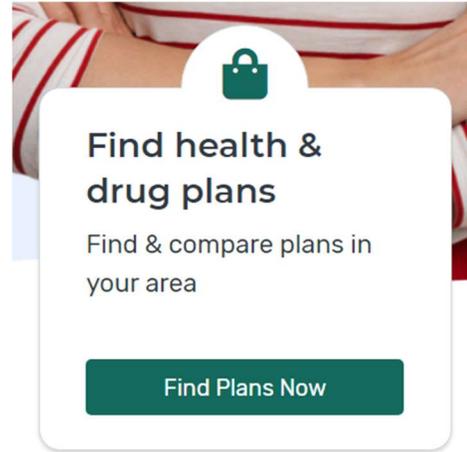




# How to use the Medicare Plan Finder Tool – Medicare Advantage Plans

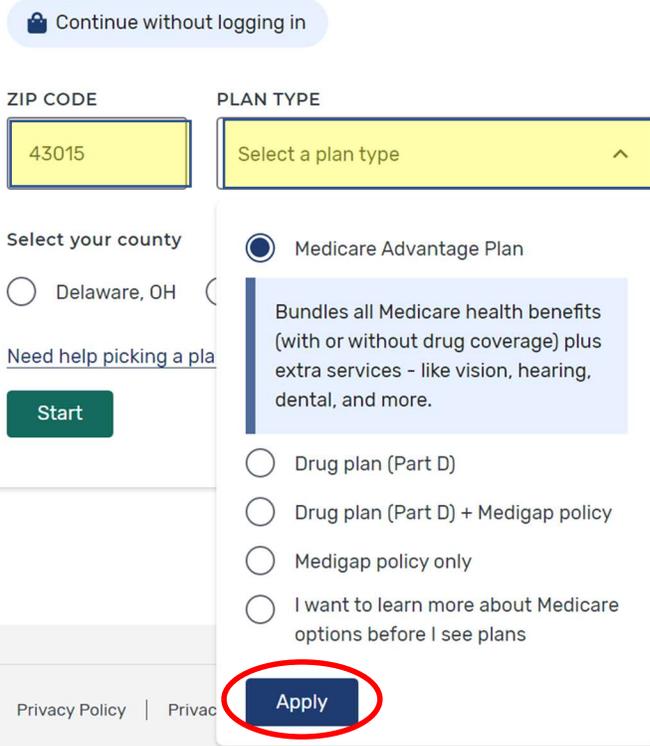
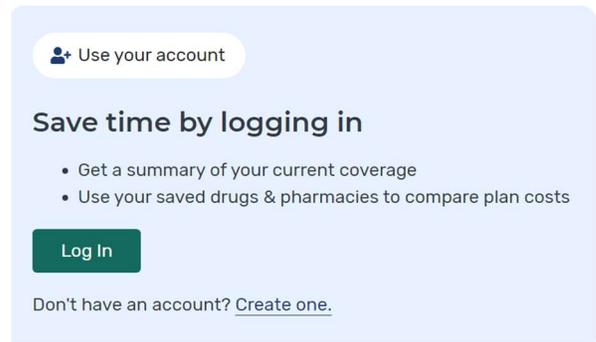
## Step 1:

- Go to: [www.medicare.gov](http://www.medicare.gov)
- Click FIND PLANS NOW



## Step 2:

- If you have your Medicare card, click LOG IN OR CREATE AN ACCOUNT
- If you DO NOT yet have your Medicare card, ENTER ZIP CODE
- Select MEDICARE ADVANTAGE PLAN in Plan Type drop down
- Click APPLY



### Step 3:

- Select COUNTY
- Click START

ZIP CODE  PLAN TYPE

Select your county

Delaware, OH  Union, OH

Next, you can add your drugs and pharmacies for personalized cost information. [Need help picking a plan type?](#)

### Step 4:

- Select an option regarding any assistance you receive
- Click NEXT

Do you get help with your costs from one of these programs?

Medicaid

Supplemental Security Income

Medicare Savings Program

Extra Help from Social Security

I'm not sure

I don't get help from any of these programs

### Step 5:

- Select if you would like to enter your medications (if you do not take any, select NO)
- Select NEXT

***You must enter your medications to run an accurate comparison for your needs***

Do you want to see your drug costs when you compare plans?

Yes

**Great!**  
To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.

No

## Step 6:

- Begin typing the name of your first medication
- Select it from the list
- Click ADD DRUG

## Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

lisinopril Clear search Add Drug

[Browse drugs A-Z](#) [Can't find your drug?](#)

## Step 7:

- Enter the correct dosage, quantity, and frequency
- Click ADD TO MY DRUG LIST

## Lisinopril

DOSAGE

10mg tablet ▼

QUANTITY

30

FREQUENCY

Every month ▼

Add to My Drug List Cancel

## Step 8:

- Continue adding your medications the same way by clicking ADD ANOTHER DRUG
- When your drug list is complete Click DONE ADDING DRUGS

## Confirm your drug list

Lisinopril 10mg tablet generic	Quantity 30	Frequency Every month
<a href="#">Remove drug</a>		<a href="#">Edit drug</a>

Add Another Drug

Done Adding Drugs

## Step 9:

- Enter your zip code
- Change the Distance to at least 10 miles

## Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE      NAME OF PHARMACY (OPTIONAL)

43015           

Filter by: **Distance: 10 miles** ▾

## Step 10:

- Scroll down the page and select 5 different pharmacies that are convenient for you (don't select different locations of the same pharmacy)

***You want to choose 5 pharmacies because each plan has different cost structures at different pharmacies.***

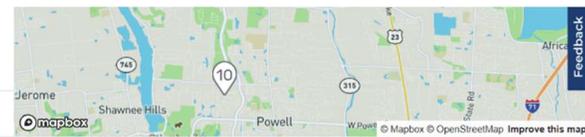
4.	<b>Kroger Sav-on Pharmacy N-857</b> 1840 Columbus Pike, Delaware, OH 43015 (740) 363-0035	<input checked="" type="checkbox"/> Pharmacy Added
5.	<b>Walmart Pharmacy 10-1990</b> 1760 Columbus Pike, Delaware, OH 43015 (740) 369-0422	<input checked="" type="checkbox"/> Pharmacy Added
6.	<b>Meijer Pharmacy #249</b> 1380 Sunbury Rd, Delaware, OH 43015 (740) 368-5910	<input checked="" type="checkbox"/> Pharmacy Added



## Step 11:

- Once you have selected 5 pharmacies, click DONE

Add Pharmacy



Kroger Sav-On Pharmacy N-857    Walmart Pharmacy 10-1990    Meijer Pharmacy #249    **Done**

### MedMutual Advantage Access (PPO)

Medical Mutual of Ohio | Plan ID: H4497-005-2

Star rating: ☆ This plan got Medicare's **highest rating** (5 stars)

#### 2. MONTHLY PREMIUM

**\$0.00** Includes: Health & drug coverage

Doesn't include: \$170.10 Standard Part B premium

#### 3. YEARLY DRUG & PREMIUM COST

**\$276.00** Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

#### OTHER COSTS

4. **\$2,000 annual deductible** [Health deductible](#)

**\$0.00** [Drug deductible](#)

5. **\$11,300 In and Out-of-network** [Maximum you pay for health services](#)

**\$5,900 In-network**

#### PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) ▼

#### COPAYS/COINSURANCE

6. Primary doctor: **\$5 copay per visit**

Specialist: **\$40 copay per visit**

#### DRUGS

✓ Includes drug coverage

[View drugs & their costs](#)

7.  Add to compare

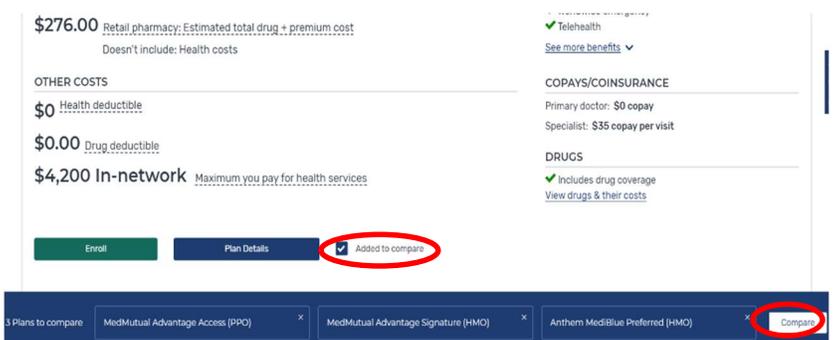
**8.** [Plan Details](#)

[Enroll](#)

1. Plans will automatically be sorted by Lowest Drug + Premium Cost. Meaning, the first plan listed is estimated to offer you the greatest cost savings when considering the cost of your medications and the monthly premium of the plan.
2. The monthly cost of just the Medicare Advantage plan.
3. Estimated cost for your prescriptions for the rest of the year plus the plan premium amount.
4. Annual deductible amounts for health and drug benefits.
5. Maximum out of pocket cost In and out of network (applies only to health services).
6. Copay amounts for primary care doctor and specialist.
7. Click this checkbox to select this plan for comparison. You can compare up to 3 plans side-by-side.
8. Click the PLAN DETAILS button to see detailed information about plan coverage including how all medications will be covered.

## Step 12:

- Select 3 plans to compare - they will display at the bottom.
- Click COMPARE



<b>MedMutual Advantage Access (PPO)</b> \$0.00 Medicare Advantage and drug monthly premium <a href="#">Enroll</a> <a href="#">Plan Details</a>	<b>MedMutual Advantage Signature (HMO)</b> \$0.00 Medicare Advantage and drug monthly premium <a href="#">Enroll</a> <a href="#">Plan Details</a>	<b>Anthem MediBlue Preferred (HMO)</b> \$0.00 Medicare Advantage and drug monthly premium <a href="#">Enroll</a> <a href="#">Plan Details</a>
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## 1. Overview

Star rating	This plan got Medicare's highest rating (5 stars)		
Health deductible	\$2,000 annual deductible	\$0	\$0
Drug plan deductible	\$0.00	\$0.00	\$0.00
Maximum you pay for health services	\$11,500 in and Out-of-network \$5,900 in-network	\$4,800 In-network	\$4,200 In-network
Health premium	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$0.00	\$0.00
Part B premium	\$170.10	\$170.10	\$170.10
Plan features	<ul style="list-style-type: none"> <li>✓ Vision</li> <li>✓ Dental</li> <li>✓ Hearing</li> <li>✓ Transportation</li> <li>✓ Fitness benefits</li> <li>✓ Worldwide emergency</li> <li>✗ Over the counter drug benefits</li> <li>✗ In-home support services</li> <li>✗ Home and bathroom safety devices</li> <li>✓ Meals for short duration</li> <li>✓ Annual physical exams</li> <li>✓ Telehealth</li> <li>✓ Endodontics</li> <li>✓ Periodontics</li> <li>✓ Extractions</li> <li><a href="#">View additional benefits</a></li> </ul>	<ul style="list-style-type: none"> <li>✓ Vision</li> <li>✓ Dental</li> <li>✓ Hearing</li> <li>✓ Transportation</li> <li>✓ Fitness benefits</li> <li>✓ Worldwide emergency</li> <li>✗ Over the counter drug benefits</li> <li>✗ In-home support services</li> <li>✗ Home and bathroom safety devices</li> <li>✓ Meals for short duration</li> <li>✓ Annual physical exams</li> <li>✓ Telehealth</li> <li>✓ Endodontics</li> <li>✓ Periodontics</li> <li>✓ Extractions</li> <li><a href="#">View additional benefits</a></li> </ul>	<ul style="list-style-type: none"> <li>✓ Vision</li> <li>✓ Dental</li> <li>✓ Hearing</li> <li>✓ Transportation</li> <li>✓ Fitness benefits</li> <li>✓ Worldwide emergency</li> <li>✗ Over the counter drug benefits</li> <li>✗ In-home support services</li> <li>✓ Home and bathroom safety devices</li> <li>✓ Meals for short duration</li> <li>✓ Annual physical exams</li> <li>✓ Telehealth</li> <li>✓ Endodontics</li> <li>✓ Periodontics</li> <li>✓ Extractions</li> <li><a href="#">View additional benefits</a></li> </ul>

## 2. Benefits & Costs

Primary doctor visit	In-network: \$5 copay per visit Out-of-network: \$20 copay per visit	\$5 copay per visit	\$0 copay
Specialist visit	In-network: \$40 copay per visit Out-of-network: 25% copay per visit	\$35 copay per visit	\$30 copay per visit
Diagnostic tests & procedures	In-network: \$0-10 copay Out-of-network: 40% coinsurance	\$0-10 copay	\$0-250 copay
Lab services	In-network: \$0-10 copay Out-of-network: 40% coinsurance	\$0-10 copay	\$0-10 copay
Diagnostic radiology services (like MRI)	In-network: \$100-175 copay Out-of-network: 40% coinsurance	\$100-125 copay	\$100-250 copay
Outpatient x-rays	In-network: \$50 copay Out-of-network: 40% coinsurance	\$50 copay	\$50-100 copay
Emergency care	\$90 copay per visit (always covered)	\$90 copay per visit (always covered)	\$90 copay per visit (always covered)
Urgent care	\$40 copay per visit (always covered)	\$35 copay per visit (always covered)	\$30 copay per visit (always covered)
Inpatient hospital coverage	In-network: \$375 per day for days 1 through 5 \$0 per day for days 6 through 90 Out-of-network: 40% per stay	\$335 per day for days 1 through 6 \$0 per day for days 7 through 90	\$310 per day for days 1 through 7 \$0 per day for days 8 through 90
Outpatient hospital coverage	In-network: \$420 copay per visit Out-of-network: 40% coinsurance per visit	\$390 copay per visit	\$0-285 copay per visit
Preventive services	In-network: \$0 copay Out-of-network: 40% coinsurance	\$0 copay	\$0 copay

## 3. Extra benefits

Hearing aids	In-network: \$699-999 copay Out-of-network: \$699-999 copay	\$699-999 copay	\$0 copay
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: 50% coinsurance	\$0 copay	\$0 copay
Comprehensive dental (like root canal and implants)	Some coverage	Some coverage	Some coverage
Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	\$0 copay
Wellness programs (like fitness & nursing hotline)	Covered	Covered	Covered
Transportation	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	\$0 copay
Skilled nursing facility	In-network: \$0 per day for days 1 through 20 \$188 per day for days 21 through 100 Out-of-network: 40% per stay	\$0 per day for days 1 through 20 \$188 per day for days 21 through 100	\$0 per day for days 1 through 20 \$188 per day for days 21 through 100
Durable medical equipment (like wheelchairs & oxygen)	In-network: 20% coinsurance per item Out-of-network: 40% coinsurance per item	20% coinsurance per item	0-20% coinsurance per item
Diabetes supplies	In-network: 0-20% coinsurance per item Out-of-network: 20% coinsurance per item	0-20% coinsurance per item	\$0 copay

## 4. Drug coverage & costs

Drugs covered/Not covered	3 of 3 Prescription drugs covered Restrictions may apply	3 of 3 Prescription drugs covered Restrictions may apply	3 of 3 Prescription drugs covered Restrictions may apply
Estimated total drug + premium cost	MEDLER PHARMACY #249 ✓ Preferred in-network <b>\$276.00</b> KROGER SAV-ON PHARMACY N-857 ✓ Preferred in-network <b>\$276.00</b> CVS PHARMACY #06168 ✓ Standard in-network <b>\$395.10</b> WALGREENS #6485 ✓ Preferred in-network <b>\$276.00</b> Mail order pharmacy ✓ Preferred in-network <b>\$234.00</b>	MEDLER PHARMACY #249 ✓ Preferred in-network <b>\$276.00</b> KROGER SAV-ON PHARMACY N-857 ✓ Preferred in-network <b>\$276.00</b> CVS PHARMACY #06168 ✓ Standard in-network <b>\$395.10</b> WALGREENS #6485 ✓ Preferred in-network <b>\$276.00</b> Mail order pharmacy ✓ Preferred in-network <b>\$234.00</b>	MEDLER PHARMACY #249 ✓ Preferred in-network <b>\$276.00</b> KROGER SAV-ON PHARMACY N-857 ✓ Preferred in-network <b>\$276.00</b> CVS PHARMACY #06168 ✓ Preferred in-network <b>\$276.00</b> WALGREENS #6485 ✓ Standard in-network <b>\$336.00</b> Mail order pharmacy ✓ Standard in-network <b>\$168.00</b>

# 1. Overview

- Star rating
- Health and drug deductibles
- Maximum out of pocket cost
- Additional plan features such as fitness benefit, dental, vision, hearing, etc.

# 2. Benefits & Costs

- View copay or coinsurance amounts for doctor and specialist visits, lab services, tests, inpatient hospital stay, etc.

# 3. Extra Benefits

- View coverage for any additional benefits the plan offers like dental, vision, and hearing

# 4. Drug Coverage and Costs

- Number of your medications covered by the plan
- See the estimated cost for your medications plus the plan cost for the rest of the year, at your selected pharmacies.

Click the PLAN DETAILS button at the top of any plan to see detailed plan information for each of the 4 categories.