

AARP Bulletin today

Quick Route Through the Medicare Drug Plan Finder 2009

A fast way to find the least expensive Medicare Part D drug plan that covers your prescriptions

By **Patricia Barry** - October 24, 2008 - AARP Bulletin Today

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Looking for a Medicare Part D drug plan that will cost you the least in 2009 and cover all or most of your prescription drugs? This guide provides a direct route to that information by taking you step by step through [Medicare's Prescription Drug Plan Finder](#), a useful online tool that allows you to compare many drug plans head to head to find your best deal.

Use this guide if:

- **You're currently enrolled in a Part D plan** and want to compare it with other plan options available in 2009. (Open enrollment runs from Nov. 15 through Dec. 31, 2008.) Plans will change their costs and benefits and offer new choices for 2009, so comparing plans is essential to making the right decision for next year.
- **You're new to Medicare, so you're considering a Part D plan for the first time** and want to find the plan that's best for you out of a large number of choices.
- **You're helping a family member or friend** who is now in a Part D plan or looking to join one.

The following process for comparing drug coverage is the same for "stand-alone" plans (the kind that cover only prescription drugs and are mainly used by people enrolled in traditional Medicare), for Medicare Advantage plans (which usually cover both medical and drug benefits in one package) and for Special Needs plans (which cover only certain groups of people—those who receive Medicaid, live in nursing homes or have certain chronic illnesses). However, if you're considering a Medicare Advantage or Special Needs plan, you need to compare those plans' costs and benefits for medical services as well as for drug coverage. (To do that, go to "Medicare Health Plans—2009 Plan Data" on the home page of the Medicare website.)

Important: Before you start, make a list of the exact names of all the prescription drugs you use, plus their dosages and how often you take them. This is an essential step for finding out how much you'll pay out of pocket under each plan in 2009.

Print this guide so that you can use it as you go. Each step refers to each successive page you see onscreen.

1. Go to www.medicare.gov and click on **Medicare Prescription Drug Plans—2009 Plan Data**.
2. Click on **Find & Compare Plans**.
3. IGNORE "Begin Personalized Search." Click on **Begin General Search**.
4. Enter **Zip Code**. IGNORE age and health status boxes. Answer the next three questions on this page. Click on **Continue**. (However, if you qualify for **Extra Help** in paying for your drugs, go now to the "Other Kinds of Searches" section below in this guide for special steps on how to proceed from here.)
5. On the next page (Review Current Coverage and Consider Options), click on **Continue**.
6. Click on **Enter My Drugs**.

7. Enter your first drug name in the box and click on **Search for Drug** (or click on the alphabetical drug list to locate it). If another box appears with several drug names, click to highlight the one that's yours. Click on **Add Selected to Your Drug List**. The drug will appear in a list box. Repeat for each drug you use.

8. When all your drugs are on the list, click on the little **box** below the list to remove the check mark. (You can find out how to lower your drug costs at a later stage.) Click on **Continue**.

9. You will now see your list of drugs with dosages and quantities, which you can change to match your own. *This is the most important step in the whole process.* Plug in your exact dosage on the pull-down list alongside each drug name. Put in the exact quantities you take per month—for example, if you take two pills a day, change the default from 30 to 60. If you take a drug less frequently—say once a week or once every two months—use the pull-down lists to make that change. Click on **Continue**.

10. You can now save this drug list to avoid having to enter it all over again if you lose it or want to use it for a later search. Enter a password date that's easy to remember (such as your birthday) and then click on **Continue**. You will then be given an ID number to use when retrieving the list on a future occasion. Make a note of the number and click **Continue**. If you don't want to save the list, click on **Skip This Step**.

11. IGNORE the invitation to select a pharmacy and click on **Continue**. (Selecting a specific pharmacy at this stage is unnecessary and may prevent you from finding the plans that are the least expensive for your needs.)

12. You will now see a list of five of the Medicare stand-alone drug plans available in your area. (To see drug coverage under Medicare Advantage plans or Special Needs plans, click on those **links** at the top of the page.) In each case, to see more or all of the plans in the category you choose, click on the **plans per page** links below the list. The first plan shown is the least expensive overall, reflecting an estimate of your likely out-of-pocket costs for all of 2009. The plans that follow are in ascending order of expense. The columns to the right of each plan's name provide the following information:

- *Estimated annual cost using retail pharmacy:* This dollar amount shows your likely total out-of-pocket expenses for the whole year if you buy your drugs from the preferred retail pharmacies in this plan's network. The dollar amount includes the plan's fixed costs (monthly premium, annual deductible) and what you'll pay for the drugs you've entered, including your expenses in the **doughnut hole** and the catastrophic coverage period if your drug costs go that high.
- *Estimated annual cost using mail order pharmacy:* This dollar amount shows your total out-of-pocket expenses for the whole year (including all the costs explained above) if you use this plan's mail order option, which requires ordering 90-day supplies at a time and is often less expensive. (No information in this column means that the plan doesn't offer a mail order service.)
- *Monthly drug premium:* What you pay each month for drug coverage from this plan.
- *Annual deductible:* What you pay for your drugs out of pocket at the beginning of the year (or whenever you join a Medicare drug plan) before coverage kicks in. \$0.00 means the plan has no deductible.
- *Coverage in the gap:* This shows whether the plan covers any drugs in the doughnut

hole, the gap in coverage in the middle of the Medicare drug benefit. If your drug costs are high enough to put you in the gap, you'd then normally pay 100 percent of your costs until you reach an out-of-pocket spending limit (\$4,350 in 2009.) No "stand-alone" drug plan in 2009 offers full coverage in the gap (meaning all the brand-name and generic drugs it normally covers), and only a few Medicare Advantage plans in some counties do so. But many plans offer coverage for "all generics" or "preferred generics" or "some generics." A few plans cover "some brands" as well as generics in the gap.

- *Number of network pharmacies:* Clicking on the number in this column brings up a list of pharmacies in your immediate area and indicates whether or not they are in this plan's network. You can alter the radius of miles to see more pharmacies a further distance away.

13. The list of plans described in step 12 gives only a general idea of costs. To compare plans properly and make an informed choice between them, you need to look at the details of each plan—or at least those of the four or five plans that head the list. To start, click on the name of the first plan at the top of the left column. You will now see a page headed "Plan Drug Details," which gives a lot of information about your drugs under the plan you have selected, including the following:

- *Plan ratings:* This rates the plan's performance on certain questions—such as how good the plan's customer service is, how easy it is to get prescriptions filled, how well it handles complaints, etc.—based on Medicare reviews and consumer feedback. The plan is rated on a scale of one to five stars: one (poor), two (fair), three (good), four (very good), five (excellent).

- *Your fixed costs:* Monthly premiums and annual deductible (if any).

- *Total annual out-of-pocket costs* (including premium) in two amounts: One for drugs bought from preferred network pharmacies (30-day supplies) and the other for drugs ordered by mail (90-day supplies). The column farthest to the right shows your out-of-pocket costs for the rest of the year if you're comparing plans partway through the year.

- *Drug coverage information:* This gives a list of the drugs you have selected and the "tier" (level of charges) that applies to each drug. Tiers often range from 1 (least expensive copay) to 4 or 5 (most expensive copays). Some plans charge a straight percentage of the cost of all their covered drugs, instead of tiers. (To see the plan's actual copays, click on **View Important Notes and Benefit Summary** at the left-hand top of the page.) The columns farther to the right show whether there are any restrictions on each drug. (For what these restrictions mean, see the "Things to Keep in Mind" section below in this guide.) If any of your drugs are not covered under this plan, it will be shown as "NOT ON FORMULARY" in the "Tier (Formulary Status)" column.

- *Monthly drug cost details at network pharmacies:* This chart shows what each of your drugs, if purchased from a retail pharmacy in the plan's network, will cost on a monthly basis at four different levels of drug coverage:

during the period before your deductible (if any) is met

during the initial coverage period (before total drug costs spent by you and the plan during the year reach the 2009 limit of \$2,700)

during the coverage gap (also known as the "doughnut hole," when you pay 100 percent for your drugs, unless this plan offers coverage in the gap or your costs are not high enough to reach it)

during the catastrophic coverage period (low copays which kick in after you've spent \$4,350 out of pocket in 2009, not including premiums, to get out of the gap).

The left column shows the full price of your drugs under this plan. This is what you pay until your annual deductible is met (if your plan has one) and during the coverage gap (unless the plan covers some of your drugs in the gap). If the full price also appears in the "initial coverage period" column, it usually means the plan doesn't cover this drug at all. But this can also happen if the drug's full price is less than the copay would be—in this case the plan is charging you the lesser of the two prices. If you see a copay instead of the full price in the "coverage gap" column, it means the plan covers this drug in the gap.

- *Monthly drug cost details at mail order pharmacy:* To see a similar chart showing the monthly cost of your drugs if purchased by mail order, click on the **Show** button on the right side. If this plan does not offer mail order, this option is missing from the page.

- *My pharmacies—no pharmacies selected:* Prices for your drugs may vary at different pharmacies in your plan's network. See below in this guide under "Other Searches" for ways to see these different prices.

- *Total monthly cost estimator for network pharmacies:* The bar chart at the end of this page is a useful way to see at a glance how your out-of-pocket expenses are likely to change from month to month under this plan and whether you'll fall into the doughnut hole. In essence, it's a personalized profile of what you can expect to pay (premiums plus copays for the specific drugs you take) each month through the year. If the plan has no deductible and your drug costs are too low to put you into the doughnut hole, the cost for each month of the year will be the same. Otherwise, you'll see different monthly amounts according to coverage level. For a detailed breakdown, click on **Show explanation of these costs**.

- *Total monthly cost estimator for mail order pharmacy:* Click on the **Show** button to see a bar chart showing your likely out-of-pocket expenses month by month if you use the plan's mail order option. This works in the same way as the retail pharmacy chart explained above. If the plan doesn't offer mail order, this chart is omitted from the page.

- *Whether this plan allows you to fill prescriptions anywhere in the United States:* Click on **View Important Notes and Benefit Summary** at the top of the page. This information is useful for people who spend part of the year away from home in another state.

- *How this plan's costs in 2009 compare with its costs for 2008:* To see last year's costs, select **Click here** to display 2008 plan data at the top of the "Plan Drug Details" page. This comparison is shown only until Dec. 31, 2008.

14. Once you've viewed one plan's details, click on the **Back** button to return to the main list of plans and repeat the process above for each plan you want to consider. The main goal is to find one that covers all of your drugs for the least expense and with the fewest restrictions. In the rare case of a drug not being covered by any plan, you'll have to make a decision based on the rest of your drugs. Once you've joined a plan, you can ask your doctor to support you in an appeal for coverage of a drug not on the plan's formulary, if your doctor thinks it necessary for your medical condition. Or, with your doctor's advice, you may be able to switch to a similar drug that is on the plan's formulary.

15. If you wish to compare plans side by side, you can do this for three plans at a

time. Check three **boxes** in the left column of the main plan list and click on the **Compare up to 3 Plans** button at the top of the list. Be aware, however, that these versions do not give as complete a picture as the whole plan detail pages do. For example, restrictions on certain drugs (such as requirements for prior authorization, step therapy or quantity limits, as explained below under "Things to Keep in Mind") are missing from these side-by-side lists.

OTHER KINDS OF SEARCHES

Here's how to use the Medicare Prescription Drug Plan Finder to drill down for more specific information—ways to lower your out-of-pocket costs, find convenient pharmacies in plan networks, compare prices between network pharmacies, and see what you're likely to pay over the year if you qualify for Extra Help:

Lowering your out-of-pocket costs

You may be able to lower the costs you've seen in your search so far, depending on the drugs you've selected. *This is another very important step in the process.*

- On the main plan list, click on **Lower this cost** in the second column of the plan that most interests you. (Or click on a similar link that appears at the top of the plan's details page.)
- You now see a page headed "Further Ways to Lower My Cost Share." If any of your drugs have a generic or a lower-priced brand-name drug that might be equally effective for your medical condition, it is shown in the third column. The monthly costs for these alternative drugs are shown in the fourth column. Such savings are sometimes substantial. For example, choosing the generic version of a brand-name drug could drop your copay to the Tier 1 level. Some plans charge nothing for drugs in this tier.
- To find the name of the generic or lower-cost drug indicated in the third column, click on the **link**. You now see another table showing the name of the drug, its copay under this plan and (where appropriate) the dosage and quantities you need to take for this drug to be as effective as your prescribed drug.
- To see how these alternative drugs would change your overall costs, enter their names on the list of your drugs now showing on the main drug list page—and don't forget to remove the existing ones. Also alter the dosage and quantity if they're different from the previous drugs you entered. Click **Continue**. Once again, the main drug plan list will appear—but this time, it will probably show different plans as the least expensive for your drugs. (Some plans may cover the generic version of your drug but not the brand-name original.) So it's worth comparing several plans again based on these lower-cost drugs.
- If you find worthwhile savings by doing this search, discuss the results with your doctor. He or she can tell you if these lower-cost drugs would work as well for your health condition as the ones originally prescribed.
- What if there are no lower-cost alternatives for any of your prescribed brand-name drugs? In that case, you may find it useful to look at the fifth column of the chart that appears when you click on **Lower My Cost Share**. This column, headed "Pharmaceutical Assistance Program" shows either a "Yes" or "No" for each of your

drugs. Yes means that the manufacturer of the drug provides it free or at low cost for people who qualify. Clicking on **Yes** takes you directly to the manufacturer's patient assistance program website, where you can see at a glance the eligibility criteria (for example, income limits) and information on how to apply. These programs are a useful way to obtain costly drugs during the Part D coverage gap for people whose incomes are limited but not too high to qualify for Extra Help.

- Another source of assistance is featured on the "Lower My Cost Share" page. Look above the chart and click on the **here** link to see if a state pharmacy assistance program (SPAP) is available in your state. If there is, the link takes you directly to details and contact information for that program. In some states, the income limits for SPAPs are higher than those for Part D's Extra Help program, and some have no asset tests.

Note: If you click on the links above and nothing happens, you may have to disable your pop-up blocker to access the linked pages.

Finding convenient retail pharmacies

Each Part D plan has its own network of retail pharmacies, all of which accept the plan's card. Choosing a plan that has at least one in-network pharmacy within easy reach of your home is not just a question of convenience. Unless you fill your prescriptions at pharmacies that accept your plan's card, you'll pay more than you should for them—perhaps even full price—except in certain unavoidable circumstances.

Most plans have a wide selection of pharmacies in their networks, including small independent ones as well as large chains. Individual pharmacies may be in the networks of many Part D plans.

To find which pharmacies in your area are in any plan's network, go to the details page for each plan. Click on **View Pharmacy Network** on the menu at the top of the page. (If nothing happens, turn off your pop-up blocker.) The pharmacy names that appear onscreen are those in this plan's network within a certain distance of your Zip Code. To see more network pharmacies farther away, alter the distance shown in the box and click on **Find Pharmacies**.

The column headed "Pharmacy Type" may give more precise information about some of these pharmacies—for example, if they supply home infusion drugs (those that can be injected at home) or specialist drugs (those that require special handling, such as some anticancer drugs). The phrase "long-term care" indicates a pharmacy that supplies specially packaged drugs to nursing homes and other long-term care facilities.

The column headed "Preferred" indicates whether any of these pharmacies offer special terms to this plan, such as discounted dispensing fees. Your drugs may cost a little less at preferred pharmacies.

If the plan you're considering seems to have "low" overall costs, but has no in-network pharmacies convenient to you, look at other plans with in-network pharmacies closer to where you live. In some cases, cost has to be weighed against convenience.

Comparing prices at different in-network pharmacies

Pharmacies within a single plan's network may charge different prices for your drugs. The plan finder allows you to compare them—though bear in mind that prices can change throughout the year. If a plan charges fixed copays for your drugs, you'll pay the same amount at any network pharmacy, at least during the initial coverage period. But variations in pharmacy prices will affect you in the deductible and coverage gap (when you pay full price) or if the plan requires you to pay coinsurance (a percentage of the drug's cost) instead of a flat copay. Here's how to use the plan finder to compare prices at different pharmacies:

- Make a note of the names of any pharmacies you're likely to use that are in the network of a particular plan, as explained in the previous section.
- Return to the main plan list. Scroll down to the "My Pharmacies" section and click on **Change Pharmacy Selection**.
- You now see another list of pharmacies. (You may have to click on the **All one page** link to see all the ones in your area, and expand the mileage radius as explained in the previous section.) Select one or two of the pharmacies that you've noted down, by clicking on the small box alongside. Click on **Continue**.
- Return to the details page of the plan you're interested in. The out-of-pocket costs for your drugs at the selected pharmacy (or pharmacies) now appear in the Annual Drug Costs and Monthly Drug Costs fields, under the pharmacy name(s) you've chosen.
- If any pharmacy you select is not in your plan's network, you'll see a warning notice saying: "You'll pay 100% of the cost for drugs at this pharmacy because it is not in the plan's network."
- Return to the mail plan list and repeat this process to see prices at other pharmacies in this or another plan's network.

Finding out what you'll pay for your drugs if you qualify for Extra Help

Extra Help is a special program within Part D that allows people with limited incomes under a certain level to pay far less for prescription drug coverage than people in the regular program. If you qualify for full Extra Help, you pay no premiums or deductibles and only small copays for your medicines. If you qualify for partial Extra Help, you pay reduced premiums and deductibles and 15 percent of the cost of your meds. Whichever you qualify for, you get continuous coverage all year—no doughnut hole. For more information on eligibility and benefits, [click here](#).

If you qualify for Extra Help, you still need to pick a plan that covers your drugs. Using Medicare's drug plan finder, you can see what your 2009 out-of-pocket expenses will be for your drugs under any Part D plan in your area. Here's how:

- Go to www.medicare.gov and click on **Medicare Prescription Drug Plans—2009 Plan Data**.
- On the next page, click on **Find & Compare Plans**.
- Click on **Begin General Search**.
- Enter **Zip Code**. Ignore age and health status boxes. Answer the next three questions by clicking on those that apply to you. It's important to answer the third

question—about whether you got a letter from Medicare or the Social Security Administration about Extra Help—accurately. Depending on your answer, you'll see other questions appear. Answering these questions determines whether you qualify for full or partial Extra Help and enables you to see how much you'd pay out of pocket under any drug plan.

- Now follow steps 5 through 15 above in the general instructions for navigating the plan finder. The difference is that the cost information you see—premium, deductible and copays—will reflect the kind of Extra Help you're entitled to. Note that only a certain number of plans offer zero premiums for people who qualify for full Extra Help. You will see which plans do and which plans, instead, charge reduced premiums.

THINGS TO KEEP IN MIND

- The Medicare Plan Finder is a sophisticated and useful computer tool, but not free of glitches and errors. When you've found the plan that looks best, check its details with the company that provides it.
- If you still have difficulty locating the information you need from the online Plan Finder, you can call Medicare's help line at 1-800-633-4227 and talk to a customer service representative who will do the same search and send you a printout of the results.
- The premiums and deductibles shown on the Plan Finder are those offered for 2009 and cannot be changed until the end of the year. But plans are allowed by law to alter the prices they charge for drugs on a weekly basis throughout the year. They can also switch drugs from one tier of charges to another (if Medicare approves)—which could raise or lower copays. Plans must notify enrollees of such changes 60 days in advance. However, if you are already taking a drug that is switched to a higher tier, your original copay will stay the same for the remainder of the year.
- Most plans set restrictions on certain drugs (intended to hold down costs), as indicated under the "Drug Coverage Information" section of the plan details page. Here's what each of those restrictions means:

Prior Authorization: Before the plan will cover a drug, your doctor must inform the plan that it is necessary to your medical condition to take this drug instead of a similar one that is less expensive.

Step Therapy: The plan requires you to first try a less expensive drug that has been shown effective in treating the same condition. Again, your doctor can ask the plan to grant an exception to its policy by stating that you've already tried less expensive drugs, which haven't worked, or that the prescribed drug is necessary to your health.

Quantity Limits: This does NOT mean that your supply of drugs will be cut off after a certain time. It means that when the plan considers that a drug should be taken only (for example) once a day for safety reasons, the plan will cover only a 30-day supply at a time (or a 90-day supply by mail order). Again, your doctor can request an exception by showing that the prescribed dosage is necessary for your health.

Bear in mind that different plans don't impose the same restrictions on the same drugs. So by comparing plans, you may be able to find at least one that has no restrictions on any of your drugs.

If you enroll in a plan that restricts any of your drugs, it's worth asking your doctor if an alternative drug that isn't restricted (such as a generic version of your brand-name drug) would work as well for you. Otherwise, with your doctor's help, you can ask the plan for an exception. Look at your plan's information packet, or go to its website, for information on how to request an exception. If the plan denies an exception, you can

appeal the decision—again, the process is explained in the plan’s information packet and on its website.

If you already received exceptions from a plan in 2008, the plan must notify you of its policy for 2009. Some plans will “grandfather” your 2008 exceptions and continue them into 2009, so that you don’t have to request them again. Some plans require you to apply again by a given date. However, if you switch to a different plan for 2009, you’ll likely have to go through the process of requesting exceptions, with your doctor’s support, once again—unless you choose a new plan that covers the drug without restrictions.

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