

# Medicare.gov Plan Finder Tool Guide

Written by Imagine Insurance Advisors for educational purposes only

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This packet will: 1. Discuss how to create your personal Medicare.gov account, 2. Make sure your medication list reflects your actual use, 3. View your drug costs, and 4. Tips for understanding how to compare your plan to other plans so that you can decide whether you may benefit from a plan change.

The website is **www.medicare.GOV** NOT www.medicare.com

Please read the Annual Notice of Change (ANOC) that your insurance company sends you by September 30<sup>th</sup>. If you didn't get it by October 1<sup>st</sup>, call the Customer/Member Service number on the back of your card and request it. If you have an online account portal, you may be able to access it through there.

The ANOC states what the premium, deductible and copays for each tier are. If you are okay with the changes and your prescriptions are covered, there is nothing you need to do; your plan will automatically renew with the new benefits. To make sure your medicines will be covered, you can look for them in the formulary (list of covered medicines) or use your medicare.gov account. You can find the formulary on the carrier's website or we can e-mail it to you by request. It is VERY important to read your ANOC. Plans change every year. It is also important to make sure your expensive medications will be covered. Formularies can change every year.

If your medications have changed significantly or you are unhappy with your plan, then you would benefit from a plan review. If you have a Medicare Advantage plan, make sure you look at the medical copays for next year. There have been some big changes with some plans.

The intent of this Guide is to help you understand how to use the Medicare website's drug pricing tool so that you can compare your plan to other plans, research the financial picture of your annual drug cost to help prepare your budget, and research what a new prescription would cost during the year.

If you find it too challenging to review your plan on your own, we are happy to review your plan for you.

If you want to change your plan, we can help handle the application process for you. Reach out to us with what plan you'd like to enroll in and we will send you the application. By enrolling through us, we will be retained as your Agent Of Record and can then help if you have questions or problems. It will also allow us to be paid a small commission that helps us stay in business as we are commission-only. If you don't enroll through us, we cannot support that policy; you must call Member Services.

\*Please note, if you want to enroll in a Wellcare Part D drug plan, you must enroll through your medicare.gov account, call Medicare at 1-800-633-4227, or call Wellcare directly. Wellcare does not allow agents to submit or support Part D drug plan applications. Be aware that if you call Wellcare directly, they will probably try to convince you to do one of their Medicare Advantage plans. This may not be what you want to do.

\*Medicare may make changes to the Tool that can cause this step-by-step to be outdated. We update this Guide as we notice changes. Also understand that the site sometimes has issues when updates are made and you may need to try again later.\*

# Table of Contents

Section	Page
How to create a <a href="http://www.medicare.gov">www.medicare.gov</a> account .....	3
Updating your Drug List .....	4
Tips for entering drugs .....	5
Plan selection and Understanding your costs .....	7
Other features in your <a href="http://www.medicare.gov">www.medicare.gov</a> account .....	12

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## How to Create Medicare.gov Account

The Medicare website is the best way to compare Part D drug plans and the drug coverage of Medicare Advantage (Part C) plans. The only way to be able to recall your personal drug list is for you to have your personal Medicare.gov account. You, or we, can then quickly bring up your list to review your specific costs.

1. Go to [www.Medicare.gov](http://www.Medicare.gov)
2. Select “Log in/Create account” on the top-right.
3. Under Log in you will see a link to “create an account now”
4. You will enter the following:
  - i. Medicare Number. Do not include the dashes or spaces.
  - ii. Part A effective date
  - iii. Then click on Next
5. Then you will enter the following:
  - i. Last Name (if your Medicare card has a suffix on it, enter that too)
  - ii. Birthdate
  - iii. Resident zip code – one social security has on file for you
  - iv. Email address if you have one. If you don’t, click the box that says “I don’t have an email address”
  - v. Agree to the 2 statements and click on Next
6. The next page asks you to create a User ID. Look at the guidelines on the right side of the webpage if you need help.
7. You will then create a password. Make sure you write down your User ID and Password. Look at the guidelines on the right side of the webpage if you need help.
8. You will select a security question. Make sure you write it down if you think you can’t remember the answer.
9. Click “Submit.” It will take you to the confirmation page where you should try logging in to make sure that it worked.

Once you create your account, you will get a letter in the mail confirming that you have created an account. Medicare will NEVER call you, so if someone calls you saying they are from Medicare and there is a problem with your account, it is a scam and you should not give them any personal information; you should hang up immediately. If you are concerned, you should call Medicare directly at 1-800-633-4227.

## Updating your drug list

1. Go to [www.Medicare.gov](http://www.Medicare.gov). Click Login in the top right.
2. Once logged in, it will show your plans in the middle.
3. Click the blue “Check plan summary”
  - This screen will summarize:
    - i. Your current plan
    - ii. Your Extra Help, if applicable
    - iii. The pharmacies you selected as your preferred pharmacies
    - iv. It will show you if they are *preferred* pharmacies for your current plan
      1. If you want to change, click “Edit My Pharmacies”, then “Add Another Pharmacy”. It will populate with your zip code and the pharmacies in your area. Select the pharmacy or type in the name. Put a check mark next to the pharmacies you would use. You can select up to 5, but we recommend only 2 or 3, as pricing information can become overwhelming in the Plan Details steps. You can also select Mail Order Pharmacy. It will give you pricing for the preferred mail order pharmacy for the plan you view the Details for.
4. You can then edit your drug list and add drugs. (Your list may already have drugs listed. You should verify that they are correct. If you are new to Medicare, there will be no drugs listed; you will need to add them.) We recommend having your bottles on hand.
  - Edit your drug list by clicking “Edit My Drug List”
    - i. You can use “Add Recently Filled Drugs” to select from RX you had filled this year. Or you can add them manually by clicking “Add Another Drug.”
    - ii. If you enter manually, start typing the name of the medication and it will bring up a list of medicines. Click on your medicine and “Add Drug”
      1. If there is a generic available, it will prompt you to either pick the generic or the brand. Choose the one that is on your bottle.
    - iii. When you’ve entered all medicines you take, click “Done Adding Drugs”
5. Click “Find Plans Now”
  - i. Choose 2025 as the year you need coverage. (If you choose 2024, it will only show information accurate to 2024. The drugs may not be covered or have a different cost in 2025.) Enter your resident zip code and click “Continue”.
  - ii. Then select a plan type: Prescription Drug Plan (Part D) or Medicare Advantage Plan (Part C). If you aren’t sure, look on your plan card. [Although it lists “Medigap” (Medicare Supplement), the site can’t provide accurate premium information because rates may be based on underwriting/health questions. Attempting to investigate Medigap Plans on [medicare.gov](http://medicare.gov) will detract from its core intent which is to compare drug costs.]
  - iii. Click “Find Plans”. This takes you to all the plans and your costs on each plan.

## Notes and tips on editing your drug list

- Be sure that the drug you pick is actually the one you are taking. Sometimes they look similar but are different. Be mindful of whether it is a tablet or capsule, sustained release (SR) or extended release (ER). Choosing the right drug is very important as coverage can vary greatly.
- Make sure the milligram and quantity are accurate. Make corrections by selecting “Edit Drug” or “Remove Drug”.
  - Note that if you get 90-day supplies, select the Frequency of “Every 3 months” and multiply your daily dosage times 90 for the Quantity. This is important for proper calculation. If you get a medicine filled every 2 or 3 months and it is not a 60 or 90-day supply, there are calculation issues.
  - If you select every 2 months or every 3 months, it will assume that you only get that many every 60 or 90 days. So, if you really only get 30 every 2 months, then you can enter it that way. That would mean you take  $\frac{1}{2}$  a pill per day. If you are taking 1/day and only enter 30 every 90 days, it will not calculate correctly in the cost details section. It will assume you take  $\frac{1}{3}$  of a tablet per day. You must enter 90 every 3 months if you take 1/day.
- If there is a generic available for your medication, you will be prompted to add the generic instead of the brand. If you take a brand drug that has a generic and when you get to the end you find the generic is not covered by many plans, go back and enter the brand and take the generic off. Sometimes if a brand has newly gone generic, the carriers will not cover the generic yet.
- You may take a prescription vitamin like Vitamin D or Folic Acid. Those drugs are generally not covered by Medicare drug plans. In this case, a popular site to find discount coupons is [www.goodrx.com](http://www.goodrx.com).
- If your drug plan company tiers a generic drug as a brand, look at the copay you are paying. Sometimes using a coupon or discount program will be less expensive. Then you can use the coupon INSTEAD of your drug plan. For the most part, your drug plan will be the least expensive. You can use coupons more than once. Make sure you’re using the latest coupon every time you refill the medicine. Discount or manufacturer programs are subject to their eligibility requirements. Some coupons and programs can’t be used if you have government insurance, which Part D and Part C are considered.

### Quantity tips

When the Tool populates your list, the quantities may not be correct.

1. Insulin users: If you use pens and the box comes with 5 pens, it may list the quantity as 5 boxes of 5 pens. You need to change it to the number of boxes or bottles you use.
2. Inhalers, creams or shampoos may come through with a quantity equal to the number of ml or oz they contain. If your bottle of shampoo contains 200ml, the quantity might come through as 200 bottles. You should change it to your usage. Same applies to creams and inhalers.
3. The Tool will allow you to put a medication in for every 6 months or every 12 months so if you get something refilled only a few times a year, you can enter it that way. If you get it filled 4 times a year, enter it for every 6 months and that is better than it assuming you get 90-day supplies, which it will do if you choose every 3 months.

4. Double check your quantities, if you get to the end and the total cost of your drugs is high in comparison to what you've been paying, the quantities may be wrong.
5. If you take an albuterol inhaler (ProAir, Ventolin, Proventil) they come through as albuterol sulfate hfa 108 (90 base). You will see 3 of them on the list. Once you pick one, it gives you the Package. 18gm = Ventolin, 8.5gm = Proair, 6.7gm = Proventil. Different plans cover different albuterol inhalers. Our understanding is that most of them are interchangeable. You may have to go back and pick the one your plan covers. We keep a list of the ones covered by each plan each year. We can tell you which is on your formulary. You may want to add the brand drug and then let the plan finder tool select the correct generic for you. We find sometimes the plans cover the brand and not the generic.

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## Plan Selection and Understanding Your Costs

**Important!** Please note that new plan information for 2025 is not available on Medicare.gov until October 1st. If you look at plans before 10/1, it only shows the current year plan information. At the top-left you can toggle back and forth between this year and next. Make sure you are looking at the correct year.

Here we will lay out the important factors for understanding benefits, comparing your plan and deciding whether to switch. If you are a relatively low-cost user with just a few generic meds, you may find this step to be quite easy. But if you have high drug costs, understanding the Plan Details may be more difficult.

Thank you for understanding that this Guide goes over a high-level of what we do when we review your plan and includes some knowledge points that we use to make recommendations for you. While this guide was written with the desire for anyone to be able to use and benefit from it, it cannot detail every professional element of plan selection. The Plan Finder Tool does a good job of displaying and highlighting all the necessary information, but it cannot educate and explain some of the complex pieces like an agent can. Our intent is not to make you an insurance agent, but to help you explore your drug costs on different plans and have a better experience with your healthcare.

On the top-right of the page that lists all the plans, you can toggle between Drug Plans and Medicare Advantage Plans.

If you are looking at Medicare Advantage Plans, the Plan Finder Tool is primarily used to compare the drug costs within the plans. You can filter the plans for extra benefits (like dental, vision, transportation), but do not choose a plan based solely on the extra benefits. There are lots of things you should consider when choosing an Advantage Plan like the network of doctors, your RX costs, and what services you utilize the most. It is very important that you make sure your doctors are in-network by using the insurance carrier's website. Do not rely on asking your doctor's office as there are pages of insurance networks and one carrier can have many, many networks and doctor's offices sometimes aren't sure. We want to help you understand the differences from your current coverage and what all of the costs of the plan you'd like to enroll in are. Please don't hesitate to talk with us to make sure you are fully informed.

### How to understand and compare benefits

1. At the top left of the page, make sure you are viewing 2025 plans. You can toggle between 2024 and 2025.
2. Your current plan will be listed at the top under "Your next plan". It shows you what your current plan's benefits will be next year.
3. The list of plans defaults to "Lowest drug + premium cost". Leave it sorted that way. This is the best apple-to-apple comparison.

\*If you are part way through the year, you may not find your plan as being the lowest overall cost. That is because the site's calculator will only calculate assuming that your coverage begins the next month. So, if your plan has a deductible (most of them do), as you get later in the year, your plan might not show as the least expensive.

4. Each plan has a "Retail pharmacy: Estimated total drug + premium cost" (and a Total Mail Order cost if you added Mail Order as a pharmacy). This is your total cost for the plan, including the premiums and all

copays for the remainder of the year. This is the number you should use to determine which plan will be the most cost-effective for you.

5. Clicking on the blue “**Plan Details**” button will display expanded benefit information as well as your cost/copay information for your medicines at your selected pharmacy. (Whether you look at Plan Details for your plan or another plan, all the following education pertains.)
  - a. The premium is the amount you must pay to the insurance company every month to keep your policy active.
  - b. The deductible is the amount you must pay for meds out of your pocket before your plan will begin to pay. \*Note that some plans waive the deductible for tier 1 (and 2) generic meds at a *preferred* pharmacy. This means that if you go to one of the plan’s *preferred* pharmacies, your generic meds will be a copay right away even before you meet the deductible. To determine if this is true for a plan, you will need to look at the cost chart further down the page.
6. Underneath the Overview section is the meat and potatoes of a plan: the Drug Coverage section. This section shows what your meds will cost you at the pharmacy counter. (When you entered your drug list, if you chose “every 3 months,” they are showing you the 90-day supply cost.)
  - First it shows the drug list you entered. Double check for accuracy and “Change Drugs” if necessary.
  - The pharmacies you selected are labeled as “Preferred In-Network” or “In-Network”.
    - If your pharmacy is not a *Preferred* pharmacy, you can click on “Change Pharmacies” to go back to the pharmacy selection screen. It will then show you whether the pharmacies are *preferred* or not. If you want to add another pharmacy to see how much you can save, just click the check mark next to the pharmacy you want to add.
    - If the pharmacy is “Out Of Network”, you need to choose a different plan or change your pharmacy. You will not have coverage at Out Of Network pharmacies.
  - It then displays yearly totals for each medicine (“Yearly Drug Costs By Pharmacy”). Be mindful that this is how much you will pay for 12 refills of each medicine, not what you will pay for it every time.
    - If you want to see an approximation of what your monthly prescription bills would be if you opt-in to the Medicare Prescription Payment Plan (M3P/smoothing), click the “Find out what your drug costs might look like with this payment option”. Ask for our M3P educational handout for more explanation on the Payment Plan.
  - After the yearly amounts, it shows monthly totals for all your meds combined. This is how much all your meds combined will cost you each month. In this section, it will tell you when you meet the deductible and if you reach the Catastrophic Limit/maximum-out-of-pocket.
7. To see your actual copays for your drugs, you need to go to the bottom of the Drug Coverage section and click where it lists your pharmacy and has a + to the left (like “ + Walgreens #6691 – DRUG COSTS DURING COVERAGE PHASES”). This expands that section and displays the chart. If you chose multiple pharmacies, you have to expand each pharmacy. To understand the different columns of the cost chart:
  - a. “Retail Cost”: this is the total cost for that particular medicine for that plan. The insurance carrier, pharmacy and drug manufacturer have negotiated this price. It can fluctuate throughout the year and can be different on other plans, carriers and pharmacies. If the retail cost is the same across all columns, then that drug is not covered by the plan. Make sure you scroll down to see if it is covered.



- b. “Cost before deductible”: If the plan has a deductible, then this is your Deductible Phase. You will pay this amount at the pharmacy until you have spent the deductible amount out of your pocket (across all of your medicines). \*You will know the plan waives the deductible for tier 1 and 2 drugs if the cost in this column is lower than the Retail Cost column.
  - c. “Cost after deductible”: This is the Initial Coverage Level phase. If you don’t have a deductible (or when you meet your deductible), you are in this column and your medicines will now be the copay shown. Also note that if the cost doesn’t change from the preceding column, it means that the *cost* of that medicine is lower than the *copay* for its tier, so you will pay the lesser amount.
  - d. “Cost after out-of-pocket cap”: This is the Catastrophic Limit phase, which occurs when your total out of pocket cost for covered prescriptions reaches \$2,000. Once you have spent \$2000, then your medicines are \$0 for the rest of the calendar year.
    - If you get your meds via Mail Order, the mail order costs shown are 90-day fills based on the Preferred mail order pharmacy for that particular company. You should use the *preferred* mail order pharmacy for your plan, which varies by carrier. If you don’t use their preferred MO pharmacy, you will pay more than what’s shown.
8. After reviewing the cost charts, click the blue “+View more drug coverage” bar. This section shows you:
- The copays for each tier. There is a drop-down box where you can see the copays for preferred, standard and mail order pharmacies. To change, select one and click Change.
  - The “Other Drug Information” section states your drugs’ tiers and if they have any restrictions like “Prior authorization”, “Quantity limits” and “Step therapy”. If any of your medicines have a Yes in any of the columns, then that restriction applies to that medicine. (Note that these restrictions are not specific to *you*, they are specific to that dose of medicine and the plan.) Even if you have refills remaining, your doctor will need to call the plan to get it approved. If you change companies, a new authorization will be required with the new company.
    - “Tier”: how an insurance company ‘rates’ that drug. [Tier 1 = preferred generic. Tier 2 = nonpreferred generic. Tier 3 = preferred brand. Tier 4 = nonpreferred brand. Tier5 = Specialty. Tier 6 = Select Meds (not all companies have this tier)] A company can tier a drug any way they want, though most typically tier relative to the drug’s Retail Cost and status of generic/brand. The tier will determine the copay.
    - “Prior authorization”: PA. Means that the insurance company will not pay for this medicine until the doctor has contacted the plan to have it approved.
    - “Quantity limits”: QL. Means that they will only cover a certain number of pills per time period. If you take more than the QL, you doctor will need to contact the plan to have your dosage approved, or you need to look at other plans that don’t have that limit. To determine what the QL is for a drug, click on the Yes.
    - “Step therapy”: ST. Means that the plan will require you to try (or have tried) other, lower cost medicines before they will cover this medicine. If you have tried other meds, then your doctor will need to contact the plan to have it approved. If not, you may have to try other medicines before you can return to this medicine.

- **\*ST note:** Look at other plans that might be slightly more in cost than the most cost-effective for you. Other plans may not have the same restrictions as the more cost-effective one. You might be willing to pay \$100 more for the year and not have to go through changing medicines.
  - Tier = Not Covered. Means that the drug is not covered by the plan. You will pay full cost for the medication. You can apply for a “formulary exception”, but you should not assume they will approve the request. You should try to find a plan that covers all your medications.
9. To get back to the list of available plans, click “Back to search results” at the top left.
  10. To view your costs on other plans, click the Plan Details button for that plan.
  11. When you have reviewed the plan list and see any other plans you would like to compare, click on the box next to “Add to compare”. Your current plan is automatically added if you are logged in. If you are not logged in, then you need to find your plan in the list and add it.
  12. At the bottom of the screen, in the blue bar in the right corner, click on “Compare” and it will display some details side-by-side.
    - a. This side-by-side comparison view is limited in detail as it only shows the premiums, deductibles, star ratings, and annual estimated premium + drug cost.
    - b. It will tell you if any of your drugs are not covered. If any of your drugs are not covered, you should not choose that plan because they will not cover it; you will pay full price for it.
    - c. You will also see if the pharmacy you selected is *preferred* or *in-network*.
    - d. To view the cost information for your drugs, select the Plan Details button under the plan name. You can only view the copays for one plan at a time unless you use the screenshot/capture feature of your device or utilize other device functions.
  13. To understand the Plan Details page and determine if you want to choose a plan, see Step 5.
  14. If you want to go back and change your pharmacy to find a *preferred* pharmacy, go back to the Plan Results screen (where it lists all the plans) and select “Back to drugs & pharmacy” near the top left.
    - a. Know that trying different pharmacies may make different plans better than others because of the *preferred* pharmacy copays. Using different pharmacies can reduce your overall cost. Evaluate different pharmacies and note the lowest drug + premium cost. If you are willing to switch pharmacies, you may keep more money in your pocket. We have a list of the preferred pharmacies for each plan if you need to know which ones are for your plan.
    - b. If you are inside the Plan Details and click on “Change Pharmacy”, you will see if the pharmacies are preferred or standard.
  15. If you would like to change your plan, you may click on the “Enroll” button. **But if you still want us to be the agent** for that policy and be able to answer questions, provide information and help with issues, please call or email us to tell us which plan you would like to enroll, and we will send you the application paperwork and handle the enrollment process like we’ve done in the past.
 

If you enroll through the Medicare.gov site, we will **not** be listed as your agent with the company and will **not** be allowed to support your policy. We are usually paid a commission based on your enrollment; it doesn’t cost you any more or less to have us and it is how we keep our doors open. The government sets what the commission must be, so we are not incentivized to choose one plan over another; if they choose to pay, they must pay the same amount.
  16. If you would like us to weigh in on your choice, just reach out to us. We are always here to help.

Our goal is to continue being here for the communities we serve as a trusted resource, and somewhere to look for unbiased guidance when Medicare is changing more rapidly than ever before amidst a time of increasing costs when healthcare is so vital. The main priority for us at Imagine is for you to be paired with coverage that not only fits your budget and realistic expectations for future premium increases while living on a fixed budget, but that the companies and plans we recommend will help you have a better healthcare experience. Because getting well is much easier when you have insurance solutions you can rely on.

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## Other helpful information accessible on your Medicare.gov account:

There is a wealth of information on the Medicare.gov site, but these are some helpful tools on your account:

1. View your Medicare Summary Notices/review your claims
  - a. To see the electronic Medicare Summary Notices, you must choose to receive them that way all the time.
  - b. You can see the claim information details without having your notices sent to you electronically.
    - i. It will tell you if your provider accepts assignment.
    - ii. It will tell you how much you may be billed. If you have a supplement, this is the amount your supplement will pick up.
2. Check your preventive services under the My Providers & Services tab
3. Manage your Authorized Representatives, who are trust individuals you can designate to be able to call Medicare on your behalf.
4. Print/view/order a copy of your Medicare card
5. Check to see if you've met your Part B deductible yet
6. Pay your Part B premium or set up Easy Pay (an automatic monthly draft if you are not drawing Social Security).
7. You can see what your previous plans have been and print a temporary ID card for your current plan.

Thank you for your trust, business and friendship.

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