

# Steps for Comparing Medicare Health Plans (Advantage Plans) Using the Internet

## STEP 1 OF 4: BEGIN

- Go to: [www.medicare.gov](http://www.medicare.gov)
- **Click on:** Find health & drugs plans (in green box)



You will have **2 choices**

### 1. **General Search**

- Enter your zip code

**Click** – Find Plan

- Answer Questions

**Click** – Find Plans

**OR**

### 2. **Personalized Search** (generally preferred)

- Enter your zip code
- Enter your Medicare number
- Enter last name
- Enter effective date for Part A
- Enter Date of Birth

**Click** – Find Plans

## Medicare Plan Finder

You have the option to complete a general or personalized plan search. A personalized search may provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below.

**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



## STEP 2 OF 4: ENTER YOUR DRUGS

1. Enter drug name in “Name of Drug” box  
Click – Find my drug

**Step 2 of 4: Enter Your Drugs**

Please enter your prescription drugs. This will help us estimate your costs and allow you to see which plans cover your drugs. The site doesn't show pricing for over the counter drugs or diabetic supplies (e.g. test strips, lancets, needles). For more information, you may contact the plan.

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

**Name of Drug:**  [Find My Drug](#)

Or Browse A-Z:

A B C D E F G H I J K L M  
N O P Q R S T U V W X Y Z

[Help with common drug abbreviations](#)  
[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?*  
Aug 29 2013

[Retrieve My Drug List](#)

2. Find your drug  
Click – Add Drug

**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>
Levothroid(Levothyroxine Sodium)	Brand	<a href="#">+ Add Drug</a>
Levothyroxine Sodium(Levothyroxine Sodium)	Generic	<a href="#">+ Add Drug</a>
Lipotriad(Vitamins w/ Lipotropics)	OTC	

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

3. Check - The correct dosage amount

4. Enter – How many pills or dosages you take each month

5. Enter – Frequency of ordering

6. Check – The pharmacy type you prefer

7. Click – Add drug and dosage

Repeat until all your drugs have been added to your drug list

The screenshot shows a web form titled "Step 2 of 4: Enter Your Drugs". At the top right, there is a "My Current Profile" section with the following information: Zip Code: 41017, Current Coverage: Unknown, Current Subsidy: No Extra H, and a link for "Important Coverage Inform". Below this, there are two buttons: "I don't take any drugs" and "I don't want to add drugs now". The main form area is titled "Name of Drug:" and has a text input field containing "Lipitor" and a "Find" button. Below the input field is a section "Or Browse A-Z:" with a grid of letters from A to V. There are also links for "Help with common drug abbreviations", "Hints on how to enter drug information", and "Why can't I find my drug?". To the right of the main form, a dropdown menu is open for "Lipitor", showing four dosage options: "Lipitor TAB 10MG" (selected), "Lipitor TAB 20MG", "Lipitor TAB 40MG", and "Lipitor TAB 80MG". Below the dropdown, there are fields for "Quantity [?]" (with the value "30"), "Frequency [?]" (with radio buttons for "Every 1 Month" (selected), "Every 2 Months", "Every 3 Months", and "Every 12 Months"), and "Pharmacy Type [?]" (with 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 dropdown menu, there are two buttons: "Add drug and dosage" and "Cancel". At the bottom of the main form, there is a section "My Drug List (Maximum 25)" with "Total Drugs in My Drug List: 0" and a "Find" button.

8. Record your drug list information (so you can access at another time without re-entering drugs)

- Drug List ID#: \_\_\_\_\_
- Password Date: \_\_\_\_\_

Click – My Drug list is completed

## Step 2 of 4: Enter Your Drugs

Please enter your prescription drugs. This will help us estimate your costs and allow you to see which plans cover your drugs. The site doesn't show pricing for over the counter drugs or diabetic supplies (e.g. test strips, lancets, needles). For more information, you may contact the plan.

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

My Current Profile

Zip Code: 41017  
Current Coverage: Unknown  
Current Subsidy: No Extra Help [?]  
[Important Coverage Information](#)

**Name of Drug:**

  
[Find My Drug](#)

Or Browse A-Z:

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#)  
[N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

[Help with common drug abbreviations](#)  
[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: 5160191616  
Password Date: 8/29/2013 ([change date](#))  
Zip Code: 41017

[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](#)

### **STEP 3 OF 4: SELECT YOUR PHARMACIES**

- You will select 1 or 2 pharmacies of your choice or where you shop  
 Click on Add Pharmacy
- If you **do not** see the pharmacy you want
  - Click on the arrow at the top of the pharmacy list and increase the mileage radius
- Once you have selected 1 or 2 pharmacies

Click – Continue To Plan Results

## 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:** 41017  
**Current Coverage:** Unknown  
**Current Subsidy:** No Extra Help [?]  
**Drug List ID:** 5160191616  
**Password Date:** 08/29/2013  
[Important Coverage Information](#)

[Continue to Plan Results](#) >

We found **12** pharmacies within  miles of 41017

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

**Available Pharmacies**

Add to Selected Pharmacies

<b>ADVANCED PAIN TREATMENT CENTER</b> 162 Barnwood Dr Edgewood, KY 41017 1-859-331-4159 <a href="#">Add Pharmacy</a>	<b>COMMONWEALTH ORTHOPAEDIC CENTERS</b> 2845 Chancellor Dr Crestview Hills, KY 41017 1-859-426-4200 <a href="#">Add Pharmacy</a>	<b>CRESTVILLE DRUGS</b> 2446 Anderson Rd Crescent Spgs, KY 41017 1-859-341-1660 <a href="#">Add Pharmacy</a>
<b>FT MITCHELL DRUG SHOPPE</b> 2515 Dixie Hwy Ft Mitchell, KY 41017 1-859-341-2000 <a href="#">Add Pharmacy</a>	<b>KMART PHARMACY3029</b> 3071 Dixie Hwy Edgewood, KY 41017 1-859-331-6800 <a href="#">Add Pharmacy</a>	<b>KROGER PHARMACY</b> 2150 Dixie Hwy Ft Mitchell, KY 41017 1-859-331-0078 <a href="#">Add Pharmacy</a>
<b>NEUROSCIENCE ASSOCIATES OF NORTHERN KENTUCKY</b> 2845 Chancellor Dr Crestview Hills, KY 41017 1-859-341-3412 <a href="#">Add Pharmacy</a>	<b>PROGRESSIVE PODIATRY</b> 2300 Chamber Center Dr #100 Ft. Mitchell, KY 41017 1-859-331-2440 <a href="#">Add Pharmacy</a>	<b>REMKE PHARMACY #7</b> 560 Clock Tower Wy Crescent Springs, KY 41017 1-859-578-4623 <a href="#">Add Pharmacy</a>

## STEP 4 OF 4: REFINE YOUR PLAN RESULTS

- Use the checkboxes to select the type of plans you'd like to view  
You will have **3 choices**- **click** on one of the boxes
  1. Prescription Drug Plans only (with original Medicare)
  2. Medicare Health Plans with drug coverage (HMO, PPO)
  3. Medicare Health Plans **without drug coverage** (HMO, PPO)

**Click** – Continue To 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: 41017  
Current Coverage: Unknown  
Current Subsidy: No Extra Help [?]  
Drug List ID: 9483465408  
Password Date: 08/11/2015  
[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

[Update Plan Results](#)

### Summary of Your Search Results

There are a total of 48 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: 48
<input type="checkbox"/>	Prescription Drug Plans (with Original Medicare) [?]	28 plan(s) available
<input checked="" type="checkbox"/>	Medicare Health Plans with drug coverage [?]	19 plan(s) available
<input type="checkbox"/>	Medicare Health Plans without drug coverage [?]	1 plan(s) available

[Continue To Plan Results](#)

## YOUR PLAN RESULTS

- Symbol definitions listed

**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:** 41017  
**Current Coverage:** Unknown  
**Current Subsidy:** No Extra Help [?]  
**Drug List ID:** 2300307328  
**Password Date:** 08/11/2015  
[Important Coverage Information](#)

**Symbols**

**D** Some Dental Coverage   **V** Some Vision Coverage   **N** Nationwide Coverage   **H** Some Hearing Coverage

**Original Medicare**

**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> Cost as of Today: \$664	Standard Part B: \$104.90	Part B Deductible: \$147	Doctor Choice: Any Willing Doctor Out of Pocket Spending Limit: Not Applicable	N/A	\$5,450	Not Available
<b>Mail Order</b> Cost as of Today: N/A			<b>N</b>			

**Note:** Original Medicare is listed first (find that confusing – suggest scroll past it)

**Scroll** down to “Medicare Health Plans with Drug Coverage”

- Note how many plans there are to view
- Your plan results are automatically listed in order of lowest estimated health and drug cost to highest estimated cost.
  - ✓ You can change how this list is sorted



**Medicare Health Plans with Drug Coverage** Star Ratings

19 plans were found in 41017 based on your search criteria. View 10 [View 19](#)

[Compare Plans](#)

Sort Results by Lowest Estimated Annual Health and Drug Cost [Sort](#)

<b>Classic Plus Rx - N Kentucky (HMO) (H9208-002-0)</b> Organization: RiverLink Health							
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: [?]	
<b>Retail</b> Pharmacy Status: Standard Cost-Sharing Cost as of Today: \$16 <b>Mail Order</b> Cost as of Today: \$16	\$0.00 Drug: \$0.00 Health: \$0.00	Annual Drug Deductible: \$320 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$2 - \$35, 25% - 33%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$4,800 In-network 	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>No</b> <b>Lower Your Drug Costs</b> MTM Program [?]: <b>Yes</b>	\$2,630	Plan too new to be measured	<a href="#">Enroll</a>
<b>WellCare Value (HMO-POS) (H9730-002-0)</b> Organization: WellCare							
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: [?]	
<b>Retail</b> Pharmacy Status: Preferred Cost-Sharing Cost as of Today: \$32 <b>Mail Order</b> Cost as of Today: \$0	\$0.00 Drug: \$0.00 Health: \$0.00	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$5 - \$85, 33%	Doctor Choice: Plan Doctors Only (some exceptions) Out of Pocket Spending Limit: \$5,000 In and Out-of-network \$5,000 In-network \$5,000 Out-of-network 	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> <b>Lower Your Drug Costs</b> MTM Program [?]: <b>Yes</b>	\$2,790	★★★ 2.5 out of 5 stars	<a href="#">Enroll</a>

## What this screen tells you:

- Estimated Drug Cost for year
- Monthly Premium
- Deductibles
- Out-of-Pocket Limit
- Extra Benefits
- Drugs Covered?
- Estimated Health and Drug Costs for year
- Star Rating

**Medicare Health Plans with Drug Coverage** Star Ratings

19 plans were found in 41017 based on your search criteria. View 10 [View 19](#)

[Compare Plans](#)

Sort Results by Lowest Estimated Annual Health and Drug Cost [Sort](#)

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:[?]	
<b>Classic Plus Rx - N Kentucky (HMO) (H9208-002-0)</b> Organization: RiverLink Health Retail Pharmacy Status: Standard Cost-Sharing Annual: \$446 <b>Mail Order</b> Annual: \$404	\$0.00 Drug: \$0.00 Health: \$0.00	Annual Drug Deductible: \$320 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$2 - \$35, 25% - 33%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$4,800 In-network D V H	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>No</b> Lower Your Drug Costs MTM Program [?]: <b>Yes</b>	\$3,020	Plan too new to be measured	<a href="#">Enroll</a>
<b>WellCare Value (HMO-POS) (H9730-002-0)</b> Organization: WellCare Retail Pharmacy Status: Preferred Cost-Sharing Annual: \$520 <b>Mail Order</b> Annual: \$300	\$0.00 Drug: \$0.00 Health: \$0.00	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$3 - \$85, 33%	Doctor Choice: Plan Doctors Only (some exceptions) Out of Pocket Spending Limit: \$5,000 In and Out-of-network \$5,000 In-network \$5,000 Out-of-network D V H	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> Lower Your Drug Costs MTM Program [?]: <b>Yes</b>	\$3,220	★★★ 2.5 out of 5 stars	<a href="#">Enroll</a>

- Can select up to 3 plans for comparison
  - Just click on the name of a plan
- OR

To learn more about the plan

Note the different tabs

The screenshot shows a web interface for comparing three health plans. At the top, there are five tabs: **Overview** (circled in red), **Health Plan Benefits**, **Drug Costs & Coverage**, **Star Ratings**, and **Manage Drugs**. An arrow points from the text 'Note the different tabs' to the 'Overview' tab.

Below the tabs, three plan cards are displayed side-by-side:

- Aetna Medicare Select Plus Plan (PPO)**: (H5521-052) <sup>1</sup> Plan Type: Local Preferred Provider Organization. Organization: Aetna Medicare. Members: 1-800-282-5366 711(TTY/TDD). Non Members: 1-855-338-7027 711(TTY/TDD). Coverage: Provides health and drug coverage. Includes icons for D, V, H. An **Enroll** button is present.
- Humana Gold Choice H8145-021 (PFFS)**: (H8145-021) Plan Type: Private Fee for Service. Organization: Humana Insurance Company. Members: 1-800-457-4708 711(TTY/TDD). Non Members: 1-800-833-2364 711(TTY/TDD). Coverage: Provides health and drug coverage. Includes icons for D, V. An **Enroll** button is present.
- Classic Plus Rx - N Kentucky (HMO)**: (H9208-002) <sup>1</sup> Plan Type: HMO. Organization: RiverLink Health. Members: 1-866-329-3970 711(TTY/TDD). Non Members: 1-866-329-3970 711(TTY/TDD). Coverage: Provides health and drug coverage. Includes icons for D, V, H. An **Enroll** button is present.

Below the plan cards is a section titled **Additional Plan Information** with a minus sign icon. It contains a table of star ratings and plan details:

<b>Overall Star Rating:</b> [?]	★★★★ 4 out of 5 stars	<b>Overall Star Rating:</b> [?]	★★★★ 4 out of 5 stars	<b>Overall Star Rating:</b> [?]	Plan too new to be measured
<b>Health Plan Star Ratings:</b> [?]	★★★★ 4 out of 5 stars	<b>Health Plan Star Ratings:</b> [?]	★★★★ 3.5 out of 5 stars	<b>Health Plan Star Ratings:</b> [?]	Plan too new to be measured
<b>Drug Plan Star Ratings:</b> [?]	★★★★ 4 out of 5 stars	<b>Drug Plan Star Ratings:</b> [?]	★★★★ 4 out of 5 stars	<b>Drug Plan Star Ratings:</b> [?]	Plan too new to be measured
<b>Plan Type:</b> Local Preferred Provider Organization <b>Plan Status:</b> Approved by Medicare <b>Area:</b> National		<b>Plan Type:</b> Private Fee for Service <b>Plan Status:</b> Approved by Medicare <b>Area:</b> Select Counties in Kentucky and West Virginia		<b>Plan Type:</b> HMO <b>Plan Status:</b> Approved by Medicare <b>Area:</b> Boone, Campbell and Kenton Counties	
<a href="#">View plan website</a>		<b>Previous Plan Name</b> <a href="#">View plan website</a>		<a href="#">View plan website</a>	
		<b>Important Note:</b>		<b>Important Note:</b>	

An arrow points from the text 'Click on "View plan website" to search for provider network information' to the [View plan website](#) link in the first column of the 'Additional Plan Information' table.

Click on "View plan website" to search for provider network information

# Get an idea of the plan co-pays and co-insurance

Overview

**Health Plan Benefits**

Drug Costs & Coverage

Star Ratings

Manage Drugs

Benefits		
Aetna Medicare Select Plus Plan (PPO)	Humana Gold Choice H8145-021 (PFFS)	Classic Plus Rx - N Kentucky (HMO)
<a href="#">View More Detailed Cost &amp; Benefit Information</a>	<a href="#">View More Detailed Cost &amp; Benefit Information</a>	<a href="#">View More Detailed Cost &amp; Benefit Information</a>
<b>Ambulance Services</b>	<b>Ambulance Services</b>	<b>Ambulance Services</b>
<b>In-network:</b> \$100 <b>Out-of-network:</b> \$100	<b>In-network:</b> \$250 <b>Out-of-network:</b> \$250	\$200
<b>Doctor's Office Visits</b>	<b>Doctor's Office Visits</b>	<b>Doctor's Office Visits</b>
Primary Physician <b>In-network:</b> You pay nothing <b>Out-of-network:</b> 20% per visit	Primary Physician <b>In-network:</b> \$15 per visit <b>Out-of-network:</b> 30% per visit	Primary Physician \$5 per visit
Specialist <b>In-network:</b> \$15 per visit <b>Out-of-network:</b> 20% per visit	Specialist <b>In-network:</b> \$45 per visit <b>Out-of-network:</b> 30% per visit	Specialist \$35 per visit
<b>Durable Medical Equipment (wheelchairs, oxygen, etc.)</b>	<b>Durable Medical Equipment (wheelchairs, oxygen, etc.)</b>	<b>Durable Medical Equipment (wheelchairs, oxygen, etc.)</b>
<b>In-network:</b> 20% per item <b>Out-of-network:</b> 20% per item	<b>In-network:</b> 20% per item <b>Out-of-network:</b> 30% per item	0-20% per item
<b>Emergency Care</b>	<b>Emergency Care</b>	<b>Emergency Care</b>
\$65 per visit (always covered)	\$65 per visit (always covered)	\$65 per visit (always covered)
<b>Home Health Care</b>	<b>Home Health Care</b>	<b>Home Health Care</b>
<b>In-network:</b> You pay nothing <b>Out-of-network:</b> 20%	<b>In-network:</b> You pay nothing <b>Out-of-network:</b> 30%	You pay nothing
<b>Mental Health Care</b>	<b>Mental Health Care</b>	<b>Mental Health Care</b>
<b>In-network:</b> \$200 for days 1 through 5 \$0 for days 6 through 90 <b>Out-of-network:</b> 20% per stay	<b>In-network:</b> \$265 for days 1 through 5 \$0 for days 6 through 90 <b>Out-of-network:</b> 30% per stay	\$250 for days 1 through 6 \$0 for days 7 through 90
<b>Outpatient Surgery</b>	<b>Outpatient Surgery</b>	<b>Outpatient Surgery</b>

# Get an idea of your prescription drug co-pays

Overview	Health Plan Benefits	Drug Costs & Coverage	Star Ratings	Manage Drugs																		
<p><b>Aetna Medicare Select Plus Plan (PPO)</b></p> <p>(H5521-052) <sup>1</sup> Plan Type: Local Preferred Provider Organization  <b>Organization:</b> Aetna Medicare</p> <p><b>Members:</b> 1-800-282-5366            711(TTY/TDD)  <b>Non Members:</b> 1-855-338-7027            711(TTY/TDD)</p> <p><b>Coverage:</b> Provides health and drug coverage</p> <p><b>D V H</b></p> <p><a href="#">Enroll</a></p>	<p><b>Humana Gold Choice H8145-021 (PFFS)</b></p> <p>(H8145-021) Plan Type: Private Fee for Service  <b>Organization:</b> Humana Insurance Company</p> <p><b>Members:</b> 1-800-457-4708            711(TTY/TDD)  <b>Non Members:</b> 1-800-833-2364            711(TTY/TDD)</p> <p><b>Coverage:</b> Provides health and drug coverage</p> <p><b>D V</b></p> <p><a href="#">Enroll</a></p>	<p><b>Classic Plus Rx - N Kentucky (HMO)</b></p> <p>(H9208-002) <sup>1</sup> Plan Type: HMO  <b>Organization:</b> RiverLink Health</p> <p><b>Members:</b> 1-866-329-3970            711(TTY/TDD)  <b>Non Members:</b> 1-866-329-3970            711(TTY/TDD)</p> <p><b>Coverage:</b> Provides health and drug coverage</p> <p><b>D V H</b></p> <p><a href="#">Enroll</a></p>																				
<p><input type="checkbox"/> <b>Fixed Costs</b></p>																						
<table border="1"> <tr> <td>Monthly Drug Plan Premium [?]</td> <td>\$31.30</td> </tr> <tr> <td>Monthly Health Plan Premium [?]</td> <td>\$107.70</td> </tr> <tr> <td>Annual Drug Deductible [?]</td> <td>\$0.00</td> </tr> </table> <p>Medicare costs at a glance</p>	Monthly Drug Plan Premium [?]	\$31.30	Monthly Health Plan Premium [?]	\$107.70	Annual Drug Deductible [?]	\$0.00	<table border="1"> <tr> <td>Monthly Drug Plan Premium [?]</td> <td>\$37.20</td> </tr> <tr> <td>Monthly Health Plan Premium [?]</td> <td>\$45.80</td> </tr> <tr> <td>Annual Drug Deductible [?]</td> <td>\$320.00</td> </tr> </table> <p>Medicare costs at a glance</p>	Monthly Drug Plan Premium [?]	\$37.20	Monthly Health Plan Premium [?]	\$45.80	Annual Drug Deductible [?]	\$320.00	<table border="1"> <tr> <td>Monthly Drug Plan Premium [?]</td> <td>\$0.00</td> </tr> <tr> <td>Monthly Health Plan Premium [?]</td> <td>\$0.00</td> </tr> <tr> <td>Annual Drug Deductible [?]</td> <td>\$320.00</td> </tr> </table> <p>Medicare costs at a glance</p>	Monthly Drug Plan Premium [?]	\$0.00	Monthly Health Plan Premium [?]	\$0.00	Annual Drug Deductible [?]	\$320.00		
Monthly Drug Plan Premium [?]	\$31.30																					
Monthly Health Plan Premium [?]	\$107.70																					
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Annual Drug Deductible [?]	\$320.00																					
Monthly Drug Plan Premium [?]	\$0.00																					
Monthly Health Plan Premium [?]	\$0.00																					
Annual Drug Deductible [?]	\$320.00																					
<p><input type="checkbox"/> <b>Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs</b></p>																						
<p><b>Cost at Kroger Pharmacy</b></p> <table border="1"> <tr> <td>Enrollment Today [?]</td> <td>\$169.20</td> </tr> </table>		Enrollment Today [?]	\$169.20	<p><b>Cost at Kroger Pharmacy</b></p> <table border="1"> <tr> <td>Enrollment Today [?]</td> <td>\$208.80</td> </tr> </table>		Enrollment Today [?]	\$208.80	<p><b>Cost at Kroger Pharmacy</b></p> <table border="1"> <tr> <td>Enrollment Today [?]</td> <td>\$16.00</td> </tr> </table>	Enrollment Today [?]	\$16.00												
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# Review the plan Star Ratings

<b>Overview</b>	<b>Health Plan Benefits</b>	<b>Drug Costs &amp; Coverage</b>	<b>Star Ratings</b>	<b>Manage Drugs</b>
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Overall Star Rating [?]		
★★★★ 4 out of 5 stars	★★★★ 4 out of 5 stars	Plan too new to be measured
[-] Prescription Drug Plan Star Ratings		
<b>Aetna Medicare Select Plus Plan (PPO) (H5521-052)</b>	<b>Humana Gold Choice H8145-021 (PFFS) (H8145-021)</b>	<b>Classic Plus Rx - N Kentucky (HMO) (H9208-002)</b>
Summary Rating of Prescription Drug Plan Quality (?)		
★★★★ 4 out of 5 stars	★★★★ 4 out of 5 stars	Plan too new to be measured
[-] Drug Plan Customer Service (?) <a href="#">View data sources</a>		
★★★★ 4 out of 5 stars	★★★★ 4 out of 5 stars	Plan too new to be measured
Drug Plan Makes Timely Decisions about Appeals (?)		
★★★	★★★	Plan too new to be measured
Fairness of Drug Plan's Appeal Decisions, Based on an Independent Reviewer (?)		
★★★★★	★★★★★	Plan too new to be measured
[-] 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	Plan too new to be measured
Complaints about the Drug Plan (more stars are better because it means fewer complaints) (?)		
★★★★★	★★★★	Plan too new to be measured
Members Choosing to Leave the Plan (more stars are better because it means fewer members are choosing to leave the plan) (?)		
★★★★★	★★★	Plan too new to be measured

Overview	Health Plan Benefits	Drug Costs & Coverage	Star Ratings	Manage Drugs
<p><b>Aetna Medicare Select Plus Plan (PPO)</b></p> <p>(H5521-052) <sup>1</sup> Plan Type: Local Preferred            Provider Organization  <b>Organization:</b> Aetna Medicare</p> <p><b>Members:</b> 1-800-282-5366            711(TTY/TDD)  <b>Non Members:</b> 1-855-338-7027            711(TTY/TDD)</p> <p><b>Coverage:</b> Provides health and drug coverage</p> <p>D V H</p> <p><a href="#">Enroll</a></p>	<p><b>Humana Gold Choice H8145-021 (PFFS)</b></p> <p>(H8145-021) Plan Type: Private Fee for Service  <b>Organization:</b> Humana Insurance Company</p> <p><b>Members:</b> 1-800-457-4708            711(TTY/TDD)  <b>Non Members:</b> 1-800-833-2364            711(TTY/TDD)</p> <p><b>Coverage:</b> Provides health and drug coverage</p> <p>D V</p> <p><a href="#">Enroll</a></p>	<p><b>Classic Plus Rx - N Kentucky (HMO)</b></p> <p>(H9208-002) <sup>1</sup> Plan Type: HMO  <b>Organization:</b> RiverLink Health</p> <p><b>Members:</b> 1-866-329-3970            711(TTY/TDD)  <b>Non Members:</b> 1-866-329-3970            711(TTY/TDD)</p> <p><b>Coverage:</b> Provides health and drug coverage</p> <p>D V H</p> <p><a href="#">Enroll</a></p>		

- You can call the plan directly for answers to questions.

Once you have completed your comparison and made a decision

- You can enroll in the plan online by clicking **Enroll** **OR**
- You can call the company and enroll over the phone.

**Note: Medicare.gov is a secure site.**