\$223.49	\$223.49
	Lisinopril TAB 10MG	Initial Coverage Level	\$1.53	\$1.53
	Simvastatin TAB 20MG	Initial Coverage Level	\$1.47	\$1.47
	Drug Premium	NA	\$21.70	n/a
	<b>MONTH 1 TOTAL</b>		<b>\$248.19</b>	<b>\$226.49</b>
2		<b>MONTH 2 TOTAL</b>	\$248.19	\$226.49
3		<b>MONTH 3 TOTAL</b>	\$248.19	\$226.49
4		<b>MONTH 4 TOTAL</b>	\$248.19	\$226.49
5		<b>MONTH 5 TOTAL</b>	\$248.19	\$226.49
6		<b>MONTH 6 TOTAL</b>	\$248.19	\$226.49
7		<b>MONTH 7 TOTAL</b>	\$248.19	\$226.49
8		<b>MONTH 8 TOTAL</b>	\$248.19	\$226.49
9		<b>MONTH 9 TOTAL</b>	\$248.19	\$226.49
10		<b>MONTH 10 TOTAL</b>	\$248.19	\$226.49
11		<b>MONTH 11 TOTAL</b>	\$248.19	\$226.49
12		<b>MONTH 12 TOTAL</b>	\$248.19	\$226.49

# Plan Details – Drug Coverage

**Drug Coverage Information**

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Alendronate Sodium TAB 70MG	Tier 1: Preferred Generic		Yes	
Atorvastatin Calcium TAB 10MG	Tier 1: Preferred Generic		Yes	
Lisinopril TAB 10MG	Tier 1: Preferred Generic			

[Add/Edit Drugs](#)
[Print My Drug List](#)
[Print Plan Report](#)
[View Drug Benefit Summary](#)

**Pharmacy & Mail Order Information**

Mail Order is available.

Pharmacy Network [?]

0 network pharmacies in your ZIP code

**Drug List**

~~If you make any changes to your drug list or pharmacy selection, please refresh the page to view updated pricing information.~~

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
ALENDRONATE SODIUM TAB 70MG	4	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Fosamax) <a href="#">Switch Back</a>	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
ATORVASTATIN CALCIUM TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Lipitor) <a href="#">Switch Back</a>	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
LISINOPRIL TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>

# Drug Coverage Information

## Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Lipitor TAB 10MG	Not on Formulary <sup>15</sup>			
Lisinopril TAB 10MG	Tier 1: Preferred Generic			
Simvastatin TAB 20MG	Tier 2: Non-Preferred Generic		Yes	

[Print My Drug List](#)

[Print Plan Report](#)

[View Drug Benefit Summary](#)

<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 4. The drug cost displayed is only an estimate and actual cost may vary. Please contact the plan for more information.

# View Drug Benefit Summary

## Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions		
		PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
<b>Alendronate Sodium TAB 70MG</b>	Tier 1: Preferred Generic		Yes	
<b>Lipitor TAB 10MG</b>	Not on Formulary <sup>15</sup>			
<b>Lisinopril TAB 10MG</b>	Tier 1: Preferred Generic			
<b>Vitamin D CAP 50000UNT</b>	Not on Formulary <sup>4</sup>			

[Add/Edit Drugs](#)
[Print My Drug List](#)
[★ Print Plan Report](#)
[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.

<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 4. The drug cost displayed is only an estimate and actual cost may vary. Please contact the plan for more information.

# “View Drug Benefit Summary”

button to see if plan has Preferred Pharmacy prices

## WellCare Classic (PDP)

(Contract ID: S5967, Plan ID: 164)

### Cost Sharing Information

#### Copay/Coinsurance Details - Initial Coverage Limit

PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
<u>Preferred Pharmacies</u>	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$16.00	\$32.00	\$48.00
	Tier 3: Preferred Brand	\$40.00	\$80.00	\$120.00
	Tier 4: Non-Preferred Brand	\$90.00	\$180.00	\$270.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered
<u>Network Pharmacies</u>	Tier 1: Preferred Generic	\$8.00	\$16.00	\$24.00
	Tier 2: Non-Preferred Generic	\$29.00	\$58.00	\$87.00
	Tier 3: Preferred Brand	\$45.00	\$90.00	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	\$190.00	\$285.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered

## WellCare Classic (PDP)

(Contract ID: S5967, Plan ID: 164)

### Cost Sharing Information

PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)
<u>Preferred Pharmacies</u>	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$16.00	\$32.00	\$32.00
	Tier 3: Preferred Brand	\$40.00	\$80.00	\$80.00
	Tier 4: Non-Preferred Brand	\$90.00	\$180.00	\$180.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered
<u>Network Pharmacies</u>	Tier 1: Preferred Generic	\$8.00	\$16.00	\$24.00
	Tier 2: Non-Preferred Generic	\$29.00	\$58.00	\$87.00
	Tier 3: Preferred Brand	\$45.00	\$90.00	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	\$190.00	\$285.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered

#### Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

Details	Tier Name
Formulary Exceptions *:	Tier 4: Non-Preferred Brand

\*Note: 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 in this Tier. Please contact the plan for more information.

# View Preferred Pharmacy Network

You may need to expand the mileage of your search

Pharmacy & Mail Order Information

Mail Order is available.

Pharmacy Network [?]

**0 network pharmacies** in your ZIP code

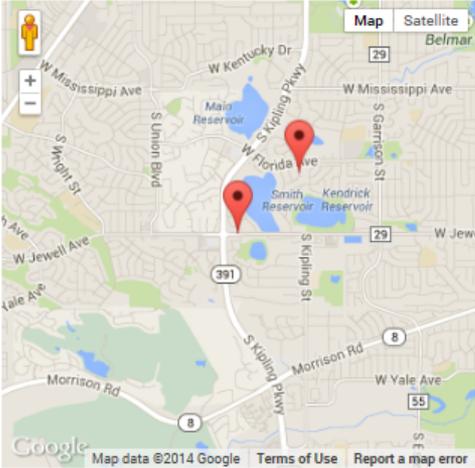


We found **3** network pharmacies within  miles of 80201 for WellCare Classic (PDP)(S5967-164)

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

Selected Pharmacies	Pharmacy Type [?]	Preferred [?]
<b>Rite Aid Pharmacy #06168</b> 7677 West Jewell Avenue Lakewood, CO 80232 1-303-985-3977 <a href="#">Remove Pharmacy</a>	Retail	No
<b>Walgreens #6621</b> 10808 W Jewell Ave Lakewood, CO 80232 1-303-914-1063 <a href="#">Remove Pharmacy</a>	Retail	Yes

Pharmacy Name	Pharmacy Type [?]	Preferred [?]
<b>King Soopers Pharmacy</b> 1545 S Kipling Lakewood, CO 80232 1-303-989-8490 <a href="#">Add Pharmacy</a>	Retail	No



# Medicare Health Plan (Medicare Advantage) with Drug Coverage View

Note: You'll have to look at both the Health Plan & the Drug Coverage tabs

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

**Kaiser Permanente Senior Advantage Core (HMO)**  
(H0630-017-0)<sup>1</sup>  
★ This plan got Medicare's highest rating (5 stars)

2500 S. Havana St.  
Aurora, CO 80014

**Members:**  
1-800-476-2167  
711 (TTY/TDD)

**Non Members:**  
1-877-408-3492  
711 (TTY/TDD)

**Organization:** Kaiser Permanente

**Plan Type:** HMO

**Overall Star Rating:** [?] **Enroll**

★ This plan got Medicare's highest rating (5 stars)

**Additional Plan Information**

<b>Overall Star Rating</b> [?]	★ This plan got Medicare's highest rating (5 stars)
<b>Health Plan Star Ratings</b> [?]	★★★★★ 5 out of 5 stars
<b>Drug Plan Star Ratings</b> [?]	★★★★★ 5 out of 5 stars

**Plan Type:** HMO  
**Plan Status:** Approved by Medicare  
**Area:** Southern Colorado

[View plan website](#)

[Important notes](#)

Your in-network prescription coverage is limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain, emergencies, your drugs will be covered if you get them at an out-of-

Links to  
–Plan website  
–Important  
Notes  
–Provider &  
physician  
network

# Medicare Advantage

## “Health Plan Benefits” Tab

### Costs and Other Important Information

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

**Kaiser Permanente Senior Advantage Silver (HMO)**  
(H0630-018...)  
★ This plan got Medicare's highest rating (5 stars)  
Organization: Kaiser Permanente  
Plan Type: HMO  
D V H

2500 S. Havana St.  
Aurora, CO 80014

**Members:**  
1-800-476-2167  
711 (TTY/TDD)

**Non Members:**  
1-877-408-3492  
711 (TTY/TDD)

**Overall Star Rating: [?]**  
★ This plan got Medicare's highest rating (5 stars)

**Enroll**

**Costs and Other Important Information**

[View More Detailed Cost & Benefit Information](#)

Monthly Health Plan Premium	\$1.60
Monthly Drug Plan Premium	\$43.40
Health Plan Deductible	\$0
Other Deductibles?	No
Out-Of-Pocket Spending Limit [?]	\$4,200 In-Network
Prescription Drugs Covered?	Yes
Choice of Doctors?	Plan Doctors Only
Optional Supplemental Benefits?	Yes

**Benefits**

# Health Plan Benefits

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

**Kaiser Permanente Senior Advantage Silver (HMO)**  
(H0630-018-0)<sup>1</sup>  
★ This plan got Medicare's highest rating (5 stars)  
Organization: Kaiser Permanente  
Plan Type: HMO  
D V H

2500 S. Havana St.  
Aurora, CO 80014

**Members:**  
1-800-476-2167  
711 (TTY/TDD)

**Non Members:**  
1-877-408-3492  
711 (TTY/TDD)

**Overall Star Rating: [?]**  
★ This plan got Medicare's highest rating (5 stars)

**Enroll**

+ Costs and Other Important Information

- **Benefits**

[View More Detailed Cost & Benefit Information](#)

<b>Inpatient Hospital Care</b>	<b>In Network:</b> Days 1-5: \$225 copay per day Days 6-90: \$0 copay per day <b>Out of Network:</b> Not Applicable
<b>Inpatient Mental Health Care</b>	<b>In Network:</b> Days 1-5: \$225 copay per day Days 6-90: \$0 copay per day <b>Out of Network:</b> Not Applicable
<b>Skilled Nursing Facility (SNF)</b>	<b>In Network:</b> Days 1-100: \$25 copay per day <b>Out of Network:</b> Not Applicable
<b>Home Health Care</b>	<b>In Network:</b> \$0 maximum per visit <b>Out of Network:</b> Not Applicable
<b>Doctor Office Visits</b>	<b>In Network:</b> \$15 maximum per visit <b>Out of Network:</b> Not Applicable
<b>Outpatient Services</b>	<b>In Network:</b> \$225 maximum per visit <b>Out of Network:</b> Not Applicable

# Compare Up To 3 Plans Side-by-side

31 plans were found in 80908 based on your search criteria. View 10 View 20 View All

Compare Plans

Sort Results By: **Lowest Remainder Of The Year Retail Costs** Sort

<input checked="" type="checkbox"/>	<b>United American - Enhanced (PDP) (S5755-030-0)</b> Organization: United American Insurance Company	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance: [?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	Enroll
		Retail Pharmacy Status: Network Cost as of Today: \$1,052	\$71.20	Annual Drug Deductible: \$110 Drug Copay/ Coinsurance: \$1 - \$95, 30%	All Your Drugs on Formulary: <b>No</b> Drug Restrictions: <b>Yes</b> No Additional Gap Coverage <b>Lower Your Drug Costs</b> <b>MTM Program[?]: Yes</b>	*** 2.5 out of 5 stars	Enroll
		Mail Order Cost as of Today: \$932					
<input checked="" type="checkbox"/>	<b>WellCare Classic (PDP) (S5967-164-0)</b> Organization: WellCare	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance: [?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	Enroll
		Retail Pharmacy Status: Preferred-Network Cost as of Today: \$1,182	\$24.40	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$0 - \$90, 33%	All Your Drugs on Formulary: <b>No</b> Drug Restrictions: <b>Yes</b> No Additional Gap Coverage <b>Lower Your Drug Costs</b> <b>MTM Program[?]: Yes</b>	*** 3 out of 5 stars	Enroll
		Mail Order Cost as of Today: \$1,380					
<input checked="" type="checkbox"/>	<b>Humana Walmart Rx Plan (PDP) (S5884-173-0)</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:[?]	Enroll
		Retail Pharmacy Status: Network Cost as of Today: \$1,184	\$12.60	Annual Drug Deductible: \$310 Drug Copay/ Coinsurance: \$1 - \$4, 20% - 39%	All Your Drugs on Formulary: <b>No</b> Drug Restrictions: <b>Yes</b> No Additional Gap Coverage <b>Lower Your Drug Costs</b>	**** 3.5 out of 5 stars	Enroll

# Compare Side-by-Side

## Your Plan Comparison

[Return to previous page](#)

Select the tabs below for more detailed information about the plan health benefits, drug costs and coverage and star ratings.

My Current Profile [Update Search](#)

Zip Code: 80908  
Current Coverage: Original Medicare, AARP MedicareRx Enhanced (PDP) (S5921-223-0 )  
Current Subsidy: No Extra Help [?]  
Drug List ID: 2100428288  
Password Date: 07/21/2014

[Important Coverage Information](#)

Overview Health Plan Benefits Drug Costs & Coverage Star Ratings MTM

### United American - Enhanced (PDP)

(S5755-030) Plan Type: PDP  
Organization: United American Insurance Company

Members: 1-866-524-4169  
1-866-524-4170(TTY/TDD)  
Non Members: 1-877-723-1662  
1-866-524-4170(TTY/TDD)

Coverage: Provides drug coverage only.  
**NOTE:** Health Plan Benefits are based on Original Medicare

N

[Enroll](#)

### AARP MedicareRx Enhanced (PDP)

(S5921-223) Plan Type: PDP  
Organization: UnitedHealthcare

Members: 1-888-867-5575  
711(TTY/TDD)  
Non Members: 1-888-867-5564  
711(TTY/TDD)

Coverage: Provides drug coverage only.  
**NOTE:** Health Plan Benefits are based on Original Medicare

N

### WellCare Classic (PDP)

(S5967-164) Plan Type: PDP  
Organization: WellCare

Members: 1-888-550-5252  
1-888-816-5252(TTY/TDD)  
Non Members: 1-888-293-5151  
1-888-816-5252(TTY/TDD)

Coverage: Provides drug coverage only.  
**NOTE:** Health Plan Benefits are based on Original Medicare

N

[Enroll](#)

- + Fixed Costs
- + Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs
- + Estimated Full Cost the Plan Charges Medicare for Your Drugs
- + Estimated Monthly Drug Costs
- + Drug Coverage Information
- + Pharmacy & Mail Order Information
- + [Drug List](#)

If you make any changes to your drug list or pharmacy selection, please refresh the page to view updated pricing information.

# Comparing Fixed Costs

## 3 Plans Side-by-Side

Overview Health Plan Benefits Drug Costs & Coverage Star Ratings MTM

<p><b>United American - Enhanced (PDP)</b> (55755-030) Plan Type: PDP <b>Organization:</b> United American Insurance Company</p> <p><b>Members:</b> 1-866-524-4169 1-866-524-4170(TTY/TDD) <b>Non Members:</b> 1-877-723-1662 1-866-524-4170(TTY/TDD)</p> <p><b>Coverage:</b> Provides drug coverage only. <b>NOTE:</b> Health Plan Benefits are based on Original Medicare</p> <p><b>N</b></p> <p><a href="#">Enroll</a></p>	<p><b>AARP MedicareRx Enhanced (PDP)</b> (55921-223) Plan Type: PDP <b>Organization:</b> UnitedHealthcare</p> <p><b>Members:</b> 1-888-867-5575 711(TTY/TDD) <b>Non Members:</b> 1-888-867-5564 711(TTY/TDD)</p> <p><b>Coverage:</b> Provides drug coverage only. <b>NOTE:</b> Health Plan Benefits are based on Original Medicare</p> <p><b>N</b></p> <p><a href="#">Enroll</a></p>	<p><b>WellCare Classic (PDP)</b> (55967-164) Plan Type: PDP <b>Organization:</b> WellCare</p> <p><b>Members:</b> 1-888-550-5252 1-888-816-5252(TTY/TDD) <b>Non Members:</b> 1-888-293-5151 1-888-816-5252(TTY/TDD)</p> <p><b>Coverage:</b> Provides drug coverage only. <b>NOTE:</b> Health Plan Benefits are based on Original Medicare</p> <p><a href="#">Enroll</a></p>			
<p><input checked="" type="checkbox"/> <b>Fixed Costs</b></p>					
Monthly Drug Plan Premium [?]	\$71.20	Monthly Drug Plan Premium [?]	\$127.50	Monthly Drug Plan Premium [?]	\$24.40
Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A
Annual Drug Deductible [?]	\$110.00	Annual Drug Deductible [?]	\$0.00	Annual Drug Deductible [?]	\$0.00
<b>Medicare costs at a glance</b>		<b>Medicare costs at a glance</b>		<b>Medicare costs at a glance</b>	
+ Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs					
+ Estimated Full Cost the Plan Charges Medicare for Your Drugs					
+ Estimated Monthly Drug Costs					
+ Drug Coverage Information					

# Comparing Your Out-of-Pocket Costs

## 3 Plans Side-by-Side

Overview	Health Plan Benefits	Drug Costs & Coverage	Star Ratings	MTM	
<p><b>United American - Enhanced (PDP)</b> (S5755-030) Plan Type: PDP <b>Organization:</b> United American Insurance Company</p> <p><b>Members:</b> 1-866-524-4169 1-866-524-4170(TTY/TDD) <b>Non Members:</b> 1-877-723-1662 1-866-524-4170(TTY/TDD)</p> <p><b>Coverage:</b> Provides drug coverage only. <b>NOTE:</b> Health Plan Benefits are based on Original Medicare</p> <p><b>Enroll</b></p>	<p><b>AARP MedicareRx Enhanced (PDP)</b> (S5921-223) Plan Type: PDP <b>Organization:</b> UnitedHealthcare</p> <p><b>Members:</b> 1-888-867-5575 711(TTY/TDD) <b>Non Members:</b> 1-888-867-5564 711(TTY/TDD)</p> <p><b>Coverage:</b> Provides drug coverage only. <b>NOTE:</b> Health Plan Benefits are based on Original Medicare</p> <p><b>Enroll</b></p>	<p><b>WellCare Classic (PDP)</b> (S5967-164) Plan Type: PDP <b>Organization:</b> WellCare</p> <p><b>Members:</b> 1-888-550-5252 1-888-816-5252(TTY/TDD) <b>Non Members:</b> 1-888-293-5151 1-888-816-5252(TTY/TDD)</p> <p><b>Coverage:</b> Provides drug coverage only. <b>NOTE:</b> Health Plan Benefits are based on Original Medicare</p> <p><b>Enroll</b></p>			
<p>+ Fixed Costs</p> <p>- <a href="#">Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs</a></p>					
<b>Cost at Rite Aid Pharmacy 06168</b>		<b>Cost at Rite Aid Pharmacy 06168</b>		<b>Cost at Rite Aid Pharmacy 06168</b>	
<b>Enrollment Today [?]</b>	<b>\$1,052.46</b>	<b>Enrollment Today [?]</b>	<b>\$1,246.15</b>	<b>Enrollment Today [?]</b>	<b>\$1,220.55</b>
<b>Cost at Walgreens #6621</b>		<b>Cost at Walgreens #6621</b>		<b>Cost at Walgreens #6621</b>	
<b>Enrollment Today [?]</b>	<b>\$1,054.54</b>	<b>Enrollment Today [?]</b>	<b>\$1,098.65</b>	<b>Enrollment Today [?]</b>	<b>\$1,182.35</b>
<b>Cost at mail order pharmacy</b>		<b>Cost at mail order pharmacy</b>		<b>Cost at mail order pharmacy</b>	
<b>Enrollment Today</b>	<b>\$931.64</b>	<b>Enrollment Today</b>	<b>\$1,125.88</b>	<b>Enrollment Today</b>	<b>\$1,379.88</b>
<a href="#">Lower your drug costs</a>		<a href="#">Lower your drug costs</a>		<a href="#">Lower your drug costs</a>	

# Compare and Print

## View Drug Cost Summary

Estimated Monthly Drug Costs

**Monthly Drug Costs at Retail Pharmacies**

[View Drug Cost Summary](#)

MILESTONES	MONTH	YOUR COST
Deductible met	1st	\$273.42
	2nd	\$194.76
	3rd	\$194.76
	4th	\$194.76
	5th	\$194.76
	6th	\$194.76
	7th	\$194.76
	8th	\$194.76
	9th	\$194.76
	10th	\$194.76
	11th	\$194.76
	12th	\$194.76

**Monthly Drug Costs at Retail Pharmacies**

[View Drug Cost Summary](#)

MILESTONES	MONTH	YOUR COST
	1st	\$219.73
	2nd	\$219.73
	3rd	\$219.73
	4th	\$219.73
	5th	\$219.73
	6th	\$219.73
	7th	\$219.73
	8th	\$219.73
	9th	\$219.73
	10th	\$219.73
	11th	\$219.73
	12th	\$219.73

**Monthly Drug Costs at Retail Pharmacies**

[View Drug Cost Summary](#)

Show monthly cost chart for:  Rite Aid Pharmacy 06168  Walgreens #6621  Mail Order Pharma

**United American - Enhanced (PDP)**  
(S5755 - 030) Plan Type: PDP

Rite Aid Pharmacy 06168 - Network Pharmacy

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	What You Pay			
			Deductible[?]	Initial Coverage Level[?]	Coverage Gap [?]	Catastrophic Coverage[?]
Alendronate Sodium TAB 70MG	\$14.18	Every 1 Month	\$9.00	\$9.00	\$10.21	\$2.55
Uptior TAB 10MG	\$173.66	Every 1 Month	\$173.66	\$95.00	\$82.49	\$8.68
Lisinopril TAB 10MG	\$4.33	Every 1 Month	\$4.33	\$4.33	\$3.12	\$2.55
Vitamin D CAP 50000UNT	\$15.23	Every 1 Month	\$15.23	\$15.23	\$15.23	\$15.23
<b>MONTHLY TOTALS:</b>	<b>\$207.40</b>		<b>\$202.22</b>	<b>\$123.56</b>	<b>\$111.05</b>	<b>\$29.01</b>

**AARP MedicareRx Enhanced (PDP)**  
(S5921 - 223) Plan Type: PDP

Rite Aid Pharmacy 06168 - Network Pharmacy

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	What You Pay			
			Initial Coverage Level[?]	Coverage Gap[?]	Catastrophic Coverage[?]	
Alendronate Sodium TAB 70MG	\$7.75	Every 1 Month	\$7.00	\$7.00 <sup>7</sup>	\$2.55	
Uptior TAB 10MG	\$172.03	Every 1 Month	\$95.00	\$81.71	\$8.60	
Lisinopril TAB 10MG	\$4.22	Every 1 Month	\$4.00	\$4.00 <sup>7</sup>	\$2.55	
Vitamin D CAP 50000UNT	\$15.73	Every 1 Month	\$15.73	\$15.73	\$15.73	
<b>MONTHLY TOTALS:</b>	<b>\$199.73</b>		<b>\$121.73</b>	<b>\$108.44</b>	<b>\$29.43</b>	

**Monthly Drug Costs Estimator**

View monthly costs comparison charts.



View monthly drug cost details by selected drugs

Starting January 1, 2011, if you reach the coverage gap (also called the "donut hole") in your Medicare prescription drug coverage, you will

**Monthly Drug Costs Estimator**

View monthly costs comparison charts.

View monthly drug cost details by selected drugs

Starting January 1, 2011, if you reach the coverage gap (also called the "donut hole") in your Medicare prescription drug coverage, you will

9/29/2015

Navigatin

# Print Comparison Report

**Drug Coverage Information**

3 out of 4 of your drugs are covered on the plan's formulary. [?]	3 out of 4 of your drugs are covered on the plan's formulary. [?]	2 out of 4 of your drugs are covered on the plan's formulary. [?]
<b>Alendronate Sodium TAB 70MG</b>	<b>Alendronate Sodium TAB 70MG</b>	<b>Alendronate Sodium TAB 70MG</b>
<b>Quantity Limit</b>	No restrictions	<b>Quantity Limit</b>
Tier 1: Preferred Generic	Tier 2: Non-Preferred Generic <sup>7</sup>	Tier 1: Preferred Generic
<b>Lipitor TAB 10MG</b>	<b>Lipitor TAB 10MG</b>	<b>Lipitor TAB 10MG</b>
Step Therapy [?]	No restrictions	No restrictions
<b>Quantity Limit</b>	Tier 4: Non-Preferred Brand	NOT ON FORMULARY <sup>15</sup>
Tier 4: Non-Preferred Brand	<b>Lisinopril TAB 10MG</b>	<b>Lisinopril TAB 10MG</b>
<b>Lisinopril TAB 10MG</b>	No restrictions	No restrictions
No restrictions	Tier 1: Preferred Generic <sup>7</sup>	Tier 1: Preferred Generic
Tier 1: Preferred Generic	<b>Vitamin D CAP 50000UNT</b>	<b>Vitamin D CAP 50000UNT</b>
<b>Vitamin D CAP 50000UNT</b>	No restrictions	No restrictions
No restrictions	NOT ON FORMULARY <sup>4</sup>	NOT ON FORMULARY <sup>4</sup>
NOT ON FORMULARY <sup>4</sup>		

<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.

<sup>7</sup>The price displayed for this drug may be lower than what you would typically pay during this period because of additional gap coverage offered by this plan.

<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. The drug cost displayed is only an estimate and actual cost may vary. Please contact the plan for more information.

# Compare Plans - Drug Updates

**Pharmacy & Mail Order Information**

Mail Order is available.	Mail Order is available.	Mail Order is available.
Pharmacy Network [?]	Pharmacy Network [?]	Pharmacy Network [?]
0 network pharmacies in your ZIP code	0 network pharmacies in your ZIP code	0 network pharmacies in your ZIP code

**Drug List**

If you make any changes to your drug list or pharmacy selection, please refresh the page to view updated pricing information.

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
ALENDRONATE SODIUM TAB 70MG	4	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Fosamax) <a href="#">Switch Back</a>	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
LIPITOR TAB 10MG	30	Every 1 Month Retail Pharmacy	<b>Atorvastatin Calcium</b>	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
LISINOPRIL TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
VITAMIN D CAP 50000UNT	8	Every 1 Month Retail Pharmacy	Already Generic	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>



# Updates in 2015

For information only – Do Not input personal data here.

## Facebook icon - Link added

<b>Sign Up / Change Plans</b>	<b>Take Action</b>	<b>Helpful Links</b>	<b>CMS &amp; HHS Websites</b>
<b>Your Medicare Costs</b>	Find health & drug plans	Site policies & important links	HealthCare.gov
<b>What Medicare Covers</b>	Find doctors, providers, hospitals & plans	Privacy policy	STOPMedicareFraud.gov
<b>Drug Coverage (Part D)</b>	Where can I get covered medical items?	Nondiscrimination & Accessibility	InsureKidsNow.gov
<b>Supplements &amp; Other Insurance</b>	Get Medicare forms	FOIA	MyMedicare.gov
<b>Claims &amp; Appeals</b>	Publications	No Fear Act	Medicaid.gov
<b>Manage Your Health</b>	Information in other languages	HHS.gov	CMS.gov
<b>Forms, Help &amp; Resources</b>	Phone numbers & websites	USA.gov	<b>Get Involved with Us</b>
		Inspector General	   
		Plain language	
		Archive	
		Downloadable databases	
		"Medicare & You" Handbook	

# Updates in 2015

## Disenrollment Reasons – Details page

Prescription Drug Plan Star Ratings	
<b>Summary Rating of Prescription Drug Plan Quality (?)</b>	★★★★ 4 out of 5 stars
<b>Drug Plan Customer Service (?)</b> <a href="#">View data sources</a>	★★★★★ 5 out of 5 stars
Drug Plan Makes Timely Decisions about Appeals (?)	★★★★
Fairness of Drug Plan's Appeal Decisions, Based on an Independent Reviewer (?)	★★★★★
<b>Member Complaints and Changes in the Drug Plan's Performance (?)</b> <a href="#">View data sources</a>	★★★★ 4 out of 5 stars
Complaints about the Drug Plan (more stars are better because it means fewer complaints) (?)	★★★★
Members Choosing to Leave the Plan (more stars are better because it means fewer members are choosing to leave the plan) (?) <a href="#">View information about why member</a> ←	★★★★
Improvement (if any) in the Drug Plan's Performance (?)	★★★★★ <sup>1</sup>
<b>Member Experience with the Drug Plan (?)</b> <a href="#">View data sources</a>	★★★★ 4 out of 5 stars
Members' Rating of Drug Plan (?)	★★★★
Ease of Getting Prescriptions Filled When Using the Plan (?)	★★★★
<b>Drug Safety and Accuracy of Drug Pricing (?)</b> <a href="#">View data sources</a>	★★★★ 4 out of 5 stars

# Updates in 2015

## Disenrollment Reasons when doing a 3 plan compare

Prescription Drug Plan Star Ratings		
SilverScript Choice (PDP) (S5601-014)	United American - Essential (PDP) (S5755-112)	Humana Walmart Rx Plan (PDP) (S5884-153)
Summary Rating of Prescription Drug Plan Quality (?)		
★★★★ 3.5 out of 5 stars	★★★★ 3.5 out of 5 stars	★★★★ 4 out of 5 stars
Drug Plan Customer Service (?) <a href="#">View data sources</a>		
★★★ 3 out of 5 stars	★★★ 3 out of 5 stars	★★★★★ 5 out of 5 stars
Drug Plan Makes Timely Decisions about Appeals (?)		
★	★	★★★★
Fairness of Drug Plan's Appeal Decisions, Based on an Independent Reviewer (?)		
★★★★	★★★★	★★★★★
Member Complaints and Changes in the Drug Plan's Performance (?) <a href="#">View data sources</a>		
★★★★★ 5 out of 5 stars	★★★★ 4 out of 5 stars	★★★★ 4 out of 5 stars
Complaints about the Drug Plan (more stars are better because it means fewer complaints) (?)		
★★★★★	★★★	★★★★
Members Choosing to Leave the Plan (more stars are better because it means fewer members are choosing to leave the plan) (?)		
★★★★ <a href="#">View information about why members are leaving the plan</a>	★★★★ <a href="#">View information about why members are leaving the plan</a>	★★★★ <a href="#">View information about why members are leaving the plan</a>
Improvement (if any) in the Drug Plan's Performance (?)		
★★★★★	★★★★★	★★★★★ <sup>1</sup>

# Updates in 2015

## Disenrollment Reasons – Individual PDP Plan

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[Print](#)

### XYZ Medicare PDP Plan (P0000-001)

In addition to looking at how many people chose to leave a plan, you may want to consider information about why previous members decided to leave. Knowing the reasons why people have left may help you to understand the problems that people had with that plan.

Medicare conducts a survey with people who have left their health or prescription drug plan to find out why they chose to leave. The percentages below show how many people left the plan for that reason.

Members Choosing to Leave the Plan (lower percentages are better because it means fewer members are choosing to leave the plan) (?)	★★★★★
<b>Why Members Chose to Leave the Plan</b>	10%
Of those surveyed about why they chose to leave their plan, the percentage who mention the following reasons	
Financial Reasons for Disenrollment	15%
Problems with Prescription Drug Benefits and Coverage	10%
Problems Getting Information about Prescription Drugs	5%

# Updates in 2015

## Disenrollment Reasons – Individual MAPD Plan

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### XYZ Medicare Plan (P0000-001)

In addition to looking at how many people chose to leave a plan, you may want to consider information about why previous members decided to leave. Knowing the reasons why people have left may help you to understand the problems that people had with that plan.

Medicare conducts a survey with people who have left their health or prescription drug plan to find out why they chose to leave. The percentages below show how many people left the plan for that reason.

Members Choosing to Leave the Plan (lower percentages are better because it means fewer members are choosing to leave the plan) (?)

★★★★

#### Why Members Chose to Leave the Plan

10%

Of those surveyed about why they chose to leave their plan, the percentage who mention the following reasons

Problems Getting Needed Care, Coverage, and Cost Information

15%

Problems with Coverage of Doctors and Hospitals

10%

Financial Reasons for Disenrollment

5%

Problems with Prescription Drug Benefits and Coverage

11%

Problems Getting Information about Prescription Drugs

13%

# Updates in 2015

## Disenrollment Reasons – MA Plans

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### XYZ Medicare Plan (P0000-001)

In addition to looking at how many people chose to leave a plan, you may want to consider information about why previous members decided to leave. Knowing the reasons why people have left may help you to understand the problems that people had with that plan.

Medicare conducts a survey with people who have left their health or prescription drug plan to find out why they chose to leave. The percentages below show how many people left the plan for that reason.

Members Choosing to Leave the Plan (lower percentages are better because it means fewer members are choosing to leave the plan) (?)



#### Why Members Chose to Leave the Plan

10%

Of those surveyed about why they chose to leave their plan, the percentage who mention the following reasons

Problems Getting Needed Care, Coverage, and Cost Information

15%

Problems with Coverage of Doctors and Hospitals

10%

Financial Reasons for Disenrollment

5%

# Updates in 2015

## JavaScript Caching Issue

A page is cached to provide user's quicker access to the content and improve the overall performance of the application.

The drawback to that is when new functionality is added to the cached page(s) the browser sometimes still uses the old page(s) which causes the page(s) to either break completely or display old content.

The next few slides list out steps to clear cache in different browsers and ideally cache should be cleared after each release to ensure that the latest updates to the website are displayed.

# Updates in 2015

## Clearing Cache in Firefox

1. Open Firefox and click the Settings icon in the upper right corner.
2. Click the History icon.
3. Click Clear Recent History.
4. On the Clear All History window Time range to clear, select Everything from the dropdown and click Clear Now.
5. Right click the windows tool bar and click Start Task Manager.
6. Locate the Firefox browser on the Applications tab and select it, and then click the End Task button.
7. Open Firefox once again.

**Note:** To view a step by step document with screenshots, please refer to the Word Document.

# Updates in 2015

## Clearing Cache in Chrome

1. Open the Chrome browser and click the settings icon in the upper right corner.
2. Click History.
3. Click the Clear browsing data button.
4. Be sure to check Browsing History, Download History, Cookies and other site and plugin data, Cached images and files, Autofill form data, Hosted app data, and Content Licenses.
5. Click the Clear browsing data button.
6. Right click on the windows toolbar, and click Start Task Manager.
7. Find the Chrome browser on the Applications tab, select it, and click End Task.
8. Restart Chrome.

**Note:** To view a step by step document with screenshots, please refer to the Word Document.

# Updates in 2015

## Clearing Cache in Internet Explorer

1. Open Internet Explorer and Click the Tools menu.
2. Select Delete browsing history.
3. Check Temporary Internet files and website files, and Cookies and website data.
4. Click the Delete button.
5. Right click the windows toolbar and click Start Task Manager.
6. Locate Internet Explorer from the Applications tab, select it, and then click End Task.
7. Restart Internet Explorer.

**Note:** To view a step by step document with screenshots, please refer to the Word Document.

# Updates in 2015

## Added Common Drug Abbreviations

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### *Help with common drug abbreviations*

The list below is provided to help you with some common drug abbreviations.

<b>Abx</b> - antibiotics
<b>APAP</b> - acetaminophen
<b>ASA</b> - acetylsalicylic acid, or aspirin
<b>Ca</b> - calcium
<b>CD</b> - controlled delivery
<b>Chol</b> - cholesterol
<b>Cl</b> - chloride or chlorine
<b>Cod</b> - codeine

# Online Enrollment Center

 <b>WellCare Classic (PDP) (S5967-164-0)</b> Organization: WellCare					
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: Preferred-Network  Cost as of Today: \$1,182  <b>Mail Order</b> Cost as of Today: \$1,380	\$24.40	Annual Drug Deductible: \$0  Drug Copay/ Coinsurance: \$0 - \$90, 33%	All Your Drugs on Formulary: <b>No</b>  Drug Restrictions: <b>Yes</b>  No Additional Gap Coverage  <b>Lower Your Drug Costs</b>  <b>MTM Program[?]: Yes</b>	*** 3 out of 5 stars	<input type="button" value="Enroll"/>

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## Medicare Health and Drug Plan Enrollment Center

### Start Enrollment

ATTENTION: You are enrolling in a 2014 Plan. Your enrollment effective dates are as follows:

Election Period	Effective Date of Coverage
Open Enrollment (October 15 – December 7)	January 1 of the following year
Special Election Period (SEP)	Varies, generally the 1 <sup>st</sup> of the following month
New to Medicare (Initial Enrollment Period for Part D) – If you're new to Medicare, you can join during the period that starts three months before the month you get Medicare, and ends three months after you get Medicare.	If you enroll during the first 3 months <u>before</u> the month you get Medicare—your effective date is the 1st day of the month you get Medicare.  If you enroll <u>during</u> or <u>after</u> the month you get Medicare, your effective date will be the 1st of the month following the month you enrolled in your Medicare plan.

If you have Medicare and get extra help paying for your prescriptions, you can join a plan at any time.

In all other cases, if you want to change plans you are generally limited to making changes between October 15 and December 7 each year. In special circumstances, Medicare may give you an opportunity to switch to another plan. For example, if you permanently move out of your plan's service area, if you qualify for extra help paying for prescription drugs, if the plan stops offering drug coverage, if you enter, live in, or leave a nursing home, or if the plan is a high performing plan and has received a 5-star overall plan rating from Medicare.

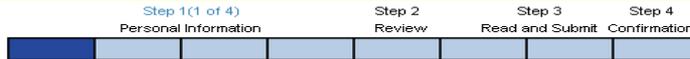
Unless one of the statements below matches your current situation you **CANNOT** enroll at this time. The plan you have selected will contact you to confirm whether you meet one of the items listed below. If you do not meet any of them, the plan will not process your enrollment. Please click the  next to the statements below for additional information about any of the criteria listed. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

# Input Enrollment information

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## Medicare Health and Drug Plan Enrollment Center



### Start Enrollment

Typically, you may only enroll in a Medicare Prescription Drug Plan during the annual open enrollment between October 15 and December 7 of each year. However, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan at other times. If any of the statements below match your current situation, please check the box to the left of the statement(s) and your selected plan will contact you for additional information. If you want to learn more about any of the statements below, please click the icon.

If none of the statements match your current situation or if you are not sure, please contact the plan you are interested in to see if you are eligible to enroll.

By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

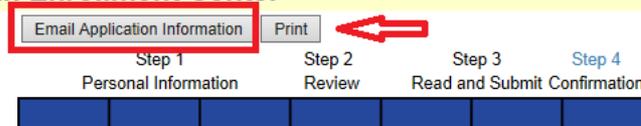
<input type="checkbox"/> I am new to Medicare.	<input type="checkbox"/> I recently moved outside of the service area for my current plan. I moved on --Month-- --Day-- --Year--
<input type="checkbox"/> In the last 12 months, I left a Medigap policy to join a Medicare Advantage Plan* for the first time (*Medicare Advantage plan with prescription drug coverage)	<input type="checkbox"/> I have both Medicare and Medicaid or my state helps pay for my Medicare Premiums.
<input type="checkbox"/> I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or rehabilitation hospital). I moved or will move into or out of a Long Term Care Facility on --Month-- --Day-- --Year--	<input type="checkbox"/> I recently "left" a Programs of All-inclusive Care for the Elderly program. I left a PACE program on --Month-- --Day-- --Year--
<input type="checkbox"/> I am losing coverage I had from an employer. I left, will leave, lost or will lose my employer coverage on --Month-- --Day-- --Year--	<input type="checkbox"/> I belong to a pharmacy assistance program provided by my state, or I am losing or recently lost participation in such a program.

# Print & Save a copy of the confirmation, as well as the individual plan data, in case issues arise later.

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## Medicare Health and Drug Plan Enrollment Center



### Enrollment Request Received

Your 2014 enrollment request was received and will be processed by: **WellCare Classic (PDP)** and your Confirmation Number is: **34220286550545**

Name: Roseanne Roseannadanna

Please contact the plan directly with any additional questions.

**WellCare Classic (PDP)**  
PO Box 31685  
Tampa, FL, 33631

Phone: 1-888-550-5252

Website: [www.wellcarepdp.com](http://www.wellcarepdp.com)

This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.

If any of the required information on your enrollment form was missing or does not match your Medicare record, the plan may contact you to get the missing or correct information. This could delay the plan's ability to process your enrollment.

Here are some important things to expect when your coverage is first effective if the plan determines that your enrollment meets all of the Medicare requirements and is complete. This information is especially important if you enrolled late in the month and you have not received a letter, or your membership card, by the day your coverage starts.

- After the plan has processed your application, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check on the status of the enrollment.
- Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.

# Questions



# For More Information

This training module is provided by the

## **CMS National Training Program (NTP).**

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or to subscribe to our e-mail list, visit [cms.gov/Outreach-and-Education/Training/ CMSNationalTrainingProgram](http://cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram).

## **SHIP**

# 1-800-252-8966

Email: [Aging.SHIP@illinois.gov](mailto:Aging.SHIP@illinois.gov)

Web link: <http://www.illinois.gov/aging/ship/Pages/default.aspx>