

NEW

Medicare.gov Plan Finder **Cheat Sheet**

Step 1

Go to Medicare.gov and navigate to the new **Plan Finder** tool.

Step 2

You can **continue without logging in**. The advantage of creating an account is storing your drug list.

Select "View plans. I know what type of plan I want." Then, select "Drug plan (Part D)."

Follow the remaining prompts including zip code, your Medicare # (not required), date of birth, and whether or not you get financial aid. Click **Next**.

Step 3

Select "**Yes**" under "Do you want to see your drug costs...?"

Select "**Both**" under "How do you normally fill your prescriptions?" Choosing both allows you to see pricing for retail and mail order pharmacies.

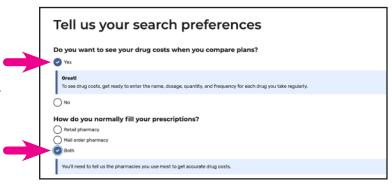
Step 4

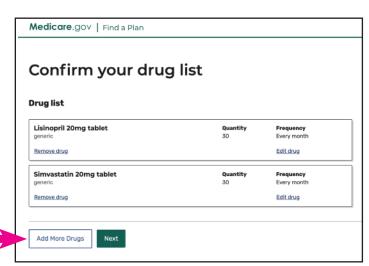
Enter your drugs, including dosage and frequencies. When finished, click "Next."















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Step 5

Select up to 2 pharmacies. This will allow you to compare pricing.

Click "Done"

Step 6

Sort plans by Lowest drug cost.

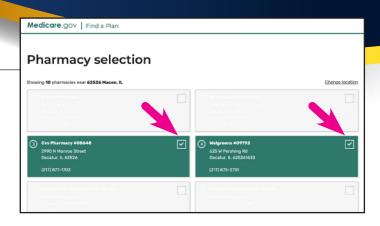
To determine which plan options will have the lowest total annual cost, we need to look at two areas:

- 1. Monthly premium
- 2. Retail pharmacy estimated yearly drug costs

Add the monthly premium and yearly drug costs to determine the total annual cost. Be sure to multiply the monthly premium by the remaining months in the year.

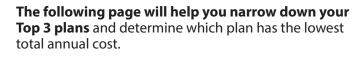
Example: The Aetna Medicare Rx Select's premium is \$16.20 per month. The retail pharmacy estimated yearly drug costs is \$0.

The total annual cost is \$194.40 (\$16.20 x 12 months).









Helpful tips:

In our experience, if you are entering mostly generic drugs, sorting by lowest drug cost will populate the most competitive plans within the top few results.

However, if you also have some more expensive drugs, you may have to consider the top 10 plans, and do some initial eliminations based on premium.





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xample Plan: Silv	erScript Choice (PDF	P)	
Ionthly premium:\$26.	# of months left in the	e year: <u>12</u> Total ann u	nal premium: \$321.60
	+ Retail pl	narmacy Estimated yearl	y drug costs: \$258.05
		Total A	nnual Co st = <u>\$579.65</u>
\$26.80 Drug plan (Part D) monthly	SilverScript SilverScript Choice (PDP) Plan ID: S5601-034-0 Star rating: ★★★☆ Add to compare		
premium Doesn't include: \$135.50 Standard Part B premium	\$0.00 Drug deductible The amount you must pay each year before your plan starts to pay for covered	\$258.05 Retail pharmacy Estimated yearly drug costs Based on the rest of the year. This	\$1,039.96 Mail order pharmacy Estimated yearly drug costs Based on the rest of the year. This
	drugs.	doesn't include your monthly plan premium.	doesn't include your monthly plan premium.

Plan Option 1:			
Monthly premium:	# of months left in the year:	Total annual premium:	
	+ Retail pharmacy Estimated yearly drug costs:		
		Total Annual Cost =	
Plan Option 2:			
Monthly premium:	# of months left in the year:	Total annual premium:	
	+ Retail pharmacy	Estimated yearly drug costs:	
		Total Annual Cost =	
Plan Option 3:			
		Total annual premium:	
	+ Retail pharmacy	Estimated yearly drug costs:	
		Total Annual Cost =	

