

Medicare & Part D Plan Finder

A Guide to Choosing Prescription Drug Plans with Your Clients

Get Started

THE BROKERAGE RESOURCE

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Those initially turning 65 have **ONE** chance to sign up for a Part D Prescription Drug Plan (PDP), so if in error, they could be stuck with that plan until AEP next year.

It is NOT advisable to just direct a client to Medicare.gov, but to assist them through the process. You can assist them, even if you are <u>NOT</u> AHIP certified.





To begin with the new Plan Finder, go to <u>Medicare.gov</u> and click the '**Try it Now**' button.

The old plan finder will be live until the end of September.



Next

Click the Continue button under 'New to Medicare'.

If your client has a <u>MyMedicare.gov</u> account, have them login to their account.

At any time, you can provide feedback about the site by clicking on the green 'Feedback' button on the right side of every page.



Enter the proper zip code (it may also ask for the county if multiple counties apply).



 Learn more about Medicare options before I see plans. View plans. I know what type of plan I want. 		-
What type of Medicare coverage do you want? O Medicare Advantage Plan O Drug plan (Part D)	🕑 urug pian (Part u)	
Adds drug coverage to Original Medicare. O Drug plan (Part D) + Medigap policy Medigap policy only	Adds drug coverage to Original Medicare. Drug plan (Part D) + Medigap policy Medigap policy only	
Enter your ZIP code	Enter your ZIP code 27707 Durham, NC Orange, NC	

Next

If your client has a Medicare number enter it, otherwise say No.

Enter their date of birth and question about assistance.

	/plan-compare/#/questions/?learnMore&									
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Do you have a Me										
	e , & blue Medicare card, a Medicare health or drug plan.									
→ Yes	a meanane meanan ar ag press									
NO										
	ns now, but you'll need your Me	dicare number to enroll. If	you're not enrolled i	in Medicare, conta	ct Social Security	to find out how.	Visit ssa.gov/b	enefits/medicar	e or call 1-80	0-772-1213
users can call 1-800	325-0778.									
-										
What's your date	of birth?									
Use the format MM/DD										
Month Day	ear									
10 / 05 /	1955									
	5, you can only join or change p ent Period. <u>See if I qualify for a s</u>			or change plans i	you got Medicar	e in the last 3 m	onths due to di	sability or anothe	er reason. Or,	you may o
for a opecial Enrollin	and other and a second s	and the second s	4							
De veu get help u	ith your costs from one	of these programs								
Medicaid	ith your costs from one	or these programs	í -							
Supplemental Sec	rity Income									
Medicare Savings										
C Extra Help from So										
I'm not sure	Surocourty									

Next

Enter preferences and how your client gets their prescriptions filled.

Click the green Next button at the bottom left of the page.

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Meaicare.gov Find a Plan	g in E	Españo		^

Tell us your search preferences

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

Next

Yes						
Great! To see drug co:	ts, get ready to enter the na	ne, dosage, quantity, and frequen	cy for each drug you take regul	arly.		
O No						
How do you Retail pharma	normally fill your p	escriptions?				
Retail pharma	er e	escriptions?				

Next

Enter the client's first medication. You can also browse the drug list which opens a side panel on the right of the screen. You can view them by letter.

Be sure to type the medication properly. A popup window will display asking if your client wants a generic version of the medication.



Next

Enter the dosage and click "Add to My Drug List".

Repeat the process for any remaining medications your client requires.



Next

Confirm your client's drug list by clicking 'Done'.



Confirm your drug list

Drug list

Labetalol hydrochloride 100mg tablet	Quantity 30	Frequency Every month
Remove drug		Edit drug
Lipitor 10mg tablet	Quantity 30	Frequency Every month
Remove drug		Edit drug



Labetalol hydrochloride 100mg tablet 0n/a ampule has been added to your drug list. You have 2 drugs(s) in your drug list. <u>See or edit drug list.</u>

Done

The next step is to select their pharmacies. You can only choose two, but you may change them later if necessary.

Click 'Done' when finished.



Pharmacy selection

Showing 10 pharmacies near 27707 Durham, NC		Change location	ark Gold Club
1 Harris Teeter Pharmacy 1817 </th <th>Image: Partial State Pharmacy 1125 West Nc 54 Hwy Durham. NC 27707 (919) 403-8053 (919) 403-8053</th> <th></th> <th>m mess of the second se</th>	Image: Partial State Pharmacy 1125 West Nc 54 Hwy Durham. NC 27707 (919) 403-8053 (919) 403-8053		m mess of the second se
3 Cvs Pharmacy #04391 [1845 Martin Luther King Pkwy [[Durham, NC 27707 [(919) 489-6573	Cvs Pharmacy #16992 4037 Durham Chapel Hill Blvd Durham, NC 27707 (919) 765-0009	~	r Hoge Vallay Weet Vallay Weet Sarry Green Aaround
Sams Pharmacy 10-4831 4005 Chapel Hill Blvd Durham, NC 27707 (919) 402-1363	Ovs Pharmacy #01752 950 Martin Luther King Jr Durham, NC 27713 (919) 544-6590		
Pharmacies selected (1)		CVS PH	ARMACY #16992 X Select 1 more pharmacy (optional) Done

You can sort the plans by price.



N<u>ext</u>

You can also filter the plans by ratings or by insurance carrier.



You can compare up to three drug plans and then click the white 'Compare' button when finished selecting them.



When you click on 'Plan Details" it gives you a breakdown of the plan.

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	ns=2019-57694-008-08xplans=2019-55810-282-08xplans=2019-55617- xogle 🚺 HQ 😵 IXN Editor 🧧 Landing Pages 📑 Leads 🧱 LastPa	287-08/fips=370638/year=2019 sss 🧾 Marketing 📑 NC Plans 📕 Photos & Videos 🛄 Social 🛄 T	🖈 🤪 🚟 🗞 🛅
	EnvisionRxPlus (PDP)		Cigna-HealthSpring Rx Secure- X Essential (PDP)
Comparing 3	Star rating: ★★☆☆☆	Star rating: ★★★☆☆	Star rating: ★★☆☆☆
Prescription Drug	\$14.50 Monthly premium	\$17.20 Monthly premium	\$21.90 Monthly premium
plans	\$365.00 Yearly drug deductible	\$365.00 Yearly drug deductible	\$415.00
plans			Yearly drug deductible
	Plan Details	Plan Details	Plan Details
Back to results	Enroll	Enroll	Enroll
Overview			
Premium	Total	Total	Total
	\$14.50	\$17.20	\$21.90
Deductible	Yearly drug deductible	Yearly drug deductible	Yearly drug deductible
	\$365.00	\$365.00	\$415.00
Drug coverage & costs			
Drugs covered/Not covered	1 of 2	2 of 2	1 of 2
	Prescription drugs covered Restrictions may apply	Prescription drugs covered Restrictions may apply	Prescription drugs covered Restrictions may apply.

It highlights all the details of the selected plan.

verview	Overview							
rug coverage & costs ar ratings	Premium							
ontact information	Total monthly premium	\$14.50						
	Deductible							1
	Yearly drug deductible	\$365.00						
	Drug coverage & costs							
	There are many options available to red	uce your drug	cost. Find out how to <u>lowe</u>	er your drug cost				
	Part B drugs 🗸							
	Chemotherapy drugs	Not covered	t					
	Other Part B drugs	Not covered	i					
	Estimated drug costs during	coverage	phases		Learn	more about coverage phases,		
	HARRIS TEETER PHARMAG ✓ In-network pharmacy	CY - Drug	costs during cove	erage phases				
	Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap		
	Labetalol hydrochloride 100mg tablet	\$16.65	\$6.00	\$6.00	\$6.16	\$3.40		1

You can enroll your client in the plan they prefer by clicking on the 'Enroll' button,

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plans

Overview Premium

Deductible



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Next

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Click the 'Start' button to begin the enrollment process.

The new version helps you choo	se your Medicare coverage and	I pick a plan, <u>Take me back to the old Plan Finder</u> ,		
Medicare.gov Find	d a Plan			Log in Español
← Go back to plan comparison		Start your enrollment for this drug plan (Part D): EnvisionRxPlus (PDP)	1	Print
EnvisionRx Plus EnvisionRxPlus (PDP) Plan type: Drug plan (Part D) Plan ID: 57694-008-0		Plan ID: \$7694-008-0 Be ready to provide: • Your medicare Number and effective dates • Information about your other health cov erage (if any), including policy and		Enroll
Overview Drug coverage & costs	Overview	group numbers Dates that any changes take effect, like if you're moving to a long-term care facility		
Star ratings Contact information	Premium Total monthly premium	A All information you'll provide here is strictly confidential, secure, and will only be used to enroll you in your chosen plan. Start Go back		
	Deductible			
	Yearly drug deductible	\$365.00		
	Drug coverage & co	osts		



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