Guide to the Medicare Plan Finder

Type “www.Medicare.gov” into your web address bar.

*The Medicare Homepage will open as follows:

Option 1:
Log in or Create a Medicare Account—
for a personal search that can be saved, use your Medicare Account log in Information

Option 2:
Search plans anonymously without an account—
Information will NOT be saved

*Website images may change
Option 1: Personalized Search with a Medicare Account

Click here to Create account and follow 3 step instructions below

OR

Enter your Medicare Account login information and continue to page 4 of instructions

3 Steps to Creating a Medicare Account:

Step ❶ Enter your:
- Medicare Number
- Part A start date
** If you do not have Part A click “Get other options”
- Click “Next”

Disclaimer Box:
You must click “OK” to continue
Creating an account instructions continued:

2. Step 2

Enter your:
- Last name (Suffix)
- Date of birth
- Zip code
- Email address
  **If you do not have an email address, check the box that states “I don’t have an email address”**
- Check box confirming your personal information is correct
- Click “Next”

3. Step 3

*All entered answers will be case sensitive.*

- Create a Username:____________________
- Create a Password:____________________
- Answer one of the Secret Questions: *must be a one word answer*
  - Your favorite vacation spot?____________________
  - City that you first meet your spouse?____________
  - Country you would most like to visit?___________
  - Title of your favorite book?___________________
  - The name of the first street you lived on?________
  - The name of your first pet?___________________
  - Your best friend’s last name?_________________
- Click “Create Account” Once you are successful, the log in page will reappear for you to enter your username and password to log in.
Option 1: Medicare Account Instructions
When you Log into your personal account it will bring you to your home page

Your “Current” plan information will be listed and if you have state Medicaid

To enter Plan Finder
Click the tab “Check Plan Summary”

This is your Plan Summary

- Update your drugs and pharmacy preferences on this page.
- Click “Find Plans Now” your personal information will be auto filled into the Plan Finder search results
- Then enter your zip code and plan type in the pop-up window. Click “Next”

Continue with instructions on page 9 for plan results!
Option 2: Instructions for an Anonymous search

- Enter your zip code
- Select the type of coverage you want and click “Apply”
- Then click “Start”

Answer the next question for more accurate drug cost estimates. If you don’t know click “I’m not sure”

Then click “Next”
If you don’t take prescription drugs, you may search without entering drug information, OR you may find SeniorCare, the Wisconsin State Pharmaceutical Assistance Program, to be a better option. You can find an application at: https://www.dhs.wisconsin.gov/seniorcare/index.htm

How to update your prescription drug list

Begin typing the name of your prescription and select it from list that drops down.

Then click “Add Drug”
Enter:
- Dosage
- Quantity
- Frequency you fill that medication

Then click “Add to My Drug List”

- Continue to add your prescriptions until all your medications are entered by clicking “Add Another Drug”  
  (Remember Medicare does not cover over-the-counter drugs)

Then click “Done Adding Drugs”
Select the pharmacy you use. You may select up to 5 pharmacies for comparison.

Your selected pharmacies will be displayed at the bottom of the screen. Then click “Done”. 
Your search results will show the available plans

Plans are sorted showing the plan with the **lowest estimated total drug cost plus premium cost** first.

Click “Plan Details” to access important details such as cost of each drug, drug restrictions and more!

When the Plan Details Page opens, scroll down to view important information.

Check this box to compare plans side by side!
View Plan Premium, Estimated Costs, and Drug Deductible Information

Pharmacy information is displayed next. It will list if your pharmacy is:
- Preferred
- Standard in-network
- Out-of-network

You can also change your pharmacy selection.
Next, you will see the full *yearly* cost for **each** drug at **each** pharmacy selected.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Walgreens #7730</th>
<th>Walmart Pharmacy 10-3322</th>
<th>CVS Pharmacy #0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution</td>
<td>$561.53</td>
<td>$567.63</td>
<td>$561.53</td>
</tr>
<tr>
<td>Atorvastatin 80mg tablet</td>
<td>$0.00</td>
<td>$96.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Clopidogrel 75mg tablet</td>
<td>$48.00</td>
<td>$180.00</td>
<td>$48.00</td>
</tr>
<tr>
<td>Tamsulosin hydrochloride 0.4mg capsule</td>
<td>$48.00</td>
<td>$180.00</td>
<td>$48.00</td>
</tr>
<tr>
<td><strong>Total yearly drug cost</strong></td>
<td><strong>$657.53</strong></td>
<td><strong>$1,023.63</strong></td>
<td><strong>$657.53</strong></td>
</tr>
</tbody>
</table>

Note the estimated “**Total yearly drug + premium costs**” and other important details for each pharmacy.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Walgreens #7730</th>
<th>Walmart Pharmacy 10-3322</th>
<th>CVS Pharmacy #0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total yearly drug + premium cost</strong></td>
<td><strong>$775.13</strong></td>
<td><strong>$1,141.23</strong></td>
<td><strong>$775.13</strong></td>
</tr>
<tr>
<td><strong>When you'll meet your deductible</strong></td>
<td>November 2022</td>
<td>November 2022</td>
<td>November 2022</td>
</tr>
<tr>
<td><strong>When you'll enter the coverage gap</strong></td>
<td>You won't enter the coverage gap in 2022</td>
<td>You won't enter the coverage gap in 2022</td>
<td>You won't enter the coverage gap in 2022</td>
</tr>
</tbody>
</table>
Next, you will see the estimated **monthly** cost for all drug costs at each pharmacy you added to your search.

### ESTIMATED TOTAL MONTHLY DRUG COST

<table>
<thead>
<tr>
<th></th>
<th>Walgreens #7730</th>
<th>Walmart Pharmacy 10-3322</th>
<th>CVS Pharmacy #08764</th>
<th>Mail Order Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>$55.23</td>
<td>$65.33</td>
<td>$55.23</td>
<td>$165.12</td>
</tr>
<tr>
<td>February</td>
<td>$55.23</td>
<td>$65.33</td>
<td>$55.23</td>
<td>-</td>
</tr>
<tr>
<td>March</td>
<td>$55.23</td>
<td>$65.33</td>
<td>$55.23</td>
<td>-</td>
</tr>
<tr>
<td>April</td>
<td>$55.23</td>
<td>$65.33</td>
<td>$55.23</td>
<td>$155.12</td>
</tr>
<tr>
<td>May</td>
<td>$55.23</td>
<td>$65.33</td>
<td>$55.23</td>
<td>-</td>
</tr>
</tbody>
</table>

Click “+” to expand section and read additional information for each pharmacy.

### ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you’ve selected. Contact the plan if you have specific questions about drug costs.

Learn more about coverage phases.

+ WALGREENS #7730

+ WALMART PHARMACY 10-3322

+ CVS PHARMACY #08764

+ MAIL ORDER PHARMACY

+ View more drug coverage
This is where you will see the **Drug Costs** in different coverage phases

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Retail Cost</th>
<th>Cost before deductible</th>
<th>Cost after deductible</th>
<th>Cost in coverage gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuterol sulfate hfa 108 (90 Base) mcg/aerosol solution</td>
<td>$42.23</td>
<td>$42.23</td>
<td>$42.00</td>
<td>$11.81</td>
</tr>
<tr>
<td>Atorvastatin 80mg tablet</td>
<td>$1.93</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.48</td>
</tr>
<tr>
<td>Clopidogrel 75mg tablet</td>
<td>$4.27</td>
<td>$4.00</td>
<td>$4.00</td>
<td>$1.07</td>
</tr>
<tr>
<td>Tamsulosin hydrochloride 0.4mg capsule</td>
<td>$4.27</td>
<td>$4.00</td>
<td>$4.00</td>
<td>$1.07</td>
</tr>
<tr>
<td><strong>Monthly totals</strong></td>
<td><strong>$57.69</strong></td>
<td><strong>$55.23</strong></td>
<td><strong>$50.00</strong></td>
<td><strong>$14.43</strong></td>
</tr>
</tbody>
</table>

By clicking the “+ View More Drug Coverage” you can view this important information about drug restrictions!
As you scroll down you will see your drug list. Remember, you can only view this information if you clicked “View More Drug Coverage”. If you need to make any changes to your drug list, click “Change Drugs”.

As you Scroll down to the bottom of the plan details page, you’ll be able to see the star ratings when they are available.
To enroll in a plan:

- Click the **Enroll** Button from the **Results Page**
- Enter the information requested
- Be sure to **Print or Save Confirmation Page**!

**WellCare Value**
Wellcare | Plan ID: S4
Star rating: ★★★★☆

**MONTHLY PREMIUM**
$14.80 Includes: Only drug coverage

**YEARLY DRUG & PREMIUM COST**
$150.66 Retail pharmacy: Estimated total drug + premium cost
$198.22 Mail-order pharmacy: Estimated total drug + premium cost

**DEDUCTIBLE**
$445.00 Drug deductible

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**Other options for enrolling:**

- Call the plan directly
- Call Medicare at 1-800-633-4227

**For questions or assistance with plan comparisons:**

- Medicare: 1-800-633-4227
- WI Medigap Prescription Drug Helpline: 1-855-677-2783 (Ages 60 and over)
- Disability Drug Benefit Helpline: 1-800-926-4862
- Find local, unbiased help with Wisconsin SHIP: [dhs.wi.gov/medicare-help](dhs.wi.gov/medicare-help)

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