

STEPS FOR COMPARING MEDICARE PART D - PRESCRIPTION DRUG PLANS

Using the Internet

STEP 1 OF 4: BEGIN

- Go to: 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?](#)

My Current Profile

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

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	+ Add Drug
Levetiracetam(Levetiracetam)	Generic	+ Add Drug
Levitra(Vardenafil HCl)	Brand	+ Add Drug
Levothroid(Levothyroxine Sodium)	Brand	+ Add Drug
Levothyroxine Sodium(Levothyroxine Sodium)	Generic	+ Add Drug
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

Click – Add drug and dosage

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

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:
Lipitor

Or Browse A-Z:
A B C D E F G H I
N O P Q R S T U V

Help with common drug abbreviations
Hints on how to enter drug information
Why can't I find my drug?

My Drug List (Maximum 25)
Total Drugs in My Drug List: 0

Lipitor

Dosages [?]

- Lipitor TAB 10MG
- Lipitor TAB 20MG
- Lipitor TAB 40MG
- Lipitor TAB 80MG

Quantity [?]
30

Frequency [?]

- Every 1 Month
- Every 2 Months
- Every 3 Months
- Every 12 Months

Pharmacy Type [?]

- I get this medicine from a retail pharmacy.
- I get this medicine from a mail order pharmacy.

or

7. 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 does not 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) Switch Back	Change dose Add Remove

[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 1 miles of 41017

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

Available Pharmacies

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

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: S160191616
Password Date: 08/29/2013
[Important Coverage Information](#)

Refine Your Search

[Update Plan Results](#)

- [Limit Your Monthly Premium](#)
- [Limit Your Annual Drug Deductible](#)
- [Select Drug Options](#)
- [Select Plan Ratings](#)
- [Select Coverage Options](#)
- [Select Special Needs Plans](#)
- [Change Health Status](#)

Summary of Your Search Results

There are a total of 38 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"/>	Prescription Drug Plans (with Original Medicare) [?]	26 plan(s) available
<input type="checkbox"/>	Medicare Health Plans with drug coverage[?]	10 plan(s) available
<input type="checkbox"/>	Medicare Health Plans without drug coverage[?]	1 plan(s) available

[Continue To Plan Results](#)

YOUR PLAN RESULTS

- Your plan results are listed in order of lowest estimated cost to highest estimated cost.

Note: Original Medicare is listed first –

Your Plan Results

[Return to previous page](#)

Your plan results are organized by plan type and are in order of lowest estimated cost. To view more plans, select View 20 or 50. 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: S160191616
 Password Date: 08/29/2013
[Important Coverage Information](#)

Symbols

N Nationwide 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 Plan Rating:[?]
Retail Annual: \$1,270 Rest of 2013: \$423 Mail Order Annual: N/A Rest of 2013: N/A	Standard Part B: \$104.90	Part B Deductible: \$147	Doctor Choice: Any Doctor Out of Pocket Spending Limit: Not Applicable	N/A	\$4,570	Not Available

Scroll down to prescription drug plans

You can:

- Compare up to 3 plans by using the checkboxes and click Compare Plans

Prescription Drug Plans

There are 26 plans in 41017 that match your preferences. [View 10](#) [View 20](#) [View 50](#)

Compare Plans

Sort Results By: Lowest Estimated Annual Retail Drug Cost Sort

AARP MedicareRx Saver Plus (PDP) (S5921-360-0)
 Organization: UnitedHealthcare

Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Plan Rating:[?]	
Retail Pharmacy Status: Preferred-Network Annual: \$305 Rest of 2013: \$102 Mail Order Annual: \$310 Rest of 2013: \$125	\$15.00	Annual Drug Deductible: \$325 Drug Copay/ Coinsurance: \$1 - \$45, 25%	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs MTM Program[?]: Yes	3 out of 5 stars	Enroll

Humana Walmart-Preferred Rx Plan (PDP) (S5884-138-0)
 Organization: Humana Insurance Company

Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Plan Rating:[?]	
Retail Pharmacy Status: Network Annual: \$349 Rest of 2013: \$116 Mail Order Annual: \$336 Rest of 2013: \$131	\$18.50	Annual Drug Deductible: \$325 Drug Copay/ Coinsurance: \$1 - \$5, 20% - 35%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes No Gap Coverage Lower Your Drug Costs MTM Program[?]: Yes	3.5 out of 5 stars	Enroll

First Health Part D Value Plus (PDP) (S5768-138-0)
 Organization: First Health Part D

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 plan ratings.

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

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

Symbols

N Nationwide Coverage
*Estimated

Overview Health Plan Benefits Drug Costs & Coverage Plan Ratings

Humana Walmart-Preferred Rx Plan (PDP)
(S5884-138) Plan Type: PDP
Organization: Humana Insurance Company
Members: 1-800-281-6918
711(TTY/TDD)
Non Members: 1-800-706-0872
711(TTY/TDD)
Coverage: Provides drug coverage only.
NOTE: Health Plan Benefits are based on Original Medicare
[View Plan Medication Therapy Management \(MTM\) program eligibility information](#)
N
[Enroll](#)

AARP MedicareRx Saver Plus (PDP)
(S5921-360) Plan Type: PDP
Organization: UnitedHealthcare
Members: 1-888-867-5575
711(TTY/TDD)
Non Members: 1-866-679-3282
711(TTY/TDD)
Coverage: Provides drug coverage only.
NOTE: Health Plan Benefits are based on Original Medicare
[View Plan Medication Therapy Management \(MTM\) program eligibility information](#)
N
[Enroll](#)

Fixed Costs

	Humana Walmart-Preferred Rx Plan (PDP)	AARP MedicareRx Saver Plus (PDP)
Monthly Drug Plan Premium [?]	\$18.50	\$15.00
Monthly Health Plan Premium [?]	N/A	N/A
Annual Drug Deductible [?]	\$325.00	\$325.00

Estimated Annual Drug Costs

	Humana Walmart-Preferred Rx Plan (PDP)	AARP MedicareRx Saver Plus (PDP)
Cost at KROGER PHARMACY		
January Enrollment [?]	\$349.08	\$305.28
Enrollment Today [?]	\$116.36	\$101.76
Cost at mail order pharmacy		
January Enrollment	\$336.24	\$309.76

- Click on any plan name for details at any time

- Review plan premium, deductible, estimated annual cost, coverage information, plan rating, etc.

- The plan **contact information** can be found by clicking on the plan name. You can call the plan directly for answers to questions or to enroll in the plan.

OR

- You can enroll in the plan online by clicking **Enroll**

Note: Medicare.gov is a secure site.

**Annual Open Enrollment for Prescription Drug Plans
and Medicare Advantage Plans is
October 15 to December 7 with coverage beginning on January 1**