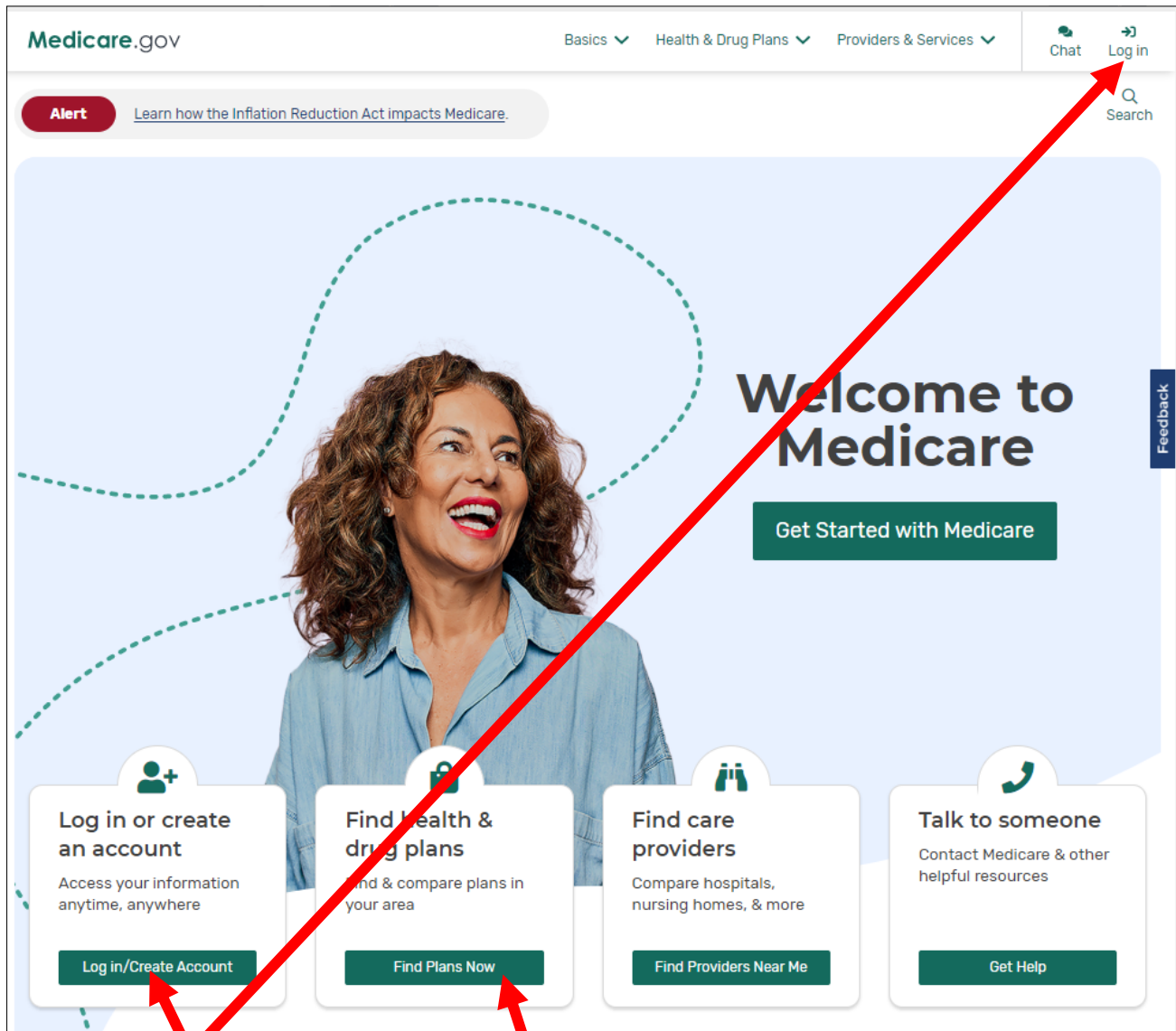


# Guide to the Medicare Plan Finder

Type “[www.Medicare.gov](http://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

## Log in to your account

No account? Get a more personalized experience - [create an account now.](#)

USERNAME

PASSWORD

**Log in**

[Trouble logging in?](#)

Using a shared or public computer? Be sure to log out and close all browser windows when you're done. This will help keep your information secure.

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:

**1**

Medicare.gov Basics ▾ Health & Drug Plans ▾ Providers ▾

## Create an account

Step 1 of 3

### Enter your Medicare information

To get started, you'll need your red, white, and blue Medicare card.  
[I don't have a Medicare card](#)

Enter your Medicare Number and coverage start date

MEDICARE HEALTH INSURANCE

Beneficiary  
**JOHN L SMITH**

Medicare Number/Numbers for Medicare  
**(1EG4-TE5-MK72)**

Medicare Card Number  
**HOSPITAL (PART A) 03-01-2016**

MEDICARE NUMBER

PART A COVERAGE START DATE  
Use the format MM/YYYY

MONTH / YEAR

 / 

Don't have Part A?  
[Get other options](#)

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare beneficiaries to set up a secure account on Medicare.gov and provide personalized Medicare information to the beneficiary. 1851(d) of the Social Security Act (42 U.S.C. 1395w-21(d)) authorizes CMS to provide information and coverage options to Medicare beneficiaries on an internet site.

CMS may use and disclose beneficiaries information as specified in the System of Records Notice (SORN) "1-800 Medicare Choice (HELPLINE)," System No. 09-70-0535, 66 FR 16679, March 27, 2001 and as permitted by the Privacy Act of 1974. Providing the requested information is voluntary; however, failure to provide this information may prevent creating an account.

### Step 1

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

**Create an account**

STEP 2 OF 3  
Your basic information

LAST NAME  SUFFIX

DATE OF BIRTH  
Use the format MM/DD/YYYY

Month  / Day  / Year

ZIP CODE OR CITY

EMAIL ADDRESS

CONFIRM EMAIL ADDRESS

Don't have an email address?  
We'll send information about your account by mail to the address on file.

I don't have an email address.

Agree to the statements below

By checking this box, you certify that the information listed is true and complete to the best of your knowledge.

## 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

**Create an account**

STEP 3 OF 3  
Create username and password

USERNAME

PASSWORD

CONFIRM PASSWORD

Secure your account

SECRET QUESTION

SECRET ANSWER

## 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.

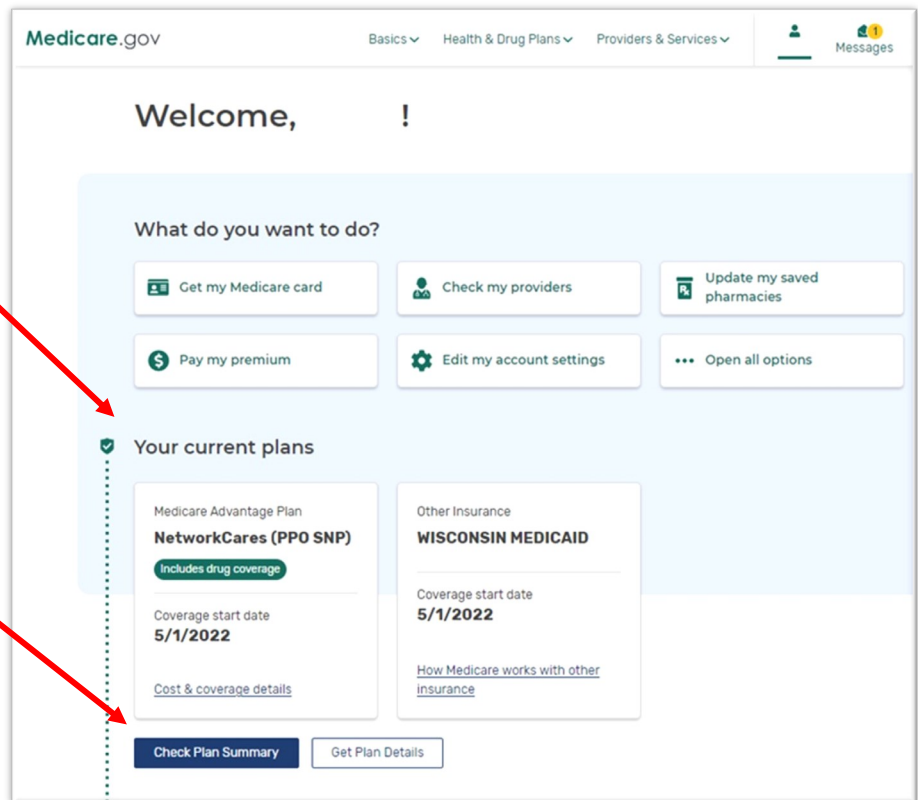
# Option 1:

## 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

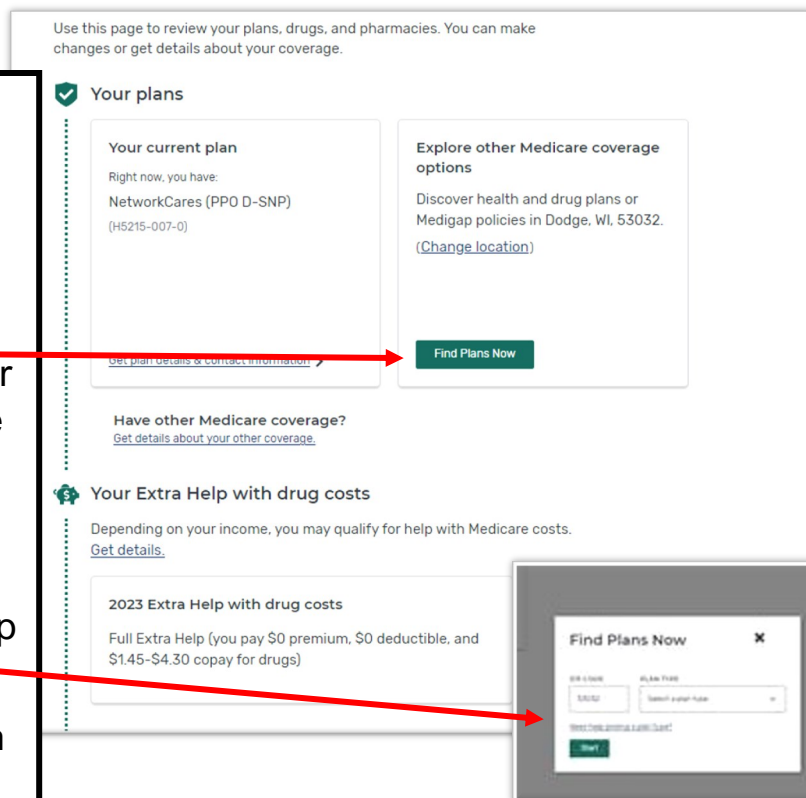
To enter Plan Finder  
Click the tab  
"Check Plan Summary"



### 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

Don't have Medicare Part A or B yet?  
[Get started with Medicare.](#)

## Find Medicare health & drug plans

[Continue without logging in](#)

COVERAGE FOR  
 2023  2022

ZIP CODE

PLAN TYPE  
Select a plan type ^

- Medicare Advantage Plan
- Drug plan (Part D)
- Drug plan (Part D) + Medigap policy
- Medigap policy only
- I want to learn more about Medicare options before I see plans

Next, you can add your information. [Need help](#)

[Start](#) [Apply](#)

Looking for PACE plans?

From a national health authority  
Learn how experts define health sources in a journal of the National Academy of Medicine

Review - Public

**Instructions:**

- 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"

Do you get help with your costs from one of these programs?

- Medicaid
- Supplemental Security Income
- Medicare Savings Program
- Extra Help from Social Security
- I'm not sure
- I don't get help from any of these programs

[Next](#)

### Tell us your search preferences

Do you want to see your drug costs when you compare plans?

Yes

**Great!**  
To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.

No

Click  
"Yes"

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

### Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

- atorvastatin
- amlodipine / atorvastatin
- atovaquone

[Can't find your drug?](#)

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

Then click "Add Drug"

## Tell us about this drug

### Atorvastatin

#### DOSAGE

40mg tablet

#### QUANTITY

30

#### FREQUENCY

Every month

[Cancel](#)

Add to My Drug List

Enter:

- Dosage
- Quantity
- Frequency you fill that medication

Then click  
“Add to My Drug List”

## Confirm your drug list

Albuterol sulfate hfa 108  
(90 Base)mcg/act aerosol  
solution

generic

[Remove drug](#)

Package Type  
18gm inhaler

Quantity  
1

Frequency  
Every month

[Edit drug](#)

Atorvastatin 40mg tablet

generic

[Remove drug](#)

Quantity  
30

Frequency

Clopidogrel 75mg tablet

generic

[Remove drug](#)

Quantity  
30

Tamsulosin hydrochloride  
0.4mg capsule

generic

[Remove drug](#)

Quantity  
30

Add Another Drug

Done Adding Drugs

- 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”

## Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE

53072

NAME OF PHARMACY (OPTIONAL)

Find Pharmacy

Select the pharmacy you use. You may select up to 5 pharmacies for comparison.

Filter by:

Distance: 5 miles

Showing 1-10 of 28 pharmacies near 53072

### Mail-order Pharmacy

Add both mail-order and retail pharmacies to find the lowest cost.

Pharmacy Added

### 1. Hayat Pharmacy Telepharmacy Rds

1001 Cecelia Dr Suite 200a, Pewaukee, WI 53072  
(414) 374-0000

Add Pharmacy

Your selected pharmacies will be displayed at the bottom of the screen. Then click "Done"

### 7. CVS Pharmacy #08764

2135 Silvernail Rd, Pewaukee, WI 53072  
(262) 513-9221

Pharmacy Added

### 8. Meijer Pharmacy #275

N51w24953 Lisbon Rd, Pewaukee, WI 53072  
(262) 932-2510

Add Pharmacy

### 9. Prohealth Pharmacy-pewaukee

N16w24131 Riverwood Dr Suite 1121, Waukesha, WI 53188  
(262) 696-0919

Add Pharmacy

Hayat Pharmacy Telepharmacy Rds

Walgreens #5309

CVS Pharmacy #08764

Mail Order Pharmacy

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.

Filter by: Insurance Carrier ▾ Star Ratings ▾

Showing 10 of 24 drug plans SORT PLANS BY Lowest drug + premium cost

**Wellcare Value Script (PDP)**  
Wellcare | Plan ID: S4802-132-0  
Star rating: Coming Soon

**MONTHLY PREMIUM**  
\$9.80 Includes: Only drug coverage

**YEARLY DRUG & PREMIUM COST**  
\$775.13 [Retail pharmacy: Estimated total drug + premium cost](#)  
\$738.08 [Mail-order pharmacy: Estimated total drug + premium cost](#)

**DEDUCTIBLE**  
\$480.00 [Drug deductible](#)

PHARMACIES  
2 of 3 of your selected retail pharmacies are in-network  
[View your pharmacies](#)

DRUGS  
[View drugs & their costs](#)

Open Enrollment starts October 15 [Plan Details](#)  Add to compare

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

## Wellcare Value Script (PDP)

Plan type: Drug plan (Part D)

Plan ID: S4802-132-0

Plan website | Non-members: 1-888-293-5151 | Members: 1-888-550-5502

What you'll pay	Total monthly premium	Retail pharmacy: 2022 estimated total drug costs	Mail order pharmacy: 2022 estimated total drug costs
	<b>\$9.80</b>	<b>\$657.53</b> Covers 4 of 4 drugs	<b>\$620.48</b> Covers 4 of 4 drugs

Overview | Drug Coverage | Star Ratings

Overview	
PREMIUMS	
Total monthly premium	\$9.80
DEDUCTIBLES	
The amount you must pay each year before your plan starts to pay for covered services or drugs.	
Drug deductible	\$480.00

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.

### Drug Coverage

[See if there's help to lower costs for drugs you take.](#)

#### PHARMACIES

See the cost level to fill your drugs at the pharmacies you chose. You can also change pharmacies to see the cost level of other pharmacies in your area to find the lowest cost pharmacy.

[More about pharmacy cost levels](#)

WALGREENS #5309	<b>Preferred</b> Preferred in-network pharmacy	<a href="#">Change Pharmacies</a>
CVS PHARMACY #08764	✓ Standard in-network pharmacy	
HAYAT PHARMACY TELEPHARMACY RDS	✗ Out-of-network pharmacy <a href="#">Find an in-network pharmacy.</a>	
Mail Order Pharmacy	<b>Preferred</b> Preferred in-network pharmacy Costs vary based on the specific mail-order pharmacy	

Next, you will see the full yearly cost for each drug at each pharmacy selected

**YEARLY DRUG COSTS BY PHARMACY**

Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs.

	<b>Walgreens #7730</b> <span>Preferred</span> Preferred in-network pharmacy	<b>Walmart Pharmacy 10-3322</b> <span>✓</span> Standard in-network pharmacy	<b>CVS Pharmacy #0</b> <span>Preferred</span> Preferred
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	\$561.53	\$567.63	\$561.53
Atorvastatin 80mg tablet	\$0.00	\$96.00	\$0.00
Clopidogrel 75mg tablet	\$48.00	\$180.00	\$48.00
Tamsulosin hydrochloride 0.4mg capsule	\$48.00	\$180.00	\$48.00
<b>Total yearly drug cost</b>	\$657.53	\$1,023.63	\$657.53

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

**ESTIMATED TOTAL DRUG + PREMIUM COST**

	<b>Walgreens #7730</b> <span>Preferred</span> Preferred in-network pharmacy	<b>Walmart Pharmacy 10-3322</b> <span>✓</span> Standard in-network pharmacy	<b>CVS Pharm</b> <span>Preferred</span>
<b>Total yearly drug + premium cost</b>	\$775.13	\$1,141.23	\$775.13
<b>When you'll meet your deductible</b>	November 2022	November 2022	November 2022
<b>When you'll enter the coverage gap</b> ▾	You won't enter the coverage gap in 2022	You won't enter the coverage gap in 2022	You won't enter the coverage gap in 2022

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				
	<b>Walgreens #7730</b> <span>Preferred</span> Preferred in-network pharmacy	<b>Walmart Pharmacy 10-3322</b> <span>✓</span> Standard in-network pharmacy	<b>CVS Pharmacy #08764</b> <span>Preferred</span> Preferred in-network pharmacy	<b>Mail Order Pharmacy</b> <span>Preferred</span>
January	\$55.23	\$85.33	\$55.23	\$155.12
February	\$55.23	\$85.33	\$55.23	-
March	\$55.23	\$85.33	\$55.23	-
April	\$55.23	\$85.33	\$55.23	\$155.12
May	\$55.23	\$85.33	\$55.23	-

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

WALGREENS #7730

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	\$47.23	\$47.23	\$42.00	\$11.81
Atorvastatin 80mg tablet	\$1.93	\$0.00	\$0.00	\$0.48
Clopidogrel 75mg tablet	\$4.27	\$4.00	\$4.00	\$1.07
Tamsulosin hydrochloride 0.4mg capsule	\$4.27	\$4.00	\$4.00	\$1.07
Monthly totals	\$57.69	\$55.23	\$50.00	\$14.43

By clicking the “+ View More Drug Coverage” you can view this important information about drug restrictions!

OTHER DRUG INFORMATION

	Tier	Prior authorization	Quantity Limits Amount	Quantity Limits Frequency	Step therapy
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	Tier 3	-	30	30 Day(s)	-
Atorvastatin 80mg tablet	Tier 1	-	Yes	-	-
Clopidogrel 75mg tablet	Tier 2	-	-	-	-
Tamsulosin hydrochloride 0.4mg capsule	Tier 2	-	-	-	-

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”.

MY DRUG LIST				
	Package	Quantity	Frequency	Brand/Generic
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	18gm inhaler	1	Every month	Generic
Atorvastatin 80mg tablet		30	Every month	Generic
Clopidogrel 75mg tablet		30	Every month	Generic
Tamsulosin hydrochloride 0.4mg capsule		30	Every month	Generic

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.

PART B DRUGS	
These are drugs you usually get at a doctor’s office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	
Chemotherapy drugs	Not covered
Other Part B drugs	Not covered
<b>Star ratings</b>	
<b>Overall star rating</b>	
Overall rating is based on the categories below.	

## 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

Enroll

Plan Details



Add to compare

## 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](https://dhs.wi.gov/medicare-help)

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# SHIP

State Health Insurance  
Assistance Program

Navigating Medicare