Medicare Plan Finder Tip Sheet

1. For security purposes, your Medicare Plan Finder session will time out after 30 minutes of inactivity. However, you can extend your session if you’re still working. After 25 minutes of inactivity, a pop up box will appear and ask you whether you’d like to continue your session. Within the next five minutes, you need to select whether you’d like to extend or end your plan search.

![Your session will end in 5 minutes](image)

2. Tips for printing
   - For best results, use the “Print” link located in the Medicare.gov header, instead of the print option in your Internet browser (e.g., File – Print)
   - Make sure you’re using the latest version of your Internet browser
   - Enable the "Shrink to Fit" option in your printer settings
   - Additionally, for optimal printing results, please follow the recommended settings shown in the table below

<table>
<thead>
<tr>
<th>Options</th>
<th>Recommended settings</th>
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<tbody>
<tr>
<td>Font Size</td>
<td>10-point or 12-point</td>
</tr>
<tr>
<td>Paper Size</td>
<td>Letter or US Letter (8.5&quot; * 11.0&quot;)</td>
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<tr>
<td>Orientation</td>
<td>Landscape</td>
</tr>
<tr>
<td>Page Margins</td>
<td>Left and Right 0.75&quot;, top and bottom 0.50&quot;</td>
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Medicare Plan Finder Homepage

1. Using the Medicare Plan Finder, you can complete either a general plan search or a personalized plan search. For a general plan search, you only need to enter a beneficiary’s zip code.

For a personalized plan search, you need to enter a beneficiary’s zip code, Medicare number, last name, Medicare Part A or B effective date, and date of birth. When possible, it’s best to complete a personalized plan search in order to get the most accurate cost estimates from the Medicare Plan Finder. This enables the plan finder to locate information about a beneficiary’s current coverage and Extra Help status; that information is then used to provide more customized estimates of what a beneficiary would pay for coverage under each health or drug plan.

2. From the Medicare Plan Finder homepage, you can access a set of video tutorials that provide a step-by-step overview of how to complete a plan search, including:

- Getting Started
- Entering Your Prescription Drugs
- Selecting Pharmacies
- Refining and Sorting Your Plan Results
- Comparing Plans

You can also view the tutorials at the CMS YouTube page: https://www.youtube.com/user/CMSHHSgov/
Enter Your Drugs Page

1. Whenever possible, please use this page to enter information about the drugs a beneficiary takes, including the drug name, dosage, quantity, frequency, and whether the beneficiary buys them at a retail store or mail order pharmacy. Entering this information helps the Medicare Plan Finder provide more accurate drug cost information. If you select “I don’t want to add drugs now,” the plan finder will include a cost estimate of what an average beneficiary would pay for their drug copayments or coinsurance in each plan. If you select “I don’t take any drugs” the “Estimated Annual Drug Costs” you see later in your plan search will only include the monthly premium a beneficiary would pay for the plan, if applicable.

2. You can add up to 25 prescription drugs to a drug list in the Medicare Plan Finder. You can also print a copy of the drug list from this step.

3. After you enter the first drug, the Medicare Plan Finder will automatically create a Drug List ID and password date for your drug list. You can use this information to go back into the plan finder at a later time and continue a plan search without re-entering all of the prescription information. From this page, you can also change the password date or enter a different Drug List ID.

4. The first time you do a personalized search for a beneficiary, the Medicare Plan Finder will automatically create a Drug List ID and password date. Each subsequent time you do a personalized search for that beneficiary, the plan finder will automatically bring up the drug list for that beneficiary – you won’t have to re-enter the Drug List ID or password date.

5. You can also click on the links to get “Get Help with common drug abbreviations,” “Hints on how to enter drug information,” and “why can’t I find my drug” to learn more about how to enter drugs into the Medicare Plan Finder.
Select Your Pharmacy Page

1. After entering your prescriptions, you’ll be required to select a pharmacy. Select the pharmacy the beneficiary currently uses and a second pharmacy if you want to compare costs. You can select up to two pharmacies for a plan search.

You can also search for pharmacies in other areas (e.g. other than the zip code you entered for your plan search). This feature may be helpful for beneficiaries who travel, or who use a long-term care pharmacy that may not be located nearby.

2. You can view information about a plan’s pharmacy network later in the search process by going to the Drug Costs and Coverage Tab and clicking on the “Network Pharmacies” link. A pop-up window will display a complete listing of the plan’s pharmacy network, including whether the plan offers preferred network pharmacies.

Refine Your Plan Results Page

1. The purpose of this page is to provide an overview of all of the Medicare plan options available in the zip code you entered for your search.

2. You can use the filters on the left side of the page to refine your plan results. For example, you can use these filters to eliminate any plan types (e.g. PDP, MA-PD, MA-only) a beneficiary may not be interested in. This will reduce the number of plan results and also help the Medicare Plan Finder process more quickly, since the pages won’t have to load as much data. If you want to include Special Needs Plans (SNPs) in your plan results you’ll need to select the “Special Needs Plans” filter and check to include any SNP types you’d like to see.

**NOTE:** When the “plans for people who are eligible for Medicare and Medicaid” is grayed out it’s because the beneficiary information didn’t indicate that he or she has both Medicare and Medicaid and thus wouldn’t be eligible for that type of Special Needs Plan.
Plan Results Page

1. This page lists a beneficiary’s current and future plans, followed by information about Original Medicare, Prescription Drug Plans (PDPs), Medicare Health plans with prescription drug coverage, and Medicare Health Plans without prescription drug coverage. The page defaults to allow you to view 10 plans of each type. You can view more results by clicking on the links that say View 20, View 50, or View All.

![Prescription Drug Plans](image)

2. You can refer to the “Pharmacy Status” that displays in the Estimated Annual Drug Costs Column to see whether the pharmacy you selected earlier is in the plan’s network, out-of-network, or considered a preferred pharmacy.

![Humana Walmart Rx Plan (PDP) (S5884-151-0)](image)

3. The results on this page are sorted in order of Lowest Annual Estimated Drug Costs (for PDPs) or Lowest Annual Estimated Health and Drug Costs (for MA-PDs and MA-only Plans) with a secondary sort by Star Ratings. You can change how the results are sorted by selecting a different option from the drop down menu called “Sort Results By.”

![Sort Results By](image)
4. The Medicare Plan Finder automatically displays “Current Year” plan information. However, during Open Enrollment you can view two plan years, “Current Year” and “Future Year” plan information, by clicking on the link that says “View 20XX plan data.” For example:

5. There are symbols on the Plan Results, Plan Details, and Plan Comparison pages to help you easily identify plans that have a 5 star-rating (highest rating) or are low performing plans (lowest ratings 3 years in a row). Other symbols help identify plans that offer additional benefits and/or nationwide coverage.

6. Each plan will display an overall plan rating, but you can also click on the “Star Ratings” button to see a summary of quality and performance ratings by type of plan (PDP, MAPD, and MA-only).

7. The Estimated Annual Health and Drug Costs listed on this page are estimated average amounts a beneficiary might expect to spend each year for his or her health and/or drug coverage (rounded to the nearest $50). The estimates include the following:

- Plan benefits (coverage)
- Costs for premiums, copayments, deductibles, and/or coinsurance
- Costs not covered by insurance

These estimated costs are based on actual average health and/or drug coverage use by people with Medicare, and a person’s costs may differ depending on age and health status. Also, if a beneficiary has limited income and resources, his or her expenses may be lower.
8. You can use this page to compare up to three Medicare plans. Simply check the boxes next to the PDPs, MAPDs, or MA-only plans you’d like to compare and click on the orange “Compare Plans” button.

9. You can view drug tier information, formulary status, and any utilization management restrictions (e.g. quantity limits, prior authorization, or step therapy) by clicking on the “Yes” link in the Drug Coverage and Drug Restrictions column. Each plan will also indicate whether they offer a Medication Therapy Management (MTM) program. MTM programs offer free services to eligible members to help make sure that medications are working to improve their members' health. Click on the “Yes” link for more details.

10. If you find a blue circle in place of a checkbox in the far left column, the blue circle indicates that pricing and formulary data is currently unavailable for the plan. The costs you see will only be estimates. You can contact the plan with any questions or if you’d like to enroll.

Plan Details and Plan Comparison Pages

1. To print drug cost information from the Drug Costs and Coverage tab, please use the “Print Plan Report” (for details about one plan) or “Print Comparison Report” (for details about two or three plans) buttons located near the bottom of the page. Using these buttons, you'll be able to customize and print portrait-style reports that contain all of the information beneficiaries may want to know about a drug plan, including contact information, star ratings, monthly premium, annual deductible, annual and monthly costs, drug restrictions, Saved Drug List ID and password date, as well as the cost for each drug during each phase of the Part D benefit. Also, keep in mind that if a beneficiary doesn't want to use mail order, you don't need to print the last few pages of the reports.
2. You can access additional information about Part B covered drugs, optional supplemental benefits (e.g. vision, dental, etc.), inpatient hospital benefits, mental health benefits, skilled nursing facility benefits, and more by clicking on the “View More Detailed Cost and Benefit Information” from the Health Plan Benefits tab.

3. From the “View More Detailed Costs and Benefits” page you can print a complete report or create a custom report.

4. You can also use the “Email” link in the Medicare.gov header to email and share any page of a plan search. For example, you could use the “Email” link to send a beneficiary an electronic version of their Plan Comparison page while counseling them over the phone.

5. You can view information about a plan’s pharmacy network by clicking on the “Network pharmacies” link in the Pharmacy & Mail Order Information section on the Drug Costs and Coverage Tab.

Online Enrollment Center Pages
1. When you click on any of the “Enroll” buttons in the Medicare Plan Finder, a new pop up window will appear to take you to the Online Enrollment Center. Your plan finder search window will remain open in case you need to return to your search results for any reason.

2. When you’ve completed an enrollment, you can either print the enrollment confirmation page or email the enrollment confirmation.
3. If you’re a SHIP counselor and you’re assisting a beneficiary with an enrollment please click on the DHHS Logo watermark found on top right corner of the page before entering a beneficiary’s information.

This will open the “Partner Information” window. Enter your state and 10 digit office telephone number. The information is collected from the Administrative Console that collects and houses the data from the Online Enrollment Center (OEC) and helps track the OEC activity (e.g., by public, 3rd party broker, SHIP, 1-800-MEDICARE, etc).