

Using Medicare's Website to Choose a Medicare-Approved Drug Plan – 2012

Prepared by Senior PharmAssist (rev 10/05/2011)

TIPS AND HINTS:

- ✓ **IT PAYS TO COMPARE.** The plan that was the cheapest for you in 2011 may be the worst plan for you in 2012.
 - ✓ **Plans cover different medications at different prices.** Be sure to enter the correct name (whether brand or generic), dosage and quantity for each medicine you take.
 - ✓ **The drugs a plan covers and the co-pays you are charged can change from year to year.** Also, your medication regimen may change over time too, so you are picking a plan based on medicines you need at a given “point in time.” Most Medicare beneficiaries can select from the various drug plans only between October 15th – December 7th. People with the full or partial Low-Income Subsidy (LIS) (aka “Extra Help” subsidy) can change plans up to once a month at any time during the year.
 - ✓ Beginning in 2012, if you have a **5-star rated plan** in your area, anyone (regardless of age or income) can switch to a 5-star rated plan during the year. This is one annual opportunity that is outside of the annual election period and includes both stand-alone drug plans and Medicare Advantage plans. Unfortunately, NC has no 5-star rated plans in 2012.
 - ✓ **You can “undo” anything you enter EXCEPT after fully enrolling in a plan.** Your work will automatically be saved once you begin to enter your medications. Make sure you write down the “Drug List ID” and the “Password Date.” You have the option of changing the “Password Date” (many people change it to their birthday as it easy to remember).
 - ✓ **To print a given page** click the “print icon” at the top of the screen, right below the “Search” box.
 - ✓ **System Navigation:** You may return to any previous page by either clicking “Return to Previous Page” at the top of the screen or by moving to the top of the current page and choosing from a list of previous pages that appear just above the current page name. **DO NOT USE THE BACK ARROW.**
1. Go to **www.medicare.gov**. Click on “Compare Health and Drug Plans” under where it says “Finding Plans.”
 2. Do a “**Personalized Search**” to search for plans using personal details that identify you to Medicare’s secure online system. This search shows whether Medicare’s system has the “Low-Income Subsidy” or Medicaid on record for you (if applicable). It will also show you which plan you are currently enrolled in. This is important in order to see accurate co-pay, co-insurance, and other cost-sharing information. To do a “Personalized Search” you will need your zip code, Medicare ID, Last Name, Part A effective date and Date of Birth. Then click “Find Plans.”

OR

Do a “**General Search**” if personal details that identify you to Medicare’s system *are not* available. To do a “General Search” just enter your zip code in the box that says “General

Search” then click [“Find Plans.”](#) On the next screen answer the questions about the type of Medicare Coverage you have (Original Medicare, Medicare Health Plan = Medicare Advantage, etc.) and any assistance you get from the government paying for your prescriptions (LIS, Medicaid). If you check “original Medicare” you have the option of checking “I also have a separate Medicare Drug Plan” and/or “I also have a Medigap Policy.” If you click “Medicare Health Plan” you have the option of choosing “My plan covers health care and drugs,” or “My plan covers health care only,” or “I have TWO Medicare plans – a health plan and a drug plan.” Choosing how you get your Medicare coverage allows you to choose your current plan on the next screen for comparison later on. Once you choose how you get your Medicare coverage click [“Continue to Plan Results.”](#) You can either select your drug plan or choose “I am not currently enrolled in any of the above plans” or “I do not know the name of the plan in which I am currently enrolled.” Click on [“Continue to Plan Results.”](#)

3. [If you did the personalized search:](#) the next screen will show your current coverage and whether Medicare’s records show that you have Medicaid or the Low-Income Subsidy, as well as allows you to begin entering your medications or [“Retrieve My Saved Drug List.”](#)

[If you did the general search:](#) the screen will display the basic details you entered about drug coverage, health insurance coverage, and Medicaid or Low-Income Subsidy. It will also allow you to begin entering your medications or [“Retrieve My Saved Drug List.”](#)

4. If you need to enter your medications you may begin to do that on this screen. Enter each *prescription* medication by typing the name in the [Name of Drug](#) box. As you begin to type a drop-down box will appear that lists drugs that begin with the letters you have typed. When you select the drug name from the drop-down box a separate box will appear allowing you to enter the dosage, quantity and frequency. When you have completed entering this information click [“Add Drug and Dosage.”](#) The system will add the drug to your list. If there is a generic alternative available it will ask if you want to use the lower cost generic or use the brand name drug; make your selection and click [“Enter.”](#) *Repeat these steps for EACH prescription medication.* Your drug list will be created as each medicine is entered. As soon as you enter the first medication a “Drug List ID” will be created along with a “password date.” The password date will be the date the list was created. It can be changed to a date that is easier to remember (i.e. birthday). Write the Drug List ID and password date so that you can access this list later. When all of your drugs have been entered click [“My Drug List is Complete.”](#)

If you have a drug list that was saved from a previous visit to this site (*and* you have the Drug List ID and Password date) you can enter the Drug List ID and Password date and click [“Retrieve My Drug List.”](#) This will take you to the saved drug list and you can update the list (either add or delete medications). Once you have updated the list click [“My Drug List is Complete.”](#) If you do not take any drugs you have the option of clicking [“I Do Not Take Any Drugs.”](#) If you choose this option it will not show any drug prices later on.

5. On the next screen you will have the option of choosing your pharmacy. It is important to choose a pharmacy as pricing may be different if you do not choose one. An alphabetical list of pharmacies in your zip code will appear. Select your preferred pharmacy by clicking on [“Add](#)

Pharmacy.” If your pharmacy is not listed you may expand the search radius or click on “Search New Location or by Pharmacy Name” to enter a different zip code or the actual pharmacy name. Once you have chosen your pharmacy click “Continue to Plan Results.”

6. The next screen allows you to refine your search results. You have the option of selecting “All,” “Prescription Drug Plans,” “Medicare Health Plans with Drug Coverage,” or “Medicare Health Plans without Drug Coverage.” You have to choose one. Once you have refined your search click “Continue to Plan Results.”

NOTE: Medicare Advantage and Special Needs plans pay for hospital and medical services using different methods than traditional Medicare. Some providers may not accept the payment terms of these plans at all or “in network,” and some plans are regional and may not be accepted at all outside of the area. For assistance reviewing or understanding these plans contact the N.C. Seniors’ Health Insurance Information Program (SHIIP) at 1-800-443-9354, which is a part of the N.C. Department of Insurance.

7. Current plan information (if known) will be listed first. Original Medicare costs are based on having no prescription drug coverage. Plans are displayed from the least expensive overall to most expensive. This calculation is based on all cost-sharing: monthly premiums, any deductible, co-payments or co-insurance, and coverage gap calculations. You can view more detailed information on each plan by clicking on the plan name. Information displayed includes individual drug costs, monthly costs, and drug restrictions that may apply.
8. To compare up to 3 stand-alone drug plans to see how they *differ* in terms of overall price, deductibles, monthly premiums, etc., on the *Your Plan Results* page under *Prescription Drug Plans* you can click the box next to 3 plans and then click “Compare Plans.” Remember, however, that the first plan listed is the least expensive overall given your specific drug regimen. If you would like to print the comparison click “Print Comparison Report” below the “Drug Coverage Information” section.
9. Next, check for “**Utilization Management Tools or Restrictions**” which can make access to medications more difficult despite being technically “covered” by the plan. These restrictions include Prior Authorization (PA), Step Therapy (ST) and Quantity Limits (QL). **PA** means your provider needs to request coverage; **ST** means that you may have to try an alternative before the insurer will cover this medicine or your provider can document that you have tried alternatives in the past that did not work for you; and **QL** means the insurer will only cover a certain quantity over a period of time; again, your providers can appeal to help you overcome some of these barriers. On the *Your Plan Results* page click on the name of the plan you are interested in. Then scroll down to “Drug Coverage Information.” This area shows the different drug tiers for that plan. The lower the tier, the lower the cost compared to other tiers. This area also shows whether a drug requires PA, ST or QL in order to be covered by the plan. If there is a QL you can click on “yes” and it will show a box with the QLs for any drugs on that particular plan (ex. 31 tablets for 31 days). If there is a PA or ST for one of your medications, you may need to contact the drug plan and work with your doctor to find out how to appeal to get coverage for it.

10. Once you have clicked on the plan you are interested in on the “Plan Details” page you can go to the “estimated annual drug costs” section and click “[Lower Your Drug Cost.](#)” This offers ways to further lower your drug cost share by suggesting less expensive but similar medications that might be available. If the plan offers mail order you can view the mail order cost by clicking on the “Mail Order Pharmacy Tab” on the “Plan Details” screen. Scroll down to “What You Pay” and it gives you a detailed explanation of what you pay for each medicine throughout the plan year. If you click on the “Overview Tab” on the “Plan Details” page and scroll down to “Additional Plan Information” you can click on “[View Important Notes and Drug Cost Sharing Information.](#)” You can find out if the plan can be used nationwide as well as cost-sharing details for retail and mail order (if available). *Remember, if someone has to pay for a medication that is not covered by his/her plan or chooses to pay for a medication without using the insurer’s drug card, it does NOT count towards that person’s cost-sharing requirements.*

NOTE: If you receive the “Extra Help” subsidy (also called the “Low-Income Subsidy”), you can choose from among all available Medicare-approved drug plans; however, only 9 out of the 30 “stand-alone” drug plans in North Carolina will cover the full cost of the monthly premium. Sometimes having a small or higher premium translates into better drug coverage; but not always.

11. Once you have chosen a drug plan (or health plan), you can enroll in a plan in one of three ways: via Medicare’s secure website (click **Enroll**), by calling Medicare (1-800-633-4227), or by calling the plan’s toll-free number. If done via Medicare’s website, you will receive a confirmation number at the end of the enrollment that you should print for your files. This number only confirms that you enrolled in a Medicare plan via Medicare’s website; it cannot be used to fill prescriptions. You will receive a “welcome” letter within 10-14 days of your enrollment that will include your ID. Most, if not all, plans will allow premiums to be deducted from social security checks. To select this option click “Deduct it from my social security benefit” under the question “How do you want to pay your premium?” On the next screen there is an explanation about having the premium deducted from your social security check. At the end click “yes” to the question “Are you sure you want your premiums automatically deducted from your social security check?” If you do not want to have the premium deducted from your social security check click “Have the plan bill me monthly and I will pay it directly.”

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8. To compare up to 3 stand-alone drug plans to see how they *differ* in terms of overall price, deductibles, monthly premiums, etc., on the *Your Plan Results* page under *Prescription Drug Plans* you can click the box next to 3 plans and then click “[Compare Plans.](#)” Remember, however, that the first plan listed is the least expensive overall given your specific drug regimen. If you would like to print the comparison click “[Print Comparison Report](#)” below the “Drug Coverage Information” section.
9. Next, check for “**Utilization Management Tools or Restrictions**” which can make access to medications more difficult despite being technically “covered” by the plan. These restrictions include Prior Authorization (PA), Step Therapy (ST) and Quantity Limits (QL). **PA** means your provider needs to request coverage; **ST** means that you may have to try an alternative before the insurer will cover this medicine or your provider can document that you have tried alternatives in the past that did not work for you; and **QL** means the insurer will only cover a certain quantity over a period of time; again, your providers can appeal to help you overcome some of these barriers. On the *Your Plan Results* page click on the name of the plan you are interested in. Then scroll down to “Drug Coverage Information.” This area shows the different drug tiers for that plan. The lower the tier, the lower the cost compared to other tiers. This area also shows whether a drug requires PA, ST or QL in order to be covered by the plan. If there is a QL you can click on “yes” and it will show a box with the QLs for any drugs on that particular plan (ex. 31 tablets for 31 days). If there is a PA or ST for one of your medications, you may need to contact the drug plan and work with your doctor to find out how to appeal to get coverage for it.

10. Once you have clicked on the plan you are interested in on the “Plan Details” page you can go to the “estimated annual drug costs” section and click “[Lower Your Drug Cost.](#)” This offers ways to further lower your drug cost share by suggesting less expensive but similar medications that might be available. If the plan offers mail order you can view the mail order cost by clicking on the “Mail Order Pharmacy Tab” on the “Plan Details” screen. Scroll down to “What You Pay” and it gives you a detailed explanation of what you pay for each medicine throughout the plan year. If you click on the “Overview Tab” on the “Plan Details” page and scroll down to “Additional Plan Information” you can click on “[View Important Notes and Drug Cost Sharing Information.](#)” You can find out if the plan can be used nationwide as well as cost-sharing details for retail and mail order (if available). *Remember, if someone has to pay for a medication that is not covered by his/her plan or chooses to pay for a medication without using the insurer’s drug card, it does NOT count towards that person’s cost-sharing requirements.*

NOTE: If you receive the “Extra Help” subsidy (also called the “Low-Income Subsidy”), you can choose from among all available Medicare-approved drug plans; however, only 9 out of the 30 “stand-alone” drug plans in North Carolina will cover the full cost of the monthly premium. Sometimes having a small or higher premium translates into better drug coverage; but not always.

11. Once you have chosen a drug plan (or health plan), you can enroll in a plan in one of three ways: via Medicare’s secure website (click **Enroll**), by calling Medicare (1-800-633-4227), or by calling the plan’s toll-free number. If done via Medicare’s website, you will receive a confirmation number at the end of the enrollment that you should print for your files. This number only confirms that you enrolled in a Medicare plan via Medicare’s website; it cannot be used to fill prescriptions. You will receive a “welcome” letter within 10-14 days of your enrollment that will include your ID. Most, if not all, plans will allow premiums to be deducted from social security checks. To select this option click “Deduct it from my social security benefit” under the question “How do you want to pay your premium?” On the next screen there is an explanation about having the premium deducted from your social security check. At the end click “yes” to the question “Are you sure you want your premiums automatically deducted from your social security check?” If you do not want to have the premium deducted from your social security check click “Have the plan bill me monthly and I will pay it directly.”

BEST of LUCK and happy shopping!