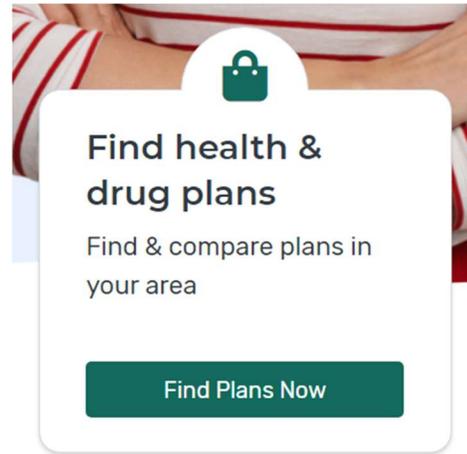




How to use the Medicare Plan Finder Tool – Prescription Drug Plans

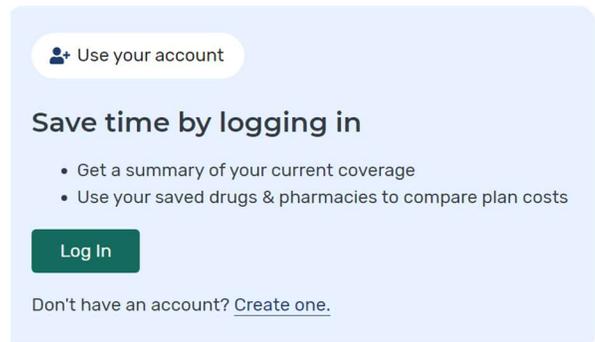
Step 1:

- Go to: www.medicare.gov
- Click FIND PLANS NOW

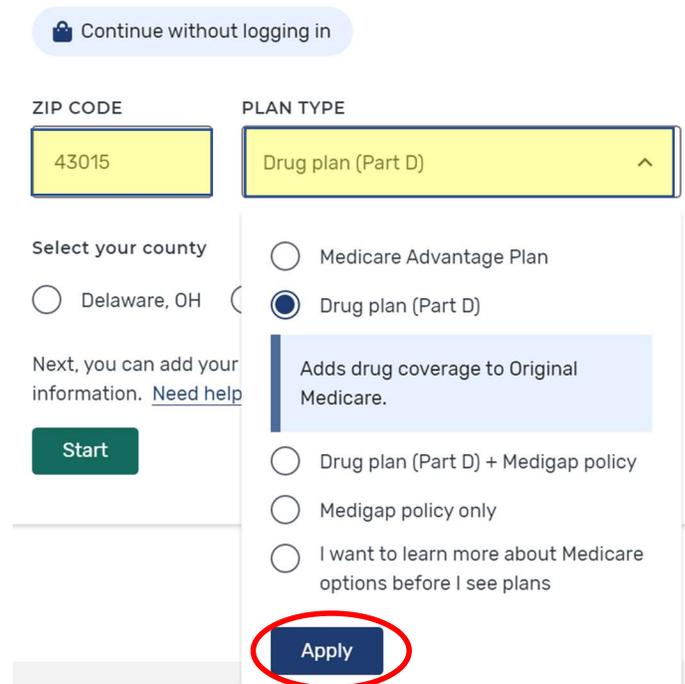


Step 2:

- 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 DRUG PLAN (PART D) in Plan Type drop down
- Click APPLY



Step 3:

- Select COUNTY
- Click START

ZIP CODE PLAN TYPE

43015 Drug plan (Part D) ▾

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?](#)

Start

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

Next

Step 5:

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

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

Next

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

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
Remove drug		Edit drug

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)

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



Done

SilverScript SmartRx (PDP)

Aetna Medicare | Plan ID: S5601-189-0
 Star rating: ★★★★★

MONTHLY PREMIUM

2. \$7.10 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

3. \$48.60 Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

4. \$480.00 Drug deductible

Enroll

6. Plan Details

5. Add to compare

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 drug plan.
3. Estimated cost for your prescriptions for the rest of the year plus the plan premium amount.
4. Annual plan deductible. Not all drug tiers are subject to the deductible. Check your plan for details.
5. Click this checkbox to select this plan for comparison. You can compare up to 3 plans side-by-side.
6. Click the PLAN DETAILS button to see a monthly breakdown of your medications at each pharmacy.

Step 12:

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

Cigna Extra Rx (PDP)

Cigna | Plan ID: S5617-259-0
 Star rating: ★★★★★

MONTHLY PREMIUM

\$53.00 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$654.00 Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$100.00 Drug deductible

Enroll

Plan Details

Added to compare

3 Plans to compare
Cigna Extra Rx (PDP) ×
Wellcare Medicare Rx Value Plus (PDP) ×
AARP MedicareRx Walgreens (PDP) ×
Compare

Cigna Extra Rx (PDP) × \$53.00 Monthly premium 3. Enroll Plan Details	Wellcare Medicare Rx Value Plus (PDP) × \$68.90 Monthly premium Enroll Plan Details	AARP MedicareRx Walgreens (PDP) × \$27.90 Monthly premium Enroll Plan Details
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Overview

Star rating	★★★★☆	★★★★☆	★★★★☆
Total	\$53.00	\$68.90	\$27.90
Yearly drug deductible	\$100.00	\$0.00	\$310.00

Drug coverage & costs

Drugs covered/Not covered 1.	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 2.	MEIJER PHARMACY #249 ✓ Standard in-network \$754.20 KROGER SAV-ON PHARMACY N-857 ✓ Preferred in-network \$654.00 WALMART PHARMACY 10-1990 ✓ Preferred in-network \$654.00 CVS PHARMACY #06148 ✓ Standard in-network \$756.00 WALGREENS #6485 ✓ Preferred in-network \$654.00	MEIJER PHARMACY #249 ✓ Preferred in-network \$695.40 KROGER SAV-ON PHARMACY N-857 ✓ Preferred in-network \$695.40 WALMART PHARMACY 10-1990 ✓ Standard in-network \$815.40 CVS PHARMACY #06148 ✓ Preferred in-network \$695.40 WALGREENS #6485 ✓ Preferred in-network \$695.40	MEIJER PHARMACY #249 ✗ Out-of-network \$4,187.28 KROGER SAV-ON PHARMACY N-857 ✓ Standard in-network \$820.72 WALMART PHARMACY 10-1990 ✗ Out-of-network \$4,187.28 CVS PHARMACY #06148 ✓ Standard in-network \$823.72 WALGREENS #6485 ✓ Preferred in-network \$717.40

- This shows how many of your medications are covered by the plan.
- This is the estimated cost + plan premium at each of the pharmacies you selected. Pay attention to In and Out of network pharmacies as well as Standard and Preferred pharmacies. Preferred pharmacies typically offer the greatest savings.
- Click PLAN DETAILS to see more comprehensive information about this plan.
 - Overview** – Plan premium, deductible, address
 - Drug coverage** – Network status of pharmacies, yearly drug cost broken down to show each medication, total yearly drug + premium cost and when you will meet deductible and enter coverage gap, monthly breakdown of drug costs
 - Star Ratings** – full breakdown of how the plan scored in each section