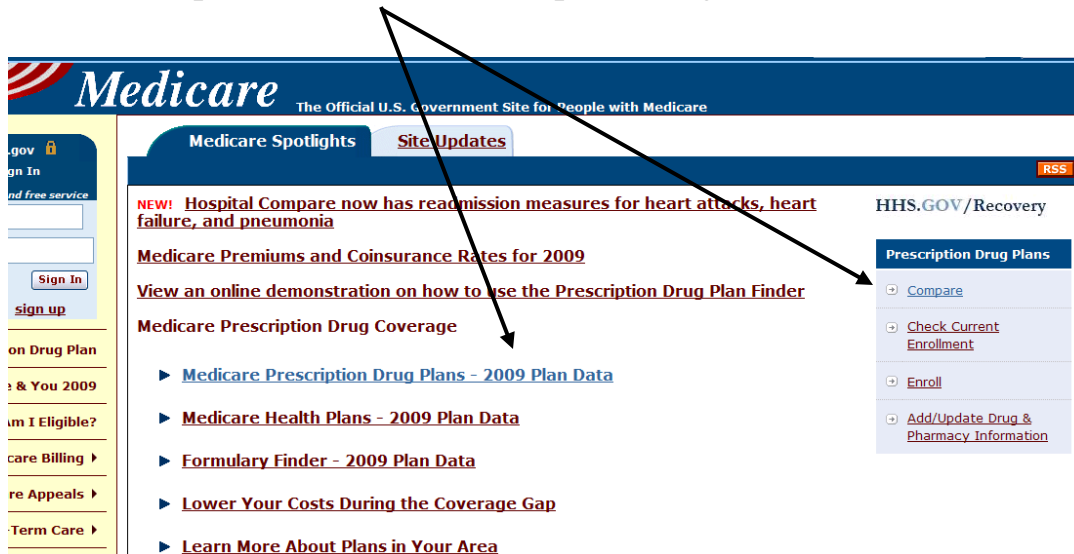


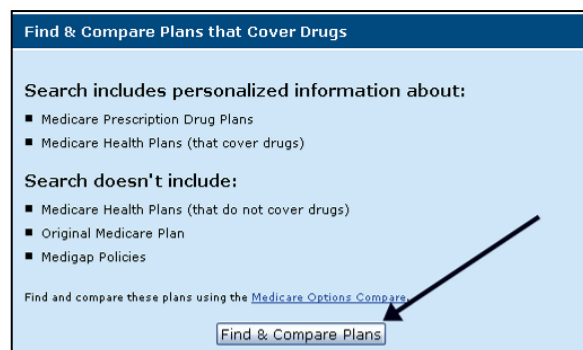
Medicare Plan Finder Training Entering Client Information

1. Go to the Medicare website, www.medicare.gov. You will see two places where you can click to begin a prescription drug plan comparison. Click on one of the following—

- Medicare Prescription Drug Plans—2009 (2010) data
- “Compare” in the blue Prescription Drug Plans box



2. On the next screen click “Find and Compare Plans” to continue.



PICK TYPE OF SEARCH

3. You can do a Personalized Search or a General Search for a client. You will need the Medicare card information and the person's birthday to use the Personalized Search. The personalized comparison will tell you the person's present drug plan and also if they receive extra financial assistance.

The General Search is used when you do not have the necessary information from the client.

TIP: Sometimes you will enter the information for the Personalized Search and the Plan Finder Tool will not accept your search. Re-enter the client's information. If it doesn't work the second time, go to the General Search.

Find and Compare Plans

Step 1: Select a Search Option

Recommended		
Personalized Plan Search	OR	General Plan Search
<p>The Personalized Plan Search is optimal because it provides specific information about your current enrollment as well as more tailored plan information.</p> <p>Use this search if you:</p> <ul style="list-style-type: none">• have your red, white, and blue Medicare card• want information on your current coverage• want details about the Medicare Prescription Drug Plans and Medicare Health Plans in your area <p>Begin Personalized Search</p> <p>By clicking on this button you are agreeing to the terms and conditions of the User Agreement</p>		<p>The General Plan Search will not give you information about your current enrollment and cannot provide tailored plan information.</p> <p>Use this search if you:</p> <ul style="list-style-type: none">• do not have your red, white, and blue Medicare card• want details about the Medicare Prescription Drug Plans and Medicare Health Plans in your area <p>Begin General Search</p> <p>By clicking on this button you are agreeing to the terms and conditions of the User Agreement</p>

OPTION I: BEGIN PERSONALIZED SEARCH

We will go through a Personalized Search first.

4. This is the first screen for a personal search.

- The top line is the Medicare number.
- Fill in **one** of the two Medicare dates on the second section of this screen. **Do not fill in both dates.**
- The third section needs last name, birth date and the client's zip code.
- The fourth line is a request for Health Status. This piece of information has **no affect** on the results and is **not required**.
- Click Continue at the bottom of the page.

The screenshot shows a web form for a Medicare search. It is divided into four horizontal sections. The first section is for the Medicare Claim Number, with the example '123 - 45 - 6789 - A'. The second section asks for the effective date for Part A and Part B, with arrows pointing to the 'July 2007' and 'Month Year' dropdowns. The third section asks for the last name ('Craven'), date of birth ('July 4 1941'), and ZIP code ('50322'). The fourth section asks for the health status ('Very Good') and includes a note that the answer will not affect enrollment. A 'Continue' button is at the bottom right.

Medicare Claim Number: 123 - 45 - 6789 - A (Appears on your Medicare card - see example right)
Railroad Retirees, enter your Medicare Claim Number [here](#).

Enter one of the following from your Medicare card:

Effective Date for Part A: July 2007
OR
Effective Date for Part B: Month Year

Last Name: Craven
Date of Birth: July 4 1941
ZIP Code: 50322 [ZIP Code Locator](#) (Please use the ZIP Code that we currently have on record for you)

Your Health Status: Very Good
Note: Your answer will not change your benefits, nor will it affect your ability to enroll in the plan. Plans must offer the same benefits to all members, no matter their health status. They must also enroll anyone eligible to enroll in the plan.

Continue

5. The next screen explains the client's current coverage and their level of subsidy, if any.

The screenshot displays the Medicare Prescription Drug Plan Finder interface. At the top, it says "The Official U.S. Government Site for People with Medicare". The main heading is "Medicare Prescription Drug Plan Finder". Below this, there are navigation links: "Home", "Help", "Glossary", and "How Plans Work". There are also links for "Vea en Español", "Use Larger Font", and "Email".

The main content area is titled "Find and Compare Plans" and "Step 3: Review Current Coverage and Consider Options". A prominent instruction box says: "Please review your current coverage and plans options below. Click 'Continue' to review plans in your area." A "Continue" button is located to the right of this box. A "Print this Page" button is also visible.

On the right side, there is a "Your Information" section with the following details:

- Zip Code: 52223
- Current Coverage: Humana PDP Enhanced S5884-023 (S5884-023)
- Current Subsidy: No Subsidy

Below this, there are sections for "Learn More" and "Limited Income and Resources?".

The main content area includes the following sections:

- You're currently enrolled in:** Medical Associates Advantage Plus Plan with Humana PDP Enhanced S5884-023
 - Medicare Cost Plan with a Prescription Drug Plan
 - Medical Associates Advantage Plus Plan provides health coverage only; your Prescription Drug Plan covers drugs
 - For more information, call the plan at 1-866-821-1365 or [view plan details](#)
- You have the following options if you want to change Medicare drug plans:**
 - join a different Medicare Health Plan (like an HMO or PPO) that covers prescription drugs. If you do this, you'll be disenrolled from both of your current plans. Or,
 - join a different Medicare Prescription Drug Plan. If you do this, you'll still be a member of Medical Associates Advantage Plus Plan.
- If you decide to change plans, keep in mind the following:**
 - You can change plans under certain circumstances:**
 - You can switch plans from November 15 through December 31 of every year.
 - In special circumstances, Medicare may give you an opportunity to switch to another plan. For example, if you permanently move out of your plan's

Click Continue at the top of the page to proceed.

OPTION 2: BEGIN GENERAL SEARCH

As mentioned previously, if you do not have the information necessary to do a Personalized Search, or you cannot get the Personalized Search to work, go ahead with a General Search.

6. This is the screen you will see when you do a General Search.

- A. The zip code (box A) should be filled in with the zip code for the address where the client files taxes. You will run into this when they live part of the year in Iowa and part of the year in another state.
- B. Drop down box that does not affect final results and does **not** have to be completed.
- C. Drop down box that does not affect final results and does **not** have to be completed.
- D. Clicking on the Yes button at D will result in several options appearing below in the same section. Click in the appropriate buttons or click I don't know.
- E. Clicking on the Yes button at E will result in several options appearing below in the same section. Click in the appropriate buttons or click on I don't know.
- F. Section F will allow the computer operator to force the comparison tool to calculate plan comparisons with appropriate prices for clients with **extra help** from Social Security or the Department of Human Services. We will click “no” for this example. Later we will select “yes” and show the impact of that selection.
 - Click the Continue button.

The screenshot shows a web form for a Medicare search. It is divided into several sections. Section A is a text input field for 'ZIP Code' containing '50322'. Section B is a dropdown menu for 'Your Age Range' set to '65 - 69'. Section C is a dropdown menu for 'Your Health Status' set to 'Very Good'. Section D is a question 'Do you currently have prescription drug coverage?' with radio buttons for 'Yes', 'No (if you'll be getting Medicare coverage soon, click "No")', and 'I don't know'. Section E is a question 'What type(s) of prescription drug coverage do you have?' with checkboxes for 'Medicare Prescription Drug Plan', 'Medicare Health Plan (e.g., HMO, PPO, Private Fee-for-Service Plan, Medicare Medical Savings Account Plan)', 'Medicaid', 'Employer or Union Retiree Plan', 'Medigap (Medicare Supplement Insurance) Policy', 'None of the above', and 'I don't know'. Section F is a question 'Do you have any other health insurance coverage?' with radio buttons for 'Yes', 'No', and 'I don't know'. Below this is another question 'What type(s) of health care coverage do you have?' with checkboxes for 'Employer or Union Retiree Plan', 'Original Medicare Plan', 'Medigap (Medicare Supplement Insurance) Policy', 'Medicare Health Plan (e.g., HMO, PPO, Private-Fee-for-Service Plan, Medicare Medical Savings Account Plan)', 'I will be getting Medicare coverage soon', 'None of the above', and 'I don't know'. The final section is 'Did you get a letter from Medicare or the Social Security Administration (SSA) that said you are either eligible for or qualified for extra help paying for your Medicare Prescription Drug Plan costs?' with radio buttons for 'Yes' and 'No'. Arrows labeled A through F point to these specific elements on the form.

7. The next screen contains general information because you did not enter personalized client information. Click on the Continue button.

Find and Compare Plans

Step 3: Review Current Coverage and Consider Options Print this Page

Please review your current coverage and plans options below. Click 'Continue' to review plans in your area. Continue

You indicated that currently, you:

- don't know which plan you are enrolled in or you aren't enrolled in any of the plans listed.

You have the following options:

- You may find that it is better to get personalized counseling about plans in your area by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you decide to change plans, keep in mind the following:

- You can change plans under certain circumstances:**
 - You can switch plans from November 15 through December 31 of every year.
 - In special circumstances, Medicare may give you an opportunity to switch to another plan. For example, if you permanently move out of your plan's service area; if you qualify for extra help paying for prescription drugs; if the plan stops offering prescription drug coverage; or if you enter, live in, or leave a nursing home.
 - If you are eligible for a Medicare Advantage Plan you can join or switch Medicare Advantage Plans from January 1 to March 31 of every year, but you can't join or drop Medicare prescription drug coverage during this time. For instance, if you are in a Medicare Advantage Plan with prescription drug coverage, you could return to Original Medicare but you'd have to also join a Medicare Prescription Drug Plan at the same time.

Your Information

Zip Code: 50319
 Current Coverage: Unknown
 Current Subsidy: No Subsidy

Learn More

[Learn more about Medicare Prescription Drug Plans](#)
[Learn more about Medicare Health Plans \(like HMOs and PPOs\)](#)
[Learn how plans work](#)

Limited Income and Resources?

You may qualify for extra help paying for Medicare prescription drug coverage.
[Find out more](#)
[5 Ways to Lower Your Costs During the Coverage Gap](#)

PRESCRIPTION SELECTION

It is **EXTREMELY** important that you enter the exact drug name, dosage and quantity the client is taking or the comparison will be inaccurate. The client may wrongly choose a plan that does not cover his/her drugs. When in doubt, call the client or pharmacy to verify information.

8. In most cases you will be entering drug information for the first time. In this case, click on the Enter My Drugs button in item 1.

Decide If You Want to Get Drug Costs for Your Plans

Get Drug Costs for Available Plans

To provide you with estimated drug costs, we need to know which drugs you are currently taking, including their quantities and dosages. **OR**

Select one of the following options:

- I have not yet entered my drugs on this Web site Enter My Drugs
- I entered my drugs on a previous visit to this Web site and would like to retrieve my saved drug list now.

Drug List ID:

Password Date: -Month- -Day- -Year-

Note: This drug list can only be used in the same ♦ ZIP Code Search♦ as when it was created.

Retrieve My Drug List

9. You will not necessarily enter each prescription drug the individual takes, i.e. do not enter over-the-counter drugs. You can enter drug names in two ways:

- A. Type the complete drug name in the box following “Enter Drug Name”.
- After you type the name and click on Search for Drug or hit your Enter key,
- B. A list of drugs beginning with the letters you typed will appear. Click on the appropriate drug name and it will be highlighted in blue.
- C. Click on Add Selected to Your Drug List.

Enter Drug Name:

[Click here to browse drugs alphabetically](#)
[Help with Common Drug Abbreviations](#)

Select one or more drugs to add them to your list. If your drug is not listed below, please check your prescription bottle and verify that the name of the drug you entered is spelled correctly.

Drug Name	Drug Type
Fosamax (Alendronate Sodium)	Brand
Fosamax Plus D (Alendronate Sodium-Cholecalciferol)	Brand

Note: Generic drugs are in ALL CAPS.

D. A new blue box will appear on your screen called “My Drug List.” As you add drugs to the list, they will appear here.

Enter Drug Name:

[Click here to browse drugs alphabetically](#)
[Help with Common Drug Abbreviations](#)

My Drug List

Drug Name	Lower Cost Generic	Remove
Fosamax	ALENDRONATE SODIUM	<input type="button" value="Remove"/>

Use lower cost generic drugs when available. ([What does this mean?](#))

- E. If the drug cannot be found, try clicking on the button to browse drugs alphabetically. Sometimes it is possible to recognize a drug that you have not spelled correctly.
- F. When a drug is found, there may be several choices to pick from. Pick the correct drug and click on the Add Selected Drug to Your List button.

Find and Compare Plans

Find and Enter Your Drug Information

You can search and add your drugs by entering them below and clicking the "Search for Drug" button or by searching for the drug alphabetically.

Enter Drug Name:

[Click here to browse drugs alphabetically.](#)
[Help with Common Drug Abbreviations](#)

My Drug List		
Drug Name	Lower Cost Generic	Remove
Alferon N	Generic not available	<input type="button" value="Remove"/>
Lipitor	Generic not available	<input type="button" value="Remove"/>

Use lower cost generic drugs when available. [\(What does this mean?\)](#)

Find and Compare Plans

Find and Enter Your Drug Information

You can search and add your drugs by entering them below and clicking the "Search for Drug" button or by searching for the drug alphabetically.

Drug Name: [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](#)

[DA](#) [DB](#) [DC](#) [DD](#) [DE](#) [DF](#) [DG](#) [DH](#) [DI](#) [DJ](#) [DK](#) [DL](#) [DM](#) [DN](#) [DO](#) [DP](#) [DQ](#) [DR](#) [DS](#) [DT](#) [DU](#) [DV](#) [DW](#) [DX](#) [DY](#) [DZ](#)

[Search for drugs by drug name.](#)
[Help with Common Drug Abbreviations](#)

Select one or more drugs to add them to your list

Drug Name	Drug Type
D.H.E. 45 (Dihydroergotamine Mesylate)	Brand
DACARBAZINE (Dacarbazine For)	Generic
Dacogen (Decitabine For)	Brand
Dalmane (Flurazepam HCl)	Brand
DANAZOL (Danazol)	Generic
Dantrium (Dantrolene Sodium)	Brand
DANTROLENE SODIUM (Dantrolene Sodium)	Generic
DAPSONE (Dapsone)	Generic
Daptacel (Diph. Acellular Pert & Tet Tox)	Brand

Note: Generic drugs are in ALL CAPS.

10. After finding the first drug, be sure to click on the little box below the drug so that the green check mark in the box disappears. If the check mark is left in the box, the program will automatically substitute generic drugs for brand name drugs. Generics appear in capital letters.

My Drug List		
Drug Name	Lower Cost Generic	Remove
Fosamax	ALENDRONATE SODIUM	<input type="button" value="Remove"/>

Use lower cost generic drugs when available. [\(What does this mean?\)](#)

11. To add drugs to the list, click (put your cursor) in the Enter Drug Name box. Type the next drug name then click on the Search for Drug button again. Continue this process until all drugs are entered.

12. In this example:
- A. These two brand name drugs have generics and the generic names are given in the middle column.
 - B. These two drugs are already generic.
 - C. These two drugs have no generic equivalent.

My Drug List		
Drug Name	Lower Cost Generic	Remove
Lotrel	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	<input type="button" value="Remove"/>
METFORMIN HCL	Already generic	<input type="button" value="Remove"/>
MORPHINE SULFATE	Already generic	<input type="button" value="Remove"/>
Nasacort AQ	Generic not available	<input type="button" value="Remove"/>
Novolog MIX 70/30 Prefilled Flexpen	Generic not available	<input type="button" value="Remove"/>
Synthroid	LEVOTHYROXINE SODIUM	<input type="button" value="Remove"/>

Use lower cost generic drugs when available. [\(What does this mean?\)](#)

If you have a drug on the list which you need to remove, click on the Remove button in the right-hand column.

13. When finished entering drugs click on the Continue button in the bottom right corner.

DOSAGE INFORMATION

14. The next screen allows the user to input the correct dosage for each drug and the number of doses per month. The information entered here is critical for an accurate comparison. Check the accuracy of this information as you enter it and after you have completed entering all information.

- A. Some of the drugs have drop down boxes to allow the user to select the correct dosage.
- B. Box B allows the user to tell the program how many doses are used per month.
- C. Box C allows one to change the time period for the quantity. In some cases, a prescription may only be filled once every six months or even once a year.
- D. For some prescriptions, a client may need to take different doses of the same drug. For example a person may need one 5 mg pill and two 1 mg pills per day. Click on the Add Doses button. This will result in the drug showing up on the list twice. Select a different dose for each listing.
- E. Sometimes you may need to remove a drug at this stage. The Remove button will accomplish this.
- F. The Add More Drugs button will take the user back to the add drugs screen.
- G. Click on the Continue button when this screen is finished.

The screenshot shows a 'My Drugs' interface with a table of drug entries. Annotations A through G point to specific features:

- A:** Points to a dropdown menu for 'Lipitor TAB 10MG'.
- B:** Points to the 'Refill Quantity' input field for 'ALENDRONATE SODIUM TAB 70MG'.
- C:** Points to the 'Refill Frequency' dropdown menu for 'ALENDRONATE SODIUM TAB 70MG'.
- D:** Points to the 'Add Doses' button for 'Lipitor TAB 10MG'.
- E:** Points to the 'Remove' button for 'Lipitor TAB 10MG'.
- F:** Points to the 'Add More Drugs' button at the bottom.
- G:** Points to the 'Continue' button at the bottom right.

Drug Name	Refill Quantity	Refill Frequency	Original Drug Entry	Actions
Abilify TAB 10MG	30	Every Month	Abilify (Brand)	Add Doses Remove
ALENDRONATE SODIUM TAB 70MG	4	Every Month	Fosamax (Brand)	Add Doses Remove
Lipitor TAB 10MG	30	Every Month	Lipitor (Brand)	Add Doses Remove
Lipitor TAB 10MG	30	Every Month	Lipitor (Brand)	Add Doses Remove
Lipitor TAB 20MG	30	Every Month	METOPROLOL SUCCINATE ER (Generic)	Add Doses Remove
Lipitor TAB 40MG	30	Every Month	METOPROLOL SUCCINATE ER (Generic)	Add Doses Remove
Lipitor TAB 80MG	30	Every Month	METOPROLOL SUCCINATE ER (Generic)	Add Doses Remove
J 30 PNFIL	10	3 ML CARTRIDGE Every Month	Novolin 70/30 Penfill (Brand)	Add Doses Remove

Buttons: Save My Drug List, Add More Drugs, Back, Continue

15. The next screen allows the user to save the list of drugs entered. Select a date to put into the drop down boxes (we use the client's birthday) and click on the Continue button.

Always save the list.

Save Your Drug List (Optional)

If you wish, you can save your drug and pharmacy list so that you can use it to calculate the drug costs of more plans in the future. The first step is to create a security password in the form of a date that is easy for you to remember (e.g., your birthday or wedding anniversary). You will be asked to enter this date on future visits to this Web site in order to retrieve your saved Drug List.

Choose a security Password Date

Choose a Month Choose a Day Choose a Year

The next screen provides the Drug List ID # and the Password Date you selected. Record this information immediately on the client's Part D Information Form.

Save Your Drug List (Optional)

Congratulations, you've saved your drug and pharmacy list! You can update your list at any time.

When you wish to calculate the drug costs for more plans in the future, you can retrieve your saved drug and pharmacy list by entering the information displayed below. Either print this page or write down this information so that you have it handy for future use.

If you already have a mymedicare.gov account [click here](#) to save this information for your future use.

Your Drug Retrieval Information

Drug List ID: 9363427978

Password Date: January 1, 1900

RETRIEVING SAVED DRUG LISTS

Some clients may have had their drugs entered previously and only need to update the list. In this case you can use the Drug List ID and Password Date to retrieve their list. Enter this information under #2 and click on Retrieve My Drug List.

Decide if You Want to Get Drug Costs for Your Plans

Get Drug Costs for Available Plans

To provide you with estimated drug costs, we need to know which drugs you are currently taking, including their quantities and dosages.

Select one of the following options:

1. I have not yet entered my drugs on this Web site **Enter My Drugs**

2. I entered my drugs on a previous visit to this Web site and would like to retrieve my saved drug list now.

Drug List ID:

Password Date: -Month- -Day- -Year-

Note: This drug list can only be used in the same ZIP Code Search as when it was created.

Retrieve My Drug List

OR

PHARAMACY SELECTION

16. The next screen gives you a choice of picking one or two Pharmacies or skipping this step. Click on the Yes button if you want to specify a pharmacy and click on the No button if you do not or if the patient is going to use mail order. Then click on the Continue button.

Select a Preferred Pharmacy or Pharmacies

Do you want to select a specific pharmacy or pharmacies from which you prefer to purchase your drugs?

Yes No

Back **Continue**

17. Pharmacy selection:

A. Most of the time there will be a large number of pharmacies from which to choose. Click in the box in front of one or two pharmacies the client uses. The comparisons will factor costs at these pharmacies.

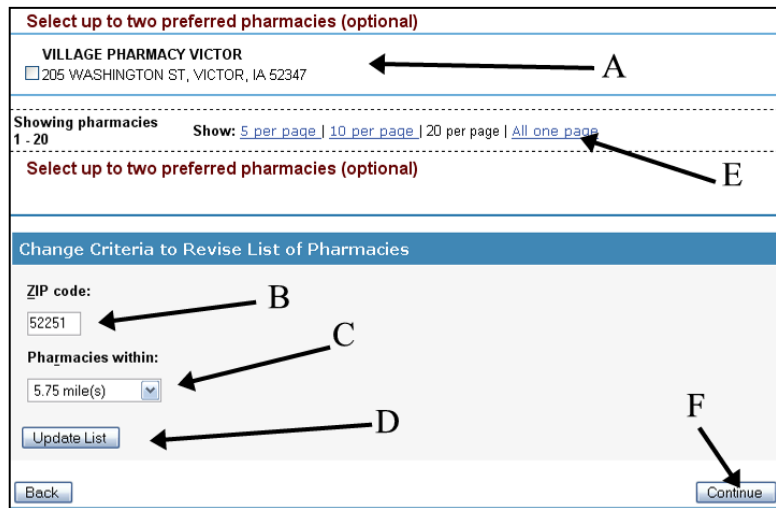
B. This box will allow the user to change zip codes. This is particularly helpful when the pharmacy used by the client falls outside the radius of the zip code where s/he lives.

C. The drop down box at C will offer an extended range to search for pharmacies. This is handy when the pharmacy is too far away from the zip code entered and does not appear on the list. By increasing the miles, more pharmacies will be shown.

D. Use the Update List button after the Pharmacies Within box has been changed.

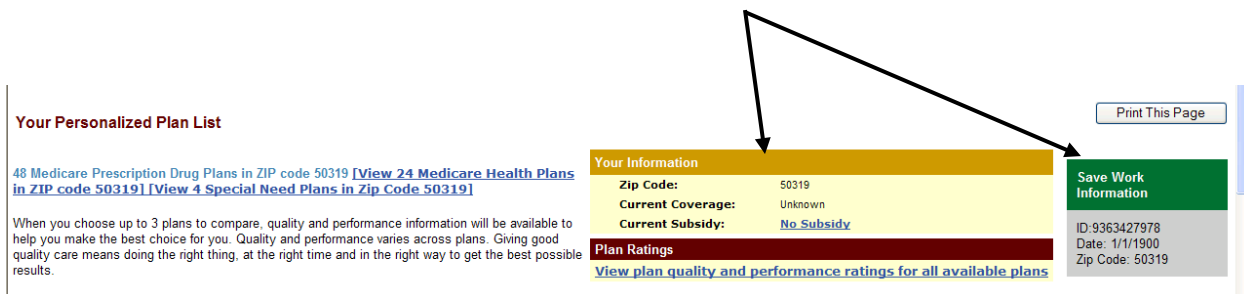
E. The button at E will list all of the pharmacies on one page if there is a long list.

F. Use the Continue button to go to the next screen.



PLAN LIST

18. The top of the next screen provides a summary of current coverage, eligibility for the low income subsidy and the Save Work Information.



19. This screen presents the plans in order from lowest annual cost to highest.

A. The first row shows the present plan in which the person is enrolled. This will only appear if you do a Personalized Search and the client is actually

Plan Name and ID Numbers <small>(What is this?)</small>	Estimated Annual Cost Using Retail Pharmacy ▲	Estimated Annual Cost Using Mail Order Pharmacy	Monthly Drug Premium <small>(What is this?)</small>	Annual Deductible <small>(What is this?)</small>	Coverage in the Gap*	Number of Network Pharmacies	Favorites <small>(What is this?)</small>	Enroll
Your Current Plan:								
<input type="checkbox"/> Humana PDP Enhanced S5884-023 Humana Insurance Company (S5884-023) <small>Approved by Medicare Available nationwide †</small>	\$4,260 <small>Lower this cost \$848 for the rest of 2008*</small>	\$4,012 <small>Lower this cost \$812 for the rest of 2008*</small>	\$14.40	\$0.00	No Gap Coverage	12		Enrolled
Other Plans in Your Area:								
<input type="checkbox"/> Humana PDP Standard S5884-083 Humana Insurance Company (S5884-083) <small>Approved by Medicare Available nationwide †</small>	\$4,402 <small>Lower this cost \$1,025 for the rest of 2008*</small>	\$4,395 <small>Lower this cost \$1,144 for the rest of 2008*</small>	\$24.80	\$275.00	No Gap Coverage	12	<input type="button" value="Add"/>	<input type="button" value="Enroll"/>
<input type="checkbox"/> Aetna Medicare Rx Essentials Aetna Medicare (S5810-059) <small>Approved by Medicare Available nationwide †</small>	\$4,412 <small>Lower this cost \$1,161 for the rest of 2008*</small>	\$4,235 <small>Lower this cost \$928 for the rest of 2008*</small>	\$25.20	\$275.00	No Gap Coverage	9	<input type="button" value="Add"/>	<input type="button" value="Enroll"/>

enrolled in a Part D plan already. If the person is currently enrolled in a stand-alone drug plan, the list of plans which comes up will be stand-alone drug plans. If they are enrolled in a Medicare Advantage plan with drug coverage, the list of plans which appears will be Medicare Advantage plans.

- B. The first column shows the name of the plan and the name of the Insurance Company. Most companies have more than one plan.
- C. The second column shows the total annual cost of the plan and the cost remaining for the year assuming the client signs up for the plan during this month.
- D. The third column shows the annual cost of the plan using the *mail order option* and the cost remaining for the year assuming the client signs up for the plan during this time period.
- E. The next column shows the monthly premium
- F. The fifth column shows the deductible.
- G. Click on this button if the client wants to enroll in this plan.
- H. A new column has been added--Summary Rating of Prescription Drug Plan Quality (not shown). Up to five stars may appear in this column, indicating a measure of quality.

20. This shows the bottom of the plan list. The original screen shows the five lowest cost plans. Clients will usually pick from these five plans. However, there are more than fifty plans available and if a client asks for a particular insurance company you will need to see the entire list of plans. The buttons at A, B and C will allow the user to scroll through the plan options.

Sterling Rx Sterling Life Insurance Company (S4802,030) Approved by Medicare Available nationwide *	\$4,457 Lowest this cost \$895 for the rest of 2008*	\$4,028 Lowest this cost \$766 for the rest of 2008*	\$29.40	\$275.00	No Gap Coverage	1	Add	Enroll
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Showing Plans 1 - 5 Show: 5 per page | 10 per page | 20 per page | All one page 1 of 11 pages

21. Before you begin comparing plans, go to the bottom of this screen and verify that the list of drugs, dosages and quantities is accurate, as well as the pharmacy.

My Drug & Pharmacy List

My Drugs

Drug Name	Refill Quantity	Refill Frequency	Original Drug Entry	Actions
Abilify TAB 10MG	30	Every Month	Abilify (Brand)	Add Doses Remove
ALENDRONATE SODIUM TAB 70MG	4	Every Month	Fosamax (Brand)	Add Doses Remove
Lipitor TAB 10MG	30	Every Month	Lipitor (Brand)	Add Doses Remove
METOPROLOL SUCCINATE ER TAB 50MG	30	Every Month	METOPROLOL SUCCINATE ER (Generic)	Add Doses Remove
Novolin 70/30 Penfill INJ 30 PNFIL	10	3 ML CARTRIDGE Every Month	Novolin 70/30 Penfill (Brand)	Add Doses Remove

Press Alt + R to access the "Update Dosage/Quantity" button

My Pharmacies

No pharmacies selected. Click the **Change Pharmacy Selection** button to add pharmacies.

22. The plan list screen offers much information.

A. If you want to switch screens between the list of stand alone drug plans and Medicare Advantage plans with drug coverage, go to the top of the screen and Click on bracketed information which states the number of drug plans or Medicare health plans in the area.

Your Personalized Plan List

48 Medicare Prescription Drug Plans in ZIP code 50319 [View 24 Medicare Health Plans in ZIP code 50319] [View 4 Special Need Plans in Zip Code 50319]

When you choose up to 3 plans to compare, quality and performance information will be available to help you make the best choice for you. Quality and performance varies across plans. Giving good quality care means doing the right thing, at the right time and in the right way to get the best possible

Your Information	Zip Code: 50319 Current Coverage: Unknown Current Subsidy: No Subsidy	Save Work Information
Plan Ratings		ID: 9363427978 Date: 1/1/1900 Zip Code: 50319

COMPARE PLANS

There are two ways to share plan information with clients. You can show a comparison of 2-3 plans side-by-side or you can show detailed information for each plan separately. SHIP feels the detailed information is more beneficial to the client and that this is what should be printed and given to the client. It can be overwhelming to give the client both the side-by-side print-out and the detailed print-out.

We will explain the side-by-side process first.

SIDE-BY-SIDE COMPARISON OF PLANS

23. It is possible to compare up to three plans side-by-side with this program.

- A. The first column contains a small check box. Click in the boxes in front of the plans your client wants to compare. They can choose up to three.
- B. Click the compare button at the top.

Plan Name and ID Numbers	Estimated Annual Cost Using Retail Pharmacy	Estimated Annual Cost Using Mail Order Pharmacy	Monthly Drug Premium	Annual Deductible	Coverage in the Gap	Number of Network Pharmacies	Favorites (Add)	Enroll
<input type="checkbox"/> Humana PDP Enhanced S5884 023	\$4,278 Lower this cost \$953 for the rest of 2008*	\$4,012 Lower this cost \$812 for the rest of 2008*	\$14.40	\$0.00	No Gap Coverage	1	Add	Enroll
<input type="checkbox"/> Humana PDP Standard S5884 083	\$4,400 Lower this cost \$1,040 for the rest of 2008*	\$4,205 Lower this cost \$1,144 for the rest of 2008*	\$24.80	\$275.00	No Gap Coverage	1	Add	Enroll
<input type="checkbox"/> Aetna Medicare Rx Essentials S5810 059	\$4,407 Lower this cost \$1,161 for the rest of 2008*	\$4,295 Lower this cost \$208 for the rest of 2008*	\$25.20	\$275.00	No Gap Coverage	1	Add	Enroll

Compare Plan Benefits Print This Page

Click the **View Important Notes and Benefit Summary** button to view additional information on the selected plan. To enroll in a plan, click the **Enroll** button for the selected plan.

The drug costs displayed are only estimates and actual costs may vary based on the specific quantity, strength and/or dosage of the drug, the order in which you buy your prescriptions, and the pharmacy you use.

Plan Name and ID	Approved by Medicare	Organization Note	Contact Info	Action
Humana PDP Enhanced S5884 023	Approved by Medicare	This organization has plans available nationwide.	Non-Members: (800) 706-0872 Members: (877) 833-4486 (TTY/TDD)	Add to My Favorites
Aetna Medicare Rx Essentials S5810 059	Approved by Medicare	This organization has plans available nationwide.	Non-Members: (800) 213-4599 Members: (877) 238-6211	Add to My Favorites
Humana PDP Standard S5884 083	Approved by Medicare	This organization has plans available nationwide.	Non-Members: (800) 706-0872 Members: (877) 833-4486 (TTY/TDD)	Add to My Favorites

More Information [Go] More Information [Go] More Information [Go]

Show Plan Ratings [Click to view more details on Plan Ratings]

Hide Fixed Costs

	Humana PDP Enhanced S5884 023	Aetna Medicare Rx Essentials S5810 059	Humana PDP Standard S5884 083
Premium	\$14.40/month	\$25.20/month	\$24.80/month
Annual Deductible	\$0.00	\$275.00	\$275.00
Initial Coverage	\$2,510.00	\$2,510.00	\$2,510.00

[An example of the results is too long to show in this document.]

- A. The top shows the plan name.

- B. Below the plan name is the contact information. This will allow the client to call the plan and enroll if he/she so chooses.
- C. Various parts may be hidden if the counselor wishes. Too much information may be distracting to some clients. If a section is hidden, clicking on the Show button can show it.

24. To print the side-by-side comparison click on the Print This Page box in the upper right hand screen.

25. Click on the Return button at the bottom of the screen to return to the Personalized Plan List.

DETAILED PLAN INFORMATION

26. From the Personalized Plan list, click on the plan name to get detailed information.

Plan Name and ID Numbers <small>[What is this?]</small>	Estimated Annual Cost Using Retail Pharmacy ▲
Humana PDP Enhanced S5884-023 Humana Insurance Company (S5884-023) <i>Approved by Medicare</i> <i>Available nationwide</i>	\$4,278 <u>Lower this cost</u> \$853 for the rest of 2008*

27. This is a copy of the top part of the detail screen.

A. This arrow points to the contact information for this plan.

B. This section rates the plan on a few topics with a possible five stars. Few plans rate five stars.

C. This section gives the monthly premium and the deductible.

D. This section gives the total annual cost at the selected drug store and the annual mail order cost. The right column gives the costs for the rest of the year.

Humana PDP Enhanced S5884-023 (S5884-023)

Date: 7/4/1941
Zip Code: 50322

Basic Plan Information		Contact Information	
<ul style="list-style-type: none"> Approved by Medicare This organization has plans available nationwide. Mail Order Available: Yes Lower My Cost Share View Pharmacy Network View Important Notes and Benefit Summary 		500 West Main Street, Louisville, KY 40202 Members: (800) 281-6918 (800) 833-3301 (TTY/TDD) View plan website	
		Non Members: (800) 706-0872 (877) 833-4486 (TTY/TDD)	
Add to My Favorites			
Plan Ratings [what is this?]		[Click to view more details on Plan Ratings.]	
Drug Plan Customer Service		★★★★	
Using Your Plan To Get Your Prescriptions Filled		★★★★	
Drug Pricing Information		★★★★	
Fixed Costs			
Premium		\$14.40 per Month (\$172.80 per Year)	
Annual Deductible		\$0.00	
Annual Drug Costs (Including Premium) for Retail Pharmacy vs. Mail Order			
Pharmacy Type	Full Year Cost	Cost for the Rest of 2008 (5months)	
Annual Drug Costs if you use a Retail Pharmacy	\$4,277.19 (WALGREEN DRUG STORE)	\$951.14	
Mail Order Pharmacy	\$4,012.48	\$812.31	

28. This is farther down the page.

A. The second column shows the drug pricing system.

B. This column tells if the user needs prior authorization from the insurance plan before using the drug.

C. The fourth column tells if there is a quantity limit on the drug.

D. The last column tells if step therapy is required before the company will pay for the drug.

Selected Drugs	Tier (Formulary Status) [what is this?]	Restrictions			
		Prior Authorization [what is this?]	Quantity Limits [what is this?]	Step Therapy [what is this?]	
Lotrel CAP 5-20MG	TIER 3	Yes	Yes	No	No
METFORMIN HCL TAB 500MG	TIER 1	No	No	No	No
MORPHINE SULFATE TAB 15MG	TIER 1	No	No	No	No
Nasacort AQ AER 55MCG/AC	TIER 3	No	Yes	Yes	Yes
Novolog MIX 70/30 Prefilled Flexpen INJ FLEXPEN	TIER 2	No	No	No	No
Synthroid TAB 100MCG	TIER 2	No	No	No	No

29. This section of the page gives the cost.

A. The second column shows the full cost of the drugs.

B. This column shows the cost during the deductible period. This column will be missing if there is no deductible for this plan.

C. The fifth column shows the cost of drugs during the initial coverage period.

D. This column shows the cost of drugs during the gap.

E. The last column shows the cost at the catastrophic level if the client reaches that point.

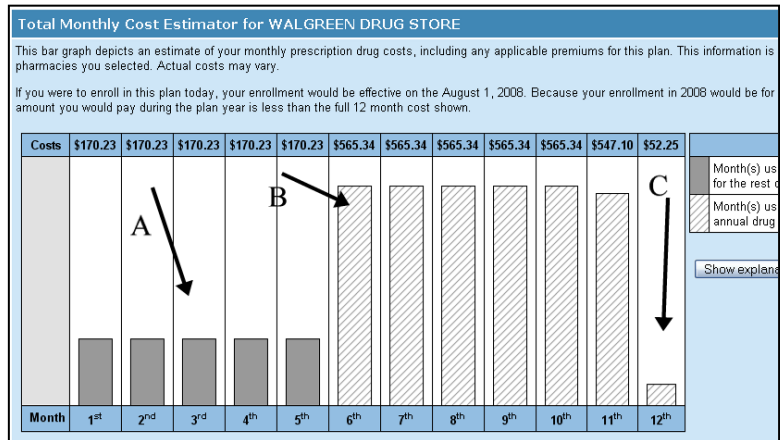
Selected Drugs	Full Cost of Drug	Deductible (The amount you will pay before your \$275 deductible is met.)	Initial Coverage Level (The amount you will pay before your total drug costs reach \$2,510.)	Gap (The amount you will pay after you reach \$2,510 in full drug costs, but before you reach \$4,050 in out of pocket costs.)	Catastrophic (The amount you will pay after you reach \$4,050 in out of pocket costs.)
Lotrel CAP 5-20MG	\$89.97	\$89.97	\$22.49	\$89.97	\$5.60
METFORMIN HCL TAB 500MG	\$10.79	\$10.79	\$2.70	\$10.79	\$2.25
MORPHINE SULFATE TAB 15MG	\$20.22	\$20.22	\$5.05	\$20.22	\$2.25
Nasacort AQ AER 56MCG/AC	\$84.19	\$84.19	\$21.05	\$84.19	\$5.60
Novolog MIX 70/30 Prefilled Flexpen INJ FLEXPEN	\$330.94	\$330.94	\$82.74	\$330.94	\$16.95
Synthroid TAB 100MCG	\$14.83	\$14.83	\$3.71	\$14.83	\$5.60
Monthly Totals:	\$550.94	\$550.94	\$137.74	\$550.94	\$37.85

30. This section is near the bottom of the page. This graph is very good to explain the monthly cost to clients. Part of the cost for each month is the premium and the rest is the co-pay at the drug store.

A. This is the initial coverage period. This plan has no deductible.

B. This is the gap during which few or no drugs are covered.

C. This bar indicates that this client will hit the catastrophic level in December.



PRINTING COMPARISON FOR CLIENT

SHIIP prefers that you print the detailed comparison information for the client. You can provide detailed comparisons for up to three plans. Be sure to staple all pages for each plan together, in order. DO NOT print both the side by side and the detailed comparison. This is too much information for a client and might overwhelm them.

Print two copies of each comparison. One is for the client and one is kept at the local SHIIP site. **Staple the site copy to the client’s Information Form.**