

 **National Medicare**  
**TRAINING PROGRAM**



*...helping people with  
Medicare make informed  
health care decisions*

**Open Enrollment 2010**

# Topics

- Overview of prescription drug coverage
- People with changes in 2010

## Audiences

### – Actions

- Resources
- Medicare Drug Plan Finder Updates

# Prescription Drug Coverage

- Coverage began January 1, 2006
- Available for all people with Medicare
- Provided through
  - Medicare Prescription Drug Plans
  - Medicare Advantage plan with drug coverage

# Part D Eligibility Requirements

- Medicare Prescription Drug Plans
  - Must have Part A OR Part B OR both
- Medicare Advantage plan with drug coverage
  - Must have Part A AND Part B
- Either type plan
  - Must live in plan's service area
  - Must enroll in a plan
    - In most cases
  - Can be a member of only one plan at a time

# Prescription Drug Costs

- Costs vary by plan
- Most people without LIS will pay
  - Monthly premium
  - Deductible
    - \$295 in 2009
    - \$310 in 2010
  - Copayments or coinsurance
    - Very little after
      - \$4,350 out-of-pocket in 2009
      - \$4,550 out-of-pocket in 2010
- Extra help for people with limited income and resources

# Extra Help

- Eligibility determined by SSA or state
- Some groups are automatically eligible
  - People with Medicare and
    - Medicaid
    - Supplemental Security Income only
    - Medicare Savings Programs
      - Qualified Medicare Beneficiaries
      - Specified Low-Income Medicare Beneficiaries
      - Qualifying Individuals (QI)

Everyone else must apply

# How to Apply for Extra Help

## ■ Multiple ways to apply

- Social Security
  - Paper application
  - [www.socialsecurity.gov](http://www.socialsecurity.gov)
  - 1-800-772-1213 (TTY 1-800-325-0778)
- State Medical Assistance office
- Local organization

## ■ Who can apply?

- Beneficiaries
- Someone on behalf of a beneficiary

# Costs for Those With Extra Help

- Below Federal poverty level save over 95%
- People with lowest income and resources
  - Pay no premiums or deductibles
  - Have small or no copayments
- People with slightly higher income and resources
  - Have a reduced deductible
  - Pay a little more out of pocket

# When Can People Join?

- Initial Enrollment Period (IEP)
- Annual Coordinated Election Period (AEP)
  - Sometimes called “Fall Open Enrollment”
- Special Enrollment Periods (SEP)

# Annual Coordinated Election Period (AEP)

- November 15 – December 31 every year
- Can enroll, switch, or drop coverage
  - Medicare Prescription Drug Plan
  - Original Medicare
  - Medicare Advantage Plan
- New plan starts January 1

# Special Enrollment Periods (SEP)

- Involuntary loss of creditable coverage
  - Loss of other creditable drug coverage
- Continuous SEP
  - People receiving extra help (low-income subsidy/LIS)
  - People moving into, living in, or moving out of a long-term care facility
- Change in residence
  - Move out of plan's service area
- Others
  - See CMS PDP enrollment guidance

# Plans Not Renewing for 2010

- Business decision to not renew Medicare contracts
  - Some Medicare Advantage plans
  - Some Medicare Prescription Drug Plans
- Over 99% still have access to at least one MA plan
- 100% have multiple Part D plans to choose from
- Special Enrollment Period for those affected

# Affected by Plans Not Renewing

- 73% of affected MA enrollees are in Private Fee-for-Service (PFFS) plans
- Geographic areas most heavily impacted by non-renewals
  - Philadelphia metropolitan area
  - Michigan
  - West Virginia

# Special Enrollment Period

- Those affected need to choose another plan
  - Health plan and/or drug coverage continues on January 1, 2010
  - Choosing another plan
    1. During Annual Election Period (AEP)
      - Begins on November 15, 2009
    2. During New SEP
      - October 1, 2009 – January 31, 2010
      - **New plan can be effective as early as the month following the month of selection**

# RESOURCES TO HELP YOU

Open Enrollment 2010

# Enrollment Toolkit

- How to help
- Basic Part D education
- How current coverage works with Part D
- Choosing and joining a plan
- Extra help
- Additional resources

# Enrollment Resources

- Personalized web tools
  - On [www.medicare.gov](http://www.medicare.gov)
    - Medicare Prescription Drug Plan Finder
    - Medicare Options Compare
- Partner support
  - On [www.cms.hhs.gov/Partnerships](http://www.cms.hhs.gov/Partnerships)
  - Mailings to people with Medicare
  - Publications for partners
  - Toolkits

# Training Resources

- Training on personalized web tools
  - Designed for different purposes/audiences
- Drug Plan Finder Webinar
- Videos
- Online
  - [www.cms.hhs.gov/NationalMedicareTrainingProgram](http://www.cms.hhs.gov/NationalMedicareTrainingProgram)
  - Includes links to materials mentioned here
  - [www.cms.hhs.gov/NonRenewal](http://www.cms.hhs.gov/NonRenewal)

# DRUG PLAN FINDER

10/19/2009

Open Enrollment 2010

19

# What is the Drug Plan Finder?

- Online resource to help people
  - Learn about Medicare prescription drug coverage
  - Compare available plans
  - Decide on a plan
  - Enroll in a plan



# Things to Consider

- Cost
- Coverage
- Convenience
- Customer service

# Getting Started

- Helpful information to gather
  - Medicare card
  - ZIP Code
  - List of prescription drugs
    - Including dosage and amount
  - Pharmacies you use

# Getting to the Drug Plan Finder

- Go to [www.medicare.gov](http://www.medicare.gov)
  - Click “Compare Medicare Prescription Drug Plans”
- Access directly
  - [www.medicare.gov/MPDPF/Public](http://www.medicare.gov/MPDPF/Public)

# Plan Finder Updates

The screenshot shows the Medicare.gov website interface. At the top, there is a navigation bar with links for Home, FAQs, Screen Reader Version, Printable Version, Español, Mailing List, Log In to MyMedicare, and Sign up. A search bar is located on the right side of the navigation bar. Below the navigation bar is the Medicare logo and the text "The Official U.S. Government Site for People with Medicare". The main content area is titled "Medicare Prescription Drug Plan Finder" and is divided into several sections:

- Find & Compare Plans that Cover Drugs**: This section includes a search box and a list of search criteria. The search includes personalized information about Medicare Prescription Drug Plans and Medicare Health Plans (that cover drugs). The search does not include Medicare Health Plans (that do not cover drugs), Original Medicare, and Medigap Policies. A button labeled "Find & Compare Plans" is located at the bottom of this section.
- Learn More About Drug Coverage Options**: This section provides information about Medicare prescription drug coverage and includes links to "Medicare Prescription Drug Plans" and "Medicare Health Plans".
- Learn More About Plans in Your Area**: This section includes a dropdown menu for "Select a State" and a "View Plans" button. It also includes a search box for "Search by Plan Name or ID".
- Important Coverage Information**: This section includes links for "Click here if you have Military retiree benefits (TRICARE)", "Click here if you have Veteran benefits (VA)", and "Click here if you have Federal employee retiree benefits (FEHBP)".

At the bottom of the screenshot, there is a footer with the date "10/19/2009", the text "Open Enrollment 2010", and the page number "24".

# Choose Plans to Compare: Additional Criteria Filtering

## Find & Compare Plans

### Step 4: Choose Plans to Compare

 [Print This Page](#)

#### Search Results in ZIP Code 90210

There are **59 plans** available in your area. All the plans are displayed in the [table below](#). You can further reduce the number of plans that match your needs by clicking the "Select Criteria to Reduce Number of plans shown" link.

Your current plan is shown first in this chart. All other plans are sorted by Estimated Annual Cost for People Like You. Click on column titles to sort another way. Click on plan names to view more information about each plan.

#### Plan Ratings


**Excellent** ★★★★★  
**Very Good** ★★★★☆  
**Good** ★★★☆☆  
**Fair** ★★☆☆☆  
**Poor** ★☆☆☆☆

When you choose 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 results.

[View plan quality and performance ratings for all available plans](#)

#### Your Information

**Zip Code:** 90210  
**Current Coverage:** None  
**Current Subsidy:** [Full Dual](#)

 Hide Information

#### Select Criteria to Reduce Number of Plans Shown (optional)

**Only show me:**

Plans that charge a monthly premium of no more than:  
\$  (Enter an amount between \$0 and \$200)

Plans that allow me to visit any doctor

Plans that are Medicare Medical Savings Accounts

#### Plans that enroll only people

- who are eligible for both Medicare and Medicaid
- with certain chronic or disabling conditions
- in certain long-term care facilities

Apply Limits

Clear Limits

#### Plans that include

- drug coverage
- vision services
- dental services

# Plan Type -- Personalized Plan List Page

## Other Plans in Your Area:

<input type="checkbox"/>	<a href="#">SecureHorizons MedicareDirect Plan 1</a> <sup>1</sup> <b>SecureHorizons MedicareDirect</b> (H5435-001) <i>Approved by Medicare</i> <i>Type: Private Fee For Service</i>	\$639 <a href="#">Lower this cost</a> \$586 for the rest of 2009*	N/A	\$0.00	N/A	\$0.00	No Gap Coverage	N/A	★★ 2 out of 5 stars	Not Applicable	<input type="button" value="Add"/>	<input type="button" value="Enroll"/>
<input type="checkbox"/>	<a href="#">HumanaChoicePPO PPO R5826-026</a> <sup>1</sup> <b>Humana Insurance Company</b> (R5826-026) <i>Approved by Medicare</i> <i>Type: Preferred Provide Organization</i>	\$639 <a href="#">Lower this cost</a> \$586 for the rest of 2009*	N/A	\$0.00	N/A	\$0.00	No Gap Coverage	N/A	★★★ 2.5 out of 5 stars	Not Applicable	<input type="button" value="Add"/>	<input type="button" value="Enroll"/>
<input type="checkbox"/>	<a href="#">SeniorCare Sr Preferred Plus-Medical Only</a> <sup>1</sup> <b>Scott and White Health Plan SeniorCare</b> (H4564-010) <i>Approved by Medicare</i> <i>Type: Cost Plan</i>	\$639 <a href="#">Lower this cost</a> \$586 for the rest of 2009*	N/A	\$155.00	N/A	\$0.00	No Gap Coverage	N/A	★★★★ 3.5 out of 5 stars	Not Applicable	<input type="button" value="Add"/>	<a href="#">Contact Plan to Enroll</a>



# Plan Type -- Compare Plans Page

## Compare Plan Benefits

[Print This Page](#)

[Compare Plan Benefit Details](#)

[Compare Drug Cost Details](#)

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.

<p><b>Evercare Plan IP</b> (H2111-001-0)</p> <p><i>Approved by Medicare</i> Plan Type: SNP: Institutional</p> <p><b>Non-Members:</b> (888) 834-3721 (800) 387-1074(TTY/TDD)</p> <p><b>Members:</b> (800) 393-0993 (888) 685-8480(TTY/TDD)</p> <p><a href="#">Add to My Favorites</a></p> <p>More Information <input type="button" value="Go"/></p>	<p><b>Kaiser Permanente Medicare Plus Std w/D AB</b> (H2150-009-0)</p> <p><i>Approved by Medicare</i> Plan Type: Cost Plan</p> <p><b>Non-Members:</b> (888) 777-5536 (866) 513-0008(TTY/TDD)</p> <p><b>Members:</b> (888) 777-5536 (866) 513-0008(TTY/TDD)</p> <p><a href="#">Add to My Favorites</a></p> <p>More Information <input type="button" value="Go"/></p>	<p><b>Amerivantage Balance + Rx</b> (H5896-009-0)</p> <p><i>Approved by Medicare</i> Plan Type: HMO</p> <p><b>Non-Members:</b> (866) 805-4589 (800) 855-2880(TTY/TDD)</p> <p><b>Members:</b> (866) 805-4589 (800) 855-2880(TTY/TDD)</p> <p><a href="#">Add to My Favorites</a></p> <p>More Information <input type="button" value="Go"/></p>
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### Plan Rating

[\[ Click to view more details on Plan Ratings \]](#)

The number of **stars** shows how well the plan perform.

Excellent ★★★★★

Very Good ★★★★

Good ★★★

Fair ★★

Poor ★

[Hide Information](#) [Plan Ratings \[ Click to view more details on Plan Ratings \]](#)

Staying Healthy: Screenings, Tests and Vaccines ★★  
3 out of 5 stars

★★★★  
4 out of 5 stars

Not enough data to calculate stars for this category. Data for individual measures may be available for review.

# Plan Type -- Plan Details Page

## Plan Drug Details

[Print This Page](#)

The following is a summary of the plan's drug coverage. 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.

[View Plan Benefit Details](#)

[View Plan Drug Details](#)

## Amerivantage Classic + Rx (H5896-008-0)

Basic Plan Information	Contact Information		
<ul style="list-style-type: none"><li>• <u>Approved by Medicare</u></li><li>• Type: Preferred Provider Organization</li><li>• Mail Order Available: Yes</li><li>• <a href="#">Lower My Cost Share</a></li><li>• <a href="#">View Pharmacy Network</a></li><li>• <a href="#">View Important Notes and Benefit Summary</a></li></ul> <p><a href="#">Add to My Favorites</a></p>	<p>AMERIGROUP Maryland, Inc., 857 Elkridge Landing Road, Linthicum, MD 21090</p> <table><tr><td><b>Members:</b> (866) 805-4589 (800) 855-2880(TTY/TDD)</td><td><b>Non-Members:</b> (866) 805-4589 (800) 855-2880(TTY/TDD)</td></tr></table> <p><a href="#">View provider and physician network website</a></p>	<b>Members:</b> (866) 805-4589 (800) 855-2880(TTY/TDD)	<b>Non-Members:</b> (866) 805-4589 (800) 855-2880(TTY/TDD)
<b>Members:</b> (866) 805-4589 (800) 855-2880(TTY/TDD)	<b>Non-Members:</b> (866) 805-4589 (800) 855-2880(TTY/TDD)		

## Plan Ratings [\[What is this?\]](#)

[\[ Click to view more details on Plan Ratings \]](#)

Staying Healthy: Screenings, Tests and Vaccines

Not enough data to calculate stars for this category. Data for individual measures may be available for review.

Getting Timely Care from Doctors and Specialists

Not enough data to calculate stars for this category. Data for individual measures may be available for review.

# Medigap Plan/Premium -- Questions Page

Medicare Options Compare

[Home](#) [Help](#) [Glossary](#) [How Plans Work](#)

[<< Back to Select Search Option](#)

[Vea en Español](#) | [Use Larger Font](#) | [Email](#)

## Find & Compare Plans

### Step 2: Enter Your ZIP Code and Current Coverage

Please enter your ZIP code and answer the questions as best you can. Any information you enter on this site is secure and will not be saved.

Continue

Enter ZIP Code:   
[ZIP Code Locator](#)

Your Age Range:

Your Health Status:

**Note:** Your answers will not change your benefits, **nor will they affect your ability to enroll in the plan.** Plans must offer the same benefits to all members, no matter their age or health status. **They must also enroll anyone eligible to enroll in the plan.**

#### What type(s) of coverage do you have? (check all that apply)

- Employer or Union Retiree Plan
- Original Medicare
- Medigap (Medicare Supplement Insurance) Policy

Which Medigap Policy do you have?

What is your monthly premium amount (optional)? \$

- Medicare Health Plan (like an HMO, PPO, or Private-Fee-for-Service Plan, Medicare Medical Savings Account Plan)
- Medicare Prescription Drug Plan

I Will be getting Medicare coverage soon

None of the Above

I Don't Know

# Medigap Plan/Premium -- Plan List Page

[Print This Page](#)

## Step 4: Choose Plans to Compare

Search Results in ZIP Code 21244	Plan Ratings	Your Information
<p>There are <b>35 plans</b> available in your area.</p> <p>All the plans are displayed in the <a href="#">table below</a>. You can further reduce the number of plans that match your needs by clicking the "Select Criteria to Reduce Number of plans shown" link.</p> <p>Your current plan is shown first in this chart. All other plans are sorted by Estimated Annual Cost for People Like You. Click on column titles to sort another way. Click on plan names to view more information about each plan.</p>	<p><b>Excellent</b> ★★★★★</p> <p><b>Very Good</b> ★★★★☆</p> <p><b>Good</b> ★★★☆☆</p> <p><b>Fair</b> ★★☆☆☆</p> <p><b>Poor</b> ★☆☆☆☆</p> <p>When you choose 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 results.</p> <p><a href="#">View plan quality and performance ratings for all available plans</a></p>	<p><b>Zip Code:</b> 21244</p> <p><b>Current Coverage:</b> Original Medicare, Medigap</p> <p><b>Current Subsidy:</b> <a href="#">No Subsidy</a></p>

[+ Show Information](#) **Select Criteria to Reduce Number of Plans Shown (optional)**

[How are out-of-pocket costs calculated?](#)

Choose up to 3 plans to [Compare Health Benefits](#) Sort Table By:  [Sort](#)

Plan Summary			Plan Benefits						
Plan Name and IDs Plan Type	Monthly Premium <sup>1</sup> [ <a href="#">What is this?</a> ]	Estimated Annual Cost for People Like You <sup>▲</sup> [ <a href="#">What is this?</a> ]	Covers Drugs?	Doctor Choice	Vision Services	Dental Services	Summary Rating of Health Plan Quality [ <a href="#">What is this?</a> ]	Summary Rating of Prescription Drug Plan Quality [ <a href="#">What is this?</a> ]	Enroll Now

### Your Current Plan for 2009

<input type="checkbox"/>	<a href="#">Original Medicare</a> [H0001-001] Type: Original Medicare	\$0.00	\$2700 without Medigap \$3400 with Medigap	No	Any Doctor	Not Covered	Not Covered	Not Available	Not Applicable	Enrolled
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### Plans Available in Your Area [34]

<input type="checkbox"/>	<a href="#">Kaiser Permanente Medicare Plus Std w/D AB</a> [H2150-009] Type: Cost Plan	\$0.00	\$1800	Yes	Plan Doctors Only	Covered	Covered	★★★★ 4 out of 5 stars	Not Available	<a href="#">Contact Plan to Enroll</a>
<input type="checkbox"/>	<a href="#">Kaiser Permanente Medicare Plus Std w/o D AB</a> [H2150-022] Type: Cost Plan	\$0.00	\$1900	No	Plan Doctors Only	Covered	Covered	★★★★ 4 out of 5 stars	Not Applicable	<a href="#">Contact Plan to Enroll</a>
<input type="checkbox"/>	<a href="#">Bravo Classic</a> [H2108-022] Type: HMO	\$0.00	\$2100	Yes	Plan Doctors Only	Covered	Covered	★★ 2 out of 5 stars	★★★★ 3.5 out of 5 stars	<a href="#">Enroll Now</a>
<input type="checkbox"/>	<a href="#">Bravo Traditions</a> [H2108-020]	\$30.80	\$2200	Yes	Plan Doctors Only	Covered	Covered	★★ 2 out of 5 stars	★★★★ 3.5 out of 5 stars	<a href="#">Contact Plan to Enroll</a>

# Medigap Plan/Premium – Plan Details Page

[How are out-of-pocket costs calculated?](#)

## Original Medicare with Medigap Policy C or Medigap SELECT C (H0001-001)

### General Plan Information

- Medicare Health Plan
- Original Medicare
- Provides health coverage only (you can add drug coverage by joining a Medicare Prescription Drug Plan)
- [View plan website](#)

### Important Notes

- If you have a Medigap (Medicare Supplement Insurance) policy, your costs may be lower for some benefits.
- If you receive Medicaid benefits from your State, your costs may be lower for some benefits.

### Plan Contact:

Non-Members:  
1-800-MEDICARE  
(1-800-633-4227)  
1-877-486-2048 (TTY/TDD)

Members:  
1-800-MEDICARE  
(1-800-633-4227)  
1-877-486-2048 (TTY/TDD)

**Estimated Annual Cost for People Age 65 - 69 in Excellent health<sup>1</sup>**  
**\$2,700** without Medigap  
**\$3,400** with Medigap  
[View Details](#)

**Provider Network** • Locate [Medicare participating physicians](#) in your area.

**Plan Ratings** [Click to view more details on Plan Ratings](#)

**Staying Healthy: Screenings, Tests and Vaccines** Not Available

**Getting Timely Care from Doctors and Specialists** Not Available

**Managing Chronic (Long-Lasting) Conditions** Not Available

**Ratings of Health Plan Responsiveness and Care** Not Available

**How Well and Quickly Health Plans Handled Appeals** Not Available

**Medigap Premium** **\$100**

# Medigap Plan/Premium -- Additional Plan Details Page

## Additional Plan Details

Print This Page

Close Window

[Estimated Out-of-Pocket Costs](#)
[Why People Have Left](#)
[Data Sources](#)

### Estimated Out-of-Pocket Costs

Your Age Range:

65 - 69

Your Health Status:

Excellent

**Note:** Your answers will not change your benefits. Plans must offer the same benefits to all members, no matter their age or health status.

Revise Estimated Costs

**IMPORTANT NOTE:** If you use more health care than average, your health care costs may be higher than what is shown here.

[How are out-of-pocket costs calculated?](#)

[What are out-of-pocket costs?](#)

	Original Medicare	Medigap Policy C and Original Medicare
<b>Estimated Out-of-Pocket Costs for People Ages 65 - 69 in Excellent Health</b>		
Part B Premium <sup>1</sup>	\$96.40	\$96.40
Monthly Plan Premium	\$0.00	\$100.00
Inpatient Care	\$7.00	\$1.00
Outpatient Prescription Drugs <sup>2</sup>	\$37.00	\$37.00
Dental Services	\$49.00	\$49.00
All Other Services	\$37.00	\$0.00
Total Monthly Estimated Costs <sup>3</sup>	\$226.40	\$283.40
<b>Total Annual Estimated Costs <sup>4</sup></b>	<b>\$2,700.00</b>	<b>\$3,400.00</b>
<b>Estimated Monthly Out-of-Pocket Costs (OOPC) for People with High-Cost Conditions (chronic care and unexpected illnesses)</b>		
Average Monthly OOPC For a Typical Person With Diabetes	\$401 to \$450	\$401 to \$450
Average Monthly OOPC For a Typical Person With Congestive Heart Failure	\$501 to \$550	\$401 to \$450
Average Monthly OOPC For a Typical Person Who Has a Heart Attack	\$601 to \$650	\$451 to \$500

<sup>1</sup> The Medicare Part B premium included in these calculations is the standard monthly Part B premium that most people will pay. Some people will pay a higher premium based on their modified adjusted gross income. [Learn More](#)

<sup>2</sup> This policy may appear to be more expensive than a Medicare Health Plan because it doesn't cover prescription drugs. However, you can join a Medicare Prescription Drug Plan to lower your drug costs.

<sup>3</sup> Medigap out-of-pocket cost estimates are based on the premium amount you have indicated.

<sup>4</sup> Estimated Annual Costs are rounded to the nearest \$50. They don't include any Medicare Part D (prescription drug) late enrollment penalty amounts that may apply to you. **Also**, if you have limited income and resources, your expenses may be lower.

# Broker Link -- Plan Details Page

## Medicare Prescription Drug Plan Finder

[Home](#) [Help](#) [Glossary](#) [How Plans Work](#)

[<< Back to Plan Overview](#)

[Vea en Español](#) | [Use Larger Font](#) | [Email](#)

## Find and Compare Plans

### Review Plan Details

Print this Page

( Note that 2010 plan data are displayed by default. [Click here to display 2009 plan data.](#) )

### First Health Part D-Secure (PDP) (S5768-114)

#### General Plan Information

- Medicare Prescription Drug Plan
- As submitted by organization
- This organization has plans available nationwide
- [View plan formulary](#)
- [View important notes and benefit summary](#)
- [View pharmacy network](#)
- [View a chart on how an independent sales agent or broker would be compensated if they were to enroll you in a plan for 2010](#)

Online enrollment will be available beginning November 15, 2009

#### Contact Information

2222 Ewing Road, Moon Township, PA 15108

##### Members

1-866-865-0662  
1-866-236-1068 (TTY/TDD)

##### Non-Members

1-800-588-3322  
1-888-788-4010 (TTY/TDD)

[View plan website](#)

Provider website information not available

### Calculate the Plan's Drug Costs

If you pay more than \$35 a month for drugs, we suggest you enter your drugs to find out what you might pay for drugs each month with each of the plans listed below.

If you already entered and saved your drug list on a previous visit, you can retrieve it to get drug costs more quickly.

Get Drug Costs

### Plan Ratings

The number of [stars](#) shows how well the plans perform.

Excellent ★★★★★

Very Good ★★★★

Good ★★★

# Broker Link -- Plan Drug Details Page, When Drugs are Selected

## Plan Drug Details

Print This Page

The following is a summary of the plan's drug coverage. 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.

Annual cost estimates do not include special situations such as receiving extended-day supplies at retail pharmacies, or less than 3-month supplies at mail order pharmacies. Please contact the drug plan for more information.

**Note that 2010 plan data are displayed by default.** [Click here to display 2009 plan data.](#)

## Health Net Orange Option 2 (PDP) (S5678-008)

### Basic Plan Information

- Type: Original Medicare
- *As submitted by organization*
- *This organization has plans available nationwide.*
- Mail Order Available: Yes
- [Lower My Cost Share](#)
- [View Pharmacy Network](#)
- [View Important Notes and Benefit Summary](#)
- [View a chart that contains information on how an independent sales agent or broker would be compensated if he or she were to enroll you in this plan for 2010](#)

Add to My Favorites

Enrollment begins November 15, 2009.

### Contact Information

950 N. Finance Center Dr., Tucson, AZ 85710

**Members:**

(800) 806-8811  
(800) 929-9955(TTY/TDD)

**Non-Members:**

(800) 606-3604  
(800) 929-9955(TTY/TDD)

[View plan website](#)

# Plan Name/ID Search -- New Link

## Medicare Prescription Drug Plan Finder

[Help](#) [Glossary](#) [How Plans Work](#)

[Vea en Español](#) | [Use Larger Font](#) | [Email](#)

### Find & Compare Plans that Cover Drugs

#### Search includes personalized information about:

- Medicare Prescription Drug Plans
- Medicare Health Plans (that cover drugs)

#### Search doesn't include:

- Medicare Health Plans (that do not cover drugs)
- Original Medicare
- Medigap Policies

Find and compare these plans using the [Medicare Options Compare](#).

Find & Compare Plans

### Enroll in a Medicare Prescription Drug Plan

Once you know which Medicare Prescription Drug Plan you want, use our online enrollment system to join.

**Online enrollment will be available beginning November 15, 2009**

### Learn More About Drug Coverage Options

If you are a Medicare beneficiary, you are eligible for Medicare prescription drug coverage, regardless of your income, health status, or current prescription expenses.

#### There are two types of Medicare plans that provide prescription drug coverage:

##### [Medicare Prescription Drug Plans](#)

These plans add prescription drug coverage to Original Medicare, and certain types of Medicare Health Plans.


[Learn more](#)

##### [Medicare Health Plans](#)

Some of these plans cover both health care and prescription drugs.

[Learn more](#)

### Learn More About Plans in Your Area

Access a directory of all Medicare plans  that are available in your state or territory

Select a State

View Plans

[Search by Plan Name or ID](#)

### Important Coverage Information

# Plan Name/ID Search -- Enter Search Criteria

## Search by Plan Name or ID

---

Enter information in at least one of the following fields to search for plans.

Plan Name:

Plan ID:

Note: You can enter a full plan ID (S2134-001) or just a contract ID (S1234).

[Continue](#)

# Plan Name/ID Search – Results Page

## Search by Plan Name or ID

### Review List of Plans

This list shows you basic plan information about the plans that matched your search criteria. These results are sorted by **Plan Name**. Click on the column titles to sort. Click on plan name for detailed cost and coverage information.

Page 1 of 53 pages <a href="#">Next &gt;</a>		Show: 5 per page   <a href="#">10</a>   <a href="#">20</a>		Sort Table By: <input type="text" value="Plan Name"/> <input type="button" value="Sort"/>	
Plan Name ▲	Contract ID	Plan ID	Summary Rating of Health Plan Quality [What is this?]	Summary Rating of Prescription Drug Plan Quality [What is this?]	Customer Service Phone Number
<a href="#">AARP MedicareComplete (HMO)</a> Medicare Health Plan	H0543	019	★ ★ ★ 3 out of 5 stars	★ ★ ★ ★ 3.5 out of 5 stars	<input type="checkbox"/> <a href="#">Non-Members</a> 1-800-547-5514 TTY Users should call: 1-866-832-8671 <input type="checkbox"/> <a href="#">Members</a>
<a href="#">AARP MedicareComplete (HMO)</a> Medicare Health Plan	H0543	022	★ ★ ★ 3 out of 5 stars	★ ★ ★ ★ 3.5 out of 5 stars	<input type="checkbox"/> <a href="#">Non-Members</a> 1-800-547-5514 TTY Users should call: 1-866-832-8671 <input type="checkbox"/> <a href="#">Members</a>
<a href="#">AARP MedicareComplete (HMO)</a> Medicare Health Plan	H0543	028	★ ★ ★ 3 out of 5 stars	★ ★ ★ ★ 3.5 out of 5 stars	<input type="checkbox"/> <a href="#">Non-Members</a> 1-800-547-5514 TTY Users should call: 1-866-832-8671 <input type="checkbox"/> <a href="#">Members</a>
<a href="#">AARP MedicareComplete (HMO)</a> Medicare Health Plan	H0543	029	★ ★ ★ 3 out of 5 stars	★ ★ ★ ★ 3.5 out of 5 stars	<input type="checkbox"/> <a href="#">Non-Members</a> 1-800-547-5514 TTY Users should call: 1-866-832-8671 <input type="checkbox"/> <a href="#">Members</a>
<a href="#">AARP MedicareComplete (HMO)</a> Medicare Health Plan	H0543	032	★ ★ ★ 3 out of 5 stars	★ ★ ★ ★ 3.5 out of 5 stars	<input type="checkbox"/> <a href="#">Non-Members</a> 1-800-547-5514 TTY Users should call: 1-866-832-8671 <input type="checkbox"/> <a href="#">Members</a>

# Plan Name/ID Search -- Enter a ZIP Code

Medicare Prescription Drug Plan Finder

 [Home](#)  [Help](#)  [Glossary](#)  [How Plans Work](#)

[<< Back to Review List of Plans](#)

[Vea en Español](#) | [Use Larger Font](#) | [Email](#)

## Search by Plan Name or ID

---

Enter your ZIP code to see more information about this plan.

ZIP Code:

[View the list of ZIP codes where this plan is offered.](#)

Continue

# Plan Name/ID Search -- ZIP Code List

[Print This Page](#)

[Close Window](#)

## Available ZIP Codes for AARP MedicareComplete (HMO) (H0543-029)

AARP MedicareComplete (HMO) (H0543-029)		
■ 94022	■ 95036	■ 95128
■ 94023	■ 95037	■ 95129
■ 94024	■ 95038	■ 95130
■ 94035	■ 95042	■ 95131
■ 94039	■ 95044	■ 95132
■ 94040	■ 95046	■ 95133
■ 94041	■ 95050	■ 95134
■ 94042	■ 95051	■ 95135
■ 94043	■ 95052	■ 95136
■ 94085	■ 95053	■ 95138
■ 94086	■ 95054	■ 95139

# Plan Name/ID Search -- ZIP Code List, Multiple States

Print This Page

Close Window

## Available ZIP Codes for PrescribaRx Bronze (PDP) (S5597-236)

Please select a state to view ZIP Codes where PrescribaRx Bronze (PDP) (S5597-236) is offered.

### States available for PrescribaRx Bronze (PDP) (S5597-236)

[Maine](#)

[New Hampshire](#)

Page Last Updated: September 14, 2009



[Top of page](#)

# Plan Name/ID Search -- Plan Details Page

## Medicare Prescription Drug Plan Finder

[Home](#) [Help](#) [Glossary](#) [How Plans Work](#)

[<< Back to Enter your ZIP code](#)

[Veá en Español](#) | [Use Larger Font](#) | [Email](#)

## Find and Compare Plans

### Review Plan Details

Print this Page

**Note:** The costs below are not based on any drugs you may take or assistance you may receive. To view personalized cost and benefit information, [click here to find and compare prescription drug plans in your area.](#)

( Note that 2010 plan data are displayed by default. [Click here to display 2009 plan data.](#) )

### PrescribaRx Bronze (PDP) (S5597-245)

#### General Plan Information

- Medicare Prescription Drug Plan
- Approved by Medicare
- This organization has plans available nationwide
- [View plan formulary](#)
- [View important notes and benefit summary](#)
- [View pharmacy network](#)
- [View a chart on how an independent sales agent or broker would be compensated if they were to enroll you in a plan for 2010](#)

#### Contact Information

P.O. Box 1232, Pensacola, FL 32591

##### Members

1-800-818-0007  
1-800-777-9083 (TTY/TDD)

##### Non-Members

1-800-807-9990  
1-800-777-9083 (TTY/TDD)

[View plan website](#)

Provider website information not available

### Plan Ratings

The number of [stars](#) shows how well the plans perform.

Excellent ★★★★★

Very Good ★★★★

Good ★★★

Fair ★★

Poor ★

[View plan quality and performance ratings for this plan](#)

### Related Tools

[Medicare Options Compare](#)

Use this tool if you want to start over and compare Medicare Health Plans or Medigap policies. These plans offer health and hospitalization coverage.

# Review Current Coverage and Consider Options -- 'Your Information Sidebar

## Find and Compare Plans

### Step 3: Review Current Coverage and Consider Options

Print this Page

#### Your Information

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

Continue

**Zip Code:** 46082  
**Current Coverage:** Prescription Drug Plan, Medicaid, Medicare Health Plan  
**Current Subsidy:** [Full Dual](#)

#### You indicated that currently, you:

- are enrolled in a Prescription Drug Plan
- don't know which Medicare Health Plan you are enrolled in or you aren't enrolled in any of the plans listed

Your Prescription Drug Plan covers drugs.

**Note:** You also indicated that you have both Medicare and full Medicaid coverage.

#### 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 Medicare Health Plan.

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

#### Learn More

[Learn more about Medicare Prescription Drug Plans](#)

[Learn more about Medicare Health Plans \(like HMOs and PPOs\)](#)

[Learn how plans work](#)

## Glossary Definition Page -- Subsidy Status

Term	Definition
<b>Full Dual Eligible</b>	You get the full amount of extra help, because you're Medicaid-eligible.

Close This Window

# Find and Enter Your Drug Information -- Text Change

## 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](#)

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
Botox (Botulinum Toxin Type A For)	Brand

Note: Generic drugs are in ALL CAPS.

### Why Enter My Drugs?

By entering your drugs, we can estimate what portion of your drug costs Medicare will pay.

### What Drugs should I Enter?

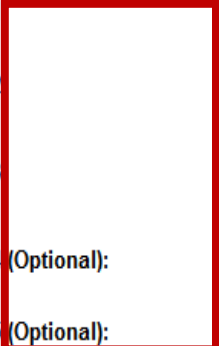
Medicare plans cover most commonly used prescription drugs. In addition, some plans may provide additional coverage for drugs not usually covered by Medicare.

The site does not show pricing for over-the-counter drugs or diabetic supplies.

# My Drugs List With Step-by-Step Instructions

## Find and Compare Plans

### Review Your Drug Dosages and Quantities

- Step 1  Review the information in the Drug Name box. Change the medication strength (for example, from 20 mg to 40 mg) if necessary.
- Step 2 Review the information in the Refill Quantity box. Enter the amount of drug you get each time you visit your pharmacy.
- Step 3 Review the information in the Refill Frequency box. Enter how often you get the drug from your pharmacy. If you choose something other than "Every Month", please click the "Need Help?" link below.
- Step 4 (Optional): Click "Add Doses" to enter another strength of the same drug (for example, 1 mg and 2 mg of Coumadin).
- Step 5 (Optional): Click "Remove" to take a drug out of your list.

Need Help? [Click here](#) to get help with your Drug List.

My Drugs				
Drug Name	Refill Quantity	Refill Frequency	Original Drug Entry	Actions
Lipitor TAB 10MG <input type="text"/>	30 <input type="text"/>	Every Month <input type="text"/>	Lipitor (Brand)	<input type="button" value="Add Doses"/> <input type="button" value="Remove"/>
<input type="button" value="Save My Drug List"/> <input type="button" value="Add More Drugs"/>				

# Information Window Pop-Up: Estimated Annual Cost Using Mail Order Pharmacy

Medicare Prescription Drug Plan Finder

Home Help Glossary How Plans Work

Find and Compare Plans

Note:  
Mail Order Pharmacy costs will only be calculated when you choose "Every Month" as the Refill Frequency. If you use a mail order pharmacy, you still need to select "Every Month" as the Refill Frequency to get the correct cost information. A retail cost will be calculated for all other Refill Frequency entries.

Close this Window

Page Last Updated: 1/5/2009

Top of page

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Centers for Medicare & Medicaid Services | U.S. Department of Health and Human Services

Search Medicare.gov

Home Help Glossary How Plans Work

Print This Page

21043  
None  
No Subsidy

performance ratings for all available plans

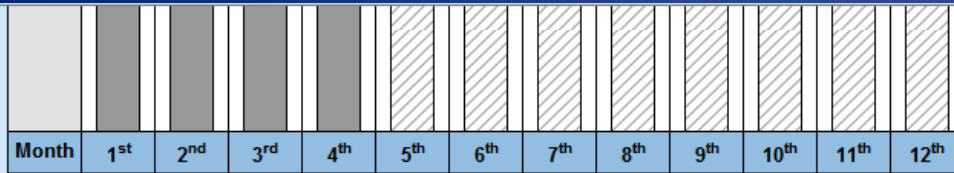
Click "Add" to put the plan in a list of Your Favorite Plans

Choose up to 3 plans to Compare Reset Checkboxes

Sort Table By: --Select a Column-- Sort

	Plan Name and ID Numbers <a href="#">[What is this?]</a>	Estimated Annual Cost Using Retail Pharmacy ▲	Estimated Annual Cost Using Mail Order Pharmacy ⓘ	Monthly Drug Premium <a href="#">[What is this?]</a>	Annual Deductible <a href="#">[What is this?]</a>	Coverage in the Gap*	Number of Network Pharmacies	Summary Rating of Prescription Drug Plan Quality	Favorites <a href="#">[What is this?]</a>	Enroll
<input type="checkbox"/>	<b>Advantage Freedom Plan by RxAmerica</b> (S5644-050) <i>Approved by Medicare Available nationwide</i>	\$802 <a href="#">Lower this cost</a> \$267 for the rest of 2009*	\$816 <a href="#">Lower this cost</a> \$335 for the rest of 2009*	\$36.30	\$0.00	No Gap Coverage	I	☆☆☆ 2.5 out of 5 stars	<input type="button" value="Add"/>	<input type="button" value="Enroll"/>
<input type="checkbox"/>	<b>AARP MedicareRx Saver UnitedHealthcare</b> (S5921-237) <i>Approved by Medicare Available nationwide</i>	\$817 <a href="#">Lower this cost</a> \$425 for the rest of 2009*	\$772 <a href="#">Lower this cost</a> \$454 for the rest of 2009*	\$27.00	\$295.00	No Gap Coverage	I	☆☆☆☆ 3.5 out of 5 stars	<input type="button" value="Add"/>	<input type="button" value="Enroll"/>

# Monthly Cost Estimator Graph: Mail Order Pharmacy Costs Note



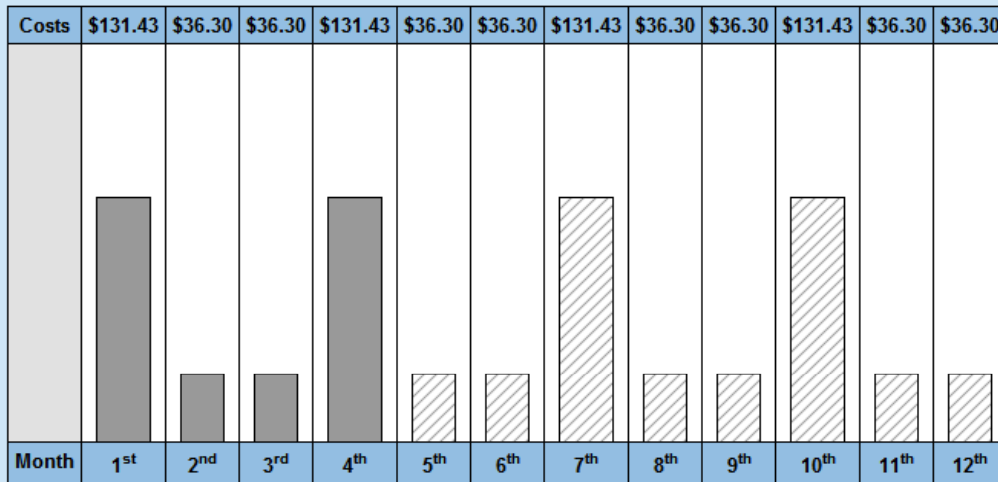
## Total Monthly Cost Estimator for Mail Order Pharmacy

[Hide Information](#)



This bar graph depicts an estimate of your monthly prescription drug costs, including any applicable premiums for this plan. This information is based on the drugs and/or pharmacies you selected. Actual costs may vary.

**Note:** Mail Order Pharmacy costs will only be calculated when you choose "Every Month" as the Refill Frequency. If you use a mail order pharmacy, you still need to select "Every Month" as the Refill Frequency to get the correct cost information. A retail cost will be calculated for all other Refill Frequency entries.

If you were to enroll in this plan today, your enrollment would be effective on the September 1, 2009. Because your enrollment in 2009 would be for a partial year only, the total amount you would pay during the plan year is less than the full 12 month cost shown.



### Legend:

-  Month(s) used to calculate the cost for the rest of the year
-  Month(s) used to calculate the total annual drug cost

[Show explanation of these costs.](#)

[Return To Plan List](#)

[Enroll](#)

# Mail Order Pharmacy Footnote Added

<b>Hide Information</b> Annual Drug Costs (including premium) for Preferred Network Retail Pharmacy			
Full Year Cost	\$979	\$991	\$1,007
Cost for the Rest of 2009 (4 months left)	\$480	\$330	\$488
<b>Hide Information</b> Annual Drug Costs (including premium) for Mail-Order Pharmacy			
Full Year Cost	\$963 <sup>14</sup>	\$1,005 <sup>14</sup>	\$1,036 <sup>14</sup>
Cost for the Rest of 2009 (4 months left)	\$520 <sup>14</sup>	\$398 <sup>14</sup>	\$549 <sup>14</sup>
<b>Show Information</b> Your Monthly Drug Costs at Preferred Network Retail Pharmacy before you have met your deductible			
Total Monthly Cost	\$175.14	\$0.00	\$177.18
<b>Show Information</b> Your Monthly Drug Costs at Preferred Network Retail Pharmacy after you have met your deductible, but before your total drug costs reach the Initial Coverage Limit.			
Total Monthly Cost	\$43.78	\$62.01	\$44.29
<b>Show Information</b> Your Monthly Drug Costs at Preferred Network Retail Pharmacy after your total drug costs reach the initial coverage limit but before your total out of pocket expense equals \$4,350.00			
Total Monthly Cost	\$175.14	\$177.18	\$177.18
<b>Show Information</b> Your Monthly Drug Costs at Preferred Network Retail Pharmacy after your total out of pocket expenses equal \$4,350.00			
Total Monthly Cost	\$12.00	\$12.00	\$12.00
<b>Show Information</b> Pharmacy & Mail Order Information			
<b>Show Information</b> Drug Coverage Information			
<b>Hide Information</b> Full Cost of Drugs (the discounted cost of drug offered by the plan)			
Flovent Diskus AER 50MCG	\$88.85	\$89.88	\$89.88
Lipitor TAB 10MG	\$86.29	\$87.30	\$87.30
Total Monthly Cost	\$175.14	\$177.18	\$177.18
	<a href="#">Enroll in this Plan</a>	<a href="#">Enroll in this Plan</a>	<a href="#">Enroll in this Plan</a>

<sup>1</sup> This drug may be subject to prior authorization, step therapy or quantity limits. View plan details or contact the plan for more information.

<sup>14</sup> Mail Order Pharmacy costs will only be calculated when you choose "Every month" as the Refill Frequency. If you use a mail order pharmacy, you still need to select "Every month" as the Refill Frequency to get the correct cost information. A retail cost will be calculated for all other Refill Frequency entries.

# Formulary Exceptions -- Plan Details Page

## Drug Coverage Information

Selected Drugs	Tier (Formulary Status) <small>[What is this?]</small>	Restrictions		
		Prior Authorization <small>[What is this?]</small>	Quantity Limits <small>[What is this?]</small>	Step Therapy <small>[What is this?]</small>
ALPRAZOLAM TAB 0.5MG	TIER 1 <sup>2</sup>	No	No	No
Cialis TAB 20MG	NOT ON FORMULARY 4	No	No	No
Zocor TAB 20MG	NOT ON FORMULARY 15	No	No	No

2 By law, this drug is excluded from being covered under the Medicare program. Certain plans, including this one, cover this drug as a supplemental benefit to their plan. However, any amount you spend for this drug is not counted toward any deductibles, initial coverage or out-of-pocket limits.

4 By law, this drug is excluded from being covered under the Medicare program. Some other plans may cover this drug as a supplemental benefit to their plan. However, any amount you spend for this non-formulary drug is not counted toward any deductibles, initial coverage or out-of-pocket limits.

15 Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered at Tier XX. Please contact the plan for more information.

## Monthly Drug Cost Details at Network Pharmacies

[Hide Information](#)

Selected Drugs	Full Cost of Drug	Initial Coverage Level (The amount you will pay before your total drug costs reach \$2,700 .)	Gap (The amount you will pay after you reach \$2,700 in full drug costs, but before you reach \$4,350 in out of pocket costs.)	Catastrophic (The amount you will pay after you reach \$4,350 in out of pocket costs.)
ALPRAZOLAM TAB 0.5MG	\$ 10.00	\$ 2.00	\$ 10.00	\$ 2.40
Cialis TAB 20MG	\$172.75	\$172.75	\$172.75	\$172.75
Zocor TAB 20MG	\$157.92	\$157.92	\$157.92	\$157.92
<b>Monthly Totals:</b>	\$340.67	\$332.67	\$340.67	\$333.07

# Exception Tier data -- Plan Details Page

## Fixed Cost Details

<b>Total Premium</b>	\$115.00/month (\$1,380.00/year)
<b>Total annual deductible</b>	\$0

## Copay/Coinsurance Details - Initial Coverage Limit

	Tier Name	Retail (30-day supply)	Mail Order (90-day supply)
<b>Preferred Pharmacies</b>	Generic	\$8.50	\$17
	Preferred Brand	\$45	\$90
	Non-Preferred Brand	\$80	\$160
	Specialty	33%	33%

Plans often cover drugs in "tiers". Tiers are specific to the list of drugs covered by the plan. Plans may have several tiers, and the copay for a drug depends on which tier the drug is in. Plans can form their own tiers, so you should contact the plan to find out what copays and limitations are associated with each tier.

## Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

	Tier Name
<b>Formulary Exception*</b>	Specialty

\***Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

## Available Cobrands

<b>Cobrand Details</b>	This plan has no co-brands
------------------------	----------------------------

## Estimated Out-of-Pocket Costs for People Ages 65 - 69 in Good Health

# Exception Tier data -- Important Notes

SilverScript Plus  
(Contract ID:S5601, Plan ID:015 )

## Important Notes and Benefits Summary for 2009

### Notes

- This organization has plans available nationwide.
- The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

## Cost sharing Information

### Copay/Coinsurance Details - Initial Coverage Limit

	Tier Name	Retail (30-day supply)	Mail Order (90-day supply)
<b>Preferred Pharmacies</b>	Value Generic	\$4	\$10
	Generic	\$9	\$23
	Value Brand	\$30	\$71
	Preferred Brand	\$35	\$82
	Non-Preferred Brand	\$95	\$261
	Specialty	31%	Information Not Available

### Copay/Coinsurance Details - Coverage Gap

	Tier Name	Retail (30-day supply)	Mail Order (90-day supply)
<b>Preferred Pharmacies*</b>	Value Generic	\$4	\$10
	Generic	\$9	\$23

\*Note: An extended days supply of medication (greater than 30 days supply) may be available from your network retail pharmacy. Contact the plan for the cost of extended days supply at a retail pharmacy.

### Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

	Tier Name
<b>Formulary Exception</b>	Non-Preferred Brands

\*Note: Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Open Enrollment -- Personalized Plan List Page

## Find and Compare Plans

### Your Personalized Plan List

Print This Page

46 Medicare Prescription Drug Plans in ZIP code 21223 [\[View 16 Medicare Health Plans in ZIP code 21223\]](#)  
[\[View 4 Special Need Plans in Zip Code 21223\]](#)

Annual Cost Range for Prescription Drug Plans: **\$456 - \$2629**

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 results.

If you're interested in any plans but not ready to make a decision, click "Add" to put the plan in a list of Your Favorite Plans so you can save them for later.

Click on column titles to sort. Click on plan names to view more information about each plan. If you're interested in any plans but not ready to make a decision, click "Add" to put the plan in a list of Your Favorite Plans so you can save them for later.

Note that 2010 plan data are displayed by default. [Click here to display 2009 plan data.](#)

[Click here](#) for information about Ways to Lower Your Costs During the Coverage Gap.

**Your Information**

**Zip Code:** 21223  
**Current Coverage:** None  
**Current Subsidy:** [No Subsidy](#)

**Plan Ratings**

**Excellent** ★★★★★  
**Very Good** ★★★★  
**Good** ★★★  
**Fair** ★★  
**Poor** ★

[View plan quality and performance ratings for all available plans](#)

**Save Work Information**

ID: 6404194547  
 Date: 01/01/1900  
 Zip Code: 21223

Choose up to 3 plans to <input type="button" value="Compare"/> <input type="button" value="Reset Checkboxes"/> Sort Table By: --Select a Column-- <input type="button" value="Sort"/>											
Plan Name and ID Numbers <small><a href="#">[What is this?]</a></small>	Estimated Annual Cost Using Retail Pharmacy	Estimated Annual Cost Using Mail Order Pharmacy	Monthly Drug Premium <small><a href="#">[What is this?]</a></small>	Annual Deductible <small><a href="#">[What is this?]</a></small>	Coverage in the Gap*	Drug Restriction	Number of Network Pharmacies	Summary Rating of Prescription Drug Plan Quality	Favorites <small><a href="#">[What is this?]</a></small>	Enroll	
<input type="checkbox"/> <a href="#">Advantage Freedom Plan by RxAmerica (PDP)</a> RxAmerica (S5644-050) As submitted by organization Available nationwide	\$456 <a href="#">Lower this cost</a>	\$424 <a href="#">Lower this cost</a>	\$0.00	\$0.00	No Gap Coverage	<a href="#">Yes</a>	5	★★★ 3 out of 5 stars	<input type="button" value="Add"/>	<a href="#">Enrollment begins November 15, 2009.</a>	

# Sanctioned/Suppressed Plan Listing – Plan List Page

1	<a href="#">Rewards Value UniCare</a> (S5960-011) <i>Approved by Medicare Available nationwide</i>	Available	Available	Not Available	Not Available	Not Available	Available	3 out of 5 stars		Not accepting enrollments at this time
1	<a href="#">Fox Grand Plan Fox Insurance Company</a> (S5567-017) <i>Approved by Medicare</i>	Information Not Available	Information Not Available	Information Not Available	Information Not Available	Information Not Available	Information Not Available	☆☆☆ 3 out of 5 stars	N/A	Contact Plan to Enroll
1	<a href="#">Fox Value Plan Fox Insurance Company</a> (S5567-025) <i>Approved by Medicare</i>	Information Not Available	Information Not Available	Information Not Available	Information Not Available	Information Not Available	Information Not Available	☆☆☆ 3 out of 5 stars	N/A	Contact Plan to Enroll
1	<a href="#">MedicareRx Rewards Standard UniCare</a> (S5960-117) <i>Approved by Medicare Available nationwide</i>	Information Not Available	Information Not Available	Information Not Available	Information Not Available	Information Not Available	Information Not Available	☆☆☆ 3 out of 5 stars	N/A	Not accepting enrollments at this time
1	<a href="#">WellCare Classic WellCare</a> (S5967-148) <i>Approved by Medicare Available nationwide</i>	Information Not Available	Information Not Available	Information Not Available	Information Not Available	Information Not Available	Information Not Available	☆☆☆ 3 out of 5 stars	N/A	Not accepting enrollments at this time
1	<a href="#">WellCare Signature WellCare</a> (S5967-045) <i>Approved by Medicare Available nationwide</i>	Information Not Available	Information Not Available	Information Not Available	Information Not Available	Information Not Available	Information Not Available	☆☆☆ 3 out of 5 stars	N/A	Not accepting enrollments at this time

# Drug Restrictions -- Personalized Plan List Page

[Click here](#) for information about Ways to Lower Your Costs During the Coverage Gap.

Choose up to 3 plans to <input type="button" value="Compare"/> <input type="button" value="Reset Checkboxes"/>		Sort Table By: --Select a Column-- <input type="button" value="Sort"/>									
	Plan Name and ID Numbers <small>[What is this?]</small>	Estimated Annual Cost Using Retail Pharmacy ▲	Estimated Annual Cost Using Mail Order Pharmacy ①	Monthly Drug Premium <small>[What is this?]</small>	Annual Deductible <small>[What is this?]</small>	Coverage in the Gap*	Drug Restrictions <small>[What is this?]</small>	Number of Network Pharmacies	Summary Rating of Prescription Drug Plan Quality	Favorites <small>[What is this?]</small>	Enroll
<input type="checkbox"/>	<a href="#">Aetna Medicare Rx Essentials</a> Aetna Medicare (S5810-059) <i>Approved by Medicare Available nationwide ⓘ</i>	\$7,253 <a href="#">Lower this cost</a> \$6,661 for the rest of 2009*	\$6,926 <a href="#">Lower this cost</a> \$6,895 for the rest of 2009*	\$31.20	\$180.00	No Gap Coverage	<a href="#">Yes</a>	5	☆☆☆ 3 out of 5 stars	<input type="button" value="Add"/>	<input type="button" value="Enroll"/>
<input type="checkbox"/>	<a href="#">Sterling Rx</a> Sterling Life Insurance Company (S4802-030) <i>Approved by Medicare Available nationwide ⓘ</i>	\$7,355 <sup>8</sup> <a href="#">Lower this cost</a> \$6,754 for the rest of 2009*	\$6,475 <sup>8</sup> <a href="#">Lower this cost</a> \$6,427 for the rest of 2009*	\$47.40	\$295.00	No Gap Coverage	<a href="#">No</a>	5	☆☆☆½ 3.5 out of 5 stars	<input type="button" value="Add"/>	<input type="button" value="Enroll"/>
<input type="checkbox"/>	<a href="#">AARP MedicareRx Preferred</a> UnitedHealthcare (S5820-024) <i>Approved by Medicare Available nationwide ⓘ</i>	\$7,584 <a href="#">Lower this cost</a> \$6,952 for the rest of 2009*	\$7,440 <a href="#">Lower this cost</a> \$7,399 for the rest of 2009*	\$40.80	\$0.00	No Gap Coverage	<a href="#">Yes</a>	5	☆☆☆☆ 4 out of 5 stars	<input type="button" value="Add"/>	<input type="button" value="Enroll"/>
<input type="checkbox"/>	<a href="#">Health Net Value Orange Option 2</a> Health Net (S5678-055) <i>Approved by Medicare Available nationwide ⓘ</i>	\$7,823 <sup>8</sup> <a href="#">Lower this cost</a> \$7,061 for the rest of 2009*	\$7,381 <sup>8</sup> <a href="#">Lower this cost</a> \$7,329 for the rest of 2009*	\$51.40	\$0.00	No Gap Coverage	<a href="#">Yes</a>	5	☆☆☆½ 3.5 out of 5 stars	<input type="button" value="Add"/>	<input type="button" value="Enroll"/>
<input type="checkbox"/>	<a href="#">Health Net Orange Option 1</a> Health Net (S5678-056) <i>Approved by Medicare Available nationwide ⓘ</i>	\$7,835 <sup>8</sup> <a href="#">Lower this cost</a> \$7,192 for the rest of 2009*	\$7,461 <sup>8</sup> <a href="#">Lower this cost</a> \$7,419 for the rest of 2009*	\$41.60	\$295.00	No Gap Coverage	<a href="#">No</a>	5	☆☆☆½ 3.5 out of 5 stars	<input type="button" value="Add"/>	<input type="button" value="Enroll"/>

# Drug Restrictions -- Plan Details Page

## Annual Drug Costs (Including Premium) for Retail Pharmacy vs. Mail Order

Pharmacy Type	Full Year Cost	Cost for the Rest of 2009 (5months)
Network Pharmacies	\$878.27	\$500.27
Mail Order Pharmacy	\$772.00	\$481.00

## Drug Coverage Information

Selected Drugs	Tier (Formulary Status) <small>[What is this?]</small>	Restrictions		
		Prior Authorization <small>[What is this?]</small>	Quantity Limits <small>[What is this?]</small>	Step Therapy <small>[What is this?]</small>
Lipitor TAB 10MG	TIER 2	No	✓ (Yes)	No
SIMVASTATIN TAB 20MG	TIER 1	No	No	No

Add or Remove Drugs

## Monthly Drug Cost Details at Network Pharmacies

Hide Information

Selected Drugs	Full Cost of Drug	Deductible (The amount you will pay before your \$295 deductible is met.)	Initial Coverage Level (The amount you will pay before your total drug costs reach \$2,700.)	Gap (The amount you will pay after you reach \$2,700 in full drug costs, but before you reach \$4,350 in out of pocket costs.)	Catastrophic (The amount you will pay after you reach \$4,350 in out of pocket costs.)
Lipitor TAB 10MG	\$86.29	\$86.29	\$22.00	\$86.29	\$6.00
SIMVASTATIN TAB 20MG	\$17.46	\$17.46	\$5.00	\$17.46	\$2.40
Monthly Totals:	\$103.76	\$103.76	\$27.00	\$103.76	\$8.40

Your actual costs at the pharmacy may vary slightly.

# Pharmacy Out of Network -- Plan Details Page

## Medicare Prescription Drug Plan Finder

[Home](#) [Help](#) [Glossary](#) [How Plans Work](#)

[<< Back to Choose Plans to Compare](#)

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## Find and Compare Plans

### Plan Drug Details

[Print This Page](#)

The following is a summary of the plan's drug coverage. 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.

**Note: The pharmacy used to calculate pricing on this page is not part of this plan's network. To view more competitive pricing, select a pharmacy that is part of the network.**

### Save Work Information

ID: 3298854399  
Date: 01/01/1900  
Zip Code: 21223

### AdvantraRx Premier Plus (S5670-030)

Basic Plan Information	Contact Information
<ul style="list-style-type: none"><li>• <i>Approved by Medicare</i></li><li>• <i>This organization has plans available nationwide.</i></li><li>• Mail Order Available: Yes</li><li>• <a href="#">Lower My Cost Share</a></li><li>• <a href="#">View Pharmacy Network</a></li><li>• <a href="#">View Important Notes and Benefit Summary</a></li></ul> <p><a href="#">Add to My Favorites</a></p>	<p>2222 Ewing Road, Moon Township, PA 15108</p> <p><b>Members:</b> (866) 823-5177 (866) 236-1068(TTY/TDD)</p> <p><b>Non-Members:</b> (800) 882-3822 (800) 508-9548(TTY/TDD)</p> <p><a href="#">View plan website</a></p>

# Plan Ratings -- Summary Rating

## Plan Quality and Performance Ratings

Print This Page

Close Window

### Choose Plans to Compare

When you choose 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 results.

These results are sorted by Plan Name. Click on column titles to sort.

### Plan Ratings

The number of [stars](#) shows how well the plans perform.

<b>Excellent</b>	★★★★★
<b>Very Good</b>	★★★★
<b>Good</b>	★★★
<b>Fair</b>	★★
<b>Poor</b>	★

You are currently comparing:

[\[ What is this? \]](#)

**Health and Prescription Drug Plans**

Health Plans

View Plans

View Health Plan Ratings

View Drug Plan Ratings

Choose up to 3 plans to

Compare

Sort Table By: Plan Name

Sort

	Plan Name and ID Numbers ▲	Summary Rating of Health Plan Quality [ What is this? ]	Staying Healthy: Screenings, Tests and Vaccines [ What is this? ]	Managing Chronic (Long Term) Conditions [ What is this? ]	Ratings of Health Plan Responsiveness and Care [ What is this? ]	Health Plan Members' Complaints, Appeals, and Choosing to Leave the Health Plan [ What is this? ]	Health Plan's Telephone Customer Service [ What is this? ]
<input type="checkbox"/>	AARP Medicare Complete Plan 1 (HMO) (H0543-035-0)	★★★★ 3 out of 5 stars	★★★★ 3 out of 5 stars	★★ 2 out of 5 stars	★★ 2 out of 5 stars	★★★★ 4 out of 5 stars	★★★ 3 out of 5 stars
<input type="checkbox"/>	AARP Medicare Complete Plan 3 (HMO) (H0543-125-0)	★★★★ 3 out of 5 stars	★★★★ 3 out of 5 stars	★★ 2 out of 5 stars	★★ 2 out of 5 stars	★★★★ 4 out of 5 stars	★★★ 3 out of 5 stars
<input type="checkbox"/>	Aetna Medicare Select Plan (HMO) (H0523-032-0)	★★★★ 3 out of 5 stars	★★★★ 3 out of 5 stars	★★★ 3 out of 5 stars	★★★★ 3 out of 5 stars	★★★★ 4 out of 5 stars	★★ 2 out of 5 stars

# Plan Ratings -- View Plan Ratings Page

[Return to Choose Plans to Compare Page](#)

## Plan Ratings

View Plan Ratings for FRESNO, California

Print This Page

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### Types of Plan Ratings

You are currently viewing **Star Ratings** for your selected plans. You can change the data display to view more detailed information for each quality measure.

Review how your selected plan(s) rated on quality and performance below. Use this information to help you make the best choice for you.

View Star Ratings

View Star Details

[Show All Measures](#) | [Hide All Measures](#)

### Learn More

[Learn how Quality and Performance are measured](#)  
[What are Special Needs Plans?](#)

### Health Plan Star Ratings

	Aetna Golden Medicare Select Plan (H0523-032-0)	Health Net Healthy Heart (HMO) (H0562-076-0)	Senior Advantage Medicare Medi-Cal Plan (H0524-030-0)
<b>Summary Rating of Health Plan Quality</b> (What is this?) <a href="#">View previous ratings for these plans</a>	★★★★ 3 out of 5 stars	★★★ 3 out of 5 stars	★★★★★ 4 out of 5 stars
<a href="#">+ Show Information</a> <b>Staying Healthy: Screenings, Tests and Vaccines</b> <a href="#">Click to view data sources</a>	★★★ 3 out of 5 stars	★★★★ 4 out of 5 stars	★★★★★ 4 out of 5 stars
<a href="#">+ Show Information</a> <b>Managing Chronic (Long Term) Conditions</b> <a href="#">Click to view data sources</a>	★★★ 3 out of 5 stars	★★★ 3 out of 5 stars	★★★ 3 out of 5 stars
<a href="#">+ Show Information</a> <b>Ratings of Health Plan Responsiveness and Care</b> <a href="#">Click to view data sources</a> <a href="#">View how these plans compare to Original Medicare</a>	★★★ 3 out of 5 stars	★★ 2 out of 5 stars	★★★★★ 4 out of 5 stars

### Plan Ratings

The number of [stars](#) shows how well the plans perform.

**Excellent** ★★★★★  
**Very Good** ★★★★  
**Good** ★★★  
**Fair** ★★  
**Poor** ★

# Plan Ratings -- Current vs. Previous Year Comparison

## Summary Ratings for the Current and Previous Years

View Summary Ratings for the Current and Previous Years for FRESNO, California

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### Summary Ratings for the Current and Previous Years

The tables below show the current year and previous year summary ratings for the plans you selected.

The current year and previous year ratings were not calculated in exactly the same way. **The current year rating covers a few different topics than the previous rating.** This means that you should be careful about how you interpret small differences in plan performance from one year to next. For example, a plan with a current year summary rating of "4" and a previous year summary rating of "5" could be seen as keeping up performance that is "very good" or better.

### Learn More

[Learn how Quality and Performance are measured](#)  
[What are Special Needs Plans?](#)

### Summary Rating of Health Plan Quality [\(What is this?\)](#)

	Aetna Medicare Select Plan (HMO) (H0523-032-0)	Health Net Healthy Heart (HMO) (H0562-076-0)	Senior Advantage Medicare Medi-Cal Plan North (HMO) (H0524-030-0)
Current Year Rating	★★★ 3 out of 5 stars	★★★ 3 out of 5 stars	★★★★ 4 out of 5 stars
Previous Year Rating	★★★ 3 out of 5 stars	★★★ 3 out of 5 stars	★★★★ 4 out of 5 stars

### Plan Ratings

The number of [stars](#) shows how well the plans perform.

Excellent	★★★★★
Very Good	★★★★
Good	★★★
Fair	★★
Poor	★

### Summary Rating of Prescription Drug Plan Quality [\(What is this?\)](#)

	Aetna Medicare Select Plan (HMO) (H0523-032-0)	Health Net Healthy Heart (HMO) (H0562-076-0)	Senior Advantage Medicare Medi-Cal Plan North (HMO) (H0524-030-0)
Current Year Rating	★★★ 3 out of 5 stars	★★★½ 3.5 out of 5 stars	★★★★½ 4.5 out of 5 stars
Previous Year Rating	★★★★ 4 out of 5 stars	★★★½ 3.5 out of 5 stars	★★★★½ 4.5 out of 5 stars

# Plan Ratings -- Comparison to Original Medicare

## Plan Ratings

View Plan Ratings for FRESNO, California

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### Comparison to Original Medicare

People with Medicare can either choose a Medicare Advantage plan (such as an HMO) or Original Medicare with or without supplemental insurance. Local Original Medicare ratings are shown here so you can see how the plans you are interested in perform relative to Original Medicare.

Medicare collects information about 33 different topics related to health plan quality and performance. We can show ratings for only 8 of these topics for Original Medicare because of differences in the way the data are collected. To see information about all 33 topics for the plans you selected, navigate back to the previous screen.

### Plan Ratings

The number of [stars](#) shows how well the plans perform.

<b>Excellent</b>	★★★★★
<b>Very Good</b>	★★★★
<b>Good</b>	★★★
<b>Fair</b>	★★
<b>Poor</b>	★

View Star Ratings

View Star Details

	Aetna Golden Medicare Select Plan (H0523-032-0)	Health Net Healthy Heart (HMO) (H0562-076-0)	Senior Advantage Medicare Medi-Cal Plan (H0524-030-0)	Original Medicare (H0001-001-0) <a href="#">What is Original Medicare?</a>
<b>Staying Healthy: Screenings, Tests and Vaccines</b> <a href="#">Click to view data sources</a>				
Annual Flu Vaccine <a href="#">What is this?</a>	★★★	★★★	★★★★★	★★★
Pneumonia Vaccine <a href="#">What is this?</a>	★★★	★★★	★★★★★	★★
<b>Ratings of Health Plan Responsiveness and Care</b> <a href="#">Click to view data sources</a>	★★★ 3 out of 5 stars	★★ 2 out of 5 stars	★★★★★ 4 out of 5 stars	★★★ 3 out of 5 stars
Ease of Getting Needed Care and Seeing Specialists <a href="#">What is this?</a>	★★	★★	★★★★	★★★
Doctors Who Communicate Well <a href="#">What is this?</a>	★★★	★★	★★★★★	★★
Getting Appointments and Care Quickly <a href="#">What is this?</a>	★★	★★★	★★★★★	★★★
Customer Service <a href="#">What is this?</a>	★★★	★★	★★★★★	★
Overall Rating of Health Care Quality <a href="#">What is this?</a>	★★	★★	★★★★★	★★★★
Overall Rating of Plan <a href="#">What is this?</a>	★★★	★★	★★★★★	Not available

This training module provided by the

 **National Medicare**  
**TRAINING PROGRAM**

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