

Using Medicare's Website to Choose a Medicare-Approved Drug Plan – 2019

Prepared by Senior PharmAssist (rev 10.14.2018)

TIPS AND HINTS:

- ✓ **IT PAYS TO COMPARE.** The plan that was the cheapest for you in 2018 may be the worst plan for you in 2019. When helping individuals select stand-alone drug plans for 2018 at Senior PharmAssist, 61% of Medicare beneficiaries switched plans; the “switchers” saved an average projected \$1,009 on medicines.
- ✓ **Plans cover different medications each year and what they charge can vary dramatically from year to year.** Be sure to enter the correct name (whether brand or generic), dosage and quantity for each prescription medicine you take. You are selecting a plan based on medicines you need at a given “point in time.” Once in a plan, you can ask providers to select from the medicines your plan covers (formulary; links to plan formularies are on our website).
- ✓ **Open Enrollment Period:** Most Medicare beneficiaries can only select from the various drug plans between October 15th – December 7th. People with the full or partial **Low-Income Subsidy (LIS;** “Extra Help”) can also change plans up to once a quarter in 2019. Plans begin the 1st day of the following month.
- ✓ If there is a **5-star rated plan** in your area, anyone (regardless of age or income) can switch once outside of the open enrollment period to a 5-star rated plan. This includes both stand-alone drug plans and Medicare Advantage plans. Currently, North Carolina does not have any 5-star rated plans.
- ✓ You can “undo” anything you enter on the Medicare website during the plan review process. Even if you enroll in a plan and then change your mind, you can select another plan. **For most people, the last plan you are enrolled in – as of mid-night December 7th – will be your 2019 plan.**
- ✓ Your work will automatically be saved once you begin entering your medications. Make sure you write down the “Drug List ID” and the “Password Date” (or print the page with info.). You can change the “Password Date” (birthday is easy to remember).
- ✓ **To print a given page** click the “print icon” at the top of the screen, right above “Medicare.gov”
- ✓ **System Navigation:** You may return to any previous page by moving to the top of the current page and choosing from a list of previous pages (for example: Enter Your Drugs, Select Your Pharmacy, etc.). Some screens still have the “return to previous page” icon.
- ✓ **Variables that matter: Unless you take no medicines, the only way you can pick the least expensive plan/s is by entering your medications in the Medicare website.** There are variables that change annually: 1) monthly premiums; 2) deductible – can be up to \$415 in 2019; 3) co-payments (set price) or co-insurances (a percentage) for your medicines at the pharmacy; 4) whether or not your medication is covered (on formulary) by the plan; 5) possible barriers to access including quantity limits, prior authorization, step therapy (must try drug x before drug y is approved); 6) if or when you reach the coverage gap and what type of discounts your medicines quality for; and finally, 7) what pharmacy you use.

GET STARTED:

1. Go to **www.medicare.gov**. Click on the green box “Find Health and Drug Plans.”
2. It is ideal to “**answer these questions to see a list of plans tailored to you**” to search for plans using personal details that identify you to Medicare’s secure online system. If you have a “MyMedicare.gov” account you can also log in there to also see a list of plans tailored to you. This search shows whether Medicare’s system has the “Low- Income Subsidy” (should be automatic for those with Medicaid or MQB/Medicare Savings Program) on record for you (if applicable). It will also identify the plan you are

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currently enrolled in. To conduct a “Personalized Search” you will need your zip code, Medicare ID, Last Name as it appears on your Medicare card (including any suffixes such as Jr or III), Part A effective date and Date of Birth. Then click “[Find Plans.](#)”

OR

You can use the “**Basic Search**” if personal details *are not* available or if you need to “create a circumstance that you know to be true.” For example, you know someone will have the full LIS subsidy in 2019 but the system doesn’t yet recognize this. For a “Basic Search,” enter the zip code (permanent residency that Social Security has on file) in the box “Basic 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.), any assistance you get from the government paying for your prescriptions (LIS, Medicaid) and whether you would like to add drugs now. 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 only covers health care, NOT drugs,” or “My plan covers health care only,” or “I have TWO Medicare plans – a health plan and a drug plan.” If you do not take any drugs you have the option of clicking “I Do Not Take Any Drugs” and it will show you plan premium costs. If you choose “I don’t want to add drugs now,” the prices displayed include estimated costs for all plans based on national averages *that will not be very helpful*. 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 don’t know what plan I have” or “I don’t know the name of the plan I am enrolled in”. Click on “[Continue.](#)”

3. If you used the personalized search: the next screen will show your current coverage and whether Medicare’s records show that you have LIS. Either way, begin to enter your medications or “Retrieve My Saved Drug List.”

If you conducted the basic search: the screen will display the basic details you entered about drug coverage, health insurance coverage, and LIS. It will also allow you to begin entering your medications or “Retrieve My Saved Drug List.”

4. Begin entering your medications. Enter each *prescription* medication (and insulin) by typing the name in the Type the Name of your 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, as well as the pharmacy type (retail or mail order). We suggest not entering a two month frequency as some plans do not offer this frequency and will show the individual paying the full cost for that medication. **Choose every month, every three months or once a year – the one closest to actual use.** 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 should ask if you want to use the lower cost generic or use the brand name drug (if you are taking the brand name medicine, check with your provider to make sure it is ok to use the generic); make your selection and click “[Enter.](#)” Repeat these steps for EACH prescription medication. Include insulin (although OTC) and do not include medications covered by Part B (nebulized medicines, infusions, etc.) unless you are helping someone in a skilled nursing facility. 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

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“password date.” (See tips on page one). 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 that you can update (add or remove medications, change dosages, etc.). Once you have updated the list click “[My Drug List is Complete](#).”

5. On the next screen you have to **choose your pharmacy** in order to get drug pricing. Even if you get your medicines from a mail order pharmacy, you still need to choose a retail pharmacy. An alphabetical list of pharmacies in your zip code will appear. Select your desired pharmacy by clicking on “[Add Pharmacy](#).” You may add up to two pharmacies. 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. (Locations of pharmacies within the same zip code usually don’t matter as the prices are set by the company headquarters.) Once you have chosen your pharmacy click “[Continue to Plan Results](#).” If your pharmacy is not in a plan’s network, the cost displayed is the full price of the drug. Also, note that some plans offer lower drug prices at preferred network pharmacies compared to other pharmacies in the network (standard pharmacies). Note: *Mailed order and preferred pharmacies are NOT ALWAYS less expensive than standard pharmacies! Also, sometimes individuals can get medicines for less money by NOT using their insurance card.*
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 at least one and if you have secondary medical coverage (from Medicaid, a former employer, a supplement/Medigap, etc. – that work with Original Medicare), you will likely ONLY want to look at prescription drug plans. ***We recommend that you NOT restrict your search based on options such as deductible, premium, days supply, etc. because you want the plan that is least expensive overall. You can look at these variables later once they sort by overall costs.*** After selecting your search results, click “Continue to Plan Results.”

NOTE: Medicare Advantage (MA) and Special Needs Plans (SNPs) pay for hospital and medical services using different methods than Original Medicare and thus, you are replacing Medicare with a privately-administered (CMS-approved) health plan. Some providers and healthcare institutions (*hospitals, home health agencies, skilled nursing for rehabilitation, etc.*) may not accept the payment terms of these plans at all or “in network,” and some plans are in-network in your county or surrounding ones or regional (maybe providers in one or two states could be “in network”). This means, unless an emergency, your coverage for health benefits may not be accepted outside of your area. **Certainly, while the price of medications matter when making Medicare Advantage decisions, there are many more important factors to consider.**

7. Current plan prices (if known) are listed first. Original Medicare costs are estimated retail costs as if there were no prescription coverage (over-inflated list prices). Stand-alone Part D plans are then displayed from the “lowest estimated annual retail drug cost” to the most expensive. Medicare Advantage plans are displayed as the “least expensive annual health and drug cost,” which is not very useful as it assumes you

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will go to the doctor and use a hospital an “average” amount. Better to select from the “sort results by” drop down menu – “lowest estimated annual retail drug cost” or “lowest estimated annual mail order costs” to find the Medicare Advantage plan that covers your medicines best; then you can compare other costs (primary and specialty care visits, etc.).

These total cost calculations are based on monthly premiums, any deductible amount, co-payments or co-insurances, coverage gap calculations, and what pharmacy you use. You can view more detailed information on each plan by clicking on the plan name. Information displayed includes individual drug costs, monthly costs, drug restrictions that may apply, and if there is an associated Medication Therapy Management (MTM) program (and if so – what eligibility criteria exist). MTM programs are usually done over the telephone but might offer for you to meet with a local pharmacist to review medications. *If you entered two pharmacies, the one with the least expensive annual cost will be displayed on the main list of plans.* However, when you look at plan details you will need to select the pharmacy tab if you want to see their individual pricing.

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. **If you would like to see an individual plan’s detailed information, click on the name of the plan you are interested in.**
9. Next, check for “**Utilization Management Tools or Restrictions**” that 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 from the insurer; **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 what tier each of your medicines is in the for that particular 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.

Once you have clicked on the plan you are interested in on the “Plan Details” page you can go to the “Estimate of What YOU will pay for Drug Plan Premium and 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. *Mail order pharmacies are not always less expensive than community pharmacies.* Scroll down to “Drug Costs During Coverage Levels” and it gives you a detailed explanation of what you pay for each medicine throughout the plan year. If you

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click on the “Overview Tab” on the “Plan Details” page and scroll down to “Additional Plan 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). You may also click on a link that will take you directly to the plan’s website. *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 someone receives “Extra Help” (the “Low-Income Subsidy”), they can choose from among all available Medicare-approved drug plans; however, only a handful of them will have no premiums for you. Sometimes having a premium may be to your benefit. The plan finder tool does the math and includes premiums, deductibles, what medicines cost at the pharmacy, etc. in the total plan cost calculation.

10. Once you have chosen a drug plan (or health plan), you can enroll in a plan in one of four ways: via Medicare’s secure website (click **Enroll**), by calling Medicare (1-800-633-4227 – available 24/7), calling the NC SHIP office (1-888-408-1212) 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 save. This number only confirms that you enrolled in a Medicare plan via Medicare’s website; it cannot be used to fill prescriptions. You should receive a “welcome” letter within 10-14 days of your enrollment that will include your ID card. 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.” If you call for assistance, document the date you called, the name of the person you spoke with, and the confirmation number.

More important tips:

- When entering the **frequency of medications** on the Medicare website, note that some plans do not offer two-month supplies (or only offer this frequency if filling via mail order pharmacies). Thus, if you see the full cost of medicines when you look at details, it either means the medicine is not covered at all OR that you need to change the frequency to monthly or quarterly to see discounted prices.
- The best you can do in selecting drug or health plans with Medicare is based on accuracy of information sent from the various insurers to Medicare/CMS. They update files every two weeks because **medication prices can change at any time**. In general, however, if a medication cost goes up with one insurer, it will likely go up with others also. The good news is that CMS decreases “star ratings” for plans that consistently send inaccurate pricing information.
- If you have a “**Late Enrollment Penalty**” (**LEP**) for drug benefits (didn’t sign up when you were eligible and had no other “creditable” coverage) or if you have a higher income and have to pay **the Income Related Medicare Adjustment Amount (IRMAA)**, note that these higher prices will NOT be shown on the Medicare website.
- **Star-ratings for plans.** They include measures of the insurers’ accuracy of information, quality of benefits, and customer service. However, if plans have 3-4 stars and a 3-star plan is much less expensive, then the star ratings might not matter too much. All things being equal, best to select plans with higher star ratings.

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Almost every county in North Carolina has a local SHIIP (Seniors' Health Insurance Information Program) coordinating site, affiliated with the NC Department of Insurance. Senior PharmAssist is the coordinating site for Durham. SHIIP sites – unlike many brokers – have no financial ties related to your insurance decision. **The state SHIIP office in Raleigh is very helpful with Medicare insurance counseling at 1-855-408-1212.** However, they may not know about Medicare Advantage contracting at the local level like some of the coordinating sites, so make sure you if you choose a Medicare Advantage plan that you contact all of your providers and local institutions to ensure they have contracted with your plan – and ideally, “in-network” (less expensive than “out-of-network”).

Happy navigating Medicare.gov to you!