

# Medicare Part D

*Prescription Drug Reviews Made Easy*



Kristin Manwaring Insurance

# Kristin Manwaring Insurance ~ Part D review

The goal of this meeting is to give you the tools and confidence to perform your annual Medicare Part D review.

We are suggesting three options to accomplish this task, and the following pages will provide additional details on each.

- Use the web-site [www.medicare.gov](http://www.medicare.gov)
- Call Medicare directly at 1-800-633-4227
- Local SHIBA volunteers, info at 360-385-2552

[www.medicare.gov](http://www.medicare.gov) is the official site to review prescription plans and formularies.

- Once at Medicare.gov your first step is to follow the “Find Health & Drug Plans” button.

The screenshot shows the Medicare.gov homepage. At the top, there are navigation links for 'Español', 'A A A', and 'Print'. The main header features the 'Medicare.gov' logo and the tagline 'The Official U.S. Government Site for Medicare'. A search bar is located in the top right corner. Below the header is a horizontal menu with buttons for 'Sign Up / Change Plans', 'Your Medicare Costs', 'What Medicare Covers', 'Drug Coverage (Part D)', 'Supplements & Other Insurance', 'Claims & Appeals', 'Manage Your Health', and 'Forms, Help, & Resources'. The main content area is titled 'Is my test, item, or service covered?' and includes a search input field and a 'Go' button. Below this are two prominent yellow buttons: 'Find health & drug plans' and 'Apply for Medicare'. A 'MyMedicare.gov login' button is also present. The page is divided into several sections: 'Address change/Medicare card issue', 'Information for my situation', and 'Find someone to talk to'. A 'Find doctors, providers, hospitals, plans & suppliers' section is highlighted with a red arrow. To the right, there are several blue buttons for services like 'Get help with costs', 'Explore Medicare health plans', 'Find out how Medicare works with other insurance', 'Mail you get about Medicare', and 'Go paperless: get Medicare & You electronically'. At the bottom, there is a 'Home' button, the Medicare.gov logo, and contact information for the Centers for Medicare & Medicaid Services.

[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](#)[Learn More About Plans](#)[? Help](#)[A-Z Glossary](#)[FAQ](#)[Home](#)

## 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:   

Not Part A? Select here.

Date of Birth:   

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

[Find Plans](#)

### Plan Finder Multimedia

Step by step overview on how to  
complete a plan search  
Lesson 1- Getting Started

[View more videos](#)

### Additional Tools

- Find and compare Medigap policies
- Search by plan name and ID
- Enroll now
- Check your enrollment
- Medicare complaint form

### Related Resources

- Extra Help paying for Medicare prescription drug coverage
- Helpful contacts
- 6 ways to lower your drug costs
- Download Plan Finder databases

- Enter the zip code for your primary residence in the “General Search” section and click “Find Plans” button.

- You may be prompted to select your county to confirm eligibility of certain plans. Please do so if prompted.

## Step 1 of 4: Enter Info

- Select “Original Medicare for question 1.
- Select “I don’t know” for question 2 regarding assistance for plan premiums.

Español | [A](#) [A](#) [A](#) | [Print](#) [About Us](#) | [FAQ](#) | [Glossary](#) | [CMS.Gov](#) | [MyMedicare.gov Login](#)

# Medicare.gov

The Official U.S. Government Site for Medicare

type search term here

[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](#)

[Learn More About Plans](#) [Help](#) [A-Z Glossary](#) [FAQ](#)

[Home](#) + [Enter Information](#)

## 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 don't get any Extra Help [\[?\]](#)

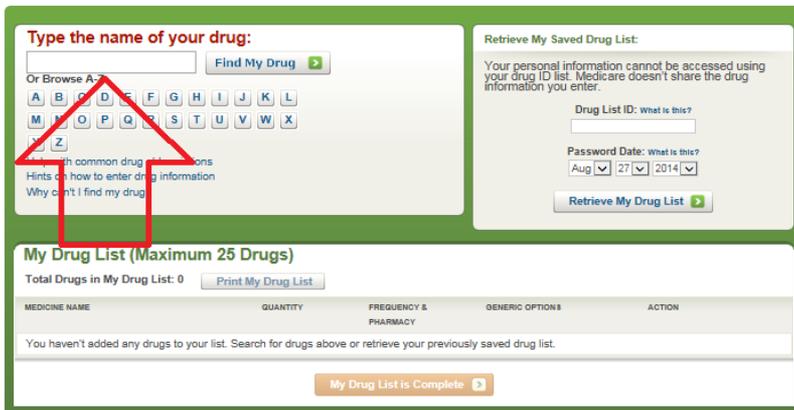
I don't know

[Go Back](#)

[Back to Top](#)

# Step 2 of 4: Enter Your Drugs

- Type name of drug in the box, names of drugs will begin to auto-populate below. Select your Rx.



- When you select the name of the drug you are prompted to select dosage; quantity and frequency of refill. Pharmacy type will default to “retail pharmacy”. Leave this as retail for now whether that is true or not. “Add drug and dosage” button when complete.

## Step 2 of 4: Enter Your Drugs (cont.)

- Once you have completed all of your prescriptions you will see “My Drug List is Complete” at the bottom of the screen. Review and confirm this summary to ensure accuracy of information.
- You now have a populated “Drug List ID” which appears in the top right (red star on slide). Write down the Drug List ID; Date and Zip Code as they can be used to access this info at a later date.

## 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.

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

 My Current Profile

Zip Code: 98362

Current Coverage: Original Medicare

Current Subsidy: No Extra Help [?]

[Important Coverage Information](#)

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: 4716877824

Password Date: 8/27/2014 ([change date](#))

Zip Code: 98362

[Use a different drug list ID](#)

### My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 5

[Print My Drug List](#)

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTION <sup>8</sup>	ACTION
Atenolol TAB 50MG	30	Every 1 Month Retail Pharmacy	Already Generic	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
Benicar TAB 20MG	30	Every 1 Month Retail Pharmacy	Generic Not Available	<a href="#">Change dose</a> <a href="#">Add</a> <a href="#">Remove</a>
Levofloxacin TAB 500MG	30	Every 1 Month Retail Pharmacy	Already Generic	<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>
Simvastatin TAB 20MG	30	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](#) 

## Step 3 of 4: Select Your Pharmacies

- Find your pharmacy of choice and click the “Add Pharmacy” link found below the pharmacies information.
- Once you have selected your primary pharmacy; click the “Continue to Plan Results” button at the bottom of the page.

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# Medicare.gov

The Official U.S. Government Site for Medicare

type search term here

[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](#)

[Learn More About Plans](#) [Help](#) [A-Z Glossary](#) [FAQ](#)

Home → Enter Information → Enter Your Drugs → Select Your Pharmacies

### 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: 98362  
Current Coverage: Original Medicare  
Current Subsidy: No Extra Help [?]  
Drug List ID: 4718877824  
Password Date: 08/27/2014  
[Important Coverage Information](#)

[Continue to Plan Results](#)

We found 10 pharmacies within 1 miles of 98362

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

#### Available Pharmacies

Add to Selected Pharmacies

<b>Jims Pharmacy And Home Health</b> 424 E 2Nd St Port Angeles, WA 98362 1-360-452-4200 <a href="#">Add Pharmacy</a>	<b>Olympic Memorial Hospital Pharmacy</b> 939 Caroline St Port Angeles, WA 98362 1-360-417-7185 <a href="#">Add Pharmacy</a>	<b>Pt Angeles USCG PHCY</b> Ediz Hook Rd Port Angeles, WA 98362 1-360-417-5887 <a href="#">Add Pharmacy</a>
<b>Rite Aid Pharmacy # 05257</b> 621 South Lincoln Street Port Angeles, WA 98362 1-360-452-9784 <a href="#">Add Pharmacy</a>	<b>Rite Aid Pharmacy # 05258</b> 110 Plaza Street Port Angeles, WA 98362 1-360-457-3456 <a href="#">Add Pharmacy</a>	<b>Safeway</b> 2709 E Highway 101 Port Angeles, WA 98362 1-360-457-7865 <a href="#">Add Pharmacy</a>
<b>Safeway</b> 110 East 3Rd Street Port Angeles, WA 98362 1-360-457-0599 <a href="#">Add Pharmacy</a>	<b>Savon Pharmacy</b> 114 E Lauridsen Blvd Port Angeles, WA 98362 1-360-452-4410 <a href="#">Add Pharmacy</a>	<b>Walgreens #11215</b> 932 E Front St Port Angeles, WA 98362 1-360-457-4456 <a href="#">Add Pharmacy</a>
<b>Wal-Mart Pharmacy 10-2196</b> 3411 E Kolonels Way Port Angeles, WA 98362 1-360-452-3105 <a href="#">Add Pharmacy</a>		

## Step 4 of 4: Refine Your Plan Results

- By checking the box under SELECT ALL for the “Prescription Drug Plans (with Original Medicare) you will then be able to see ALL plans available to you in your area
- Click the “Continue to Plan Results” box below to move forward

### *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:** 98362  
**Current Coverage:** Original Medicare  
**Current Subsidy:** No Extra Help [?]  
**Drug List ID:** 4716877824  
**Password Date:** 08/27/2014

[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](#)

[Update Plan Results](#)

#### Summary of Your Search Results

There are a total of 37 plans available in your area including Original Medicare. Please select one or more plan types to continue.

Select All	Available Plans Based On Your Filters	Number of Plans Available: 36
<input checked="" type="checkbox"/>	Prescription Drug Plans (with Original Medicare)[?]	33 plan(s) available
<input type="checkbox"/>	Medicare Health Plans with drug coverage[?]	2 plan(s) available
<input type="checkbox"/>	Medicare Health Plans without drug coverage[?]	1 plan(s) available

[Continue To Plan Results](#)

# Refine Plan Results

- Scrolling down allows you to view available plans, checking red box to left of each plan allows you to compare plans. Click on name of plan to view in detail.

**Symbols**

This symbol signifies that Medicare has given the plan a low rating at least three years in a row.

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:[?]
Retail Cost as of Today: \$3,403	Standard Part B: \$104.90	Part B Deductible: \$147	Doctor Choice: Any Doctor  Out of Pocket Spending Limit: Not Applicable	N/A	\$13,680 Includes \$10,209 for drug costs	Not Available

**Prescription Drug Plans** Star Ratings

33 plans were found in **98362** based on your search criteria. View 10 [View 20](#) [View All](#)

Compare Plans

Sort Results By Lowest Remainder Of The Year Retail Costs Sort

**SilverScript Choice (PDP) (S5601-139-0)**  
Organization: SilverScript

Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]
Retail Pharmacy Status: Network  Cost as of Today: \$327	\$33.80	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$0 - \$24, 33% - 35%	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> No Additional Gap Coverage <b>Lower Your Drug Costs</b> MTM Program[?]: <b>Yes</b>	*** 2.5 out of 5 stars <span>Enroll</span>

**Humana Enhanced (PDP) (S5884-028-0)**  
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:[?]
Retail Pharmacy Status: Preferred-Network  Cost as of Today: \$384	\$43.10	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$2 - \$92, 33%	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> Few Brands <b>Lower Your Drug Costs</b> MTM Program[?]: <b>Yes</b>	**** 3.5 out of 5 stars <span>Enroll</span>

**Transamerica MedicareRx Choice (PDP) (S9579-062-0)**  
Organization: Stonebridge Life Insurance Company

Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]
Retail Pharmacy Status: Network  Cost as of Today: \$397	\$54.30	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$0 - \$95, 33%	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> No Additional Gap Coverage <b>Lower Your Drug Costs</b> MTM Program[?]: <b>Yes</b>	**** 4 out of 5 stars <span>Enroll</span>

**First Health Part D Value Plus (PDP) (S5768-153-0)**  
Organization: First Health Part D

Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]
Retail Pharmacy Status: Preferred-Network  Cost as of Today: \$410	\$47.60	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$3 - \$88, 33%	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> No Additional Gap Coverage <b>Lower Your Drug Costs</b> MTM Program[?]: <b>Yes</b>	**** 3.5 out of 5 stars <span>Enroll</span>

**Express Scripts Medicare - Choice (PDP) (S5660-215-0)**  
Organization: Express Scripts Medicare

Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]
Retail Pharmacy Status: Network  Cost as of Today: \$429	\$49.50	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$2 - \$90, 33%	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> No Additional Gap Coverage <b>Lower Your Drug Costs</b> MTM Program[?]: <b>Yes</b>	**** 3.5 out of 5 stars <span>Enroll</span>

**Humana Preferred Rx Plan (PDP) (S5884-113-0)**  
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:[?]
Retail Pharmacy Status: Network  Cost as of Today: \$497	\$22.80	Annual Drug Deductible: \$310 Drug Copay/ Coinsurance: \$1 - \$2, 20% - 35%	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> No Additional Gap Coverage <b>Lower Your Drug Costs</b> MTM Program[?]: <b>Yes</b>	**** 3.5 out of 5 stars <span>Enroll</span>

**EnvisionRxPlus Silver (PDP) (S7694-030-0)**  
Organization: EnvisionRx Plus

Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]

# Drug Costs & Coverage

- When viewing details on single plan details appear as they do below highlighting monthly premium and cost of your specific Rx's entered previously

Overview Health Plan Benefits Drug Costs & Coverage Star Ratings MTM

**SilverScript Choice (PDP)**  
(S5601-139-0)

P.O. Box 53991  
Phoenix, AZ 85072

Overall Star Rating: [?] **Enroll**  
\*\*\*  
2.5 out of 5 stars

Organization: SilverScript  
Plan Type: PDP

Members:  
1-866-235-5660  
1-866-236-1069 (TTY/TDD)

Non Members:  
1-866-552-6106  
1-866-552-6288 (TTY/TDD)

**NOTE: Health Plan Benefits are based on Original Medicare**

Fixed Costs

Monthly Drug Plan Premium [?]	\$33.80
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) [?]
Walgreens #11215	\$204.69
Rite Aid Pharmacy # 05257	\$204.69
Mail Order Pharmacy	\$161.40

Lower your drug costs

Estimated Full Cost the Plan Charges Medicare for Your Drugs

What You Pay

Walgreens #11215 Rite Aid Pharmacy # 05257 Mail Order Pharmacy

Walgreens #11215 is a Network Pharmacy.

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	What You Pay		
			Initial Coverage Level[?]	Coverage Gap [?]	Catastrophic Coverage[?]
Atenolol TAB 50MG	\$3.43	Every 1 Month	\$3.43	\$2.47	\$2.55
Benicar TAB 20MG	\$127.38	Every 1 Month	\$31.00	\$60.51	\$6.37
<b>MONTHLY TOTALS:</b>	<b>\$130.81</b>		<b>\$34.43</b>	<b>\$62.98</b>	<b>\$8.92</b>

Estimated Monthly Drug Costs

Walgreens #11215 Rite Aid Pharmacy # 05257 Mail Order Pharmacy

Monthly Costs for the Rest of the Year (based on enrollment today)

Month	Cost
Jan	N/A
Feb	N/A
Mar	N/A
Apr	N/A
May	N/A
Jun	N/A
Jul	N/A
Aug	N/A
Sep	N/A
Oct	\$68
Nov	\$68
Dec	\$68

Graph depict an estimate of your monthly prescription drug costs, including any applicable premium for this plan. Actual costs may vary. View a more detailed explanation of these costs.

Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	RESTRICTIONS	PRIOR AUTHORIZATION [?]	QUANTITY LIMITS [?]	STEP THERAPY [?]
Atenolol TAB 50MG	Tier 1: Generic				
Benicar TAB 20MG	Tier 2: Preferred Brand			Yes	

Add/Edit Drugs Print My Drug List Print Plan Report View Drug Benefit Summary

Pharmacy & Mail Order Information

Mail Order is available.  
Pharmacy Network [?]  
8 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
ATENOLOL TAB 50MG	30	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove
BENICAR TAB 20MG	30	Every 1 Month	Generic Not Available	Change dose Add Remove

# Comparing Multiple Plans

- When refining plan results you can check RED BOX next to multiple plans to see details of each plan side by side.

Prescription Drug Plans Star Ratings

33 plans were found in 98362 based on your search criteria. View 10 [View 20](#) [View All](#)

**Compare Plans** ▶ click here to compare plans

Sort By: Lowest Cost Sort ▶

<input checked="" type="checkbox"/>	Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Drug Coverage [?], Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]	
<input checked="" type="checkbox"/>	<b>SilverScript Choice (PDP) (S5601-139-0)</b> Organization: SilverScript	\$33.80	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$0 - \$24, 33% - 35%	All Your Drugs on Formulary: <b>Yes</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	<a href="#">Enroll</a>
<input checked="" type="checkbox"/>	<b>Humana Enhanced (PDP) (S5884-028-0)</b> Organization: Humana Insurance Company	\$43.10	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$2 - \$92, 33%	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> Few Brands <b>Lower Your Drug Costs</b> <b>MTM Program [?]: Yes</b>	**** 3.5 out of 5 stars	<a href="#">Enroll</a>
<input type="checkbox"/>	<b>Transamerica MedicareRx Choice (PDP) (S9579-062-0)</b> Organization: Stonebridge Life Insurance Company	\$54.30	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$0 - \$95, 33%	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> No Additional Gap Coverage <b>Lower Your Drug Costs</b> <b>MTM Program [?]: Yes</b>	**** 4 out of 5 stars	<a href="#">Enroll</a>
<input type="checkbox"/>	<b>First Health Part D Value Plus (PDP) (S5768-153-0)</b> Organization: First Health Part D	\$47.60	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$0 - \$88, 33%	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b>	**** 3.5 out of 5 stars	<a href="#">Enroll</a>

} select plans you wish to compare

# Comparing Multiple Plans Side By Side

After selecting multiple plans to compare, you are brought to a summary screen seen below to outline benefits, premiums and costs to you. If you see the plan you wish to choose you can select the “ENROLL” button to begin enrollment

Overview Health Plan Benefits Drug Costs & Coverage Star Ratings MTM

**SilverScript Choice (PDP)**  
(S5601-139) Plan Type: PDP  
Organization: SilverScript

Members: 1-866-235-5660  
1-866-236-1069(TTY/TDD)  
Non Members: 1-866-552-6106  
1-866-552-6288(TTY/TDD)

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

**Enroll**

**Fixed Costs**

Monthly Drug Plan Premium [?]	\$33.80
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 at Walgreens #11215	
Enrollment Today [?]	\$327.16
Cost at mail order pharmacy	
Enrollment Today	\$255.20
Lower your drug costs	

**Estimated Full Cost the Plan Charges Medicare for Your Drugs**

**Estimated Monthly Drug Costs**

**Monthly Drug Costs at Retail Pharmacies**  
View Drug Cost Summary

MILESTONES	MONTH	YOUR COST
1st		\$81.79
2nd		\$81.79
3rd		\$81.79
4th		\$81.79
5th		\$81.79
6th		\$81.79

**Humana Enhanced (PDP)**  
(S5884-028) 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**

**Enroll**

**Fixed Costs**

Monthly Drug Plan Premium [?]	\$43.10
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 at Walgreens #11215	
Enrollment Today [?]	\$384.40
Cost at mail order pharmacy	
Enrollment Today	\$404.40
Lower your drug costs	

**Estimated Full Cost the Plan Charges Medicare for Your Drugs**

**Estimated Monthly Drug Costs**

**Monthly Drug Costs at Retail Pharmacies**  
View Drug Cost Summary

MILESTONES	MONTH	YOUR COST
1st		\$96.10
2nd		\$96.10
3rd		\$96.10
4th		\$96.10
5th		\$96.10
6th		\$96.10

**Monthly Drug Costs at Retail Pharmacies**  
View Drug Cost Summary

MILESTONES	MONTH	YOUR COST
1st		\$81.79
2nd		\$81.79
3rd		\$81.79
4th		\$81.79
5th		\$81.79
6th		\$81.79
7th		\$81.79
8th		\$81.79
9th		\$81.79
10th		\$81.79
11th		\$81.79
12th		\$81.79

**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 get approximately a 50% discount on covered brand drugs. Medicare has also increased its coverage of generic drugs for beneficiaries in the coverage gap so that beginning in 2011 you will pay less for generic drugs as well. The drugs eligible for the brand discount or the additional generic savings may change based on the information we have available.

**Drug Coverage Information**

All of your drugs are covered on the plan's formulary. [?]

**Atenolol TAB 50MG**  
No restrictions

Tier 1: Generic  
**Benicar TAB 20MG**  
Quantity Limit

Tier 2: Preferred Brand  
**Levofloxacin TAB 500MG**  
No restrictions

Tier 1: Generic  
**Lisinopril TAB 10MG**

**Monthly Drug Costs at Retail Pharmacies**  
View Drug Cost Summary

MILESTONES	MONTH	YOUR COST
1st		\$96.10
2nd		\$96.10
3rd		\$96.10
4th		\$96.10
5th		\$96.10
6th		\$96.10
7th		\$96.10
8th		\$96.10
9th		\$96.10
10th		\$96.10
11th		\$96.10
12th		\$96.10

**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 get approximately a 50% discount on covered brand drugs. Medicare has also increased its coverage of generic drugs for beneficiaries in the coverage gap so that beginning in 2011 you will pay less for generic drugs as well. The drugs eligible for the brand discount or the additional generic savings may change based on the information we have available.

**Drug Coverage Information**

All of your drugs are covered on the plan's formulary. [?]

**Atenolol TAB 50MG**  
No restrictions

Tier 1: Preferred Generic  
**Benicar TAB 20MG**  
Quantity Limit

Tier 3: Preferred Brand  
**Levofloxacin TAB 500MG**  
No restrictions

Tier 2: Non-Preferred Generic  
**Lisinopril TAB 10MG**

# Plan Hints and Tips

- Deductible or no deductible. The addition of a \$400 annual deductible is similar to the monthly premium increasing by \$34 per month.
- Monthly costs vs. annual costs
- Preferred pharmacy vs. Standard pharmacy
- The three following drug restrictions: **Prior Authorization, Step Therapy and Quantity Limits** (reference pg. 10).
- How does *mail order* work?
- What is the “*Tier Creep*”?

# ONLINE ENROLLMENT PROCESS



# Open Enrollment

- This pop-up will confirm whether or not you are eligible to enroll in a plan. Open Enrollment occurs between October 15<sup>th</sup> and December 7<sup>th</sup>. “Continue Enrollment” button is at bottom of the pop-up page.
- If you are attempting to access and change plans outside of the open enrollment period you must have one of the qualifying “Special Election Period Events” that are listed below.

## Start Enrollment

[Continue 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.

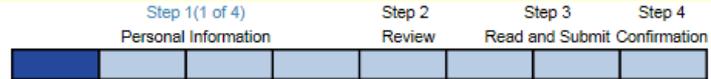
In all other cases, if you want to change plans you are generally limited to making changes between October 15 and December 7 each year. In special circumstances, Medicare may give you an opportunity to switch to another plan. For example, if you permanently move out of your plan’s service area; if you 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.

I may be able to enroll at this time if:	More Info
I am new to Medicare.	ⓘ
I recently moved outside of the service area for my current plan.	ⓘ
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)	ⓘ
I have both Medicare and Medicaid or my state helps pay for my Medicare Premiums.	ⓘ
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 recently "left" a Programs of All-inclusive Care for the Elderly program.	ⓘ

# Open Enrollment Continued

- After clicking the “continue enrollment” you will be prompted to select the reason why you are eligible to enroll. There will be an option regarding “open enrollment” to choose between October 15<sup>th</sup> and December 7<sup>th</sup>. Select that and click “continue” at the bottom.



## Start Enrollment

**ATTENTION: You are enrolling in a 2014 Plan.**

You are enrolling in: **SilverScript Choice (PDP)**

Please fill out the personal information below. When you're finished, please click the Continue button at the bottom.

To protect your privacy, we may be asking you to provide us information in the form below that you have already entered on this site. We're sorry for the inconvenience, but your privacy is important to us.

**Note: This tool is entirely confidential. The information you are providing will only be used for the purposes of completing your enrollment in the Medicare Plan that you selected. We will not share the information you provide with anyone for any other purpose.**

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 [i](#) 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. <a href="#">i</a>	<input type="checkbox"/> I recently moved outside of the service area for my current plan. <a href="#">i</a> 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) <a href="#">i</a>	<input type="checkbox"/> I have both Medicare and Medicaid or my state helps pay for my Medicare Premiums. <a href="#">i</a>
<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). <a href="#">i</a> 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. <a href="#">i</a> I left a PACE program on --Month-- --Day-- --Year--
<input type="checkbox"/> I am losing coverage I had from an employer. <a href="#">i</a> 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. <a href="#">i</a>
<input type="checkbox"/> I recently returned to the United States after living permanently outside of the U.S. <a href="#">i</a> I returned to the U.S. on --Month-- --Day-- --Year--	<input type="checkbox"/> I recently involuntarily lost my creditable drug coverage. <a href="#">i</a> I lost my creditable drug coverage on --Month-- --Day-- --Year--

# Personal Information

- You are now enrolling in a plan and will need to fill out personal information to begin your “application.”
- All information needs to be as accurate as possible in order to properly enroll in the plan you’ve selected.

Step 1(2 of 4)	Step 2	Step 3	Step 4
Personal Information	Review	Read and Submit	Confirmation

Start Enrollment

**ATTENTION:** You are enrolling in a 2014 Plan.

You are enrolling in: SilverScript Choice (PDP)

Please fill out the personal information below. When you're finished, please click the Continue button at the bottom.

To protect your privacy, we may be asking you to provide us information in the form below that you have already entered on this site. We're sorry for the inconvenience, but your privacy is important to us.

**Note:** This tool is entirely confidential. The information you are providing will only be used for the purposes of completing your enrollment in the Medicare Plan that you selected. We will not share the information you provide with anyone for any other purpose.

Your Personal Information:							
Title:	<input checked="" type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss. <input type="radio"/> Ms.						
Your Name:	<table border="1"> <tr> <td>John</td> <td></td> <td>Doe</td> </tr> <tr> <td>First Name</td> <td>M.I.</td> <td>Last Name</td> </tr> </table>	John		Doe	First Name	M.I.	Last Name
John		Doe					
First Name	M.I.	Last Name					
Birth Date:	April --Day-- 1949						
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female						
Email Address: <i>(This information is optional)</i>							
Home Phone Number:	(360) 683 - 9284						
Permanent Residence(P.O. Box is not allowed):							
Street Address Line 1:	426 e washington st						
Street Address Line 2:							
City:	sequim						
County: <i>(This information is optional)</i>							
State:	Washington						
ZIP code:	98382						
Mailing Address: <i>(Only if different from your Permanent Residence Address)</i>							
Street Address Line 1:							
Street Address Line 2:							
City:							
State:	--Choose a State/Province--						
ZIP code:							
Emergency Contact: <i>(This information is optional)</i>							
Name:	Jane Doe						
Relationship to you:	Spouse						
Phone Number:	(360) 683 - 9026						

# Medicare Information

- You will now need to enter your MEDICARE information available on your Medicare card (Claim Number, Part A&B effective date).
- To avoid any potential missed payments we strongly recommend selecting the option of having your premium deducted from your Social Security Benefit if applicable
- If you wish to have this option you will have to reiterate that by answering “yes” at the bottom of the page.

Please Provide Your Medicare Insurance Information:

Please take out your Medicare Card to complete this section.

- Please fill in these blanks so they match your red, white and blue Medicare card.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Railroad Retirees [click here](#)

**MEDICARE HEALTH INSURANCE**

Medicare Claim Number  
642 -17 -9985 -a

Is Entitled To Effective Date

Hospital (Part A) April 2014

Medical (Part B) April 2014

Paying Your Plan Premium:

You have two options for paying your monthly premium (including any Late Enrollment Penalty you may owe). You can choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month, or you can choose to pay using one of your plan's premium payment options.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp)

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, your plan will bill you for the amount that Medicare does not cover.

If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the Railroad Retirement Board (RRB). DO NOT pay SilverScript Choice (PDP) the Part D-IRMAA.

**How do you want to pay your premium?**

Have the plan bill me monthly and I will pay it directly (this can be paid by mail or a monthly electronic funds transfer (EFT) from your bank account)

Deduct it from my Social Security benefit

\*If you choose to have the monthly premium for this Medicare drug plan automatically deducted from your Social Security or RRB benefit. Please be advised that it may take up to two or more months to begin after Social Security or the RRB approve your request for automatic deduction. If Social Security or RRB does not approve your request for automatic deduction, the plan you have selected will send you a paper bill for your monthly premium. Also, if the plan you have selected sends your request for automatic deduction to Social Security or RRB later in the month, the automatic deduction will not start until after you have enrolled with your plan. If this happens, your plan will send you a paper bill for the premiums for the first month or two of your enrollment.

If it takes two months for deductions to begin, two monthly premiums will be withheld in a lump sum from your Social Security or RRB benefit.

If it takes three months for deductions to begin, three monthly premiums will be withheld in a lump sum from your Social Security or RRB benefit. You will never have a deduction that is more than \$300 worth of premiums.

If you currently have Medicare drug plan premiums withheld from your Social Security or RRB benefit: Please be advised that it may take up to two or three months before deductions for your new plan begin. This means that you may have two or three monthly premiums from your old plan withheld from your Social Security or RRB benefit until the deductions begin. When the deductions begin for your new plan, there will be an adjustment for any premiums withheld from your old plan, as well as the deduction for your new plan.

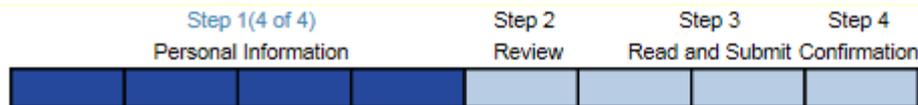
If you have assistance other than extra help from SSA or your State Medicaid: When another organization, such as a State Pharmacy Assistance Program, pays a portion of your drug plan premium and you choose to have automatic premium withholding from your SSA or RRB benefits, the entire premium amount will be deducted. Your drug plan will then send you a refund for the overpayment of premiums. If you do not wish to have the entire premium deducted from your SSA or RRB benefits, you can choose to pay any balance for your premium directly to the plan (this will mean you would pay only your portion of the premium and the other organization would pay its portion).

Are you sure you want to have your premiums automatically deducted from your Social Security or RRB check? If you choose "No" the plan will send you a bill each month, which you can pay by mail or by electronic funds transfer (EFT). Please select an answer below.

Yes  No

## Other Drug Coverage

- You will be asked to confirm whether or not you have other drug coverage provided to you, this answer should be **NO**.
- You will also have to confirm that you are not a resident in a long-term care facility.
- Both answers on this page will likely be no.



**ATTENTION: You are enrolling in a 2014 Plan.**

You are enrolling in: **SilverScript Choice (PDP)**

Please fill out the personal information below. When you're finished, please click the Continue button at the bottom.

To protect your privacy, we may be asking you to provide us information in the form below that you have already entered on this site. We're sorry for the inconvenience, but your privacy is important to us.

**Note: This tool is entirely confidential. The information you are providing will only be used for the purposes of completing your enrollment in the Medicare Plan that you selected. We will not share the information you provide with anyone for any other purpose.**

### Please Answer the Following Questions:

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to this Prescription drug plan?  Yes  No

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:

ID # for this coverage:

Group # for this coverage:

2. Are you a resident in a long-term care facility, such as a nursing home?  Yes  No

If "yes" please provide the following information:

Name of Institution:

Address of Institution(number and street):

Phone Number of Institution: (  )  -

Back

Continue >

# Application Review

- Please review all data you've entered up to this point. By clicking "Agree/Submit Enrollment" you are confirming the data in this summary page is correct.



Please Check Your Information

Your Personal Information:	
Title:	Mr.
Your Name:	John Doe
Birth Date:	04/04/1949
Gender:	Male
Home Phone Number:	(360)683-9284
Permanent Residence:	
Street Address Line 1:	426 e washington st
Street Address Line 2:	
City, State, ZIP code:	sequim, WA 98382
Mailing Address:	
Mailing Address is identical to your Permanent Residence Address	
Emergency Contact:	
Name:	Jane Doe
Relationship to you:	Spouse
Phone Number:	(360)683-9026
Please Provide Your Medicare Insurance Information:	
Medicare Claim Number:	542-17-9965-a
Effective Date: Hospital (Part A):	04/2014
Effective Date: Medical (Part B):	04/2014
Your Plan Premium Payment Option:	
Do you want to pay your premium directly to your plan (this can include an automatic monthly deduction from your bank account)?	No
Please Answer the Following Questions to Help Medicare Coordinate Your Benefits:	
Will you have other prescription drug coverage in addition to this Prescription drug plan SilverScript Choice (PDP)?	No
Are you a resident in a long-term care facility, such as a nursing home?	No

Back to Beginning    **Agree / Submit Enrollment >**

## 1-800-MEDICARE or 1-800-633-2447

This is a wonderful resource for folks who are not comfortable with computers or who would just feel more comfortable with a professional doing the work for them.

The toll-free phone lines are open 24 hours per day and 7 days per week.

I GUARANTEE your wait time, or time on hold will be less on a weekend or at 7pm in the evening than during regular business hours during the week. To our knowledge 100% of their call centers are located in the USA.

Things will go very smoothly if you have all your pill bottles with you when you call. The service folks will walk you through the whole decision making process very nicely and at your speed, they will never try to rush you to make a decision.

They can even handle the enrollment for you right over the phone.

## Statewide Health Insurance Benefit Advisors (SHIBA)

- SHIBA is a State organization that relies upon *trained volunteers* to help folks with Medicare Part D, as well as other health insurance questions or concerns.
- The Jefferson County office is located at 915 Sheridan Street, Suite 202 in Port Townsend, and can be reached at 360-385-2552 or toll-free statewide at 1-800-562-6900.
- They will be holding weekly sessions at the Community Centers in Port Townsend, Tri Area and Quilcene. Details can be obtained by calling them directly as to the time and location of sessions.
- Once again, be prepared by having all your medications and questions ready.