

Go to the www.medicare.gov website.

Tip: I would recommend you scroll through this PDF first to familiarize yourself with the various pages you will be viewing and briefly notice my instructions, notes and tips I have prepared for you.

IMPORTANT TIP: Depending on your computer / mouse. Hit the CTRL button and roll the wheel on your mouse to increase or decrease PDF screen size throughout your review.



To start, hit the green tab above "Find Health & Drug Plans".

DISCLAIMER: This unofficial guide is designed to help you through the steps while reviewing Medicare Part D Prescription drug coverage. I have attempted to make this as user friendly as possible. This guide is for reference purposes and is not meant to advise, recommend, or endorse a decision towards or against any particular prescription drug plan, coverage or company. It has not been written by or supported by Medicare or any affiliate thereof.



Go to Basic Search and type in your zip code then click the brown tab "Find Plans".

Note: Your zip code is only used to confirm RX price estimates and plan availability in your area. To make your search simpler, do not enter anything other than your zip code.

News - att.net x (487 unread) - marcmaresky@att.net x Planfinder - Enter information x +

https://www.medicare.gov/find-a-plan/questions/enter-your-information.aspx

Español | A A A Print About Us | Glossary | CMS.Gov | Medicare.gov | MyMedicare.gov Login

Medicare.gov Medicare Plan Finder

The Official U.S. Government Site for Medicare

Medicare Plan Finder Home Learn More About Plans Help 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

Would you like to add drugs?

- ☒ Yes
- ☐ I don't want to add drugs now
- ☐ I don't take any drugs

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

You should be at Step 1 of 4:

How do you get your Medicare coverage? Place a dot next to Original Medicare.

Do you get help from Medicare or your state to pay your Medicare prescription drug costs? Place a dot next to I don't get any extra help.

Would you like to add drugs? Place a dot next to () Yes () I don't want to add drugs now or () I don't take any drugs. Unless you're taking no prescription drugs, it is best to say Yes so you can review a list of your current drugs even if you don't add to them.

Hit the brown tab "Continue to Plan Results".

You should be at Step 2 of 4:

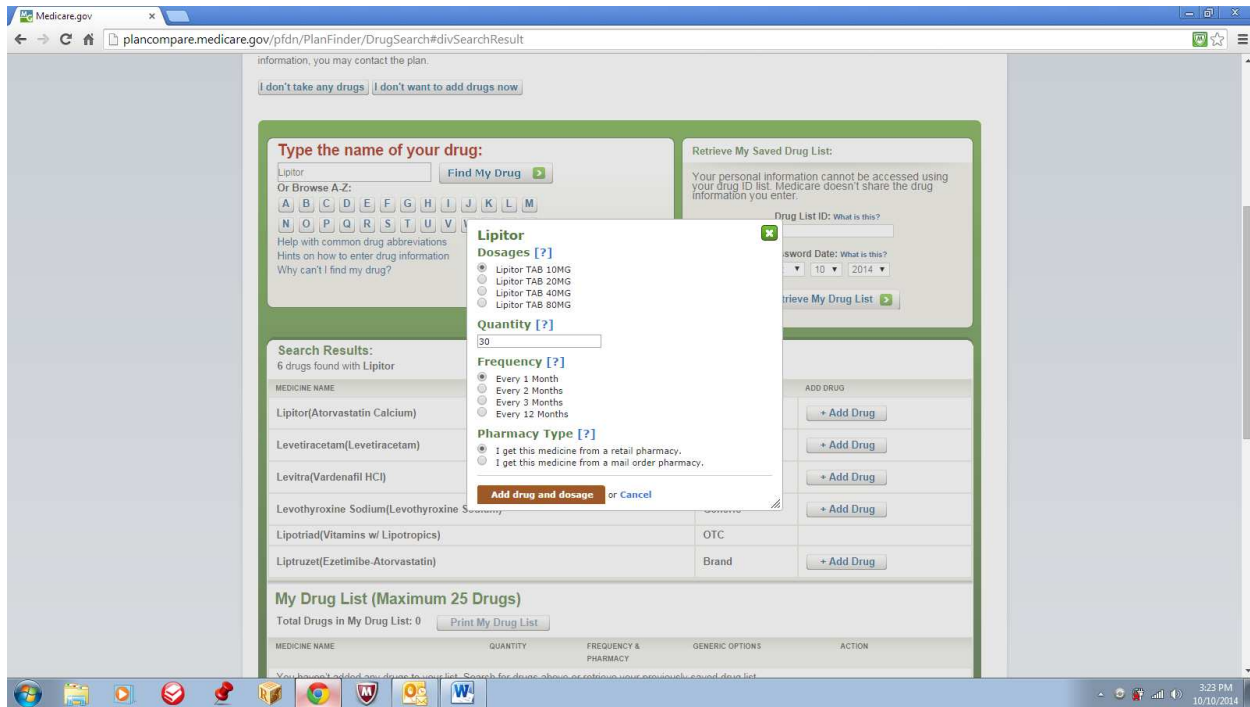
At this point it is necessary to gather your prescription drug information. This is easily done by having the labels / bottles handy or a list you have compiled.

Tip: See the box above Retrieve My Saved Drug List. You may have a PDF from a prior drug review I prepared for you or you have prepared on your own. Look for the Drug List ID number and Password Date and enter it here. This will allow you to retrieve your saved drug list saving you lots of time from having to input your prescription drugs again. You can then edit your list. If you can retrieve your saved drug list, skip to Page 9.

Can't Retrieve your Saved Drug List. When you have your drug information available, begin typing the name of your drug information under the brown tab above, and a drop down menu will appear with various options or drug names. Click on the name that best matches what is on your bottle. You want to identify each of your prescriptions as brand or generic and as precisely as possible (dosage, quantity and frequency). For example, if you take 2 pills per day, put 60 per month. If you take 1 pill per week, enter 4 per month. If you only refill once every six months, then select "every 6 months and put the quantity that you fill. Note that under "Dosages" there may be different suffixes such as TAB, CAP, INJ, etc. This should match what is on your bottle exactly. If you take 2 different dosages of the same medication, enter them separately using the same steps you just used.

Tip: You have a medication that comes in a tube, and if the ointment or cream usually lasts a year, input every 12 months not for a shorter period of time. BAD INFORMATION INPUTED HERE CAN THROW YOUR NUMBERS (COST) OFF FOR THE UPCOMING YEAR AND MAKE YOUR DRUG COVERAGE LOOK MUCH MORE EXPENSIVE THAN IT SHOULD BE.

Note: A review of your prescription drugs is only a snapshot of the prescription drugs you are taking now. Let's assume you need to add an expensive brand name prescription drug during the year that is not covered under the plans drug formulary or for some reason you don't like the prescription drug plan you're on. Remember, it is a change for a year not a lifetime.



This is what the drop down menu looks like for Lipitor. When you go to add the drug and dosage another drop down menu (see below) will appear and tell you a lower cost generic is available: Atorvastatin Calcium, which if selected will replace the brand name with this generic drug. THEN BY HITTING THE BROWN TAB Continue, YOU CAN ADD MORE DRUGS OR WHEN ALL OF YOUR DRUGS APPEAR CORRECTLY IN "MY DRUG LIST", THEN CLICK THE BROWN TAB AT THE BOTTOM OF THE PAGES 7 or 9 "My Drug List Is Complete".

Medicare.gov

plancompare.medicare.gov/pfdn/PlanFinder/DrugSearch#divSearchResult

information, you may contact the plan.

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

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 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?
Oct 10 2014

[Retrieve My Drug List](#)

Lipitor

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

☒ Use lower cost generic: Atorvastatin Calcium
☐ Use brand drug: Lipitor

[Continue](#)

Search Results

6 drugs found with your criteria

MEDICINE NAME	QUANTITY	FREQUENCY & PHARMACY	GENERIC OPTIONS	ACTION
Lipitor(Atorvastatin)				
Levetiracetam(Levetiracetam)			Generic	+ Add Drug
Levitra(Vardenafil HCl)			Brand	+ Add Drug
Levothyroxine Sodium(Levothyroxine Sodium)			Generic	+ Add Drug
Lipotriad(Vitamins w/ Lipotropics)			OTC	+ Add Drug
Liptruzet(Ezetimibe-Atorvastatin)			Brand	+ Add Drug

My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 0 [Print My Drug List](#)

You haven't added any drugs to your list. Search for drugs above or continue your previously saved drug list.

Medicare.gov

plancompare.medicare.gov/pfdn/PlanFinder/DrugSearch

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](#)

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: 8306620736
Password Date: 10/10/2014 ([change date](#))
Zip Code: 90210

[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](#)

Zip Code: 90210
Current Coverage: Original Medicare
Current Subsidy: No Extra Help [?]
[Important Coverage Information](#)

3:25 PM
10/10/2014

Atorvastatin Calcium Tab 10MG, 30 quantity, every 1 Month has been added to my prescription drug list.

Medicare.gov

plancompare.medicare.gov/pfdn/PlanFinder/DrugSearch#divSearchResult

Zip Code: 90210

Use a different drug list ID

Search Results:
5 drugs found with Lisinopril

MEDICINE NAME	DRUG TYPE	ADD DRUG
Lisinopril(Lisinopril)	Generic	+ Add Drug
Lisinopril/Hctz(Lisinopril & Hydrochlorothiazide)	Generic	+ Add Drug
Prinivil(Lisinopril)	Brand	+ Add Drug
Zestoretic(Lisinopril & Hydrochlorothiazide)		+ Add Drug
Zestril(Lisinopril)		+ Add Drug

My Drug List (Maximum 25)
Total Drugs in My Drug List: 1

Atorvastatin Calcium TAB 10MG

Lisinopril

Dosages [?]

- ☐ Lisinopril TAB 2.5MG
- ☐ Lisinopril TAB 5MG
- ☒ Lisinopril TAB 10MG
- ☐ Lisinopril TAB 20MG
- ☐ Lisinopril TAB 30MG
- ☐ Lisinopril TAB 40MG

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.

Add drug and dosage or **Cancel**

Back to Top

Home Medicare.gov

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

3:26 PM
10/10/2014

I have added another prescription Lisinopril Tab 10 MG, 30 Quantity, Every 1 Month to my drug list.

Medicare.gov

plancompare.medicare.gov/pfdn/PlanFinder/DrugSearch#divSearchResult

Type the name of your drug:

Or Browse A-Z: [Find My Drug](#)

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: 8306620736
Password Date: 10/10/2014 (change date)
Zip Code: 90210

[Use a different drug list ID](#)

My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 2 [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
Lisinopril TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic	Change dose Add Remove

[My Drug List is Complete](#)

[Back to Top](#)

Home Medicare.gov

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

3:30 PM
10/10/2014

Note: For each prescription on your list you can change the dose, add a dose or remove the prescription from your list.

I would now hit the brown tab "My Drug List is Complete".

Medicare.gov

plancompare.medicare.gov/pfdn/PlanFinder/PharmacySearch

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: 90210
 Current Coverage: Original Medicare
 Current Subsidy: No Extra Help [?] [\[?\]](#)
 Drug List ID: 8306620736
 Password Date: 10/10/2014
[Important Coverage Information](#)

[Continue to Plan Results](#)

We found 21 pharmacies within [2] miles of 90210

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

Available Pharmacies		
Add to Selected Pharmacies		
Alan Schwab Pharmacy 435 N Bedford Dr Beverly Hills, CA 90210 1-310-271-5093 Add Pharmacy	Anthony Martin Mills, M.D., Pharmacy Inc. 9201 W Sunset Blvd Ste 812 Los Angeles, CA 90069 1-310-550-1010 Add Pharmacy	Camden Pharmacy And Gift Emporium 414 N Camden Dr Beverly Hills, CA 90210 1-310-273-3363 Add Pharmacy
Capitol Drugs 8578 Santa Monica Blvd West Hollywood, CA 90069 1-310-289-0773 Add Pharmacy	Care Plus Cvs/Pharmacy # 8607 Santa Monica Blvd West Hollywood, CA 90069 1-310-459-9810 Add Pharmacy	Community, A Walgreens Pharmacy 8490 Santa Monica Blvd Ste 1 West Hollywood, CA 90069 1-310-657-4333 Add Pharmacy
CVS Pharmacy 8491 West Santa Monica Boulevard Beverly Hills, CA 90210 1-800-746-7777 Add Pharmacy	Eddie's Pharmacy 8500 Melrose Ave Ste 109 Beverly Hills, CA 90210 1-310-273-3363 Add Pharmacy	Garfield Pharmacy 9400 Brighton Way Beverly Hills, CA 90210 1-310-273-3363 Add Pharmacy

You should be at Step 3 of 4:

You now have to select a pharmacy from a list of pharmacies in your area. Look for your pharmacy then select it from the list. If you don't see your pharmacy on the list, you can expand your search radius by clicking the drop down arrow We found 21 pharmacies within [2] miles of 90210. You cannot continue until you have selected one pharmacy. I have selected below Rite Aid Pharmacy on North Canon Drive in Beverly Hills. You can also remove the pharmacy and add a new one. When done click the brown tab "Continue to Plan Results".

Note: Many Medicare prescription drug plans negotiate lower prices with selected pharmacies in their networks. You may see significant cost savings by filling your prescription at one of these "preferred pharmacies". In some cases, the copay is higher at a non-preferred network pharmacy than it is at one of the plan's preferred pharmacies. Prescription drug plans with a big store name affiliated with them (Walmart, Rite-Aid, etc.) are examples of a preferred pharmacy verse a non-preferred network pharmacy. It pays to shop and big store pharmacies Walmart, Costco, Walgreens, Target, Rite-Aid, CVS, etc., due to their purchasing power can provide savings on your drugs.

Medicare.gov

plancompare.medicare.gov/pfdn/PlanFinder/PharmacySearch

Step 3 of 4: Select Your Pharmacy

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.

Zip Code: 90210
 Current Coverage: Original Medicare
 Current Subsidy: No Extra Help [?] [\[?\]](#)
 Drug List ID: 8306620736
 Password Date: 10/10/2014
[Important Coverage Information](#)

[Continue to Plan Results](#)

We found 21 pharmacies within 2 miles of 90210

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

Your Selected Pharmacies

Rite Aid Pharmacy 05462
 300 North Canon Drive
 Beverly Hills, CA 90210
 1-310-273-3561
[Remove Pharmacy](#)

Available Pharmacies

Add to Selected Pharmacies

Alan Schwab Pharmacy 435 N Bedford Dr Beverly Hills, CA 90210 1-310-271-5053 Add Pharmacy	Anthony Martin Mills, M.D., Pharmacy Inc. 5201 W Sunset Blvd Ste 812 Los Angeles, CA 90069 1-310-550-1010 Add Pharmacy	Camden Pharmacy And Gift Emporium 414 N Camden Dr Beverly Hills, CA 90210 1-310-273-3363 Add Pharmacy
Capitol Drugs 8578 Santa Monica Blvd West Hollywood, CA 90069 1-310-289-0773 Add Pharmacy	Care Plus Cvs/Pharmacy # 8607 Santa Monica Blvd West Hollywood, CA 90069 1-310-659-9810 Add Pharmacy	Community, A Walgreens Pharmacy 8490 Santa Monica Blvd Ste 1 West Hollywood, CA 90069 1-310-657-4333 Add Pharmacy

Refine Your Medicare Health Plan

medicare.gov/find-a-plan/results/planresults/summary-of-results.aspx?Language=English

Learn More About Plans | Help | Glossary | FAQ

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

You are now viewing 2015 plan data. [View 2014 plan data.](#)

My Current Profile | [Update Search](#)

Zip Code: 90210
 Current Coverage: Original Medicare
 Current Subsidy: No Extra Help [?]
 Drug List ID: 8306620736
 Password Date: 10/10/2014
[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

Summary of Your Search Results

There are a total of 62 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: 61
<input checked="" type="checkbox"/>	Prescription Drug Plans (with Original Medicare)[?]	31 plan(s) available
<input type="checkbox"/>	Medicare Health Plans with drug coverage[?]	28 plan(s) available
<input type="checkbox"/>	Medicare Health Plans without drug coverage[?]	2 plan(s) available

[Continue To Plan Results](#)

You should be at Step 4 of 4:

Check the box Prescription Drug Plans (with Original Medicare). Then hit the brown tab "Continue To Plan Results".

Prescription Drug Plans					
31 plans were found in 90210 based on your search criteria. View 10 View 20 View All					
<div>Compare Plans</div> <div>Sort Results By Lowest Estimated Annual Retail Drug Cost Sort</div>					
<div> <input checked="" type="checkbox"/> Humana Walmart Rx Plan (PDP) (S5884-178-0) Organization: Humana Insurance Company </div>					
Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	
Retail Pharmacy Status: Standard Cost-Sharing Annual: \$352	\$15.70	Annual Drug Deductible: \$320 Drug Copay/ Coinsurance: \$1 - \$4, 20% - 35%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Lower Your Drug Costs MTM Program[?]: Yes	★★★★ 4 out of 5 stars	Enroll
<div> <input checked="" type="checkbox"/> SilverScript Choice (PDP) (S5601-064-0) Organization: SilverScript </div>					
Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	
Retail Pharmacy Status: Standard Cost-Sharing Annual: \$374	\$22.20	Annual Drug Deductible: \$0 Drug Copay/ Coinsurance: \$8 - \$41, 33% - 43%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Lower Your Drug Costs MTM Program[?]: Yes	★★★★ 3.5 out of 5 stars	Enroll
<div> <input checked="" type="checkbox"/> United American - Essential (PDP) (S5755-133-0) Organization: United American Insurance Company </div>					
Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	
Retail Pharmacy Status: Standard Cost-Sharing Annual: \$375	\$23.70	Annual Drug Deductible: \$230 Drug Copay/ Coinsurance: \$0 - \$30, 27% - 40%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes Lower Your Drug Costs MTM Program[?]: Yes	★★★★ 3.5 out of 5 stars	Enroll
<div> <input checked="" type="checkbox"/> AARP MedicareRx Saver Plus (PDP) (S5921-376-0) Organization: UnitedHealthcare </div>					
Estimated Annual Drug Costs:[?]	Monthly Premium:[?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	
Retail Pharmacy Status: Standard Cost-Sharing Annual: \$463	\$28.00	Annual Drug Deductible: \$320 Drug Copay/ Coinsurance: \$1 - \$40, 25%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes	★★★ 2.5 out of 5 stars	Enroll

This page shows your plan search results. By default they are ranked by lowest estimated annual retail drug cost, and because you're reviewing your prescription drugs now during the Annual Enrollment Period with an effective date being January 1. **THE ESTIMATED ANNUAL COST IS YOUR KEY NUMBER.** These 3 RX plans are the least expensive (Walmart RX Plan (PDP) is \$352, SilverScript Choice (PDP) is \$374, and United American - Essential (PDP) is \$375). **I have placed a check mark next to these 3 plans to compare them in more detail. Then hit the brown tab "Compare Plans".**

The ESTIMATED ANNUAL COST is made up of your (1) Fixed Costs (Monthly Premium), (2) if the plan has a Deductible or not, and (3) your cost for the prescription drugs you purchase each month.

Tip: You can only compare up to 3 plans, which is why you see the 3 check marks above. You may have to scroll down through the list to locate your current RX plan so you can compare it against 2 other RX plans that may cost less.

Note: At the top of this screen you can click view 20 or view all 31 plans.

Tip: An RX plan with a deductible verse a plan with no deductible does not necessarily mean it will cost you more over the year. You will pay the full cost of the drugs to meet the deductible, but over the entire year the prescription drugs may be less than a plan with no deductible or the monthly premium may be less and this will translate into a lower ESTIMATED ANNUAL COST. Once the deductible has been met you do not have to meet the deductible again until the next calendar year.

Note: Your current RX plan may show you an annual cost that you don't feel requires a change for the upcoming year. Nothing needs to be done and you know where you stand for the upcoming year.

Note: Sometimes your current RX plan has been discontinued for the upcoming year or your RX plan (the insurance company) has been acquired and your RX plan has been merged into a new RX plan. Should this apply to you, I would suggest contacting the customer service department and inquire why you can't locate your current RX plan when reviewing your drug coverage during the Annual Enrollment Period for the upcoming year.

SilverScript Choice (PDP)

(S5601-064) 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

N

Enroll

United American - Essential (PDP)

(S5755-133) 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

Humana Walmart Rx Plan (PDP)

(S5884-178) 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

N

Enroll

Fixed Costs

Monthly Drug Plan Premium [?]	\$22.20	Monthly Drug Plan Premium [?]	\$23.70	Monthly Drug Plan Premium [?]	\$15.70
Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A	Monthly Health Plan Premium [?]	N/A
Annual Drug Deductible [?]	\$0.00	Annual Drug Deductible [?]	\$230.00	Annual Drug Deductible [?]	\$320.00
Medicare costs at a glance		Medicare costs at a glance		Medicare costs at a glance	

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

Cost at Rite Aid Pharmacy 05462		Cost at Rite Aid Pharmacy 05462		Cost at Rite Aid Pharmacy 05462	
January Enrollment [?]	\$373.56	January Enrollment [?]	\$375.24	January Enrollment [?]	\$351.60
Cost at mail order pharmacy		Cost at mail order pharmacy		Cost at mail order pharmacy	
January Enrollment	\$361.52	January Enrollment	\$284.40	January Enrollment	\$188.40
Lower your drug costs		Lower your drug costs		Lower your drug costs	

I have hit the "Compare Plans" and the 3 plans I have selected provide me with more information here.

Under Fixed Costs, you will see the Monthly Drug Plan Premium or if the plan has a deductible. The maximum deductible for the above comparison is \$320 for the Humana Walmart RX plan (PDP), United American - Essential (PDP) has a \$230 deductible, and SilverScript Choice (PDP) has no deductible.

Tip: HOW TO ENROLL IN A NEW PLAN. Scroll back to the last screen and off to the right of the 3 plans I have checked to compare, you will see an "ENROLL" tab. Should it be in your best interest after your review to make a change, click the ENROLL button and you can enroll online. Or look above for the Non Members phone number and you can enroll over the telephone. It takes about 15 minutes. IMPORTANT: When enrolling over the telephone you must provide the correct plan type. For example, if I was going to enroll in the United American - Essential (PDP) plan. The plan code is (S5755-133) Plan Type PDP (Prescription Drug Plan).

Lower your drug costs

Lower your drug costs

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	\$31.13
	2nd	\$31.13
	3rd	\$31.13
	4th	\$31.13
	5th	\$31.13
	6th	\$31.13
	7th	\$31.13
	8th	\$31.13
	9th	\$31.13
	10th	\$31.13
	11th	\$31.13
	12th	\$31.13

Monthly Drug Costs at Retail Pharmacies

[View Drug Cost Summary](#)

MILESTONES	MONTH	YOUR COST
	1st	\$31.27
	2nd	\$31.27
	3rd	\$31.27
	4th	\$31.27
	5th	\$31.27
	6th	\$31.27
	7th	\$31.27
	8th	\$31.27
	9th	\$31.27
	10th	\$31.27
	11th	\$31.27
	12th	\$31.27

Monthly Drug Costs at Retail Pharmacies

[View Drug Cost Summary](#)

MILESTONES	MONTH	YOUR COST
	1st	\$29.30
	2nd	\$29.30
	3rd	\$29.30
	4th	\$29.30
	5th	\$29.30
	6th	\$29.30
	7th	\$29.30
	8th	\$29.30
	9th	\$29.30
	10th	\$29.30
	11th	\$29.30
	12th	\$29.30

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

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

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



This is a continuation of the screen on Page 14. This screen shows you the Estimated Monthly Drug Costs at Retail Pharmacies, which calculates your monthly premium and the cost of your prescription drugs on a monthly basis.

Multiple this monthly cost by 12 and you will arrive at your Estimated Annual Cost as indicated on Pages 13 and 14 for each RX plan.

12th	\$31.13	12th	\$31.27	12th	\$29.30
Monthly Drug Costs Estimator		Monthly Drug Costs Estimator		Monthly Drug Costs Estimator	
View monthly costs comparison charts.		View monthly costs comparison charts.		View monthly costs comparison charts.	
View monthly drug cost details by selected drugs		View monthly drug cost details by selected drugs		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.		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.		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. [?]	All of your drugs are covered on the plan's formulary. [?]	All of your drugs are covered on the plan's formulary. [?]
Atorvastatin Calcium TAB 10MG	Atorvastatin Calcium TAB 10MG	Atorvastatin Calcium TAB 10MG
Quantity Limit	Quantity Limit	Quantity Limit
Tier 1: Generic	Tier 1: Preferred Generic	Tier 2: Non-Preferred Generic
Lisinopril TAB 10MG	Lisinopril TAB 10MG	Lisinopril TAB 10MG
No restrictions	No restrictions	No restrictions
Tier 1: Generic	Tier 1: Preferred Generic	Tier 1: Preferred Generic

Add/Edit Drugs

Print My Drug List

Print Comparison Report

Pharmacy & Mail Order Information

Mail Order is available.

Mail Order is available.

Mail Order is available.

Pharmacy Network [?]

Pharmacy Network [?]

Pharmacy Network [?]



This is continuation of the screen on Page 15. You can see your drug coverage information again and add or edit your prescription drugs here. Mail order is also an available option under each of the 3 RX plans selected.

Now click the link above "View Monthly Drug Cost Details by Selected Drugs". You will now be able to view your monthly premium, your monthly cost of each drug and the monthly total cost of each drug paid by the insurance company.

Show monthly cost chart for: ☒ Rite Aid Pharmacy 05462 ☐ Mail Order Pharmacy

		United American - Essential (PDP) (S5755 - 133) Plan Type: PDP					Humana Walmart Rx Plan (S5884 - 178) Plan Type: PDP		
View All Months		Detailed Monthly costs for Rite Aid Pharmacy 05462					View All Months		
COST	TOTAL DRUG COST	MONTH	ITEM	COVERAGE LEVEL	YOUR COST	TOTAL DRUG COST	MONTH	ITEM	COVERAGE LEVEL
52	\$6.62	1	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	1	Atorvastatin Calcium TAB 10MG	Deductible
31	\$2.31		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible
20	n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
13	\$8.93		MONTH 1 TOTAL		\$31.27	\$7.57		MONTH 1 TOTAL	
52	\$6.62	2	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	2	Atorvastatin Calcium TAB 10MG	Deductible
31	\$2.31		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible
20	n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
13	\$8.93		MONTH 2 TOTAL		\$31.27	\$7.57		MONTH 2 TOTAL	
52	\$6.62	3	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	3	Atorvastatin Calcium TAB 10MG	Deductible
31	\$2.31		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible
20	n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
13	\$8.93		MONTH 3 TOTAL		\$31.27	\$7.57		MONTH 3 TOTAL	
52	\$6.62	4	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	4	Atorvastatin Calcium TAB 10MG	Deductible
31	\$2.31		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible
20	n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
13	\$8.93		MONTH 4 TOTAL		\$31.27	\$7.57		MONTH 4 TOTAL	



This screen will default to the Rite-Aid pharmacy selected. Click "View All Months" above. You can now see each drug on your list, coverage level, your monthly cost of each drug, the total drug cost and your monthly premium.

Pages 17, 18 and 19 show you a continuation of these 3 RX plans for 12 months.

\$6.62		Calcium TAB 10MG					Calcium TAB 10MG	
\$2.31		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible
n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$8.93		MONTH 3 TOTAL		\$31.27	\$7.57		MONTH 3 TOTAL	
\$6.62	4	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	4	Atorvastatin Calcium TAB 10MG	Deductible
\$2.31		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible
n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$8.93		MONTH 4 TOTAL		\$31.27	\$7.57		MONTH 4 TOTAL	
\$6.62	5	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	5	Atorvastatin Calcium TAB 10MG	Deductible
\$2.31		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible
n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$8.93		MONTH 5 TOTAL		\$31.27	\$7.57		MONTH 5 TOTAL	
\$6.62	6	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	6	Atorvastatin Calcium TAB 10MG	Deductible
\$2.31		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible
n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$8.93		MONTH 6 TOTAL		\$31.27	\$7.57		MONTH 6 TOTAL	
\$6.62	7	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	7	Atorvastatin Calcium TAB 10MG	Deductible
\$2.31		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible
n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$8.93		MONTH 7 TOTAL		\$31.27	\$7.57		MONTH 7 TOTAL	
\$6.62	8	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	8	Atorvastatin Calcium TAB 10MG	Deductible
\$2.31		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible
n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$8.93		MONTH 8 TOTAL		\$31.27	\$7.57		MONTH 8 TOTAL	
\$6.62	9	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	9	Atorvastatin Calcium TAB 10MG	Deductible



2.20	n/a		Atorvastatin Calcium TAB 10MG					Atorvastatin Calcium TAB 10MG			
1.13	\$8.93		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible		
6.62	\$6.62		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA		
			MONTH 8 TOTAL		\$31.27	\$7.57		MONTH 8 TOTAL			
2.31	\$2.31	9	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	9	Atorvastatin Calcium TAB 10MG	Deductible		
2.20	n/a		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible		
1.13	\$8.93		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA		
6.62	\$6.62		MONTH 9 TOTAL		\$31.27	\$7.57		MONTH 9 TOTAL			
2.31	\$2.31	10	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	10	Atorvastatin Calcium TAB 10MG	Deductible		
2.20	n/a		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible		
1.13	\$8.93		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA		
6.62	\$6.62		MONTH 10 TOTAL		\$31.27	\$7.57		MONTH 10 TOTAL			
2.31	\$2.31	11	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	11	Atorvastatin Calcium TAB 10MG	Deductible		
2.20	n/a		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible		
1.13	\$8.93		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA		
6.62	\$6.62		MONTH 11 TOTAL		\$31.27	\$7.57		MONTH 11 TOTAL			
2.31	\$2.31	12	Atorvastatin Calcium TAB 10MG	Deductible	\$5.62	\$5.62	12	Atorvastatin Calcium TAB 10MG	Deductible		
2.20	n/a		Lisinopril TAB 10MG	Deductible	\$1.95	\$1.95		Lisinopril TAB 10MG	Deductible		
1.13	\$8.93		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA		
6.62	\$6.62		MONTH 12 TOTAL		\$31.27	\$7.57		MONTH 12 TOTAL			
2.31	\$2.31										
2.20	n/a										
1.13	\$8.93										



Show monthly cost chart for: ☐ Rite Aid Pharmacy 05462 ☒ Mail Order Pharmacy

		United American - Essential (PDP) (S5755 - 133) Plan Type: PDP					Humana Walmart Rx Plan (S5884 - 178) Plan Type: PDP		
View All Months		Detailed Monthly costs for Mail Order Pharmacy					View All Months		
YOUR COST	TOTAL DRUG COST	MONTH	ITEM	COVERAGE LEVEL	YOUR COST	TOTAL DRUG COST	MONTH	ITEM	COVERAGE LEVEL
\$18.36	\$18.36	1	Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$12.70	1	Atorvastatin Calcium TAB 10MG	Deductible
\$5.42	\$5.42		Lisinopril TAB 10MG	Deductible	\$0.00	\$3.13		Lisinopril TAB 10MG	Deductible
\$22.20	n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$45.98	\$23.78		MONTH 1 TOTAL		\$23.70	\$15.83		MONTH 1 TOTAL	
\$0.00	\$0.00	2	Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$0.00	2	Atorvastatin Calcium TAB 10MG	Deductible
\$0.00	\$0.00		Lisinopril TAB 10MG	Deductible	\$0.00	\$0.00		Lisinopril TAB 10MG	Deductible
\$22.20	n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$22.20	\$0.00		MONTH 2 TOTAL		\$23.70	\$0.00		MONTH 2 TOTAL	
\$0.00	\$0.00	3	Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$0.00	3	Atorvastatin Calcium TAB 10MG	Deductible
\$0.00	\$0.00		Lisinopril TAB 10MG	Deductible	\$0.00	\$0.00		Lisinopril TAB 10MG	Deductible
\$22.20	n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$22.20	\$0.00		MONTH 3 TOTAL		\$23.70	\$0.00		MONTH 3 TOTAL	
\$18.36	\$18.36	4	Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$12.70	4	Atorvastatin Calcium TAB 10MG	Deductible
\$5.42	\$5.42		Lisinopril TAB 10MG	Deductible	\$0.00	\$3.13		Lisinopril TAB 10MG	Deductible
\$22.20	n/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$45.98	\$23.78		MONTH 4 TOTAL		\$23.70	\$15.83		MONTH 4 TOTAL	
\$0.00	\$0.00	5	Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$0.00	5	Atorvastatin Calcium TAB 10MG	Deductible
			Lisinopril TAB 10MG	Deductible	\$0.00	\$0.00		Lisinopril TAB 10MG	Deductible
			Drug Premium	NA	\$23.70	n/a		Drug Premium	NA

What I have done here is place a dot next to Mail Order Pharmacy. Click "View All Months" above. You can now see each drug on your list, coverage level, your monthly cost of each drug, the total drug cost and your monthly premium should you decide to purchase your prescription drugs by the plan's mail order pharmacy.

Pages 20, 21 and 22 show you a continuation of these 3 RX plans for 12 months should you purchase your prescription drugs by mail order.

Note: Generic mail order prescription drugs can save you lots of money while providing you a 90-day supply. Depending on the prescription drug your cost can be ZERO.

\$5.42	5	Drug Premium	NA	\$23.70	n/a	5	Drug Premium	NA
n/a		MONTH 4 TOTAL		\$23.70	\$15.83		MONTH 4 TOTAL	
\$23.78		Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$0.00		Atorvastatin Calcium TAB 10MG	Deductible
\$0.00		Lisinopril TAB 10MG	Deductible	\$0.00	\$0.00		Lisinopril TAB 10MG	Deductible
\$0.00		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
	6	MONTH 5 TOTAL		\$23.70	\$0.00	6	MONTH 5 TOTAL	
n/a		Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$0.00		Atorvastatin Calcium TAB 10MG	Deductible
\$0.00		Lisinopril TAB 10MG	Deductible	\$0.00	\$0.00		Lisinopril TAB 10MG	Deductible
\$0.00		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$0.00		MONTH 6 TOTAL		\$23.70	\$0.00		MONTH 6 TOTAL	
n/a	7	Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$12.70	7	Atorvastatin Calcium TAB 10MG	Deductible
\$0.00		Lisinopril TAB 10MG	Deductible	\$0.00	\$3.13		Lisinopril TAB 10MG	Deductible
\$18.36		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$5.42		MONTH 7 TOTAL		\$23.70	\$15.83		MONTH 7 TOTAL	
n/a		Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$0.00	8	Atorvastatin Calcium TAB 10MG	Deductible
\$23.78	8	Lisinopril TAB 10MG	Deductible	\$0.00	\$0.00		Lisinopril TAB 10MG	Deductible
\$0.00		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$0.00		MONTH 8 TOTAL		\$23.70	\$0.00		MONTH 8 TOTAL	
\$0.00		Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$0.00	9	Atorvastatin Calcium TAB 10MG	Deductible
n/a	9	Lisinopril TAB 10MG	Deductible	\$0.00	\$0.00		Lisinopril TAB 10MG	Deductible
\$0.00		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$0.00		MONTH 9 TOTAL		\$23.70	\$0.00		MONTH 9 TOTAL	
\$0.00		Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$12.70	10	Atorvastatin Calcium TAB 10MG	Deductible
n/a	10	Lisinopril TAB 10MG	Deductible	\$0.00	\$3.13		Lisinopril TAB 10MG	Deductible
\$0.00		Drug Premium	NA	\$23.70	n/a		Drug Premium	NA
\$0.00		MONTH 10 TOTAL		\$23.70	\$0.00		MONTH 10 TOTAL	
\$0.00		Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$0.00		Atorvastatin Calcium TAB 10MG	Deductible



0.00	9	Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$0.00	9	Atorvastatin Calcium TAB 10MG	
/a		Lisinopril TAB 10MG	Deductible	\$0.00	\$0.00		Lisinopril TAB 10MG	
0.00		Drug Premium	NA	\$23.70	n/a		Drug Premium	
0.00		MONTH 9 TOTAL		\$23.70	\$0.00		MONTH	
0.00	10	Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$12.70	10	Atorvastatin Calcium TAB 10MG	
/a		Lisinopril TAB 10MG	Deductible	\$0.00	\$3.13		Lisinopril TAB 10MG	
0.00		Drug Premium	NA	\$23.70	n/a		Drug Premium	
0.00		MONTH 10 TOTAL		\$23.70	\$15.83		MONTH	
18.36	11	Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$0.00	11	Atorvastatin Calcium TAB 10MG	
5.42		Lisinopril TAB 10MG	Deductible	\$0.00	\$0.00		Lisinopril TAB 10MG	
/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	
23.78		MONTH 11 TOTAL		\$23.70	\$0.00		MONTH	
0.00	12	Atorvastatin Calcium TAB 10MG	Deductible	\$0.00	\$0.00	12	Atorvastatin Calcium TAB 10MG	
0.00		Lisinopril TAB 10MG	Deductible	\$0.00	\$0.00		Lisinopril TAB 10MG	
/a		Drug Premium	NA	\$23.70	n/a		Drug Premium	
0.00		MONTH 12 TOTAL		\$23.70	\$0.00		MONTH	
0.00								
0.00								
/a								
0.00								



HERE ARE SOME ADDITIONAL POINTS AND REMINDERS WHEN COMPARING YOUR PART D PRESCRIPTION DRUG COVERAGE:

ANNUAL COST OF DRUGS (ARE YOU CONSIDERING GENERICS AND MAIL ORDER TO POSSIBLY LOWER YOUR MONTHS COSTS?)

DO MY PRESCRIPTION DRUGS REQUIRE (1) PRIOR AUTHORIZATION, (2) STEP THERAPY OR HAVE (3) QUANTITY LIMITS?

(1) PRIOR AUTHORIZATION IS SOMETIMES REQUIRED FOR CERTAIN DRUGS. THIS CAN BE A HUGE PAIN DEPENDING ON THE PLAN. SOMETIMES YOU ONLY NEED TO TALK TO A PLAN REPRESENTATIVE ON THE PHONE WHEN YOU SIGN UP, AND SOMETIMES YOU MUST CALL EVERYTIME YOU GO TO FILL THAT PRESCRIPTION. YOU MAY WANT TO SKIP AN RX PLAN THAT REQUIRES PRIOR AUTHORIZATION ASSUMING THERE'S A SIMILAR OPTION THAT DOESN'T REQUIRE PRIOR AUTHORIZATION.

(2) STEP THERAPY REQUIRES YOUR DOCTOR TO PROVE THAT THE LOWER COST GENERIC DRUGS ARE NOT AN EFFECTIVE TREATMENT OF YOUR CONDITION BEFORE YOUR RX PLAN WILL COVER ANY PORTION OF THE HIGHER COST BRAND NAME DRUGS. THIS PROCESS CAN BE AS EASY AS A PHONE CALL, OR CAN REQUIRE YOU TO SPEND MONTHS ON DRUGS THAT DO NOT HELP YOU. YOU MAY WANT TO TAKE A PASS ON AN RX PLAN THAT REQUIRES STEP THERAPY.

(3) QUANTITY LIMITS ARE COMMON AND DIFFER FROM RX PLAN TO RX PLAN. MAKE SURE YOUR PRESCRIPTION DRUGS ARE ON THE PLANS FORMULARY.

DOES THE PLAN I AM CONSIDERING HAVE A DEDUCTIBLE, AND HOW DOES IT AFFECT THE AMOUNT I AM GOING TO HAVE TO PAY FOR MY DRUGS IN THE FIRST FEW MONTHS?

CAN I AFFORD TO PAY THE FULL COST OF MY DRUGS WHILE MEETING MY DEDUCTIBLE? IF NOT, IS THERE ANOTHER RX PLAN THAT DOES NOT HAVE A DEDUCTIBLE, BUT IS CLOSE BASED ON THE ESTIMATED ANNUAL COST?

INPUT YOUR PRESCRIPTION DRUGS CORRECTLY. BAD INFORMATION HERE CAN THROW YOUR NUMBERS (COST) OFF FOR THE UPCOMING YEAR AND MAKE YOUR DRUG COVERAGE LOOK MUCH MORE EXPENSIVE THAN IT SHOULD BE.

IF YOU HAVE A DEDUCTIBLE (\$415 FOR 2019), YOU WILL PAY THE FULL PRICE OF THE DRUG UNTIL THE DEDUCTIBLE IS MET. AFTER THAT, YOU GO INTO THE INITIAL COVERAGE LEVEL (\$3,820 IN 2019), SHOULD YOU EXCEED THE INITIAL COVERAGE LEVEL OF \$3820 in 2019, YOU ARE NOW IN THE "COVERAGE GAP" LEVEL OR (DONUT HOLE). BRAND NAME DRUGS ARE DISCOUNTED 75% AND GENERICS ARE DISCOUNTED 63% IN THE DONUT HOLE FOR 2019. SHOULD YOU REQUIRE A LARGE NUMBER OF EXPENSIVE PRESCRIPTION DRUGS YOU WILL MOST LIKELY MOVE TO THE "CATASTROPHIC" COVERAGE LEVEL. YOU WILL PAY (\$5,100 IN 2019). Minimum Cost-sharing in the Catastrophic Coverage Portion of the Benefit will increase to the greater of 5% or \$3.40 for generic or preferred drugs and the greater of 5% or \$8.50 for all other drugs in 2019. Note deductibles, initial coverage, coverage gap (donut hole), catastrophic limits with cost-sharing numbers change from year-to-year.

Should you make a change and sign up for a new RX plan, you will automatically be disenrolled from your current RX plan effective January 1, for the upcoming year as you can not have more than two RX plans at a time. It might take a couple of months for the old plan to refund premiums you have paid them.

A review of your prescription drugs is only a snapshot of the prescription drugs you are taking now. Assume you need to add an expensive brand- name prescription drug during the year that is not covered under the plans drug formulary or for some reason you don't like the prescription drug plan you're on. Remember, IT IS A CHANGE FOR A YEAR NOT A LIFETIME.

Medicare Part D prescription drug coverage is administrated by the Centers for Medicare and Medicaid Services with approved insurance companies that must follow (CMS) rules.